



TRUST BOARD

Meeting to be held at 10.00am on Tuesday 29th March 2011
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

AGENDA

| | | | TAB |
|----|--|-----|-----------|
| 1. | Welcome and apologies for absence | | |
| 2. | Minutes of the Part I meeting held on 3rd February 2011 To approve the minutes of the meeting held on 3 rd February 2011 | | TAB 1 |
| 3. | Matters arising Actions from previous meetings | All | TAB 2 |
| 4. | Report from Sub-Committees To receive a report from the following Committees | | TAB 3 |
| | 4.1 Quality Committee on 2 nd February 2011 and 1 st March 2011 | BM | |
| | 4.1 Audit Committee on 7 th March 2011 | CS | To follow |
| 5. | Chairman's Report To receive a report from the Trust Chairman on key activities | RH | TAB 4 |
| 6. | Update from executive directors To receive reports from Executive Directors on any additional key matters | | |
| | 6.1 Chief Executive Officer, including balanced scorecard, new risks and performance reports | PB | TAB 5 |
| | 6.2 Director of Finance, including 2010/11 penalty settlement and ongoing financial risks | MD | TAB 6 |
| | 6.3 Balanced Scorecard on Infection Prevention and Control | SL | TAB 7 |
| 7. | Clinical quality and patient safety report To receive the monthly report on clinical quality and patient safety | FM | TAB 8 |

STRATEGIC AND BUSINESS PLANNING

| | | | |
|----|---|----|-------|
| 8. | CommandPoint Update | PS | TAB 9 |
| | 8.1 To receive an update on the CommandPoint project | | |
| | 8.2 To receive an assurance report from Carrie Armitage | | |

- | | | | |
|-----|--|----|------------------------|
| 9. | 2011/12 Annual Business Plan and Budget To approve the 2011/12 Annual Business Plan and Budget | MD | To follow |
| 10. | Cost Improvement Plan To approve the Cost Improvement Plan for 2011/12 | MD | Transferred to Part II |
| 11. | Control Room To discuss and approve the strategic direction for Control Rooms | PS | TAB 10 |

FOUNDATION TRUST PROCESS

- | | | | |
|-----|--|----|------------------------|
| 12. | Timelines for Foundation Trust application To note the revised timeline and the tripartite agreement | SA | TAB 11 |
| 13. | Governance Rationale To approve the updates to the governance rationale | SA | TAB 12 |
| 14. | Historical Due Diligence stage 2 update To note the update on progress with actions arising from the Historical Due Diligence Review | SA | TAB 13 |
| 15. | Long Term Financial Model – downside scenario To note the downside scenarios | MD | Transferred to Part II |

GOVERNANCE

- | | | | |
|-----|--|----|--------|
| 16. | Caldicott Guardian To approve the appointment of the Caldicott Guardian | PS | TAB 14 |
| 17. | Board Assurance Framework and Corporate Risk Register To receive the Q4 Board Assurance Framework and Corporate Risks | SA | TAB 15 |
| 18. | Report from Trust Secretary To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal | SA | TAB 16 |
| 19. | Forward Planner To review the Trust Board forward planner and agree items for future meetings | SA | TAB 17 |
| 20. | Questions from members of the public | | |
| 21. | Any other business | | |
| 22. | Date of next meeting | | |

The next meeting in public of the **Trust Board** will be held on Tuesday 24th May 2011.

There will be a meeting of the **Strategy Review and Planning Committee** on Tuesday 26th April 2011.

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD MEETING
Part I**

DRAFT Minutes of the meeting held on Thursday 3rd February 2011 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

Present:

| | |
|-----------------|--|
| Richard Hunt | Chair |
| Mike Dinan | Director of Finance |
| Roy Griffins | Non-Executive Director |
| Caron Hitchen | Director of Human Resources and Organisation Development |
| Brian Hockett | Non -Executive Director |
| Steve Lennox | Director of Health Promotion and Quality |
| Fionna Moore | Medical Director |
| Caroline Silver | Non-Executive Director |
| Nigel Walmsley | Non-Executive Director |

In Attendance:

| | |
|-------------------|---|
| Sandra Adams | Director of Corporate Services |
| Lizzy Bovill | Deputy Director of Strategic Development |
| Francesca Guy | Committee Secretary (minutes) |
| Christine McMahon | Project Manager, Governance and Compliance Team |
| Martin Nelhams | Head of Estates (minute 11/11 only) |
| Angie Patton | Head of Communications |
| Peter Suter | Director of Information Management and Technology |
| Richard Webber | Director of Operations |

Members of the Public:

| | |
|--------------------|---|
| Neil Kennett-Brown | North West London Commissioning Partnership |
| Barry Silverman | Patients Forum |
| Mr Tyson | Member of the Public |

01. Welcome and Apologies

01.1 Apologies had been received from Peter Bradley, Jessica Cecil and Beryl Magrath.

02. Minutes of the Part I meeting held on 14th December 2010

02.1 The minutes of the meeting held on 14th December 2010 were approved.

03. Matters Arising

03.1 97/10: Mike Dinan agreed to circulate the age profile of the fleet prior to the next Trust Board meeting.

ACTION: MD to circulate the age profile of the fleet prior to the next Trust Board meeting.

DATE OF COMPLETION: 29th March 2011

03.2 138/10: Caron Hitchen reported that there was no specific cause of sickness absence within Patient Transport Services. However, this was a relatively small staff group and therefore a few absences

could inflate the percentages. Sickness absence had been reported in more detail in the new workforce report included in the Chief Executive's report to the Trust Board.

- 03.3 161/10: Dates for workshops on the balanced scorecard had been circulated to non-executive directors to coincide with Trust Board and committee meetings.
- 03.4 164/10: Mike Dinan reported that the Long Term Financial Model had been updated and was on today's agenda.
- 03.5 Brian Hockett noted an earlier action for the Trust Board to be provided with a break down of agency spend. Mike Dinan agreed to follow this up.

ACTION: MD to provide the Trust Board with a break down of agency spend.

DATE OF COMPLETION: 29th March 2011

- 03.6 It had been brought to the Chair's attention that the Board room had not been set up for attendees with hearing disabilities. It was agreed that this should be considered for future Trust Board meetings.

ACTION: FG to discuss with Facilities about arrangements and to put a notice with the Trust Board papers on the website for members of the public to notify her in advance of any specific access requirements.

DATE OF COMPLETION: 22nd March 2011

- 03.7 Barry Silverman drew attention to paragraph 159/10 of the minutes of the previous meeting which stated that the wider health system had been subject to funding cuts and asked whether the Trust had analysed the impact of funding cuts more broadly. Richard Webber responded that, for example, the Trust had been asked to send a report to NHS London on the subject of hospital turnaround times, which outlined the impact of funding cuts on the LAS. Peter Bradley had also recently met with sector CEOs and had raised these issues. The Chair reported that the Trust Board would keep oversight of this issue.
- 03.8 Barry Silverman noted paragraph 160/10 of the minutes of the previous meeting which outlined the procedure followed when someone within a 'kettle' contacted the LAS. Richard Webber responded that during the recent student demonstrations approximately 30 crew staff were deployed to the area and two police officers were present in the LAS Control Room. LAS also had an agreement with the Metropolitan Police Service that people in need of medical attention would be taken to the edge of the cordon.

04. Report from Sub- Committees

Quality Committee on 14th December 2010

- 04.1 The Trust Board noted the paper provided by the Chair of the Quality Committee which outlined the key areas of discussion at the meeting on 14th December 2010.
- 04.2 Peter Suter noted one amendment to the paper, which was that 75% of support staff would be trained in version 8 of the Information Governance toolkit by March 2011.

05. Chairman's Report

05.1 The Chair reported that he had attended the Trust Board meeting of South East Coast Ambulance Service on Monday and had found it useful to observe how its Trust Board meetings were conducted. The Trust Board of South East Coast Ambulance Service took more papers for noting, a practice which LAS Trust Board would seek to follow.

06. Update from Executive Directors

Chief Executive Officer

06.1 Mike Dinan reported the following:

- Current performance for category A was at 73.9% however an aggressive recovery plan was in place to achieve 75% by the end of March;
- Mike Dinan had attended a meeting of sector CEOs. It was expected that there would be approximately 40 – 42 GP consortia in London. The Department of Health was in the process of developing a regional structure and there was an expectation that there would be a London office.

06.2 Nigel Walmsley noted that the levels of sickness absence as outlined in the workforce report seemed high in comparison with other organisations. Caron Hitchen responded that the Trust had the second lowest sickness absence rates last year compared with ambulance trusts nationally. Ambulance Staff were undertaking a demanding physical job and there was the expectation that sickness levels would be higher than other NHS organisations. The target for sickness absence was 4.5% and last year the Trust achieved 4.6%.

06.3 Richard Webber explained that all complexes were graded for compliance against the absence management policy. Caron Hitchen added that she would expect the number of staff who were being managed under this policy to remain high as this was an indication that attendance was being managed robustly.

06.4 Nigel Walmsley asked for a break down of staff included within the Human Resources directorate.

ACTION: CH to provide a break down of staff included within the Human Resources directorate.

DATE OF COMPLETION: 29th March 2010

06.5 A discussion took place about the Clinical Response Model (CRM). Caron Hitchen updated the Trust Board that the CRM had been introduced in Barnehurst and Greenwich and it had been anticipated that these two complexes would be going live with all elements of the CRM. Full go-live had now been deferred until April due to performance pressures and pending category B reconfiguration. Crews in Barnehurst and Greenwich continued to use the patient referral protocols and to convey patients to appropriate care pathways, however the CRM dispatch regime was not being followed. Training was continuing to ensure that staff were fully prepared for the implementation of CRM in April 2011.

06.6 Roy Griffins commented that the IBP depended significantly on the implementation and delivery of the CRM and suggested therefore that the Trust Board would need to assess the feasibility of the CRM before final approval of the IBP.

06.7 Barry Silverman asked for clarification of new risk 338 [Staff working on cars are at risk of accident due to the need to read and manually action the Mobile Data Terminal (MDT) whilst driving at speed through traffic]. Peter Suter explained that staff were at risk of being distracted when a

message was received via the MDT. This risk would be mitigated in the future by the introduction of technology which would 'talk' to the crew. It was agreed that this risk needed to be reworded clarify the fact that this was not an unlawful act; ie akin to driving whilst using a mobile phone. Sandra Adams added that in the future new risks in the CEO report would also include mitigating actions.

ACTION: SA to revise the wording of new risk 338 and to include mitigating actions of new risks in the CEO report to the Trust Board.

DATE OF COMPLETION: 29th March 2011

06.8 Mike Dinan reported that one serious incident had been declared this week relating to data loss. A member of staff had been burgled and their personal laptop had been stolen containing patient identifiable data. This incident was being investigated and had also been reported to the Information Commissioners Office. The patients involved would also be notified.

Director of Finance

06.9 Mike Dinan reported the following:

- The in month position for the Trust was a £542K loss against a forecast loss of £454k;
- Overall the Trust remained on track to meet its year end control target of a £501k surplus;
- The Trust forecast outturn position included a net penalty and withheld CQUIN of £700k. This was still under negotiation with the commissioners;
- £13.6m Cost Improvement Plan will be delivered as planned. This was the largest CIP ever achieved by LAS.

06.10 The Chair asked whether the achievement of the Category A target represented a financial risk. Mike Dinan responded that the penalty for failure to achieve the Category A target was £5m, but in his opinion this would not be applied due to the unprecedented levels of demand experienced this year, particularly in December and January.

06.11 The Chair noted that the financial information received by the Trust Board would be reviewed by the Finance and Investment Committee once established.

07. Clinical Quality and Patient Safety Report

07.1 Fionna Moore reported the following:

- Two new clinical serious incidents had been declared. One involving a patient who was assessed but was not conveyed and subsequently died, and one where the senior member of the crew chose to drive the ambulance rather than treat the patient. Both incidents were being investigated;
- CPI performance had improved, both with regards to completion and compliance;
- The LAS was undertaking two research projects in relation to cardiac care;
- The Demand Management Plan had been applied in December during times of high demand which required additional clinical staff to support call takers;
- A national benchmarking exercise had been undertaken against clinical performance indicators. The LAS generally compared favourably against other ambulance trusts;
- An untoward incident had been declared whereby two ampoules of morphine were unaccounted for. This was currently under investigation, but initial indications were that it was a counting and documentation error.

07.2 Roy Griffins asked whether the Quality Committee should take a role in reviewing in detail specific areas of this report. Fionna Moore responded that it would be useful for the Trust Board to have a

better understanding of the Demand Management Plan, medicines management and infection prevention and control. The Chair suggested that this be discussed at a Strategy Review and Planning meeting. Steve Lennox added that the Quality Committee would receive a more detailed report on infection prevention and control at its next meeting.

ACTION: FG to add the following to the forward planner of the Strategy Review and Planning meeting:

- Demand Management Plan
- Medicines Management
- Infection Prevention and Control

DATE OF COMPLETION: 1st March 2011

08. Update on Patients with Learning Difficulties

08.1 Steve Lennox explained that this report had been prompted by David Nicholson's letter of October 2010 asking all Trust Boards to consider their position regarding the care of patients with learning disabilities. The Learning Disability Group considered the points in David Nicholson's letter and at the same time took the opportunity to scrutinise the Trust against the CQC outcomes which relate to patients with learning disabilities. Any gaps identified had been added to the Learning Disability Action Plan.

08.2 Richard Webber reported that the current PRF did not include a tick box to indicate that a patient had a learning disability and therefore it was difficult to provide evidence for the treatment of patients with learning disabilities.

08.3 The Trust Board noted the Learning Disability Report.

09. CommandPoint Update

09.1 Peter Suter reported that CommandPoint training was progressing as planned and staff had given positive feedback. Peter Suter drew the Board's attention to section 4 of the report which outlined the preferred direction of travel for the development of CommandPoint, which was to use a standard product and influence developments through an international user group.

09.2 The Chair noted that the forward planner for the Trust Board included regular updates in readiness for the implementation of CommandPoint. The Trust Board would receive a more comprehensive review at its meeting on 24th May 2011.

09.3 Brian Hockett reported that Carrie Armitage, who provided independent assurance to the non-executives on the CommandPoint project, would be attending the Trust Board meeting on 29th March 2011. A recommendation would be made then on who should make the final decision to go live on the night of 8th June 2011.

09.4 The Trust Board noted the CommandPoint Update.

10. Business Planning and Commissioning 2011/12

10.1 Lizzy Bovill gave an update on the Trust's current status with regards to business planning and commissioning and made the following points:

- Penalty negotiations remained unresolved. The total penalty providing the Trust was fully

funded for CQUIN was £700k;

- This proposal had been submitted to the Department of Health on Monday as part of the recovery plan;
- The contract position for 2011/12 was currently in the process of being drawn up;
- The Long Term Financial Model had been submitted to NHS London.

10.2 Sandra Adams asked whether there was a shared risk with the commissioners around the achievement of the CQUINs for appropriate care pathways. Lizzy Bovill responded that the clinical group would discuss this.

11. **Estates Strategy**

11.1 Martin Nelhams joined the meeting for this agenda item.

11.2 Nigel Walmsley asked whether the Trust was satisfied that a reduction in the number of sites would not lead to compromised resilience against a serious incident. Mike Dinan responded that some of the new sites would have greater logistics capability and therefore would be more resilient.

11.3 The Chair noted that there were no operating cost implications indicated in the Estates Strategy. Mike Dinan responded that the main assumption, as indicated in the Integrated Business Plan, was that costs relating to implementing the Estates Strategy would be neutral over the five year period. This assumption required further analysis and Mike would report back to the Trust Board with further detail. Martin Nelhams added that, as there would be fewer sites, pure estates costs such as electricity and staffing were likely to reduce.

ACTION: MD to provide the Trust Board with operating cost implications of the Estates Strategy.

DATE OF COMPLETION: 29th March 2011

11.4 Richard Webber commented that the current smaller sites were not efficient in terms of rota and staff cover and management and welfare support tended to be better on larger stations.

11.5 Brian Hockett noted that paragraph 24 of the Estates Strategy stated that provision of new control centres was the first priority, but that this was shown as delayed in the timeline. Peter Suter responded that, as stated in the IBP, there was a longer term plan for the control rooms. Martin Nelhams added that this was a more realistic timeline.

11.6 Roy Griffins noted that the Estates Strategy was predicated on active area cover and asked whether this was currently operating to an extent which allowed the strategy to go forward. Caron Hitchen responded that active area cover had been in place for 12 years, predominantly during the day. Discussions were currently underway with staffside to extend the period of active cover during the 24 hours.

11.7 Neil Kennett-Brown commented that shared estates were increasingly becoming a feasible option especially as organisations were reviewing their estates at the same time. Martin Nelhams responded that he had been in contact with other parts of the NHS and the London Fire Brigade to investigate such actions. This would remain our approach.

11.8 The Trust Board approved the Estates Strategy.

12. Historical Due Diligence Closure Report and minutes from the meeting on 30th November 2010

- 12.1 The minutes of the meeting held post-Trust Board on 30th November 2010 were approved.
- 12.2 Sandra Adams noted that the stage 1 action plan had been included in the Trust Board papers and showed good progress against the recommendations made. There were a number of actions arising from the action plan which would need to be completed over the next two months.
- 12.3 In their feedback, Grant Thornton had highlighted three main areas of concern that would require attention before commencing stages 2 and 3. These were:
- The Cost Improvement Plan. This would be discussed in detail in Part II of today's meeting;
 - Reasonableness of the downside case with mitigations. This had been discussed with NHS London and progress had been made;
 - Risk management principally relating to the detailed cost improvement programme and the overall risks facing the organisation.
- 12.4 When undertaking the stage 2 review in January, Grant Thornton had also expressed concern that the penalty negotiations for 2010/11 were as yet ongoing and could present a risk to the 2011/12 financial position and beyond. As a result they had delayed the publication of the stage 2 draft report which also meant the board to board meeting with NHS London on 16th February was cancelled. The revised timeline and next steps would be discussed with NHS London and Grant Thornton next week.
- 12.5 The Chair reported that at this stage the new timeline was not yet clear, but it was likely that there would be a two month delay. There were some concerns raised about the process by which the Trust Board had been informed of the delay but the Trust Board agreed to continue to strongly support and prioritise the foundation trust process.
- 12.6 The Chair would discuss the next steps with Sandra Adams.

ACTION: SA and RH to discuss the next steps with regards to the foundation trust process.

DATE OF COMPLETION: 11th February 2011

13. Integrated Business Plan and Long Term Financial Model

- 13.1 The Trust Board approved the latest version of the Integrated Business Plan and Long Term Financial Model.

14. Lessons learnt from recent NHS Foundation Trust applicants

- 14.1 Sandra Adams reported that Monitor had compiled the lessons learnt from applicants whose application for foundation trust status had been deferred, rejected or postponed. Sandra had highlighted a number of key questions that were pertinent to LAS and should be considered at a future Strategy Review and Planning Committee meeting.

ACTION: FG to add Monitor's lessons learnt from recent NHS FT applicants to the forward planner for the Strategy, Review and Planning Committee.

DATE OF COMPLETION: 1st March 2011

15. **Board declarations/self certification as part of the documentation required for the Foundation Trust application**

15.1 Sandra Adams reported that the Trust was required to submit signed self declarations and board statements as part of the application for foundation trust status and annually thereafter.

15.2 Quality Governance had been added as a Trust Board statement and Monitor had provided a definition of quality governance outlined in their published framework. It had been agreed that this would be discussed in further detail by the Quality Committee and at a future Strategy Review and Planning Committee meeting.

ACTION: FG to add quality governance to the forward planner for the Strategy, Review and Planning Committee.

DATE OF COMPLETION: 1st March 2011

16. **Patient Experience Annual Report 2009/10**

16.1 Sandra Adams reported that the Patient Experience Annual Report for 2009/10 had been discussed in detail at the Quality Committee meeting on 2nd February. This report detailed the Patient Experience Department's activity for that year, but it had been agreed that future reports would focus specifically on patient experience. The Quality Committee had agreed that this report would be used as a baseline by which to benchmark future reports. Sandra added that the report was work in progress and there were improvements to be made in the depth of reporting to enable more meaningful analysis of trends and themes.

16.2 The Chair noted that this was a key document by which to provide assurance to the Trust Board and therefore the Trust Board would need to consider how often an update was provided. The Chair suggested that the Trust Board might wish to consider individual complaints in more detail. It was agreed that the Chair would discuss this further with Sandra Adams outside of the meeting.

ACTION: RH and SA to discuss how often the Trust Board was to receive an update on patient experience and whether to review individual complaints in detail.

DATE OF COMPLETION: 28th March 2011

16.3 There followed a discussion on the Patient Advice and Liaison Services (PALS). Lizzy Bovill stated that not all patients were able to make a complaint in writing and therefore the Trust would need to consider how information from PALS fed into the complaints process.

ACTION: SA to consider how information from PALS would be fed into the complaints process.

DATE OF COMPLETION: 29th March 2011

16.4 Lizzy Bovill commented that an increasing number of patients would not be conveyed to an A&E department and that it was possible that this could generate complaints. A distinction would need to be made about whether the referral was clinically inappropriate or whether it was clinically appropriate, but did not meet the patient's expectation.

16.5 Richard Webber reported that the removal of the Category B target could lead to an increase in response times for some patients and could therefore generate further complaints. A discussion

followed about the need for a communications programme to inform the public of changes to the service provided. This also extended to how operational staff were supported to disseminate a corporate message.

17. Report from the Trust Secretary

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

18. Forward Planner

18.1 The Trust Board noted the forward planner. Sandra Adams stated that additional items agreed at today's meeting would be incorporated into the forward plan.

ACTION: FG to add additional items agreed at today's meeting to the forward planner for the Strategy, Review and Planning Committee.

DATE OF COMPLETION: 1st March 2011

19. Questions from members of the public

19.1 Barry Silverman stated an opinion that the public perception with regards to appropriate care pathways was that it was purely a cost-saving measure and he recommended that the Trust publicise case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway.

ACTION: AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway.

DATE OF COMPLETION: 29th March 2011

19.2 Barry Silverman drew attention to paragraph 11 of the executive summary of the Estates Strategy which outlined crews' use of public facilities on an informal basis and advised that a protocol should be in place for every location. Mike Dinan noted the point raised and replied that public consultation would be key to the implementation of the Estates Strategy.

19.3 Member of the public, Tyson stated that it would be useful for the Trust Board papers to include a standard glossary of acronyms.

20. Any other business

20.1 There were no items of other business.

21. Date of next meeting

21.1 The next meeting in public of the Trust Board will be held on Tuesday 29th March 2011.

21.2 There will be a meeting of the Strategy Review and Planning Committee on Tuesday 1st March 2011.

.....
Signed by the Chair

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 3rd February 2011

| <u>Meeting Date</u> | <u>Minute Date</u> | <u>Action Details</u> | <u>Responsibility</u> | <u>Progress and outcome</u> |
|---------------------|--------------------|---|-----------------------|--|
| 20/09/09 | <u>102/10</u> | <u>Proposed governance arrangements and draft constitution for the LAS NHS Foundation Trust</u> Further discussion to be held at the Service Development Committee in October with an update to the November Board meeting. | SA | Open |
| 31/08/10 | <u>97/10</u> | <u>Matters Arising</u> The Chair asked that the Trust Board be provided with an age profile of the fleet. | MD | Mike Dinan agreed to circulate the age profile of the fleet to the Trust Board prior to the next Trust Board meeting |
| 30/11/10 | <u>138/10</u> | <u>Update from Chief Executive Officer</u> Caron Hitchen agreed to find out more information on the causes of sickness amongst Patient Transport Staff. | CH | Caron Hitchen reported that there was currently no update on causes of sickness amongst Patient Transport Services staff. Nigel Walmsley requested more contextual information to support the figures. |
| 14/12/10 | <u>161/10</u> | <u>Balanced Scorecard</u> It was agreed that the Trust Board would have a workshop on the balanced scorecard in January or February. | CMc | Dates to be confirmed |
| 03/02/11 | <u>03.5</u> | <u>Matters Arising</u> MD to provide the Trust Board with a break down of agency spend. | MD | |

| | | | | |
|----------|-------------|---|-------|---|
| 03/02/11 | <u>03.6</u> | <p><u>Matters Arising</u></p> <p>FG to discuss with Facilities about arrangements and to put a notice with the Trust Board papers on the website for members of the public to notify her in advance of any specific access requirements.</p> | FG | Complete |
| 03/02/11 | <u>06.4</u> | <p><u>Update from Executive Directors</u></p> <p>CH to provide a break down of staff included within the Human Resources directorate.</p> | CH | Complete – this was provided to the Trust Board at the Strategy Review and Planning Committee meeting on 01/03/11 |
| 03/02/11 | <u>06.7</u> | <p><u>Update from Executive Directors</u></p> <p>SA to revise the wording of new risk 338 and to include mitigating actions of new risks in the CEO report to the Trust Board.</p> | SA | |
| 03/02/11 | <u>07.2</u> | <p><u>Clinical Quality and Patient Safety Report</u></p> <p>FG to add the following to the forward planner of the Strategy Review and Planning meeting:</p> <ul style="list-style-type: none"> • Demand Management Plan • Medicines Management • Infection Prevention and Control | FG | Complete |
| 03/02/11 | <u>11.3</u> | <p><u>Estates Strategy</u></p> <p>MD to provide the Trust Board with operating cost implications of the Estates Strategy.</p> | MD | |
| 03/02/11 | <u>12.6</u> | <p><u>Historical Due Diligence Closure Report and minutes from the meeting on 30th November 2010</u></p> <p>SA and RH to discuss the next steps with regards to the foundation trust process.</p> | SA/RH | Complete |

| | | | | |
|----------|-------------|--|-------|-----------------------------------|
| 03/02/11 | <u>14.1</u> | <u>Lessons learnt from recent NHS Foundation Trust applicants</u> FG to add Monitor's lessons learnt from recent NHS FT applicants to the forward planner for the Strategy, Review and Planning Committee. | FG | Complete – on agenda for 01/03/11 |
| 03/02/11 | <u>15.2</u> | <u>Board declarations/self certification as part of the documentation required for the Foundation Trust application</u> FG to add quality governance to the forward planner for the Strategy, Review and Planning Committee. | FG | Complete – on agenda for 01/03/11 |
| 03/02/11 | <u>16.2</u> | <u>Patient Experience Annual Report 2009/10</u> RH and SA to discuss how often the Trust Board is to receive an update on patient experience and whether to review individual complaints in detail. | SA/RH | Outstanding |
| 03/02/11 | <u>16.3</u> | <u>Patient Experience Annual Report 2009/10</u> SA to consider how information from PALS would be fed into the complaints process. | SA | |
| 03/02/11 | <u>18.1</u> | <u>Forward Planner</u> FG to add additional items agreed at today's meeting to the forward planner for the Strategy, Review and Planning Committee. | FG | Complete |
| 03/02/11 | <u>19.1</u> | <u>Questions from members of the public</u> AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway. | AP | |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|---|--|
| Document Title: | Briefing on the recent Quality Committee meetings |
| Report Author(s): | Beryl Magrath |
| Lead Director: | Beryl Magrath |
| Contact Details: | |
| Why is this coming to the Trust Board? | To inform the Trust Board of the business covered by the Quality Committee |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the scope of the discussion and the key areas highlighted below. |
| Executive Summary <ul style="list-style-type: none"> The committee considered whether the Clinical Quality & Patient Safety (aka the Medical Director's report) report should go to the Quality Committee before the Trust Board. It was however considered that the report represented a "here & now" account for the Board and was not intended as an in depth paper on the quality of services. The latter was the role of the Quality Committee to oversee. Learning from Experience: we learned that the Risk Management System is being tendered; in addition the group will review "near miss" reporting with regard to anonymous reporting &/or remote reporting to assess whether this improves reporting levels. The Safeguarding update from Steve Lennox (1st of 4 reports) included the recommendations from the recent review undertaken by NHS London's Safeguarding Improvement Team. This included advice that the LAS employ a Level 8 Named Professional who should be separate from the executive lead & report to the Board (but is not a board member). They wanted to see front line staff as "safeguarding champions" not managers. The proposal is that the Community Involvement Officers take on this role-there are 7 in post at present. Staff in the Emergency Bed Service who take the referrals by phone are reportedly all level 3 safeguarding trained. The report on Infection Prevention and Control indicated that we still have some way to go to improve compliance levels. The enhanced system of audit is drawing out the areas where there may be gaps in compliance. This is covered in more detail in the Infection Prevention & Control report elsewhere on the Board agenda. The committee reviewed the Mental Health action plan and noted that Mental Health will be a CQUIN in 2011/12. There are no pathways as yet identified and patients with no previous history of mental illness will invariably end up in A&E. The Board Assurance Framework and the risk focus areas for 2010/11 in relation to the strategic risks were reviewed. The committee considered 3 new risks relating to the Clinical Response Model, single point of access and health policy, and the principal risks (2 with a net risk score of 20 [1 relating to CommandPoint, the other to the re-use of linen] and 6 with | |

a net risk score of 16) on the risk register.

- The committee received an update on the **Cost Improvement Programme** and noted the clinical/quality leads identified for each project with a role to provide assurance that as the CIP progresses there is no adverse effect on patient care or quality standards. These will be reported monthly.
- **Quality Strategy**-a lot of thought & work has been done on this by Steve Lennox, Director of Health Promotion & Quality, with the use of an applied Maslow Hierarchy to identify quality indicators- **physiological** i.e. airway management, temperature management- **Safety** i.e. response time- **Clinical outcomes** (loving & belonging) i.e. hand hygiene, stroke outcome-**Esteem/respect** i.e. pain relief, lost property- **Satisfaction** (self actualisation) i.e. patient experience. It was evident that Steve had done a lot of work looking at the measures & the indicators lying beneath. Although there are a large number of measures the LAS already has a record of most, the committee is keen to have some random information regarding patient experience, how to achieve this has to be worked out. We approved the Quality Strategy.

Key issues for the Trust Board

Attachments

None

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: MARCH 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | Chairman's Report |
| Report Author(s): | Richard Hunt |
| Lead Director: | |
| Contact Details: | |
| Why is this coming to the Trust Board? | Chairman's report |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the report |
| Executive Summary During the course of the month, I visited Pam Chesters, the Health Advisor to the Mayor, Peter Molyneux, Chair of Kensington and Chelsea PCT and sector chair, Phil Thompson of Unison, Sir Nigel Essenhigh of Northrop Grumman and Joanne Shaw, Chair of NHS Direct. I attended the lecture by Dame Barbara Hakin of DH entitled "The White Paper: changes and the management of transition". I also attended the Trauma Conference, the National Olympic Security Oversight Group, had a meeting with Ambulance Chairmen prior to the joint meeting with Chief Executives and visited the Chairman of South Central Ambulance Service. | |
| Key issues for the Trust Board Readiness for CommandPoint implementation Tracking any industrial relations developments on a wider basis than just LAS GLA scrutiny meeting LAS (2 nd meeting April 7 th) 111 opportunities/developments FT progress and relationship with SHA Understanding and reaction to plans for Ambulance Service commissioning Changes to PCT Chairs as a result of the new clusters for London | |
| Attachments Nil | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

29 MARCH 2011

PAPER FOR NOTING

| | |
|--|---|
| Document Title: | Chief Executive's Report |
| Report Author(s): | SMG for Peter Bradley |
| Lead Director: | Chief Executive Officer |
| Contact Details: | |
| Why is this coming to the Trust Board? | For information and noting |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the report |
| Executive Summary <ul style="list-style-type: none">• Heads of Terms for the A&E contract for 2011/2012 have been signed – final details being worked through• NHS Pathways will be introduced for telephone triage and advice in early 2012• Work continues with NHS London around introducing 111 for London• Recent strong category A performance will see delivery of 75% for the year despite demand increase of 7.2%. Cat B performance remains challenged whilst the Trust delivers Cat A• February saw a reduction in overtime hours of 22% compared to last year• Further progress has been made in reducing handover and turnaround times• Extended approval process and lead-in time mean there is a risk of delays in procurement of the Mercedes ambulances• End of year workforce numbers are on track to show year end vacancies of 120• Absence levels are reported as 5.2% against a plan of 4.5%• 33 LAS Student Paramedics have now qualified with 371 due to qualify in 2011/12• Full implementation of CRM will be deferred till August to allow introduction of Cat B changes and CommandPoint.• 2010 NHS Staff Survey results have been published – presentation to follow• The London Assembly's Health and public Services committee held the first of its two public meetings to review how the Service is meeting current and future challenges. The next meeting is on 6 April• Ops Director leading work to prepare for removal of Category B target in April | |

Key issues for the Trust Board

- Continuing to prepare and plan impeccably for CommandPoint rollout in June
- Starting April well in terms of Category A performance ahead of CommandPoint rollout
- Achieving control total for 2010/11 having resolved the penalty / CQUIN issue
- Resolving issues around HART funding and contract for 2011 / 2012 – update to be given at the Board
- Finalising FT timeline and data for Board to Board with SHA having resolved outstanding HDD2 issues
- Successfully communicating CIP messages internally and externally
- Successfully introducing new call categorisation approach following removal of category B target

Attachments

- Balanced Scorecard
- Performance data pack
- Workforce Report

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

Yes

- No

Key issues from the assessment:

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 29 MARCH 2011
CHIEF EXECUTIVE'S REPORT**

1. COMMISSIONING AND BUSINESS DEVELOPMENT

Over the past six weeks the business development team in conjunction with a number of the other directorates and SMG members have been working closely with the North West London Commissioning Partnership to agree our A&E contract for 2011/12. The details of this have not yet been finalised although we have signed the Heads of Terms which outline that the total contract value is £252.6m and that this includes a 1.5% deflator which has been applied to all Trusts along with 0.5% growth as outlined in our Long Term Financial Model as part of our Integrated Business Plan. The heads of terms also outlines that 2% of the contract value is at risk through the delivery of key performance indicators which are focused on the delivery of A&E. In addition the CQUIN payments are strategically aimed at developing our service to increase the number of patients we refer to community and primary care services and reduce the number of clinically unnecessary conveyances to A&E. They are also aimed at improving the care we provide to mental health and end of life care patients. However the contract will not cover the additional costs required to cover pay increments, increased National Insurance contributions and the £1.5m cost of meeting the Low Emission Zone requirements. These are all expected to be absorbed by the LAS.

LAS have decided to implement NHS Pathways into the telephone triage and advice area from quarter four of 2011/12 to support our clinical staff and increase the use of the directory of services to enable patients to understand how they can self-care or attend alternatives to A&E where suitable. This will also enable us to become part of any future 111 service provision. LAS continue to undertake work in collaboration with NHS London regarding the implementation of 111 across London and are currently working up a business case to explore the opportunities this could offer the Trust.

2. SERVICE IMPROVEMENT PROGRAMME

The service improvement programme (SIP2012) is progressing towards closure (see below) with all but two of the remaining initiatives proceeding according to plan. The two projects identified as being of 'red' status (i.e. not on track and cause for concern) are:

- **Clinical Development, Leadership and Workforce Programme - *Learning Management System*** (there is not an agreed LMS to be implemented, an options appraisal document is being developed that will provide the systems and process needs of the LAS, setting out a functional and financial options appraisal for the systems);
- **Performance and Service Delivery Programme – *Data Warehouse Phase 2*** (resources allocated to support CommandPoint).

As reported to the January Board, SMG have decided that the above two programmes which, along with the Olympics constitute the current service improvement programme, should close at the end of March 2011 and be replaced with three new programmes aligned to the Patient, Employee and Value for Money Strategic Goals of the Trust. These together with the Olympics programme will constitute a new Integrated Business Plan (IBP) Delivery Programme. This will be the vehicle for the service development activity required to achieve the SMART targets identified in the IBP. Work has been progressing to define the new programmes by identifying where IBP initiatives will sit within the new

programme structure. It is intended that closure reports on the two current programmes will be presented to the Board in May 2011 focusing on the benefits obtained from the programmes over the past two years and the lessons learned.

3. BALANCED SCORECARD

C03 “To meet agreed response times routinely”: Although the percentage of CAT B calls activated within 90 seconds exceeded the 70% threshold set for the reporting month (73.9%), the YTD figure is currently running at 67.7%. The view is that the Trust’s focus is on CAT A life-threatening calls has changed the dynamics of reducing FRU FRED calls, whilst seeing an increase in FREDA allocated calls.

The percentage of CAT B calls responded to within the 19 minute target was 83.2% for the month of February.

The percentage of CAT C calls responded to within the 60 minute target was 89.9%, which narrowly missed the 90% threshold. However, the 90% threshold has not been achieved since August 2010, and as the YTD figure currently sits at 89.6%, it is felt unlikely that the Trust will achieve the annual threshold.

The job cycle time target has been narrowly missed for the last four reporting periods with a variance of 1 to 3 points from target.

C04 “To meet all other regulatory and performance targets”: This month’s target of 48% of incident reports to be received within 7 days was not achieved (35%), and the monthly target has only been achieved for three of the last ten months. Various reasons have been cited during the year, and mechanisms to deliver the incident reporting forms have been improved with the introduction of scanners on Station. However the PI status report shows that compliance at complexes is not being maintained and that action will need to be taken to ensure that the Incident Reporting process is being adhered to.

C05 “To develop staff so they have the skills and confidence they need to do their job”: The staff survey fieldwork ended in December 2010, prior to any significant elements of the staff engagement strategy action plan (which is intended to address a number of the issues measured by this score) being implemented. It is therefore positive that despite this, the staff satisfaction score has improved. It should also be recognised that while the national average for ambulance trusts has not improved, LAS’ score has. This might suggest robustness within the LAS to external pressures being placed on the NHS. Although an improvement on the 2009 score, the 2010 score of 3.17 falls slightly short of the target of 3.20. Action to improve this score will include action planning from this year’s staff survey results as well as the continued implementation of the staff engagement strategy

The annual target for operational staff to receive a workplace performance review twice a year is 80%, but only 8% of staff have received this to date. Although the target remains an objective for operational AOMs, they are affected by REAP and AOMs report no progress this month.

The annual target for operational staff to receive annual PDR sessions is 90%, but only 47% have been reported to have had a PDR this year so far.

Similarly, the % of non-operational staff receiving annual PDR sessions did not meet the milestone target, and it is reported that the figures indicate that there has been no

movement in the larger departments where the percentage completion rate is the lowest (PTS (53%) and Operational Support (66%))

4. SERVICE DELIVERY

Accident & Emergency service performance and activity (see attached information pack)

The table below sets out the A&E performance against the key standards for this financial year (2010/11), the complete validated performance for both January and February and the un-validated performance for the first 16 days of March.

| | CAT A8 | CAT A19 | CAT B19 | CAT C60 |
|-------------------------------|---------------|----------------|----------------|----------------|
| Standard | 75% | 95% | 95% | 90% |
| 2010/11 yr to date | 74.9% | 99.0% | 87.8% | 89.5% |
| January | 77.5% | 99.0% | 83.7% | 88.4% |
| February | 80.8% | 99.6% | 83.2% | 89.9% |
| March (to 16 th) | 79.6% | 99.6% | 80.0% | 87.3% |

** Estimated prior to data validation*

I am pleased to report that the Trust performed very well for Category A performance for the month of February 2011; ending on 80.6% and improving the Year to date position to 74.6%. The Trust has continued to deliver strong Cat A performance in March and is now over 74.9% for the year and is on track to achieve the target again this year. Category A & B incident demand continues to remain above forecast with a growth of 7.2% for Category A and 13.1% for Category B in comparison to February 2010. However, the overall number of incidents the LAS responded to per day was only slightly above that of last year, with an increase in February of 2.3% as a result of a continued fall in Cat C calls responded to. As a consequence, the Trust YTD increase in incidents attended to 4.6% in comparison to last year. It is worth noting that Category A&B incident growth has continued to increase, with Category A now at 5.6% and Category B at 4.9% above last year. The Category C growth has slowed and now sits at 2.7% higher.

Operations has continued to focus on a number of specific actions to improve Category A performance and so far out of the 14 items identified in the Recovery Plan, 7 have been delivered and solid progress has been made against the others.

Category B performance has continued to be a challenge as a direct result of the increased focus on Category A calls. Category C performance for February fell marginally short of the 90% threshold, ending at 89.9%; and resulting in a YTD position of 89.6%. It is inevitable that the Trust will now not achieve the Category C threshold; falling marginally short of the 90% target.

The percentage of calls answered within 5 seconds for the Month of February was the Trusts best performance this year at 97.7%; despite an increase of 8.9% over last February. The number of calls answered was 102,606; an increase of 8,375 calls. The call answering performance within 5 seconds for the year to date is currently sitting at 94.5%.

The number of rest breaks allocated in February was disappointingly low at 36% which was marginally less than that given in January 2011. The need to achieve a new rest break agreement is paramount to allow this to further improve.

The Trust saw a reduction in NHSD passed calls from 5,323 in January to 4,210 in February which is a reduction of approximately 21 calls per day. We are currently reviewing this to understand why so that we can better utilise this service in the future.

The LAS produced 117,370 ambulance hours resourcing for February this year, which was 5,408 hours less than for the same period last year; a 4.4% reduction. FRU hours produced for February increased by 36% to 64,873 hours which compares favourably with the 47,643 hours for the same period last year. We produced 21,641 hours for Urgent Care vehicles in February this year, again an increase above hours produced for the same period last year. What is reassuring to see is that actual planned overtime spend for February has fallen to 22,620 hours- a decrease of 22% compared to the same period last year when we spent circa 29K hours on planned overtime and is within the agreed levels.

The Trust continues to work relentlessly to reduce both the average patient handover to green and average hospital turnaround times in order to increase the resources available to respond to calls. I am glad to report that both of these targets have seen a further reduction. On the 4th April 2010 the Trust average patient handover to green time was 19.3 minutes and for the week ending 20th February 2011 the Trust achieved 16.0 minutes, the lowest time we have seen since the increased focus on this area, with 7 Complexes below the 15 minutes target- 6 of which are in the West area. On the 5th April 2009 the average hospital turnaround time the Trust reported was 34.9 minutes. I'm pleased to confirm that for the week ending the 20th February 2011 the Trust reported 30.7 minutes, an overall reduction of 4.2 minutes which is pleasing to note; however remains above the target recommended previously of 28 minutes.

This is as a direct result of the fact that although the Trust has achieved reductions since January, the average arrival to patient handover in February is only at 15.7 minutes as the time has not reduced as it should have done. Acute hospitals across London have yet to achieve the average of 14 minutes that was being achieved last August, let alone reduce to the 12 minutes target which would allow the LAS to achieve this efficiency target that was agreed previously with Commissioners and the SHA.

Preparedness for CommandPoint launch continues with staff attending the initial Command Point training events with 3 days scheduled for call taking & 3 days for dispatch. To date 239 staff have been trained, of which 152 were trained in Call Taking, 12 were trained in CTA & 173 were trained in Dispatch. There are 49 staff who have been trained on both courses. This training is supplemented with 20 minutes of maintenance training that all staff receives on each shift after they have completed the initial training.

The future-proofing dispatch workstream (a key enabler for Command Point) is now subject to staff consultation with the target output being a new way of operating the dispatch function, which will create clearer and simpler roles for allocators and create a support desk to focus on VOR, AAC & break management. This new way of working is scheduled to go live on 4th May, 2011 and will mean the full integration of Urgent Care resources, FRUs and Ambulances onto the geographical sectors. Planning continues to ensure that the Trust is able to effectively implement the changes required as a result of the DH removal of the Category B Target and the implementation of the new Clinical Indicators. A more detailed update will be provided at the next Trust Board meeting.

Additional stocks of blankets continue to be rolled out, with an extra 2,000 linen and 3,000 disposables being issued in February. A larger alternative disposable blanket is being sourced by the purchasing department in preparation for winter. The new diagnostic pack,

containing a BP cuff, a Tympanic Thermometer and Blood Glucose monitoring kit, has now been issued to all stations and Operational managers are now implementing this new strategy that has already seen better control of this key equipment and a reduction in reported shortages.

The fleet deployment project has helped to both stabilise the fleet and to drive a continued increase in vehicle sourcing at shift start time. The next step is to further review the fleet deployment to ensure that the flexible portion of the fleet is optimally located across the Trust.

The Make Ready trials at the Royal London, Newham General and Homerton hospitals are continuing. Direct "face to face" feedback has been collected at the trial sites and generally speaking comments received so far have been positive. The Make Ready Tender process is progressing well and tender documents are in the final stages of preparation before they are issued to short listed suppliers. Award of contracts is still on track for June 2011.

Two mobile workshop vans have now been delivered and are in use. We have already seen the benefit of their deployment on a Monday morning, where a number of vehicles have been put back into service prior to shift start, which previously would have resulted in crews being unavailable to respond at the start of their shift. Work is now commencing to extend their use and define our service requirements to support the West Workshop project. The site identified for the West Workshop at Acton Lane, Park Royal, is under offer from a developer. Alternative sites identified in the Combined Business Case are being revisited to ensure a fall back option is available and any loss of time is minimised.

The business case for the purchase of Mercedes Ambulances to meet the needs of the Olympics and the fleet replacement plan is ongoing. However the new extended approval process required coupled with the long leadtime for Mercedes Chassis and the body builders means that there is a risk we may not be able to source the vehicles in time.

The Emergency Planning Team are currently planning for the Central London TUC demonstration on the 26th March with an expected 100,000+ public anticipated to attend. This will closely be followed by the Mayday demonstrations where in previous years the Trust has been required to deploy several resources. Planning is now well underway for both the London Marathon on the 17th April and the Royal Wedding on the 29th April.

The EPU continues to develop the Trust's response for current and emerging threats and the challenges we may face. We recently held a Senior Managers conference which included a 'show and tell' of the assets available with the Trust to deploy to such incidents and a tabletop exercise. The day was well attended and a further update will be provided in the next report. Planning is now underway to hold a second round of conferences during late May and early June. The Hazardous Area Response Team (HART) in East London has now moved into its new base at Cody Road and the HART West team site continues to develop and should be completed in the summer

The first series of Operational Commander's courses that are compliant with the National Occupational Standards have commenced and these have been well received and will continue to run throughout the year.

As the Coroner's Inquest into the 7th July 2005 bombings concludes we are preparing for any learning that must be captured and the Coroner's Rule 43 that may follow for the Emergency Services, which will be incorporated into the new Major Incident Plan prior to publication.

5. PATIENT TRANSPORT SERVICE

Commercial

Following last months short listing and presentations under the LPP Phase 3, the LAS has been requested to resubmit its bids for the following Trusts following updated and more detailed patient activity provided by these Trusts along with more detailed breakdown of staff costs in particular detail on pension costs.

- Epsom & St Helier University Hospitals NHS Trust
- The Royal Brompton NHS Foundation Trust
- St Georges Healthcare NHS Trust
- Richmond and Twickenham PCT
- Sutton and Merton PCT
- Croydon PCT
- Wandsworth Teaching PCT (currently held by LAS)

Following our resubmissions the LPP has now announced the award of two of the contracts in which the LAS was unsuccessful. They were:

Royal Marsden NHS Trust – Awarded to Medical Services (New Provider) LAS 6th

Royal Brompton NHS Trust – Awarded to Caring to You (Current Provider) LAS 2nd

We are currently seeking detailed feedback on our bids and clarification on points raised in the feedback. In both bids the LAS bid was more expensive.

With the resubmission of the bid to St Georges Healthcare and Wandsworth PCT we are expecting to re-present our presentation to them week commencing 28th March 2011. St Georges and Wandsworth are considering bids from us and two other suppliers.

We understand that we will be asked to present again to Epsom and St Helier at some later point in April 2011.

We also wait to hear about our tender bids for:

- Chelsea & Westminster Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only)
- Richmond & Twickenham PCT (currently held by the LAS)
- Royal Free Hampstead NHS Trust
- Royal Marsden NHS Foundation Trust
- Whittington Hospital NHS Foundation Trust

The Business Manager also attended an LPP PTS Supplier Day Conference which allowed for supplier feedback to the current procurement process. 18 Providers attended the event held in St Thomas Hospital.

Operations

Rotas

PTS continues to review its rotas following the roll out and successful implementation of new rota lines for staff working in West London in January. We have now started the process for PTS staff working in East London. The purpose of the changes is to ensure better utilisation of vehicles and staff, as well introduce a consistent, pan-London, working

pattern. Benefits should include the elimination of third party usage, reduction in overtime and implementation of PROMIS to bring about better recording.

Vehicles

A total of 28 2002 Movanos and LDV vehicles have been decommissioned and returned to the leasing company in January and early February as planned, following the loss of the South London Healthcare contract. A further 10 are ready to be returned and this will leave a final batch of 22 vehicles to be decommissioned and returned in March 2011. PTS will then have a fleet of 120 vehicles. Orders have been submitted for a further 10 cars to be supplied in line with the planned resource requirement.

Communications

During January and February the PTS Senior Managers team have completed a round of PTS Consultation Meetings held around London, updating staff on current position and plans for 2011, including reorganisation, rota changes, contract updates, vehicles, resourcing, planning and general communications. These were well attended with good participation of staff.

In February all Transport Operations Centre staff have received a one day training course on Control Communication held at each of the two PTS Transport Operations Centres.

We also received two visits from South East Coast Ambulance Service to see the 3TC Meridian system in operation at the two TOCs which they are currently purchasing and installing.

Performance

Activity in January returned slowly as a result of the bad weather and extended Christmas period. We saw a rise from 13,087 patient journeys in December 2010 to 14,819 patient journeys in January 2011. Both these figures were below the forecasted activity and we expect to see the figure rise through February as hospitals and clinics return to normal services.

The quality standards for January 2011 were:

- Arrival Time: 90%
- Departure Time: 95%
- Time on Vehicle: 95%

6. INFORMATION MANAGEMENT & TECHNOLOGY

CTAK & MDT Problems

There have been two problems within the EOC technical environment. On Monday 14 March, reports were received during the morning of messages between the control room and MDT's running slow. By 12:45 the decision was made to turn off Fred & Freda and only despatch jobs manually. A number of actions were taken that were initially believed to have rectified the situation. However by 14:30 it became apparent that the problem had not been resolved and Operations made the decision to move to paper.

Technically the problem was a delay in the message string somewhere between CTAK, the Express Q system, the LAS data network, Vodafone, Orange, MDT1s and MDT2s. There were no error alerts, hardware alarms or any indication of the likely area of the problem. Unit testing by different specialist teams of the various system components

failed to identify any areas behaving incorrectly. By 17:30 there was no clear technical understanding of exactly where the problem was occurring. An option to use the fall-back servers at Bow to root the MDT messages was identified and an attempt was made to implement this as an unplanned contingency. However, this was not satisfactory and after a short period of attempting this approach, EOC again reverted back to paper.

Work continued with the technical teams to identify either the root cause or implement a 'fix' to restore service. Mobile Aware (American company who provide Express Q) were involved, and developers in the US worked on debugging the system logs sent to them. They were able to identify a 20 minute time delay in the messages within the disk storage used by the Express Q application – there was no apparent reason for this. In order to restore service, a decision was taken to reconfigure the disk storage arrangements for Express Q using an approach that would be acceptable for short term working. This was successful and allowed the system to be handed back to EOC at approximately 22:30. Root cause analysis continues and at the time of writing is not conclusive.

On the morning of Wednesday 16 March reports were received of CTAK running slow within EOC. Investigations quickly identified that this was being caused by the additional load being exerted on the main CTAK servers by the new hospital handover system. This was disconnected, restoring almost instantaneous performance to CTAK at about 13:30hrs. Subsequently changes have been made to ensure that the hospital handover system cannot cause this type of problem in the future. The two problems happened within 2 days of each other, however they were technically unconnected, and the EOC technical environment has remained stable.

7. HUMAN RESOURCES

Workforce Plan implementation

The A&E funded establishment for 2010/11 is 3433. Vacancies as at the 31 February 2010 are reported at 126 wte against this establishment.

Planned recruitment activity provides for 15 wte A&E Support staff in March. Taking anticipated leavers into account, the end of year position will remain on plan, with circa 120 vacancies.

As previously reported, recruitment to the Emergency Operations Centre is now complete with sufficient staffing to meet the requirements of CommandPoint implementation. No further recruitment training will be undertaken until after CommandPoint go-live.

Workforce information

Sickness absence

Sickness absence reported in January has decreased in all areas of the Trust apart from two (West Area and the Medical Directorate). Year to date absence levels are reported as 5.2% against a target of 4.5%. As reported last month, this target cannot be achieved in year. The continued increase in the number of "live" attendance cases being actively managed, rising from 349 in January to 391 in February validates the ongoing good results of the attendance management audits.

Vacancies and Turnover

As reported last month work needs to be completed to ensure establishment data is correct and maintained through the Trust's establishment control process. Vacancy levels within key areas (A&E Operations and EOC) however remain on plan.

Establishments will be adjusted from the 1 April 2011 in accordance with agreed workforce plans which will be presented to SMG in March 2011.

* It should be noted that the vacancy figures by directorate in this report should be viewed with caution as further reconciliation work is required. The new establishment for 2011/12 will be available after budget setting.

Employee Relations

The number of live disciplinary cases has increased from 20 in January to 25 in February with 15 staff currently suspended from duty. In addition there has been an increase of attendance of management cases by 42 in the month and demonstrates another a significant increase in overall activity.

PDR completion

The Trust overall is reporting completion of only 51.1% of required staff appraisal.

Completion rates in support functions is currently reported at 77%, with the majority of areas reporting 94% and above. All areas of the Trust will be expected to achieve 95% completion of PDR in 2011/12.

Training and Education

The Trust has made significant progress against the 13 key training commitments published in January 2010 with 10 of the 13 having been fully achieved. In particular, to date, c1,700 front line staff have accessed training in Core Skills Refresher (CSR). This is against a plan of 1,330 for the year.

In addition, the Trust continues with its:

- 3 year training programme of over 700 Student Paramedics
- Emergency Medical Technician conversion to Paramedic
- A&E Support training

33 LAS Student Paramedics have now qualified with 371 due to qualify in 2011/12.

The Trust has developed and introduced a learning website (<http://live.londonambulance.nhs.uk>), through which staff can access all information relating to training together with links into the new e-learning facility. Obstetrics and mental Health packages were identified as priority areas for development and are now available via e-learning. These developments are contained within the key training commitments.

Workforce transformation – Clinical Response Model (CRM)

The full evaluation of the model was due to commence across the South East sector in April 2011. However it has been necessary to defer full implementation of CRM until after the 20th August 2011 to allow for the implementation of the new national performance targets in April and Command Point implementation in June with the associated focus on recovery of Category A performance.

The planning and training activity both within operations and the Emergency Operations Centre in regard to CRM will continue and operational staff within South East London will be actively encouraged to continue to use the patient referral protocols and fully utilise appropriate care pathways.

It is hoped that this decision will not have a detrimental impact on plans for future rollout. To mitigate this possibility a proactive communications strategy is being developed for staff and external stakeholders.

Staff Survey

The results of the 2010 NHS Staff Survey have been published and consist of two reports:

1. Picker Institute Report (internal)
This is based on all LAS responses received, but is not published externally. Scores are benchmarked against the 2 other ambulance trusts who use Picker as their staff survey contractor.

2. Care Quality Commission Report
This is based on a sample of LAS responses, but will be made publicly available via the CQC website at the end of March. Scores are benchmarked against all other ambulance trusts nationally and are taken into account in assessing Trust performance.

Survey highlights include:

- The Picker report shows that 53 questions (out of 128) showed significant improvement with 6 questions having worsened.

- The Picker report shows that 68% of staff agree or strongly agree that they would be happy with the standard of care provided to a friend or relative who needed treatment (compared with 59% in 2009) and the same percentage report that they are proud to work for the LAS (the highest in 5 years).

- The CQC report shows that the LAS is above average amongst ambulance trusts for staff willingness to recommend the Trust as a place to work or receive treatment. This has contributed to an improved staff engagement score for 2010.

- Both reports highlight that the biggest improvement relates to the percentage of staff who have had a PDR. The Picker report additionally shows that the percentage of staff who have attended a taught course in the past 12 months has improved significantly.

- Scores have worsened in the following areas: percentage of staff who left their PDR feeling their work was not valued, percentage of staff putting themselves under pressure or feeling under pressure from colleagues to come to work despite not feeling well enough, percentage of staff disagreeing that they have adequate materials, supplies and equipment to do their jobs and the percentage of staff who never/ rarely look forward to going to work. The CQC report additionally highlights the availability of hand washing materials as a worsening score.

- The top problem areas highlighted by the survey include a lack of e-learning/ online training, no computer skills training and staff reporting that communication between senior management and staff is not effective, that different parts of the Trust do not communicate and that senior managers do not try to involve them in important decisions.

Occupational Health

A tender process has recently been completed for Occupational Health Service and physiotherapy services.

Both these contract have now been awarded to Guys & St Thomas' Foundation Trust. Contract details are currently being finalised.

Counselling provision is now managed internally by the staff support team and supported by a Trust based Senior Counsellor using a network of practitioners experienced in dealing with trauma.

8. COMPLAINTS, PALS ENQUIRIES AND SERIOUS INCIDENTS

PALS activity has increased from January to February with the predominant calls to PALS being requests for information. Lost property enquiries have increased in the month which presents a small but often unnecessary financial risk to the Trust. In terms of complaints, whilst the number received in February is down on the previous month, there has been an increase in the number for non-physical abuse and further detail is needed on what this constitutes.

PALS/Complaint data January February 2011

| PALS by Subject (primary) and Received | February | Category |
|--|------------|----------|
| Information/Enquiries | 177 | PALS |
| Lost Property | 71 | PALS |
| Clinical | 12 | PALS |
| Communication | 7 | PALS |
| Road Traffic Collision/RTC | 4 | PALS |
| Request for Witness Statement | 4 | PALS |
| Access | 3 | PALS |
| Delay | 3 | PALS |
| Non-physical abuse | 3 | PALS |
| Other | 3 | PALS |
| Policy/ Procedure | 3 | PALS |
| Conveyance | 2 | PALS |
| Incident Report - GP Surgery | 2 | PALS |
| Patient Injury or Damage to Property | 2 | PALS |
| Dignity and Privacy | 1 | PALS |
| Information Technology | 1 | PALS |
| | 298 | |

| Category of enquiry | January | February |
|---------------------|------------|------------|
| PALS | 263 | 298 |
| Totals | | |

Complaints

| Complaints by subject | January | February |
|--------------------------------------|-----------|-----------|
| Treatment | 17 | 8 |
| Delay | 15 | 13 |
| Non-conveyance | 12 | 4 |
| Road handling | 5 | 5 |
| Non-physical abuse | 3 | 10 |
| Aggravating Factors | 1 | 0 |
| Conveyance | 1 | 3 |
| Not our service | 1 | 0 |
| Patient Injury or Damage to Property | 1 | 0 |
| Clinical Incident | 0 | 1 |
| Totals: | 56 | 44 |

9. COMMUNICATIONS AND ENGAGEMENT

Media

7 July bombings inquests: Verdicts on the deaths of the 52 victims of the 2005 London Bombings are expected to be delivered by the middle of April.

In the last stage of testimony regarding overall command and control issues, the Service admitted that communications problems had a significant impact on the day. Additionally, it was confirmed that some statements issued to the media later in 2005, and in initial evidence given to the London Assembly investigation into the bombings, did not give a full picture of these issues.

The media continued to report the evidence that was given, including on a range of issues that were highlighted in various debrief reports. Further coverage is expected after the verdicts are given by the Coroner.

Death of a patient: The case of Sarah Mulenga, who died following attendance by an ambulance crew, has been widely reported by the media. A call was received to Ms Mulenga's address just before 4.15pm on the afternoon of Sunday 9 January. A second and third call was subsequently received from her landlady, when more information was received about her condition. An ambulance crew arrived at the address at 4.50pm. Ms Mulenga was not taken to hospital and the crew left the scene. A short time later a further 999 call was received at which time it was reported that Ms Mulenga had stopped breathing. Another ambulance crew and a member of a staff in a fast response car were dispatched and attempts were made to resuscitate her at the scene and on the way to Newham Hospital, where she was pronounced dead. An internal investigation is ongoing.

Ms Mulenga's family and landlady complained to the Service and the story was published in the Daily Mail, Evening Standard, Metro, Barking and Dagenham Post, The Voice and also covered by BBC London TV news.

Diane Abbott MP asked a Parliamentary Question around the training given to staff on the symptoms of sickle cell anaemia, which it is believed Sarah suffered from. Baroness Benjamin raised a Lords Oral Question also asking about training in place; this was covered by the Press Association.

Inquest into the death of Thomas Inglis: An inquest into the circumstances in which a patient, Thomas Inglis, came to jump out of a moving ambulance and sustain significant head injuries concluded at the end of January. The Service was not in a position to respond when the family were interviewed by ITV London news afterwards, because a verdict was not delivered at this point.

The Service published a statement when the verdict was given in early February, and coverage followed from the Press Association, Barking and Dagenham Post, Evening Standard, East London Enquirer and BBC online.

Other: Six-year-old Hasitha Solingage don called 999 when his mum collapsed at home. His visit to Waterloo HQ to meet the call taker and receive a certificate was covered in the Evening Standard, the front page of the Wembley Observer and also the Wembley and Kingsbury Times.

Filming and documentaries

'Ready, Steady, Drink': Actress Emily Atack joined the 'booze bus' as part of a BBC3 documentary about young people's drinking habits that was broadcast in January. She also visited the alcohol reception centre in the West End that was a joint initiative between the Service and Westminster Council.

Soho Blues: A television production company, making an observational documentary about the Service for Channel 5, has finished its filming with Waterloo crews. The series is expected to be broadcast in May and June this year.

Staff recognition

Celebration of Service: About 140 people attended the Celebration of Service earlier this month. The event recognised 35 members of staff who had completed 20 years' or more service and 12 recently retired members of staff. Richard Hunt and Peter Bradley presented medals, commemorative ambulance bells, glass blocks and certificates at the ceremony in Westminster.

External scrutiny

Review of the London Ambulance Service by the London Assembly's Health and Public Services Committee: On 17 March, the London Assembly held its first of two public meetings to review how the Service is meeting current and future operational, financial and organisational challenges.

The committee, made up of elected members and chaired by James Cleverly, AM, Conservative, posed questions to Director of Operations, Richard Webber, along with Neil Kennett-Brown, Director of LAS Commissioning and Whole Systems Transformation Programme, NHS North West London. Two GPs, a professor of pre hospital and emergency care and the Vice Chair of the London Ambulance Service Patients forum also answered questions from the panel.

Richard outlined the challenges facing the Service, budget implications, plans to become a foundation trust, increasing demand on the Service and meeting targets.

The committee also asked the panel questions on commissioning, introducing a single non urgent number, patient transport and governance. There was a discussion around who uses the Service, changes since the 7 July London bombings and reductions in staff posts. After the meeting, a statement was issued to the Evening Standard clarifying the Service's position on post reductions.

A further public meeting will be held on 6 April when Chief Executive Peter Bradley and Chairman Richard Hunt will answer further questions from the London Assembly.

Peter Bradley CBE
Chief Executive Officer

21 March 2011



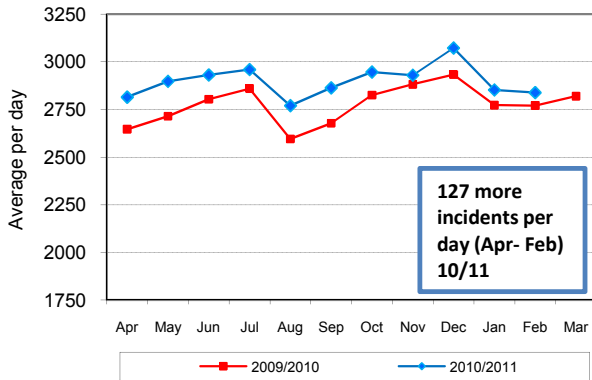
London Ambulance Service
NHS Trust

Information Pack for Trust Board

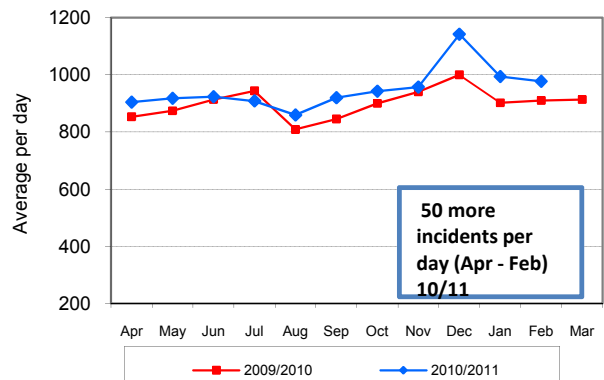
February 2011

**London Ambulance Service NHS Trust
Accident and Emergency Service
Activity / Call Process -
February 2011**

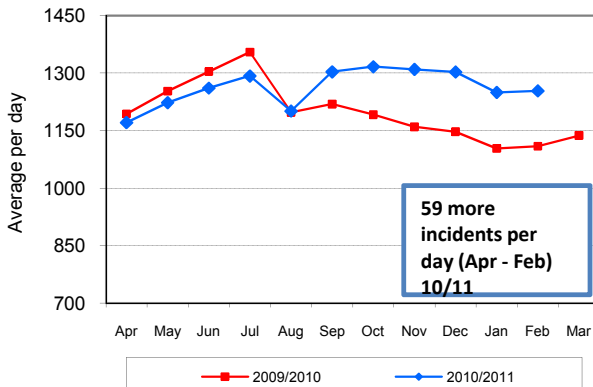
Graph 1
Average number of Cat A, B & C incidents per day



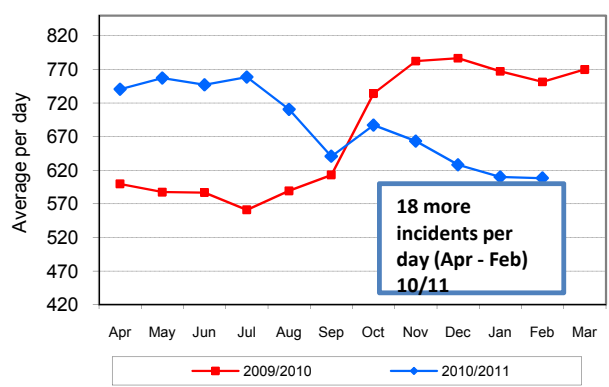
Graph 2
Average number of Cat A incidents per day



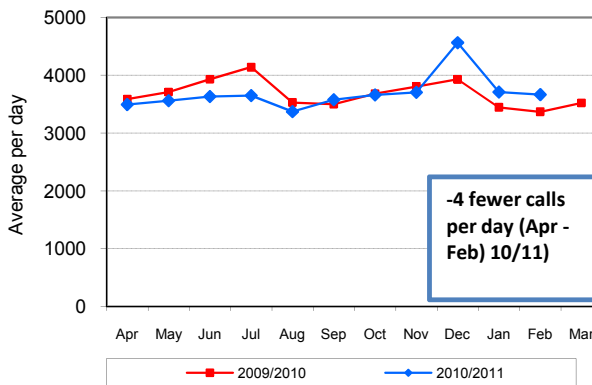
Graph 3
Average number of Cat B incidents per day



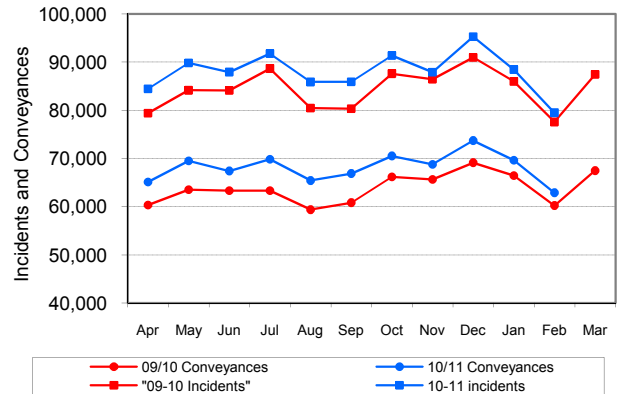
Graph 4
Average number of Cat C incidents per day



Graph 5
Average number of 999 calls received per day

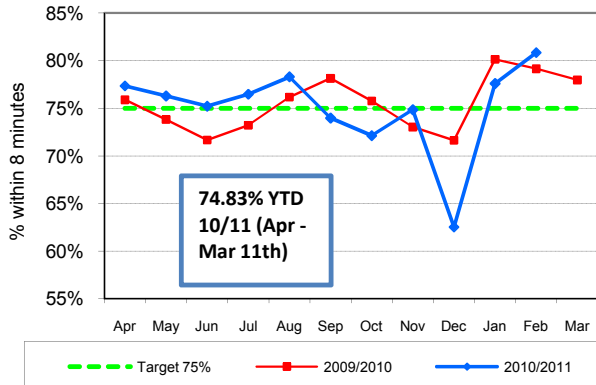


Graph 6
No of incidents conveyed

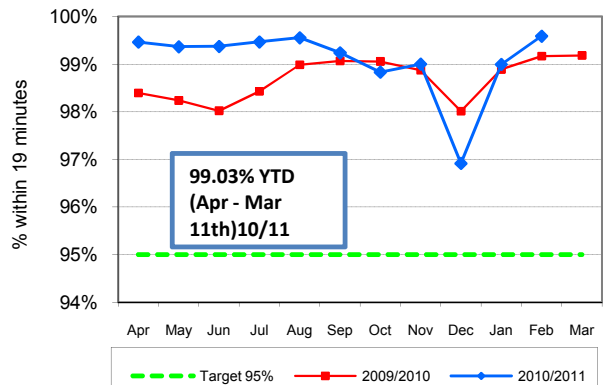


**London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - February 2011**

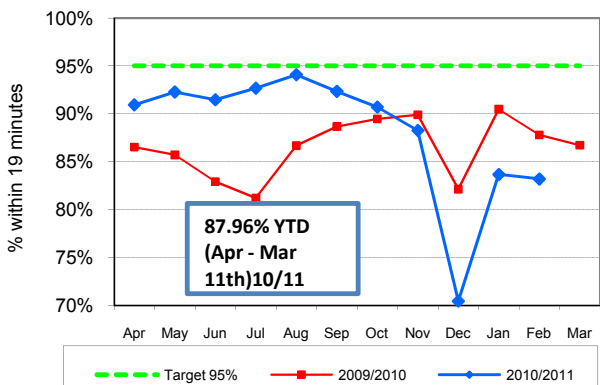
**Graph 7
Category A 8 minute performance**



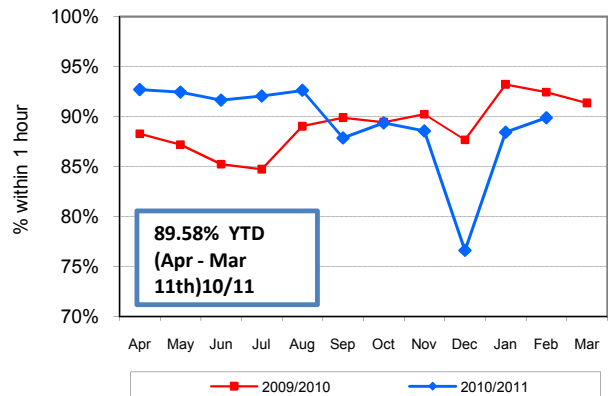
**Graph 8
Category A 19 minute performance**



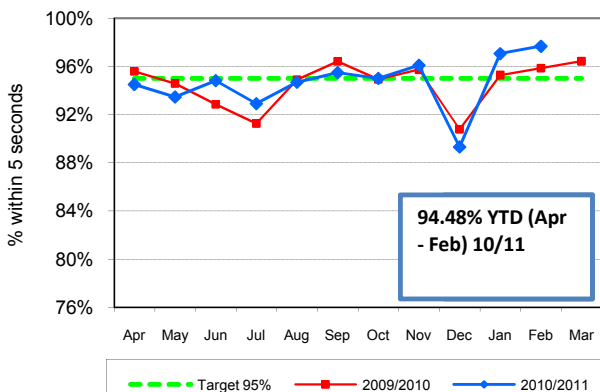
**Graph 9
Category B 19 minute performance**



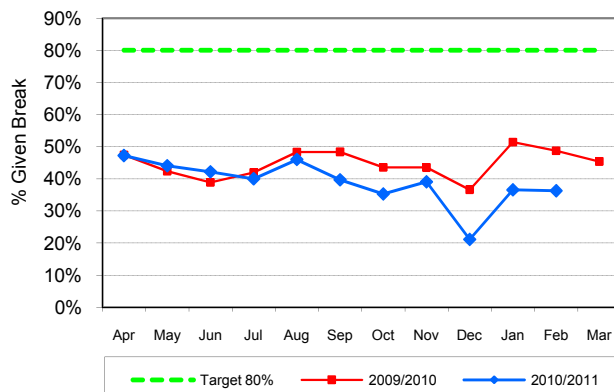
**Graph 10
Category C incidents (excluding card 35) responded to within 1 hour (call connect to arrive scene)**



**Graph 11
Percentage of calls answered within 5 seconds**

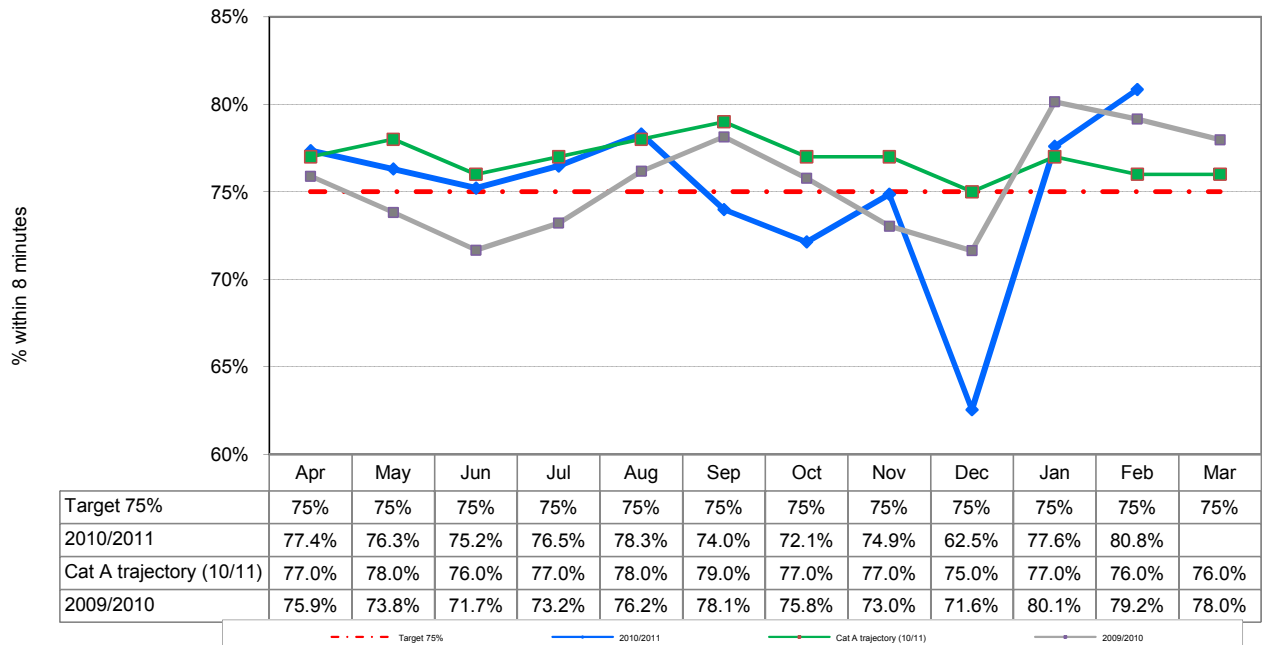


**Graph 12
Rest Breaks Given**

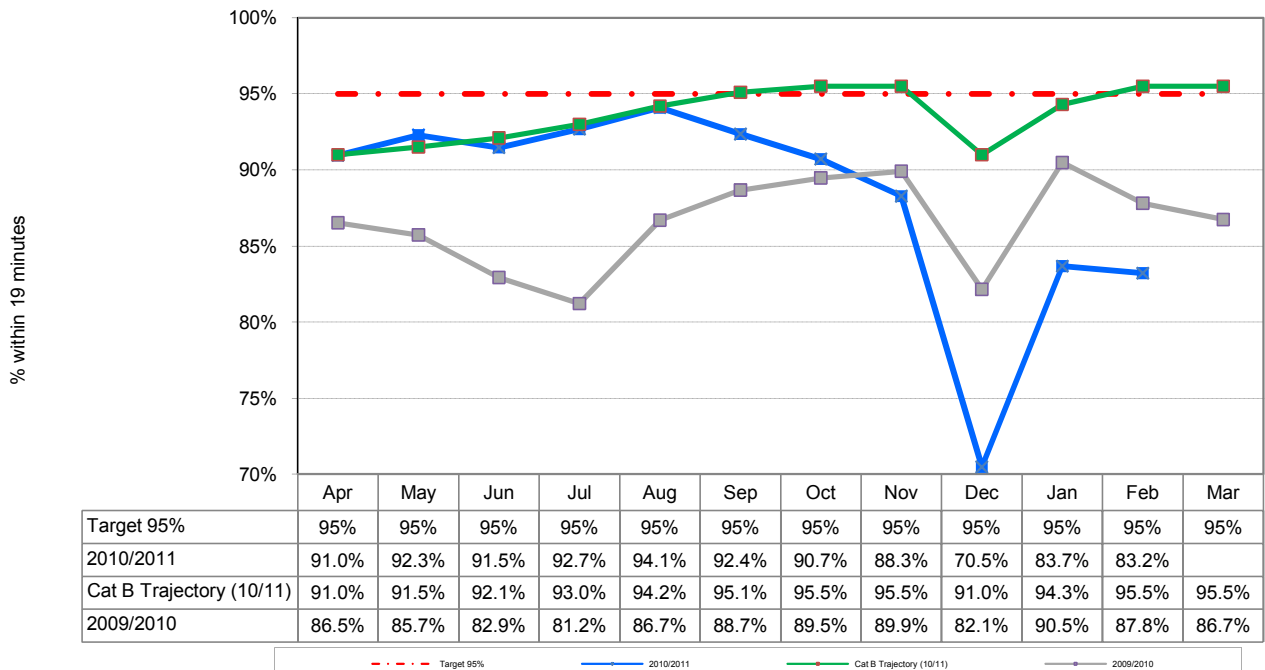


**London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - February 2011**

Graph 13
Category A 8 minute performance

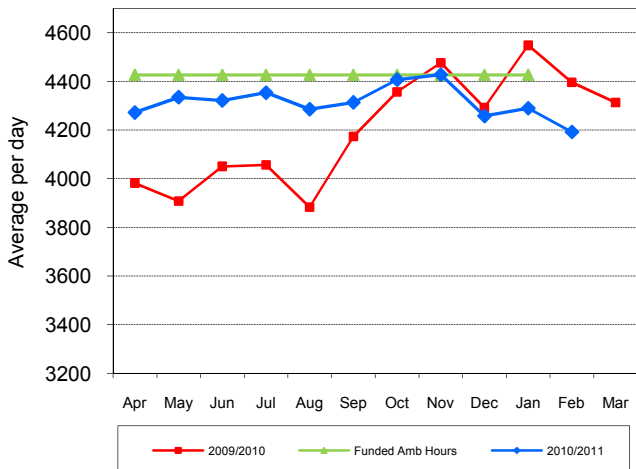


Graph 14
Category B 19 minute performance

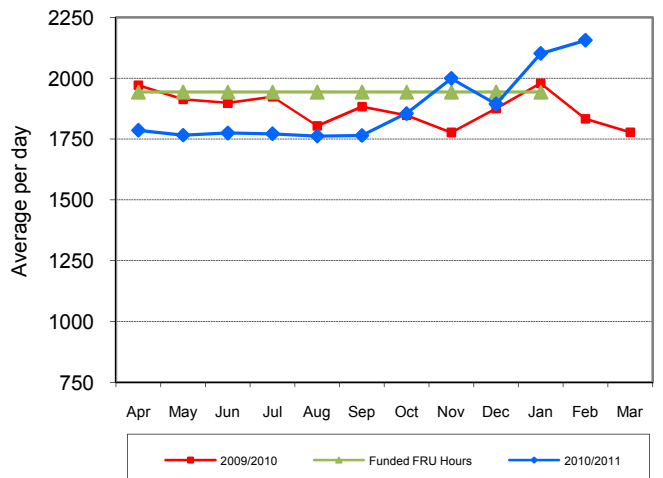


**London Ambulance Service NHS Trust
Accident and Emergency Service
Efficiency and Effectiveness - February 2011**

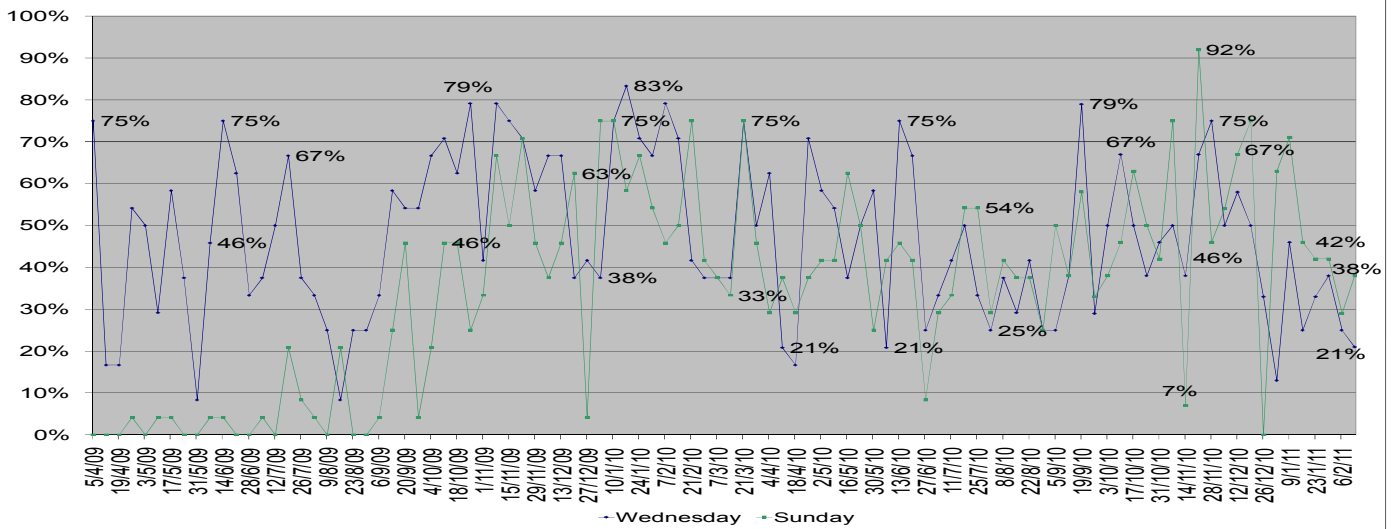
**Graph 15
Ambulance Hours average available per day**



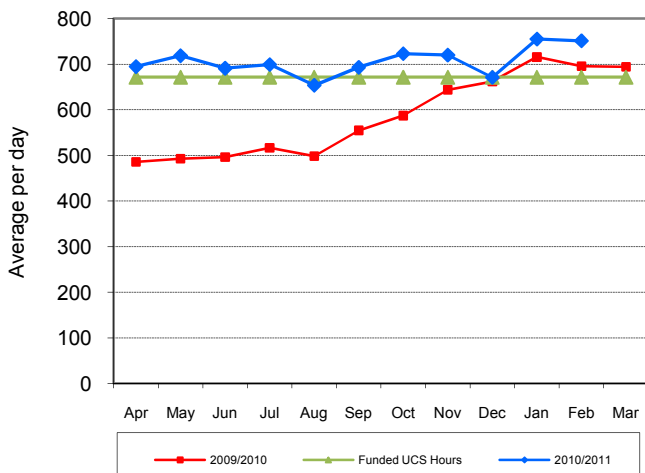
**Graph 16
FRU hours average available per day**



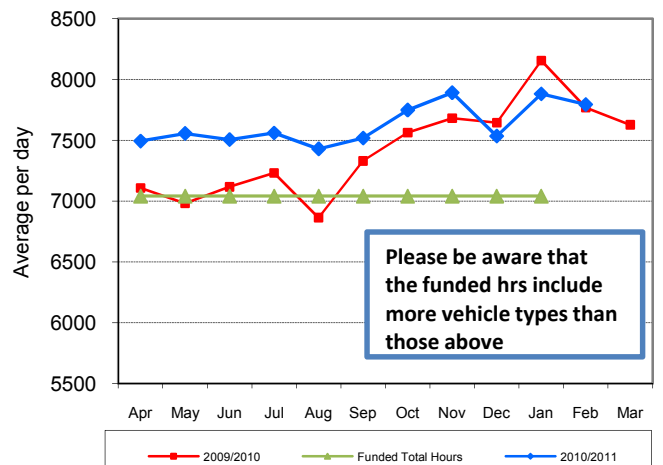
LAS hours in the day Compliant to ORH



**Graph 17
UOC Hours average available per day**



**Graph 18
All Vehicle Hours average available per day**

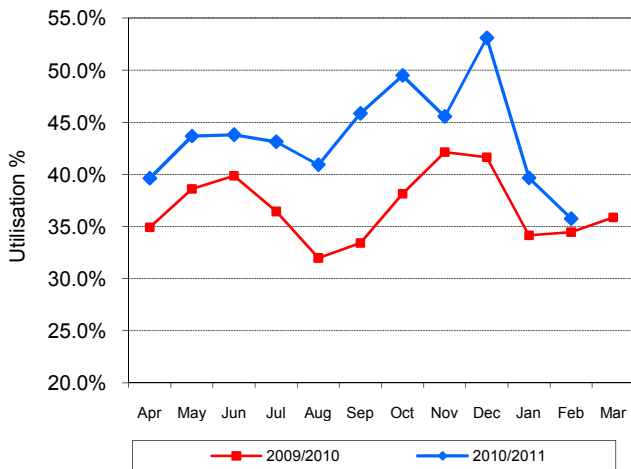


**Please be aware that
the funded hrs include
more vehicle types than
those above**

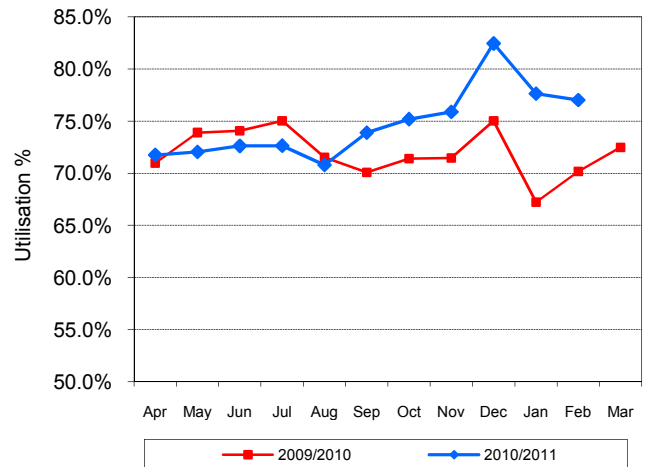
includes other vehicle types other than those above

**London Ambulance Service NHS Trust
Accident and Emergency Service
Efficiency and Effectiveness - February 2011**

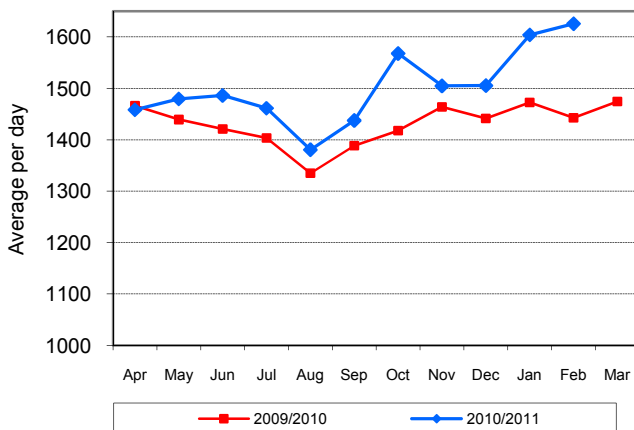
**Graph 19
FRU Utilisation**



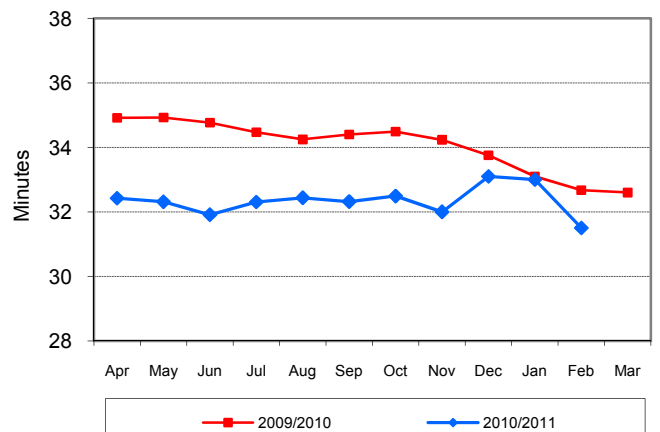
**Graph 20
Ambulance Utilisation**



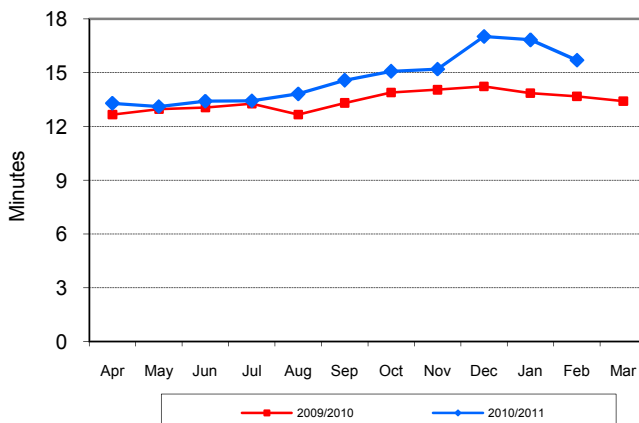
**Graph 21
EOC hours staffed per day**



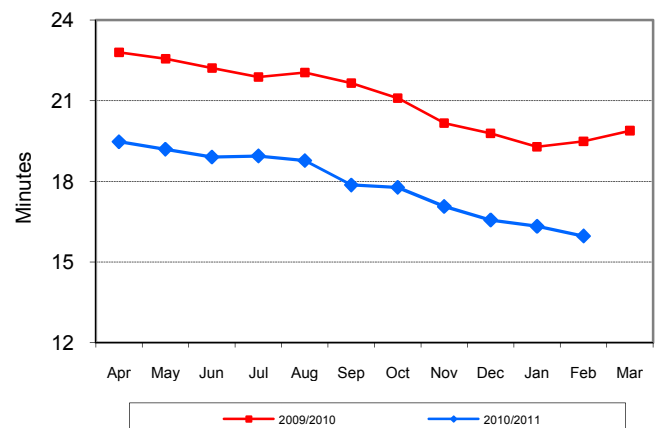
**Graph 22
Average hospital turnaround time**



**Graph 23
Average Arrival at Hospital to Handover (Mins)**

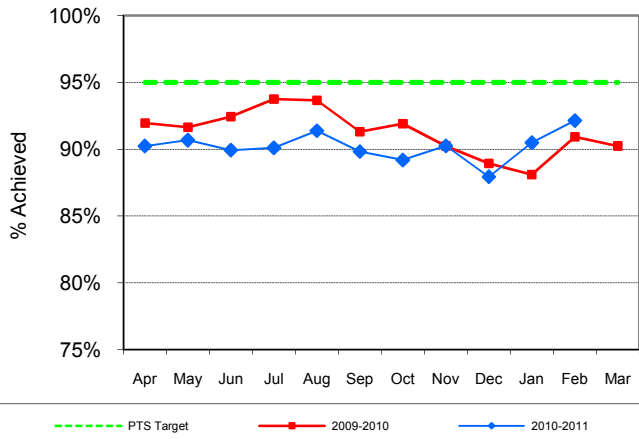


**Graph 24
Average Handover to Green (Mins)**

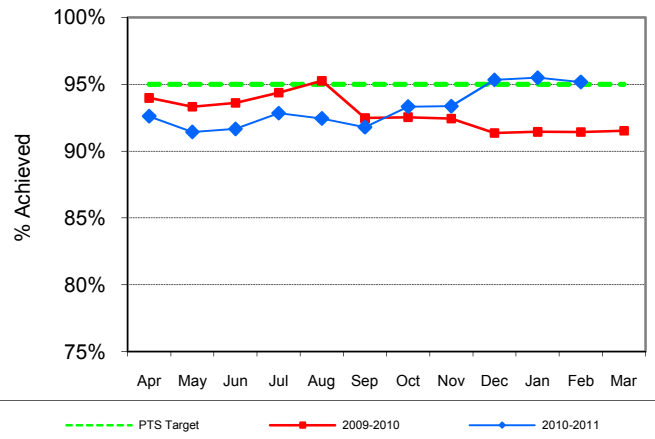


**London Ambulance Service NHS Trust
Patient Transport Service
Activity and Performance - February 2011**

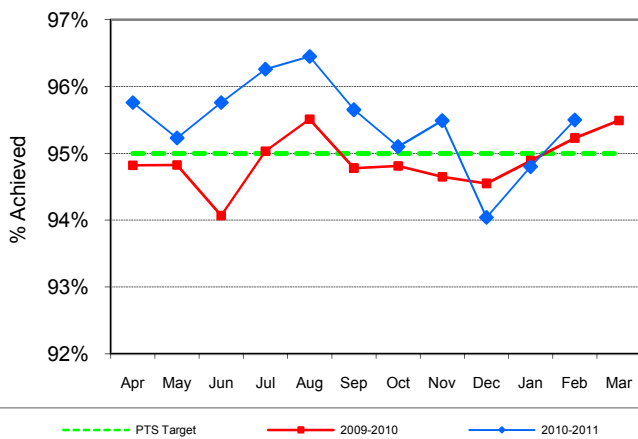
**Graph 25
Arrival at Hospital Against Appointment Time**



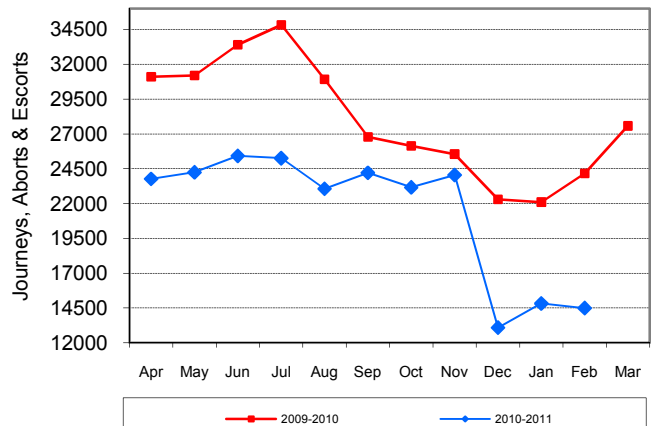
**Graph 26
Departure Against Ready Time**



**Graph 27
Time spent on Vehicle**



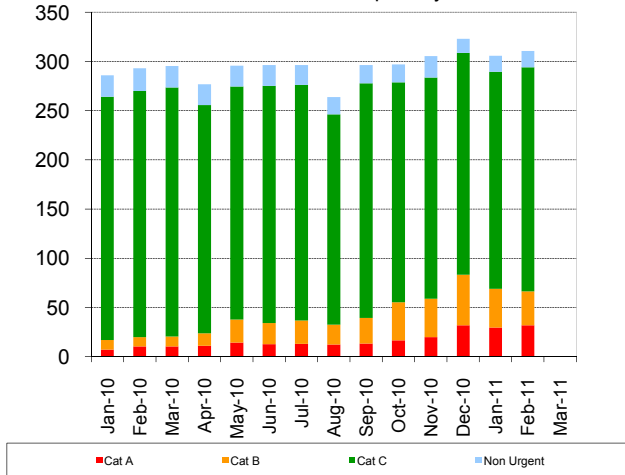
**Graph 28
PTS Total Activity**



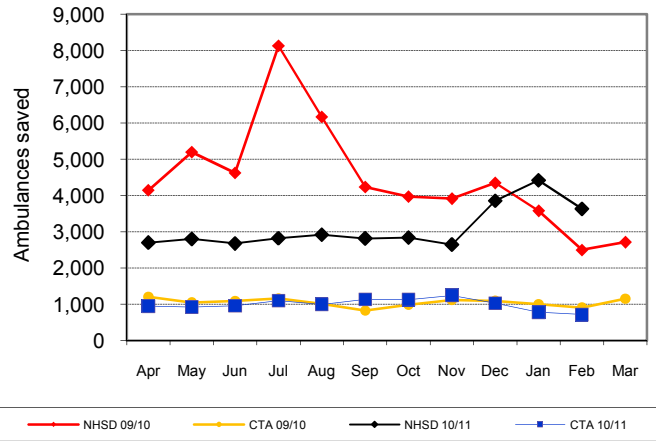
London Ambulance Service NHS Trust Accident and Emergency Service UOC Effectiveness - February 2011

Incident information is based on responses where a vehicle has arrived on scene for dispatches occurring during UOC operational hours (0700 -02259)

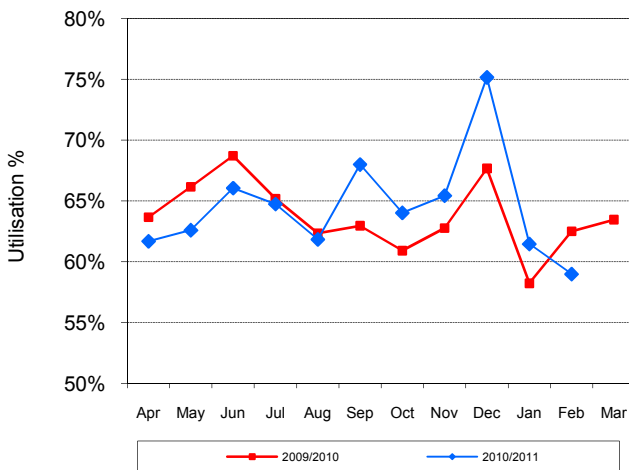
Graph 29
CAT A, B & C Workload by Urgent Care Vehicles average incidents per day



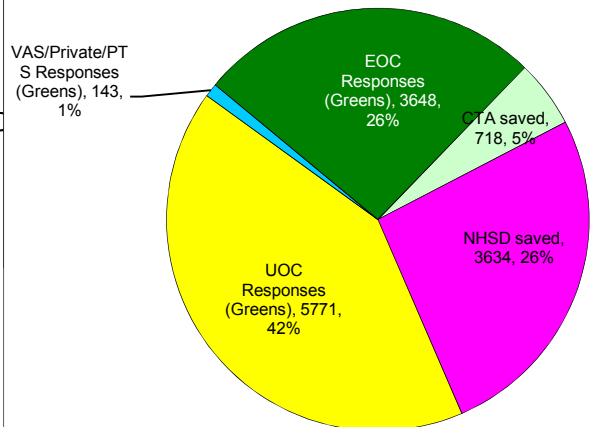
Graph 30
CTA/NHSD Ambulances saved



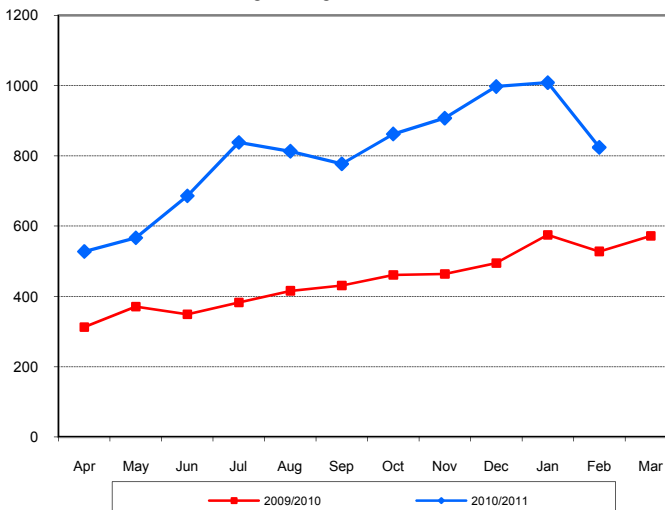
Graph 31
UOC Utilisation



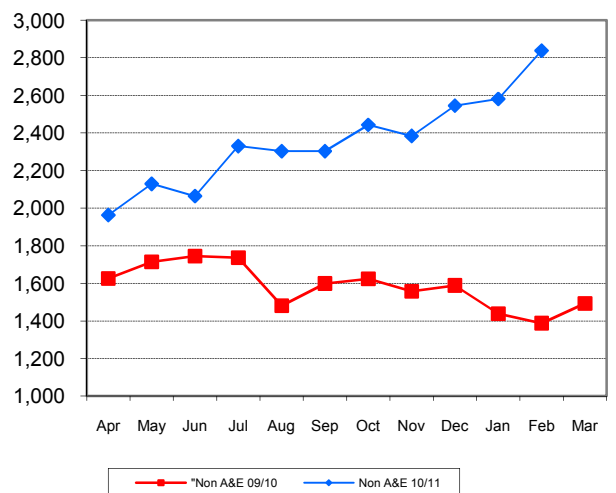
Graph 32
Green resolution - February 2011



























Graph 33
Safeguarding children and adults

















Graph 34
Patients conveyed to Non A&E Departments - LAS

















Care for patients

| | | |
|--|---|--|
|  |  | CO1. % of FAST positive patients taken to appropriate specialist centres |
|  |  | CO1. Improved outcome following STEMI |
|  |  | CO1. Increase in survival rates for trauma patients |
|  |  | CO1. Survival rate for out of hospital cardiac arrest |
|  |  | CO2. Increased use of appropriate care pathways |
|  |  | CO2. Increased use of appropriate care pathways PART 2 |
|  |  | CO3. Meet locally agreed Category C response target |
|  |  | CO3. Meet the Category A (8 and 19 minutes) response time target |
|  |  | CO3. Meet the Category B (19 minutes) response time target |
|  |  | CO4. Meet Health & Safety target |
|  |  | CO4. Meet Infection control target - Compliance on Infection Control Audit |
|  |  | CO4. Meet patient report form completion target |

Good for staff

| | | |
|---|---|---|
|  |  | CO5. Increase in staff confidence levels |
|  |  | CO5. Increase in staff skill levels |
|  |  | CO6 ANNUAL MEASURE. Increase representation of staff from minority ethnic |
|  |  | CO7. Trust sickness levels |
|  | | CO7. ANNUAL MEASURE Staff satisfaction score |
|  | | CO7. ANNUAL MEASURE Staff engagement score |
|  |  | CO7. Improve clinical leadership through NWoW implementation |
|  |  | CO7. Lower vacancy rates to 4% |

Value for taxpayers

| | | |
|---|---|---------------------------------------|
|  |  | CO8. ANNUAL MEASURE Resources ALE |
|  |  | CO8. More efficient use of fleet |
|  |  | CO8. Reduce carbon footprint |
|  |  | CO8. Reduction in the cost base (CIP) |
|  |  | CO8. Resources Estates |
|  |  | CO8. Resources Financial |
|  |  | CO8. Resources IM&T |

Balanced Scorecard Outcome Indicators

Strategic / Service Development Plan & 2010/11 Priorities

| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|--------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|---|--|------------|--|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO1.To improve outcomes for patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO1. % of FAST positive patients taken to appropriate specialist centres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of FAST positive patients taken to appropriate specialist centres | 0 | 57 | ▶ | 90 | 95 | ▶ | 90 | 95 | ▶ | 90 | 95 | ▶ | 90 | 97 | ▶ | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 2011-028 GV: 91% of FAST positive patients were conveyed directly to a HASU and a further 6% of FAST positive patients were appropriately transported to the nearest A&E. Therefore, 97% of patients were conveyed to an appropriate facility. | | | | |
| CO1. Improved outcome following STEMI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of STEMI patients taken to specialist cardiac centres | 90 | ▷? | 90 | ▷? | 90 | 91 | ▶ | 90 | 93 | ▶ | 90 | 90 | ▶ | 90 | 96 | ▶ | 90 | 91 | ▶ | 90 | 94 | ▶ | 90 | ▷? | 90 | ▷? | ▷? | ▷? | GV 2011-02-08: In December, 94% of patients were taken directly to a Cath Lab, which is an increase of 3% from the previous month. A further 4% of patients were appropriately transported to A&E. Therefore, 98% of patients were conveyed to an appropriate facility in December. | | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|--------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO1. Increase in survival rates for trauma patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of appropriate patients taken to major trauma centres | 90 | 96 | ▲ | 90 | 99 | ▲ | 90 | 96 | ▲ | 90 | 96 | ▲ | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | GV 2011-02-08: For August 2010, 96% of major trauma patients were appropriately conveyed to a MTC or a local trauma unit (A&E). This exceeds the target set for the LAS of 90% conveyance of major trauma patients to an appropriate facility. NB: data capture is currently 4 months in arrears; this is a result of additional data sourcing processes entailed as a result of low levels of documentation of destination codes. | |
| CO1. Survival rate for out of hospital cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % patients with presumed cardiac aetiology who have a return of spontaneous circulation (ROSC) sustained to hospital (LAS overall) GV | 23 | ▷? | | 23 | ▷? | | 23 | 23 | ▶ | 23 | 26 | ▲ | 23 | 25 | ▶ | 23 | 26 | ▲ | 23 | 32 | ▲ | 23 | 25 | ▶ | 23 | 30 | ▲ | 23 | ▷? | 23 | ▷? | | | |
| Gurkamal Viridi | Fionna Moore | Number of defibrillators in public places CHS | 10 | 4 | ▼ | 17 | 7 | ▼ | 17 | 9 | ▲ | 17 | 12 | ▲ | 20 | 14 | ▼ | 25 | 22 | ▲ | 30 | 26 | ▼ | 34 | 26 | ▼ | 40 | 42 | ▲ | 45 | 49 | ▲ | 53 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|--------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|---|---|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Gurkamal Viridi | Fionna Moore | Number of people trained by the Trust under the community responder scheme CHS | 20 | 24 | ▲ | 30 | 24 | ▼ | 40 | 24 | ▼ | 40 | 42 | ▲ | 50 | 54 | ▲ | 60 | 78 | ▲ | 70 | 85 | ▲ | 75 | 99 | ▲ | 85 | 99 | ▲ | 95 | 109 | ▲ | 100 | ▷? | | |
| Gurkamal Viridi | Fionna Moore | Number of people trained to use defibrillators CHS | 100 | 100 | ▲ | 150 | 164 | ▲ | 160 | 210 | ▲ | 160 | 235 | ▲ | 210 | 315 | ▲ | 260 | 362 | ▲ | 300 | 410 | ▲ | 320 | 474 | ▲ | 370 | 545 | ▲ | 420 | 580 | ▲ | 483 | ▷? | | |
| CO2.To provide more appropriate care for patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO2. Increased use of appropriate care pathways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emma Williams | Lizzy Bovill | % of complexes with new Clinical Response Model in place BON | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | | 1 | ▷? | | 2 | ▷? | | 2 | ▷? | | 3 | ▷? | | 3 | ▷? | | 3 | ▷? | - | |
| Emma Williams | Lizzy Bovill | Number of of falls referred to established pathway EW | 100 | 114 | ▲ | 100 | 120 | ▲ | 100 | 131 | ▲ | 100 | 113 | ▼ | 100 | 137 | ▲ | 100 | 176 | ▲ | 100 | 206 | ▲ | 100 | 223 | ▲ | 100 | 214 | ▼ | 100 | ▷? | 100 | ▷? | | | |
| Emma Williams | Lizzy Bovill | Number of patients referred to a community provider EW | 200 | 989 | ▲ | 200 | 1015 | ▲ | 200 | 1088 | ▲ | 200 | 1174 | ▲ | 200 | 1101 | ▼ | 200 | 1346 | ▲ | 200 | 1294 | ▼ | 200 | 2100 | ▲ | 200 | 1671 | ▼ | 200 | ▷? | 200 | ▷? | | | |
| Emma Williams | Lizzy Bovill | The % of total incidents resolved through CTA, NHSD SW | 33 | ▷? | | 33 | ▷? | | 33 | ▷? | | 33 | ▷? | | 33 | ▷? | | 33 | 4.30 | ▼ | 33 | 4.40 | ▼ | 33 | ▷? | | 33 | 0 | ▼ | 33 | ▷? | 33 | ▷? | 2011-02-15 CK As per the paper to SMG, re changes to the SMART matrix it is proposed that with effect from 01 April this indicator will be replaced by 3 indicators CTA, NHSD & Vehicles saved (non-dispatched) | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|---|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO2. Increased use of appropriate care pathways PART 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stephen Hines | Fionna Moore | End of Life care target - 50% processed in 72 hours SH | 50 | ▷? | | 50 | ▷? | | 50 | ▷? | | 50 | ▷? | | 50 | 98 | ▷ | 50 | 70 | ▷ | 50 | 95 | ▷ | 50 | 91 | ▷ | 50 | 99 | ▷ | 50 | 94 | ▷ | 50 | ▷? | SH 11/03/11 Delays on 20 from 361 due to printer problems | |
| Stephen Hines | Fionna Moore | Patient Specific Protocols target - 75% processed within 48 hrs SH | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | 77 | ▷ | 75 | 100 | ▷ | 75 | 100 | ▷ | 75 | 64 | ▷ | 75 | 93 | ▷ | 75 | 86 | ▷ | 75 | ▷? | SH 11/03/11 3 out of 21 delayed - one complex where pt died while PSP in progress. | |
| CO3.To meet response time targets routinely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO3. Meet locally agreed Category C response target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Meet locally agreed Category C (30 minute callback) response target | 90 | 97.30 | ▷ | 90 | 96.60 | ▷ | 90 | 96 | ▷ | 90 | 97.50 | ▷ | 90 | 96.60 | ▷ | 90 | 96.78 | ▷ | 90 | 95 | ▷ | 90 | 78.70 | ▷ | 90 | 95.20 | ▷ | 90 | 96.40 | ▷ | 90 | ▷? | RLH 08/03/2011 Pleased to report that achieved monthly milestone and YTD is now sitting at 95%. | |
| Jason Killens | Richard Webber | Meet locally agreed Category C (60 minute ambulance response target) | 90 | 92.50 | ▷ | 90 | 91.70 | ▷ | 90 | 92.10 | ▷ | 90 | 92.60 | ▷ | 90 | 89 | ▷ | 90 | 89.40 | ▷ | 90 | 88.50 | ▷ | 90 | 76.50 | ▷ | 90 | 88.50 | ▷ | 90 | 89.90 | ▷ | 90 | ▷? | RLH 07/03/2011 The Trust marginally missed the 90% threshold for the Month of February finishing on 89.9%. The Trust continues to concentrate on the recovery of Category A performance (life threatening) calls within 8 minutes. It is unlikely that the Trust will achieve the annual threshold of 90%, currently the Trusts YTD position sits at 89.6%. | |
| CO3. Meet the Category A (8 and 19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Calls answered in 5 seconds ----- PW | 95 | 93.45 | ▷ | 95 | 94.82 | ▷ | 95 | 92.91 | ▷ | 95 | 93.60 | ▷ | 95 | 95.30 | ▷ | 95 | 95.80 | ▷ | 95 | 95.90 | ▷ | 95 | 89.30 | ▷ | 95 | 96.80 | ▷ | 95 | 97.60 | ▷ | 95 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|----------------|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | % of Category A activation within 45 seconds ----- JB (PW) | 60 | 45 | ▼ | 60 | 45.30 | ▲ | 60 | 45.60 | ▲ | 60 | 45.50 | ▼ | 60 | 63.40 | ▲ | 60 | 60.84 | ▼ | 60 | 66.60 | ▲ | 60 | 46.10 | ▼ | 60 | 62.80 | ▲ | 60 | 68.40 | ▲ | 60 | ▷? | | |
| Jason Killens | Richard Webber | Achievement of Cat A (19 minutes) --- CD | 95 | ▷? | | 95 | ▷? | | 95 | ▷? | | 95 | 77.90 | ▼ | 95 | 99.10 | ▲ | 95 | 98.70 | ▼ | 95 | 98.90 | ▲ | 95 | 96.80 | ▼ | 95 | 98.90 | ▲ | 95 | 99.60 | ▲ | 95 | ▷? | | |
| Jason Killens | Richard Webber | Achievement of Cat A (8 minutes) ---- CD | 78 | 76.12 | ▼ | 76 | 75.12 | ▲ | 77 | ▷? | | 78 | 99.51 | ▲ | 79 | 73.40 | ▼ | 77 | 71.70 | ▲ | 77 | 74.30 | ▲ | 75 | 61.80 | ▼ | 77 | 77.20 | ▲ | 76 | 80.70 | ▲ | 76 | ▷? | | |
| Jason Killens | Richard Webber | AEU mobilisation from station less than 30% ---- CD | 30 | 21.50 | ▲ | 30 | 21 | ▲ | 30 | 25 | ▼ | 30 | 29 | ▼ | 30 | 22.70 | ▲ | 30 | 25 | ▼ | 30 | 21.40 | ▲ | 30 | 0 | ▲ | 30 | 19.50 | ▼ | 30 | 18 | ▲ | 30 | ▷? | | |
| Jason Killens | Richard Webber | Ambulance mobilisation <208sec Average ----- CD | 208 | 102.50 | ▲ | 208 | 111.80 | ▼ | 208 | 114.30 | ▼ | 208 | 110.40 | ▲ | 208 | 140 | ▼ | 208 | 234 | ▼ | 208 | 233 | ▲ | 208 | ▷? | | 208 | ▷? | | 208 | ▷? | | 208 | ▷? | CPD 04/12/10 Continuing to reduce the mobilisation from station will in turn reduce the mobilisation average. | |
| Jason Killens | Richard Webber | Ambulance utilisation of 55% ----- CD | 55 | 72 | ▼ | 55 | 72.60 | ▼ | 55 | 71.70 | ▲ | 55 | 75.20 | ▼ | 55 | 76.80 | ▼ | 55 | 77.60 | ▼ | 55 | 81 | ▼ | 55 | 85.20 | ▼ | 55 | 79.80 | ▲ | 55 | 80.90 | ▼ | 55 | ▷? | | |
| Jason Killens | Richard Webber | FRU mobilisation <134 sec Average ----- CD | 134 | ▷? | | 134 | ▷? | | 134 | 85.90 | ▼ | 134 | 107 | ▼ | 134 | 101 | ▲ | 134 | 105 | ▼ | 134 | 77 | ▲ | 134 | 137 | ▼ | 134 | 78 | ▲ | 134 | 57 | ▲ | 134 | ▷? | | |
| Jason Killens | Richard Webber | FRU mobilisation from station less than 25% ----- CD | 25 | ▷? | | 25 | ▷? | | 25 | 26 | ▼ | 25 | 28 | ▼ | 25 | ▷? | | 25 | 25 | ▲ | 25 | 25 | ▶ | 25 | 22.80 | ▲ | 25 | 24 | ▼ | 25 | 24 | ▶ | 25 | ▷? | | |
| Jason Killens | Richard Webber | FRU utilisation of 40% ----- CD | 40 | 43.70 | ▼ | 40 | 43.80 | ▼ | 40 | 42.50 | ▲ | 40 | ▷? | | 40 | 46.20 | ▼ | 40 | 47.80 | ▼ | 40 | 48.40 | ▼ | 40 | 54.90 | ▼ | 40 | 40.30 | ▲ | 40 | 37.20 | ▲ | 40 | ▷? | | |
| Jason Killens | Richard Webber | Job cycle time (incl. hospital turnaround) 66 minutes ----- CD | 66 | ▷? | | 66 | ▷? | | 66 | ▷? | | 66 | 64 | ▶ | 66 | 65 | ▼ | 66 | 66 | ▼ | 66 | 67 | ▼ | 66 | 69 | ▼ | 66 | 68 | ▲ | 66 | 67 | ▲ | 66 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|----------------|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|---|--|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Proportion of the year below REAP level 1 & 2 combined --- CD | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | 85 | ▷ | 75 | 78.10 | ▷ | 75 | 69.40 | ▷ | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | CPD 04/12/10 25 weeks of or 36 we have been at level 2 or below | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (AEU) --- AK | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 88.60 | ▷ | 100 | 99.50 | ▷ | 100 | 100 | ▷ | 100 | 96.20 | ▷ | 100 | 94.72 | ▷ | 100 | 94.70 | ▷ | 100 | ▷? | | | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (All) ----- AK | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 87.90 | ▷ | 100 | 96.80 | ▷ | 100 | 112.10 | ▷ | 100 | 107.30 | ▷ | 100 | 112.20 | ▷ | 100 | 110.90 | ▷ | 100 | ▷? | | | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (FRU) --- AK | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 90.80 | ▷ | 100 | 86.80 | ▷ | 100 | 95.40 | ▷ | 100 | 93 | ▷ | 100 | 106 | ▷ | 100 | 104.50 | ▷ | 100 | ▷? | | | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (UC) ---- AK | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 87.10 | ▷ | 100 | 108 | ▷ | 100 | 108 | ▷ | 100 | 102.30 | ▷ | 100 | 115.30 | ▷ | 100 | 115.20 | ▷ | 100 | ▷? | | | | | |
| Jason Killens | Richard Webber | VOR % ----- CV | 12 | ▷? | | 12 | ▷? | | 12 | ▷? | | 12 | 11 | ▷ | 12 | 10 | ▷ | 12 | 11.50 | ▷ | 12 | 9.70 | ▷ | 12 | 11.90 | ▷ | 12 | 12 | ▷ | 12 | ▷? | | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO3. Meet the Category B (19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Category B activation of 90 seconds - JB (PW) | 70 | 66 | ▲? | 70 | 69.50 | ▲? | 70 | 70.30 | ▲ | 70 | 72.70 | ▲ | 70 | 71.44 | ▼ | 70 | 68.93 | ▼ | 70 | 62.59 | ▼ | 70 | ▷? | 70 | ▷? | 70 | 73.90 | ▲ | 70 | ▷? | RLH 15/02/2011 I'm pleased to report that for the Month of February the Trust achieved the 70% threshold activating 73.9% of Category B calls activated in 90 seconds, although YTD is currently sitting at 67.7% below the milestone. The Trust continues to concentrate on Category A Life-Threatening calls which have changed the dynamics of reducing FRU FRED calls, whilst seeing an increase in FREDA allocated calls. | | | |
| Jason Killens | Richard Webber | Achievement of Cat B (19 minutes) - CD | 92.30 | ▷? | | 91.48 | ▷? | | 86 | 92.68 | ▶ | 86.50 | 93.97 | ▶ | 93 | 92.10 | ▼ | 90 | 90.30 | ▶ | 91.50 | 88.10 | ▼ | 94 | 70.30 | ▼ | 95 | 83.60 | ▲ | 95 | 83.20 | ▼ | 95 | ▷? | RLH15/03/2011 It is disappointing to report that for the month of February the Trust achieved 83.2%. The Trust has been concentrating on Category a calls (Life-Threatening) to achieve the National Key Standard whilst delivering and maintaining a high quality of patient care. The Trust will not be able to achieve the 95% Key National Standard. | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|---------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|---|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| C05.To develop staff so they have the skills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C05. Increase in staff skill levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | % of staff attending training courses against places available -- -- JH + GH | 70 | 83.80 | ▲ | 70 | 79 | ▲ | 70 | 76.50 | ▼ | 70 | 68.50 | ▼ | 70 | 70 | ▲ | 70 | 79 | ▲ | 70 | 70.70 | ▼ | 70 | 67.20 | ▼ | 70 | 86 | ▲ | 70 | 88 | ▲ | 70 | ▷? | JH:2011/03/10:currently awaiting returns from control service activities for february | |
| Ann Ball | Caron Hitchen | Number of (not qualified) Student paramedics in training ---- AB | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 695 | ▼ | 664 | 686 | ▼ | 664 | 691 | ▲ | 664 | 684 | ▼ | 664 | 682 | ▼ | 664 | 678 | ▼ | 664 | ▷? | | |
| C06.To improve the diversity of the workforce | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C06 ANNUAL MEASURE. Increase representation of staff from minority ethnic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff progressed | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | - |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff recruited | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | - |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff retained | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | - |
| C07.To create a productive and supportive working | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C07. Trust sickness levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | Reduce sickness levels across the Trust | 4.50 | 5.08 | ▼ | 4.50 | 4.65 | ▲ | 4.50 | 5.22 | ▼ | 4.50 | 5.47 | ▼ | 4.50 | 5.15 | ▲ | 4.50 | 5.19 | ▼ | 4.50 | 5.30 | ▼ | 4.50 | 6.07 | ▼ | 4.50 | 5.63 | ▲ | 4.50 | | ▷? | 4.50 | ▷? | AB 07.03.11 Refreshed figure for Dec = 6.13%. FYTD = 5.28%. Final FYTD figure expected to be circa one percentage point above target. | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual | | |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|---|-----------|----|--------------------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | | | |
| CO7. Improve clinical leadership through NWoW implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helen Lew | Caron Hitchen | Proportion of NWoW complexes with full establishment of clinical tutors (team leaders to be included when numbers confirmed) HL | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 4 | 4 | ▶ | 8 | 8 | ▶ | 14 | 12 | ▶ | 14 | 14 | ▼ | 14 | 14 | ▶ | 14 | 14 | ▶ | 14 | 14 | ▶ | 14 | ▷? | Helen lew 07.03.11 |
| CO8.To use resources efficiently and effectively | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. More efficient use of fleet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Fleet plan - mercedes in fleet | 1 | | ▷? | 10 | | ▷? | 21 | | ▷? | 30 | 30 | ▶ | 39 | 39 | ▶ | 51 | 51 | ▶ | 63 | 62 | ▼ | 72 | 65 | ▼ | 81 | 65 | ▼ | 89 | 65 | ▼ | 89 | ▷? | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|---------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|-----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO8. Reduce carbon footprint | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christine McMahon | Michael Dinan | % of carbon reduction | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 50 | 56 | ▶ | 60 | 63 | ▶ | 65 | 66 | ▶ | 75 | 75 | ▶ | 80 | 75 | ▶ | 90 | 80 | ▶ | 100 | ▷? | 2011-03-03 CMC: A meeting was held on 18/02/11 with representatives of the Carbon Trust to explore whether the Trust will participate in the NSH Carbon Management Programme in 2011; awaiting a decision. The carbon action management plan has been circulated to members of the Group for them to flag up planned activities in 2011/12 that will assist the Trust to reduce its carbon footprint. Consideration has been given as to how the Trust can participate in the national Climate Week 21-27 March. | |
| CO8. Reduction in the cost base (CIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Andrew Bell | Michael Dinan | CIP forecast vs plan - year end target is £18m | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 184 | 182 | ▶ | 184 | 184 | ▶ | 184 | 184 | ▶ | 184 | 184 | ▶ | 184 | 184 | ▶ | 184 | 184 | ▶ | 184 | 184 | ▶ | ▷? |
| Andrew Bell | Michael Dinan | CIP realised (£) | 1620 | | ▷? | 2430 | | ▷? | 4125 | | ▷? | 5820 | 5616 | ▶ | 7516 | 8517 | ▶ | 9336 | 9929 | ▶ | 11157 | 11846 | ▶ | 12978 | 13120 | ▶ | 14798 | 14985 | ▶ | 16619 | 16549 | ▶ | 18439 | ▷? | 2011-03-16 AJB in line to be achieved by Year End | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--------------------------------|---------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|--|----|--|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO8. Resources Estates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Martin Nelhams | Michael Dinan | % completion of Estates strategy objectives completed | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 33 | ▶ | 100 | 33 | ▶ | 100 | 33 | ▶ | 100 | 45 | ▶ | 100 | 60 | ▶ | 100 | | ▷? | MN 04/03/2011: The Estate strategy was approved by the Trust board on the 3rd February. No further work on the controls rooms project has been undertaken. The Business case for the West workshop was approved at the february Trust board. HART East is complete. The site for HART west has been secured and the specification for refurbishment has been completed. A project board for the Enfield/Haringey super station has been established. |
| Martin Nelhams | Michael Dinan | Estates capital spend as % of plan | | | ▷? | | | ▷? | 30 | | ▷? | 38 | 34 | ▶ | 47 | 50 | ▶ | 56 | 58 | ▶ | 65 | 80 | ▶ | 74 | 92 | ▶ | 82 | 93 | ▶ | 91 | | ▷? | 100 | | ▷? | |
| CO8. Resources IM&T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Downard | Peter Suter | CommandPoint - CAD 2010 Milestones - % Complete JN | 42 | | ▷? | 42 | | ▷? | 50 | | ▷? | 42 | 42 | ▶ | 59 | 59 | ▶ | 59 | 59 | ▶ | 59 | 59 | ▶ | 67 | 67 | ▶ | 75 | 75 | ▶ | 83 | 83 | ▶ | | | ▷? | JN 7/3/11: Project remains on target for go live 8 Jun 2011. All planned milestones delivered/on track. |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|--------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|---|--|------------|--|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Care for Patients 2010/11 Priority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO1. % of FAST positive patients taken to appropriate specialist centres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of FAST positive patients taken to appropriate specialist centres | 0 | 57 | ▶ | 90 | 95 | ▼ | 90 | 95 | ▶ | 90 | 95 | ▶ | 90 | 97 | ▲ | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 2011-028 GV: 91% of FAST positive patients were conveyed directly to a HASU and a further 6% of FAST positive patients were appropriately transported to the nearest A&E. Therefore, 97% of patients were conveyed to an appropriate facility. | | | | |
| CO1. Improved outcome following STEMI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of STEMI patients taken to specialist cardiac centres | 90 | ▷? | 90 | ▷? | 90 | 91 | ▶ | 90 | 93 | ▲ | 90 | 90 | ▼ | 90 | 96 | ▲ | 90 | 91 | ▼ | 90 | 94 | ▲ | 90 | ▷? | 90 | ▷? | ▷? | ▷? | GV 2011-02-08: In December, 94% of patients were taken directly to a Cath Lab, which is an increase of 3% from the previous month. A further 4% of patients were appropriately transported to A&E. Therefore, 98% of patients were conveyed to an appropriate facility in December. | | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|--------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO1. Increase in survival rates for trauma patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % of appropriate patients taken to major trauma centres | 90 | 96 | ▲ | 90 | 99 | ▲ | 90 | 96 | ▲ | 90 | 96 | ▲ | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | 90 | ▷? | GV 2011-02-08: For August 2010, 96% of major trauma patients were appropriately conveyed to a MTC or a local trauma unit (A&E). This exceeds the target set for the LAS of 90% conveyance of major trauma patients to an appropriate facility. NB: data capture is currently 4 months in arrears; this is a result of additional data sourcing processes entailed as a result of low levels of documentation of destination codes. | |
| CO1. Survival rate for out of hospital cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | % patients with presumed cardiac aetiology who have a return of spontaneous circulation (ROSC) sustained to hospital (LAS overall) GV | 23 | ▷? | | 23 | ▷? | | 23 | 23 | ▶ | 23 | 26 | ▲ | 23 | 25 | ▶ | 23 | 26 | ▲ | 23 | 32 | ▲ | 23 | 25 | ▶ | 23 | 30 | ▲ | 23 | ▷? | 23 | ▷? | | | |
| Gurkamal Viridi | Fionna Moore | Number of defibrillators in public places CHS | 10 | 4 | ▼ | 17 | 7 | ▼ | 17 | 9 | ▲ | 17 | 12 | ▲ | 20 | 14 | ▼ | 25 | 22 | ▲ | 30 | 26 | ▼ | 34 | 26 | ▼ | 40 | 42 | ▲ | 45 | 49 | ▲ | 53 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|-----------------|--------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Gurkamal Viridi | Fionna Moore | Number of people trained by the Trust under the community responder scheme CHS | 20 | 24 | ▲ | 30 | 24 | ▼ | 40 | 24 | ▼ | 40 | 42 | ▲ | 50 | 54 | ▲ | 60 | 78 | ▲ | 70 | 85 | ▲ | 75 | 99 | ▲ | 85 | 99 | ▲ | 95 | 109 | ▲ | 100 | ▷? | | |
| Gurkamal Viridi | Fionna Moore | Number of people trained to use defibrillators CHS | 100 | 100 | ▲ | 150 | 164 | ▲ | 160 | 210 | ▲ | 160 | 235 | ▲ | 210 | 315 | ▲ | 260 | 362 | ▲ | 300 | 410 | ▲ | 320 | 474 | ▲ | 370 | 545 | ▲ | 420 | 580 | ▲ | 483 | ▷? | | |

CO2. Increased use of appropriate care pathways

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------------|--|-----|-----|----|-----|------|----|-----|------|----|-----|------|----|-----|------|----|------|------|----|------|------|----|-----|------|----|-----|------|----|-----|----|-----|----|---|
| Emma Williams | Lizzy Bovill | % of complexes with new Clinical Response Model in place BON | 0 | ▷? | 0 | ▷? | 0 | ▷? | 0 | ▷? | 0 | ▷? | 1 | ▷? | 2 | ▷? | 2 | ▷? | 3 | ▷? | 3 | ▷? | 3 | ▷? | 3 | ▷? | 3 | ▷? | 3 | ▷? | 3 | ▷? | - | |
| Emma Williams | Lizzy Bovill | Number of of falls referred to established pathway EW | 100 | 114 | ▲ | 100 | 120 | ▲ | 100 | 131 | ▲ | 100 | 113 | ▲ | 100 | 137 | ▲ | 100 | 176 | ▲ | 100 | 206 | ▲ | 100 | 223 | ▲ | 100 | 214 | ▲ | 100 | ▷? | 100 | ▷? | |
| Emma Williams | Lizzy Bovill | Number of patients referred to a community provider EW | 200 | 989 | ▲ | 200 | 1015 | ▲ | 200 | 1088 | ▲ | 200 | 1174 | ▲ | 200 | 1101 | ▼ | 200 | 1346 | ▲ | 200 | 1294 | ▼ | 200 | 2100 | ▲ | 200 | 1671 | ▼ | 200 | ▷? | 200 | ▷? | |
| Emma Williams | Lizzy Bovill | The % of total incidents resolved through CTA, NHSD SW | 33 | ▷? | 33 | ▷? | 33 | ▷? | 33 | ▷? | 33 | ▷? | 33 | ▷? | 33 | ▷? | 33 | 4.30 | ▶ | 33 | 4.40 | ▶ | 33 | ▷? | 33 | 0 | ▶ | 33 | ▷? | 33 | ▷? | 33 | ▷? | 2011-02-15 CK As per the paper to SMG, re changes to the SMART matrix it is proposed that with effect from 01 April this indicator will be replaced by 3 indicators CTA, NHSD & Vehicles saved (non-dispatched) |

CO2. Increased use of appropriate care pathways PART 2

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------------|--|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|
| Stephen Hines | Fionna Moore | End of Life care target - 50% processed in 72 hours SH | 50 | ▷? | 50 | ▷? | 50 | ▷? | 50 | ▷? | 50 | ▷? | 50 | 98 | ▲ | 50 | 70 | ▼ | 50 | 95 | ▲ | 50 | 91 | ▼ | 50 | 99 | ▲ | 50 | 94 | ▼ | 50 | ▷? | SH 11/03/11 Delays on 20 from 361 due to printer problems |
|---------------|--------------|--|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|--|----|---|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Stephen Hines | Fionna Moore | Patient Specific Protocols target - 75% processed within 48 hrs - SH | 75 | | ▷? | 75 | | ▷? | 75 | | ▷? | 75 | | ▷? | 75 | 77 | △ | 75 | 100 | △ | 75 | 100 | △ | 75 | 64 | ▽ | 75 | 93 | △ | 75 | 86 | ▽ | 75 | | ▷? | SH 11/03/11 3 out of 21 delayed - one complex where pt died while PSP in progress. |
| CO3. Meet locally agreed Category C response target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Meet locally agreed Category C (30 minute callback) response target | 90 | 97.30 | ▽ | 90 | 96.60 | ▽ | 90 | 96 | ▽ | 90 | 97.50 | △ | 90 | 96.60 | ▽ | 90 | 96.78 | △ | 90 | 95 | ▽ | 90 | 78.70 | ▽ | 90 | 95.20 | △ | 90 | 96.40 | △ | 90 | | ▷? | RLH 08/03/2011 Pleased to report that achieved monthly milestone and YTD is now sitting at 95%. |
| Jason Killens | Richard Webber | Meet locally agreed Category C (60 minute ambulance response target) | 90 | 92.50 | ▽ | 90 | 91.70 | ▽ | 90 | 92.10 | △ | 90 | 92.60 | △ | 90 | 89 | ▽ | 90 | 89.40 | △ | 90 | 88.50 | ▽ | 90 | 76.50 | ▽ | 90 | 88.50 | △ | 90 | 89.90 | △ | 90 | | ▷? | RLH 07/03/2011 The Trust marginally missed the 90% threshold for the Month of February finishing on 89.9%. The Trust continues to concentrate on the recovery of Category A performance (life threatening) calls within 8 minutes. It is unlikely that the Trust will achieve the annual threshold of 90%, currently the Trusts YTD position sits at 89.6%. |
| CO3. Meet the Category A (8 and 19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Calls answered in 5 seconds ----- PW | 95 | 93.45 | ▽ | 95 | 94.82 | △ | 95 | 92.91 | ▽ | 95 | 93.60 | △ | 95 | 95.30 | △ | 95 | 95.80 | △ | 95 | 95.90 | △ | 95 | 89.30 | ▽ | 95 | 96.80 | △ | 95 | 97.60 | △ | 95 | | ▷? | |
| Jason Killens | Richard Webber | % of Category A activation within 45 seconds ----- JB (PW) | 60 | 45 | ▽ | 60 | 45.30 | △ | 60 | 45.60 | △ | 60 | 45.50 | △ | 60 | 63.40 | △ | 60 | 60.84 | ▽ | 60 | 66.60 | △ | 60 | 46.10 | ▽ | 60 | 62.80 | △ | 60 | 68.40 | △ | 60 | | ▷? | |
| Jason Killens | Richard Webber | Achievement of Cat A (19 minutes) ---- CD | 95 | | ▷? | 95 | | ▷? | 95 | | ▷? | 95 | 77.90 | ▽ | 95 | 99.10 | △ | 95 | 98.70 | △ | 95 | 98.90 | △ | 95 | 96.80 | ▽ | 95 | 98.90 | △ | 95 | 99.60 | △ | 95 | | ▷? | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|----------------|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|---|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Achievement of Cat A (8 minutes) ---- CD | 78 | 76.12 | ▼ | 76 | 75.12 | ▲ | 77 | ▷? | 78 | 99.51 | ▲ | 79 | 73.40 | ▼ | 77 | 71.70 | ▲ | 77 | 74.30 | ▲ | 75 | 61.80 | ▼ | 77 | 77.20 | ▲ | 76 | 80.70 | ▲ | 76 | ▷? | | | |
| Jason Killens | Richard Webber | AEU mobilisation from station less than 30% ---- CD | 30 | 21.50 | ▲ | 30 | 21 | ▲ | 30 | 25 | ▼ | 30 | 29 | ▼ | 30 | 22.70 | ▲ | 30 | 25 | ▼ | 30 | 21.40 | ▲ | 30 | 0 | ▲ | 30 | 19.50 | ▼ | 30 | 18 | ▲ | 30 | ▷? | | |
| Jason Killens | Richard Webber | Ambulance mobilisation <208sec Average ----- CD | 208 | 102.50 | ▲ | 208 | 111.80 | ▼ | 208 | 114.30 | ▼ | 208 | 110.40 | ▲ | 208 | 140 | ▼ | 208 | 234 | ▼ | 208 | 233 | ▲ | 208 | ▷? | 208 | ▷? | 208 | ▷? | 208 | ▷? | 208 | ▷? | CPD 04/12/10 Continuing to reduce the mobilisation from station will in turn reduce the mobilisation average. | | |
| Jason Killens | Richard Webber | Ambulance utilisation of 55% ----- CD | 55 | 72 | ▼ | 55 | 72.60 | ▼ | 55 | 71.70 | ▲ | 55 | 75.20 | ▼ | 55 | 76.80 | ▼ | 55 | 77.60 | ▼ | 55 | 81 | ▼ | 55 | 85.20 | ▼ | 55 | 79.80 | ▲ | 55 | 80.90 | ▼ | 55 | ▷? | | |
| Jason Killens | Richard Webber | FRU mobilisation <134 sec Average ----- CD | 134 | ▷? | 134 | ▷? | 134 | 85.90 | ▼ | 134 | 107 | ▼ | 134 | 101 | ▲ | 134 | 105 | ▼ | 134 | 77 | ▲ | 134 | 137 | ▼ | 134 | 78 | ▲ | 134 | 57 | ▲ | 134 | ▷? | | | | |
| Jason Killens | Richard Webber | FRU mobilisation from station less than 25% ----- CD | 25 | ▷? | 25 | ▷? | 25 | 26 | ▼ | 25 | 28 | ▼ | 25 | ▷? | 25 | 25 | ▲ | 25 | 25 | ▶ | 25 | 25 | ▶ | 25 | 22.80 | ▲ | 25 | 24 | ▼ | 25 | 24 | ▶ | 25 | ▷? | | |
| Jason Killens | Richard Webber | FRU utilisation of 40% ----- CD | 40 | 43.70 | ▼ | 40 | 43.80 | ▼ | 40 | 42.50 | ▲ | 40 | ▷? | 40 | 46.20 | ▼ | 40 | 47.80 | ▼ | 40 | 48.40 | ▼ | 40 | 54.90 | ▼ | 40 | 40.30 | ▲ | 40 | 37.20 | ▲ | 40 | ▷? | | | |
| Jason Killens | Richard Webber | Job cycle time (incl. hospital turnaround) 66 minutes ----- CD | 66 | ▷? | 66 | ▷? | 66 | ▷? | 66 | 64 | ▶ | 66 | 65 | ▼ | 66 | 66 | ▼ | 66 | 67 | ▼ | 66 | 69 | ▼ | 66 | 68 | ▲ | 66 | 67 | ▲ | 66 | ▷? | | | | | |
| Jason Killens | Richard Webber | Proportion of the year below REAP level 1 & 2 combined --- CD | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | 85 | ▶ | 75 | 78.10 | ▼ | 75 | 69.40 | ▼ | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | ▷? | 75 | ▷? | CPD 04/12/10 25 weeks of or 36 we have been at level 2 or below | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (AEU) --- AK | 100 | ▷? | 100 | ▷? | 100 | ▷? | 100 | ▷? | 100 | ▷? | 100 | 88.60 | ▼ | 100 | 99.50 | ▼ | 100 | 100 | ▲ | 100 | 96.20 | ▼ | 100 | 94.72 | ▼ | 100 | 94.70 | ▼ | 100 | ▷? | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|---|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (All) ----- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 87.90 | ▷ | 100 | 96.80 | ▷ | 100 | 112.10 | △ | 100 | 107.30 | ▽ | 100 | 112.20 | △ | 100 | 110.90 | ▽ | 100 | ▷? | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (FRU) --- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 90.80 | ▷ | 100 | 86.80 | ▷ | 100 | 95.40 | ▷ | 100 | 93 | ▷ | 100 | 106 | △ | 100 | 104.50 | ▽ | 100 | ▷? | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (UC) ---- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 87.10 | ▷ | 100 | 108 | △ | 100 | 108 | ▷ | 100 | 102.30 | ▽ | 100 | 115.30 | △ | 100 | 115.20 | ▽ | 100 | ▷? | | |
| Jason Killens | Richard Webber | VOR % ----- CV | 12 | | ▷? | 12 | | ▷? | 12 | | ▷? | 12 | 11 | △ | 12 | 10 | △ | 12 | 4.90 | △ | 12 | 11.50 | ▽ | 12 | 9.70 | △ | 12 | 11.90 | ▽ | 12 | 12 | ▽ | 12 | ▷? | | |
| CO3. Meet the Category B (19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Category B activation of 90 seconds - JB (PW) | 70 | 66 | ▷ | 70 | 69.50 | ▷ | 70 | 70.30 | △ | 70 | 72.70 | △ | 70 | 71.44 | ▽ | 70 | 68.93 | ▷ | 70 | 62.59 | ▷ | 70 | ▷? | 70 | ▷? | 70 | 73.90 | △ | 70 | ▷? | RLH 15/02/2011 I'm pleased to report that for the Month of February the Trust achieved the 70% threshold activating 73.9% of Category B calls activated in 90 seconds, although YTD is currently sitting at 67.7% below the milestone. The Trust continues to concentrate on Category A Life-Threatening calls which have changed the dynamics of reducing FRU FRED calls, whilst seeing an increase in FRED allocated calls. | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Achievement of Cat B (19 minutes) - CD | | 92.30 | ▷? | | 91.48 | ▷? | 86 | 92.68 | ▷ | 86.50 | 93.97 | ▷ | 93 | 92.10 | ▽ | 90 | 90.30 | ▷ | 91.50 | 88.10 | ▽ | 94 | 70.30 | ▽ | 95 | 83.60 | ▷ | 95 | 83.20 | ▽ | 95 | ▷? | RLH15/03/2011 It is disappointing to report that for the month of February the Trust achieved 83.2%. The Trust has been concentrating on Category a calls (Life-Threatening) to achieve the National Key Standard whilst delivering and maintaining a high quality of patient care. The Trust will not be able to achieve the 95% Key National Standard. | |
| CIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. Reduction in the cost base (CIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Andrew Bell | Michael Dinan | CIP forecast vs plan - year end target is £18m | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 184 | 182 | ▷ | 184 | 184 | ▷ | 184 | 184 | ▷ | 184 | 184 | ▷ | 184 | 184 | ▷ | 184 | 184 | ▷ | 184 | ▷? | | |
| Andrew Bell | Michael Dinan | CIP realised (E) | 1620 | | ▷? | 2430 | | ▷? | 4125 | | ▷? | 5820 | 5616 | ▷ | 7516 | 8517 | ▷ | 9336 | 9929 | ▷ | 11157 | 11846 | ▷ | 12978 | 13120 | ▷ | 14798 | 14985 | ▷ | 16619 | 16549 | ▷ | 18439 | ▷? | 2011-03-16 AJB in line to be achieved by Year End | |
| Clinical Coordination Desk / Service Development PI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO1. Survival rate for out of hospital cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gurkamal Viridi | Fionna Moore | Number of defibrillators in public places CHS | 10 | 4 | ▽ | 17 | 7 | ▽ | 17 | 9 | ▷ | 17 | 12 | ▷ | 20 | 14 | ▽ | 25 | 22 | ▷ | 30 | 26 | ▷ | 34 | 26 | ▷ | 40 | 42 | ▷ | 45 | 49 | ▷ | 53 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|---|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Clinical Response Model/Service Development Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO2. Increased use of appropriate care pathways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emma Williams | Lizzy Bovill | % of complexes with new Clinical Response Model in place BON | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | | 0 | ▷? | 1 | ▷? | | 2 | ▷? | | 2 | ▷? | | 3 | ▷? | | 3 | ▷? | | 3 | ▷? | - | | |
| CO3. Meet locally agreed Category C response target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Meet locally agreed Category C (30 minute callback) response target | 90 | 97.30 | ▲ | 90 | 96.60 | ▲ | 90 | 96 | ▲ | 90 | 97.50 | ▲ | 90 | 96.60 | ▲ | 90 | 96.78 | ▲ | 90 | 95 | ▲ | 90 | 78.70 | ▼ | 90 | 95.20 | ▲ | 90 | 96.40 | ▲ | 90 | ▷? | RLH 08/03/2011 Pleased to report that achieved monthly milestone and YTD is now sitting at 95%. | |
| Jason Killens | Richard Webber | Meet locally agreed Category C (60 minute ambulance response target) | 90 | 92.50 | ▲ | 90 | 91.70 | ▲ | 90 | 92.10 | ▲ | 90 | 92.60 | ▲ | 90 | 89 | ▼ | 90 | 89.40 | ▲ | 90 | 88.50 | ▼ | 90 | 76.50 | ▼ | 90 | 88.50 | ▲ | 90 | 89.90 | ▲ | 90 | ▷? | RLH 07/03/2011 The Trust marginally missed the 90% threshold for the Month of February finishing on 89.9%. The Trust continues to concentrate on the recovery of Category A performance (life threatening) calls within 8 minutes. It is unlikely that the Trust will achieve the annual threshold of 90%, currently the Trusts YTD position sits at 89.6%. | |
| CO3. Meet the Category A (8 and 19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Calls answered in 5 seconds ----- PW | 95 | 93.45 | ▼ | 95 | 94.82 | ▲ | 95 | 92.91 | ▼ | 95 | 93.60 | ▲ | 95 | 95.30 | ▲ | 95 | 95.80 | ▲ | 95 | 95.90 | ▲ | 95 | 89.30 | ▼ | 95 | 96.80 | ▲ | 95 | 97.60 | ▲ | 95 | ▷? | | |
| Jason Killens | Richard Webber | % of Category A activation within 45 seconds ----- JB (PW) | 60 | 45 | ▼ | 60 | 45.30 | ▲ | 60 | 45.60 | ▲ | 60 | 45.50 | ▲ | 60 | 63.40 | ▲ | 60 | 60.84 | ▼ | 60 | 66.60 | ▲ | 60 | 46.10 | ▼ | 60 | 62.80 | ▲ | 60 | 68.40 | ▲ | 60 | ▷? | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|----------------|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Achievement of Cat A (19 minutes) --- CD | 95 | | ▷? | 95 | | ▷? | 95 | | ▷? | 95 | 77.90 | ▷ | 95 | 99.10 | ▷ | 95 | 98.70 | ▷ | 95 | 98.90 | ▷ | 95 | 96.80 | ▷ | 95 | 98.90 | ▷ | 95 | 99.60 | ▷ | 95 | ▷? | | |
| Jason Killens | Richard Webber | Achievement of Cat A (8 minutes) ---- CD | 78 | 76.12 | ▷ | 76 | 75.12 | ▷ | 77 | | ▷? | 78 | 99.51 | ▷ | 79 | 73.40 | ▷ | 77 | 71.70 | ▷ | 77 | 74.30 | ▷ | 75 | 61.80 | ▷ | 77 | 77.20 | ▷ | 76 | 80.70 | ▷ | 76 | ▷? | | |
| Jason Killens | Richard Webber | AEU mobilisation from station less than 30% ---- CD | 30 | 21.50 | ▷ | 30 | 21 | ▷ | 30 | 25 | ▷ | 30 | 29 | ▷ | 30 | 22.70 | ▷ | 30 | 25 | ▷ | 30 | 21.40 | ▷ | 30 | 0 | ▷ | 30 | 19.50 | ▷ | 30 | 18 | ▷ | 30 | ▷? | | |
| Jason Killens | Richard Webber | Ambulance mobilisation <208sec Average ----- CD | 208 | 102.50 | ▷ | 208 | 111.80 | ▷ | 208 | 114.30 | ▷ | 208 | 110.40 | ▷ | 208 | 140 | ▷ | 208 | 234 | ▷ | 208 | 233 | ▷ | 208 | | ▷? | 208 | | ▷? | 208 | | ▷? | 208 | ▷? | CPD 04/12/10 Continuing to reduce the mobilisation from station will in turn reduce the mobilisation average. | |
| Jason Killens | Richard Webber | Ambulance utilisation of 55% ----- CD | 55 | 72 | ▷ | 55 | 72.60 | ▷ | 55 | 71.70 | ▷ | 55 | 75.20 | ▷ | 55 | 76.80 | ▷ | 55 | 77.60 | ▷ | 55 | 81 | ▷ | 55 | 85.20 | ▷ | 55 | 79.80 | ▷ | 55 | 80.90 | ▷ | 55 | ▷? | | |
| Jason Killens | Richard Webber | FRU mobilisation <134 sec Average ----- CD | 134 | | ▷? | 134 | | ▷? | 134 | 85.90 | ▷ | 134 | 107 | ▷ | 134 | 101 | ▷ | 134 | 105 | ▷ | 134 | 77 | ▷ | 134 | 137 | ▷ | 134 | 78 | ▷ | 134 | 57 | ▷ | 134 | ▷? | | |
| Jason Killens | Richard Webber | FRU mobilisation from station less than 25% ----- CD | 25 | | ▷? | 25 | | ▷? | 25 | 26 | ▷ | 25 | 28 | ▷ | 25 | | ▷? | 25 | 25 | ▷ | 25 | 25 | ▷ | 25 | 22.80 | ▷ | 25 | 24 | ▷ | 25 | 24 | ▷ | 25 | ▷? | | |
| Jason Killens | Richard Webber | FRU utilisation of 40% ----- CD | 40 | 43.70 | ▷ | 40 | 43.80 | ▷ | 40 | 42.50 | ▷ | 40 | | ▷? | 40 | 46.20 | ▷ | 40 | 47.80 | ▷ | 40 | 48.40 | ▷ | 40 | 54.90 | ▷ | 40 | 40.30 | ▷ | 40 | 37.20 | ▷ | 40 | ▷? | | |
| Jason Killens | Richard Webber | Job cycle time (incl. hospital turnaround) 66 minutes ---- CD | 66 | | ▷? | 66 | | ▷? | 66 | | ▷? | 66 | 64 | ▷ | 66 | 65 | ▷ | 66 | 66 | ▷ | 66 | 67 | ▷ | 66 | 69 | ▷ | 66 | 68 | ▷ | 66 | 67 | ▷ | 66 | ▷? | | |
| Jason Killens | Richard Webber | Proportion of the year below REAP level 1 & 2 combined --- CD | 75 | | ▷? | 75 | | ▷? | 75 | | ▷? | 75 | | ▷? | 75 | 85 | ▷ | 75 | 78.10 | ▷ | 75 | 69.40 | ▷ | 75 | | ▷? | 75 | | ▷? | 75 | | ▷? | 75 | ▷? | CPD 04/12/10 25 weeks of or 36 we have been at level 2 or below | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (AEU) --- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 88.60 | ▷ | 100 | 99.50 | ▷ | 100 | 100 | △ | 100 | 96.20 | ▷ | 100 | 94.72 | ▷ | 100 | 94.70 | ▷ | 100 | ▷? | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (All) ---- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 87.90 | ▷ | 100 | 96.80 | ▷ | 100 | 112.10 | △ | 100 | 107.30 | △ | 100 | 112.20 | △ | 100 | 110.90 | △ | 100 | ▷? | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (FRU) -- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 90.80 | ▷ | 100 | 86.80 | ▷ | 100 | 95.40 | ▷ | 100 | 93 | ▷ | 100 | 106 | △ | 100 | 104.50 | △ | 100 | ▷? | | |
| Jason Killens | Richard Webber | Staffing total hours produced as per contract (UC) ---- AK | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | | ▷? | 100 | 87.10 | ▷ | 100 | 108 | △ | 100 | 108 | △ | 100 | 102.30 | △ | 100 | 115.30 | △ | 100 | 115.20 | △ | 100 | ▷? | | |
| Jason Killens | Richard Webber | VOR % ----- CV | 12 | | ▷? | 12 | | ▷? | 12 | | ▷? | 12 | 11 | △ | 12 | 10 | △ | 12 | 4.90 | △ | 12 | 11.50 | △ | 12 | 9.70 | △ | 12 | 11.90 | △ | 12 | 12 | △ | 12 | ▷? | | |
| CO3. Meet the Category B (19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Category B activation of 90 seconds - JB (PW) | 70 | 66 | ▷ | 70 | 69.50 | ▷ | 70 | 70.30 | △ | 70 | 72.70 | △ | 70 | 71.44 | △ | 70 | 68.93 | ▷ | 70 | 62.59 | ▷ | 70 | ▷? | 70 | ▷? | 70 | 73.90 | △ | 70 | ▷? | RLH 15/02/2011 I'm pleased to report that for the Month of February the Trust achieved the 70% threshold activating 73.9% of Category B calls activated in 90 seconds, although YTD is currently sitting at 67.7% below the milestone. The Trust continues to concentrate on Category A Life-Threatening calls which have changed the dynamics of reducing FRU FRED calls, whilst seeing an increase in FREDA allocated calls. | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Jason Killens | Richard Webber | Achievement of Cat B (19 minutes) - CD | | 92.30 | ▷? | | 91.48 | ▷? | 86 | 92.68 | ▶ | 86.50 | 93.97 | ▶ | 93 | 92.10 | ▼ | 90 | 90.30 | ▶ | 91.50 | 88.10 | ▼ | 94 | 70.30 | ▼ | 95 | 83.60 | ▶ | 95 | 83.20 | ▼ | 95 | ▷? | RLH15/03/2011 It is disappointing to report that for the month of February the Trust achieved 83.2%. The Trust has been concentrating on Category a calls (Life-Threatening) to achieve the National Key Standard whilst delivering and maintaining a high quality of patient care. The Trust will not be able to achieve the 95% Key National Standard. | |
| CommandPoint Service Development Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. Resources IM&T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Downard | Peter Suter | CommandPoint - CAD 2010 Milestones - % Complete JN | 42 | | ▷? | 42 | | ▷? | 50 | | ▷? | 42 | 42 | ▶ | 59 | 59 | ▶ | 59 | 59 | ▶ | 59 | 59 | ▶ | 67 | 67 | ▶ | 75 | 75 | ▶ | 83 | 83 | ▶ | | ▷? | JN 7/3/11: Project remains on target for go live 8 Jun 2011. All planned milestones delivered/on track. | |
| Develop and implement Staff Engagement strategy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO7. Trust sickness levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | Reduce sickness levels across the Trust | 4.50 | 5.08 | ▼ | 4.50 | 4.65 | ▶ | 4.50 | 5.22 | ▼ | 4.50 | 5.47 | ▼ | 4.50 | 5.15 | ▶ | 4.50 | 5.19 | ▶ | 4.50 | 5.30 | ▶ | 4.50 | 6.07 | ▶ | 4.50 | 5.63 | ▶ | 4.50 | | ▷? | 4.50 | ▷? | AB 07.03.11 Refreshed figure for Dec = 6.13%. FYTD = 5.28%. Final FYTD figure expected to be circa one percentage point above target. | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|----------------|---------|----------------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|--|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |

CO7. Improve clinical leadership through NWoW implementation

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------|--|--|--|----|--|--|----|--|--|----|--|--|----|---|---|---|---|---|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|--------------------|
| Helen Lew | Caron Hitchen | Proportion of NWoW complexes with full establishment of clinical tutors (team leaders to be included when numbers confirmed) HL | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 4 | 4 | ▷ | 8 | 8 | ▷ | 14 | 12 | △ | 14 | 14 | ▽ | 14 | 14 | ▷ | 14 | 14 | ▷ | 14 | 14 | ▷ | Helen lew 07.03.11 |
|-----------|---------------|--|--|--|----|--|--|----|--|--|----|--|--|----|---|---|---|---|---|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|--------------------|

Equality and Inclusion strategy

CO6 ANNUAL MEASURE. Increase representation of staff from minority ethnic

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|---------------|---|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|---|
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff progressed | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | - |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff recruited | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | - |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff retained | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | - |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual | | | | |
|--|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|-----|----|-----------|--|-----|----|--|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | | | | | |
| Estate changes Service Development Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. Resources Estates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Martin Nelhams | Michael Dinan | % completion of Estates strategy objectives completed | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 33 | ▷ | | 100 | 33 | ▷ | | 100 | 33 | ▷ | | 100 | 45 | ▷ | | 100 | 60 | ▷ | | 100 | ▷? | MN 04/03/2011: The Estate strategy was approved by the Trust board on the 3rd February. No further work on the controls rooms project has been undertaken. The Business case for the West workshop was approved at the february Trust board. HART East is complete. The site for HART west has been secured and the specification for refurbishment has been completed. A project board for the Enfield/Haringey super station has been established. |
| Martin Nelhams | Michael Dinan | Estates capital spend as % of plan | | ▷? | | | ▷? | | 30 | ▷? | | 38 | 34 | ▷ | 47 | 50 | ▷ | 56 | 58 | ▷ | 65 | 80 | ▷ | 74 | 92 | ▷ | 82 | 93 | ▷ | 91 | | ▷? | 100 | ▷? | | | | | | |
| Fleet Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. More efficient use of fleet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Fleet plan - mercedes in fleet | 1 | ▷? | | 10 | ▷? | | 21 | ▷? | | 30 | 30 | ▷ | 39 | 39 | ▷ | 51 | 51 | ▷ | 63 | 62 | ▷ | 72 | 65 | ▷ | 81 | 65 | ▷ | 89 | 65 | ▷ | 89 | ▷? | | | | | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|---|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Good for Staff 2010/11 Priority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO6 ANNUAL MEASURE. Increase representation of staff from minority ethnic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff progressed | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | | |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff recruited | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | | |
| Ann Ball | Caron Hitchen | (ANNUAL) Increased proportion of BME staff retained | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | ▷? | | | | |
| Linked in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO3. Meet the Category A (8 and 19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | % Calls answered in 5 seconds ----- PW | 95 | 93.45 | ▼ | 95 | 94.82 | ▲ | 95 | 92.91 | ▼ | 95 | 93.60 | ▲ | 95 | 95.30 | ▲ | 95 | 95.80 | ▲ | 95 | 95.90 | ▲ | 95 | 89.30 | ▼ | 95 | 96.80 | ▲ | 95 | 97.60 | ▲ | 95 | ▷? | | |
| Jason Killens | Richard Webber | Achievement of Cat A (19 minutes) --- CD | 95 | ▷? | | 95 | ▷? | | 95 | ▷? | | 95 | 77.90 | ▼ | 95 | 99.10 | ▲ | 95 | 98.70 | ▼ | 95 | 98.90 | ▲ | 95 | 96.80 | ▼ | 95 | 98.90 | ▲ | 95 | 99.60 | ▲ | 95 | ▷? | | |
| Jason Killens | Richard Webber | Achievement of Cat A (8 minutes) ---- CD | 78 | 76.12 | ▼ | 76 | 75.12 | ▲ | 77 | ▷? | | 78 | 99.51 | ▲ | 79 | 73.40 | ▼ | 77 | 71.70 | ▲ | 77 | 74.30 | ▲ | 75 | 61.80 | ▼ | 77 | 77.20 | ▲ | 76 | 80.70 | ▲ | 76 | ▷? | | |
| Jason Killens | Richard Webber | Proportion of the year below REAP level 1 & 2 combined --- CD | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | 85 | ▷ | 75 | 78.10 | ▼ | 75 | 69.40 | ▼ | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | | 75 | ▷? | CPD 04/12/10 25 weeks of or 36 we have been at level 2 or below | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|---|----------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| CO3. Meet the Category B (19 minutes) response time target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Achievement of Cat B (19 minutes) - CD | 92.3 | ▷? | | 91.4 | ▷? | | 86 | 92.6 | ▶ | 86.5 | 93.9 | ▶ | 93 | 92.1 | ▼ | 90 | 90.3 | ▶ | 91.5 | 88.1 | ▼ | 94 | 70.3 | ▼ | 95 | 83.6 | ▶ | 95 | 83.2 | ▼ | 95 | ▷? | RLH15/03/2011 It is disappointing to report that for the month of February the Trust achieved 83.2%. The Trust has been concentrating on Category a calls (Life-Threatening) to achieve the National Key Standard whilst delivering and maintaining a high quality of patient care. The Trust will not be able to achieve the 95% Key National Standard. | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|---------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Sustainability plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. Reduce carbon footprint | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christine McMahon | Michael Dinan | % of carbon reduction | | | ▷? | | | ▷? | | | ▷? | | | ▷? | 50 | 56 | ▲ | 60 | 63 | ▲ | 65 | 66 | ▲ | 75 | 75 | ▲ | 80 | 75 | ▼ | 90 | 80 | ▼ | 100 | ▷? | 2011-03-03 CMC: A meeting was held on 18/02/11 with representatives of the Carbon Trust to explore whether the Trust will participate in the NSH Carbon Management Programme in 2011; awaiting a decision. The carbon action management plan has been circulated to members of the Group for them to flag up planned activities in 2011/12 that will assist the Trust to reduce its carbon footprint. Consideration has been given as to how the Trust can participate in the national Climate Week 21-27 March. | |
| Training plan priority training commitments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO5. Increase in staff skill levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | % of staff attending training courses against places available -- -- JH + GH | 70 | 83.80 | ▲ | 70 | 79 | ▲ | 70 | 76.50 | ▲ | 70 | 68.50 | ▼ | 70 | 70 | ▲ | 70 | 79 | ▲ | 70 | 70.70 | ▲ | 70 | 67.20 | ▼ | 70 | 86 | ▲ | 70 | 88 | ▲ | 70 | ▷? | JH:2011/03/10:currently awaiting returns from control service activities for february | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|----------------|---|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--|---|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Value for Tax Payers 2010 / 11 Priority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO8. More efficient use of fleet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jason Killens | Richard Webber | Fleet plan - mercedes in fleet | 1 | ▷? | | 10 | ▷? | | 21 | ▷? | | 30 | 30 | ▷ | 39 | 39 | ▷ | 51 | 51 | ▷ | 63 | 62 | ▷ | 72 | 65 | ▷ | 81 | 65 | ▷ | 89 | 65 | ▷ | 89 | ▷? | | |
| CO8. Resources Estates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Martin Nelhams | Michael Dinan | % completion of Estates strategy objectives completed | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | ▷? | | 100 | 33 | ▷ | 100 | 33 | ▷ | 100 | 33 | ▷ | 100 | 45 | ▷ | 100 | 60 | ▷ | 100 | ▷? | | MN 04/03/2011: The Estate strategy was approved by the Trust board on the 3rd February. No further work on the controls rooms project has been undertaken. The Business case for the West workshop was approved at the february Trust board. HART East is complete. The site for HART west has been secured and the specification for refurbishment has been completed. A project board for the Enfield/Haringey super station has been established. | | | |
| CO8. Resources IM&T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Downard | Peter Suter | CommandPoint - CAD 2010 Milestones - % Complete JN | 42 | ▷? | | 42 | ▷? | | 50 | ▷? | | 42 | 42 | ▷ | 59 | 59 | ▷ | 59 | 59 | ▷ | 59 | 59 | ▷ | 67 | 67 | ▷ | 75 | 75 | ▷ | 83 | 83 | ▷ | ▷? | JN 7/3/11: Project remains on target for go live 8 Jun 2011. All planned milestones delivered/on track. | | |



| Accountability | | PI | May 10 | | | Jun 10 | | | Jul 10 | | | Aug 10 | | | Sep 10 | | | Oct 10 | | | Nov 10 | | | Dec 10 | | | Jan 11 | | | Feb 11 | | | Mar 11 | | | PI Actual |
|--|---------------|--|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|--------|--------|----------|------------|-----|--|-----------|
| Owner | Sponsor | PI Target Name | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Target | Actual | Variance | Commentary | | | |
| Workforce Development Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO5. Increase in staff skill levels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ann Ball | Caron Hitchen | Number of (not qualified) Student paramedics in training ---- AB | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 704 | ▶ | 664 | 695 | ▼ | 664 | 686 | ▼ | 664 | 691 | ▶ | 664 | 684 | ▼ | 664 | 682 | ▼ | 664 | 678 | ▼ | 664 | ▶ ? | | |





London Ambulance Service
NHS Trust

HR Summary for Trust Board

March 2011

Workforce Report

Current Month

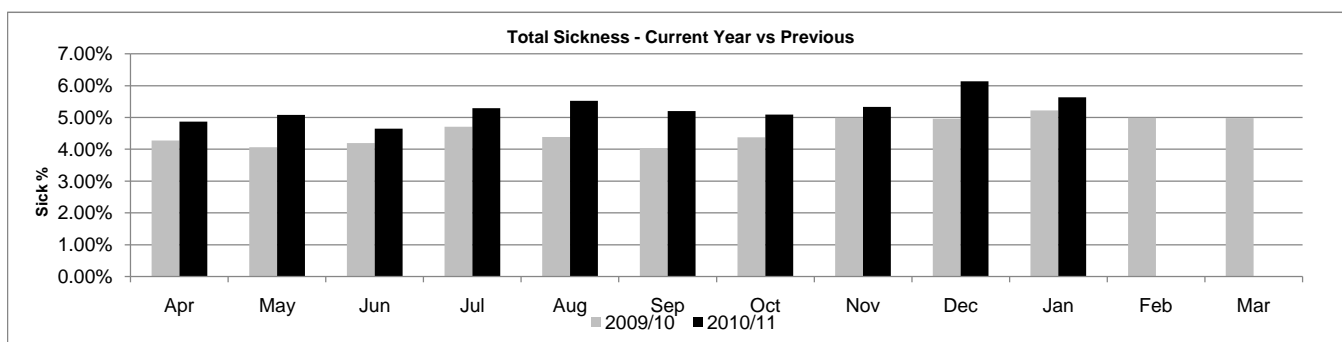
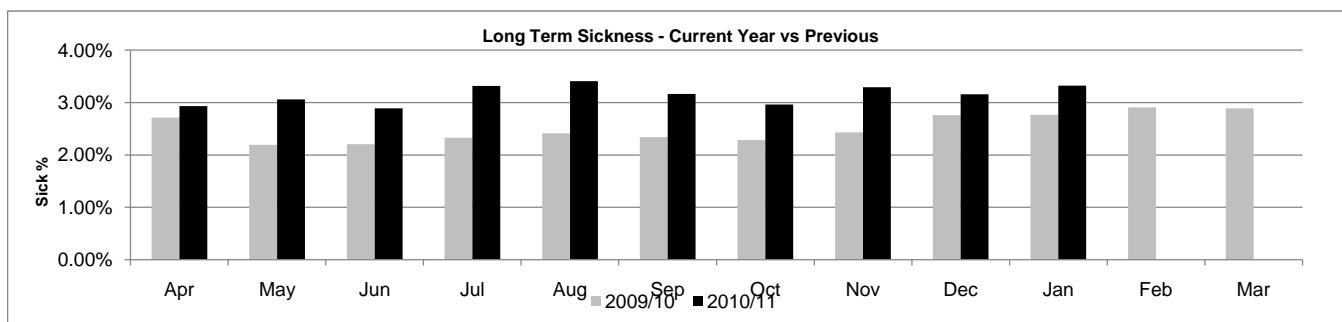
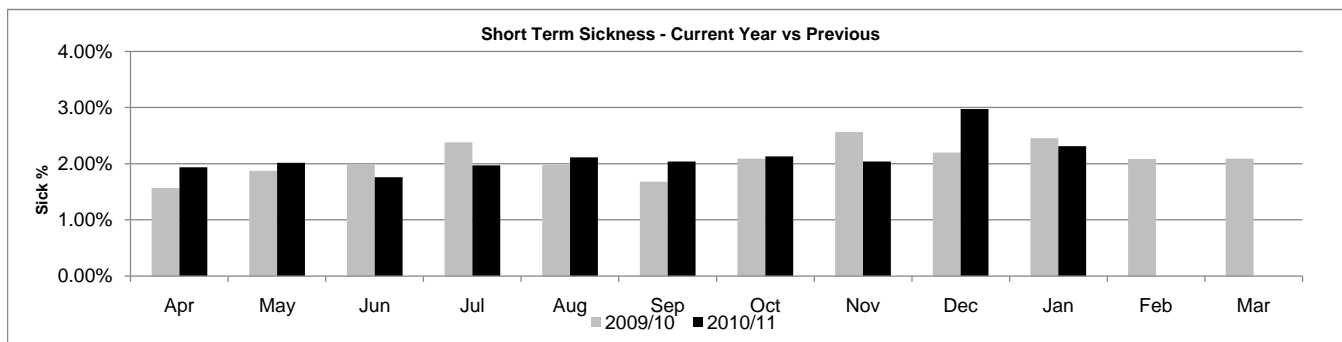
Feb-11

Sickness Month

Jan-11

Trust Summary

Sickness Absence



Sickness 2009/10
YTD Sickness

| |
|-------|
| 4.61% |
| 5.28% |

Current WTE

4736.10

Current Headcount

4949.00

NB Secondments and Acting Up Included in Totals

Total Sickness
2009/10
2010/11

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 4.27% | 4.07% | 4.19% | 4.70% | 4.39% | 4.02% | 4.37% | 4.99% | 4.96% | 5.22% | 4.99% | 4.98% |
| 2010/11 | 4.87% | 5.08% | 4.65% | 5.29% | 5.52% | 5.20% | 5.09% | 5.33% | 6.13% | 5.63% | 0.00% | 0.00% |

Unauthorised Absence
2009/10
2010/11

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2009/10 | 130.00 | 99.00 | 128.00 | 149.00 | 132.00 | 132.00 | 118.00 | 157.00 | 239.00 | 201.00 | 118.00 | 139.00 |
| 2010/11 | 263.00 | 210.00 | 167.00 | 178.00 | 136.00 | 197.00 | 169.00 | 197.00 | 388.00 | 190.00 | 142.00 | 0.00 |

Narrative

Sickness

The Trust summary shows a decrease month on month in December and an upward trend year to date. Last year sickness peaked in January, this year it appears to have done so in December. The Trust is now, year to date, 0.78% above the 4.5% end of year target. Unfortunately the increase is in short term absence and decrease in long term has reversed. As will be seen from the more detailed analysis to follow, the RAG rated audits continue to show that in the main, all absence, including long term sickness is being managed appropriately.

Unauthorised Absences

This figure shows the number of instances when staff have reported unable to attend work at short notice for reasons other than their own sickness or when they have not reported for work. Depending on the reason, the absence may be converted into annual leave or un/paid special leave or an unpaid absence. Disciplinary action may result. Although above that for last year, the figure for February show a fall to almost equal the lowest level for this year.

Workforce Report

Current Month

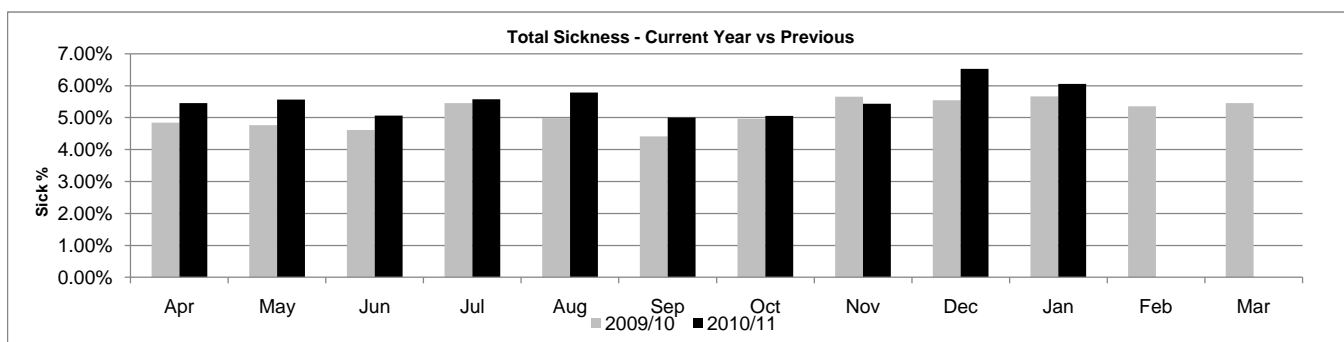
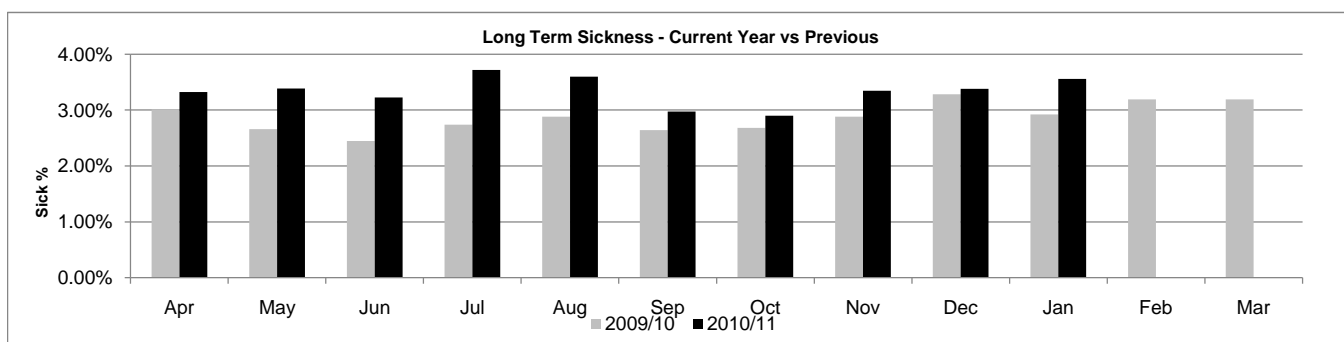
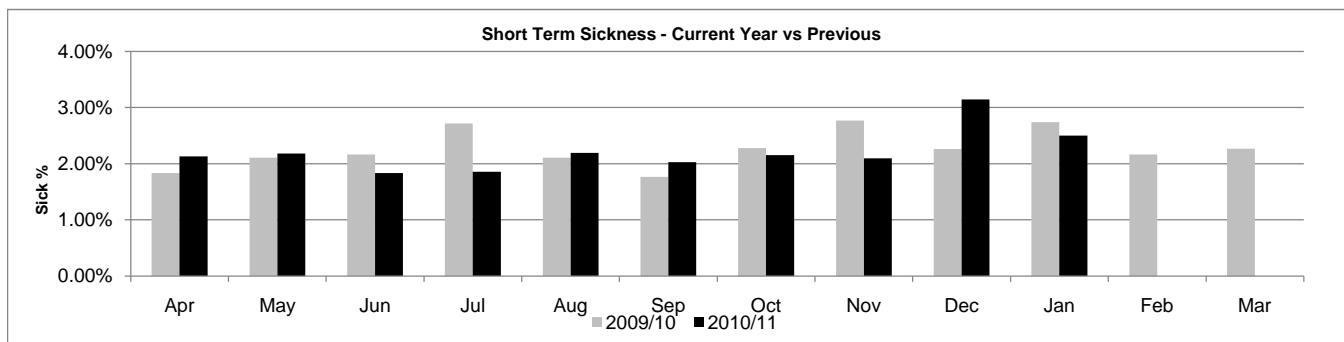
Feb-11

Sickness Month

Jan-11

A&E Operations Areas

Sickness Absence



Sickness 2009/10
YTD Sickness

5.15%
5.56%

Current WTE
Current Headcount

3304.91
3453.00

NB Secondments and Acting Up Included in Totals

Total Sickness

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 4.84% | 4.76% | 4.61% | 5.46% | 4.98% | 4.41% | 4.96% | 5.65% | 5.55% | 5.66% | 5.36% | 5.46% |
| 2010/11 | 5.45% | 5.57% | 5.06% | 5.58% | 5.79% | 5.00% | 5.05% | 5.44% | 6.52% | 6.06% | 0.00% | 0.00% |

Unauthorised Absence

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2009/10 | 128.00 | 99.00 | 126.00 | 149.00 | 132.00 | 131.00 | 116.00 | 156.00 | 238.00 | 198.00 | 114.00 | 135.00 |
| 2010/11 | 247.00 | 193.00 | 148.00 | 163.00 | 115.00 | 167.00 | 141.00 | 174.00 | 340.00 | 148.00 | 108.00 | 0.00 |

Narrative

Sickness

The percentage decrease in sickness in A&E Areas (December to January) of 0.46%, reflects that across the Trust of 0.5%. Again reflecting the whole-trust figures, there has been a reduction in short term absence and an increase in long term sickness. The figure for January 2011 is above that for 2009, but last year sickness went up December to January. As will be seen in the commentary for each Area, the RAG rated process audits continue to show good management of attendance.

Unauthorised Absence

The figure for unauthorised absence in A&E Areas in February were the lowest for the year to date. As reported last month, work will be undertaken to develop reporting which, rather than showing the initial raw numbers of UAs recorded, shows those which, post investigation, were deemed outside existing policy.

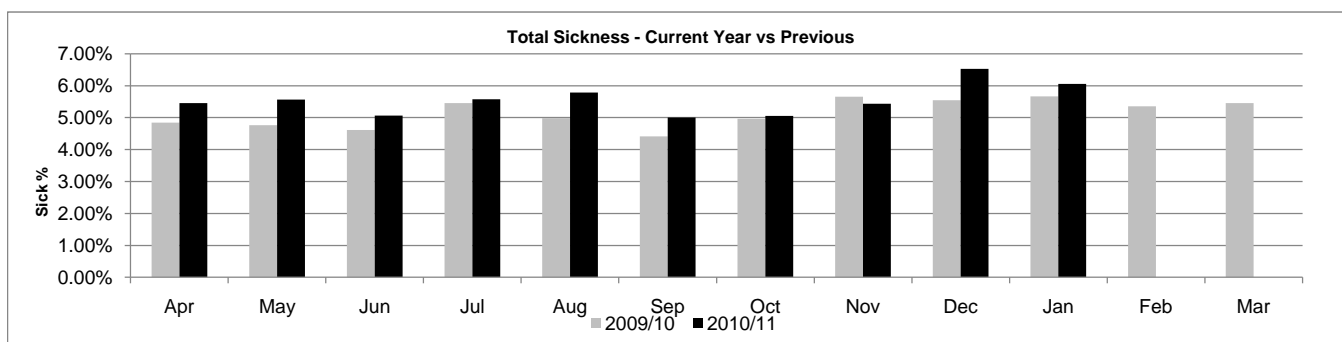
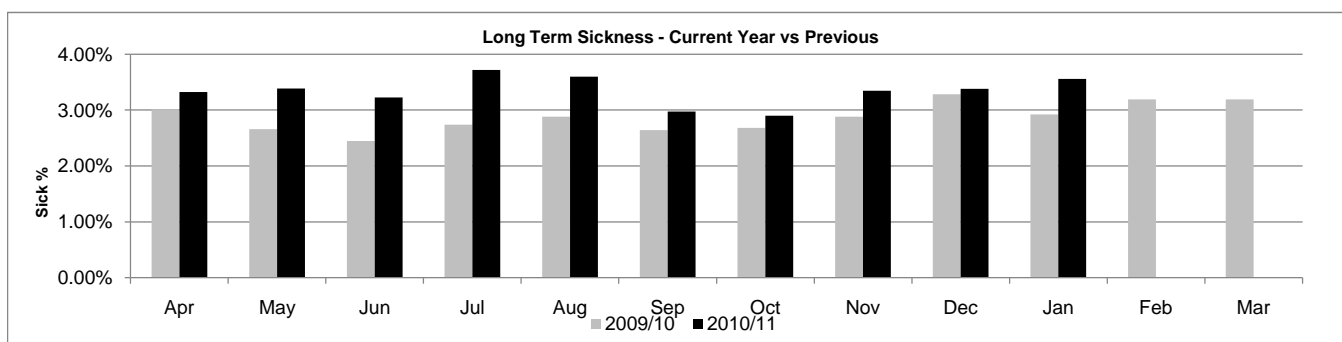
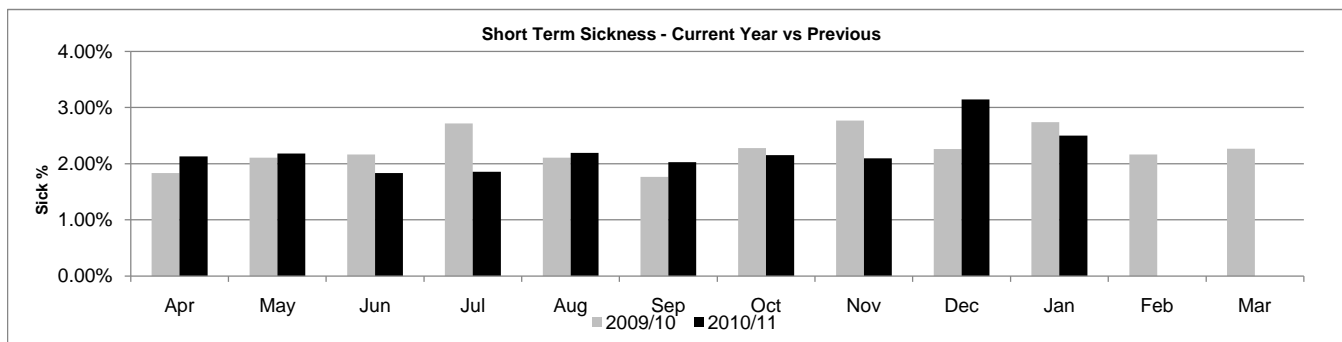
Please see the following pages for the figures for each Area.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

A&E Operations East

Sickness Absence



Sickness 2009/10 YTD Sickness 5.75% 5.88% Current WTE 1019.17 Current Headcount 1067.00 NB Secondments and Acting Up Included in Totals

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total Sickness 2009/10 | 5.31% | 5.06% | 5.23% | 6.90% | 5.70% | 4.77% | 5.89% | 5.96% | 5.76% | 6.49% | 6.09% | 5.78% |
| 2010/11 | 5.95% | 6.08% | 5.53% | 5.83% | 6.19% | 5.31% | 5.16% | 5.72% | 7.09% | 5.95% | 0.00% | 0.00% |
| Unauthorised Absence 2009/10 | 52.00 | 35.00 | 42.00 | 55.00 | 51.00 | 42.00 | 51.00 | 59.00 | 77.00 | 74.00 | 36.00 | 49.00 |
| 2010/11 | 96.00 | 58.00 | 55.00 | 62.00 | 37.00 | 47.00 | 42.00 | 61.00 | 82.00 | 55.00 | 26.00 | 0.00 |

Narrative

Sickness

December's climb short-term sickness was reversed in the East Area for January 2011, with a significant reduction in overall sickness levels to 5.95%, a reduction that exceeded the general reductions found elsewhere in the Trust. The improvement in overall rate was exclusively due to reductions in short-term absence. Long Term sickness remains high, and marginally increased from December into January. HR Managers proactively support AOMs and staff in the management of long-term absences. 15 staff are currently on long-term sickness absences (from most recent audits).

All Sick-card audits in the East Area are conducted on a monthly basis and all produce a 'green' result. Sickness is being managed tightly.

Unauthorised absences

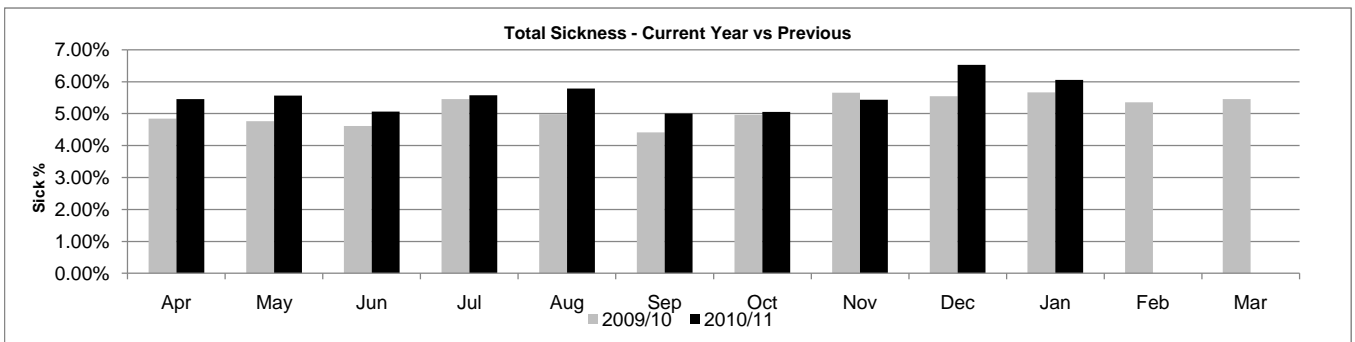
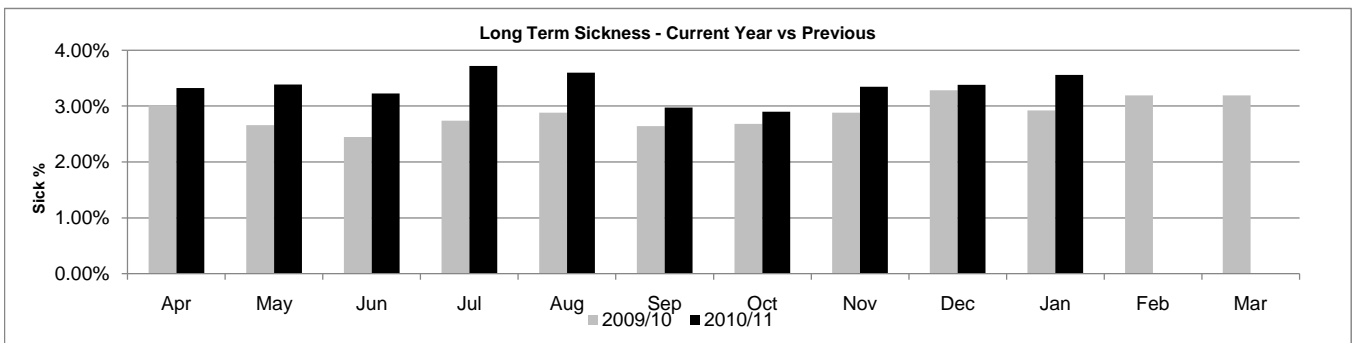
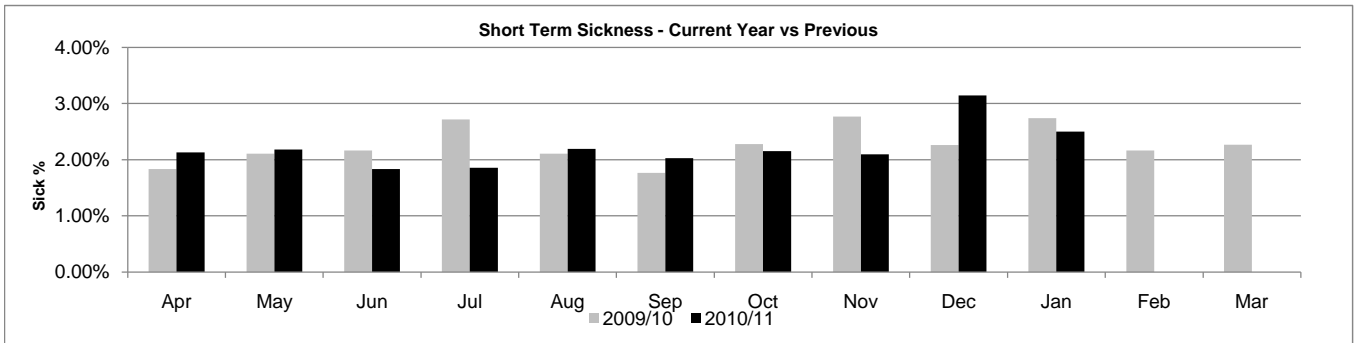
The East Area continues to manage robustly unauthorised absences. As the figures show, this work appears to be bearing fruit.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

A&E Operations South

Sickness Absence



Sickness 2009/10 YTD Sickness 4.49% 5.30% Current WTE 1298.52 Current Headcount 1350.00 NB Secondments and Acting Up Included in Totals

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|
| Total Sickness 2009/10 | 4.12% | 4.63% | 3.87% | 4.32% | 3.93% | 3.73% | 4.03% | 4.62% | 4.55% | 5.14% | 5.04% | 5.72% |
| 2010/11 | 5.12% | 4.82% | 4.70% | 5.50% | 5.52% | 4.64% | 4.96% | 5.21% | 6.40% | 5.99% | 0.00% | 0.00% |
| Unauthorised Absence 2009/10 | 46.00 | 35.00 | 46.00 | 38.00 | 38.00 | 48.00 | 33.00 | 57.00 | 81.00 | 74.00 | 35.00 | 53.00 |
| 2010/11 | 76.00 | 87.00 | 47.00 | 61.00 | 45.00 | 73.00 | 64.00 | 75.00 | 195.00 | 58.00 | 43.00 | 0.00 |

Narrative

Sickness

It is noted that whilst the long-term absence in the South has increased in comparison with the same point of the previous year, short term absence has decreased. It is further noted that the differences in levels of absence in comparison with the previous year are within one percentage point.

Audit checks continue to be undertaken on a regular basis. The results are good and the necessary feedback has been provided to line managers. Long term absence also continues to be addressed, with a number of employees having been referred to hearing in recent months for consideration of dismissal.

Unauthorised Absences

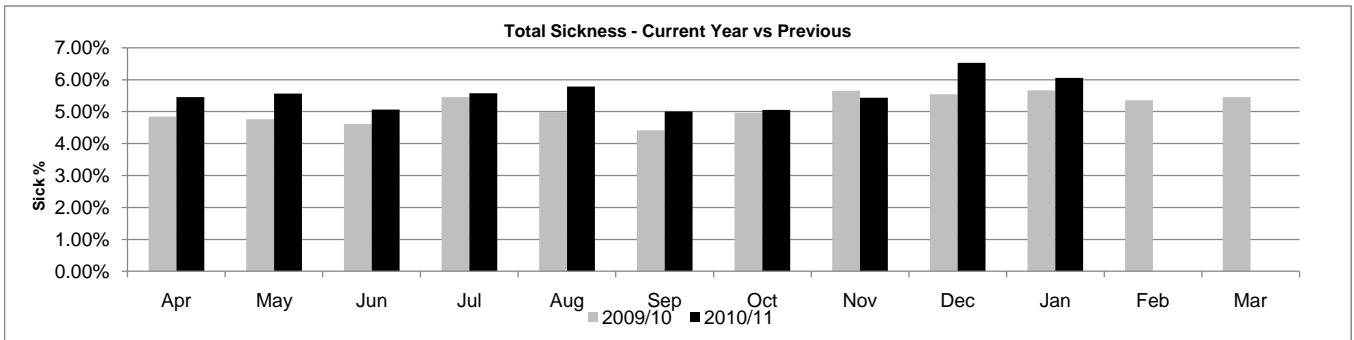
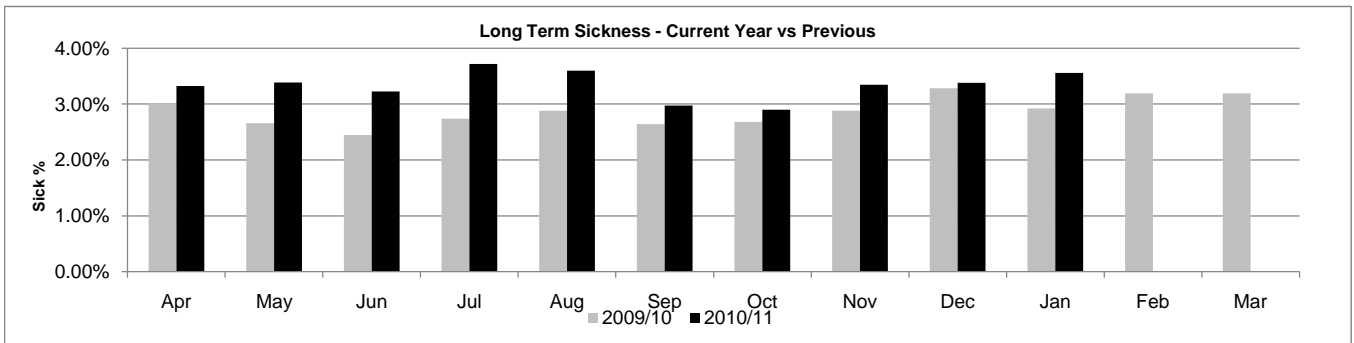
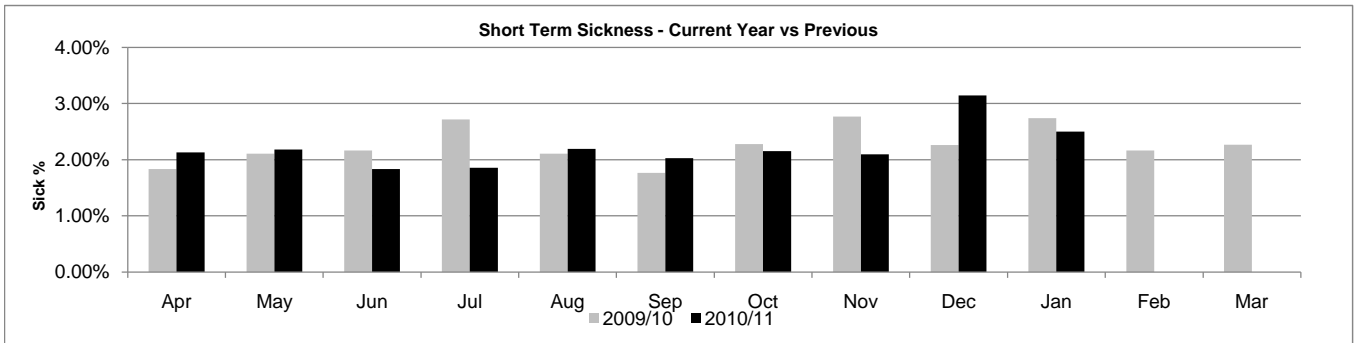
It is pleasing to note that the figure of unauthorised absence for February is broadly consistent with the previous year, showing further decrease, following a number of months which had shown a significant increase.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

A&E Operations West

Sickness Absence



Sickness 2009/10 YTD Sickness 5.39% 5.56% Current WTE 987.21 Current Headcount 1036.00 NB Secondments and Acting Up Included in Totals

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total Sickness 2009/10 | 5.28% | 4.63% | 4.93% | 5.43% | 5.62% | 4.91% | 5.20% | 6.68% | 6.61% | 5.48% | 5.01% | 4.78% |
| 2010/11 | 5.36% | 6.00% | 5.04% | 5.42% | 5.72% | 5.16% | 5.06% | 5.43% | 6.11% | 6.26% | 0.00% | 0.00% |
| Unauthorised Absence 2009/10 | 30.00 | 29.00 | 38.00 | 56.00 | 43.00 | 41.00 | 32.00 | 40.00 | 80.00 | 50.00 | 43.00 | 33.00 |
| 2010/11 | 75.00 | 48.00 | 46.00 | 40.00 | 33.00 | 47.00 | 35.00 | 38.00 | 63.00 | 35.00 | 39.00 | 0.00 |

Narrative

Sickness

In West Area sickness at the end of January, 2011 was at 6.26% which is an increase on the previous month. Although short term sickness has undoubtedly reduced (colds and flu have declined), our long term sickness has continued to increase. At the end of January, the West area had 24 people absent due to long term sickness. Over half of these were due to physical injuries either sustained at work, falls in the snow or in RTC's. Some of these staff have already had capability hearings and are now on notice. The trend, however, is upwards with further long term absences commencing in February. Again, we are doing all we can to manage these with regular contact, OHD appointments and LTS reviews. Given the nature of the absences, however, some will inevitably be protracted. We are, where possible, encouraging staff to consider secondments to departments such as CTA.

Unauthorised absences

There was a slight increase in UA's in February, but this is still well within the average range for the area. UA's are now monitored as part of the monthly sickness audits to ensure consistency within policy and across the Area. Hopefully, this will lead to a reduction across the coming months.

Workforce Report

Current Month

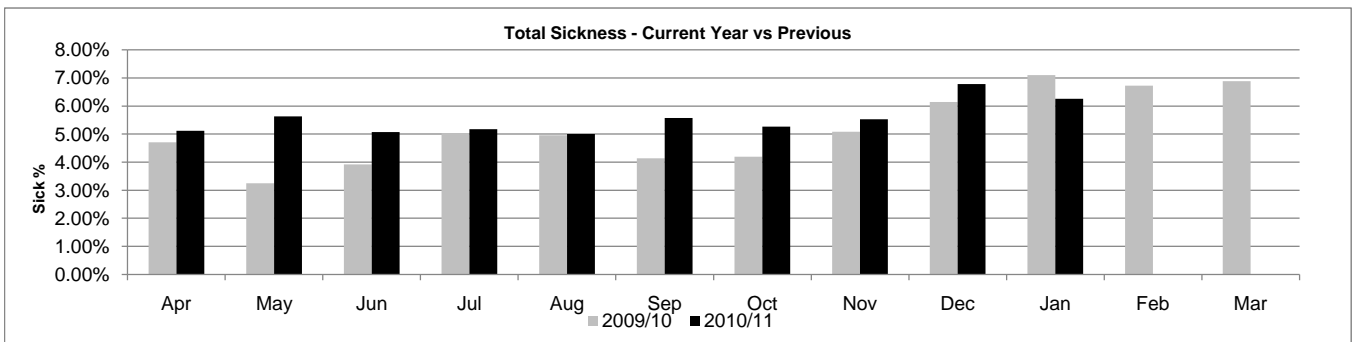
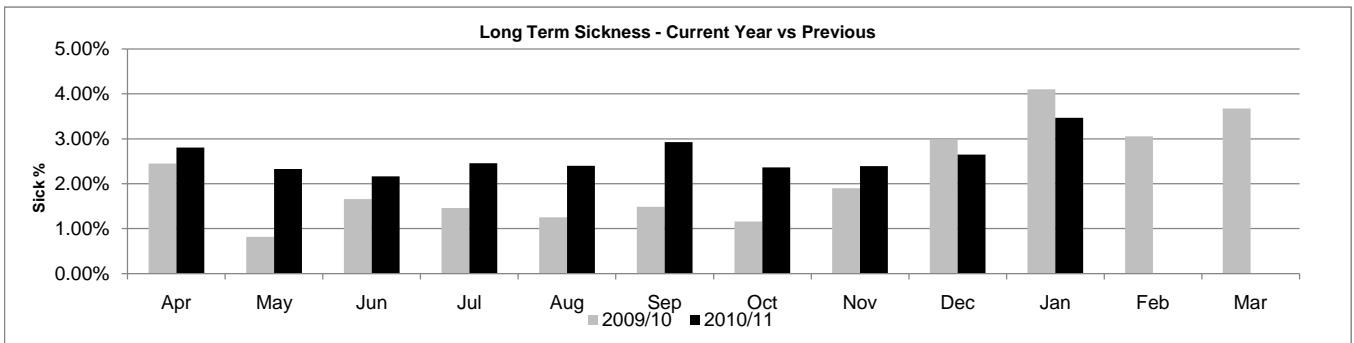
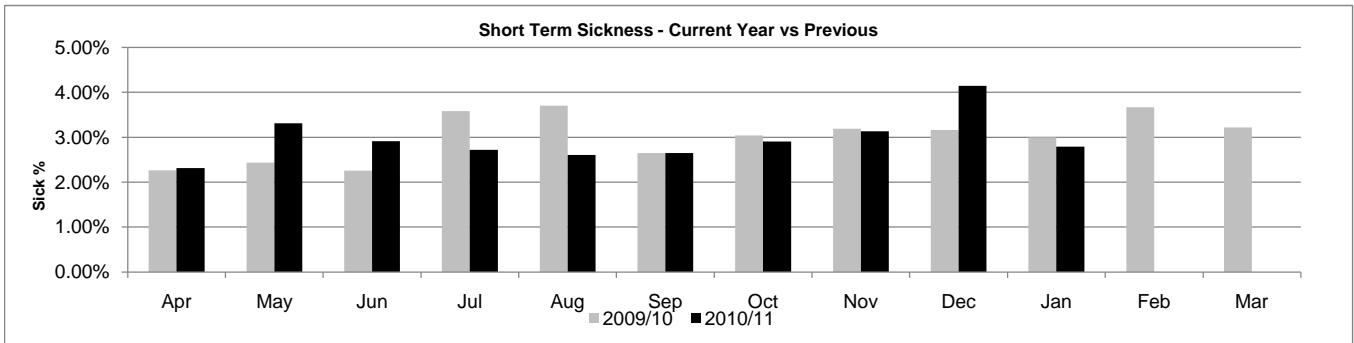
Feb-11

Sickness Month

Jan-11

Control Services

Sickness Absence



Sickness 2009/10 YTD Sickness

| |
|-------|
| 5.19% |
| 5.55% |

Current WTE

| |
|--------|
| 434.84 |
| 458.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 4.71% | 3.25% | 3.92% | 5.03% | 4.95% | 4.14% | 4.20% | 5.09% | 6.14% | 7.10% | 6.72% | 6.89% |
| 2010/11 | 5.12% | 5.64% | 5.07% | 5.17% | 5.01% | 5.57% | 5.27% | 5.52% | 6.79% | 6.26% | 0.00% | 0.00% |

Unauthorised Absence

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| 2009/10 | 2.00 | 0.00 | 2.00 | 0.00 | 0.00 | 1.00 | 2.00 | 1.00 | 1.00 | 3.00 | 4.00 | 4.00 |
| 2010/11 | 16.00 | 17.00 | 19.00 | 15.00 | 21.00 | 30.00 | 28.00 | 23.00 | 48.00 | 42.00 | 34.00 | 0.00 |

Narrative

Sickness

Sickness improved in January, the numbers of staff off due to long term sickness reduced from 19 in December to 15.

There is an increase in short term absence for reasons such as "stress/trauma related conditions"

One individual on long term sick has decided to resign before going to a formal hearing.

The management of sickness absence is very tight overall as evidenced by the results of the monthly audit results.

Unauthorised Absences

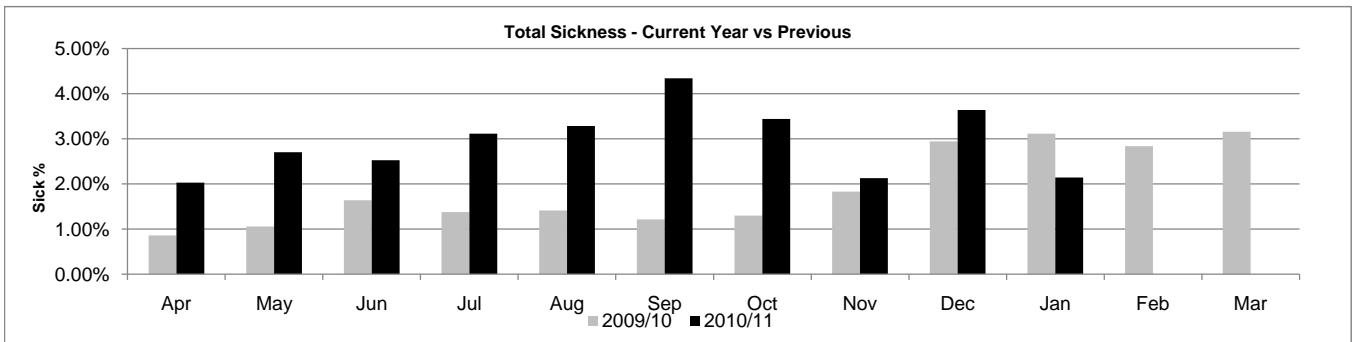
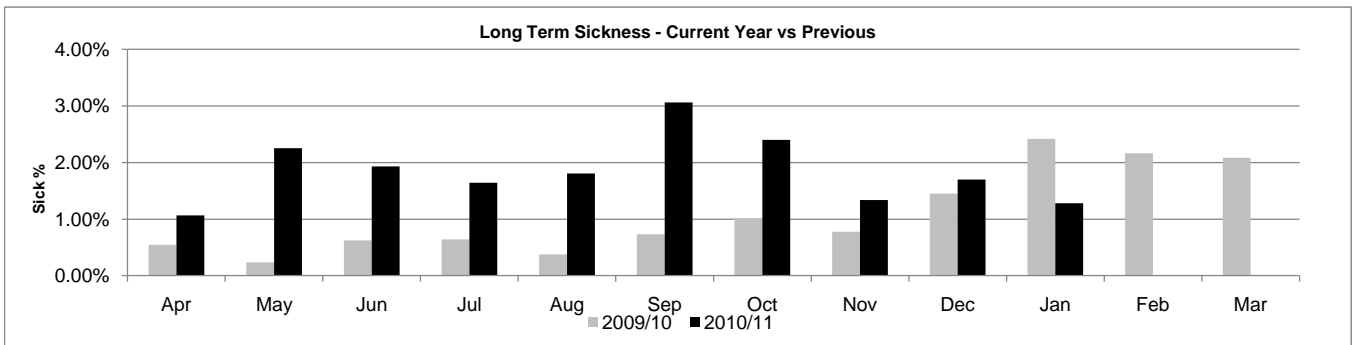
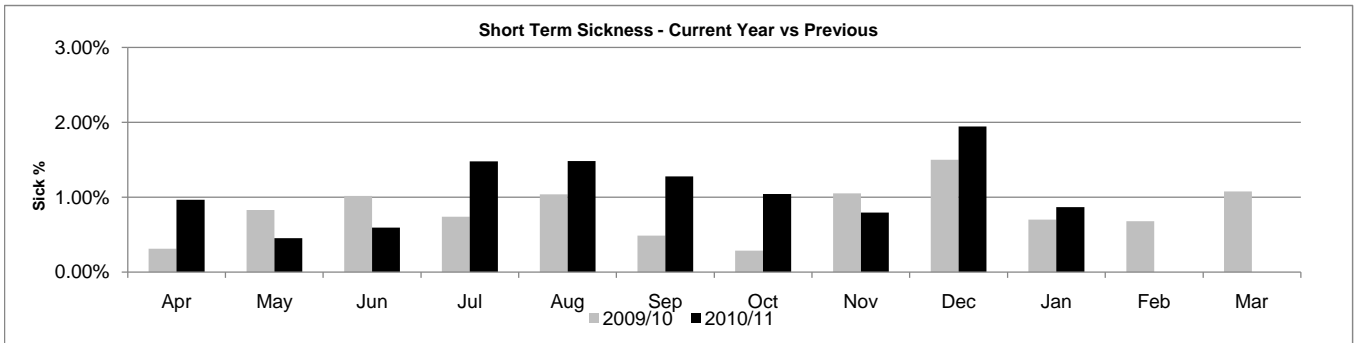
Despite a reduction in the number of UAs the figure for February remained high. As mentioned previously, the initial raw figure does not show how unavoidable/appropriate the absences might be and the result of management consideration of each episode. The audit of management action is undertaken as part of the overall attendance audits (see above).

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Human Resources & Organisation Dev Directorate

Sickness Absence



Sickness 2009/10 YTD Sickness 1.88% 2.84% Current WTE 242.04 Current Headcount 254.00 NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 0.85% | 1.06% | 1.64% | 1.38% | 1.41% | 1.22% | 1.30% | 1.83% | 2.95% | 3.12% | 2.84% | 3.16% |
| 2010/11 | 2.03% | 2.70% | 2.52% | 3.12% | 3.29% | 4.34% | 3.44% | 2.13% | 3.64% | 2.15% | 0.00% | 0.00% |

Narrative

Short term

Reduction in the number of Training Officers absent; 8 in January compared to 14 in December.

Long term

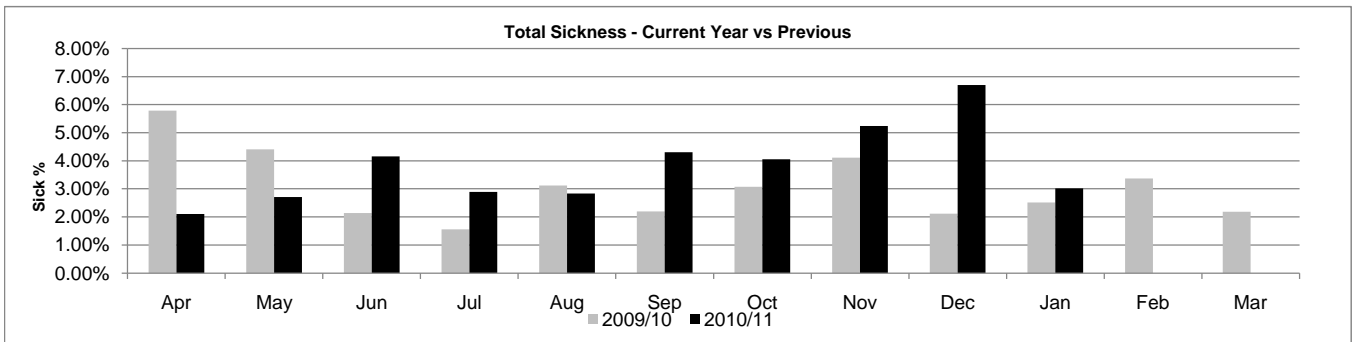
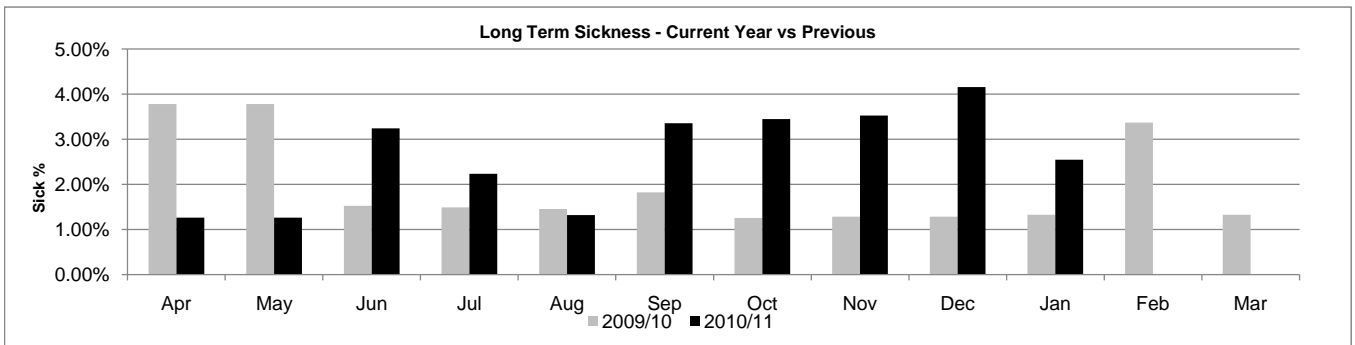
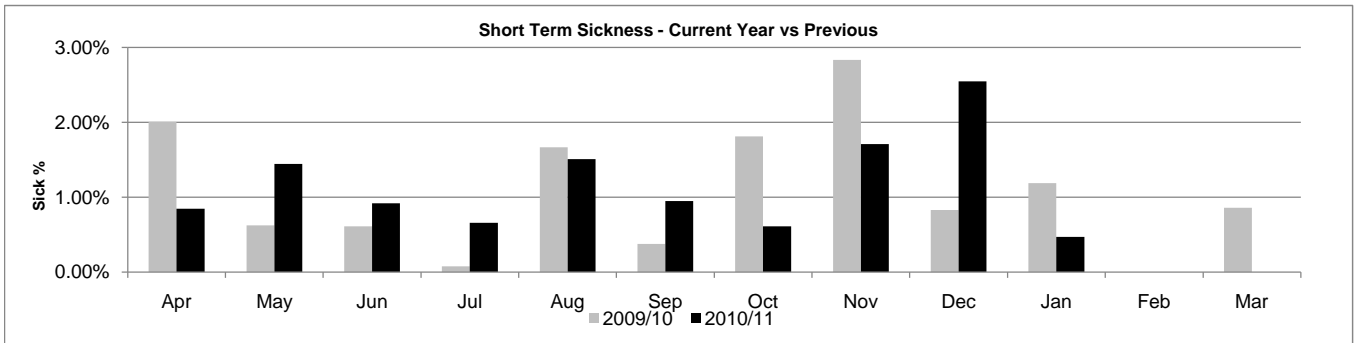
3 cases; all being managed appropriately.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Finance & Business Planning Directorate

Sickness Absence



Sickness 2009/10 YTD Sickness

| |
|-------|
| 3.04% |
| 3.77% |

Current WTE

| |
|-------|
| 48.13 |
|-------|

Current Headcount

| |
|-------|
| 50.00 |
|-------|

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 5.78% | 4.40% | 2.13% | 1.56% | 3.12% | 2.20% | 3.07% | 4.11% | 2.11% | 2.51% | 3.37% | 2.18% |
| 2010/11 | 2.10% | 2.70% | 4.16% | 2.89% | 2.83% | 4.30% | 4.06% | 5.23% | 6.70% | 3.02% | 0.00% | 0.00% |

Narrative

Short term
2 members of staff.

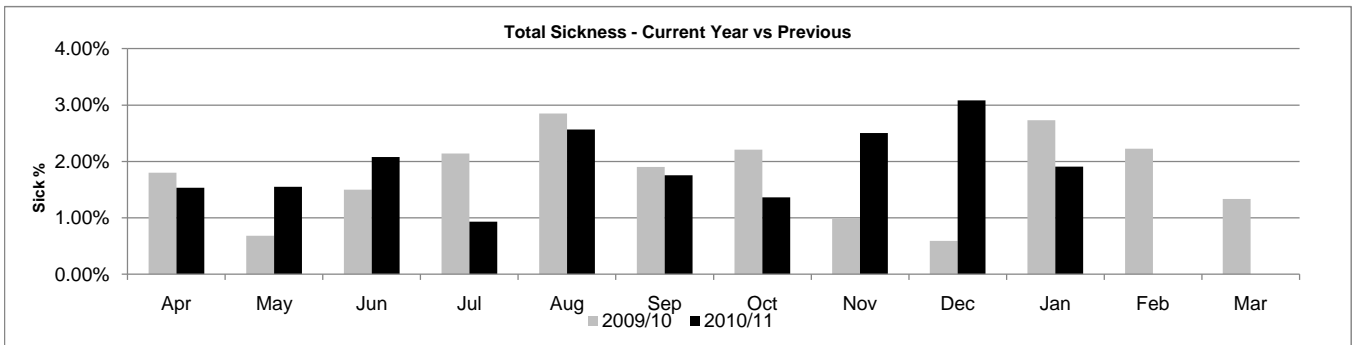
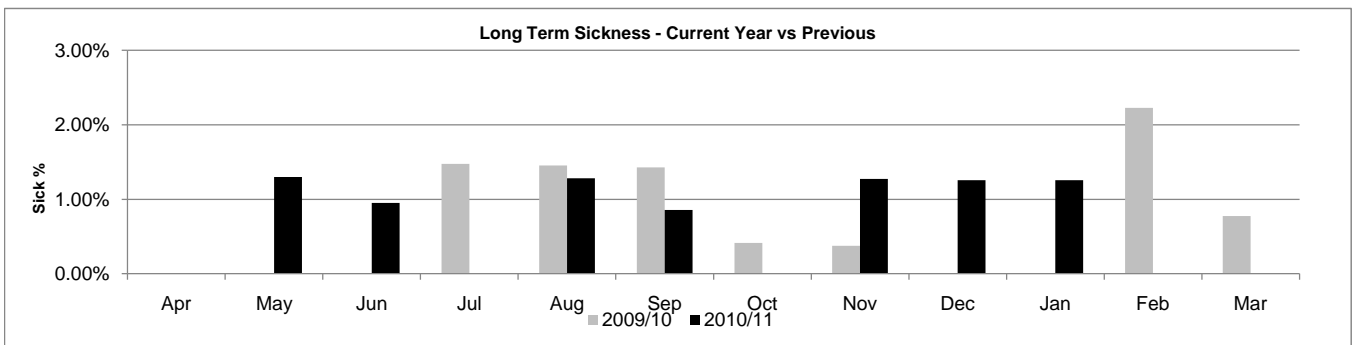
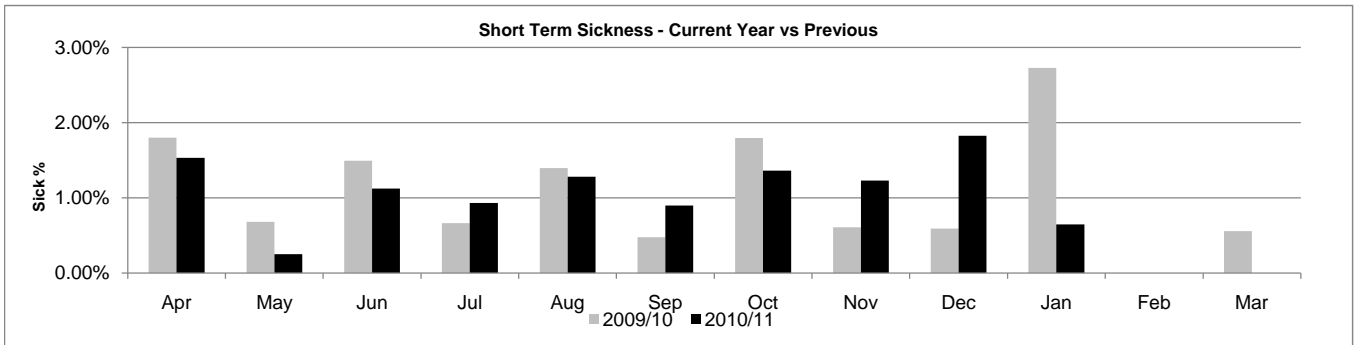
Long term
1 case only, which is being managed appropriately.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Information Management & Technology Directorate

Sickness Absence



Sickness 2009/10 YTD Sickness 1.74%
1.93%

Current WTE 79.53
Current Headcount 81.00

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 1.80% | 0.68% | 1.50% | 2.14% | 2.85% | 1.90% | 2.21% | 0.99% | 0.59% | 2.73% | 2.22% | 1.33% |
| 2010/11 | 1.53% | 1.55% | 2.08% | 0.93% | 2.56% | 1.75% | 1.36% | 2.50% | 3.08% | 1.91% | 0.00% | 0.00% |

Narrative

Short term

Reduction in percentage due to the Management Information department having 4 individuals absent in January compared to 9 in December.

Long term;

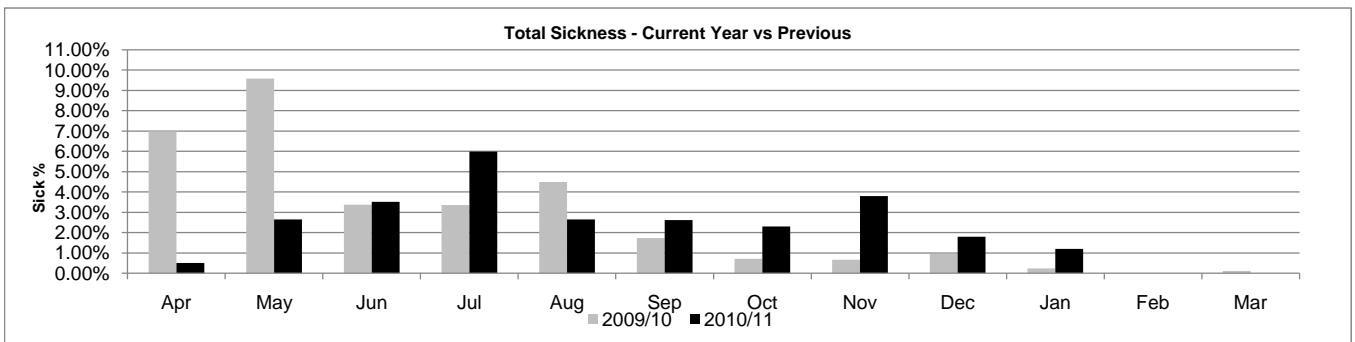
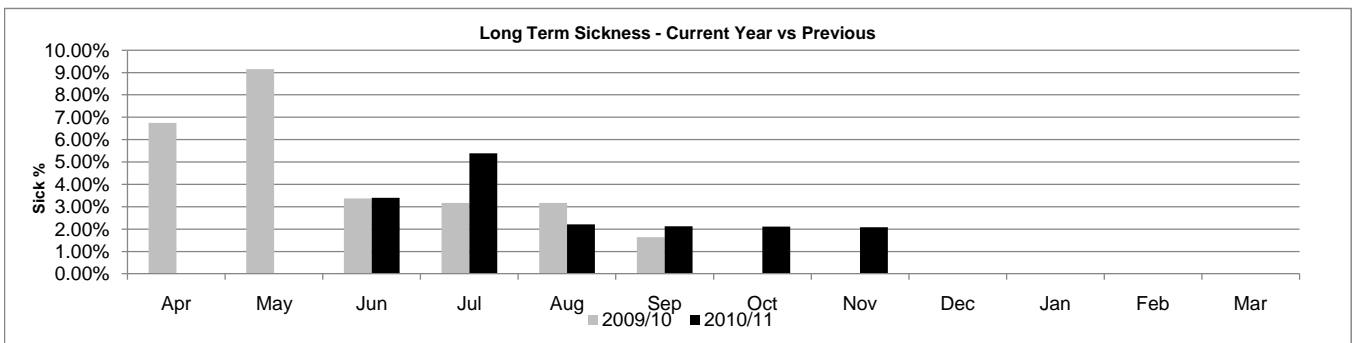
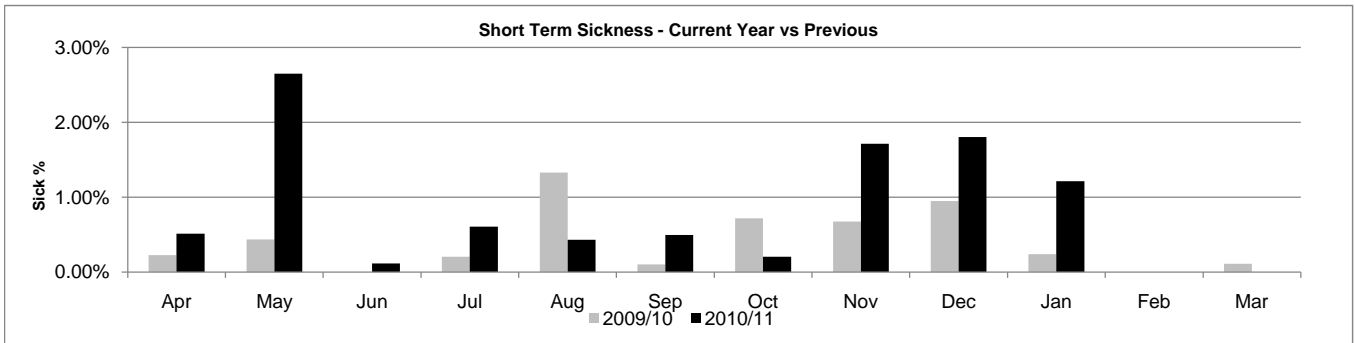
1 case - returned to work in February.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Corporate Services Directorate

Sickness Absence



Sickness 2009/10 **2.72%** Current WTE **47.93** NB Secondments and Acting Up Included in Totals
 YTD Sickness **2.76%** Current Headcount **49.00**

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 6.98% | 9.58% | 3.38% | 3.37% | 4.49% | 1.74% | 0.71% | 0.68% | 0.95% | 0.24% | 0.00% | 0.11% |
| 2010/11 | 0.51% | 2.65% | 3.51% | 5.99% | 2.65% | 2.62% | 2.31% | 3.80% | 1.80% | 1.21% | 0.00% | 0.00% |

Narrative

Short term

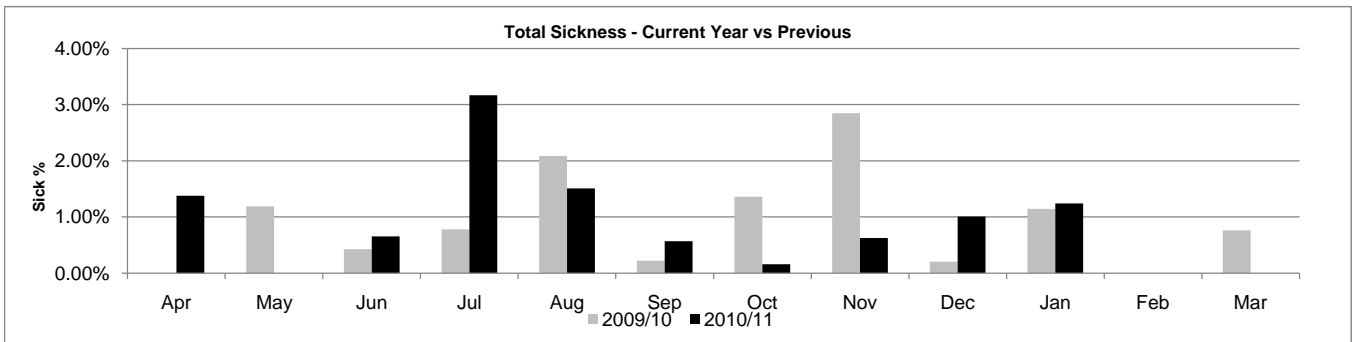
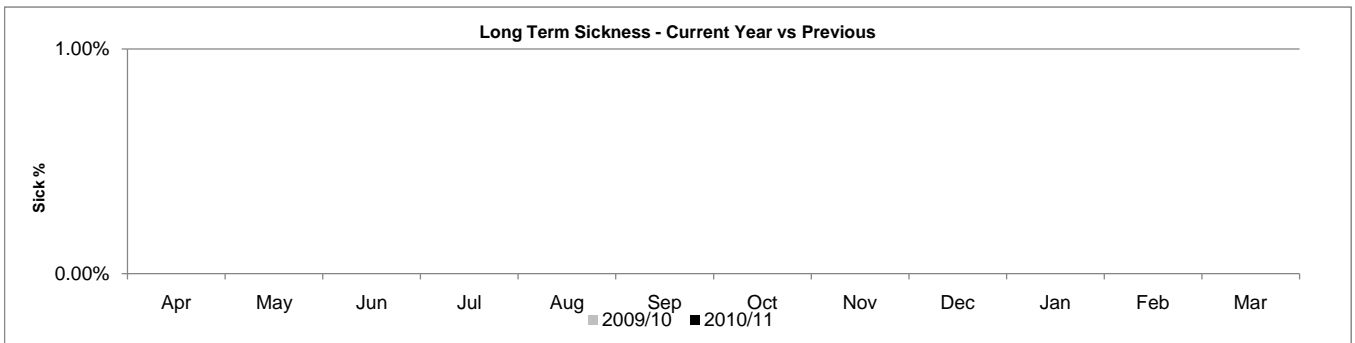
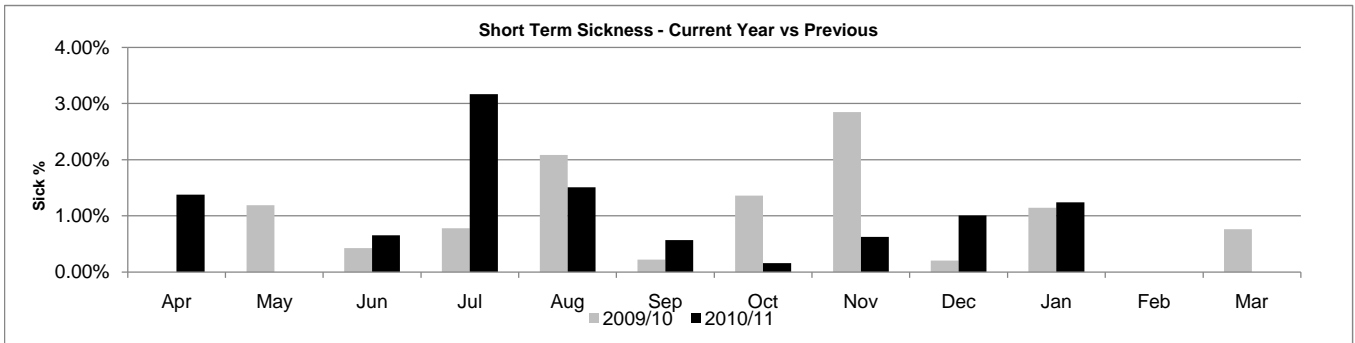
Continuing reduction in short term cases. MAP is actively being used and review meetings have been carried out during January.

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Medical Directorate

Sickness Absence



Sickness 2009/10 YTD Sickness 0.93% 1.05% Current WTE 23.42 Current Headcount 25.00 NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 0.00% | 1.19% | 0.43% | 0.78% | 2.09% | 0.22% | 1.36% | 2.85% | 0.20% | 1.14% | 0.00% | 0.76% |
| 2010/11 | 1.37% | 0.00% | 0.65% | 3.17% | 1.51% | 0.57% | 0.16% | 0.62% | 1.01% | 1.24% | 0.00% | 0.00% |

Narrative

Short term;
Slight increase in short term absence cases;5 individuals were off sick during January compared to 3 in December.

Workforce Report

Current Month

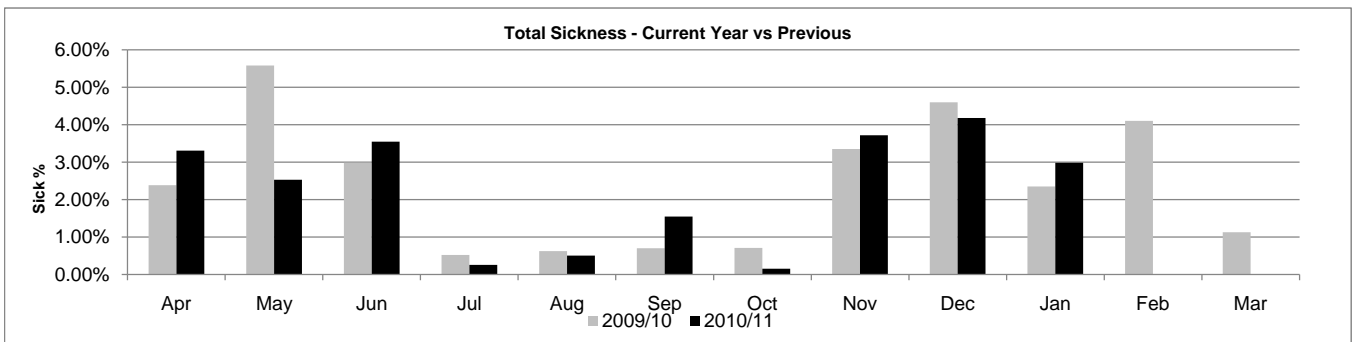
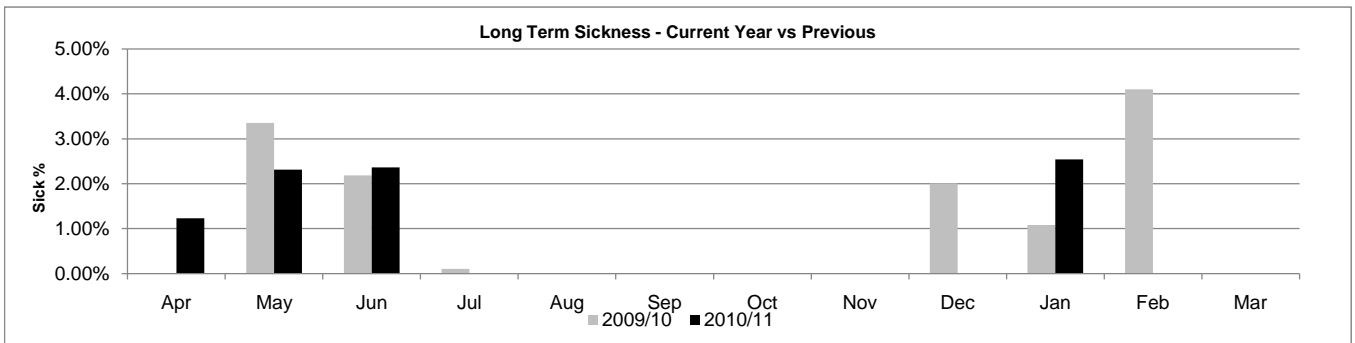
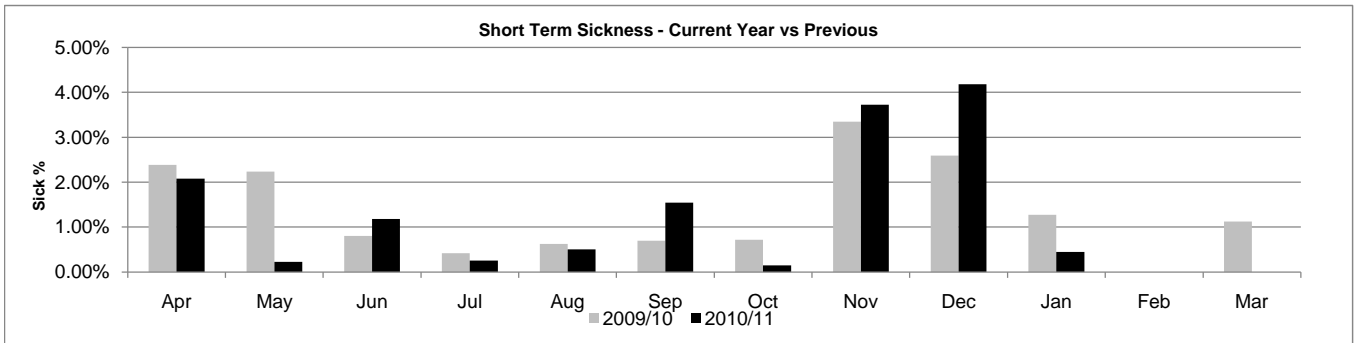
Feb-11

Sickness Month

Jan-11

Chief Executive

Sickness Absence



Sickness 2009/10
YTD Sickness

| |
|-------|
| 2.40% |
| 2.39% |

Current WTE
Current Headcount

| |
|-------|
| 21.61 |
| 22.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness
2009/10
2010/11

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 2.38% | 5.58% | 2.99% | 0.52% | 0.62% | 0.70% | 0.71% | 3.35% | 4.60% | 2.35% | 4.10% | 1.12% |
| 2010/11 | 3.31% | 2.53% | 3.55% | 0.25% | 0.50% | 1.54% | 0.15% | 3.72% | 4.18% | 2.99% | 0.00% | 0.00% |

Narrative

Short term

2 individuals absent during January.

Long term

Increase to 2 individuals during January.

Workforce Report

Current Month

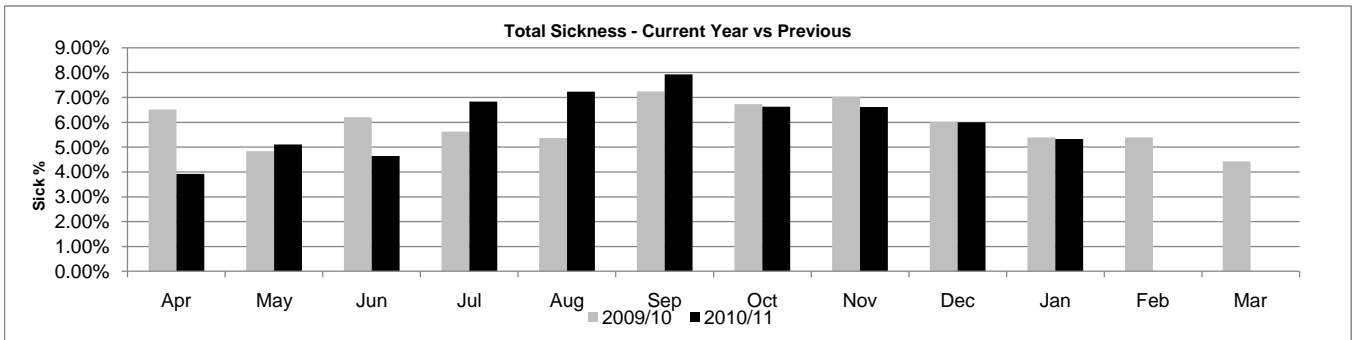
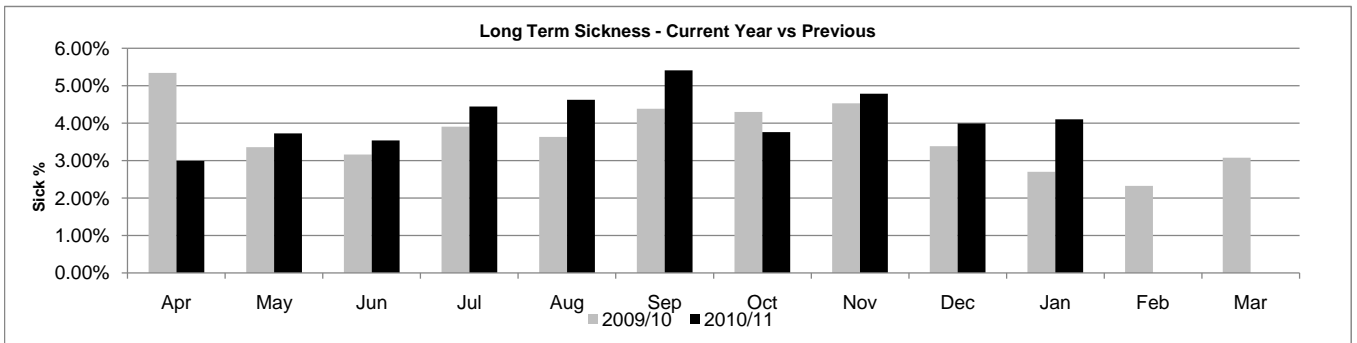
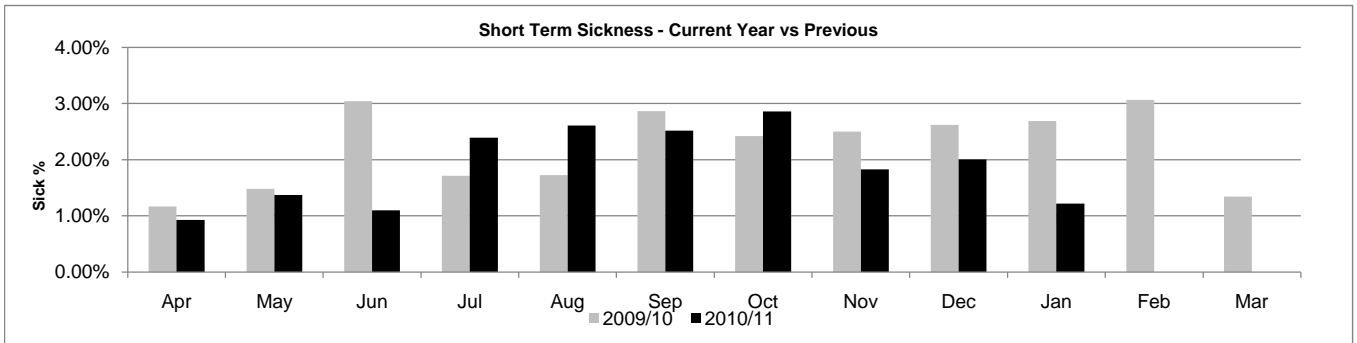
Feb-11

Sickness Month

Jan-11

Patient Transport Service

Sickness Absence



Sickness 2009/10
YTD Sickness

| |
|-------|
| 5.89% |
| 6.00% |

Current WTE
Current Headcount

| |
|--------|
| 158.83 |
| 166.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness
2009/10
2010/11

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 6.51% | 4.84% | 6.20% | 5.62% | 5.36% | 7.25% | 6.72% | 7.03% | 6.01% | 5.39% | 5.39% | 4.42% |
| 2010/11 | 3.92% | 5.10% | 4.64% | 6.84% | 7.23% | 7.93% | 6.62% | 6.61% | 6.00% | 5.32% | 0.00% | 0.00% |

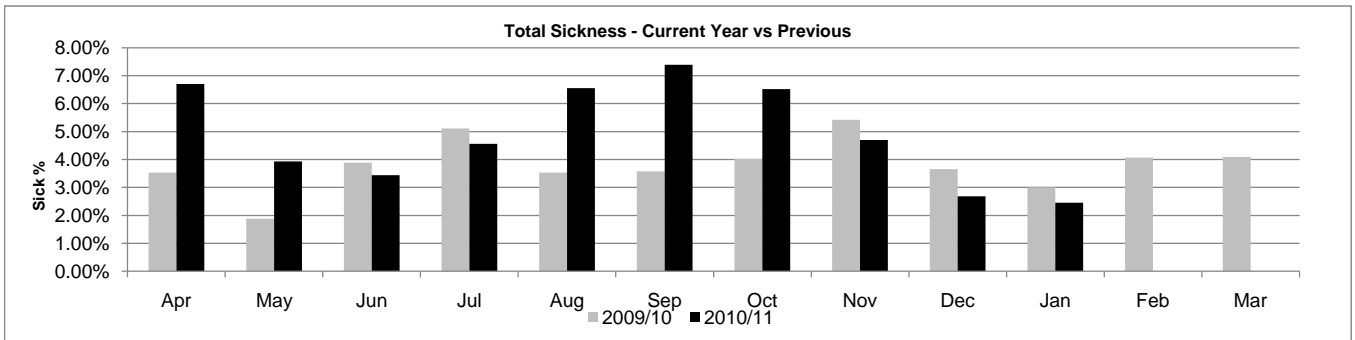
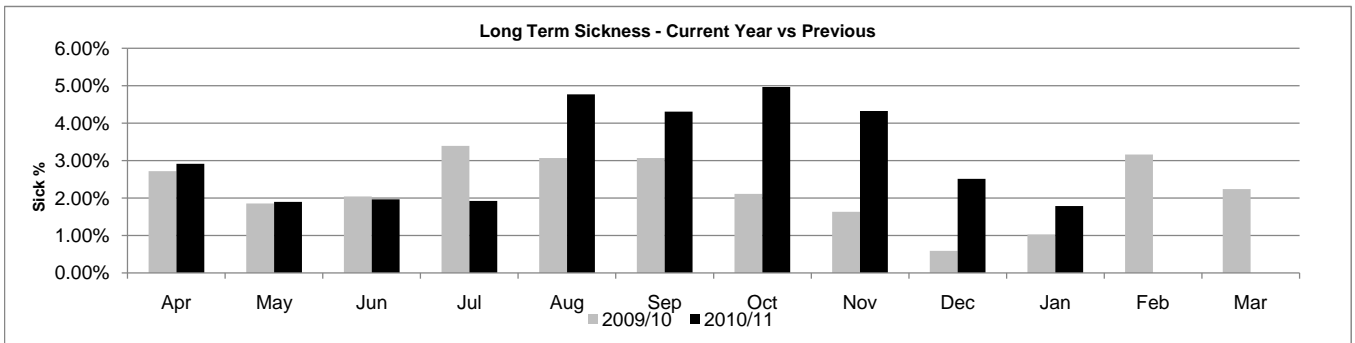
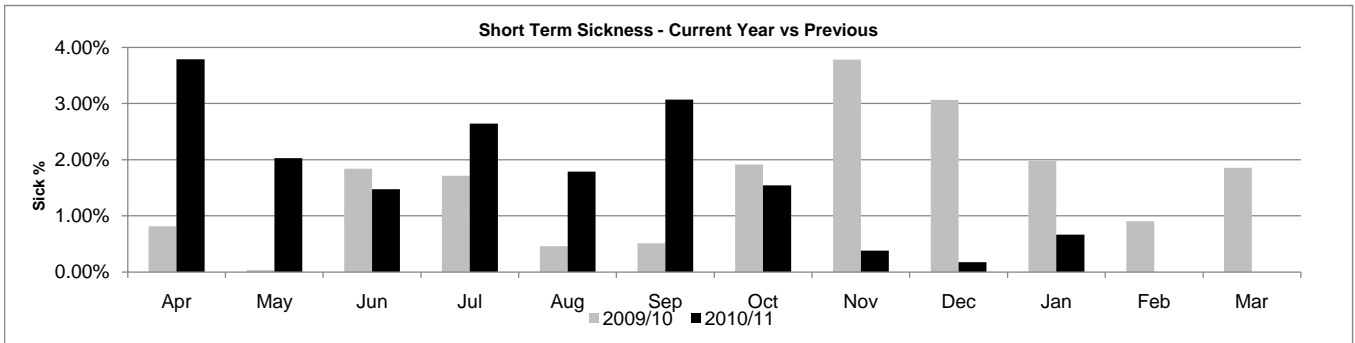
Narrative

Workforce Report

Current Month Feb-11 Sickness Month Jan-11

Operational Support

Sickness Absence



Sickness 2009/10 YTD Sickness 3.81% 4.88%

Current WTE 111.85 Current Headcount 113.00

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2009/10 | 3.53% | 1.88% | 3.88% | 5.11% | 3.53% | 3.58% | 4.02% | 5.42% | 3.66% | 3.00% | 4.07% | 4.09% |
| 2010/11 | 6.70% | 3.93% | 3.44% | 4.57% | 6.55% | 7.38% | 6.52% | 4.70% | 2.68% | 2.45% | 0.00% | 0.00% |

Narrative

Short term

7 individuals from Fleet absent in January; an increase on last month.
2 individuals within Logistics.

Long term;

2 cases being managed appropriately; 1 applying for ill health retirement; 1 to be referred for a capability hearing
1 case has returned to work.

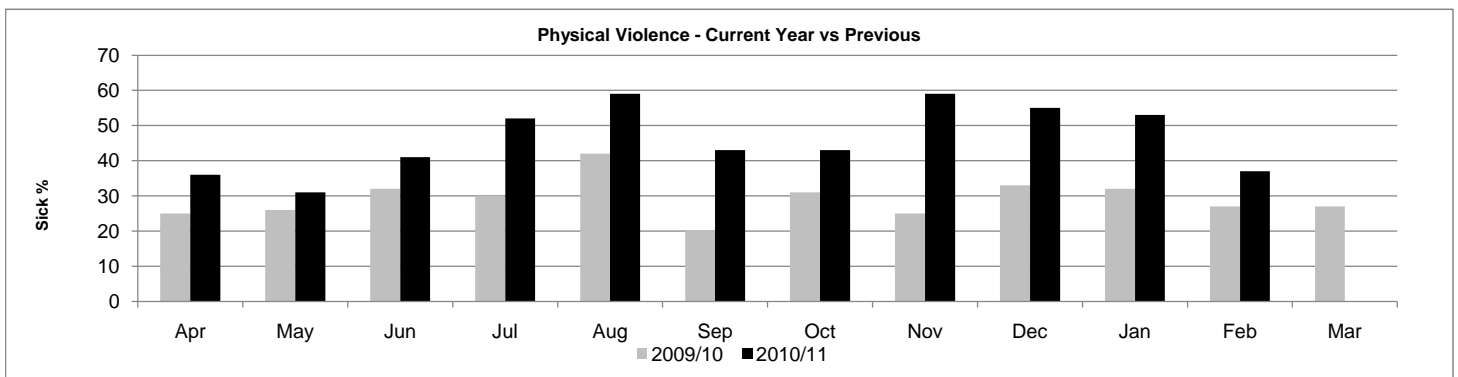
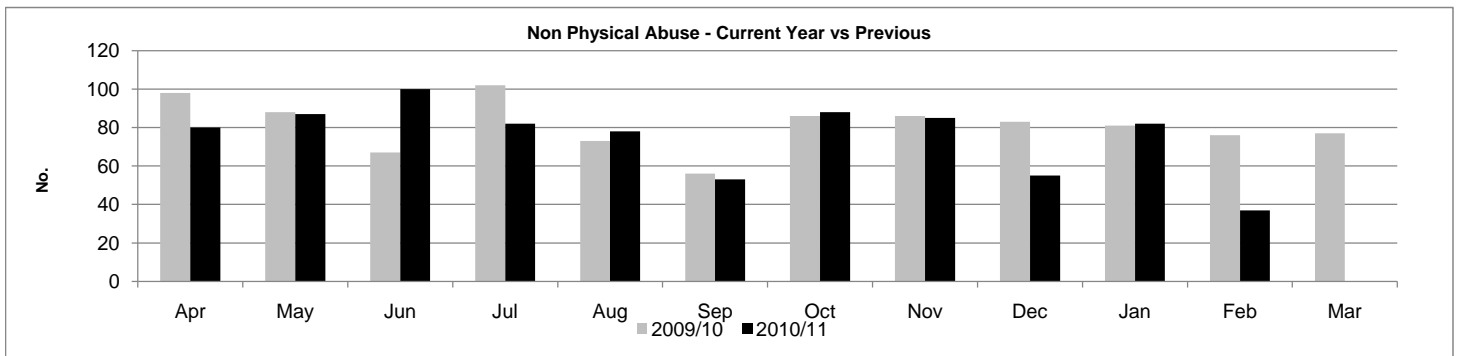
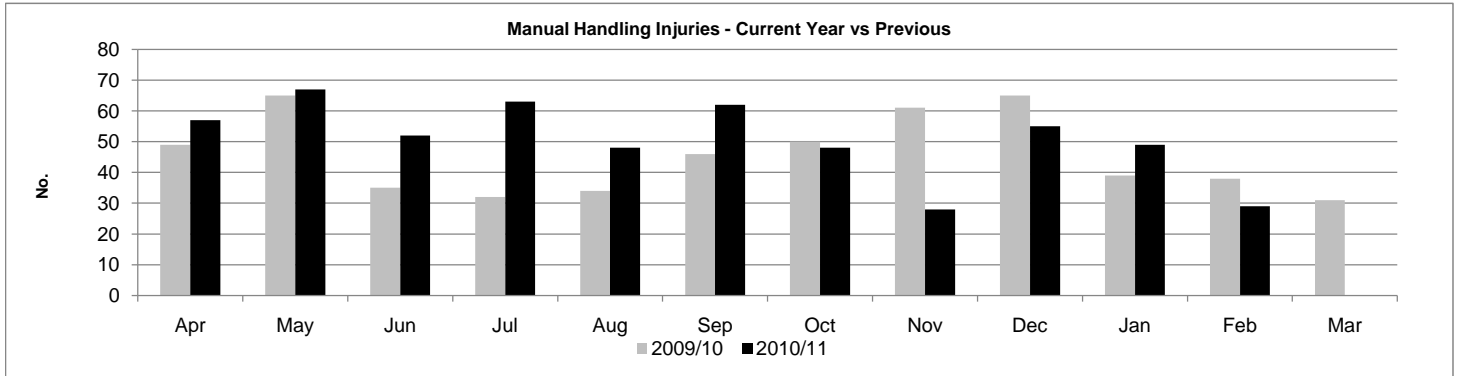
Workforce Report

Current Month

Feb-11

Trust Summary

Health & Safety Issues



Narrative

The figures shown were exported on the 1st March 2011, and so the number of incidents for the month of February are under the final total.

Manual Handling: The number of manual handling incidents reported continues to match the reported numbers for 2009/2010, with no concerning trends appearing in February 2011.

Physical Violence: The number of physical violence incidents remains high compared to 2009/10, however this can be attributed to an increased awareness of and reporting culture due to various changes over the year, such as the introduction of the LA42 reporting form and the Security Awareness Month campaign.

Non-Physical Abuse: The number of reported non-physical abuse incidents continues to match the reported numbers for 2009/2010, with no concerning trends appearing in February 2011.

Reporting: Overall incident reporting trends continued to rise, as 35.0% of all reported incidents were received within 7 days of the date of incident (up from 29.6% in January 2011).

Workforce Report

Current Month Feb-11

Trust Summary

Vacancies & Turnover

| | Funded WTE | Inpost WTE | Variance |
|---|---------------|---------------|----------|
| Trust Total | 4815.95 | 4735.86 | -80.09 |
| Directorate | | | |
| A&E Operations Areas | 3333.87 | 3326.43 | -7.44 |
| Chief Executive | 19.55 | 15.61 | -3.94 |
| Control Services | 404.73 | 436.58 | +31.85 |
| Corporate Services Directorate | 56.56 | 46.93 | -9.63 |
| Finance & Business Planning Directorate | 54.35 | 47.13 | -7.22 |
| Health Promotion & Quality | 1.60 | 1.00 | -0.60 |
| Human Resources & Organisation Dev Directorate | 260.92 | 237.04 | -23.88 |
| Information Management & Technology Directorate | 98.98 | 78.53 | -20.45 |
| Medical Directorate | 26.20 | 22.42 | -3.78 |
| Operational Support | 120.86 | 112.85 | -8.01 |
| Patient Transport Service | 157.00 | 159.07 | +2.07 |
| Trust Board | 6.00 | 6.00 | +0.00 |

Turnover

| | | |
|---------|------|------------------------|
| 2009/10 | 6.2% | Apr-09 to Mar-10 |
| 2010/11 | 7.0% | 12 Months up to Feb-11 |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------------|-------|-------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|
| No. Leavers (FTE) | | | | | | | | | | | | |
| 2009/10 | 19.00 | 27.00 | 19.00 | 19.00 | 29.00 | 29.00 | 24.00 | 25.00 | 21.00 | 20.00 | 28.00 | 35.00 |
| 2010/11 | 44.00 | 32.00 | 11.00 | 27.00 | 28.00 | 34.00 | 22.00 | 52.00 | 18.00 | 25.00 | 19.00 | 0.00 |
| No. Starters (FTE) | | | | | | | | | | | | |
| 2009/10 | 81.00 | 58.00 | 53.00 | 59.00 | 43.00 | 147.00 | 81.00 | 90.00 | 5.00 | 103.00 | 56.00 | 64.00 |
| 2010/11 | 10.00 | 6.00 | 28.00 | 21.00 | 13.00 | 70.00 | 37.00 | 62.00 | 6.00 | 24.00 | 24.00 | 0.00 |

NB: Inpost figures are based on individuals substantive post not their seconded/acting up post.

Workforce Report

Current Month

Feb-11

Trust Summary

Employee Relations Data

| | Attendance | Grievances | Capabilities | Disciplinary (Clinical) | Disciplinary (Non Clinical) |
|---------------------------|------------|------------|--------------|-------------------------|-----------------------------|
| Current Case Total | (349) 391 | (16) 20 | (6) 3 | (2) 2 | (18) 23 |

| | |
|--|---------|
| Current Employment Tribunal Cases | (13) 13 |
|--|---------|

| | |
|----------------------------|---------|
| Current Suspensions | (10) 15 |
|----------------------------|---------|

Narrative

The figure for the previous month appears in brackets.

Attendance

This increase in case numbers continues to validate the good results of the attendance audits.

Capabilities

The drop in case numbers reflects the re-categorisation of three cases (to Attendance) Taking into account the size of the total workforce, this figure should be considered very low.

Disciplinary

The ratio of clinical to non-clinical cases remains low.

Employment Tribunal

No claims were lodged or resolved in February.

Suspensions

The longest suspension dates from the end of October. The hearing for this case is being scheduled.

Workforce Report

Current Month

Feb-11

Trust Summary

PDR Completion Rates

| Area / Directorate / Dept | No. to be done | No. done | % Completed |
|---|----------------|-------------|--------------|
| West | 857 | 574 | 67.0% |
| South | 1147 | 527 | 47.0% |
| East | 1043 | 278 | 26.7% |
| Control Services | 571 | 297 | 52.0% |
| Sub Total | 3618 | 1676 | 46.3% |
| PTS | 220 | 117 | 53.2% |
| IM&T | 80 | 77 | 96.3% |
| Operational Support | 104 | 69 | 66.3% |
| Medical | 23 | 23 | 100.0% |
| Communications | 17 | 16 | 94.1% |
| Corporate Services | 37 | 35 | 94.6% |
| HR and OD | 149 | 142 | 95.3% |
| Finance & Business Planning incl Estates | 51 | 42 | 82.4% |
| Sub Total | 681 | 521 | 76.5% |
| Total | 4299 | 2197 | 51.1% |

NB figures currently based on HR PDR completion spreadsheet



LONDON AMBULANCE SERVICE TRUST BOARD

M11 February

PAPER FOR REVIEW

| | |
|---|--|
| Document Title: | M11 February - Financial Review |
| Report Author(s): | Andy Bell |
| Lead Director: | Mike Dinan |
| Contact Details: | Michael.Dinan@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Monthly Trust Financial Review |
| This paper has been previously presented to: | Senior Management Group |
| Recommendation for the Trust Board: | To be noted |
| Executive Summary/key issues for the Trust Board | |
| <p>- Overall the Trust remains on track to meet its year end control target of a £502k surplus. CIP remains on target to be achieved and the Financial risk has reduced from Month 10 as a result of certainty over HART Income. The Cash and Capital position remain on track as per previous Board papers.</p> | |
| The In Month position for the Trust is a £70k profit against a forecast loss of £282k. | |
| <p>- The Trust's position was better than forecast mainly as a result of lower A&E Overtime than expected and savings achieved in non pay spend.</p> | |
| <p>- Income has increased in Month 11 due to changes in accounting treatment on RTA income and better performance in PTS as a result of price uplift. The increase in RTA income however, will offset against provision for bad debt in non-pay line. Income and Expenditure have increased by £494k each as a result (this is a nil effect overall)</p> | |
| <p>- Overall Pay expenditure increased in the current month by £124k above the previous month due to the increase in Frontline pay with recruitment of new A&E Support trainees and higher A&E overtime. However, the increase was still lower than expected.</p> | |
| <p>- Non pay spend was higher than expected due to £490k bad debt provision on RTA income. Excluding this, non pay spend would have been lower than forecast by £119k.</p> | |
| YTD the trust is reporting a £140k surplus against a plan surplus of £607k. | |
| The Trust is expected to record a surplus of £502k for the year. | |
| <p>- Income has been adjusted in the Forecast to reflect the recent agreement on Project Plato funding and Recharge Income to be received by the Trust.</p> <p>- Overall Pay expenditure in the Forecast has dropped by £140k due to underspend in A&E overtime in Month 11.</p> <p>- The Trust's forecast outturn position includes a net penalty and withheld CQUIN of £1,000k. This has yet to be agreed with PCT Commissioners</p> | |
| The Identified Financial Risk for the Trust has been identified as £1.6m. The current forecast includes a provision of £1,000k relating to PCT penalties and CQUIN adjustments. | |
| The CIP Program is currently on track to deliver £18.3m savings (Page 8). | |
| <p>- £13.4m of original CIP will be delivered as planned which will be the largest CIP ever achieved by LAS.</p> <p>- An additional £5.0m in staff vacancies make up the balance of the CIP</p> <p>- The current identified financial risk for the trust is £1.6m. This amount has not been recognised in the LAS financial forecast. For a detailed analysis of financial risk please see Page 6 in the board report. However, a provision of £1,000k exists to cover this risk.</p> <p>- The CIP program is currently on track to deliver the full £18.4m savings program. Further work on achieving Subsistence and Non frontline payroll savings are ongoing.</p> | |
| Capital funding is forecast to be £16.16m. This is in line with the CRL . | |
| Current cash position is £9.2m. | |



Trust Board - Financial Review

Month Ending 28th February 2011 - (Month 11)

Report Contents

| | |
|---------|---|
| Page 3 | Financial Summary |
| Page 4 | Financial Performance Indicators |
| Page 5 | Income & Expense Trend |
| Page 6 | Financial Analysis |
| Page 7 | Cost Improvement Program (CIP) Analysis |
| Page 8 | Capital Summary |
| Page 9 | Summary I&E and Balance Sheet |
| Page 10 | Balance Sheet |
| Page 11 | Cashflow Statement |
| Page 12 | Income Summary |
| Page 13 | Expense Summary |
| Page 14 | Divisional Summary |
| Page 15 | Financial Risks |

LAS Financial Review - Financial Summary

Month Ending 28th February 2011 - (Month 11)

| Month M11 February | | | |
|-----------------------|--------------|--------------|---|
| Act £000 | Plan £000 | Diff £000 | % |

| | | | |
|---------------|---------------|------------|-------------|
| 22,029 | 21,578 | 451 | 2.1% |
| 1,800 | 1,847 | -47 | -2.5% |
| 23,829 | 23,425 | 404 | 1.7% |

| | | | |
|---------------|---------------|------------|-------------|
| 16,948 | 17,213 | -264 | -1.5% |
| 5,446 | 4,388 | 1,058 | 24.1% |
| 22,395 | 21,601 | 794 | 3.7% |

| | | | |
|--------------|--------------|-------------|---------------|
| 1,434 | 1,824 | -390 | -21.4% |
| 6.02% | 7.79% | -1.77% | -22.7% |

| | | | |
|--------------|--------------|-------------|---------------|
| 1,364 | 1,930 | -566 | -29.3% |
|--------------|--------------|-------------|---------------|

| | | | |
|-----------|-------------|------------|----------------|
| 70 | -106 | 176 | -166.2% |
| 0.29% | -0.45% | 0.75% | -165.1% |

| | | | |
|---|---|---|---------|
| 0 | 0 | 0 | #DIV/0! |
|---|---|---|---------|

| | | | |
|-----------|-------------|------------|----------------|
| 70 | -106 | 176 | -166.2% |
|-----------|-------------|------------|----------------|

| Summary |
|---------|
|---------|

Income

| |
|--------------|
| A&E |
| Other |
| Total |

Operating Expense

| |
|--------------|
| Pay |
| Non Pay |
| Total |

EBITDA

EBITDA %

Depreciation, Dividend & Interest

Net Surplus/(Deficit)

Net Margin

Impairment

Net Surplus/ (Loss) After Impairment

Average Capital Employed

Return on Assets

| Ytd M11 February | | | |
|---------------------|--------------|--------------|---|
| Act £000 | Plan £000 | Diff £000 | % |

| | | | |
|----------------|----------------|--------------|-------------|
| 237,301 | 237,353 | -52 | 0.0% |
| 21,905 | 20,320 | 1,584 | 7.8% |
| 259,206 | 257,673 | 1,532 | 0.6% |

| | | | |
|----------------|----------------|--------------|-------------|
| 191,097 | 186,483 | 4,614 | 2.5% |
| 53,086 | 50,595 | 2,491 | 4.9% |
| 244,183 | 237,078 | 7,105 | 3.0% |

| | | | |
|---------------|---------------|---------------|---------------|
| 15,023 | 20,595 | -5,573 | -27.1% |
| 5.80% | 7.99% | -2.20% | -27.5% |

| | | | |
|---------------|---------------|---------------|---------------|
| 14,883 | 19,988 | -5,105 | -25.5% |
|---------------|---------------|---------------|---------------|

| | | | |
|------------|------------|-------------|---------------|
| 140 | 607 | -467 | -77.0% |
| 0.05% | 0.24% | -0.18% | -77.1% |

| | | | |
|---|---|---|---------|
| 0 | 0 | 0 | #DIV/0! |
|---|---|---|---------|

| | | | |
|------------|------------|-------------|---------------|
| 140 | 607 | -467 | -77.0% |
|------------|------------|-------------|---------------|

| | | | |
|----------------|----------------|--------------|-------------|
| 111,090 | 109,578 | 1,512 | 1.4% |
|----------------|----------------|--------------|-------------|

| | | |
|-------|-------|--------|
| 5.17% | 5.85% | -0.68% |
|-------|-------|--------|

| 2010/11 | | | |
|---------------|--------------|--------------|---|
| Fcast £000 | Plan £000 | Diff £000 | % |

| | | | |
|----------------|----------------|--------------|-------------|
| 259,738 | 258,931 | 807 | 0.3% |
| 24,102 | 22,167 | 1,935 | 8.7% |
| 283,840 | 281,098 | 2,742 | 1.0% |

| | | | |
|----------------|----------------|--------------|-------------|
| 208,059 | 203,752 | 4,306 | 2.1% |
| 59,007 | 54,926 | 4,081 | 7.4% |
| 267,065 | 258,678 | 8,387 | 3.2% |

| | | | |
|---------------|---------------|---------------|---------------|
| 16,775 | 22,420 | -5,646 | -25.2% |
| 5.91% | 7.98% | -2.07% | -25.9% |

| | | | |
|---------------|---------------|---------------|---------------|
| 16,273 | 21,918 | -5,646 | -25.8% |
|---------------|---------------|---------------|---------------|

| | | | |
|------------|------------|----------|-------------|
| 502 | 502 | 0 | 0.0% |
| 0.18% | 0.18% | 0.00% | -1.0% |

| | | | |
|---|---|---|---------|
| 0 | 0 | 0 | #DIV/0! |
|---|---|---|---------|

| | | | |
|------------|------------|----------|-------------|
| 502 | 502 | 0 | 0.0% |
|------------|------------|----------|-------------|

| | | | |
|----------------|----------------|--------------|-------------|
| 111,455 | 109,578 | 1,877 | 1.7% |
|----------------|----------------|--------------|-------------|

| | | |
|-------|-------|--------|
| 5.17% | 5.85% | -0.68% |
|-------|-------|--------|

LAS Financial Review - Financial Performance Indicator

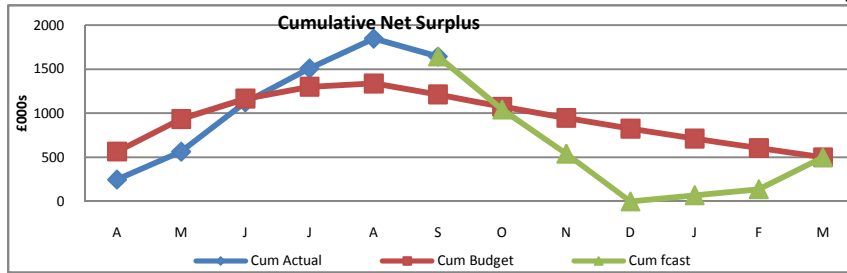
Month Ending 28th February 2011 - (Month 11)

| Key Financial Performance Targets | Performance | | | | Forecast | | | | Status | | |
|---|--------------|--------------|--------------|--------|---------------|--------------|--------------|---------|------------------|-------|----------|
| | Ytd Position | | | | 2010/11 | | | | Current (YTD) | Trend | Forecast |
| | Act £000 | Plan £000 | Diff £000 | % | Fcast £000 | Plan £000 | Diff £000 | % | | | |
| 1. EBITDA <i>Monitor</i> | 15,023 | 20,595 | (5,573) | -27.1% | 16,775 | 22,420 | (5,646) | -25.2% | ↓ | ↑ | ↓ |
| 2. EBITDA % <i>Monitor</i> | 5.80% | 7.99% | -2.20% | -27% | 5.91% | 7.98% | -2.07% | -25.9% | ↓ | ↑ | ↓ |
| 3. Control Surplus/(Deficit) <i>NHSL</i> | 140 | 607 | (467) | -77% | 502 | 502 | (0) | -0.1% | ↓ | ↑ | ↔ |
| 4. Net Surplus/(Deficit) - after Impairments <i>Monitor/DH</i> | 140 | 607 | (467) | -77% | 502 | 502 | (0) | -0.1% | ↓ | ↑ | ↔ |
| 5. Cost Improvement Program (CIP) <i>NHSL</i> | 16,549 | 16,619 | (70) | 0% | 18,439 | 18,439 | (1) | 0.0% | ↔ | ↑ | ↔ |
| 6. Return on Assets (RoA) <i>Monitor - Net Surplus less PDC, Impairment & Gains/(loss) on disposal / Ave. Total Assets employed (less interest bearing borrowings)</i> | 5.17% | 5.85% | -0.68% | -12% | 5.17% | 5.85% | -0.68% | -11.6% | ↓ | █ | ↓ |
| 7. Capital Resource Limit (CRL) <i>DH</i> | 7,538 | 7,538 | 0 | 0% | 16,162 | 18,419 | (2,257) | -12.3% | ↔ | █ | ↓ |
| 8. External Financing Limit (EFL) <i>DH</i> | (260) | (260) | 0 | 0% | (260) | (260) | 0 | 0.0% | ↔ | █ | ↔ |
| 9. Liquidity Ratio <i>Monitor - Numbers of Days liquid asset cover for Trust Total Operating Expenditure</i> | (0.55) | 15.00 | (16) | -104% | (7.96) | 15.00 | (22.96) | -153.0% | ↓ | █ | ↓ |
| 10. To process at least 95% of bills by value within 30 days <i>DH</i> | 90% | 95% | -5% | -5% | 90% | 95% | -5% | -5.3% | ↓ | █ | ↓ |
| 11. To process at least 95% of bills by volume within 30 days <i>DH</i> | 84% | 95% | -11% | -11% | 86% | 95% | -9% | -9.5% | ↓ | █ | ↓ |
| 12. LAS Trust Management Costs <i>DH - Calculated as % of Total LAS Income (Excl. MPET)</i> | 6.7% | 7.0% | -0.3% | -4% | 6.7% | 7.0% | -0.3% | -4.2% | ↔ | █ | ↔ |

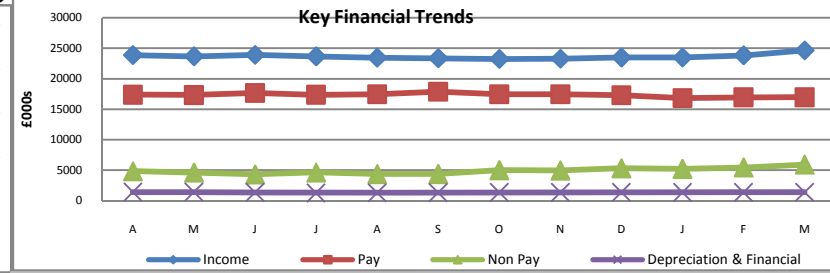
- The Reduction against plan of EBITDA % is largely due to increasing Operating cost pressures particularly in non frontline pay and non pay items such as vehicle maintenance, subsistence and make ready. This has eroded the trusts actual EBITDA margin.
 - The LAS Trust Management costs have been calculated on the basis of the M10 Financial Position and will be reviewed on an ongoing basis.

| KEY | |
|-----|--|
| ↓ | Target below expected levels attention required |
| ↑ | Target exceeded |
| ↔ | Target within tolerable range |

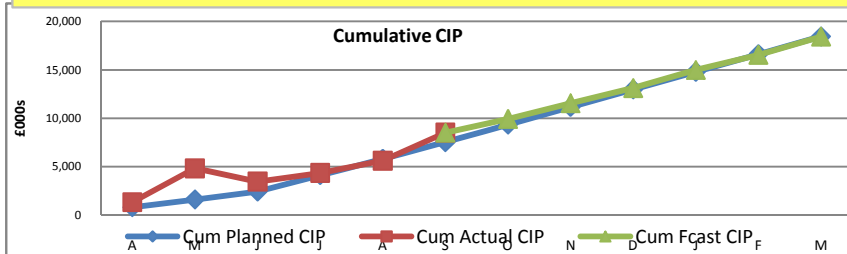
LAS Financial Analysis Financial Analysis Month Ending 28th February 2011 - (Month 11)



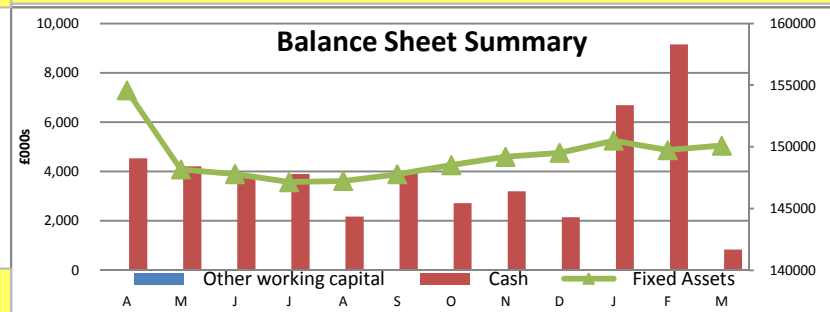
The Trust is currently on track to achieve its year end surplus position of £526k. The sharp increase in surplus in March is the achievement of £1.8m worth of withheld CQUIN revenue



Key Financial Trends are broadly stable with planned decrease in income in Q2 due to the loss of MPET and steady increases in depreciation as the asset base grows



The Trust is in line to achieve its CIP but there is a risk around structural change CIPs such as reduction of agency staff and reducing subsistence payments. However, additional savings against budget due to lower than expected spend on A&E staffing has offset this.



The Balance sheet remains in line with expected forecast.

Other Trend Information

| | April | May | June | July | August | September | October | November | December | January | February | March | Average |
|---|-------|-------|-------|-------|--------|-----------|---------|----------|----------|---------|----------|-------|---------|
| A&E Cost Analysis | | | | | | | | | | | | | |
| A&E Cost per Head per month (£s) | 1.7 | 1.8 | 1.8 | 1.8 | 1.7 | 1.9 | 1.8 | 1.8 | 1.8 | 1.8 | 1.7 | 1.8 | 1.8 |
| EOC Cost Per Call & Response per month (£s) | 4.5 | 4.7 | 4.4 | 4.4 | 4.2 | 4.6 | 4.7 | 4.8 | 4.8 | 4.3 | 4.6 | 4.6 | 4.5 |
| A&E Cost Per Incident (£s) per month | 169.5 | 171.5 | 171.4 | 159.2 | 174.1 | 184.5 | 168.8 | 171.7 | 159.4 | 167.7 | 181.5 | 167.2 | 169.8 |
| A&E Cost Per Day (£000s) | 479.2 | 481.4 | 496.4 | 468.9 | 468.3 | 512.3 | 491.8 | 502.8 | 489.9 | 477.9 | 517.8 | 487.4 | 486.9 |
| Activity Analysis | | | | | | | | | | | | | |
| Incidents per WTE per month | 17.8 | 18.4 | 18.5 | 19.4 | 17.7 | 17.6 | 19.0 | 18.4 | 20.1 | 18.7 | 16.9 | 19.1 | 18.6 |
| Responses per Incident per month | 1.5 | 1.3 | 1.5 | 1.3 | 1.5 | 1.5 | 1.4 | 1.3 | 1.2 | 1.4 | 1.6 | 1.5 | 1.4 |
| Calls per WTE per month | 24.5 | 26.2 | 28.3 | 28.7 | 31.2 | 26.9 | 25.5 | 27.8 | 27.7 | 29.7 | 26.2 | 23.8 | 27.6 |
| Staffing Analysis | | | | | | | | | | | | | |
| % Overtime to Total Payroll | 6.9% | 6.9% | 7.0% | 6.3% | 6.7% | 7.7% | 6.8% | 6.4% | 6.5% | 4.0% | 4.3% | 4.5% | 0.1 |
| Total Frontline Staff WTE | 3,447 | 3,410 | 3,407 | 3,398 | 3,377 | 3,374 | 3,402 | 3,416 | 3,377 | 3,376 | 3,379 | 3,374 | 3,398 |
| Total Control Services Staff WTE | 472 | 470 | 465 | 476 | 488 | 501 | 506 | 517 | 513 | 509 | 512 | 510 | 492 |
| Total Operational Support Staff WTE | 93 | 93 | 92 | 92 | 93 | 95 | 96 | 96 | 96 | 94 | 93 | 93 | 94 |
| Total Management Staff WTE | 222 | 216 | 210 | 221 | 224 | 223 | 219 | 218 | 216 | 217 | 214 | 213 | 219 |
| Total Other Corporate Support Staff WTE | 523 | 531 | 533 | 528 | 528 | 529 | 526 | 527 | 527 | 537 | 537 | 540 | 529 |
| Total LAS Staff WTE | 4,756 | 4,720 | 4,706 | 4,715 | 4,709 | 4,722 | 4,749 | 4,774 | 4,728 | 4,732 | 4,734 | 4,730 | 4,731 |
| Ratio of Non Corporate Staff to Corporate Staff | 8.1 | 7.9 | 7.8 | 7.9 | 7.9 | 7.9 | 8.0 | 8.1 | 8.0 | 7.8 | 7.8 | 7.8 | 7.9 |

LAS Financial Review - Income & Expense Trend

Month Ending 28th February 2011 - (Month 11)

| | Apr-10 Actual | May-10 Actual | Jun-10 Actual | Jul-10 Actual | Aug-10 Actual | Sep-10 Actual | Oct-10 Actual | Nov-10 Actual | Dec-10 Actual | Jan-11 Actual | Feb-11 Actual | Mar-11 Fcast | 2010/2011 Fcast | 2010/2011 Budget | Diff | % |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|--------------------|---------------------|----------------|---------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | |
| Income | (23,877) | (23,675) | (23,912) | (23,655) | (23,451) | (23,353) | (23,231) | (23,278) | (23,472) | (23,472) | (23,829) | (24,634) | (283,840) | (281,098) | (2,742) | 1.0% |
| Payroll (£k) | | | | | | | | | | | | | | | | |
| A&E Frontline | 10,478 | 10,460 | 10,535 | 10,488 | 10,468 | 10,598 | 10,601 | 10,630 | 10,616 | 10,590 | 10,686 | 10,671 | 126,824 | 132,724 | (5,900) | -4.4% |
| A&E Overtime | 1,048 | 1,039 | 1,049 | 950 | 1,042 | 1,238 | 1,045 | 950 | 969 | 550 | 599 | 648 | 11,127 | 5,485 | 5,642 | 102.9% |
| A&E Incentive | 3 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 7 | #DIV/0! |
| A&E Management | 1,227 | 1,218 | 1,175 | 1,241 | 1,212 | 1,214 | 1,228 | 1,244 | 1,198 | 1,223 | 1,215 | 1,196 | 14,590 | 13,398 | 1,192 | 8.9% |
| EOC | 950 | 951 | 952 | 959 | 989 | 1,017 | 1,007 | 1,023 | 1,026 | 1,014 | 1,017 | 999 | 11,903 | 10,512 | 1,391 | 13.2% |
| Operational Support | 297 | 291 | 251 | 289 | 298 | 298 | 301 | 302 | 299 | 303 | 305 | 308 | 3,542 | 4,023 | (481) | -12.0% |
| PTS | 562 | 543 | 527 | 517 | 531 | 525 | 508 | 495 | 415 | 408 | 405 | 410 | 5,847 | 5,168 | 678 | 13.1% |
| Corporate Support | 2,218 | 2,236 | 2,400 | 2,252 | 2,284 | 2,280 | 2,185 | 2,227 | 2,222 | 2,340 | 2,313 | 2,312 | 27,271 | 29,686 | (2,416) | -8.1% |
| Other Overtime | 161 | 158 | 189 | 146 | 135 | 138 | 148 | 169 | 153 | 127 | 132 | 120 | 1,776 | 765 | 1,011 | 132.1% |
| Agency | 448 | 442 | 582 | 533 | 503 | 556 | 440 | 419 | 406 | 269 | 276 | 297 | 5,173 | 1,991 | 3,182 | 159.9% |
| Total | 17,390 | 17,339 | 17,662 | 17,375 | 17,464 | 17,865 | 17,466 | 17,459 | 17,305 | 16,824 | 16,948 | 16,961 | 208,059 | 203,752 | 4,306 | 2.1% |
| Non Pay | | | | | | | | | | | | | | | | |
| Staff Related | 530 | 492 | 655 | 600 | 507 | 605 | 551 | 596 | 716 | 825 | 926 | 1,263 | 8,265 | 6,906 | 1,359 | 19.7% |
| Consumables, Medical Equip & Drugs | 488 | 631 | 626 | 666 | 370 | 559 | 647 | 491 | 593 | 592 | 515 | 742 | 6,921 | 5,971 | 950 | 15.9% |
| Vehicle Leasing | 78 | 96 | 120 | 202 | 172 | 138 | 135 | 134 | 153 | 138 | 127 | 121 | 1,614 | 2,447 | (833) | -34.1% |
| Fuel & Oil | 454 | 471 | 454 | 463 | 422 | 433 | 487 | 533 | 567 | 544 | 519 | 579 | 5,926 | 6,026 | (100) | -1.7% |
| Vehicle Maintenance | 397 | 804 | 557 | 561 | 613 | 864 | 760 | 945 | 658 | 743 | 299 | 266 | 7,469 | 6,050 | 1,419 | 23.5% |
| Other Automotive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! |
| Vehicle Insurance | 175 | 223 | 221 | 229 | 166 | (126) | 159 | 56 | 52 | 149 | 103 | 159 | 1,564 | 1,577 | (13) | -0.8% |
| 3rd Party Transport | 102 | 49 | 64 | 86 | 69 | 59 | 57 | 71 | 55 | 86 | 64 | 51 | 812 | 351 | 461 | 131.2% |
| Accommodation & Estates | 991 | 1,094 | 1,028 | 1,057 | 953 | 1,105 | 1,046 | 939 | 1,210 | 971 | 986 | 1,008 | 12,387 | 11,707 | 680 | 5.8% |
| IT & Telecoms | 723 | 717 | 377 | 656 | 624 | 359 | 599 | 705 | 701 | 693 | 699 | 757 | 7,612 | 8,958 | (1,346) | -15.0% |
| Finance & Legal | 751 | (144) | (1) | 162 | 239 | 149 | 216 | 335 | 264 | 232 | 907 | 727 | 3,839 | 326 | 3,513 | 1076.3% |
| Consultancy | 12 | (4) | 42 | 119 | 108 | 73 | 67 | 64 | 67 | 93 | 169 | 46 | 856 | 1,972 | (1,116) | -56.6% |
| Other | 131 | 184 | 174 | (174) | 131 | 152 | 279 | 94 | 283 | 153 | 132 | 204 | 1,742 | 2,635 | (893) | -33.9% |
| Subtotal | 4,830 | 4,614 | 4,317 | 4,628 | 4,375 | 4,370 | 5,005 | 4,964 | 5,319 | 5,218 | 5,446 | 5,921 | 59,007 | 54,926 | 4,081 | 7.4% |
| Depreciation | | | | | | | | | | | | | | | | |
| Fleet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! |
| IT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! |
| Other | 992 | 992 | 967 | 877 | 868 | 885 | 950 | 947 | 977 | 951 | 956 | 976 | 11,339 | 15,283 | (3,944) | -25.8% |
| Subtotal | 992 | 992 | 967 | 877 | 868 | 885 | 950 | 947 | 977 | 951 | 956 | 976 | 11,339 | 15,283 | (3,944) | -25.8% |
| Financial | | | | | | | | | | | | | | | | |
| Dividend | 314 | 314 | 314 | 294 | 309 | 340 | 314 | 314 | 314 | 314 | 314 | 314 | 3,772 | 4,588 | (816) | -17.8% |
| Interest | 101 | 99 | 92 | 97 | 98 | 96 | 97 | 95 | 97 | 96 | 94 | 99 | 1,162 | 2,047 | (885) | -43.3% |
| Subtotal | 415 | 414 | 406 | 391 | 407 | 435 | 412 | 409 | 412 | 410 | 408 | 413 | 4,934 | 6,635 | (1,701) | -25.6% |
| Total Expense | 23,628 | 23,358 | 23,352 | 23,271 | 23,113 | 23,556 | 23,833 | 23,779 | 24,013 | 23,403 | 23,759 | 24,272 | 283,338 | 280,596 | 2,742 | 1.0% |
| Net Surplus | (250) | (316) | (560) | (384) | (337) | 203 | 603 | 501 | 541 | (69) | (70) | (362) | (502) | (502) | 0 | 0 |
| Cumulative Surplus | (250) | (566) | (1,126) | (1,510) | (1,847) | (1,644) | (1,042) | (541) | (0) | (69) | (140) | (502) | (502) | (502) | | |

LAS Financial Review - CIP Summary

Month Ending 28th February 2011 - (Month 11)

| Key CIP Programs | Performance | | | | Forecast | | | | Status | | |
|--------------------------|---------------|---------------|--------------|-------------|---------------|---------------|--------------|---------------|---------|----------|---|
| | Ytd Position | | | | 2010/11 | | | | Current | Forecast | |
| | Act £000 | Plan £000 | Diff £000 | % | Fcast £000 | Plan £000 | Diff £000 | % | | | |
| 1. A&E Incentive | 3,021 | 3,029 | (7) | 99.8% | 3,021 | 3,029 | (7) | 99.8% | ↔ | ↔ | Delivered |
| 2. Agency Cost | 744 | 3,780 | (3,036) | 19.7% | 1,068 | 4,252 | (3,184) | 25.1% | ↓ | ↓ | All agency staffing reviewed by SMG. Agreed plan to remove all Non vacancy agency staff (except those specifically funded by projects). SMG are reviewing this monthly. |
| 3. A&E Subsistence | (236) | 1,495 | (1,731) | -15.8% | (266) | 1,682 | (1,948) | -15.8% | ↓ | ↓ | |
| 4. Third Party Transport | 1,337 | 1,639 | (302) | 81.6% | 1,724 | 1,844 | (120) | 93.5% | ↓ | ↓ | |
| 5. Non Frontline Payroll | 1,093 | 1,385 | (291) | 79.0% | 1,278 | 1,605 | (327) | 79.6% | ↓ | ↓ | 37 posts have been identified and removed. A change to the date for CommandPoint implementation has deferred reduction in EOC posts |
| 6. Non Pay / Procurement | 6,204 | 5,292 | 913 | 117.3% | 6,641 | 6,028 | 613 | 110.2% | ↑ | ↑ | On Track |
| 7. Pay - Other | 4,385 | 0 | 4,385 | #DIV/0! | 4,972 | 0 | 4,972 | #DIV/0! | ↑ | ↑ | Additional Vacancies held against A&E Staffing above projection due to lower levels of permanent recruitment than expected. |
| 8. Other | 0 | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! | ↔ | ↔ | |
| Total | 16,549 | 16,619 | (70) | 100% | 18,439 | 18,439 | (1) | 100.0% | ↔ | ↔ | Trust on Target to deliver planned total |

KEY:

| | |
|-------------------------------|---|
| CIP Target being exceeded | ↑ |
| CIP Target not being achieved | ↓ |
| CIP on Target | ↔ |

LAS Financial Review - Capital Summary

Month Ending 28th February 2011 - (Month 11)

| Projects | Ytd Position 11 | | | | Forecast 2010/11 | | | | Status |
|----------------------------|--------------------|--------------|--------------|------------|---------------------|---------------|--------------|------------|----------|
| | Act £000 | Plan £000 | Diff £000 | % | Act £000 | Plan £000 | Diff £000 | % | 2010/11 |
| 1. CommandPoint | 2,093 | 3,122 | 1,029 | 33% | 2,549 | 3,406 | 857 | 25% | ↓ |
| 2. IM&T - Other | 1,422 | 1,422 | 0 | 0% | 1,697 | 1,751 | 55 | 3% | ↔ |
| 3. Fleet - DCA | 5,175 | 6,228 | 1,053 | 17% | 5,478 | 6,794 | 1,316 | 19% | ↓ |
| 4. Fleet - FRU | 114 | 114 | 0 | 0% | 114 | 132 | 18 | 14% | ↔ |
| 5. Fleet - Other | 307 | 307 | 0 | 0% | 2,888 | 2,900 | 12 | 0% | ↔ |
| 6. Estates - West Workshop | 0 | 0 | 0 | 0% | 0 | 20 | 20 | 100% | ↔ |
| 7. Estates - HART East | 644 | 578 | (66) | -11% | 651 | 631 | (20) | -3% | ↔ |
| 8. Estates - Hart West | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0% | ↔ |
| 9. Estates - Other | 1,713 | 1,713 | 0 | 0% | 1,745 | 1,724 | (20) | -1% | ↔ |
| 10. Clinical Equipment | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0% | ↔ |
| 11. Other Projects | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0% | ↔ |
| 12. Fleet - Finance Lease | 0 | 0 | 0 | 0% | 6,987 | 6,987 | 0 | 0% | ↔ |
| 13. Disposals | (5,946) | (5,946) | (0) | 0% | (5,946) | (6,596) | (650) | 10% | ↑ |
| 14. Unallocated Funds | 0 | 0 | 0 | 0% | 0 | 670 | 670 | 100% | ↓ |
| Total | 5,521 | 7,538 | 2,017 | 27% | 16,162 | 18,419 | 2,257 | 12% | ↓ |

Sale and lease back Ambulances - The Trust is looking to change the auditor's view that the accounting treatment should be a finance lease. If successful the capital expenditure for the year will reduce by £6,978k.
 The Trust has received the results of the second tender exercise to sell Park Royal. The preferred bidder has agreed to purchase the site in 2011/12 subject to obtaining alternative use planning permission. The Head of Estates believes the council will approve the planning application. Therefore the sale will not occur in 2010/11.
 The M11 Fleet - DCA Forecast has increased by 120k because 3 more UVM ambulance has been schedule to be delivered before 31st March 2011

KEY:

| | |
|---|---|
| ↔ | Capital Program on Target |
| ↓ | Capital Program Underspend - Requires attention |
| ↑ | Capital Program Overspend - Requires attention |

LAS Financial Review - Summary I&E & Balance Sheet

Month Ending 28th February 2011 - (Month 11)

| | Month | | | Ytd | | | | 2010/2011 | | | | | | |
|--|---------------|---------------|----------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|
| | Act | Budget | % | Act | Budget | Diff | % | 0910 | Diff | % | Fcast | Budget | Diff | % |
| | £000 | £000 | | £000 | £000 | £000 | | £000 | £000 | | £000 | £000 | £000 | |
| Income | | | | | | | | | | | | | | |
| A&E | 22,029 | 21,578 | 2.1% | 237,301 | 237,353 | (52) | 0.0% | 229,578 | 7,723 | 3.4% | 259,738 | 258,931 | 807 | 0.3% |
| Other | 1,800 | 1,847 | -2.5% | 21,905 | 20,320 | 1,584 | 7.8% | 27,049 | (5,144) | -19.0% | 24,102 | 22,167 | 1,935 | 8.7% |
| Total | 23,829 | 23,425 | 1.7% | 259,206 | 257,673 | 1,532 | 16718.0% | 256,627 | 2,579 | 1.0% | 283,840 | 281,098 | 2,742 | 1.0% |
| Operating Expense | | | | | | | | | | | | | | |
| Pay | 16,948 | 17,213 | -1.5% | 191,097 | 186,483 | 4,614 | 2.5% | 187,349 | 3,749 | 2.0% | 208,059 | 203,752 | 4,306 | 2.1% |
| Non Pay | 5,446 | 4,388 | 24.1% | 53,086 | 50,595 | 2,491 | 4.9% | 52,531 | 554 | 1.1% | 59,007 | 54,926 | 4,081 | 7.4% |
| Total | 22,395 | 21,601 | 3.7% | 244,183 | 237,078 | 7,105 | 3236.8% | 239,880 | 4,303 | 1.8% | 267,065 | 258,678 | 8,387 | 3.2% |
| EBITDA | 1,434 | 1,824 | -21.4% | 15,023 | 20,595 | (5,573) | -469.6% | 16,747 | (1,724) | -10.3% | 16,775 | 22,420 | (5,646) | -25.2% |
| EBITDA % | 6.0% | 7.8% | -22.7% | 5.8% | 8.0% | -2% | -463.8% | 6.5% | -0.7% | -11.2% | 5.9% | 8.0% | -2.1% | -25.9% |
| Depreciation, Dividend & Interest | 1,364 | 1,930 | -29.3% | 14,883 | 19,988 | (5,105) | -25.5% | 15,165 | (282) | -1.9% | 16,273 | 21,918 | (5,646) | -25.8% |
| Net Surplus/(Deficit) | 70 | (106) | -166.2% | 140 | 607 | (467) | -229.9% | 1,581 | -1,442 | -8.4% | 502 | 502 | - | 0.0% |
| Net Margin | 0.3% | -0.5% | -165.1% | 0.1% | 0.2% | -0.2% | -229.6% | 0.6% | -0.6% | -11.2% | 0.2% | 0.2% | 0.0% | -1.0% |
| Impairments | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! |
| Net Surplus after Impairment | 70 | (106) | -166.2% | 140 | 607 | (467) | -229.9% | 1,581 | -1,442 | #DIV/0! | 502 | 502 | - | 0.0% |
| Income | | | | | | | | | | | | | | |
| Non Current Assets | | | | 150,102 | 152,901 | (2,799) | -1.8% | 131,406 | 18,696 | 14.2% | 152,320 | 152,901 | (581) | -0.4% |
| Cash | | | | 9,153 | 2,979 | 6,175 | 207.3% | 5,141 | 4,012 | 78.0% | 836 | 2,979 | (2,142) | -71.9% |
| Working Capital | | | | (7,352) | (9,903) | 2,551 | -25.8% | (1,538) | (5,814) | 378.0% | (2,345) | (9,903) | 7,557 | -76.3% |
| Non Current Liabilities | | | | (40,813) | (36,399) | (4,415) | 12.1% | (41,767) | 954 | -2.3% | (39,356) | (36,399) | (2,958) | 8.1% |
| Capital Employed | | | | 111,090 | 109,578 | 1,512 | 1% | 93,242 | 17,848 | 19.1% | 111,455 | 109,578 | 1,877 | 2% |
| Average Capital Employed | | | | 111,090 | 109,578 | 1,512 | 1.4% | 85,472 | 25,618 | 30.0% | 111,455 | 109,578 | 1,877 | 1.7% |
| Return on Assets | | | | 5.17% | 5.85% | #DIV/0! | -11.6% | 1.9% | 0 | 179.4% | 5.17% | 5.85% | -0.7% | -11.6% |

LAS Financial Review - Balance Sheet

Month Ending 31st December 2010 - (Month 9)

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Forecast |
| Non-Current Assets | | | | | | | | | | | | | |
| Intangible assets | 12,639 | 12,604 | 12,604 | 12,182 | 12,244 | 12,273 | 12,851 | 13,014 | 13,159 | 14,490 | 14,265 | 14,123 | 14,123 |
| Property, Plant and Equipment | 131,434 | 125,054 | 124,671 | 124,427 | 124,450 | 124,959 | 125,210 | 125,689 | 125,853 | 125,502 | 124,947 | 125,440 | 127,668 |
| Trade and Other Receivables | 10,503 | 10,513 | 10,527 | 10,534 | 10,544 | 10,548 | 10,458 | 10,492 | 10,504 | 10,516 | 10,527 | 10,539 | 10,529 |
| Total Non-Current Assets | 154,576 | 148,171 | 147,802 | 147,143 | 147,238 | 147,780 | 148,519 | 149,195 | 149,516 | 150,508 | 149,739 | 150,102 | 152,320 |
| Current Assets | | | | | | | | | | | | | |
| Inventories | 2,783 | 2,728 | 2,701 | 2,686 | 2,672 | 2,739 | 2,746 | 2,718 | 2,722 | 2,724 | 2,623 | 2,626 | 2,626 Trade Debtors |
| NHS Trade Receivables | 3,122 | 10,903 | 9,332 | 2,886 | 2,438 | 11,542 | 5,421 | 5,620 | 3,032 | 3,156 | 3,117 | 1,635 | 2,500 A&E £142k > 60 days (8.95%), Jan £129k > 60 days (4.22%) |
| Non NHS Trade Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 PTS £491k > 60 days (30.85%), Jan £636k > 60 days (20.83%) |
| Other Receivables | 8,202 | 6,595 | 7,308 | 8,237 | 7,554 | 7,599 | 7,669 | 7,637 | 7,671 | 7,955 | 6,949 | 6,547 | 2,547 |
| Accrued Income | 1,897 | 4,503 | 4,641 | 6,138 | 8,302 | 4,477 | 5,224 | 5,395 | 6,241 | 5,176 | 3,348 | 4,903 | 2,763 |
| Prepayments | 3,249 | 1,933 | 2,775 | 4,200 | 3,670 | 3,355 | 3,474 | 2,993 | 3,016 | 4,091 | 3,266 | 2,391 | 3,000 |
| Investments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cash and Cash Equivalents | 5,141 | 4,533 | 4,208 | 3,737 | 3,903 | 2,169 | 3,977 | 2,716 | 3,196 | 2,153 | 6,687 | 9,153 | 836 |
| Current Assets | 24,394 | 31,195 | 30,965 | 27,884 | 28,539 | 31,881 | 28,511 | 27,079 | 25,878 | 25,255 | 25,990 | 27,255 | 14,272 |
| Non-Current Assets Held for Sale | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 |
| Total Current Assets | 25,044 | 31,845 | 31,615 | 28,534 | 29,189 | 32,531 | 29,161 | 27,729 | 26,528 | 25,905 | 26,640 | 27,905 | 14,922 |
| Total Assets | 179,620 | 180,016 | 179,417 | 175,677 | 176,427 | 180,311 | 177,680 | 176,924 | 176,044 | 176,413 | 176,379 | 178,007 | 167,242 |
| Current Liabilities | | | | | | | | | | | | | |
| Bank Overdraft | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 Trade Creditors |
| NHS Trade Payables | 336 | 340 | 321 | 242 | 347 | 220 | 228 | 668 | 736 | 797 | 923 | 297 | 909 NHS PSPP - This month (100%), Jan (90%), Ytd (82%) |
| Non NHS Trade Payables | 7,682 | 6,786 | 10,241 | 8,779 | 6,727 | 5,745 | 6,263 | 6,359 | 6,301 | 8,116 | 7,689 | 8,683 | 4,349 Non NHS PSPP - This month (85%), Jan (87%), Ytd (84%) |
| Other Payables | 6,854 | 8,782 | 9,036 | 9,020 | 8,757 | 8,881 | 9,106 | 9,101 | 9,076 | 9,177 | 8,624 | 8,587 | 7,992 |
| PDC Dividend Liabilities | 200 | 514 | 828 | 1,142 | 1,436 | 1,745 | 30 | 344 | 658 | 972 | 1,286 | 1,600 | 0 |
| Capital Liabilities | 8,610 | 4,873 | 3,190 | 586 | 360 | 416 | 544 | 892 | 557 | 238 | 245 | 237 | 460 |
| Accruals | 1,217 | 5,044 | 1,828 | 2,022 | 4,646 | 4,243 | 2,961 | 3,071 | 3,334 | 3,771 | 3,168 | 2,644 | 2,621 |
| Deferred Income | 124 | 91 | 306 | 80 | 198 | 4,701 | 4,165 | 3,375 | 2,815 | 1,575 | 1,328 | 2,945 | 100 |
| DH Capital Loan Principal Repayment | 1,244 | 1,244 | 1,244 | 1,244 | 1,244 | 1,244 | 622 | 622 | 622 | 622 | 622 | 622 | 0 |
| Borrowings | 3,503 | 3,398 | 3,213 | 2,713 | 2,528 | 2,483 | 1,983 | 1,272 | 1,228 | 861 | 537 | 489 | 0 |
| Provisions for Liabilities & Charges | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Current Liabilities | 29,770 | 31,072 | 30,207 | 25,828 | 26,243 | 29,678 | 25,902 | 25,704 | 25,327 | 26,129 | 24,422 | 26,104 | 16,431 |
| Net Current Assets/(Liabilities) | (4,726) | 773 | 1,408 | 2,706 | 2,946 | 2,853 | 3,259 | 2,025 | 1,201 | (224) | 2,218 | 1,801 | (1,509) |
| Total Assets less Current Liabilities | 149,850 | 148,944 | 149,210 | 149,849 | 150,184 | 150,633 | 151,778 | 151,220 | 150,717 | 150,284 | 151,957 | 151,903 | 150,811 |
| Non-Current Liabilities | | | | | | | | | | | | | |
| DH Capital Loan Principal Repayment | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 | 8,075 |
| Borrowings | 21,560 | 21,560 | 21,560 | 21,560 | 21,560 | 21,620 | 21,620 | 21,620 | 21,620 | 21,667 | 21,667 | 21,667 | 21,667 |
| Other Financial Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for Liabilities & Charges | 10,888 | 10,982 | 10,932 | 11,011 | 10,967 | 11,018 | 11,116 | 11,162 | 11,161 | 11,223 | 11,196 | 11,071 | 9,614 |
| Total Non-Current Liabilities | 40,523 | 40,617 | 40,567 | 40,646 | 40,602 | 40,713 | 40,811 | 40,857 | 40,856 | 40,965 | 40,938 | 40,813 | 39,356 |
| Total Assets Employed | 109,327 | 108,327 | 108,643 | 109,203 | 109,582 | 109,920 | 110,967 | 110,363 | 109,861 | 109,319 | 111,019 | 111,090 | 111,455 |
| Financed By Taxpayers' Equity | | | | | | | | | | | | | |
| Public Dividend Capital | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 60,885 | 62,516 | 62,516 | 62,516 |
| Revaluation Reserve | 35,914 | 35,487 | 35,487 | 35,487 | 35,911 | 35,911 | 35,911 | 35,911 | 35,911 | 35,911 | 35,911 | 35,911 | 35,911 |
| Donated Asset Reserve | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 |
| Other Reserves | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) |
| Retained Earnings | 12,943 | 12,370 | 12,686 | 13,246 | 13,201 | 13,539 | 14,586 | 13,983 | 13,481 | 12,939 | 13,008 | 13,079 | 13,444 |
| Total Taxpayers' Equity | 109,327 | 108,327 | 108,643 | 109,203 | 109,582 | 109,920 | 110,967 | 110,363 | 109,861 | 109,319 | 111,019 | 111,090 | 111,455 |

LAS Financial Review - Cashflow

Cashflow Statement

Month Ending 28th February 2011 - (Month 11)



| | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Total |
|---|----------------|----------------|----------------|--------------|----------------|----------------|----------------|----------------|----------------|--------------|----------------|----------------|-----------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Forecast | |
| Operating Activities | | | | | | | | | | | | | |
| Operating surplus/(deficit) | 664 | 730 | 1,000 | 395 | 745 | 233 | (192) | (92) | (9) | 479 | 479 | 779 | 5,211 |
| Depreciation and amortisation | 992 | 992 | 967 | 877 | 868 | 885 | 950 | 947 | 977 | 951 | 956 | 977 | 11,339 |
| Impairments and reversals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer from the donated asset reserve | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 0 | 0 | 0 | 0 | 0 | (1) |
| Interest Paid | (114) | (115) | (109) | (113) | (113) | (113) | (113) | (110) | (112) | (112) | (110) | (111) | (1,345) |
| Dividend Paid | 0 | 0 | 0 | 0 | 0 | (2,055) | 0 | 0 | 0 | 0 | 0 | (1,917) | (3,972) |
| (Increase)/Decrease in Inventories | 55 | 27 | 15 | 14 | (67) | (7) | 28 | (4) | (2) | 101 | (3) | 0 | 157 |
| (Increase)/Decrease in NHS Trade Receivables | (7,781) | 1,571 | 6,446 | 448 | (9,104) | 6,121 | (199) | 2,588 | (124) | 39 | 1,482 | (865) | 622 |
| (Increase)/Decrease in Long Term Receivables | 0 | 0 | 0 | 0 | 0 | 90 | (34) | (12) | (12) | (11) | (12) | 10 | 19 |
| (Increase)/Decrease in Non NHS Trade Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Increase)/Decrease in Other Receivables | 1,607 | (713) | (929) | 683 | (45) | (70) | 32 | (34) | (284) | 1,006 | 402 | 4,000 | 5,655 |
| (Increase)/Decrease in Accrued Income | (2,606) | (138) | (1,497) | (2,164) | 3,825 | (747) | (171) | (846) | 1,065 | 1,828 | (1,555) | 2,140 | (866) |
| (Increase)/Decrease in Prepayments | 1,316 | (842) | (1,425) | 530 | 315 | (119) | 481 | (23) | (1,075) | 825 | 875 | (609) | 249 |
| Increase/(Decrease) in Trade Payables | 4 | (19) | (79) | 105 | (127) | 8 | 440 | 68 | 61 | 126 | (626) | 612 | 573 |
| Increase/(Decrease) in Other Payables | 5,182 | 3,720 | (7,020) | (2,406) | (905) | 151 | (86) | (242) | 571 | (769) | 1,085 | (4,942) | (5,661) |
| Increase/(Decrease) in Payments on Account | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Increase/(Decrease) in Accruals | 3,827 | (3,216) | 194 | 2,624 | (403) | (32) | 110 | 263 | 437 | (603) | (524) | (23) | 2,654 |
| Increase/(Decrease) in Deferred Income | (33) | 215 | (226) | 118 | 4,503 | (536) | (790) | (560) | (1,240) | (247) | 1,617 | (2,845) | (24) |
| Increase/(Decrease) in Provisions & Liabilities | 94 | (50) | 79 | (44) | 51 | 98 | 46 | (1) | 62 | (27) | (125) | (1,457) | (1,274) |
| Net Cash inflow/outflow from operating activities | 3,207 | 2,162 | (2,584) | 1,067 | (457) | 3,907 | 501 | 1,942 | 315 | 3,586 | 3,941 | (4,251) | 13,336 |
| Cashflows from Investing Activities | | | | | | | | | | | | | |
| Interest received | 27 | 29 | 31 | 30 | 29 | 31 | 30 | 28 | 28 | 30 | 30 | 27 | 350 |
| (Payments) for property, plant & equipment | (3,737) | (2,331) | (3,327) | (1,126) | (1,321) | (1,008) | (1,081) | (1,446) | (945) | (389) | (1,457) | (2,982) | (21,150) |
| Proceeds from disposal of property, plant & equipment | 0 | 0 | 5,909 | 380 | 0 | 0 | 0 | 0 | (121) | 0 | 0 | 0 | 6,168 |
| (Payments) for intangible assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Proceeds from disposal of intangible assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Payments) for investment with DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Payments) for other financial assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Cash inflow/outflow from investing activities | (3,710) | (2,302) | 2,613 | (716) | (1,292) | (977) | (1,051) | (1,418) | (1,038) | (359) | (1,427) | (2,955) | (14,632) |
| Net Cash inflow/outflow before financing | (503) | (140) | 29 | 351 | (1,749) | 2,930 | (550) | 524 | (723) | 3,227 | 2,514 | (7,206) | (1,296) |
| Cashflows from Financing Activities | | | | | | | | | | | | | |
| Public Dividend Capital Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,631 | 0 | 0 | 1,631 |
| Public Dividend Capital Repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Loans received from DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Loans principal repaid to DH | 0 | 0 | 0 | 0 | 0 | (622) | 0 | 0 | 0 | 0 | 0 | (622) | (1,244) |
| Loans received from Salix Finance | 0 | 0 | 0 | 0 | 60 | 0 | 0 | 0 | 47 | 0 | 0 | 0 | 107 |
| Capital element of finance lease | (105) | (185) | (500) | (185) | (45) | (500) | (711) | (44) | (367) | (324) | (48) | (489) | (3,503) |
| Net Cashflow inflow/(outflow) from financing | (105) | (185) | (500) | (185) | 15 | (1,122) | (711) | (44) | (320) | 1,307 | (48) | (1,111) | (3,009) |
| Increase/(decrease) in cash & cash equivalents | (608) | (325) | (471) | 166 | (1,734) | 1,808 | (1,261) | 480 | (1,043) | 4,534 | 2,466 | (8,317) | (4,305) |
| Cash, cash equivalents and bank overdrafts at 010410 | 5,141 | | | | | | | | | | | | |
| Cash, cash equivalents and bank overdrafts at 310311 | 4,533 | 4,208 | 3,737 | 3,903 | 2,169 | 3,977 | 2,716 | 3,196 | 2,153 | 6,687 | 9,153 | 836 | (4,305) |

LAS Financial Review - Income Summary
Month Ending 28th February 2011 - (Month 11)

| Month Act | Month Budget | % | | Ytd Act | Ytd Budget | Diff | % | 2010/2011 Fcast | 2010/2011 Budget | Diff | % |
|---------------|---------------|---------|--|----------------|----------------|--------------|---------|-----------------|------------------|--------------|---------|
| £000 | £000 | | | £000 | £000 | £000 | | £000 | £000 | £000 | |
| 20,749 | 20,863 | -0.5% | Emergency Delivery | 228,234 | 229,493 | (1,260) | -0.5% | 249,839 | 250,357 | (517) | -0.2% |
| 642 | 620 | 3.5% | PCT Commissioned | 7,064 | 6,825 | 239 | 3.5% | 7,706 | 7,445 | 261 | 3.5% |
| 638 | 94 | 577.7% | CBRN | 2,004 | 1,035 | 968 | 93.6% | 2,193 | 1,129 | 1,063 | 94.2% |
| 22,029 | 21,578 | 2.1% | RTA | 237,301 | 237,353 | (52) | 0.0% | 259,738 | 258,931 | 807 | 0.3% |
| | | | Subtotal | | | | | | | | |
| 580 | 581 | -0.1% | Specialised Services | 6,385 | 6,393 | (8) | -0.1% | 6,965 | 6,974 | (9) | -0.1% |
| 3 | 3 | 3.2% | HART | 37 | 36 | 0 | 1.3% | 40 | 39 | 0 | 1.2% |
| 584 | 584 | -0.1% | HEMS | 6,421 | 6,429 | (7) | -0.1% | 7,005 | 7,013 | (8) | -0.1% |
| | | | Subtotal | | | | | | | | |
| 92 | 92 | 0.0% | Information Services & Research | 1,014 | 1,013 | 0 | 0.0% | 1,105 | 1,106 | 1 | 0.0% |
| 34 | 13 | 157.8% | EBS | 171 | 143 | 28 | 19.6% | 192 | 156 | 36 | 22.8% |
| 126 | 105 | 19.6% | Research | 1,185 | 1,157 | 28 | 2.5% | 1,297 | 1,262 | 37 | 2.8% |
| | | | Subtotal | | | | | | | | |
| 578 | 598 | -3.4% | Patient Transport Services | 7,762 | 6,579 | 1,183 | 18.0% | 8,262 | 7,177 | 1,085 | 15.1% |
| 61 | 80 | -23.5% | PTS | 680 | 879 | (199) | -22.6% | 744 | 959 | (215) | -22.4% |
| 25 | 46 | -44.8% | BETS & SCBU | 253 | 504 | (251) | -49.7% | 281 | 550 | (269) | -48.9% |
| 664 | 724 | -8.2% | A&E Long Distance | 8,696 | 7,963 | 733 | 9.2% | 9,287 | 8,687 | 601 | 6.9% |
| | | | Subtotal | | | | | | | | |
| 8 | 213 | -96.1% | NHS London | 2,650 | 2,338 | 312 | 13.4% | 2,658 | 2,550 | 108 | 4.2% |
| 0 | 0 | #DIV/0! | MPET | 0 | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! |
| 62 | 70 | -10.8% | Other Education | 705 | 765 | (60) | -7.9% | 767 | 835 | (68) | -8.1% |
| 70 | 282 | -75.0% | Olympics 2012 | 3,355 | 3,103 | 252 | 8.1% | 3,425 | 3,385 | 40 | 1.2% |
| | | | Subtotal | | | | | | | | |
| 83 | 77 | 7.8% | Commercial | 874 | 842 | 32 | 3.8% | 954 | 919 | 35 | 3.8% |
| 52 | 52 | 0.0% | Stadia | 573 | 573 | 0 | 0.0% | 625 | 625 | 0 | 0.0% |
| 3 | 1 | 112.0% | BAA | 51 | 14 | 37 | 267.9% | 51 | 15 | 36 | 237.2% |
| 137 | 130 | 5.7% | Training | 1,498 | 1,429 | 69 | 4.8% | 1,630 | 1,559 | 71 | 4.5% |
| | | | Subtotal | | | | | | | | |
| 219 | 22 | 902.0% | Other | 750 | 240 | 509 | 212.2% | 1,457 | 262 | 1,195 | 456.4% |
| | | | | | | | | | | | |
| 23,829 | 23,425 | 1.7% | Total | 259,206 | 257,673 | 1,532 | 0.6% | 283,840 | 281,098 | 2,743 | 1.0% |

LAS Financial Review - Expense Summary

Month Ending 28th February 2011 - (Month 11)

| Month Act | Month Budget | % |
|---------------------|---------------|---------------|
| £000 | £000 | |
| 22,029 | 21,578 | 2.1% |
| 1,800 | 1,847 | -2.5% |
| 23,829 | 23,425 | 1.7% |
| Income | | |
| | | |
| 10,686 | 11,318 | -5.6% |
| 599 | 463 | 29.4% |
| 0 | 0 | #DIV/0! |
| 1,215 | 1,115 | 9.0% |
| 1,017 | 850 | 19.7% |
| 305 | 336 | -9.1% |
| 405 | 432 | -6.2% |
| 2,313 | 2,486 | -6.9% |
| 132 | 64 | 106.4% |
| 276 | 149 | 85.7% |
| 16,948 | 17,213 | -1.5% |
| Payroll (£k) | | |
| | | |
| 926 | 523 | 76.9% |
| 515 | 497 | 3.6% |
| 127 | 204 | -37.8% |
| 519 | 502 | 3.4% |
| 299 | 498 | -39.9% |
| 103 | 130 | -20.7% |
| 64 | 14 | 354.5% |
| 986 | 938 | 5.1% |
| 699 | 730 | -4.2% |
| 907 | (18) | -5080.8% |
| 169 | 160 | 5.7% |
| 132 | 210 | -37.4% |
| 5,446 | 4,388 | 24.1% |
| Non Pay | | |
| | | |
| 0 | 0 | #DIV/0! |
| 0 | 0 | #DIV/0! |
| 956 | 1,377 | -30.6% |
| 956 | 1,377 | -30.6% |
| Depreciation | | |
| | | |
| 314 | 382 | -17.8% |
| 94 | 171 | -45.0% |
| 408 | 553 | -26.2% |
| 23,759 | 23,531 | 1.0% |

Income

A&E
Other
Total

Payroll (£k)

A&E Sectors
A&E Overtime
A&E Incentive
A&E Management
EOC
Operational Support
PTS
Corporate Support
Other Overtime
Agency
Total

Non Pay

Staff Related
Consumables, Medical Equip & Drugs
Vehicle Leasing
Fuel & Oil
Vehicle Maintenance
Vehicle Insurance
3rd Party Transport
Accommodation & Estates
IT & Telecoms
Finance & Legal
Consultancy
Other
Subtotal

Depreciation

Fleet
IT
Other
Subtotal

Financial

Dividend
Interest
Subtotal

Total Expense

| Ytd Act | Ytd Budget | Diff | % | Ytd 0910 | Diff | % |
|---------------------|----------------|----------------|---------------|----------------|--------------|--------------|
| £000 | £000 | £000 | | £000 | £000 | |
| 237,301 | 237,353 | (52) | 0.0% | 229,578 | 7,723 | 3.4% |
| 21,905 | 20,320 | 1,584 | 7.8% | 27,049 | (5,144) | -19.0% |
| 259,206 | 257,673 | 1,532 | 0.6% | 256,627 | 2,579 | 1.0% |
| Income | | | | | | |
| | | | | | | |
| 116,152 | 121,350 | (5,198) | -4.3% | 107,076 | 9,076 | 8.5% |
| 10,479 | 5,019 | 5,460 | 108.8% | 13,511 | (3,032) | -22.4% |
| 7 | 0 | 7 | #DIV/0! | 3,019 | (3,012) | -99.8% |
| 13,395 | 12,284 | 1,110 | 9.0% | 12,351 | 1,044 | 8.4% |
| 10,903 | 9,662 | 1,241 | 12.8% | 9,967 | 936 | 9.4% |
| 3,234 | 3,687 | (453) | -12.3% | 3,038 | 196 | 6.5% |
| 5,437 | 4,736 | 701 | 14.8% | 6,107 | (670) | -11.0% |
| 24,958 | 27,201 | (2,242) | -8.2% | 22,645 | 2,313 | 10.2% |
| 1,656 | 702 | 954 | 136.0% | 2,410 | (754) | -31.3% |
| 4,876 | 1,842 | 3,034 | 164.7% | 7,223 | (2,348) | -32.5% |
| 191,097 | 186,483 | 4,614 | 2.5% | 187,349 | 3,749 | 2.0% |
| Payroll (£k) | | | | | | |
| | | | | | | |
| 7,002 | 6,383 | 619 | 9.7% | 6,788 | 214 | 3.1% |
| 6,179 | 5,474 | 706 | 12.9% | 6,263 | (84) | -1.3% |
| 1,493 | 2,244 | (750) | -33.4% | 623 | 870 | 139.8% |
| 5,348 | 5,524 | (177) | -3.2% | 4,453 | 895 | 20.1% |
| 7,203 | 5,552 | 1,651 | 29.7% | 4,735 | 2,468 | 52.1% |
| 1,405 | 1,446 | (42) | -2.9% | 1,485 | (80) | -5.4% |
| 761 | 337 | 424 | 125.7% | 2,242 | (1,480) | -66.0% |
| 11,379 | 10,769 | 610 | 5.7% | 11,474 | (95) | -0.8% |
| 6,854 | 8,228 | (1,373) | -16.7% | 7,904 | (1,050) | -13.3% |
| 3,112 | 402 | 2,710 | 674.1% | 2,473 | 639 | 25.8% |
| 811 | 1,812 | (1,001) | -55.3% | 1,584 | (774) | -48.8% |
| 1,538 | 2,424 | (886) | -36.6% | 2,507 | (969) | -38.6% |
| 53,086 | 50,595 | 2,491 | 4.9% | 52,531 | 554 | 1.1% |
| Non Pay | | | | | | |
| | | | | | | |
| 0 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! |
| 0 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! |
| 10,363 | 13,906 | (3,544) | -25.5% | 10,901 | (539) | -4.9% |
| 10,363 | 13,906 | (3,544) | -25.5% | 10,901 | (539) | -4.9% |
| Depreciation | | | | | | |
| | | | | | | |
| 3,458 | 4,206 | (748) | -17.8% | 3,377 | 81 | 2.4% |
| 1,063 | 1,876 | (814) | -43.4% | 887 | 176 | 19.8% |
| 4,520 | 6,082 | (1,562) | -25.7% | 4,264 | 256 | 6.0% |
| 259,066 | 257,066 | 2,000 | 0.8% | 255,045 | 4,021 | 1.6% |

| 2010/2011 Fcast | 2010/2011 Budget | Diff | % |
|---------------------|------------------|----------------|---------------|
| £000 | £000 | £000 | |
| 259,738 | 258,931 | 807 | 0.3% |
| 24,102 | 22,167 | 1,935 | 8.7% |
| 283,840 | 281,098 | 2,742 | 1.0% |
| Income | | | |
| | | | |
| 126,824 | 132,724 | (5,900) | -4.4% |
| 11,127 | 5,485 | 5,642 | 102.9% |
| 7 | 0 | 7 | #DIV/0! |
| 14,590 | 13,398 | 1,192 | 8.9% |
| 11,903 | 10,512 | 1,391 | 13.2% |
| 3,542 | 4,023 | (481) | -12.0% |
| 5,847 | 5,168 | 678 | 13.1% |
| 27,271 | 29,686 | (2,416) | -8.1% |
| 1,776 | 765 | 1,011 | 132.1% |
| 5,173 | 1,991 | 3,182 | 159.9% |
| 208,059 | 203,752 | 4,306 | 2.1% |
| Payroll (£k) | | | |
| | | | |
| 8,265 | 6,906 | 1,359 | 19.7% |
| 6,921 | 5,971 | 950 | 15.9% |
| 1,614 | 2,447 | (833) | -34.1% |
| 5,926 | 6,026 | (100) | -1.7% |
| 7,469 | 6,050 | 1,419 | 23.5% |
| 1,564 | 1,577 | (13) | -0.8% |
| 812 | 351 | 461 | 131.2% |
| 12,387 | 11,707 | 680 | 5.8% |
| 7,612 | 8,958 | (1,346) | -15.0% |
| 3,839 | 326 | 3,513 | 1076.3% |
| 856 | 1,972 | (1,116) | -56.6% |
| 1,742 | 2,635 | (893) | -33.9% |
| 59,007 | 54,926 | 4,081 | 7.4% |
| Non Pay | | | |
| | | | |
| 0 | 0 | 0 | #DIV/0! |
| 0 | 0 | 0 | #DIV/0! |
| 11,339 | 15,283 | (3,944) | -25.8% |
| 11,339 | 15,283 | (3,944) | -25.8% |
| Depreciation | | | |
| | | | |
| 3,772 | 4,588 | (816) | -17.8% |
| 1,162 | 2,047 | (885) | -43.3% |
| 4,934 | 6,635 | (1,701) | -25.6% |
| 283,338 | 280,596 | 2,742 | 1.0% |

LAS Financial Review - Divisional Summary

Month Ending 28th February 2011 - (Month 11)

| Month Act | Month Budget | % | | Ytd Act | Ytd Budget | Diff | % | 2010/2011 Fcast | 2010/2011 Budget | Diff | % |
|-----------|--------------|---------|---|---------|------------|---------|---------|-----------------|------------------|----------|---------|
| £000 | £000 | | | £000 | £000 | £000 | | £000 | £000 | £000 | |
| | | | Operations | | | | | | | | |
| | | | A&E Sector Services | | | | | | | | |
| 14,258 | 14,406 | 7% | - Subtotal | 156,979 | 154,114 | (2,865) | 1.9% | 171,683 | 168,535 | (3,147) | 1.9% |
| | | | Control Services | | | | | | | | |
| 2,068 | 1,599 | 29% | - Subtotal | 21,613 | 18,221 | (3,392) | 18.6% | 23,628 | 19,819 | (3,809) | 19.2% |
| | | | Operational Support | | | | | | | | |
| 1,578 | 1,278 | 24% | - Subtotal | 17,662 | 14,543 | (3,118) | 21.4% | 19,131 | 15,821 | (3,310) | 20.9% |
| | | | Total Operations | | | | | | | | |
| 17,905 | 17,284 | 4% | - Subtotal | 196,253 | 186,878 | (9,375) | 5.0% | 214,443 | 204,176 | (10,267) | 5.0% |
| | | | Patient Transport Services (PTS) | | | | | | | | |
| 702 | 580 | 21% | - Subtotal | 7,692 | 6,542 | (1,150) | 17.6% | 8,216 | 7,122 | (1,094) | 15.4% |
| | | | Corporate Directorates | | | | | | | | |
| | | | Chief Executive | | | | | | | | |
| 374 | 449 | -17% | - Subtotal | 4,296 | 4,788 | 491 | -10.3% | 5,187 | 5,236 | 49 | -0.9% |
| | | | Corporate Services | | | | | | | | |
| 461 | 359 | 28% | - Subtotal | 4,236 | 4,129 | (107) | 2.6% | 4,517 | 4,488 | (29) | 0.6% |
| | | | Strategic Development | | | | | | | | |
| 173 | 168 | 3% | - Subtotal | 2,007 | 1,808 | (199) | 11.0% | 2,185 | 1,976 | (210) | 10.6% |
| | | | Finance & Estates | | | | | | | | |
| 1,485 | 1,940 | -23% | - Subtotal | 16,144 | 20,959 | 4,815 | -23.0% | 17,522 | 22,842 | 5,320 | -23.3% |
| | | | Human Resources & Training | | | | | | | | |
| 983 | 1,304 | -25% | - Subtotal | 13,907 | 15,572 | 1,665 | -10.7% | 15,020 | 16,919 | 1,899 | -11.2% |
| | | | IM & T | | | | | | | | |
| 1,533 | 1,326 | 16% | - Subtotal | 13,342 | 15,073 | 1,731 | -11.5% | 14,945 | 16,399 | 1,454 | -8.9% |
| | | | Healthcare Promotion & Quality | | | | | | | | |
| 10 | 0 | #DIV/0! | - Subtotal | 30 | 0 | (30) | #DIV/0! | 30 | 0 | (30) | #DIV/0! |
| | | | Medical | | | | | | | | |
| 131 | 121 | 8% | - Subtotal | 1,157 | 1,318 | 160 | -12.2% | 1,273 | 1,438 | 166 | -11.5% |
| | | | Total Corporate Directorates | | | | | | | | |
| 5,152 | 5,667 | -9% | - Subtotal | 55,121 | 63,646 | 8,525 | -13.4% | 60,680 | 69,298 | 8,619 | -12.4% |
| | | | Total LAS | | | | | | | | |
| 23,759 | 23,531 | 1% | - Total LAS | 259,066 | 257,066 | (2,000) | 0.8% | 283,338 | 280,596 | (2,742) | 1.0% |

LAS Financial Review - Financial Risks

Month Ending 28th February 2010 - (Month 11)

| Key Financial Risks | Gross Risk | | | | Net | Status | Comment |
|---|---------------|--------|------------|--------|---------------|----------|--|
| | Value £000 | Impact | Likelihood | Rating | Value £000 | | |
| 1. Penalty Charge - Category B Target | 4,955 | 4 | 4 | 16 | 400 | A | M11 performance on trajectory. Net penalty based on both proportionality & calibration. Still to be confirmed subsequent to agreement with commissioners |
| 2. CQUIN | 3,716 | 4 | 2 | 8 | 1,200 | R | M11 performance on trajectory. Net penalty based on both proportionality & calibration |
| 3. CBRN Income | 7,565 | 4 | 2 | 8 | 0 | A | Letter from DoH confirms amount. No slippage planned |
| 4. HART Income | 7,565 | 4 | 2 | 8 | 0 | A | Letter from DoH confirms amount. No slippage planned |
| 5. MPET Income | 2,500 | 4 | 2 | 8 | 0 | G | Letter from NHSL confirms amount. No slippage planned |
| 6. CIP Delivery | 17,583 | 4 | 3 | 12 | 0 | A | Alternative savings through increase in productivity need to be achieved |
| 7. Economic Cost Pressures (Fuel, Rates, etc) | 1,000 | 3 | 3 | 9 | 0 | G | M11 ytd on track |
| 8. PTS Profitability | 350 | 3 | 3 | 9 | 0 | G | M11 ytd on track |
| Total | 45,234 | | | | 1,600 | | |

| KEY: | |
|----------|---|
| G | Green - Minimal or No Financial Risk at Present |
| A | Amber - Moderate level of risk requiring attention |
| R | Red - Significant Level of risk requiring corrective action |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | Infection Prevention and Control |
| Report Author(s): | Steve Lennox |
| Lead Director: | Steve Lennox |
| Contact Details: | Steve.lennox@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | To provide the Trust Board with an update on infection prevention and control |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input checked="" type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input checked="" type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other Infection control has been raised at SMG, CQSE, RCAG and Quality Committee but different versions of the paper |
| Recommendation for the Trust Board: | To note the update on infection prevention and control |
| Executive Summary | |
| <p>The balance scorecard for Infection Prevention and Control is being piloted in March. However, the figures reflect a weak position and therefore Infection Control has been escalated at the earliest opportunity. It is intended that the Quality Committee continue to monitor delivery of the Action Plan but the Board should be appraised of the balance scorecard until recovery is reflected within the audit results.</p> <p>This paper explains the balance scorecard, highlights some of the actions being taken and provides a copy of the latest scorecard.</p> | |
| Key issues for the Trust Board | |
| <p>Weak performance but the balance scorecard and an eighteen page action plan significantly strengthens the Trust's position in protecting patients from the risks of infection.</p> | |
| Attachments | |
| <ul style="list-style-type: none"> ▪ Infection Prevention and Control Report ▪ Balance Scorecard March 2011 Infection Prevention & Control | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

Trust Board
29 March 2011

Infection Prevention and Control Report
Steve Lennox

1. Introduction

- 1.1. A new balance scorecard for Infection Prevention & Control has been developed and is being piloted during March. The scorecard has revealed a number of gaps in practice.
- 1.2. As such, Infection Prevention & Control is currently an escalated issue and is currently reporting directly to the Quality Committee. This will be the process until the committee is sufficiently assured that the balance scorecard reflects improvements in practice.
- 1.3. The quality committee will closely monitor progress with the supporting action plan and the results on the balance scorecard. However, as this is an escalated issue there is a need to appraise the Board directly. It is intended to present the balance scorecard with a brief outline of new actions to the Board meetings but leave the Quality Committee to monitor progress against the Action Plan until improvements are demonstrated.
- 1.4. At the Clinical Quality, Safety, and Effectiveness Committee on 9 March the committee discussed the Trust's position against the Hygiene Code and in particular whether the new scorecard reflected the need to declare non compliance with the code. The committee felt the new balance scorecard, the new action plan, the escalation to the Quality Committee, and the weekly meetings of the Infection Control Team reflected a stronger position against the Hygiene Code. The discussion concluded that the Trust is compliant but this should be under constant review depending upon the effect the measures have on the scorecard.

2. Balance Scorecard

- 2.1. The balance scorecard is contained in the appendix. This is a live document and is populated as new figures are revealed through audit. The scorecard is broken into five domains and each domain is explained below with an outline of what recovery actions are being taken.

Hand Hygiene

- 2.2. This looks at the clinical staff's compliance against the Trust's standards for hand hygiene. It is broken into three columns. "Hand Hygiene Hospital" column represents the auditing of the Trust's clinical staff within accident & emergency departments. The "Hand Hygiene Complex" column represents any auditing undertaken at a complex level and the "Hand Hygiene Other" column allows the Trust to record any additional observations such as those undertaken by the Infection Control Team. Once fully populated this will allow triangulation of information.
- 2.3. This area has received considerable focus. Initially acute hospitals were invited to audit the Trust's clinical staff as part of their own internal audits of hand hygiene compliance. Initial results demonstrated poor compliance therefore the infection control team arranged a programme of intensive audit by ambulance staff in order to establish a robust and quick baseline across the entire service.
- 2.4. The Trust has just commenced a second round of hand hygiene auditing at accident and emergency departments. On this occasion practice will be corrected and it will be used as an opportunity to train and educate which should impact on clinical practice.

- 2.5. Opportunities to raise the profile and promote hand hygiene will be identified (such as team leader conference). In addition there are opportunities within the World Health Organisation's Global Hand Hygiene day in early May to use some higher profile internal publicity.
- 2.6. The area Performance Improvement Managers are also promoting hand hygiene and are using this as part of their own internal governance measures.
- 2.7. The Trust staff are also auditing other ambulance providers at the accident and emergency departments that receive patients from London Ambulance and others (for example, Whipps Cross Hospital receives from London Ambulance and east of England). The London Ambulance figures are within the same range as the other providers.

Training

- 2.8. This reflects the Trust's compliance with training. The Trust has stated all clinical staff should receive hand hygiene updates and infection control updates on an annual basis. All staff received hand hygiene training in 2009 but the counter has been re-zeroed to record new training.
- 2.9. The "Infection Control Training" column reflects a slightly worse position than the real position. The way this is collated will change from April to provide more accurate figures (the denominator currently includes student paramedics but the calculated percentage does not capture those students that have been trained; therefore the real position is better than the dashboard reflects).

Cleaning/Environment

- 2.10. The five columns dedicated to cleaning are currently the most concerning. The "Vehicle Audit" and "Premises Audit" columns merely reflect whether the stations are making the audit returns. No compliance figures are awarded in these columns.
- 2.11. The "Quarterly Audit Returns" do reflect a compliance with an 85% standard and the figures reported here are encouraging. However, the Infection Prevention and Control team are undertaking spot checks to quality assure the audit data.
- 2.12. The fourth column under Cleaning & Environment reflects the percentage of vehicles that have been deep cleaned within the 8 week standard. Whilst there are areas that demonstrate excellent compliance the results are generally poor. A recovery meeting was held on 7 March between the Infection Control team and the Head of Operational Support and a number of actions have been agreed. The current deep cleaning provider is at the end of the tender and whilst there is an opportunity to improve deep cleaning within the next contract this does make a recovery from the Trust's current provider more challenging.
- 2.13. A number of measures have been agreed. The Head of Operational Support will receive daily reports from the contractor. The team undertaking the hand Hygiene audits will inspect vehicles to check they have their deep cleaning status displayed and the operational hours for deep cleaning will be lengthened.
- 2.14. In addition, a member of clinical staff has been seconded into the Infection Prevention and Control team as a Quality Assurance Advisor for six months who will focus on recovering this position.
- 2.15. Column five represents the findings of visual inspections of vehicles by the Infection, Prevention and Control team. Where the deep cleaning figures were particularly poor the vehicles in the area were visually inspected and this column records those findings. The next stage is for the

Infection Prevention and Control team to instruct vehicles to be cleaned when visual inspection falls below patient expectations.

Feedback

- 2.16. This column reflects any complaints that have an infection prevention and control element.
- 2.17. The final section is the clinical staff's adherence to policy. The first column "Uniform Compliance" considers compliance with bare below the elbows standards. This is relatively poor but the main reason is regarding jewellery and this will be rectified once the new non wrist watches are delivered.
- 2.18. The second column "Blanket Re-use" illustrates guidance with department of Health guidelines that linen is single use. This will be populated during the next audit of hand hygiene.

3. Additional Factors

- 3.1. The Infection Prevention and Control team are currently meeting weekly to discuss the dashboard and identify the work plan for the week.
- 3.2. The Quality Committee has suggested the Infection Prevention and Control committee meet more frequently than the current quarterly meeting. Therefore a sub group of operational members will meet in between the quarterly meetings
- 3.3. The Trust is in a stronger position in its ability to produce evidence of Hygiene Code compliance on Performance Accelerator. All red domains have been eliminated and all are now either green or amber rating. This is a significant step forward in the Trusts ability to demonstrate to the care Quality Commission that the relevant processes and policies are in place.

Appendix 1
Balance Scorecard March 2011 Infection Prevention & Control



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | Clinical Quality and Patient Safety Report |
| Report Author(s): | Dr Fiona Moore |
| Lead Director: | Dr Fiona Moore |
| Contact Details: | LAS HQ |
| Why is this coming to the Trust Board? | For information and noting |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input checked="" type="checkbox"/> Other Elements of this report have been discussed at CQSEC, CARSG and SMG |
| Recommendation for the Trust Board: | To consider and note the report |
| Executive Summary/key issues for the Trust Board | |
| <p>Safety:</p> <ol style="list-style-type: none"> 3 new SIs declared, 1 relating to difficulties in referring a patient with mental health problems and two relating to the loss of patient identifiable information. Update provided on safeguarding issues. <p>Clinical and cost effectiveness:</p> <ol style="list-style-type: none"> CPI performance now at 74% for the last month (January). Target 95%. 10 Complexes achieved 100%. Feedback targets for the year to date exceeded. Update on the clinical issues relating to cardiac care, stroke, trauma and the use of the Demand Management Plan. Summary of audits on the use of both adrenaline 1 in 1000 and salbutamol, and a re audit into the management of patients with sickle cell disease provided. <p>Governance:</p> <ol style="list-style-type: none"> Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. 2 incidents relating to Controlled Drugs reported. Feedback provided from the progress made by the Medicines Management Group <p>Public Health:</p> <p>Update provided on the current status of influenza and Norovirus in the community.</p> | |
| Attachments | |
| Main report with 1 appendix (Clinical Audit reports on adrenaline, 1 in 1000, salbutamol and sickle cell disease) | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 29th March 2011

Clinical Quality and Patient Safety Report

Safety

1.1 Update on Serious Untoward Incidents (SIs)

Three new SIs have been declared since my last report in January. One of these related to unacceptable delays in a mental health patient, who was suspected of having taken a drug overdose, being accepted at two Emergency Departments in South West and West London as the patient had previously been 'red carded' by both hospitals. The other two relate to loss of patient identifiable data, one through the theft of a laptop used by an LAS contractor, the other through the theft of a personal bag of a member of staff attending the 7th July Inquests.

1.2 Central Alerting System (CAS) formerly the Safety Alert Broadcasting System (SABS):

The Central Alerting System (CAS) is contributed to by the Medicines and Healthcare Products Regulatory Agency (MHRA), the National Patient Safety Agency (NPSA) and the Chief Medical Officer. When a CAS alert is issued the LAS is required to inform the MHRA of the actions that it has taken to comply with the alert. If no action is deemed necessary a "nil" return is still required.

22 alerts were received from 20th January–14th March 2011. All alerts were acknowledged; none required action.

1.3 Safeguarding

The Safeguarding Review was undertaken on 26 January 2001. The experience was positive as the review team highlighted a number of areas where good practice had been observed and also identified a number of areas where safeguarding could be strengthened.

Training

The review team recommended the Trust reviews a number of issues regarding training. A sub group has met and the decisions have informed the Safeguarding Action Plan. One of the suggested actions was for the Board to receive training on safeguarding.

Governance

It was recommended that the Trust appoint a full time "Named Professional" into the Safeguarding Children role and this was considered at the Senior Management Group on 16th March.

Champions

The review team recommended the Trust reviews the safeguarding champion model. This has been discussed and has been added to the safeguarding action plan.

Referrals

The Trust's referrals process was highlighted as an area of good practice. However the Trust receives very little feedback from Social Services regarding the outcome of the referrals made. This is also being progressed through the Action Plan.

Other Safeguarding Developments

A Safeguarding Committee meeting was held on 11th March 2011. At the meeting the members reviewed and updated the Safeguarding Action Plan and agreed the format of a new balanced scorecard for safeguarding. The scorecard will mirror the infection control scorecard by considering a number of indicators; such as training, quality of referrals, timeliness of referrals. This will be used to inform the quality measure on the new quality dashboard (the whole balance scorecard will also periodically be presented to the Quality Committee.)

The committee has also introduced a standing item where all new safeguarding incidents are discussed as case studies. This is so additional challenge by the Trust's experts (and external Designated Safeguarding Nurse) can be made to the case studies. Any actions are also now tracked through the Action Plan. This significantly strengthens the way the organisation learns from safeguarding incidents.

Overall, whilst there are a number of actions on the safeguarding action plan indicating an amber rating, the Trust is in a stronger position regarding safeguarding. The annual report is now due and will be presented to the Trust Board shortly.

Clinical and Cost Effectiveness

2.1 Clinical Performance Indicator completion and compliance

The current target for CPI completion is **95%**. The most recent figures (January) show an overall completion rate of **74%**; equalling the lowest figure in June. However ten Complexes achieved over 95%, all of which and HART achieved 100%.

Diagram 1. CPI completion September 2010 to January 2011

| Area | Sept. | Oct. | Nov. | Dec. | Jan |
|------------|------------|------------|------------|------------|------------|
| | East | 89% | 79% | 86% | 87% |
| South | 91% | 87% | 77% | 62% | 69% |
| West | 88% | 87% | 92% | 83% | 83% |
| LAS | 89% | 84% | 84% | 76% | 74% |

In terms of compliance (the appropriate documentation of aspects of care or valid exceptions to care) the LAS achieved or exceeded 95% compliance to 6 out of 7 CPIs.

Barnehurst, Croydon, Edmonton, Greenwich, Hanwell and Wimbledon Complexes achieved 95% compliance or higher in all seven CPIs, with **Greenwich Complex** scoring 99% compliance for all CPIs.

The LAS continued to exceed its target for feedback sessions for the year-to-date.

While an increased number of feedback sessions were delivered in January in comparison with December overall, the East and South Areas did not meet their expected monthly target and are currently falling below their expected yearly target. In contrast, the West Area undertook 120 feedback sessions in January and is currently exceeding their expected target for the year-to-date. **Friern Barnet Complex** undertaking nearly 6 times more than their expected target this month undoubtedly contributed to this.

Barnehurst, Brent, Greenwich, Hillingdon, Isleworth, Romford and Pinner Complexes delivered the next highest number of feedback sessions in January.

2.2 Clinical Update

2.2.1 Cardiac Care

Cardiac related research projects:

Direct Angioplasty for Non ST Elevation Acute Coronary Events (DANCE) study:

The DANCE study has been renamed 'high risk Acute Coronary Syndrome' as so many of the Heart Attack Centres wish to become involved. It will now encompass patients with T wave inversion on their 12 lead ECG, and will be 24/7. Harefield, where the study commenced has now recruited 4 patients but envisage a major increase with extended study hours. The Royal Free Hospital will be coming onboard this month and Kings College Hospital next month.

The Adenosine research project:

This study on the pre hospital management of supraventricular tachycardias (SVTs) started in November; a total of 60 paramedics from East Area Complexes (Newham, Romford and Whipps Cross) were trained by Professor Richard Schilling (London Chest Hospital).

Two patients have been randomised to A&E (but none so far have received adenosine) Five patients have been identified as having a supra ventricular tachycardia (SVT) by the adenosine trained paramedics;

1 converted with vagal manoeuvres.

1 was non English speaking

1 Paramedic lacked confidence, so decided just to go to A&E. This has been addressed with the member of staff

A second and final training day has just been arranged to train a further 30 paramedics for the 11th June.

Equipment:

IM&T have completed installing the appropriate software to download from Physio Control machines on to all Team leader computers. Whitbread and a representative from Physio Control will be distributing the infra red dongles imminently to ensure Team Leaders have the capacity to download.

2.2.2 Stroke and Falls

ISRAS trial (ROSIER):

There are currently 297 patients on the database, with data collection scheduled to end on 31 March.

Analysis of the data will commence in April.

Stroke

LAS Conveyance of FAST positive patients to the most appropriate destination has remained constant at 95 - 97% since implementation of the second phase of the stroke system in July 2010. The number of FAST positive patients has increased over the winter months, as has the pressure on all the Hyper Acute Stroke Units (HASUs). Last week was one of the busiest weeks, with all HASUs reporting full utilisation. The Clinical Coordination Desk played a vital role in maximising utilisation of available beds, and obtaining regular bed-state updates. We have been assured by all HASUs and networks that the beds were only being occupied by stroke patients. Added to the increased numbers of patients coming into the system, there was an increase in the number of sick patients, with an increased length of stay.

Stroke capacity across London is due to be reviewed. We are hopeful that the HASU at Princess Royal University Hospital will be opened in the next few months.

SAFER 2 (NIHR funded multicentre study evaluating the impact of falls protocols).

82 LAS paramedics have now been recruited to the SAFER2 Research Project. Recruitment will likely continue until Friday March 18 with a focus on Islington station as numbers are currently low there. Once randomised, training sessions will be scheduled in as soon as possible in April and May, with a view to start the Pilot in mid May.

2.2.3 Trauma

The LAS were represented at the conference 'A Year of the London Trauma Office; a conference to share learning and best practice' held on 8th March. Ruth Carnell and Professor Keith Willett were key note speakers. LAS data on journey times, the geographical distribution of major trauma, and the use of the triage decision tool was presented.

2.2.4 Use of the Demand Management Plan (DMP)

The DMP underwent review in January, using the experience of its use through December 2010. The revised version has been used on a total of 15 occasions at level B and 6 occasions at level C between 1st Feb and 20th March.

2.3 Summaries of clinical audit or research projects that are currently being undertaken by the Clinical Audit & Research Unit:

A summary of the findings from audits into the use of adrenaline 1 in 1,000; the use of salbutamol and a re-audit into the management of patients presenting with sickle cell disease is included under Appendix 1.

The first audit considered whether adrenaline 1 in 1,000 was being used appropriately in the management of both anaphylaxis and life threatening asthma. The second audit considered whether salbutamol, a bronchodilator, was being used appropriately in patients with either asthma or Chronic Obstructive Pulmonary

Disease (COPD). The final audit considered whether changes to the JRCALC Guidelines introduced in 2009 had been implemented, and whether improvements in patient care had resulted when compared to the previous audit in 2004.

Governance

3. Update on Medicines Management.

Incidents involving controlled drugs (CD), and other drugs. Central Alert System (CAS)

Since the last report there has been two reported incidents involving Controlled Drugs, no incidents involving other drugs and no alerts via the CAS system.

The two CD incidents involve a cycle response unit (CRU) paramedic at Islington Ambulance Station, and the loss of one ampoule of morphine sulphate at Barnehurst Ambulance Station.

In the Islington incident the Central Logistics Depot at Deptford reported finding two ampoules of morphine sulphate in a CRU drug bag that had been returned for routine re-stocking. Subsequent enquiries identified the paramedic who had last used the bag. On questioning he admitted that the ampoules were his and that he had forgotten to sign them back in. It also became apparent that this was not an isolated incident, in direct contravention of the LAS Policy.

The Accountable Officer for CDs, (The Medical Director) asked for the Metropolitan Police and NHS Counter Fraud to be informed of this incident. During the investigation, with which the paramedic concerned fully co-operated, the LAS and the Met Police and the NHS Counter Fraud Service came to the conclusion that there was no criminal activity intended. The outcome of all the investigations was the decision that this would be dealt with via the LAS Disciplinary system – not the Police / Courts Service. This incident has highlighted both that the Policy and the checking procedures at the Logistics Depot are robust. The paperwork trail was easily and very quickly followed back to the paramedic.

The incident at Barnehurst was reported on 17th March 2011 and is being investigated at the time of writing. This incident concerns a possible counting error that has been perpetuated for a couple of days. There is no evidence of forced entry / criminal activity. The Metropolitan Police CD Liaison Officer has been informed of the incident.

Medicines Management Group (MMG).

The primary functions of the MMG are to ensure that high quality patient care is being delivered by the London Ambulance Service NHS Trust through effective use and management of medicines. The MMG also looks at all aspects of the introduction of proposed new drugs, as well as reviewing existing drugs.

There has been no meeting of the Medicines Management Group since the last report to the Trust Board. The first meeting of the MMG for 2011 / 12 is due to take place on 18th May 2011. The meeting will focus primarily on:

- Governance structures for Controlled Drugs following the introduction of the new Daily Audit Check Book for Controlled drugs (CD) and the revised method of changing the number for the CD Safes.
- Discussions surrounding the proposed new drugs coming under JRCALC Guidelines, such as IV paracetamol and ondansetron and the potential for their introduction into the LAS
- Purchase of pre-filled saline syringes for flushing cannulae, to assist with the ease and speed of use, and improved infection control.

Improving the governance regarding the Paramedic and General Drugs Bags

Since the movement of two members of the MMG to other areas, the project to look at the possible replacement for paramedic and general drug bags has slowed. However, it has now been established from both the MHRA and the Home Office, that they will not support EMTs having diazepam in their possession. Following visits to both the West and East Midlands Ambulance Service, the Senior Clinical Adviser to the Medical Director is now exploring a system that might make use of a separate bag to contain the diazepam, (both IV and rectal), and also oromorph. All the other drugs both “general” and “paramedic” would then be contained in another bag.

Controlled Drugs Daily Audit Check Book / CD Safe Code Changes

The LAS has taken delivery of the new CD Daily Audit Check Book. They will be used from 1st April 2011 onwards. These books replace the use of the individual check sheets. Each book is individually numbered and each page is numbered so that it is unique to the book.

Following the latest unannounced visit by the Metropolitan Police the LAS is changing the manner in which CD safe code changes are undertaken. From 1st April 2011 the number will be displayed on the inside of the safe door. The number will be changed at least once in every three months. Notification of any change will be by placing a note on the inside of the safe door. The code will also be changed if there is any “incident” involving the safe and / or a member of the Complex is dismissed.

New JRCALC Drugs

The JRCALC Guidelines Subcommittee is looking to recommend the addition of both IV paracetamol (analgesic) and ondansetron (anti-emetic). The MMG is already looking at the costs and feasibility of using IV paracetamol.

Ondansetron is an anti emetic that has a wider patient base than metoclopramide which is the current anti-emetic on the JRCALC list. The MMG will consider the cost implications of introducing ondansetron due to its wider potential use in comparison to metoclopramide.

Patient Focus

The Medical Directorate assisted the membership team in the London Ambulance Service Emergency Heart Care Event ‘An evening with us’ on Thursday 27th January, demonstrating our progress in cardiac arrest survival and the management of heart attacks in London. The audience heard a very moving account from a patient who survived an out of hospital cardiac arrest who was initially treated by a member of staff from London Bridge Station, prior to the arrival of the LAS crews.

Feedback was very positive and a further event is planned focussing on the management of Stroke.

Accessible and Responsive Care

Nothing further to report

Care Environment and Amenities

6.1 Infection Prevention and Control Update

This item is covered under a separate agenda item.

Public Health

7.1 Trends in influenza and influenza-like illness

Current Picture

The decline in influenza related activity has continued. Numbers of GP consultation rates are now below threshold levels.

Currently reported Norovirus activity is down on last year and the LAS has not seen significant numbers of bed closures as a result. There is a view that the big numbers reported last year were as a result of gastrointestinal symptoms associated with Swine flu and reported as Norovirus but this is unconfirmed.

7.2 Flu vaccination update

1448 staff vaccinated so far, with no further vaccinations planned this year, although vaccine supplies will be maintained in reserve in the event of a resurgence of flu numbers. Data is available indicating the uptake levels across the organisation.

The Chief Medical Officer has written to all SHAs, Acute and Primary Care Trusts pointing out that provisional data on vaccination uptake rates show that estimated uptake in those aged 65 years and over is 72.8% (2009/10, 72.4%), and in the clinical risk groups under 65 years of age is 50.3% (2009/10, 51.6%); and in pregnant women is 37.7% as of 27 February 2011.

These rates fall below the World Health Organization (WHO) aim of achieving 75% seasonal flu vaccine uptake in people aged 65 years and over. The CMO is therefore recommending that organisations plan to reach vaccination uptake of at least 75% for people aged 65 years or over and those under 65 with high risk conditions.

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director

18th March 2011

Appendix 1

Clinical Audit & Research Summary Reports for the Trust Board

Authors: Joanna Day, Frances Sheridan
Clinical Audit & Research Unit, Medical Directorate

Clinical Audit of the use of Adrenaline (1:1,000) in the LAS

Background

Adrenaline (1:1,000) is used as a treatment for asthma and anaphylaxis. As adrenaline can have serious side effects, the JRCALC Clinical Practice Guidelines state that its use should be reserved for the most serious life threatening cases of asthma and anaphylaxis. This audit was conducted to assess the appropriateness of adrenaline administration.

Key Findings

Whilst adrenaline was administered appropriately to the majority of patients, there were still a number of cases where adrenaline was given when it should not have been. This included patients with minor or no signs or symptoms of either asthma or anaphylaxis, and patients with Chronic Obstructive Pulmonary Disorder (COPD).

Adrenaline was given via the correct route to almost every patient. However, there was concern regarding the remaining patients where in some cases the documented observations contradicted the documented route.

The audit highlighted concerns regarding the dosages of adrenaline delivered to patients, particularly asthma patients. Wide variations were documented with doses ranging from 25mcg to 5000mcg in the first dose.

The audit identified cases where the patient's own Epipen (a 300mcg dose of adrenaline) was used prior to LAS crew arrival. Clinical practice varied in these instances with some crews administering 200mcg of adrenaline (so the cumulative dose was 500mcg) and some crews providing the full 500mcg. There are currently no published guidelines regarding dosage following the use of an Epipen.

Recommendations and Actions

A Clinical Update article and posters will be published outlining:

- the indications for adrenaline and contraindication for patients with COPD;
- correct dose of administration, with emphasis given to the side-effects and possible dangers of incorrect administration.

Guidance will be provided to crews regarding the dosage of adrenaline following the use of an Epipen.

Findings will be fed back to the JRCALC Clinical Practice Guidelines sub-committee.

A baseline Clinical Audit examining the use of Salbutamol in the LAS

Background

Salbutamol is used by the London Ambulance Service NHS Trust (LAS) to relieve the symptoms of patients presenting with conditions such as acute asthma and exacerbation of Chronic Obstructive Pulmonary Disease (COPD). This baseline clinical audit was triggered by clinician concern that salbutamol may be overused within the LAS. It looked at whether salbutamol is clinically indicated in patients to whom it is administered.

Key Findings

Findings for the audit show that in the majority of cases ambulance crews are correctly identifying the clinical indications for salbutamol before administering the drug.

The correct dose of salbutamol was administered and repeated doses given, where necessary, in the majority of cases.

Only one patient that presented to the LAS with life threatening or acute severe asthma was given treatment en-route to hospital, as recommended by JRCALC Clinical Practice Guidelines. Treatment en-route was indicated for four patients.

Assessment of the patients' peak flow readings and oxygen saturation levels were poor and highlight an area where improvement is needed.

Recommendations and Actions

A Clinical Update article and posters will be published outlining:

- the clinically valid exceptions for taking a peak flow reading and its importance to clinical care; and
- JRCALC Clinical Practice Guidelines regarding en-route treatment for patients with life threatening or acute severe asthma.

A Re-Audit of the Management of Sickle Cell Crisis in the LAS

Background

Sickle cell disease affects a large number of patients in London due to the city's ethnic diversity. The disease is characterised by episodes of severe pain known as sickle cell crises, which occur when sickle shaped blood cells get stuck in blood vessels. The LAS audited the care given to patients in sickle cell crisis in 2004 and made recommendations for improvement in the care given to this patient group. This re-audit aimed to assess if the implementation of these recommendations had been successful and if LAS ambulance crews were adhering to the latest JRCALC guidelines released in 2009.

Key Findings

Improvement was identified in many areas of treatment given to patients in sickle cell crisis. The re-audit found that most patients were allocated an amber response, a vast improvement on the previous audit. Most of these patients were triaged under the sickle cell crisis determinant code, introduced following the 2004 LAS clinical audit.

Two pain scores were documented for most patients, another improvement, and entonox was administered to almost all eligible patients in the sample. Opiate analgesia, however, was administered in just under half of patients where it was indicated. Most patients were transported to their specialist treatment centre; another improvement since the 2004 audit.

There were some areas where improvement is still required such as supplemental oxygen administration, and the number of patients that were carried to the ambulance, which has decreased since the initial audit.

Less than one third of patients complaining of chest pain received an ECG; however it was not possible to differentiate between cardiac chest pain, acute chest syndrome and chest wall (rib) pain from Patient Records Forms (PRFs) documentation. The previous audit did not assess if patients with chest pain had an ECG recorded as this was introduced into the 2006 JRCALC guidelines.

Recommendations and Actions

- Findings of this clinical audit will be fed back to the Clinical Education Steering Group and to relevant patient groups.
- Guidelines followed by the LAS will also be communicated to hospitals.
- LAS training slides will be updated with the 2009 JRCALC Clinical Guidance for treating patients with a sickle cell crisis.
- Further training will be provided to staff on Complex as Service pressures allow.
- An article will be published in the Clinical Update and in the Clinical Audit & Research Unit bulletin focusing on treatment areas addressed in this audit.
- A poster will also be designed for ambulance stations highlighting the audits key findings.



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|---|--|
| Document Title: | CommandPoint Update |
| Report Author(s): | Peter Suter |
| Lead Director: | Peter Suter |
| Contact Details: | Peter.suter@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | This is a regular update to Trust board on a business critical project. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group |
| Recommendation for the Trust Board: | The Trust Board is asked to note the content of this report and progress of the CommandPoint Project |
| Executive Summary The project remains on track for go live on 8 June 2011. User Acceptance Testing finished on the 28 th February as planned. LAS will witness the final testing of the go live release (R.1.1.1) in the USA. Transition planning is matured and progressing well. The gateway review (Gate 4) has been completed and is included within part 2 of this meeting. | |
| Key issues for the Trust Board All project risks and issues are recorded and tracked in the project's bespoke risk and issues management logs. Looking across both logs, matters that are currently under most scrutiny are: <ul style="list-style-type: none"> • Requirement to reconfigure the Control Room to be compliant with CommandPoint business processes. • MDT2 roll out and compatibility issues. • Training | |
| Attachments CommandPoint Project Update March 2011 | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

None.

COMMANDPOINT PROJECT - PROJECT UPDATE

MARCH 2011

1. SUMMARY OF CURRENT POSITION

- 1.1 Delivery remains on track for go-live on 8 June 2011
- 1.2 User Acceptance Testing finished on the 28th February as planned. The full list of test problem observations ('bugs') is appended to this report as Appendix 4, showing the current estimated fix 'line', correcting all issues with an LAS impact score of 6 or higher. NG have also addressed a number of the 'bugs' below this line either as quick-wins or where they were applying another higher priority fix in the same area of code. In essence, of the list appended below, approximately 50 fixes are expected in R.1.1.1. At time of writing the exact number is still to be finalised. Due to the high number of fixes being expected the project team sent another delegation out to the USA to factory witness as many of these fixes as possible and influence whatever improvements to the final product that they can with the development team to hand.
- 1.3 Transition planning has matured further with approval and acceptance of the dry run schedule and commencement of the first event, the small scale table top exercise on 10th March. This event was well attended by the gold group and the technical teams, who separately walked through their respective cut over plans and ran a series of exercises testing some of the cutover procedures, roles and responsibilities. A separate event will be re-organised for the silver team, that wasn't so well attended, to ensure all key personnel involved in cutover undergo this walk through and questioning.
- 1.4 Classroom training remains slightly behind schedule, but within contingency, with 88% attendance against plan, to date. Now that courses have been running for some weeks an issue appears to have arisen with the length of the dispatch course. This was an identified risk that appeared not to have materialised when the pilot and early courses appeared to run to plan, however, not all classes of students, or even trainers, are the same. Some of the dispatch courses have since over-run. Any shortfalls are being addressed in the skills maintenance training facility. Additional work based trainers have also been assigned to the skills maintenance lab to support the increasing numbers of staff coming through this area. This is undergoing more assessment before impact scoring and is not currently showing in Appendix 3 (Issue Log extract) below.

2. WORK PLANNED FOR NEXT PERIOD

- 2.1 The OGC Gateway team visited the service for a week from 14th March to interview key stakeholders in the project to assess LAS 'Readiness for Service'. This required a great deal of preparation behind the scenes submitting documentation and setting up dozens of interviews. The report is presented to the Trust Board, as previously within the second part of the meeting.
- 2.2 Technical Cutover and Rollback is planned for the 22nd March at Bow and 12th April at Headquarters. This is the first opportunity for the technical teams to rehearse the end-to-end interface cutover required on the night, in the live operating environments.

There will be some impact upon operations, namely some loss of Airwave functionality (not voice calls) with the 12th April requiring a 'CTAK Outage' and fallback to paper operations in the control room. For this reasons these events are planned for the early hours of the morning, mid-week.

3. TIMETABLE

Transition is planned to take place between midnight and 07:00 hours on Wednesday 8 June 2011. An outline plan detailing the key milestones, together with progress, is attached at Appendix 1.

4. RISKS AND ISSUES

4.1 All project risks and issues are recorded and tracked in the project's bespoke risk and issues management logs. A weekly report is provided to the project executive and project manager, highlighting the most significant risks and issues. These are listed in appendix's 2 and 3 respectively.

4.2 Looking across both logs, matters that are currently under most scrutiny are:

- Requirement to reconfigure the Control Room to be compliant with CommandPoint business processes.
- MDT2 roll out and compatibility issues.

Training

5. OVERVIEW OF 2010/11 BUDGET

5.1 The project remains within budget. High level details are provided in the table below.

| | FBC Approval (Issue 3.1) | Budget Adjustments | Revised Budget | Previous Years Spend | Current Year | | Future Years | Total Project | |
|------------------------|--------------------------|--------------------|----------------|----------------------|--------------|----------|--------------|---------------|----------|
| | | | | | Spend | Forecast | | Spend | Variance |
| Capital | | | | | | | | | |
| Northrop Grumman Costs | 8,315 | 1,018 | 9,333 | 7,495 | 650 | 571 | 617 | 9,333 | 0 |
| LAS Costs | 5,897 | (103) | 5,793 | 3,843 | 1,160 | 140 | 455 | 5,597 | 196 |
| Total Capital | 14,212 | 915 | 15,127 | 11,338 | 1,810 | 711 | 1,072 | 14,931 | 196 |
| Revenue | | | | | | | | | |
| Northrop Grumman Costs | 1,493 | (375) | 1,118 | | 1,118 | | | 1,118 | (0) |
| LAS Costs | 4,592 | (1,230) | 3,362 | 936 | 1,537 | 323 | 490 | 3,286 | 76 |
| Total Revenue | 6,085 | (1,605) | 4,480 | 936 | 2,655 | 323 | 490 | 4,404 | 76 |
| Project Board | 20,296 | (690) | 19,606 | 12,274 | 4,465 | 1,034 | 1,562 | 19,335 | 272 |

| | | | | | | | | | |
|---------------|---------------|----------------|---------------|---------------|--------------|--------------|--------------|---------------|--------------|
| Budget | | | | | | | | | |
| Contingency | 5,228 | (751) | 4,477 | 0 | 0 | 0 | 0 | 0 | 4,477 |
| Total | 25,525 | (1,441) | 24,083 | 12,274 | 4,465 | 1,034 | 1,562 | 19,335 | 4,749 |

6. RECOMMENDATION

- 6.1 The Trust Board are asked to note the content of this report and progress of the CommandPoint Project



Peter Suter

Project Executive

Director of Information Management and Technology

APPENDIX 1: KEY MILESTONES.

| CommandPoint- High Level Milestone Plan | | | |
|--|---|------------------|---|
| Description | Deliverables | Plan Date | Progress/Rev |
| User Acceptance Testing | Complete second iteration | 22/10/10 | Completed for R1.0 R1.1 75% complete |
| Pilot Course | Running the pilot courses for End Users. These will trial the course content and training material. Following completion, the training materials will be finalised. | 29/11/10 | All complete |
| FAT 1.1 | Commence FAT of Release 1.1 (Note this is not on the critical path) | 13/12/10 | Complete |
| Commence Pre Go-Live User Training | 15 week programme, to train all control services staff. | 6/1/11 | Underway. |
| Gateway 4 | Full gateway review to assess readiness to go live | TBC/3/11 | Planned for wc 14/3/2011 |
| Release 1.1 | Release 1.1 used in training. | 22/2/11 | Deferred to April 2011 |
| Complete Pre Go-Live User Training | All staff trained in their primary job function (Call Taking or Dispatch). A number of staff on each watch trained in both Call Taking and Dispatch Functions. | 20/4/11 | On track |
| Final preparation | Final technical and operational preparations for transition to CommandPoint. | 21/4/11 | |
| Transition Date | The actual go live date for CommandPoint. | 8/6/11 | |
| +60 Days | Post go live focus to ensure; Bug fixes, embedded working practices, return operational performance back to previous levels | 7/8/11 | |
| Release 1.2 | The current plan has a requirement to build an interface to PSIAM for CTA. The details of this work and timetable have yet to be specified. | TBC | |
| Post Go-Live Training | Follow-up training to ensure that all staff have received training in both Call Taking and Dispatch Functions | TBC | |
| Project closure | Formal closure and handover to in-life team. | 30/9/2011 | |

APPENDIX 2: MOST SIGNIFICANT RISKS

| Risk Id | Title | Score | Owner | Description |
|--------------------------|--|--------------|------------------|--|
| P / I | | | | |
| 117 4/5 | Activities in Control Services not compliant with CommandPoint | 20 | Fiona Carleton | There is a risk that a reconfiguration of the dispatch or call taking functions of the Emergency Operations Centre (EOC) (For instance to accommodate the disestablishment of the Fast Response Unit (FRU) Desk and Urgent Operations Centre (UOC)) is not controlled by the Operations Change Management Group, resulting in a delay to the date of Go Live, causing a cost and time overrun. |
| 106 3/4 | XC Mapping Interface | 12 | John Downard | There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the Mapping interface and the new XC Mapping, resulting in a need for additional unplanned development work, causing time and/or cost overrun. Increased risk relates to issue 120. |
| 109 3/4 | Airwave Interface | 12 | John Downard | There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the Airwave interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun. Additional testing on dry runs. |
| 124 3/4 | Late Planning Decisions | 12 | Jonathan Nevison | There is a risk that late planning decisions by the Service will affect go live and / or the scope of pre cutover dry runs causing a delay in the date of implementation and / or increased risk at cutover of failure, resulting in a cost and time overrun. Dry Run Schedule dates now confirmed. |

| Risk Id | Title | Score | Owner | Description |
|--------------------------|---|-------|--------------|--|
| P / I | | | | |
| 118 2/5 | MDT lack of engineering data | 10 | John Downard | <p>There is a risk that the Trust will be unable to receive sufficient 'engineering information' from all MDT devices across all LAS vehicles equipped with an MDT, due to a delay (for whatever reason) in completing the roll out of MDT/2 to all necessary vehicles before CommandPoint Go Live. This will cause unacceptable compromises to the capability to identify, diagnose and/or rectify any related faults that may occur (or produce essential near real time management information) requiring CommandPoint Go Live to be delayed thus causing the project a time and cost overrun. MDT2 resolves this and the risk also reflects the failure to upgrade the MDTs before go-live.</p> <p>(Re-assessment of impact underway – indications are this risk score will drop to 2/2)</p> |
| 072 2/5 | Inadequate / insufficient end-user training | 10 | Keith Miller | <p>There is a risk that the training provided to CAD users will be inadequate or insufficient, leading to the users not being able to use the system effectively and causing a cost/time overrun (from Lessons Learned, x ref 1&5)</p> |
| 78 2/5 | Failure of new CAD system during implementation | 10 | John Downard | <p>There is a risk that the new CAD system fails during implementation, leading to unplanned remedial work and possible delay to the project and/or cost overrun.</p> |

| Risk Id | Title | Score | Owner | Description |
|----------------|--|--------------|------------------|--|
| P / I | | | | |
| 85 2/5 | Power Supply to HQ insufficient | 10 | John Downard | There is a risk that the power supplies to LAS Headquarters are inadequate to support the operation of all components of the new CAD system (including control room and data centre hardware) leading to the need for unplanned remedial work and causing time and cost overruns. |
| 119 2/5 | Significant Service Impact Interrupts or Delays Implementation | 10 | Peter Suter | There is a risk that if an unforeseen occurrence happens during the period prior to Go Live, of such seriousness that it results in diverting resources and/or facilities that are essential to conduct of cut over and / or go live causing the planned date for the events to be postponed resulting in a time and cost overrun. |
| 100 3/3 | User Acceptance Testing exceeds allocated time | 9 | Jonathan Nevison | There is a risk that user acceptance testing will exceed the time allocated in order to complete testing to the agreed contractual criteria resulting in a time and/or cost overrun and increased risk of failure of a critical part of the system. |

APPENDIX 3: OPEN PROJECT ISSUES

| ID | Title | Impact | Owner | Description |
|-----|--|----------|----------------------------|--|
| 117 | MDT Status Updates | Critical | John Downard | <p>CommandPoint and Mobile Data Terminals both hold information relating to the status of a resource.</p> <p>Under certain conditions, this information can become 'out of sync', where the status recorded on the MDT does not match that recorded on CommandPoint. This has potential patient safety implications. There are also a number of other less significant MDT issues that together contribute to a serious functionality issue between MDTs and CommandPoint.</p> |
| 120 | Performance Testing of Northgate XC Router | Critical | John Downard | <p>The Northgate XC Routing Server has failed performance tests at load. A fix is identified and expected, but wont be delivered (and therefore tested) until April.</p> |
| 126 | Change to Cat B targets | High | Steve Kime/Colin Strugnell | <p>Changes to the DH Cat B target will result in new priorities and response rules for the old 'amber' calls. Each of the determinants within this group has a response profile in CommandPoint that must be adapted accordingly. If the project team do not receive the detail of these changes with sufficient notice then they will not be reflected in the system. These changes were due on 23rd Feb and have not yet been received by the team.</p> |

| | | | | |
|-----|---|------|------------------|--|
| 128 | Address field delimiters | High | Jonathan Nevison | Concatenation of address fields by CommandPoint, from the CLI telephone address data capture in the interface, for onward transmission to the gazetteer does NOT currently include commas as line delimiters. The gazetteer is not reliably returning map locations as a consequence. NG have applied a fix in V1.1.1 we can't test until April. |
| 097 | 1.0 FAT Test Report Findings | High | Colin Strugnell | Although FAT1.0 has been superseded by FAT1.1 this issue has been left open as a placeholder for the ongoing list of 'bugs' in the application. In short there are a number of high priority problem observations that LAS have not witnessed fixes for, and will not do so until the new release. |
| 104 | Availability of Met-CAD Interface for Testing | High | Les Taylor | Difficulties with Met/CAD LAS interface for SIT testing |
| 108 | Venue for Skills Maintenance Training | High | Jonathan Nevison | Change of intended venue from ICR HQ to UOC - required an exception plan to prepare for the training. Needs lessons learned exercise to determine why this venue was problematic in commissioning with CommandPoint on time and to plan before closing. (Underway) |
| 118 | Operational Development Initiatives | High | Steven Kime | Operational development initiatives that have come about since the specification of R1.1 will not be reflected in CommandPoint. Issue to close at next board – all matters now reflecting in over- |

| | | | | arching business change plan. |
|------------|--|------|------------------|--|
| 122 | SBR Tenancy - Invocation of Break Clause | High | Jonathan Nevison | Tenancy break clause imminent query retain or invoke Issue to close at next board. |
| 065 | Data Manager Resources | Mod | John Downard | Resource to maintain reference data notified as insufficient according to NG |
| 116 | CRM Implications | Mod | John Downard | Testing and rollout of the clinical response model (CRM) project will necessitate the operation of two versions of the response profile rules (8.5.13) simultaneously (RPR for BAU and CRM response groups.) RPR for CRM will be a dependency upon its successful operation once CP is live. Resolution of the issue requires that changes to the RPR are developed by the CRM project and developed within product 8.5.13 by the CP project. Full CP functionality to support CRM will only be delivered with RFC126 (log writing capability) |
| 043 | Relocation Test & Training Environments | Low | John Downard | Once the Project has finished with the test and training environments they must be relocated from their temporary accommodation. The degree to which the suppliers and/or the LAS contribute to this work needs to be clarified and, if necessary, the subject should be raised during negotiation and included within the Final Tender from suppliers Issue to be closed at next board. |

| | | | | |
|------------|--------------------------------------|-----|--------------|---|
| 049 | 32 SBR Air Conditioning | Low | John Hopson | AC not sufficient in SBR. Needs to be tested and repaired. |
| 111 | LVM Synchronisation between HQ & Bow | Low | John Downard | There are no updating procedures from the LVM database at HQ and at Bow |

APPENDIX 4: EXTRACT FROM 'BUGZILLA' – OPEN BUGS

| BUG ID | Priority | Short Description | LAS Imp |
|--------|----------|--|---------|
| 777 | P3 | Event Type marked for teleserve - TE to Loc DGP - Edit event - call transfers back to teleserve DGP | New |
| 778 | P3 | Hold Event Cancel can be executed by Non Controlling dispatcher | New |
| 771 | P3 | Event Edit - EMD Button remains enabled when edit complete | New |
| 774 | P4 | Auto dispatch - Chronology displays incorrect "dispatched as" value when a unit is dispatched for a capability | New |
| 764 | P4 | MET CAD: Single patient has additional empty urgent remarks for 2nd patient | New |
| 770 | P4 | MDT - Urgent Remarks - all previous messages appended to end of new message with no delimiter between them. | New |
| 660 | P2 | Second location not checked against IOI database | 10 |
| 643 | P2 | ED or EE - Remarks Tab - Left or Right arrow closes form | 10 |
| 689 | P2 | Look up on the ALSEC/EISEC addresses are returning unexpected results | 10 |
| 769 | P2 | Availability Flag allowing unavailable units to be Auto Dispatched | 10 |
| 669 | P2 | Unviewed Event flag removed when Unit dispatched - although event has not been viewed | 10 |
| 775 | P2 | RNA & RA - Cad user and MDT able to assign OOS which should be prohibited | 10 |
| 743 | P2 | MDT 2.2 Status change to "To Hospital" not displayed in CP | 10 |
| 732 | P2 | Performance of the Routing Server | 10 |
| 773 | P2 | EVA - EMD Tab - Breathing, Conscious and age values not affecting Priority | 10 |
| 591 | P2 | EVA - ProQA - Data in EMD panel not transferring to MIS consistently | 10 |

| | | | |
|-----|----|---|----|
| 691 | P2 | Daylight Saving Hours Inconsistencies | 10 |
| 762 | P2 | MET CAD events originally created as EMERG in city police area not sent | 10 |
| 670 | P2 | Unit Suggestion - AVRR dispatches are not being counted towards RSP requirements | 10 |
| 547 | P3 | IOI record not being checked for Name in EMD Tab and Transport Tab | 9 |
| 605 | P3 | UAT: Can add two identical rosters | 9 |
| 714 | P3 | Roster fails to fire - No admin message or system history segment created | 9 |
| 584 | P3 | CMD - I,D,A,U,X endings do not allow appropriate access to form functions | 9 |
| 656 | P3 | Airwave device not receiving 'Loc Comments' in Dispatch message | 9 |
| 713 | P3 | MDT removes unit id - not replaced with new unit id when roster has adjacent log on and off times | 9 |
| 663 | P3 | ProQA Event not getting [Update] | 9 |
| 583 | P3 | CLI message 3 received while EVA open, errors with Loc when transferring CLI data to 'dirty' EVA | 9 |
| 698 | P3 | Situation Plan Details - Execute form. Step summary display failure | 9 |
| 731 | P3 | EVA - Teleserve event type entered with unit assigned - Call Taker unable to update event. | 9 |
| 519 | P3 | FAT 2: MET CAD location being overwritten by CAD | 9 |
| 589 | P3 | DGP - Agency Wide - Users inherit agency wide control. | 9 |
| 579 | P3 | EU - Unwanted tabs displayed in event update which have been removed from ED via CONS | 9 |
| 551 | P3 | SIT: ExpressQ Rosters not logging on any units | 9 |
| 687 | P4 | USUG - Consider unit scheduled for logoff as unavailable | 9 |

| | | | |
|-----|----|--|---|
| 637 | P3 | Chief Complaint not in SMS message | 8 |
| 728 | P3 | ProQA not connecting to CommandPoint after 1st Jan | 8 |
| 398 | P3 | CAD to CAD:NG need to investigate how to demonstrate the failure message that updates the police | 8 |
| 504 | P3 | BREAK WINDOWS INCORRECT | 7 |
| 723 | P3 | Event copy - Enter EMD data manually - ED entered event does display EMD tab | 7 |
| 744 | P4 | MDT - Dispatch Message - Location Comment pushed onto third line. | 7 |
| 586 | P3 | EVA - Transport Tab - Location Type - Unable to remove entry if entered in error | 6 |
| 538 | P3 | Unable to enter a Facility Status record - facility address not validating | 6 |
| 638 | P3 | Data Integrity | 6 |
| 690 | P3 | Cannot tag an IOI record to an event once it has been viewed | 6 |
| 642 | P3 | EVA, EMD Panel, Problem Description not population ProQA | 6 |
| 719 | P3 | APM - Trigger for Chief Complaint did not fire when changed from original value | 6 |
| | | Estimated NG Development/Fix Line. | |
| 587 | P3 | EVA - Transport Tab - Contact Type - Unable to enter data without a destination | 5 |
| 736 | P3 | EVA - 2 case numbers (ProQA) issued to the same event | 5 |
| 289 | P3 | MCFG, PE, Filer By, Available Data Items does not include HoldingFlag | 5 |
| 694 | P3 | ProQa delivered data not displayed in EMD tab | 5 |
| 747 | P3 | DGP - Temp Sector - TCML workstation being assigned allows last user to ASX DGP | 5 |

| | | | |
|-----|----|---|---|
| 752 | P3 | ED - Suggestion Panel - AVRR Tab - Proposed units - no qualifiers or capability displayed | 5 |
| 751 | P3 | ED - Suggestion Panel - Resource Def Tab lite incorrectly when awaiting AVRR response | 5 |
| 715 | P3 | Clear sent to unit - Unit logged off incorrectly | 5 |
| 749 | P3 | HPOM did not show message when LVM line stopped | 5 |
| 708 | P4 | XC display - unit status list - incorrect value displayed when preempt accepted by unit | 5 |
| 544 | P4 | SIT Airwave: Map not centering on Emergency Button | 5 |
| 727 | P3 | Special Character mapping on the MetCAD interface | 4 |
| 675 | P3 | Rest Window Remaining Column displays wrong value | 4 |
| 655 | P3 | EE - Add Loc Comments - Not Sent to MDT | 4 |
| 644 | P3 | Unit Logging Off when AOR (not scheduled for LogOff) | 4 |
| 528 | P4 | FAT 2: MDT not displaying the Chief Complaint | 4 |
| 701 | P3 | EMD Tab, Patient Name field, cleared with ProQa delivery | 3 |
| 557 | P3 | RDM execution does not display a corresponding event/unit history segment and comments if present | 3 |
| 658 | P3 | Only first view of IOI record recorded in the chronology | 3 |
| 725 | P3 | Data Load Utility Tool - Roster - Cycle length and number of personnel not imported | 3 |
| 700 | P3 | Situation Plan Step Detail - Successful completion of step does not move focus to next step | 3 |
| 692 | P3 | EMD Tab, Response to Key Questions field, Missing/incorrect data | 3 |
| 699 | P3 | Situation Plan Details - Execute form. Undo and execute button sometimes produces error message | 3 |

| | | | |
|-----|----|---|---|
| 702 | P3 | Situation Plan Step Details, added comments not recorded in chronology | 3 |
| 491 | P3 | Default Roster's Date/Time/Key Fields can not be changed | 3 |
| 639 | P3 | Status Change Order Enforcement | 3 |
| 678 | P3 | SMS dispatch messages being received 3 times on mobile phone | 3 |
| 695 | P3 | Situation Plan Details - Execute form. The execute and undo button sometimes requires 2 pushes to activate. | 3 |
| 693 | P3 | EMD tab, Response to Key question field, incorrect data displayed from ProQa | 3 |
| 742 | P3 | Roster form lock up if using wildcard search to search for all entries | 3 |
| 735 | P4 | EVA - EMD Tab - Map reference not populated if ProQA is not used | 3 |
| 594 | P4 | ED/USUG - docked form not always "on top" | 3 |
| 734 | P4 | EVA - EMD Tab - Map Reference doesn't update when location is changed | 3 |
| 524 | P4 | FAT 2: RNA Field shows remaining time when used up | 3 |
| 540 | P4 | UTU command not updating Unit Type on Active Unit status monitor | 3 |
| 521 | P4 | FAT 2: Tagged locality info not attached to event | 3 |
| 686 | P4 | ED - Chronology Max form - event segments not in reverse order as defined by DOS EventHistChronology | 3 |
| 750 | P4 | EVA - ProQa Auto Launch after event entry - results in missing data in change segment | 3 |
| 513 | P4 | FAT 2: Entire IOI record sent to MDT | 3 |
| 232 | P4 | Global Changes does not change labels in both EVA and ED forms | 3 |
| 677 | P3 | Audit trail doesn't record tagged IOI messages sent to crews | 2 |

| | | | |
|-----|----|--|---|
| 757 | P3 | CL and AP commands not working with Easting/Northing | 2 |
| 231 | P3 | Caller Address Label is not consistent in EVA and ED forms | 2 |
| 595 | P3 | XC Mapping - Geofences - Message to CAD when resource triggers an exit geofence message | 2 |
| 676 | P3 | Not all segments recorded as CAD to CAD with filter | 2 |
| 756 | P3 | ED - Suggestion Panel - Static recommended units not displayed | 2 |
| 546 | P3 | Notify Icon displays incorrect count after last notification viewed via Notification Button on ED form | 2 |
| 574 | P3 | SIT ProQA: Leading zeros | 2 |
| 720 | P3 | XC - Status Alert fires incorrectly when event updated (no change of status) | 2 |
| 280 | P3 | CAD Configurator - Regions - Windows not positioning as set at logon | 2 |
| 635 | P3 | Unable to filter event chronology on EMD filter | 2 |
| 223 | P3 | ViewedFlag on Pending Incidents monitor not in the Filter By tab for selection | 2 |
| 755 | P3 | UQ form status drop down only has ATP, RA or RNA | 2 |
| 665 | P3 | NOVEH & NOBLS (OOS event) commands not working | 2 |
| 559 | P3 | Comments entered with RDM command not stored in event/unit history or sent to MDT | 2 |
| 647 | P3 | ProQa case entry - Number patients 'Unknown' - CAD displays 255 | 2 |
| 633 | P3 | IOI Form, Priority is invalid | 2 |
| 680 | P3 | IGP - When executed success message delivered but was not successful | 2 |
| 672 | P3 | Trigger to send email of updated event to assigned units not firing | 2 |
| 646 | P3 | EVA - Able to access hidden Tabs with left scroll | 2 |

| | | | |
|-----|----|--|---|
| 313 | P3 | EQ, Event Query Tab, Satus, unable to display DDC | 2 |
| 640 | P3 | Dimmed Mapping icon reappears when unit changes to TA | 2 |
| 239 | P3 | Status Notes word wrapping not functioning | 2 |
| 600 | P3 | UAT: SpellChecker | 2 |
| 434 | P3 | Roster:The ScheduleLogOff DOS paramter should include option 2. | 2 |
| 760 | P3 | It is possible to preempt an non MDT resource in a status of ONS, TRN ot TAR | 2 |
| 652 | P3 | HOT mode - Comment added - Cursors moves to EMD Tab, # patients field | 2 |
| 552 | P3 | SIT Email Unable to send NOT | 2 |
| 291 | P3 | AU monitor, Filter, status, no statuses are available for selection. | 2 |
| 599 | P3 | UAT: AE monitor filter | 2 |
| 703 | P3 | Info record viewed, LID segement added to chronology, unable to query LOC ID number | 2 |
| 651 | P3 | NAE - Trigger 'Command' not firing | 2 |
| 722 | P3 | IOI and SRP radius are incorrect (too big) | 2 |
| 597 | P3 | XC Mapping - Move to feature not updating unit position | 2 |
| 685 | P4 | ED - Chronology - after clock change segments times not displayed in correct order | 2 |
| 609 | P4 | US Phone Number format on PER | 2 |
| 707 | P4 | ED - Dispatch Recommendation - Alternative Units not displayed correctly | 2 |
| 555 | P4 | SIT PerfMon - negative number in availability report | 2 |
| 712 | P4 | Capability assigned to UNT or AST record - Roster logs on unit - | 2 |

| | | | |
|-----|----|---|---|
| | | Capability is not displayed with the log on segment | |
| 603 | P3 | UAT: Alphanumeric passwords | 1 |
| 726 | P3 | Inavlid date string error when adding a Status Note | 1 |
| 681 | P3 | DOS params EventNearByTime and EventDupsByTime set to 0 | 1 |
| 243 | P3 | Unit Recommendation - not displaying additional capability 'or's' | 1 |
| 493 | P3 | MCFG, AU monitor, all filter by options are ignored and incomplete | 1 |
| 718 | P3 | LVM - Unit repositioned via command in CommandPoint - Unit did not reposition on map and incorrect easting and northing sent in LVM message | 1 |
| 679 | P3 | cmd - SIT command - context Yes - event number still required when executing command | 1 |
| 582 | P3 | CMD - ESA command cannot be copied | 1 |
| 234 | P3 | Drop down list not displayed in DOS AllowMultiLogon | 1 |
| 740 | P3 | Crew Details not logged for new shift when returning vehicle late back | 1 |
| 709 | P4 | ED - Dispatch Recommendation - Incorrect amount of alternative units displayed | 1 |
| 415 | P4 | Gazetteer:Location information form didn't close when undocked | 1 |
| 577 | P4 | Configurator - Global Controls - All EMD Tab label names unable to be altered | 1 |
| 386 | P4 | CAD to CAD:Map ref stored in correct box | 1 |
| 650 | P4 | ES - Tab order excludes 'Urgent Information' check box | 1 |
| 339 | P4 | Northgate Map Interface: exclusion zones not creating alternative route | 1 |
| 533 | P4 | FAT 2: The DLS activation date not recognised | 1 |
| 721 | P4 | Detailed event print display - Hold for unit and personnel not displaying | 1 |

| | | date | |
|-----|----|--|---|
| 465 | P4 | Roster: Additional messages sent | 1 |
| 379 | P4 | CAD to CAD:Request for assistance box cant hold all characters sent | 1 |
| 648 | P4 | A selection of forms eg UH, OPD not controlled by Configurator in Regions | 1 |
| 333 | P4 | EMD Definition and Activation: Pre-emptive Prioritisation: stab/shot reads only 'shot' | 1 |
| 461 | P4 | Auto Dispatch: Incorrect Message | 1 |
| 410 | P4 | Event Display Duplicate: ONS and ENR not displayed on newly create filter type | 1 |
| 372 | P4 | Auto Dispatch: message RE auto dispatch | 1 |
| 324 | P4 | Rest Breaks: Rest Break start time is reset from an RA to RNA or vice versa | 1 |
| 641 | P4 | EVA - Alt Q moving cursor to Caller field | 1 |
| 438 | P4 | MDC recall and resend:The SH form entries are not displayed in reverse chronological order | 1 |
| 761 | P4 | LI command with B/ and E/ - Entry in roster is not logged against user in the history tab | 1 |
| 706 | P4 | CONS - Dispatch Recommendation Form - Static Units label unable to be changed | 1 |
| 408 | P4 | Event Display Duplicate: chronology failed to display the specified segments for the new default activity type code. | 1 |
| 359 | P4 | Date Format:MISTRRAIN input agency is not valid" | 1 |
| 724 | P4 | Auto eventry entry - E911 form - Lat Long should be displayed as Easting and Northing | 1 |
| 705 | P4 | CONS - Dispatch Recommendation Form - Reset default button not functioning | 1 |

| | | | |
|-----|----|--|---|
| 671 | P4 | MDT failure message contains a mis-spelling | 1 |
| 358 | P4 | Performance Monitoring Execution 11/1/10: Display artifact | 1 |
| 645 | P4 | ED - Disposition Tab - Non Convey reason from MDT not stamping Unit ID in Unit column | 1 |
| 717 | P4 | RAR form closed unexpectantley when removing time periods | 1 |
| 481 | P4 | SRP form assistant drop down should contain code & description only | 1 |
| 433 | P4 | facility Forms & Real Time Transactions: When entering a remark in the FAC form an changing the status of the hospitall to closed, when tabbing out of the status, remarks entered are cleared | 1 |
| 711 | P4 | System History - Failed automatic log on attempt not displayed with incorrect segment name | 1 |
| 661 | P4 | Spurious "EMD type changed to empty" in chronology | 1 |
| 392 | P4 | Express Q: Incorrectly mapped MDT | 1 |
| 343 | P4 | CTI Interface: E911 field not long enough for all information | 1 |
| 537 | P4 | EMD Tab - DDC for Conscious and Breathing does not contain description for the Value | 1 |
| 290 | P4 | Hold Event for time in future, Display the event. Event status should display HLD | 1 |
| 612 | P4 | Calltaker able to access mon command | 1 |
| 716 | P4 | DOS - BetterDriveTime - Value description incorrect | 1 |
| 478 | P4 | LAS Date Format OPT definition default | 1 |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|---|---|
| Document Title: | CommandPoint Update |
| Report Author(s): | Peter Suter |
| Lead Director: | Peter Suter |
| Contact Details: | Peter.suter@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Regular update to Trust board on business critical project. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group |
| Recommendation for the Trust Board: | The Trust Board are asked to note the content of this report and progress of the CommandPoint Project |
| Executive Summary The project remains on track for go live on 8 June 2011. User Acceptance Testing finished on the 28 th February as planned. LAS will witness the final testing of the go live release (R.1.1.1) in the USA. Transition planning is matured and progressing well. The gateway review (Gate 4) has been completed and is included within part 2 of this meeting. | |
| Key issues for the Trust Board All project risks and issues are recorded and tracked in the project's bespoke risk and issues management logs. Looking across both logs, matters that are currently under most scrutiny are: <ul style="list-style-type: none"> • Requirement to reconfigure the Control Room to be compliant with CommandPoint business processes. • MDT2 roll out and compatibility issues. • Training | |
| Attachments CommandPoint Project Assurance | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

None.

CommandPoint Project Assurance

Prepared by Carrie Armitage

Report to the London Ambulance Service NHS Trust Board on 29 March 2001. This report gives independent assurance to the Trust Board of the London Ambulance Service on the current status of the CommandPoint project. It is based on work carried out over the period of procurement and implementation of the project by an independent consultant with experience in large scale IT procurement and implementation in the public sector and in particular in the NHS.

Overview

The project is technically well on course. LAS and Northrop Grumman (NG) have worked together to produce a realistic delivery and implementation plan – which reflects the current status of the project. A major re-planning took place in November/December 2009 which anticipated a go-live date in February 2011. A further revised project plan produced in September 2010 set out a go-live transition date of 8 June 2011. Whilst these delays may have been disappointing for some members of the Trust Board I believe the revised project plan is a sensible and pragmatic approach to the implementation and mitigates risk to the actual transition. However, any delays inevitably introduce additional risks and costs to a project and these are discussed later in the report.

The project has recently been assessed through the OGC Gateway Review process at Gateway 4: Readiness for service and given a delivery confidence assessment of Amber/Green. This is a positive achievement and endorsement of all the hard work of everyone involved.

Project Management and delivery

Project management has been strong throughout the project. The Director of IT, Peter Suter, has provided strong and clear leadership and the use of an external project consultant, Ian Pentland, to support the project has been effective with a positive skills transfer within the organisation. The relationship between the project team and the supplier appears to be sound, professional and working well despite several changes in project personnel on both sides during the course of the project.

The delivery of CommandPoint software by NG has been split into two distinct releases. Release 1.0 is the main release delivering the requirement as specified in the original contract. Release 1.1 is an update that includes six additional pieces of functionality specifically requested through the Request for Change (RfC) process after the initial contract signature. Operationally, LAS decided that all these additional pieces of functionality are required for go-live.

During the project some elements of the implementation have been easier than others and delivered successfully against the plan, for example the site integration testing (SIT) in the summer of 2010 was particularly successful and carried out with minimal disruption to day to day live operations.

The project has not always had a robust track record in meeting milestone dates; for example the experience last year was that despite a re-planning exercise in November/December 2009, within weeks the re-planned Factory Acceptance Test

(FAT) milestone dates for Release 1.0 were being missed. In September 2010 there was a further re-planning exercise due to the development effort required for the additional functionality in Release 1.1.

NG committed to the delivery of Release 1.1 into FAT on 13 December 2010 as part of the revised delivery plan. NG met this delivery date and I have now greater confidence in the ability of both NG and the project team to meet the Stage 6 (transition to go-live) milestones. Overall, planning and milestone delivery has improved throughout the project implementation phase.

The Stage 6 implementation plan was presented to the Project Board in December 2010 and in my view is comprehensive, well-documented and at the appropriate level of detail. At that point I was also assured that Stage 5 of the project had been properly completed. I am therefore confident that the project will be in a position to go-live as anticipated on 08 June 2011.

User Acceptance Testing has been managed well and all faults identified in testing have been prioritised and are being managed according to the contract definitions. I am assured that the process for agreeing the fault definitions and prioritisation between LAS and NG is robust and that all fixes/patches will be in place prior to go-live.

The project has been characterised by a good working relationship on a technical level between LAS and NG which has meant pragmatic and practical solutions have been found to ensure that any delays in development work has not disrupted the overall project plan. An example of this was the decoupling of the release of 1.1 from the training schedule.

All contractual arrangements are up to date. However, during the project I have been concerned that the process for agreement and sign-off of contract modifications has not been effective and the contractual paperwork has, for the most part, lagged behind the technical development work and project activity. This is far from ideal and lessons should be learned for the future. It would be preferable from a project control and risk management point of view for the contract modification process to be under the control of the Project Director. Going forward, thought now needs to be given as to the contract management arrangements post go-live.

Training Plan and implementation

Staff training is probably the most critical part of the successful implementation for CommandPoint. It was a major factor in consideration of the various options associated with any delay to the Feb 2011 transition date. During the process of

considering these options I was very impressed with the collegiate approach taken by the project team, the training department and the operations management – led by Peter Suter – to consider how any dependency on the delivery of Release 1.1 could be de-coupled from the training schedule and hence removed from the project critical path. This provided additional contingency in the technical release schedule whilst retaining momentum with staff and the project team enabling them to start the training programme in early 2011.

The focus and attention that has been given to all the aspects of the training plan for this project, including planning, training resource, training materials, staff engagement and operational management engagement in the creation of the plans and schedules has been one of the strengths of this project. Despite the dreadful weather conditions and the operational pressures on the service in early January 2011 the training schedule started on time. There will always be a substantial risk to the project that operational pressures may have an impact on staff release for training. However, the project team have worked closely with the operational management team and I believe that the processes and rules which have been established, together with a certain amount of contingency within the training plan (10%) is mitigating much of this risk.

The Project Board meeting in February was alerted to the concerns that some users had expressed over the content and duration of the Dispatchers training course and the actions being taken to address these issues. In addition the Project Board reviewed attendance figures against plan and discussed the pass rates. The Gateway Review team recommendations around the assessment and activities required to ensure training remains on track and effective, in my view are already being delivered by the project team and the training team.

Programme and Budget control

The finance reports received by the Project Board indicate that the project is on-track financially for this year FY 2010/11 and any contingency required has been identified. Overall I am therefore assured that the project team are in control of their budget allocation. However the financial processes, particularly around contingency, are not always transparent. I have not yet seen the project budget for FY 2011/12 although the assurance from the Finance Directorate is positive. Because of the process of allocating the budget to the project on an annual basis there is little reporting against the initial total project budget and therefore it is difficult to assess any budget variance caused by delays to the project. For example I have not seen any quantified analysis of the additional expenditure incurred as a result of the delay to go-live until June 2011.

Throughout the project there has been a degree of complacency in the apparently “ring-fenced” CommandPoint contingency funds. In the current financial climate I do not believe that any funds can be considered securely ring-fenced and my view is the project risk log should reflect this.

Risk, Issues and Change management

Overall the project approach to risk management has improved. The internal project risks are well managed and the project risk log has developed well in the last few months. The Project Board always reviews and discusses the major risks and ensures that mitigation actions are in place.

The project has been less good at managing external risks to the project, but I am assured that these are recorded in the corporate risk register. It is my opinion that the greater risks to the implementation of CommandPoint are external to the project and should be being considered by the Trust Board at this stage and these are discussed in the final section of this report.

It must be recognised that one of the fundamental strategies adopted at the outset of this project to minimise risk at transition was to disaggregate IT change from business process change. The lack of control over the introduction of new IT and new business processes simultaneously has been identified as one of the contributing factors to the previous unsuccessful IT implementation in 1992.

The original intention of the project was to replace the burning technology platform without implementation of significant business change to drive operational business benefits. This strategy was adopted following lessons learned from the previous implementation of the computer aided dispatch system.

I am pleased that in the past few months with the additional input of Senior Users to the Project Board, the service is now actively readying itself for Command point. There has been considerable work led by Fiona Carleton to review existing business processes and practices to ensure that they are compatible with CommandPoint functionality and specifications. This includes a new dispatch model for Control Services which intends to implement business process change in early May. This activity is designed to minimise the impact of any IT system change on cut-over.

Following the technical implementation of CommandPoint in June, a project should be initiated to use the new system to drive further business change and in the current economic climate explore the use of new technology to drive efficiency.

Arrangements for handover to operations are in hand, and I have been consistently impressed with the engagement of all of the Senior Users on the project board. Communications with staff and staff-side representatives has been positive throughout and in my view the project is on track for success.

Cutover plan

The cutover planning has been thorough with the project working up options for the Technical Cut-over plan which identified three potential cut-over scenarios subsequently worked through with operations management in a successful table top exercise. There is also an identified plan to rehearse the cut-over plans with a pre-cut-over dry run using the fall-back control room at Bow. Again, operations management are actively involved in this process and I am assured that the detail and planning for cut-over is robust and appropriate for this stage of the implementation plan. I am impressed that this is at the level of detail of the staff who will be on shift during cut-over and the subsequent shift plans.

The Trust Board will have control over the final 'go live' decision though a separate process, with the final decision delegated to Gold Command. However, Board needs to start considering now how they will measure the risks at the point of transition and have a clear well documented process by which they can reach a decision.

The Stage 6 project plan shows all the products and activities that must be completed prior to go-live. However, no project is perfect and there are always outstanding issues prior to go-live. It will be almost impossible for an implementation of this size and complexity to have assurance at the point of transition that everything is complete. The process for the go/no-go decision needs to be clearly documented with the role of the LAS Trust Board in this decision process well understood and some thought given at this stage to what "good enough" will look like.

The Board needs to have addressed the criteria for go/no-go and I understand plan to delegate the authority to the Gold command structure prior to go-live. These criteria need to be established in advance in a rational manner so that last minute decision making is made in a controlled environment rather than simply reactive to events "on the night".

I am assured that the transition arrangements on the night which allow for paper based working, ensure that feasible, tested business contingency, continuity and/or reversion arrangements are agreed and in place.

Major risks to successful implementation on June 8th

The White Paper published in July 2010 has introduced considerable uncertainty into the management and structure of the NHS, which in turn created risk for major IT implementations such as this.

For example changes to the structure and delivery of the NHS may require operational changes within LAS, which would require changes to the IT system. An example might be the introduction of CRM, although I understand that this particular requirement has now been postponed until September 2011. At this stage in an IT implementation, i.e. 3 months prior to go-live, it would be exceptionally high risk to introduce any system changes to support revised operational processes into the existing CTAK system particularly if those changes cannot be reflected CommandPoint.

There are risks that changes to performance management and commissioning regimes as a consequence of the White Paper may introduce the need for system changes (for example changes to CQUINS) which could have direct financial consequences for the Trust. Any change requests may put the Command Point implementation plan at risk and the Trust Board needs to consider how to deal with conflicting interests between this project and other operational demands,

The LAS Trust Board need to take ownership of such external risks to the Command Point project and balance the financial and operational requirements of the organisation against the threats that these might pose to the safe and controlled introduction of a new IT system. There needs to be a level of understanding of these risks; a commitment and prioritisation of resources; and a willingness to find corporate and collegiate solutions to conflicting demands to ensure the success of the project.

I remain concerned that the major risks to a successful go-live for the project are external and need to be identified and adopted on the corporate risk register. I have not had the opportunity to review the corporate risk register.

From my point of view the most significant external risks to the project are likely to be:

- any changes to the business operating environment for LAS as a result of Liberating the NHS/the proposed new Health Bill; these may require changes to the system or business processes which would impact on the project plan causing delays or increased costs (or both) – the Board needs to consider

whether they could negotiate delays in compliance with commissioners to implement changes after go-live;

- the likely “dip” in performance that changing to a new IT system will inevitably cause and what impact that may have on LAS FT application; again, what negotiations/discussions are taking place with commissioners around this potential performance dip?
- during the final weeks of implementation prior to go-live the Trust Board focus needs to be concentrated on the CommandPoint implementation and this may be difficult in tandem with FT application;
- the financial pressures on the NHS in 2011/12 may have an adverse impact on the project plans e.g. ensuring staff released for training
- operational pressures on the service which may disrupt training schedules or even go-live plans – there needs to be a contingency plan for delays to go-live of 24 hours; 1 day; 1 week etc with the relative risks and costs associated with such delays. This would assist the development of the approval process identified in point 6.

There are also short-term external risks associated with the go-live date such as a major incident occurring in previous 24 or 48 hours – what impact would this have? How can this be factored into the go/no-go decision making process. What would happen if there are international travel restrictions (e.g. strikes or volcanic ash) which may prevent key US personnel from travelling?

Conclusion

This is a well-managed project, which is on track to deliver a successful technical and operational new IT system. During the course of the project there has been continual improvement in project planning and delivery, and the project has been characterised by exceptional attention to technical detail.

The contribution of the original senior User, John Hopson, and the subsequent engagement of other operational users, including Paul Webster, Fiona Carleton and Steve Kime, has contributed to a real engagement with all staff in this project. My understanding is that arrangements for handover to operations are in hand. Communications with staff and staff-side representatives has been positive throughout and in my view the project is on track for success.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH MARCH 2011

PAPER FOR APPROVAL

| Document Title: | LAS Budgets 2011-12 | | | | | | | | | | | | |
|---|---|--|-----------|----------------|-----|--------------|-----|-----------|-----|----------------------------|------|-----------|------|
| Report Author(s): | Amanda Cant | | | | | | | | | | | | |
| Lead Director: | Mike Dinan | | | | | | | | | | | | |
| Contact Details: | Michael.Dinan@lond-amb.nhs.uk | | | | | | | | | | | | |
| Why is this coming to the Trust Board? | To seek Board approval for the 2011-12 budget | | | | | | | | | | | | |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other | | | | | | | | | | | | |
| Recommendation for the Trust Board: | To approve the 2011-12 LAS budget | | | | | | | | | | | | |
| <p>Executive Summary</p> <p>The board are asked to approve the LAS Budget for 2011-12 which will deliver a surplus of £2.7 million. The high level budgets are as follows:</p> <table style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: right;">£,million</th> </tr> </thead> <tbody> <tr> <td>• Total income</td> <td style="text-align: right;">284</td> </tr> <tr> <td>• A&E income</td> <td style="text-align: right;">253</td> </tr> <tr> <td>• Surplus</td> <td style="text-align: right;">2.7</td> </tr> <tr> <td>• Cost Improvement Program</td> <td style="text-align: right;">14.8</td> </tr> <tr> <td>• Capital</td> <td style="text-align: right;">10.8</td> </tr> </tbody> </table> <p>Key financial risks arise in relation to:</p> <ul style="list-style-type: none"> • Income streams for HART, CBRN and MPET • Delivery of Cost Improvement Programme • Impact of financial risks outlined within the risk schedule • Significant changes in activity impacting upon ability to deliver performance | | | £,million | • Total income | 284 | • A&E income | 253 | • Surplus | 2.7 | • Cost Improvement Program | 14.8 | • Capital | 10.8 |
| | £,million | | | | | | | | | | | | |
| • Total income | 284 | | | | | | | | | | | | |
| • A&E income | 253 | | | | | | | | | | | | |
| • Surplus | 2.7 | | | | | | | | | | | | |
| • Cost Improvement Program | 14.8 | | | | | | | | | | | | |
| • Capital | 10.8 | | | | | | | | | | | | |
| <p>Key issues for the Trust Board</p> <p>The following key issues are brought to the attention of the Board:</p> <ul style="list-style-type: none"> • The proposed budget will deliver a surplus of £2.7 million in line with DH requirements. • The income assumptions within the proposed budget are in line with on going discussions with our Commissioners and the Heads of Terms signed on the 28th February 2011 in relation to the main A&E contract. • Other income includes HART, MPET and CBRN which are subject to on going discussion | | | | | | | | | | | | | |

with commissioners

- The proposed budget includes a cost improvement programme of £14.8 million of which £1.4 million of which is unidentified savings.
- A schedule of financial risk can be found within the detailed papers.

Attachments

London Ambulance Service Budget 2011-12 and detailed financial schedules

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

London Ambulance Service Budget 2011-12

Executive Summary

This paper outlines the key features of the proposed LAS 2011-12 budgets presented to the Board on the 29th March 2011 for approval.

The Board is asked to:

- **To Approve** the 2011-12 LAS budget with a revenue surplus of £2.7 million.
- **To note the following:**
 - The key features of the funding agreements with Commissioners for 2011-12. Heads of term for the A&E contract with PCT Commissioners were signed on the 28th February 2011.
 - The proposed treatment of the income from A&E contract in relation to CQUINs and K.P.Is
 - The level of cash releasing cost improvement programme (£14.8 million) required to achieve the £2.7 million surplus. Currently £1.4 million of this programme is unidentified and has been allocated to directorate budgets in proportion to expenditure budget.
 - The financial risks flagged to management during business planning.
 - The LAS proposed budget for 2011-12 reconciles to the budget submissions made to DH and NHS London plan on the 22nd March 2011.

Budget Assumptions

The LAS 2011-12 budgets have been prepared using the following assumptions:

- (1.5)% Tariff/Income Deflator
- In line with A4C terms of conditions i.e. incremental drift and £250 for band 3 and below. No other pay inflation assumed.
- 2.9% Inflation
- 1.0% efficiency saving
- 0.5% Contingency
- 1% minimum planning surplus

The high level budget summary can be found in **Appendix A**.

The key areas of movement relating to income arise from the agreement of the A&E contract and removal of non recurrent income received for Plato in 2010-11.

Pay costs have increased reflecting the changes in employer's national insurance contributions which come into effect in 2011-12. This change had not been incorporated in to the last version of the LTFM. Both pay and non pay costs have reduced in line with the cost improvement programme outlined in detail below.

NHS London planning guidance requires all NHS bodies to hold a contingency equal to 0.5% of resources. LAS contingency would be £1.3 million. In the LAS proposed budget for 2011-12 this contingency is to be the same as the expenditure reserve established for non achievement of CQUIN's and KPI's i.e. £2 million.

Contract Income

The high level summary in **Appendix A** assumes income levels in line with the LTFM.

Heads of terms were signed with lead commissioners on the 28th February 2011 in line with LTFM income assumptions.

The LTFM anticipated an A&E contract value of £251,566 for 2011-12 a 0.4% increase on the 2010-11 contract value. The Heads of Terms have been signed with commissioners agreeing £252,613 which is a 0.5% increase on prior year.

The main areas of note are as follows:

- KPIs agreed at 2% relating to CAT (1% over all 75% performance with mitigation if activity level rise above 0.2% above 2010-11 base and 1% for 73% Cat A performance by sector with mitigation of over 63 black breaches per sector)
- No funding for any activity above agreed 2011-12 base line
- CQUIN (1.5% of contract value) as follows:
 - Reducing Conveyance to A&E services – 0.4% of Contract Value
 - Pan-London target of 67.5% by year-end and with a Sector level Threshold of 70% to enable payment (incorporating steady trajectories to achievement)
 - LAS usage of Hear & Treat – 0.6% of Contract Value
 - 0.3% to achieve LTFM combined CTA and NHSD no send volume as per LTFM
 - 0.3% NHS Pathways and 111 implementation - NHS Pathways usage in CTA, work with 111 providers to develop link (not fund) and agree a letter of commitment to implement in 999 by end of 2012/13 if clinically safe
 - CPI Non-Conveyed – 0.1% of Contract Value
 - Falls & Older People referrals to GP's - 0.1% of Contract Value
 - End Of Life Care Pathways – 0.1% of Contract Value
 - Mental Health Pathways – 0.1% of Contract Value
 - Whole System Clinical Issue Resolution – 0.1% of Contract Value

The LAS commissioning team continue to meet with Commissioners to finalise base lines for the contract. The publication of the National Ambulance Contract on 18th March 2011 includes mandatory K.P.I's for Cat A 8 minutes response at 2% and Cat A 19 minutes at 2%. This doubles the level of KPI financial risk agreed in the Heads of Terms.

Other income includes HART, CBRN, MPET, PTS and other misc income. Funding confirmation in relation to HART and MPET income streams have yet to be received from commissioners. These income streams have been flagged within the financial risk schedule.

In 2010-11 LAS budget, the full value of A&E contract and the CQUIN value were incorporated into the organisations base budget. In 2011-12 it is proposed to account for CQUIN income and a risk reserve for under performance against K.P.I's by creating an expenditure reserve of £2.0 million.

If CQUIN and KPI performance is in line with trajectory/milestones agreed with commissioners at the check points i.e. quarterly these funds would be released.

Pay costs have moved adversely reflecting the changes in employers national insurance contributions which come into effect in 2011-12 which had not been incorporated in to the last version of the LTFM.

Cost Improvement Programme

The proposed budgets extend the cost improvement programme from £11.8 million in the LTFM to £14.8 million. All savings need to be recurrent and cash releasing for directorates' current pay or non pay expenditure budgets.

The cost improvement programme reflected in the proposed budget totals £13.4 million see **Appendix B**. £1.4 million of unidentified savings have been allocated across all directorates in line with budgeted expenditure levels.

A detailed overview of the development of the 5 year cost improvement programme, its governance arrangements and reporting will be provided in a separate paper to the board.

Detailed break down of year one programme is attached at **Appendix F**.

Financial Risk

A list of the financial risks and funding pressures reported to the finance directorate can be found at **Appendix C**. These total £37 million.

The schedule includes narrative on the action being taken to mitigate these risks.

Balance Sheet

The balance sheet for the period ending March 2012 can be found in the summary financial information pack at **Appendix D**.

There are no significant changes in the trusts balance sheet.

Capital Plan

The capital plan for 2011-12 can be found the summary financial information pack at **Appendix E**.

2011-12 NHS Budget and Business Plans

Initial budgets were submitted to NHS London on the 21st February 2011. NHS London provided written feedback on this submission.

Final 2011-12 budgets and business plan narrative were submitted on the 22nd March 2011.

NHS London will submit a final consolidated budget and business plan for the NHS in London to the Department of Health on the 1st April 2011.

Appendix A

High level Budget summary

| Summary | | | | |
|--|----------------------------|-------------------------|---------------|---------------|
| | M11 Fcast 10/11 £000 | Budget 11/12 £000 | Diff £000 | % |
| Income see Appendix A1 | | | | |
| A&E | 259,738 | 262,401 | -2,663 | -1.0% |
| Other | 24,102 | 21,890 | 2,213 | 10.1% |
| Total | 283,840 | 284,290 | -450 | -0.2% |
| Operating Expense see Appendix A2 | | | | |
| Pay | 208,059 | 202,550 | 5,508 | 2.7% |
| Non Pay | 59,007 | 58,182 | 825 | 1.4% |
| Total | 267,065 | 260,732 | 6,333 | 2.4% |
| EBITDA | 16,775 | 23,558 | -6,784 | -28.8% |
| EBITDA % | 5.91% | 8.29% | -2.38% | -28.7% |
| Depreciation, Dividend & Interest | 16,273 | 20,841 | -4,569 | -21.9% |
| Net Surplus/(Deficit) | 502 | 2,717 | -2,215 | -81.5% |
| Net Margin | 0.18% | 0.96% | -0.78% | -81.5% |
| Impairment | 0 | 0 | 0 | |
| Net Surplus/ (Loss) After Impairment | 502 | 2,717 | -2,215 | -81.5% |
| Average Capital Employed | 111,455 | 109,578 | 1,877 | 1.7% |
| Return on Assets | 5.17% | 7.53% | -2.36% | |

LAS Financial Review - Income Summary
Appendix A1

Budget 2011/12

| | M11 Fcast 10/11 | Budget 11/12 | Diff | % |
|--|-----------------------|-----------------|----------------|---------|
| | £000 | £000 | £000 | |
| Emergency Delivery | | | | |
| PCT Commissioned | 249,839 | 253,088 | (3,249) | -1.3% |
| CBRN | 7,706 | 7,706 | 0 | 0.0% |
| RTA | 2,193 | 1,606 | 586 | 36.5% |
| Subtotal | 259,738 | 262,401 | (2,663) | -1.0% |
| Specialised Services | | | | |
| HART | 6,965 | 7,097 | (132) | -1.9% |
| HEMS | 40 | 39 | 0 | 0.8% |
| Subtotal | 7,005 | 7,137 | (132) | -1.8% |
| Information Services & Research | | | | |
| EBS | 1,105 | 1,106 | 1 | 0.0% |
| Research | 192 | 216 | (24) | -11.1% |
| Subtotal | 1,297 | 1,322 | (23) | -1.8% |
| Patient Transport Services | | | | |
| PTS | 8,262 | 6,815 | 1,447 | 21.2% |
| BETS & SCBU | 744 | 789 | (46) | -5.8% |
| A&E Long Distance | 281 | 240 | 41 | 17.2% |
| Subtotal | 9,287 | 7,844 | 1,443 | 18.4% |
| NHS London | | | | |
| MPET | 2,658 | 1,350 | 1,308 | 96.9% |
| Other Education | 0 | 0 | 0 | #DIV/0! |
| Olympics 2012 | 767 | 2,037 | (1,269) | -62.3% |
| Subtotal | 3,425 | 3,387 | 39 | 1.1% |
| Commercial | | | | |
| Stadia | 954 | 1,000 | (46) | -4.6% |
| BAA | 625 | 625 | (0) | 0.0% |
| Training | 51 | 11 | 39 | 344.0% |
| Subtotal | 1,630 | 1,636 | (7) | -0.4% |
| Other | 1,457 | 564 | 894 | 158.5% |
| Total | 283,840 | 284,290 | (449) | -0.2% |

LAS Financial Review - Expense Summary

Appendix A2

Budget 2011/12

| | M11 Fcast 10/11 | Budget 11/12 | Diff | % |
|------------------------------------|-----------------------|-----------------|----------------|---------------|
| | £000 | £000 | £000 | |
| Income | | | | |
| A&E | 259,738 | 262,401 | (2,663) | -1.0% |
| Other | 24,102 | 21,890 | 2,213 | 10.1% |
| Total | 283,840 | 284,290 | (450) | -0.2% |
| Payroll (£k) | | | | |
| A&E Sectors | 126,824 | 132,421 | (5,598) | -4.2% |
| A&E Overtime | 11,127 | 4,553 | 6,574 | 144.4% |
| A&E Incentive | 7 | 0 | 7 | #DIV/0! |
| A&E Management | 14,590 | 14,184 | 407 | 2.9% |
| EOC | 11,903 | 12,053 | (151) | -1.3% |
| Operational Support | 3,542 | 4,210 | (668) | -15.9% |
| PTS | 5,847 | 4,611 | 1,235 | 26.8% |
| Corporate Support | 27,271 | 29,888 | (2,618) | -8.8% |
| Other Overtime | 1,776 | 380 | 1,396 | 367.5% |
| Agency | 5,173 | 250 | 4,923 | 1969.4% |
| Total | 208,059 | 202,550 | 5,508 | 2.7% |
| Non Pay | | | | |
| Staff Related | 8,265 | 6,083 | 2,182 | 35.9% |
| Consumables, Medical Equip & Drugs | 6,921 | 6,017 | 904 | 15.0% |
| Vehicle Leasing | 1,614 | 1,463 | 151 | 10.3% |
| Fuel & Oil | 5,926 | 5,949 | (22) | -0.4% |
| Vehicle Maintenance | 7,469 | 7,611 | (142) | -1.9% |
| Vehicle Insurance | 1,564 | 1,623 | (59) | -3.6% |
| 3rd Party Transport | 812 | 585 | 227 | 38.8% |
| Accommodation & Estates | 12,387 | 12,686 | (299) | -2.4% |
| IT & Telecoms | 7,612 | 7,980 | (368) | -4.6% |
| Finance & Legal | 3,839 | 5,548 | (1,710) | -30.8% |
| Consultancy | 856 | 640 | 216 | 33.8% |
| Other | 1,742 | 1,997 | (256) | -12.8% |
| Subtotal | 59,007 | 58,182 | 825 | 1.4% |
| Depreciation | | | | |
| Other | 11,339 | 15,329 | (3,990) | -26.0% |
| Subtotal | 11,339 | 15,329 | (3,990) | -26.0% |
| Financial | | | | |
| Dividend | 3,772 | 3,832 | (60) | -1.6% |
| Interest | 1,162 | 1,680 | (519) | -30.9% |
| Subtotal | 4,934 | 5,512 | (579) | -10.5% |
| Total Expense | 283,338 | 281,573 | 1,765 | 0.6% |

LAS Financial Review - Payroll

Appendix A3

Budget 2011/12

| | Budget 11/12 | | Establishment | | Outturn Position | | Average Annual | |
|---------------------|----------------|-------------|---------------|--------------|------------------|--------------|----------------|---|
| | £000 | % | WTE | WTE | WTE | WTE | WTE | % |
| Payroll (£k) | | | | | | | | |
| A&E Sectors | 132,421 | -4.2% | 3,236 | 3,156 | 2.2% | 3,196 | 0.6% | |
| A&E Overtime | 4,553 | 144.4% | 0 | 0 | 0.0% | 0 | 0.0% | |
| A&E Incentive | 0 | #DIV/0! | 0 | 0 | 0.0% | 0 | 0.0% | |
| A&E Management | 14,184 | 2.9% | 218 | 217 | 4.6% | 222 | 3.0% | |
| EOC | 12,053 | -1.3% | 395 | 401 | 9.0% | 418 | 2.0% | |
| Operational Support | 4,210 | -15.9% | 108 | 93 | 0.0% | 93 | 0.5% | |
| PTS | 4,611 | 26.8% | 164 | 165 | 0.6% | 165 | 21.3% | |
| Corporate Support | 29,888 | -8.8% | 639 | 605 | -4.1% | 593 | -4.3% | |
| Other Overtime | 380 | 367.5% | 0 | 0 | 0.0% | 0 | 0.0% | |
| Agency | 250 | 1969.4% | 0 | 0 | 0.0% | 0 | 0.0% | |
| Total | 202,550 | 2.7% | 4,760 | 4,637 | 2.0% | 4,686 | 1.0% | |

Appendix B – Cost Improvement Programme

| Programme | Other Desc | | CIP in Budgets |
|---|---------------------------------------|----|----------------|
| | | | £000s |
| Front Line staffing - Process Management | A&E Frontline | A1 | 5,187 |
| Front Line staffing - Resource Management | Subsistence and Roster Reform | B1 | 800 |
| Front Line staffing - Resource Management | Policy Review | B2 | 0 |
| Fleet optimisation | Make Ready | C2 | 251 |
| PTS | PTS | F1 | 268 |
| Support Services | Additional Head Count Reductions | F4 | 617 |
| Support Services | Support Services Non Pay Benchmarking | F5 | 1,810 |
| Support Services | Procurement | F6 | 1,160 |
| Support Services | Agency | F7 | 2,381 |
| Support Services | IM&T | F8 | 895 |
| Other Unidentified | Unallocated CIP | | 0 |
| CIP before Income Provision | | | 13,369 |
| Other Unidentified | Income Provision | | 1,471 |
| CIP After Income Provision | | | 14,840 |

Appendix C – Financial Risk

| <u>Directorate</u> | <u>Financial Risk</u> | <u>Comment</u> |
|-----------------------|-----------------------|---|
| Operational Support | 250,000.00 | A number of operational suppliers are increasing prices. Procurement are negotiating with Supplier |
| Operational Support | 1,200,000.00 | TFL LEZ project expected to be implemented within the next few months. Fleet negotiating with TFL but no change in circumstances |
| EOC Overtime | 500,000.00 | Last year EOC was over spent by £1m against budget. This over spend may continue with the implementation of Command Point. |
| MPET Income | 1,200,000.00 | There is no signed contractual agreement for MPET income in 2011-12. |
| finance | 1,197,000.00 | Depreciation costs may increase if current vehicle leases are not reclassified as operating leases with the agreement of external audit. |
| A&E Overtime | 2,688,000.00 | Current Over Time requirement is for 4k hours per week and 10k hour of shift overrun per month. If these levels were to continue the proposed budget would be under funded by this value. |
| PTS | 916,916.55 | Income risk of not retaining PTS contracts |
| A&E Operational staff | 340,000.00 | Proposed restructure of A&E support staff will incorporate unsocial hours moving from 21% to 25% to cover nights |
| Income | 3,789,195.00 | CQUIN income |
| Income | 10,104,520.00 | KPI risk |
| Income | 14,785,000.00 | HART/CBRN |
| | 36,970,631.55 | |

Appendix D

2011/12 Plan

| | 2010/11 | 2011/12 | | | |
|--|-----------------|-----------------|---------|---------|--|
| | Fcast M11 | Plan | Diff | % | |
| | £000 | £000 | £000 | | |
| NON-CURRENT ASSETS | | | | | |
| Property, Plant & Equipment | 127,668 | 123,132 | (4,536) | -3.6% | |
| Intangible Assets | 14,123 | 14,123 | 0 | 0.0% | Depreciation Charge higher than additional assets purchased in year. Does not include the results of the revaluation exercise currently being performed by valuation office. |
| Other Financial Assets | 7,085 | 7,307 | 222 | 3.1% | |
| Trade and Other Receivables | 3,444 | 3,444 | 0 | 0.0% | |
| TOTAL NON-CURRENT ASSETS | 152,320 | 148,006 | 222 | -2.8% | |
| CURRENT ASSETS | | | | | |
| Inventories | 2,626 | 2,626 | 0 | 0.0% | |
| Trade and Other Receivables | 10,810 | 10,683 | (127) | -1.2% | |
| Other Financial Assets | 0 | 0 | 0 | n/a | |
| Other Current Assets | 0 | 0 | 0 | n/a | |
| Cash and Cash Equivalents | 836 | 5,574 | 4,738 | 566.7% | Internally generated cash increase |
| CURRENT ASSETS | 14,272 | 18,883 | 4,611 | 32.3% | |
| Non-Current Assets Held for Sale | 650 | 0 | (650) | -100.0% | Sale Park Royal Ambulance Station |
| TOTAL CURRENT ASSETS | 14,922 | 18,883 | 3,961 | 26.5% | |
| TOTAL ASSETS | 167,242 | 166,889 | (353) | -0.2% | |
| CURRENT LIABILITIES | | | | | |
| Trade and Other Payables | (16,431) | (18,170) | (1,739) | 10.6% | Increase in Capital Creditors |
| Other Liabilities | 0 | 0 | 0 | n/a | |
| DH Capital Loan | (1,244) | (1,244) | 0 | 0.0% | |
| Borrowings | 0 | 0 | 0 | n/a | |
| Other Financial Liabilities | 0 | 0 | 0 | n/a | |
| Provisions for liabilities and Charges | (1,200) | (1,274) | (74) | 6.2% | |
| TOTAL CURRENT LIABILITIES | (18,875) | (20,688) | (74) | 9.6% | |
| NET CURRENT ASSETS/(LIABILITIES) | (3,953) | (1,805) | 2,148 | -54.3% | |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 148,367 | 146,201 | | | |
| NON CURRENT LIABILITIES | | | | | |
| Other Liabilities | 0 | 0 | 0 | n/a | |
| DH Capital Loan | (6,831) | (5,587) | 1,244 | -18.2% | Loan repayment of principal |
| Borrowings | (21,667) | (17,813) | 3,854 | -17.8% | Finance lease repayment of principal |
| Other Financial Liabilities | 0 | 0 | 0 | n/a | |
| Provisions for liabilities and Charges | (8,414) | (8,628) | (214) | 2.5% | Increase in Legal & Injury Benefit Provisions |
| TOTAL NON CURRENT LIABILITIES | (36,912) | (32,028) | 4,884 | (0) | |
| TOTAL ASSETS EMPLOYED | 111,455 | 114,173 | 4,884 | (0) | |
| FINANCED BY TAXPAYERS EQUITY | | | | | |
| Public Dividend Capital | 62,516 | 62,516 | 0 | 0.0% | |
| Retained Earnings | 13,444 | 16,162 | 2,718 | 20.2% | I&E surplus for 2011/12 |
| Revaluation Reserve | 35,914 | 35,914 | 0 | 0.0% | |
| Other Reserves | (419) | (419) | 0 | 0.0% | |
| TOTAL TAXPAYERS EQUITY | 111,455 | 114,173 | 2,718 | 0 | |

Appendix E

Capital Programme 2011/12 Plan

| | 2011/12 |
|-----------------------------------|---------|
| | Plan |
| | £000 |
| ESTATES | 1,500 |
| IM&T | 3,785 |
| FLEET | 8,265 |
| Disposals | -650 |
| Sale and Lease back of Ambulances | -4,407 |
| | -5,057 |
| Other | 2,300 |
| TOTAL CAPITAL PROGRAMME | 10,793 |

LONDON AMBULANCE SERVICE NHS TRUST
IBP Cost Improvement Programme - Yr 1 Summary

| Year 1 | | Ref | Initiative | 2011/12 - Year 1 | | | | | | | | | | | | Total £'000 | WTE Reduction | Year 1 RAG Status | Manager Lead | |
|---|------|--------------------------------------|---|------------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|------------------|----------------------|-----------------|----------------------------|
| Area | | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | | |
| Front Line staffing - Process Management | A1 | | Improve effectiveness of call triage - hear & treat | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 437 | 11 | Green | Sue Watkins |
| | A2 | | Alternative care pathways and reduced conveyance | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 125 | 3 | Green | Emma Williams |
| | A3-1 | | Improved Mobilisation | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 360 | 9 | Green | Jason Killens |
| | A3-2 | | Improved AAC | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Green | Jason Killens |
| | A3-3 | | VOR - Mechanical | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Green | Jason Killens |
| | A3-4 | | VOR - Staff/Control Services | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | Green | Jason Killens |
| | A4 | | Improve hospital turnaround times | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 1,616 | 39 | Green | Jason Killens |
| A5 | | Additional productivity improvements | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 951 | 12 | Green | Jason Killens | |
| Front Line staffing - Resource Management | B1 | | Changes in policy - rest breaks | - | - | - | 100 | 100 | 100 | 100 | 100 | - | 100 | 100 | 100 | 100 | 800 | 22 | Green | Steve Sale |
| | B2-1 | | Policy enforcement - Unsocial Hours | - | - | - | 96 | 100 | 100 | 100 | 100 | - | 100 | 100 | 100 | 100 | 796 | 21 | Green | Greg Masters |
| | B2-2 | | Policy enforcement - Management Overtime | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 200 | - | Green | Jason Killens | |
| | B2-3 | | Policy enforcement - Travel for overtime | - | - | - | - | - | - | 24 | 24 | 24 | 24 | 24 | 24 | 147 | 4 | Green | Tony Crabtree | |
| | B2-4 | | Policy enforcement - Home to Base mileage for lease car holde | - | - | - | - | - | - | 8 | 8 | 8 | 8 | 8 | 8 | 50 | - | Amber | Tony Crabtree | |
| | B2-5 | | Policy enforcement - lease car entitlement | - | - | - | - | - | - | 6 | 6 | 6 | 6 | 6 | 6 | 36 | - | Amber | Tony Crabtree | |
| | B3 | | Roster optimisation - Phase 1 | - | - | - | - | - | - | 70 | 80 | 80 | 80 | 80 | 80 | 470 | 11 | Green | Paul Gates | |
| | B4 | | Roster optimisation phase 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Paul Gates |
| | B5-1 | | Station Management review | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Jason Killens |
| | B5-2 | | Resource Centre Consolidation | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Jason Killens |
| B5-3 | | A&E Central Management Review | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Jason Killens | |
| Fleet optimisation | C1 | | Workshop rationalisation | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Chris Vale |
| | C2 | | Make ready teams | - | - | - | 11 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 251 | - | Amber | David Hutton | |
| | C3 | | Maintenance procurement | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Steve Melhuish |
| Control Room | D1 | | Command Point | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Martyn Salter |
| | D2 | | Roster review/benchmarking | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Fiona Carleton |
| | D3 | | Management review - span of control/benchmarking | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Fiona Carleton |
| Estate | E1 | | Full SAS rationalisation | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Martin Nelhams |
| | E2 | | Headquarters rationalisation | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Martin Nelhams |
| PTS | F1 | | PTS modernisation | - | - | - | - | - | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 268 | - | Amber | Nic Daw | |
| Support Services | F2-1 | | Support Services pay - Span of control & benchmarking | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Heads of support functions |
| | F2-2 | | Support Services pay - Financial services outsourcing | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Amanda Cant |
| | F3-1 | | Support Services pay - HR | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Gill Heuchan |
| | F3-2 | | Support Services pay - E&D | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | Caron Hitchen |
| | F4 | | Additional head count reductions | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 617 | 19 | Green | Martyn Salter | |
| | F5 | | Support Services non pay - benchmarking | - | - | - | 270 | 270 | 270 | 270 | 270 | 270 | 270 | 270 | 270 | 2,434 | - | Green | Martyn Salter | |
| | F6 | | Procurement | - | - | - | 59 | 59 | 59 | 59 | 59 | 59 | 59 | 59 | 59 | 535 | - | Amber | Richard Deakins | |
| | F7 | | Agency | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 2,381 | - | Green | Ann Ball | |
| | F8-1 | | CTS contract | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 120 | - | Green | Vic Wynn | |
| | F8-2 | | BT Telephony | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 230 | - | Amber | Vic Wynn | |
| | F8-3 | | Mobile Telephony | - | - | - | - | - | - | 26 | 26 | 26 | 26 | 26 | 26 | 154 | - | Green | Vic Wynn | |
| | F8-4 | | PSIAM Replacement | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | John Downard |
| | F8-5 | | Scanning | - | - | 1 | - | - | 2 | - | - | 1 | - | - | 1 | 5 | - | Green | Sue Meehan | |
| | F8-6 | | MDT2 replacement | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | John Downard |
| F8-7 | | Networks | - | - | - | - | - | - | 3 | 3 | 3 | 3 | 3 | 3 | 20 | - | Green | Vic Wynn | | |
| F8-8 | | Cessation of Analogue Radio | 17 | 17 | 17 | 17 | 17 | 17 | 24 | 24 | 24 | 24 | 24 | 25 | 247 | - | Green | Vic Wynn | | |
| F8-9 | | Dotted Eyes | - | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 107 | - | Green | John Downard | | |
| F8-10 | | Servers & Data Storage | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 | - | Green | Vic Wynn | | |
| F8-11 | | AMPDS Replacement | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | None | John Downard | |
| F8 | | IM&T Total | 47 | 57 | 58 | 57 | 57 | 59 | 93 | 93 | 94 | 93 | 93 | 95 | 895 | - | No Sheet | | | |
| Totals | | | | 604 | 614 | 615 | 1,151 | 1,174 | 1,176 | 1,363 | 1,373 | 1,174 | 1,373 | 1,373 | 1,375 | 13,369 | 151 | | | |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR APPROVAL

| | |
|---|--|
| Document Title: | Control Rooms |
| Report Author(s): | Peter Suter |
| Lead Director: | Peter Suter |
| Contact Details: | peter.suter@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | To seek Trust board approval. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group |
| Recommendation for the Trust Board: | The Trust Board are asked to support the proposal to bring Bow live as a second control room. |
| Executive Summary | |
| The objective of this paper is to seek Trust Board approval for the change in business continuity arrangements for the current LAS Control Rooms. | |
| Key issues for the Trust Board | |
| The Trust currently operates 2 control rooms, one live at Waterloo, the other a standby at Bow. As demonstrated during the UPS fire in October 2010, while these arrangements work, they are not sufficient for long term business continuity arrangements. | |
| Attachments | |
| UPS Fire debrief report. | |

| |
|---|
| Strategic Goals 2010 – 13 |
| This paper supports the achievement of the following corporate objectives: |
| <input checked="" type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input checked="" type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input checked="" type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve |
| Risk Implications |
| This paper links to the following strategic risks: |
| <input checked="" type="checkbox"/> There is a risk that we fail to effectively fulfil care/safety responsibilities <input type="checkbox"/> There is a risk that we cannot maintain and deliver the core service along with the performance expected <input type="checkbox"/> There is a risk that we are unable to match financial resources with priorities <input checked="" type="checkbox"/> There is a risk that our strategic direction and pace of innovation to achieve this are compromised |

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

None.

PROPOSED CHANGE TO CONTROL ROOMS**TRUST BOARD – 29 MARCH 2011****1.0 Introduction**

- 1.1 The objective of this paper is to seek Trust Board approval for the change in business continuity arrangements for the current LAS Control Rooms.

2.0 Background

- 2.1 The Department of Health commissioned the Mason Report (2007) – Report on Operating Models for NHS Ambulance Trust Control Rooms in England. The key recommendation was that two live control rooms were perceived to be the optimum size for a effective Ambulance Service to operate.
- 2.2 The LAS has operated two control rooms for many years, one live at Waterloo and an unmanned standby site at Bow. In 2009 a project was established to evaluate the current arrangements and develop cost models that could be used as a basis to migrate the LAS from its existing arrangements, to those described within the Mason report.
- 2.3 Initially the re-use of Waterloo and Bow were discounted mainly because they are both on the Thames flood plane and there are concerns over the provision of electrical power. After an initial options appraisal, a business case was developed to build on two existing LAS sites. However the business case identified the potential costs to be between £40M - £46M.
- 2.4 Based on these costs (and set against the developing economic background), the SMG decided to stop the project, redirect activities for a low cost but higher risk option utilising Waterloo, Bow and third party data centres to provide an improvement on existing arrangements. This would run live operations, with 100% spare capacity in each location. This would have to be after CommandPoint go live, with the objective to support the LAS until 2016.
- 2.5 On 11 October 2010 the main UPS (uninterruptable power supply) caught fire, causing the Trust to invoke it's business continuity arrangements and relocate all control room services to Bow. While core services were maintained, it did reinforce the SMG decision that there was an urgent need to operate from two live control rooms. In response to a previous request from the Trust board, the debrief report from this incident is attached as an appendix to this report.
- 2.6 Work is currently underway to scope the necessary building relocations necessary to enable Bow as a live control room. Work will also need to be completed on ensuring the power supplies at each building.

3.0 Recommendation

- 3.1 The Trust Board are asked to support the proposal to bring Bow live as a control room.



Peter Suter
Director of Information Management & Technology



Debrief Report
UPS Fire Incident at LAS HQ
11th October 2010

Prepared By Paul Williams

Emergency Preparedness Department

Introduction

This report provides an outline of the events which occurred on the night of October 11th 2010 when an electrical fire resulted in the Emergency Operations Centre at LAS HQ Waterloo invoking their business continuity plan and moving operations to the Fall Back Control (FBC) centre at Bow before returning to normal operations at HQ Waterloo.

Following the incident a number of debriefs were held within the departments involved in the response to the incident and those staff directly affected. These internal debriefs have fed into this report which is from the Trust wide debrief held on Tuesday 21st December 2010 and involved Control Services, Emergency Preparedness, IM&T, Communications and VRC colleagues. The debrief considered positive and negative aspects of the incident as well as the most significant learning points and what colleagues could have done differently.

The comments from the trust wide debrief as well as other departmental debrief reports are available on request from the Emergency Preparedness Department.

The report gives an account of what happened through the course of the incident before outlining initial findings of preliminary investigations. There are sections discussing the issues that occurred at each of the key stages of the incident; the night of the incident at EOC HQ and the move to FBC Bow, whilst at FBC Bow, and moving from FBC Bow back to EOC HQ. Positive aspects of the incident are also noted here. Finally, recommended trust wide actions to be followed in preparation for a similar incident are listed.

The Incident

At 2346hrs on Monday 11th October the fire alarm activated at the LAS HQ building. The security guards informed the Emergency Operations Centre (EOC) managers and CTS (on site engineers) that there was a fire, at 2348hrs the London Fire Brigade were notified. At the same time the EOC OCM Paul Cassidy noted that the computers in the dispatch area of EOC and Airwave functionality had stopped working. It was established quickly that CTAK was not functioning and the control room responded to this by to manually triaging incoming calls which were still being received as at this stage the telephone lines were still operational. CTS engineers went to the basement area where the Uninterruptible Power Supply (UPS) is located at 2352hrs. The Fire brigade arrived on site at 2358hrs and extinguished a small fire in the UPS room in the basement.

At this point Paul Cassidy took responsibility for following the fire evacuation procedures which includes the evacuation of all staff in HQ bar EOC Staff. A lock down protocol in EOC was instigated in order that no staff could enter or exit EOC for safety reasons. A member of staff was tasked with sourcing portable Airwave handsets from vehicles in the Waterloo Ambulance Station, because there were none available in EOC, so that contact could be made with operational crews from sector desks.

The EOC OCM made contact with Trust Gold and advised him of the situation, the OCM on duty then rang the on call Control AOM and asked them to make their way to HQ to support the opening of Fall Back Control at Bow. It was just after this that non emergency telephony in EOC was lost and any business calls had to be made and received via mobile phone.

Trust Gold arrived at HQ and was joined by a number of senior managers who quickly set up a gold command cell and were able to coordinate the response from a trust wide perspective allowing the EOC OCM to manage the control room. At this point a number of staff had been identified to be transported to Bow, a message had been sent out to operational managers for assistance in moving these staff in vehicles. Within 30 minutes there were sufficient numbers of staff at Bow to facilitate call taking however IM&T technical issues prevented this from taking place immediately. Technical issues were still occurring when EOC had stabilised and the dispatch function was ready to be transferred to Bow.

IM&T staff were in contact with the EOC OCM and were able to inform him that call taking within EOC was likely to be lost within 30 minutes. This information was accurate as one by one call taking positions were lost until, at the time of switch over to Bow, there were 6 call taking positions remaining in EOC. As a mitigation strategy, the MPS and LFB were both informed of the incident and asked to provide call taking support if and when necessary. MPS Colleagues also offered support by moving staff between locations under emergency conditions in their vehicles.

The switch over of functions from EOC at HQ to Fall Back Control at Bow occurred at approximately 0100hrs.

The on call electrical contractor to LAS was called at approximately 00.30hrs on the 12th October and arrived on site within approximately 30 minutes, the mains power was restored around 45 minutes later. At this stage the mains electrical power supply was no longer supported by back up power options.

The Trust Estates department contacted the manufacturer of the UPS later on the morning of Tuesday 12th October to inform them of the incident and to explore options for re-establishing a

supported essential power supply. By 1400hrs on the 12th October arrangements had been made for the removal of the damaged UPS and the installation of a new UPS unit for the following day.

On the 13th October the UPS manufacturer attended the site, removed the existing UPS and installed a new unit. The system was tested and commissioned by 1700hrs.

EOC staff moved back to the Waterloo EOC during the early hours of the 14th October and the operation was complete by just after 0600.

Initial Findings

It is believed that the Uninterruptible Power Supply unit supporting the essential power load had caught fire, causing a complete power failure to the EOC. Under normal conditions the UPS would, if it senses an internal fault, automatically switch to bypass mode whereby power would be sourced from either the mains directly or back up power generators. Given the dynamics of the failure and the explosion of a capacitor, the printed circuit boards and choke short circuiting were destroyed causing complete failure of the UPS before it could switch to bypass. The UPS has been removed by the manufacturer and the cause of the failure is still under investigation by the manufacturer. It should also be noted here that the UPS, electrical bypass system and back up power generator are all located in the same room in the basement of LAS HQ.

Issues occurring at EOC HQ and moving to FBC Bow

- The UPS failed resulting in loss of CTAK, Dispatch and ultimately the emergency phone system.
- The current fire protocols designate the EOC OCM as the lead for the evacuation of HQ in the event of a fire, however the protocol also calls for the lockdown of EOC
- Upon activation of the fire alarm at HQ, Security staff are tasked with finding the fire, confirming there is a fire then reporting to the EOC OCM who then makes contact with the Fire Brigade
- Security staff and other building staff were unaware of fire procedures and evacuation routes, and were unable to operate fire doors leading out of the building
- There was no back up to Airwave, in the form of Airwave hand portables, immediately available in EOC.

- The incident notification procedures for incidents which LAS normally respond to were not followed meaning that it was a relatively long time before the regular command structure was put in place
- There was a reliance on computers and information stored on computers with no paper back up immediately available in a number of departments including EOC
- Departments outside of the initial response were not informed of the incident nor its impacts until the start of the working day on the 12th October. This meant that departments such as VRC were unaware of the situation therefore unprepared and it took longer for normal service to resume.
- With the numbers of managers in EOC responding to the incident, it was unclear as to who was in charge or which officer was undertaking which management role within the control room.
- The chain of command normally in place for incidents was not in place for this internal incident and as such the normal procedures for filtering orders and information was overlooked, confusing issues and putting operational managers in difficult positions where they should have been concentrating on the incident in hand. A lot of communicating was also done via mobile phone.
- The communication between BT and Cable and Wireless was poor with those companies having a lack of understanding as to what the fall back procedures were.
- Also the phone numbers for instigating 'Plan F' were incorrect.
- VRC have no fall back arrangements for CTAK failure on HQ Server
- The LAS has no designated fire investigation officer or procedure for investigating building fires.
- EBS were unable to divert their phones as they had already been diverted from elsewhere
- If EBS had moved to their Fall Back location at Fielden house they would not have had access nor desk space
- CSD Staff were allocated HLO roles meaning there was little or no clinical advice available overnight on the 11th October
- CSD has no fall back arrangements

Issues occurring at FBC Bow

- There was no official handover to the oncoming OCM as there would normally be
- FBC Bow does not replicate EOC meaning not only are there not as many positions but that these positions are not set out in the same way as in EOC.

- The positions at FBC were not the same configuration as EOC, with fewer screens and different phones etc on desks, meaning staff were unfamiliar not only with their surroundings but with the way in which their position worked.
- Sunlight reflected on screens in FBC during sunset with no way of blocking the sunlight other than having colleagues shielding screens with blankets and coats.
- FBC Bow also houses a number of departments who were unaware of the incident or its impacts until they arrived at work and even then were not fully briefed as to the requirements of control services and IM&T staff nor what was required of them.
- Parking and welfare facilities at Bow are not sufficient for both control room and Bow staff to comfortably continue to operate.
- Bow staff were not fully informed of the situation they were involved in, they just arrived for a normal days work
- Patient Experiences were not briefed on the situation meaning they could not deal effectively with some enquiries coming in about the incident
- The paperwork generated by working on pen and paper for so long was a huge and unexpected burden on Bow staff
- The meeting room facilities at Bow were unprepared
- The lighting throughout Bow was poor, particularly in the control room
- The control room its self was in the middle of a hardware upgrade meaning it was not left in a state of readiness for full use quickly.
- There was no area for IM&T staff to set up their own technical response cell to hold meetings and brainstorm ideas
- There was a lot of technical jargon and acronyms used by all staff in briefings and meetings which made understanding issues and solutions more difficult.
- It was unclear what Operations and control services staff required of IM&T staff and what Control Services and Operations staff could expect from IM&T staff.

Issues occurring during the move back to EOC HQ

- A plan was developed for the switch back to EOC HQ, timings were changed at the last minute to help make the switch over occur quicker. This instead put pressure on the rest of the system including EOC, FBC staff and operations staff

Positives from the Incident

- The system worked; despite some technical issues the service moved over from one Control room to another and back again whilst maintaining core business functions.

- All staff worked well together to overcome issues and work toward goals.
- Once established, the chain of command and flow of information between departments and out to the trust worked well.
- There was good support from external partners.
- Having loggists proved extremely useful and should be utilised in future incidents
- The incident proved to be a good test of the resilience of the Trust
- The various IM&T Systems were very stable under pressure

Recommendations

A number of Departments have held their own debriefs and have also come out with a list of actions. It is recommended that these actions are carried out as soon as possible and that they are commensurate with the Trust wide debrief action plan. The following recommend actions would help put the Trust in a better position to be able to respond and recover from any internal incident more effectively, ultimately improving the Services resilience and improving patient care.

| Ref | Action | Owner | Delivery Date | Progress | Comments |
|-----|--|---|---------------|----------|---|
| 1 | Complete Departmental Debrief Action Plans, particularly IM&T Technical Debrief Actions | Department Heads | | | |
| 2 | Investigate problem with UPS and mitigate future issues | Estates | | | |
| 3 | Have back up Airwave Hand Portables available in EOC | Control Services | | Complete | Completed soon after incident occurred, airwave handsets now accessible in EOC by the EOC OCM on duty |
| 4 | Develop and exercise notification procedures (including manual paging procedure) for internal incidents using HQ fire incident as template | Control Services/ Emergency Preparedness | | | |
| 5 | Develop and exercise command structure for internal incidents | Control Services/ Emergency Preparedness | | | |
| 6 | All departments should keep up to date paper copies of important incident information | Department Heads | | | |
| 7 | Develop and exercise an information system giving targeted information to every department as soon as possible with regular updates | Communications | | | |
| 8 | Consider a means of identifying the | Control Services/ | | | |

| | | | | | |
|----|---|---|--|--|--|
| | command team within EOC/FBC ie tabards | Emergency Preparedness | | | |
| 9 | Develop and exercise more robust internal incident plans with BT/Cable and wireless and other external partners | Control Services/ Emergency Preparedness | | | |
| 10 | Develop briefing aide memoir for internal incident handover/ briefings/ meetings etc. | Control Services/ Emergency Preparedness | | | |
| 11 | Familiarise all Control staff with FBC Bow by regular testing and exercising | Control Services/ Emergency Preparedness | | | |
| 12 | Replicate EOC in FBC as far as is possible, particularly desk equipment and screen layout | IM&T/ Estates/ Control Services | | | |
| 13 | Investigate and install means of blocking out unwanted sunlight from Bow | Estates | | | |
| 14 | Consider invoking the BC plans of Bow departments when moving to FBC | Emergency Preparedness | | | |
| 15 | Have FBC in a total state of readiness at all times | Estates/ IM&T | | | |
| 16 | IM&T and Control Services/ Ops colleagues to work more closely together in planning and exercising to understand jargon and get to know each others requirements and capabilities | Control Services/ IM&T/ Emergency Preparedness | | | |
| 17 | Develop and exercise a standard FBC plan including switch back to HQ | Control Services/ Emergency Preparedness | | | |
| 18 | VRC to have fall back centre at Bow | VRC/ Control Services/ IM&T/ Estates | | | |
| 19 | Increase the pool of loggists with suitably trained non operational staff | Emergency Preparedness Department | | | |
| 20 | Further develop, test and exercise emergency evacuation procedures to put more responsibility on Security Staff | Estates/ Health, Safety & Risk | | | |

| | | | | | |
|-----------|---|--|--|--|--|
| 21 | Develop and designate the role of buildings fire investigations | Estates/ Health, Safety & Risk | | | |
| 22 | Each department to prepare and maintain emergency grab bag for use in incidents | Department Heads | | | |
| 23 | Maintain provision of Clinical Support Desk at all times and develop fall back arrangements | Medical Directorate/ Control Services | | | |
| 24 | Consider having FBC Bow operating as a warm site to aid a swift switch over when required | Control Services/ IM&T/ Estates | | | |
| | | | | | |

| Key: | Total | Percentage |
|---|--------------|-------------------|
| Off target, will not deliver as expected | | |
| Some slippage, likely to deliver on target | | |
| On target, will deliver as expected | | |
| Delivered | | |



LONDON AMBULANCE SERVICE TRUST BOARD

29th March 2011

PAPER FOR NOTING

| | |
|--|---|
| Document Title: | Revised timeline for submission of the foundation trust application to the Secretary of State |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | To advise the Trust Board of the revised timeline and milestones to achieve submission of the application to the Secretary of State on 1st June 2011 |
| This paper has been previously presented to: | <input checked="" type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To approve the timeline based on the assurances given through other agenda items |
| <p>Executive Summary</p> <p>Following the discussion at the February Board meeting and the subsequent review of the timeline by the Strategy Review and Planning (SRP) committee, the milestones to achieve a submission date of 1st June 2011 have been re-worked in conjunction with the SHA FT lead.</p> <p>The key milestones are as follows:</p> <ul style="list-style-type: none"> • Receipt of the historical due diligence stage 2 report in Part II of the Trust Board meeting on 29th March 2011 • Approval of the detailed cost improvement programme (CIP) through to 2013/14 and the high level plan for the following two years • Agreement on the downside scenarios tested with board members on 18th March • Resolution of the 2010/11 CQUIN penalty with commissioners • Completion of detailed documentation supporting each project within the CIP • Finalise the Long Term Financial Model (LTFM) and incorporate in Version 6.0 of the Integrated Business Plan (IBP) for approval by the Strategy Review and Planning Committee on 26th April • Board to Board meeting week commencing 9th May 2011 • Version 7.0 of the IBP and all supporting documents signed off by the Trust Board on 24th May 2011. • Submission to the SHA for the Secretary of State. <p>In discussion with the SHA it has been agreed that Grant Thornton would be invited to refresh the Stage 2 review in mid-April to assure both the Trust Board and the SHA of the movement of key items from a red status to green. This is pencilled in for week commencing 11th April and the report then available for the SRP committee on 26th April.</p> | |

Key issues for the Trust Board

The timescale is tight and is dependent upon the achievement of the milestones outlined above. At this stage the SHA has concerns that the Trust cannot turn this around quickly enough to provide the assurance needed. Added to this is the SHA timetable to be able to review LAS information, prepare and brief the SHA Board, and then review the 50 assurance questions and supporting schedules prior to submitting the application.

Attachments

Revised timeline and milestones

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

Milestones / Committee dates to meet 1st June 2011 submission

| | 11th March | 18th March | 23rd March | TB - 29th March | 31st March | SMG - 13th April | SRP - 26th April | B2B early May (w/c 9th) | TB - 24th May | Application to SHA 26th May | Submission to Secretary of State 1st June |
|------------------------|---|---|--|---|--|---|--|-------------------------|--|--|---|
| TFA | Submit draft Tripartite FA to SHA | Receive draft TFA from NHSL with SHA & NWLCP feedback | | | Tripartite FA signed by all parties | | | | | | |
| LTFM | TB session on CIP | TB session on downside scenarios | TB session on governance - 25th | Sign-off 2011/12 budgets including CIP and downside scenarios ↓ Feeds into LTFM | Completion of CIPs, PIDs etc. Submit LIP and downsides to SHA | 2010/11 draft year end accounts | 2010/11 draft year end accounts | | Approval | | |
| IBP | Page turn review and update | | | | | Review IBP V6.0 updated 15th April for SRP Submit to SHA for review | Sign-off V6.0 IBP and LTFM Submit to SHA for B2B by COP on 28th | | Approval V7.0 | | |
| HDD action plan | Submit action plan and timelines to SHA | HDD2 action plan for approval | Incorporate CIPs and downsides and 11/12 contracts | Receive and review the HDD2 report Assurance on progress made to reach Amber/Green | | GT refresh of Stage 2 - tentative - 11th for 2 weeks HDD 2 action plan progress report | HDD 2 refresh feedback report - tentative | | Update on action/progress | | |
| Governance | | Governance rationale and constitution updated Election Plans | FT Project Board | Review governance update and Consultation issue | | Short order SOs drafted | | | Final application signed off Nominations and Remuneration Committee TOR | | |
| SHA schedule | | | | | | | Review GT HDD2 update | Pre-meet | 16th -31st SHA review of 50 questions and supporting schedules | 16th -31st SHA review of 50 questions and supporting schedules | |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR APPROVAL

| | |
|--|---|
| Document Title: | Governance rationale and membership communications |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | This is a key element of the NHS foundation trust application |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To discuss and approve the sections of the governance rationale that have been updated following legal advice; To accept the recommendation below regarding membership communications and consultation. |
| <p>Executive Summary</p> <p>The Trust Board previously reviewed the governance rationale and constitution in draft form in September 2010 after which both documents were sent for legal review and advice. This advice has now been incorporated and changes to the governance rationale are highlighted in yellow in the attached document. If the Trust Board accept these changes then the constitution will also be updated ready for review and approval at the May Trust Board meeting.</p> <p>As reported at the Strategy Review and Planning Committee on 1st March, the legal review also highlighted the fact that the public consultation had been held in 2009 and may need to be repeated or refreshed. This has been discussed with the legal advisors and with NHS London particularly in light of other recent FT applicants having undertaken their consultation some years previous to the application but not having since refreshed this. The advice from the SHA is the view of the Department of Health that as long as an applicant Trust can demonstrate it has continued to communicate with its members and kept them informed, this should be sufficient. We would also need to be able to demonstrate that we have taken into account any external changes that may impact on our proposed governance arrangements.</p> <p>We have also started to prepare for the governor elections and the proposed timetable is attached.</p> | |
| <p>Key issues for the Trust Board</p> <ol style="list-style-type: none"> 1. The governance rationale has been updated to take into account the legal advice received in December 2010; 2. The Trust can demonstrate in the governance rationale and the integrated business plan that it is looking ahead to changes to commissioning arrangements and would look to incorporate GP consortia representation on the Council of Governors; 3. The constitution will be updated once the governance rationale is approved. In line with the | |

legal advice received, standing orders for the Board of Directors and Council of Governors will be amended to form 'Short Order' documents which then reference back to the full documents and constitution. Short order standing orders will make it easier to make any minor changes in future without needing full legal review and also Monitor approval;

4. The calendars for 2010 and 2011 membership communications are attached as evidence of the level of engagement and information the Trust has maintained with the membership since consultation. The Trust Board is asked to review this and confirm that this provides sufficient assurance that refreshing the consultation process is not essential.
5. The proposed timescale for governor elections is attached, commencing in September once our application has been passed to Monitor. This is in line with good practice amongst other applicant trusts and will ensure that we have governors elected and through an induction and development process before authorisation.

Attachments

1. Governance rationale – March 2011
2. Annex 5 – Additional provisions for the Council of Governors
3. Annex () – Further provisions for the Constitution
4. FT and membership calendars 2010 and 2011
5. September election schedule

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

DRAFT GOVERNANCE RATIONALE

| | Issue | Details | Rationale |
|--------------------------|---|--|--|
| MEMBERSHIP | | | |
| Public Membership | | | |
| 1. | Definition of the public constituencies | <p>The constituencies shall be as follows based on Commissioning Primary Care Trust (PCT) sectors:</p> <ul style="list-style-type: none"> • North West London (NWL) - Including boroughs of: Ealing, Harrow, Brent, Hillingdon, Hounslow, Hammersmith & Fulham, Westminster and Kensington & Chelsea. • North Central London (NCL) - Including boroughs of: Barnet, Enfield, Camden, Islington, Haringey. • Outer North East London (ONEL) - Including boroughs of: Waltham Forest, Redbridge, Barking & Dagenham and Havering. • Inner North East London (INEL) - Including boroughs of: City & Hackney, Tower Hamlets and Newham. • South East London (SEL) - including boroughs of: Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley. • South West London (SWL) - Including boroughs of: Richmond, Kingston, Wandsworth, Sutton, Merton and Croydon. • Outside London – includes 126 boroughs within the following three strategic health areas: East of England; South East Coast; and South Central. <p>Additional details are contained in our consultation document, membership strategy and constitution.</p> | <p>As per the National Health Service Act 2006, each of public membership constituency must be made up of one or more electoral area for the purposes of local government elections in England.</p> <p>Based on feedback from the public consultation we have aligned our London constituencies with the commissioning PCT sector boundaries and have an “Outside London” constituency, based on the boundaries of the following three strategic health areas: East of England; South East Coast; and South Central.</p> <p>PCT boundaries are aligned with electoral areas for the purposes of local government elections in England and Wales and therefore within the requirements of the 2006 Act.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|----|--|--|--|
| 2. | How the membership will reflect the full diversity of the potential community and be representative of the community served by the Trust | The details of how we plan to recruit a membership which reflects this diversity are included in our Membership Strategy. | <p>Between and within the areas of our constituencies, socio economic standing, ethnic and cultural diversity varies widely.</p> <p>We intend to recruit a public membership which is fully representative of the communities, reflecting socio economic, ethnic and cultural diversity of the people to whom the Trust provides services. With our consultation process we have developed data and communications tools which we will refine as we progress.</p> <p>Due to the nature of our service – emergency and urgent care predominately – we do not have a regular patient base and therefore have decided not to establish a patient constituency. This is consistent with recently authorised ambulance FTs.</p> |
| 3. | Plans to develop, maintain and grow the membership | Theses details are included in our Membership Strategy. | We are seeking to develop and engage a representative membership. We are identifying levels of involvement and communications tools to support this. The membership strategy will be an integral part of the work of the Council of Governors |
| 4. | Any exclusions to membership that are over and above the legal minimum | None | Exclusions to membership are attached and will be appended to the Constitution. |
| 5. | Expected minimum number of members in the public constituency | At authorisation we will have a minimum of 1,750 members in the public constituencies, with a year-on-year incremental growth as set out in the Membership Strategy. | Due to London's large population, the incremental growth as defined in the Membership Strategy is a manageable target. This will enable us to target key areas where membership is low in order to maintain a membership representative of London. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|--------------------|---|--|--|
| | | | We have also taken into account the need to keep costs at a reasonable level in setting these targets. |
| Patient membership | | | |
| 6. | Will there be a patient or service user constituency? | There will be no separate patient group however patients and their carers will be encouraged to be part of the public group. | See 2 above. We believe that current and future patients are part of the public membership. |
| Staff constituency | | | |
| 7. | Definition of the Staff constituency | <p>An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:</p> <ul style="list-style-type: none"> • He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or • He/she has been continuously employed by the Trust under a contract of employment for at least 12 months. <p>The Staff group includes those performing functions for the Trust but excludes volunteers and agency contractors (who can be public members). In addition, individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust may become staff members provided they have exercised these functions continuously for a period of at least twelve months.</p> <p>Individuals who are eligible to become members of the staff constituency and are invited to become members will do so automatically, unless they inform the Trust they do not wish to do so.</p> | As per the National Health Service Act 2006. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|--|--|---|
| 8. | Plans for sub division of the constituency | <p>The staff constituency will be sub-divided into two classes: Front line and Support. Support will include all staff who are not front-line staff.</p> <p>There will be three governor positions available to staff for election to the Council of Governors, as below:</p> <p>2 x Front line 1 x Support</p> <p>Staff are able to nominate for election any member within the class to which they have been allocated.</p> | <p>The number of staff governors on the Council will be representative of frontline to support staff ratio.</p> <p>We engage all staff at as early a stage as possible about decisions which concern them. We want them involved in the membership and the Council of Governors</p> |
| 9. | <p>Plans to develop, maintain and grow the membership.</p> <p>What are the timescales and milestones for growth?</p> <p>How membership will reflect the diversity of staff</p> | <p>These details are included in our Membership Strategy.</p> | <p>We have adopted an 'opt-out' system for staff membership. We anticipate the staff membership to reflect the numbers and diversity of the workforce profile.</p> |
| 10. | <p>Expected minimum numbers of members in the staff constituency</p> | <p>We expect a minimum of 2,000 staff members. Staff will automatically become members unless they choose to opt-out.</p> | <p>We anticipate that the majority of staff will wish to remain as members. We will monitor opt-out numbers annually against workforce numbers.</p> |
| 11. | <p>Are there any plans to recruit staff members on an opt-out basis? How will you communicate with staff to ensure they are adequately</p> | <p>We will be using an 'opt out' system for staff, anticipating that current and future staff will wish to become members.</p> <p>Further details about communication are provided in the Membership Strategy</p> | <p>Having discussed the options with staff and understanding the pride and commitment the staff show to the Trust we believe that the process whereby all staff automatically become members is the option which best suits the Trust.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|---------------------------------------|---|--|--|
| | informed? | | |
| Disqualification of membership | | | |
| 12. | Any exclusions that are to be applied for disqualification of membership | Statutory minimum only, as per the National Health Service Act 2006. | As per the National Health Service Act 2006. See attached provisions. |
| Termination of membership | | | |
| 13. | Under what circumstances will you terminate membership and how you will enforce it. | Only on the basis of disqualification, as per the National Health Service Act 2006. | A person may not become a member if they do not meet the requirements or eligibility under this Constitution. It is the responsibility of each member to ensure his eligibility at all times. See attached provisions. |
| COUNCIL OF GOVERNORS | | | |
| 14. | The size and composition of the Council of Governors | <p>We have estimated a Council of Governors of 24, made up of the following:</p> <ul style="list-style-type: none"> • 13 Public governors (elected) • 3 Staff governors (elected) • 1 PCT governor (appointed) • 1 Local authority governor (appointed) • 1 Staff council governor (appointed) • 5 Voluntary sector governors (appointed). <p>And the Chairman of the Board of Directors will be the Chairman of the Council of Governors.</p> | <p>We wish the Council of Governors to be reflective of the communities we serve. These numbers take into account feedback from the public consultation.</p> <p>As per the National Health Service Act 2006, the number of elected governors should be equal to or more than the appointed governors.</p> <p>The Staff Council, PCT (or GP consortia), Local Authority and Voluntary sector governors will represent the interests of partner organisations.</p> |
| 15. | How will you ensure the size of the Council of Governors is manageable? | We believe a Council of 24 governors to be an optimum number to ensure that the agenda and level of engagement is manageable and effective. | Our research indicates that small Councils are more effective. We will work to ensure that dialogue between the Directors and Governors is effective. |
| 16. | What part do you want the Council of Governors to play in the | The Council of Governors will have an important role to play in the development and implementation of the Trust's integrated business plan, providing a | The public governors will be encouraged to develop particular areas of interest within the service and we will seek ways in which to develop |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-------------------------|---|--|---|
| | NHS foundation trust and how will you empower them? | <p>different perspective at times and stimulating the debate.</p> <p>The Council of Governors has a statutory role which includes:</p> <ul style="list-style-type: none"> • appointment of the chair and other non-executive directors • receiving the Trust's annual report and accounts; • scrutinising the Trust's forward plan. | <p>their role. We plan an in depth induction programme for all governors. Through our membership strategy we will also work with the public governors to support them in engaging with their constituent members.</p> |
| Public Governors | | | |
| 17. | The process to be followed for nominating public governors and details of the election process | The election process will follow the current DH model election rules, using the first-past-the-post model. | <p>The first-past-the-post model will be implemented in line with the model constitution and election rules.</p> <p>The nomination process will require each nominee to seek support from two members of the same constituency as them. These supporters must have signed as members by the date of the election.</p> |
| 18. | Circumstances in which people are not eligible to be governors over the mandatory circumstances | <p>In addition to the mandatory circumstances, these will be:</p> <ul style="list-style-type: none"> • a person who, in the case of a Staff Governor or Public Governor, ceases to be a member of the constituency he represents; • a person who, in the case of a PCT Governor, Local Authority Governor, or other Partnership Governor, has his sponsorship withdrawn by the sponsoring PCT, Local Authority, partnership or organisation; • a person who has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body. • a person whose tenure of office as the Chairman or as a member of Director of a health service body has been terminated on the | <p>We are proposing these additional restrictions to ensure the integrity of our governors. Further details of additional restrictions are attached.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|--|--|--|--|
| | | <p>grounds that his appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;</p> <ul style="list-style-type: none"> • a person who is an Executive or Non Executive Director of the Trust, or a Governor, Non Executive Director, Chairman, Chief Executive officer of another NHS Foundation Trust; • a person who has had his name removed, by a direction under any NHS Act or has otherwise been disqualified or suspended from any healthcare profession, and has not subsequently has his name included in such a list or had his qualification reinstated or suspension lifted (as applicable) • a person who is incapable by reason of mental disorder, illness or injury of managing and administering his property and affairs; • a person who has been declared, by a sub-committee of the Council of Governors, to be a vexatious complainant; • a governor who has failed to agree to abide by the value of the Trust's CRITICAL values and the Nolan Principles. • a Governor who fails to attend any meeting of the Council of Governors, for a period of one year or three consecutive meetings (whichever is the shorter) his tenure of office is to be immediately terminated, unless the other Governors are satisfied that: <ul style="list-style-type: none"> • the absence was due to a reasonable cause; and • he will be able to start attending meetings of the Trust again within such a period as they consider reasonable. | |
|--|--|--|--|

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| Staff Governors | | | |
|-------------------------------------|--|---|--|
| 19. | The process to be followed for nominating staff governors and details of the election process | The election process will follow the current DH model election rules, using the first-past-the-post model. | The first-past-the-post model will be adopted. The nomination process will require each nominee to seek support from two members of the same membership class as them. |
| 20. | Circumstances in which people are not eligible to be governors over the mandatory circumstances | See Section 16 above. | See Section 16 above. |
| Primary Care Trust Governors | | | |
| 21. | PCTs that are eligible to appoint governors are selected and details of the appointments process | We have identified one seat for a PCT governor, representing London's 31 PCTs. These PCTs will be asked to nominate a governor at the time the Council of Governors is being convened. | As per the National Health Service Act 2006. It is essential we continue our close working relationship with the PCTs. We will work with them to ensure the role of partner governor is understood and the individual nominated is supported by the Trust and the commissioning sectors. These arrangements will be reviewed in light of the introduction of GP Consortia and the disestablishment of PCTs. To add to the constitution: 'or relevant successor bodies from time to time' where PCTs are referenced as this will allow the maximum flexibility as the landscape changes. At present the North West London Commissioning Partnership co-ordinates commissioning on behalf of all 31 PCTs in London. We expect the NWLCP to act as the PCT governor and we will discuss with successor bodies in the future as new arrangements start to emerge. |

| Local Authority Governors | | | |
|----------------------------------|---|---|--|
| 22. | Local authorities that are eligible to appoint governors are selected and details of the appointment process | <p>We have identified one seat for a local authority governor, representing the Greater London Authority (GLA).</p> <p>The GLA will be asked to nominate a governor at the time the Council of Governors is being convened.</p> | <p>As per the National Health Service Act 2006.</p> <p>This will enable the Council of Governors to have a wider perspective of the economic community in which the Trust operates.</p> |
| University Governors | | | |
| 23. | The universities that are eligible to appoint governors are selected and details of the appointments process | There will not be a representative of the Universities on the Council of Governors. | We have strong links with Universities through our training and education and are not looking at this stage to invite them to join the Council of Governors. |
| Partnership Governors | | | |
| 24. | Why those organisations were selected and the process for appointing them | <p>We are seeking to engage representation from 5 voluntary sector organisations that support special interest groups such as Age UK, Diabetes, Mental Health, Stroke and Cardiac care.</p> <p>We have allocated one partner governor position to the Staff Council that supports the trade union interests of our workforce.</p> | <p>Representation from such patient groups will add value to the work of the Trust. We already engage with LINKs through local working and through the LAS Patients Forum. We expect to strengthen these arrangements through our PPI plans and the development of a Members' Forum. We will also develop relationships with Healthwatch as they emerge in future.</p> <p>The Trust's management works closely with the Staff Council and wishes to see this reflected in the new governance arrangements ensuring that trades unions are fully engaged.</p> |
| 25. | Are you considering representatives of any organisation who will be allowed to attend board meetings in an official | Not at this stage. | This will be reviewed in the first 3 years. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|----------------------------------|--|---|--|
| | capacity (eg chair of neighbouring trust) but who will have no voting rights? | | |
| Terms of Office | | | |
| 26. | Any cap on the total time serviced for each category of governor (whether elected or appointed) and for non-elected governors the term of office before re-appointment | <p>Elected governors will stand for 2 or 3 years per term for a maximum of 3 terms (9 years).</p> <p>Non-elected governors will stand for a term of one year with confirmation from their sponsoring organisation of any further term at the end of each year.</p> | These arrangements will enable us to achieve the balance between continuity and allowing new people to join. It will enable governors to build up their knowledge and experience to become effective at the table. |
| Disqualification | | | |
| 27. | The provisions for the removal of Governors that are intended to apply and any other additional reasons for exclusion | <p>As per the National Health Service Act 2006 and as per Section 16 above.</p> <p>A person who has been declared, through the relevant governance arrangements, to be a vexatious complainant;</p> <p>If a governor fails to attend any meeting of the Council of Governors, for a period of one year or three consecutive meetings (see Annex for details).</p> | Additional provisions are contained within Annex 5 attached. |
| Termination as a governor | | | |
| 28. | What conditions or requirements apply including the requirements of Schedule 7, paragraphs 8(1) and (2) of the NHS Act 2006 | <p>As per the National Health Service Act 2006 and as per Section 16 above.</p> <p>As above</p> | As above |

| Vacancies | | | |
|--|---|---|--|
| 29. | The process of handling vacancies in the Council of Governors | <p>The Constitution will make allowance for by-elections.</p> <p>Where a vacancy arises for an elected Governor the Trust need not hold a by-election if it is less than six months to the next scheduled election.</p> <p>Where a vacancy arises for an elected Governor within 6 months of the previous election the Trust may, instead of holding a by-election, fill the vacancy by appointing the highest polling unsuccessful candidate at the most recent election of governors for the constituency or class in respect of which the vacancy has arisen. Any person so appointed shall hold office for the unexpired term of office of the retiring Governor.</p> | The Trust has to be mindful of the resources involved in an election and to make best use of public money. |
| Roles and Responsibilities of Governors | | | |
| 30. | <p>The process to appoint or remove the Chair and other Non Executive Directors.</p> <p>This may not apply for the initial chief executives and non-executives.</p> | <p>The chairman, other than on the creation of the Foundation Trust, will be appointed by the Council of Governors.</p> <p>The process of selection will start with the Nominations Committee, on behalf of the Council of Governors, preparing a role specification. The Nominations Committee will comprise two governors (one of whom is the chair of the committee), two board directors and an independent assessor will short-list candidates and then interview.</p> <p>The recommendation will be taken to the Council of Governors for approval.</p> <p>The process for appointment of non-executive</p> | <p>As per the National Health Service Act 2006.</p> <p>The first Chairman of the Trust will be the current Chairman who will complete his current term of tenure and must then be re-appointed. This will allow continuity during the transition period. The initial Non Executive Directors will continue to the end of their remaining terms of tenure or a period of 12 months, whichever is the greater. This allows for continuity within the governance arrangements and will follow current guidance.</p> <p>The Nominations Committee will be empowered by the Council of Governors to undertake the appointments process and to make recommendations to the full Council meeting.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|--|---|--|
| | | <p>directors, again other than on the creation of the Trust, will be the same, except that the Chairman will also sit on the appointments panel.</p> <p>The Nominations Committee described above will be a formal committee of the Council of Governors and will be chaired by a public governor (one of the two described above).</p> <p>The process for the removal of the Chairman and the Non Executive Directors will be set out in the Constitution. This will require a three quarters majority of the Council of Governors</p> | |
| 31. | <p>The process to approve the appointment or removal of the Chief Executive put forward for appointment by the Non Executive Directors</p> | <p>The Chief Executive will be appointed by a sub committee of the Board of Directors chaired by the Chairman and including the Non Executive Directors. The panel may include external assessors in an advisory role.</p> <p>The post will be subject to open competition and short listing before a process of interview and assessment that will be determined.</p> <p>It will require the approval of a majority of the Council of Governors in General Meeting.</p> <p>The removal of the Chief Executive will require a majority vote of the Non Executive Directors as set out in the Constitution and in line with the terms and conditions of employment. The motion for his removal will follow the necessary notice period and any disciplinary procedures in place.</p> | <p>As per the National Health Service Act 2006.</p> <p>The first Chief Executive of the Foundation Trust will be the current Chief Executive.</p> <p>It will be important that the future appointment process for this post is by the Chairman and the Non Executive Directors and that approval by the Council of Governors is done as swiftly as possible.</p> <p>The removal process will need to be co-ordinated with the terms and conditions of appointment.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|---|---|---|
| 32. | The process to approve or remove the executive directors put forward for appointment by the Chief Executive | <p>The Trust Board will establish a Nominations Committee for the appointment of executive directors. An advisory external assessor may also to be included on the committee dependent upon the position to be appointed to. Appointment to a vacancy will be through public advertisement, short listing and due process and appraisal of candidates.</p> <p>A committee consisting of the Chairman, Chief Executive and the other non-executive directors shall appoint (as above) or remove the Executive directors.</p> | <p>As per the National Health Service Act 2006.</p> <p>The first executive directors will look to provide continuity with the current Trust, whilst recognising the needs for the new Trust and the new governance arrangements. Specifically first executive director posts include:</p> <ul style="list-style-type: none"> • Deputy Chief Executive • Director of Finance • Director of HR and Organisation Development • Director of Health Promotion and Quality (registered nurse/midwife) • Medical Director <p>Future appointments must reflect the ability of the Chief Executive to build a team and to involve the Non Executive Directors</p> |
| 33. | The process to decide the remuneration and allowances of Non Executive Directors | <p>The Council of Governors is responsible for setting the remuneration of non-executive directors and the Chairman.</p> <p>The Council of Governors should market test the remuneration levels at least once every three years and when intending to make a material change to the remuneration of a non-executive director.</p> | <p>It is important that we ensure we attract and retain high calibre individuals and that decisions relating to remuneration are made as independently as possible.</p> <p>In the current financial climate and a freeze on public sector pay awards; there will be no change to non-executive director remuneration and allowances. This will be reviewed at the point when the pay climate in the public sector changes.</p> |
| 34. | Details of the relationship between the Board of Directors and | The Trust will look to foster a constructive working relationship between the Board and the Council for the benefit of the Trust and its patients. This will be | The relationship between the Board of Directors and Council of Governors will be critical to the success of the Trust. The constitution and the |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|--|----------------------------------|--|---|
| | <p>the Council of Governors.</p> | <p>on both a corporate level (Board to Council/Council to Board) and individual (Director to Governor/Governor to Director).</p> <p>The specific reporting arrangements will be set out in the respective standing orders. These will include strategic/forward plans and progress against them as a regular item.</p> <p>The role of the Council of Governors is to represent their constituency or stakeholder in advising the Board of Directors, being consulted by them and ensuring that the Trust operates in a way that meets its purpose and complies with its authorisation.</p> <p>The role of the Board of Directors is to exercise the powers of the Trust in meeting its constitutional purpose of providing goods and services for the purposes of the health service delivering healthcare to the population of London.</p> <p>The formal link between the two rests with the Chairman of the Trust and the Non Executive Directors all of whom are appointed by the Council of Governors although only the Chairman attends both meetings.</p> <p>The Trust Board and the Council of Governors must work together in a range of ways so as to provide seamless leadership and direction to the Trust embracing the values and principles which will lead to its success.</p> <p>Members of the Board of Directors will be encouraged to attend some/part or all meetings of</p> | <p>standing orders will provide a basic framework within which engagement can take place, but the Trust is looking to involve its governors in more ways.</p> |
|--|----------------------------------|--|---|

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|--|---|---|
| | | <p>the Council of Governors with executive directors reporting on their areas of performance both in terms of past performance and future plans.</p> <p>Key to the relationship will be the work done by both outside formal meetings of the Council of Governors. This will utilise the experience, knowledge and representative skills of the Governors through:</p> <ul style="list-style-type: none"> • Detailed induction and on-going training for all governors in their roles and the work of the Trust • Involvement in sub groups for specific projects that are appropriate to the Governor’s area of interest. These will range from public/patient involvement events to service planning • Opportunity for the governors to shadow directors/senior managers as part of their development • The reporting by governors to their members | |
| 35. | Any other provisions about the Council of Governors. This should outline details of how the Council of Governors intends to maintain a dialogue with the staff and public membership | <p>The Council of Governors will be encouraged to reflect on its performance and operation both formally and also through assistance with organisational development.</p> <p>The Council will seek to use the community newspaper ‘Ambulance News’, public reports and the Trust website to keep members informed as a whole on its business. In addition support will be given to individual governors to develop a ‘workplan’ for their involvement with the membership.</p> | <p>The effectiveness and impact of the Council of Governors will depend on the nature of the individuals who come forward to serve but the Trust will encourage active involvement.</p> <p>The responsibilities will be enshrined in a code of conduct for governors that all will be expected to sign.</p> |

| | | | |
|--|--|---|--|
| | | <p>Broader roles for the Council and individual Governors are:</p> <ul style="list-style-type: none"> • Provide an advisory role in assisting the Trust to carry out its business and develop its plans for the future as well as be consulted by the Board of Directors on plans for future developments by the Trust and seek to influence but not dictate decisions of the Board of Directors on plans for significant expenditure and the development of services. • Receive reports, presentations and information from the Chief Executive and members of the Board of Directors on the performance of the Trust. In addition to review reports to the Trust or, specifically, to the Council of Governors from Monitor, the Care Quality Commission or the external auditor and put in place processes to monitor any remedial actions. • Be appointed to and be actively involved in advisory groups, sub committees and other forums as may be set up by the Trust. <p>In carrying out these roles members of the Council of Governors will be made aware of the following responsibilities:</p> <ul style="list-style-type: none"> • Elected Governors from staff and public groups have been elected to represent the interests of all the members of their group and the local community whether they are members or not. <p>Appointed Governors represent the interests of their stakeholder or partner organisations and the wider community of the capital whose health needs we</p> | |
|--|--|---|--|

| | | | |
|--|--|---|--|
| | | <p>serve.</p> <p>All Governors have an overriding responsibility to act in the overall interest of the Trust. To this end they are expected to actively participate in the decision making at the Council of Governor meetings and bring their knowledge, experience and perspective to bear. Governors do not have day to day management responsibilities, these powers rest with the Board of Directors.</p> <p>Governors should act at all times for the greater benefit of the public and that their public service should not be carried out for any private gain. It is their responsibility to bring to the attention of the Trust and the Chairman, any change in personal circumstances that might impact on their ability to act as a Governor. Governors should also espouse and act within the highest standards of public service, including respect for confidentiality.</p> <p>Governors act in a stewardship and guardianship role to ensure that the Trust acts and develops for the broader public benefit. As such the actions of the Trust exercised through its Board of Directors and delegated down are accountable to the local community through the Council of Governors.</p> <p>In maintaining and developing the services of the Trust, the Council of Governors is responsible for ensuring that it reflects the needs and expectations of the local community and potential users. Public Governors have a responsibility to actively encourage community engagement through communication with members and taking into</p> | |
|--|--|---|--|

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----------------|--|---|--|
| | | <p>account their views so as to both represent and reflect the views of their constituency.</p> <p>Governors should ensure that they are appropriately informed about their role and responsibilities and should commit to keep themselves up to date through training and development that will be facilitated by the Trust.</p> <p>Meetings of the Council of Governors should not be used to raise issues specific to individual cases.</p> <p>An elected governor will be appointed as Vice Chair of the Council of Governors and will take the Chair when discussing matters concerning the Chairman and Non-Executive directors, such as remuneration and allowances and performance.</p> | |
| 36. | Details on payment of travel and other expenses (but not remuneration) for Governors | Governors will be reimbursed for travel expenses reasonably incurred as per Trust policy. These will be authorised and monitored by the Director of Corporate Services who will manage the budget. | The overriding objective will be to reimburse Governors for expenditure incurred in carrying out their duties but not to take away money from the delivery of health care. The Trust will be guided by best practice in this area. |
| Meetings | | | |
| 37. | Who will deputise in the Chairman's absence at the Council of Governors | <p>The Deputy Chairman of the Board of Directors who will be one of the Non Executive Directors will act as Chairman of the Council of Governors in the event of the appointed Chairman's incapacity.</p> <p>An elected governor will be appointed as Vice Chair of the Council of Governors and will take the Chair when discussing matters concerning the Chairman and Non-Executive directors, such as remuneration</p> | The Deputy Chairman of the Trust Board provides consistency. The Vice Chair position avoids potential conflict of interest for members of the board. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|---|--|--|
| | | and allowances and performance. | |
| 38. | Any special reasons as to why meetings of the Council of Governors are not open to the public | <p>Meetings of the Council of Governors will only exclude the public when a motion is carried by a majority of Governors present including a majority of public Governors. The reasons for such meetings shall be due to the sensitivity of the item under discussion at the discretion of the Chairman.</p> <p>Members of the Council of Governors may be required to meet for induction, training and development at other times but events will not be in place of the responsibility to attend the Council of Governor meetings.</p> | The Trust will wish to be as open as possible, but appreciates that there may be instances when the Council of Governors may wish to exclude members and/or the public due to sensitive issues that may have been referred to it by the Board of Directors |
| 39. | The frequency of meetings of the Council of Governors | <p>The constitution will set a minimum of five meetings a year, one of which will be the Annual General Meeting.</p> <p>In addition to formal meetings, governors will be encouraged to be involved in working groups as requested by the Trust.</p> | The formal meetings will coincide with the main events to be considered and an integrated committee schedule will be published annually. Additional formal meetings will be included as required |
| 40. | The number of Governors by type that must be present at any meeting of the Council of Governors | The rules of quoracy will be set out in Standing Orders but will require a majority of public governors, one appointed governor and one third of the total number of governors in post to be present | A quorum is the minimum number of members of a deliberative body necessary to conduct the business of that group. Ordinarily, this is a majority of the people expected to be there. |
| 41. | The wording of the declaration for Governors to give the particulars of their qualification to vote as a member of the Council of Governors and for | <p>To vote as a member of the Council of Governors:</p> <p>'I (insert name) hereby declare that I am entitled to vote at meetings of the Council of Governors as a Governor elected by one of the public constituencies OR the staff constituency OR because I am an appointed Governor (delete as</p> | To ensure that elections are carried out in accordance with the DH Model Election Rules, which are set out as Annex 4 to the Constitution. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-------------------------------------|---|---|---|
| | <p>members to vote or stand for election as a governor.</p> | <p>applicable) and that I am not prevented from being a member of the Council of Governors of the Trust by paragraph 8 of Schedule 7 to the National Health Service Act 2006 or under the constitution of the Trust.'</p> <p>To stand for election as a member of the Council of Governors:</p> <p>'I (insert name) declare that I am entitled to stand for election to the Council of Governors as a Governor elected by one of the public constituencies/the staff constituency (delete as applicable) because I am a member of one of the public constituencies/the staff constituency (delete as applicable) and that I am not prevented from being a member of the Council of Governors of the Trust by paragraph 8 of Schedule 7 to the National Health Service Act 2006 or under the Constitution of the Trust.'</p> | |
| Conflicts of interests of governors | | | |
| 42. | <p>Details of how conflicts of interest should be handled</p> | <p>Governors will be expected to complete a declaration form of interests to be added to the Trust's Register of Interests.</p> <p>At the time governors' interests are declared, they shall be recorded in the Council of Governors' minutes and entered on the register of interests of governors that is maintained by the Secretary. Any changes in interests should be declared at the next meeting of the Council of Governors.</p> <p>During the course of a meeting of the Council of Governors, if a conflict of interest is established, the governor concerned shall disclose the fact and withdraw from the meeting and play no part in the relevant discussion or decision.</p> | <p>This will be managed in accordance with the Trust's Standing Orders and Standing Financial Instructions.</p> |

| Committees and Sub Committees | | | |
|-------------------------------|--|---|--|
| 43. | Any other provisions about committees that may be set up to advise the Council of Governors | <p>The following formal committees will be established under the Standing Orders for the Council of Governors:</p> <ul style="list-style-type: none"> • Nominations Committee (for the appointment of the Chairman and non-executive directors of the Trust Board of Directors) • Remuneration Committee (for the remuneration and allowances of the Chairman and non-executive directors of the Trust's Board of Directors) • Appointment of the Auditor. <p>These committees will meet when required. The Council of Governors may establish working groups as required.</p> <p>These committees will sit alongside those formal sub-committees of the Trust Board as relevant. For example, in line with Code Provision E.2 in which there should be a formal and transparent procedure for developing policy on executive remuneration and fixing the remuneration packages of individual directors. No director should be involved in deciding his or her own remuneration and therefore the two remuneration committees should stand separate.</p> | <p>These arrangements will be incorporated into the Standing Orders of the Council of Governors.</p> <p>To be established in accordance with Monitor's Code of Governance.</p> |
| BOARD OF DIRECTORS | | | |
| Board of Directors | | | |
| 44. | The overall membership numbers and constitution of the Board of Directors including the numbers and roles of Non Executive Directors and Executive Directors | <p>The constitution will set out the size of the Board of Directors as being:</p> <ul style="list-style-type: none"> • The Trust Chairman • Not less than 5 and no greater than 8 Non Executive Directors | <p>The Trust is looking to embed best corporate governance practice, for example the Intelligent Ambulance Board, as well as the statutory minimum.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|------------------------|--|--|---|
| | | <p>Subject to casual vacancies there will always be a majority of non Executive Directors (including the Chairman)</p> <p>Not less than 4 and no more than 6 executive directors including:</p> <ul style="list-style-type: none"> • Chief Executive and Accounting Officer • Director of Finance • Director of Health Promotion and Quality (registered nurse) • Medical Director (qualified medical practitioner). <p>Upon establishment as an NHS FT the following executive director positions will be in place:</p> <ul style="list-style-type: none"> • Director of Human Resources and Organisation Development • Deputy Chief Executive <p>Additional senior executives (non-voting) attend Board of Directors' meetings. These are as follows:</p> <ul style="list-style-type: none"> • Director of Corporate services/Trust Secretary • Director IM&T • Director of Operations • Deputy Director of Strategic Development • Head of Communications. | |
| 45. | The eligibility criteria for non-executive director posts | Only a member of a public constituency is eligible for appointment as a non-executive director and they are not disqualified by virtue of paragraph 26 of the Standing Orders of the Board of Directors. | |
| Terms of Office | | | |
| 46. | Terms of office for the Chairman and Non Executive Directors | The Chairman and other Non Executive Directors will initially be appointed for the remainder of their current terms or for a minimum of 12 months | The terms of office will reflect current best practice in corporate governance. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|------------------|---|---|---|
| | | <p>whichever is the greater. On subsequent appointments/reappointments the Council will take account of guidance currently indicating three years per term of office for the Chairman and Non Executive Directors.</p> <p>The Chairman shall confirm to the Council of Governors that, following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.</p> | <p>Code of Governance, paragraph C.2.2 recommends rigorous review after 2 three-year terms and possible annual re-appointment thereafter. Serving longer than these 2 terms could be relevant to determining whether a non-executive is still independent.</p> <p>‘The board of directors should ensure planned and progressive refreshing of the board.’</p> |
| 47. | Terms and conditions of the Chief Executive and Executive Directors | The terms and conditions will be determined by the Board of Directors’ Remuneration and Terms of Service Committee comprising the Chairman and at least three independent non-executive directors. | The Trust will reflect best practice in corporate governance |
| Disqualification | | | |
| 48. | Any exclusions to the Board of Directors over and above the legal minimum | <p>The constitution will include the standard exclusions with the addition of:</p> <ul style="list-style-type: none"> a person whose tenure of office as a Chairman or as a member or Director of a health service body has been terminated on the grounds that his appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest; a person who has had his name removed, by a direction under any NHS Act or has otherwise been disqualified or suspended from any healthcare profession, and has not subsequently had his name included in such a list or had his qualification re-instated or | Further provisions have been included over and above those requirements of the Model Constitution and the 2006 Act in line with other recently authorised NHSFTs. |

| | | | |
|--|--|---|--|
| | | <p>suspension lifted (as applicable)</p> <ul style="list-style-type: none"> • a person who has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body • a person who is a Governor of the Trust or an executive or non-executive director or a governor of another NHS Foundation Trust, an executive or non-executive director, chair, chief executive officer of another Health Service Body or a body corporate whose business includes the provision of health care services, or which includes the provision of any service to the Trust; • a person who is a member of a local authority Health Overview and Scrutiny Committee; • a person who is a subject of a disqualification order made under the Company Directors' Disqualification Act 1986; • a person who has failed without reasonable cause to fulfil any training requirement established by the Board of Directors; • a person who has failed to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the Directors' Code of Conduct; • a person who is an Immediate Family Member | |
|--|--|---|--|

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----------------------------------|---|--|---|
| | | <p>of a Director; or</p> <ul style="list-style-type: none"> a person who is the subject of a Sex Offenders Order and/or his name is included in the Sex Offenders Register. | |
| Roles and Responsibilities | | | |
| 49. | The process for a committee of non Executive Directors to monitor, review and carry out other audit functions. Proposals for the audit committee's function are also required. | <p>The Audit Committee is a formal committee of the Trust Board and its terms of reference are incorporated within the Standing Orders of the Board of Directors.</p> <p>Membership of the Audit Committee comprises of 3 independent non-executive directors, one of whom is the Chair of the Committee and who has recent and relevant financial experience.</p> | This embeds best corporate governance practice and is based upon the NHS Audit Committee Handbook and reflects the requirements within the FT Code of Governance – F.3.1. |
| 50. | The process for the non-executive directors to appoint or remove the chief executive and for the committee of chief executive, chair and non-executive directors to appoint or remove other executive directors | <p>The appointment or removal of the Chief Executive shall require the approval of the Council of Governors.</p> <p>The Nominations Committee comprising of the Chairman, Chief Executive and the non-executive directors shall appoint or remove the executive directors as described previously in section 31.</p> <p>Any person who is disqualified from becoming or continuing as a Director on any of the grounds set out in the constitution shall resign as a Director of the Trust or if he declines or fails to do so shall be removed forthwith by the Board of Directors and a new Director appointed in his place in accordance with the provisions of the</p> | In accordance with section C of the FT Code of Governance. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|--|---|--|
| 51. | The process for a committee of Non Executive Directors to decide remuneration and allowances for Executive Directors and (if relevant) the provisions on remuneration and allowances that might be set out in the constitution, pending appointment of such a committee. | <p>Constitution.</p> <p>The Remuneration and Terms of Service Committee is a formal committee of the Trust Board and its terms of reference are incorporated within the Standing Orders of the Board of Directors.</p> <p>The committee comprises of the Chairman and the Non Executive Directors and the Chief Executive attends.</p> | This embeds best corporate governance practice, the NHS Audit Committee Handbook and the requirements of the FT Code of Governance, section E. |
| 52. | The process for the directors to consult with the Council of Governors on the Trust's forward planning | <p>As a minimum the annual strategic and operational plan will be presented to the Council of Governors.</p> <p>At a previous stage the Council of Governors will be involved in discussing and understanding the key drivers to forward planning and be able to guide the Board of Directors in their work. This may involve work by governors outside the formal meetings.</p> <p>As a minimum there will be:</p> <ul style="list-style-type: none"> • A joint meeting annually with the Board of Directors • Executive directors attending Council of Governors meetings • Specific discussions with the Council of Governors on the draft Annual Plan prepared by the Board of Directors | It will be the role of the Board of Directors to prepare and implement forward plans but the Governors will look to contribute at an early stage rather than 'rubber stamping'. The Trust sees this contribution as ongoing throughout the year by involving governors in working groups so that the formal adoption of the forward plan should be a natural conclusion of their involvement |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|------------------------------------|---|--|--|
| 53. | The process for the Board of Directors to present to the Council of Governors at a general meeting the annual accounts, any report of the auditor on them and the annual report | <p>All members of the Board of Directors will be encouraged to attend meetings of the Council of Governors but particularly the Annual General Meeting. The attendance of the Chief Executive, Director of Finance and Director of Corporate Services / Trust Secretary at the Annual General Meeting will be a minimum requirement.</p> <p>At this meeting the formal business will include presentation and adoption of the annual accounts, annual report and the report of the auditor.</p> | <p>A balance needs to be struck between allowing the Council of Governors to exercise its stewardship function and giving governors freedom to discuss issues between themselves.</p> <p>The formal business of the annual General Meeting will be set out in the constitution</p> |
| Meetings of the Board of Directors | | | |
| 54. | Details of how meetings should take place including whether in public or private. | <p>Details of how meetings of the Board of Directors take place will be set out in the Standing Orders.</p> <p>The Trust Board meets in public eight times a year and holds 4 four strategy and board development meetings in private.</p> <p>The Board of Directors shall meet in public. It reserves the right to exclude members of the press and public to consider confidential business, publicity on which would be prejudicial to the public interest (as defined in the Public Meetings Act 1960). When exercising this provision, the Chairman presiding at the meeting shall summarise the nature of the business to be considered in closed session.</p> <p>The Chairman may, if necessary, exclude any member of the press or public from a meeting if they are interfering with or preventing the proper conduct of a meeting.</p> | <p>The Trust is committed to transparency and openness and papers for Public meetings will be published on the website..</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| Conflict of Interests of Directors | | | |
|------------------------------------|---|---|--|
| 55. | Details of how conflicts of interest should be handled | <p>All members of the Board of Directors sign up to a code of conduct that includes specific provisions on the avoidance and declaration of conflicts of interest, both financial and other.</p> <p>At the time directors' interests are declared, they should be recorded in the Board of Directors' minutes and entered on the register of interests of directors that is maintained by the Secretary. Any changes in interests should be declared at the next meeting of the Board of Directors following the change occurring.</p> <p>During the course of a Board of Directors' meeting, if a conflict of interest is established, the director concerned shall disclose the fact, and withdraw from the meeting and play no part in the discussion or decision.</p> | The Trust will be fully committed to adopting and implementing standards of business conduct based on the Code of Governance and the Nolan Principles. |
| REGISTERS | | | |
| 56. | How the register of members will be maintained including admission to and removal from the register | <p>The Director of Corporate Services will be responsible for the maintenance of the register of members, through the Membership Manager.</p> <p>Admission to the register will be through completion of a standard application form which will include a self declaration of eligibility. The amount of detail kept on the register will be kept to a minimum.</p> <p>Requests for removal from the register will be through a standard form or at the instigation of the Director of Corporate Services, through the Membership Manager, should they receive notification from other sources (such as read of the death of a member but not informed).</p> | <p>The Trust has a contract with an external database provider and this database will act as the register and will be covered by data protection requirements. Standard reports will provide the main details with supplementary information maintained that is only retained because of its need.</p> <p>In accordance with model election rule 26, the register will close for the purposes of voting on the closing date for receipt of nominations</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-----|--|---|---|
| | | Once a year the Director of Corporate Services / Secretary will undertake a full review of the register for any anomalies and ensure that the details appear reasonable. Ad hoc reviews will be undertaken during the year. | |
| 57. | How the register of members of the Council of Governors will be maintained including admission to and removal from the register | <p>The Director of Corporate Services will be responsible for the maintenance of the register of members of the Council of Governors. This will list out the name and contact details for the governors, their constituency or stakeholder and date of appointment and term of office.</p> <p>Once a Governor leaves office or is removed the date and circumstances will be recorded.</p> <p>The register of members of the Council of Governors will link to the register of their interests and they will be asked to confirm this on an annual basis or as soon as circumstances change</p> | This will be maintained in accordance with best practice. |
| 58. | How the register of members of the Council of Governors' interests will be maintained including admission to and removal from the register | <p>The Director of Corporate Services will be responsible for the maintenance of the register of governors' interests.</p> <p>Governors will be expected to register all interests as soon as they are apparent. The Director of Corporate Services will be responsible for obtaining a signed declaration including nil returns. The Register will be fully reviewed annually and a report given in the Annual Report and Accounts. Ad hoc reviews will be undertaken during the year.</p> | <p>The Trust is fully committed to upholding standards of business conduct and public values, particularly in ensuring that there are no conflicts of interest, perceived or actual at any level from Governors to staff.</p> <p>In public business there is no place for private gain.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|-------------------------|---|---|--|
| | | Upon notification from a governor of the interest ceasing, or at the end of the terms of office of a governor, the interest will be removed from the register. | |
| 59. | How the register of the Board of Directors' interests will be maintained including admission to and removal from the register | <p>The Director of Corporate Services will be responsible for the maintenance of the register of members of the Board of Directors.</p> <p>Directors will be expected to register all interests as soon as they are apparent. The Director of Corporate Services will be responsible for obtaining a signed declaration including nil returns. The Register will be updated on an annual basis and a report given in the Annual Report and Accounts.</p> <p>The register will also include senior posts and a general principle for declarations of interest from all staff.</p> <p>Upon notification of a director or senior manager of the interest ceasing to exist, or on termination of employment with the Trust, the interest will be removed from the Register.</p> | We will use the current system in accordance with Trust Standing Orders. |
| PUBLIC DOCUMENTS | | | |
| 60. | How the Trust will make provision for the public to receive the documents set out in the 2006 Act and the charges that will apply (regulations may prescribe circumstances in which there is not to | <p>The Director of Corporate Services will be responsible for ensuring that documents are appropriately lodged with the Regulator. It is likely that the Director of Corporate Services will have the primary link with the Regulator.</p> <p>Copies of these documents will be made freely available on request to any member or stakeholder and will be published on the website. The Trust will</p> | Links for formal reporting to the Regulator will lie with the Director of Corporate Services |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|----------------|---|---|--|
| | be public access to the register). | reserve the right to charge for additional or multiple copies to cover the costs of production | |
| AUDITOR | | | |
| 61. | Details of the auditor's appointment and roles and responsibilities | <p>The auditor will be appointed by the Council of Governors after a process of competition that will be overseen by the Audit Committee of the Board of Directors in conjunction with the Director of Finance.</p> <p>The full role and responsibilities including a code of audit will follow guidance from the Regulator and best practice.</p> <p>The Council of Governors shall take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors.</p> <p>The Audit Committee shall also make recommendations to the Council of Governors in relation to the appointment, reappointment and removal of the external auditor and approve remuneration and terms of engagement of the external auditor.</p> <p>If the Council of Governors does not accept the Audit Committee's recommendation, the Board of Directors shall include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.</p> <p>The Audit Committee will review the appointment</p> | <p>The Trust's current external auditor is the Audit Commission.</p> <p>Section F.3.5 of the FT Code of Governance refers.</p> |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|---|---|---|---|
| | | and related issues such as the level of non audit service. Appointment will usually be for 3-5 years. | |
| ACCOUNTS | | | |
| 62. | Details of the process to make the accounts available | The Accounts along with the Annual Report and forward plans will be made available on the Trust's website and full copies will be available on request. Summarised copies of the accounts will be included in the annual report and in other documents that are made more widely available. The Trust will look to incorporate reporting its accounts through local media and through positive reporting | The Trust will seek to make the accounts as widely available as possible taking account of cost and environmental considerations. Summarised accounts will be promoted in the first instance. |
| ANNUAL REPORTS AND FORWARD PLANS | | | |
| 63. | Details of process to make the annual report and forward plans available. | The standard wording in the template constitution will be adopted in terms of reports to the Regulator. It is anticipated that an annual report will be produced for members which will summarise the detail to the Regulator and produce greater narrative that is more accessible to members. Copies of the full text will be available to members upon request, placed in public locations such as libraries and on the Trust's website. The Trust reserves the right to charge for hard copy of the report. | It is our intention to be as open as practicable and to consider different ways of engaging all our stakeholders and the public being mindful of cost and environmental considerations |

| INDEMNITY | | | |
|-------------------------------|---|--|---|
| 64. | Details of any indemnity clause | <p>The following will be included in the constitution: Members of the Board of Directors and Council of Governors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust.</p> <p>The Trust may purchase and maintain for members of the Council of Governors and Board of Directors insurance in respect of directors' and officers' liability including, without limitation, liability arising by reason of the Trust acting as a corporate trustee of an NHS charity.</p> | <p>In accordance with the model constitution and best governance practice.</p> <p>The Trust will continue its work in putting in place procedures and in embedding strong corporate governance. It will seek advice regarding professional indemnity insurance for its directors.</p> |
| DISPUTE RESOLUTION PROCEDURES | | | |
| 65. | Detail of any dispute resolution procedures in the constitution | <p>The Trust will continue its work in putting in place procedures and in embedding strong corporate governance.</p> <p>Membership: In the event of any dispute about membership entitlement, the dispute shall be referred to the Secretary who shall make a determination on the point in issue. If the member or applicant is aggrieved at the decision of the Secretary, he may appeal in writing within 14 days of the Secretary's decision to the Council of Governors whose decision shall be final.</p> <p>Governor: In the event of any dispute about eligibility and disqualification of a governor, the dispute shall be referred to the Council of Governors, whose decision shall be final.</p> | <p>In accordance with best governance practice.</p> |

| | | | |
|----------------------------------|--|---|--|
| | | <p>Boards: In the event of any dispute between the Board of Directors and Council of Governors or between a governor and the Council of Governors:</p> <p>(i) in the first instance, the Chairman, on the advice of the Secretary, and other advice the Chairman may obtain, shall seek to resolve the issue;</p> <p>(ii) if the Chairman is unable to resolve the dispute, he shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors with a view to resolving the dispute. The special committee may include an advisor from another foundation trust;</p> <p>(iii) if the recommendations (if any) of the special committee are unsuccessful, the Chairman may refer the dispute back to the Board of Directors who shall make the final decision.</p> | |
| AMENDING THE CONSTITUTION | | | |
| 66. | Details of the procedure for amending the constitution | The Constitution will be reviewed by the Board of Directors and Council of Governors after one year and every three years after that. The review will take account of any review by the Department of Health, the Regulator or guidance from the Foundation Trust Network or other best practice. | The Constitution will need to be maintained and kept up to date and relevant to the needs of the Trust as it develops. Changes to the Constitution other than those of a minor nature will require approval by the Regulator. |

Draft Governance Rationale – March 2011 (v5.0)
 London Ambulance Service Integrated Business Plan - Appendix B

| | | | |
|--|--|---|--|
| | | <p>Changes will require approval by the Board of Directors and the Council of Governors.</p> <p>Amendments by the Trust of its constitution are to be made with the approval of Monitor. For the avoidance of doubt, any amendment to the annexes attached to the constitution must also be approved by Monitor. We note the proposed changes to this in the Health and Social Care Bill.</p> | <p>All changes require approval by the Board of Directors and the Council of Governors</p> |
|--|--|---|--|

ANNEX 5

ADDITIONAL PROVISIONS FOR THE COUNCIL OF GOVERNORS

1. Eligibility to be a Governor

We note that you have already included some provisions within your Constitution as to the circumstances in which a person may not be eligible to be a Governor. You may however wish to consider including the following additional provisions within Annex 5 to ensure that your eligibility criteria are as robust as possible: (if you do decide to include these provisions then you will also need to ensure that the governance rationale is amended to refer to them).

- 1.1 A person may not become a governor of the Trust, and if already holding such office will immediately cease to do so, if:
 - 1.1.1 they are the spouse, partner, parent or child of a member of the Board of Directors (including the Chairman) of the Trust;
 - 1.1.2 they are a member of a local authority's Health Overview and Scrutiny Committee;
 - 1.1.3 being a member of the staff constituency, they have a current and unexpired written warning which has been imposed following disciplinary action by the Trust or the predecessor Trust, arising out of their employment with the predecessor Trust. For the avoidance of doubt, a member will not be precluded from eligibility as a Governor by reason of his suspension or in the event that he is the subject of an ongoing disciplinary procedure and/or fact finding investigation. Spent disciplinary warnings will not preclude eligibility to be a governor;
 - 1.1.4 being a member of the public constituency, they refuse to sign a declaration in the form specified by the Secretary of particulars of their qualification to vote as a member of the Trust, and that they are not prevented from being a member of the Council of Governors;
 - 1.1.5 on the basis of disclosures obtained through an application to the Criminal Records Bureau, they are not considered suitable by the Trust's director responsible for human resources;
 - 1.1.6 they have previously been or are currently subject to a sex offender order and/or required to register under the Sexual Offences Act 2003 or have committed a sexual offence prior to the requirements to register under current legislation coming into force.
- 1.2 Any such member of the Council of Governors, or prospective member as the case may be, shall notify the Secretary of any bar to his membership of the Council of Governors under the foregoing paragraphs of this Annex on becoming aware of such a bar provided that the Board of Directors may exercise its discretion to allow any such individual to become or continue as a member of the Council of Governors in respect of any matter that would otherwise bar such membership under the foregoing paragraphs of this Annex.

2. Termination of Office and Removal of Governors

You may also wish to consider including the following within Annex 5 as reasons for terminating a governor's term of office:

- 2.1 they have refused without reasonable cause to undertake any training which the Trust requires all governors to undertake;
- 2.2 they have failed to sign and deliver to the Secretary a statement in the form required by the Secretary confirming acceptance of the Code of Conduct.

3. Expenses and Remuneration of Governors

You may also wish to consider including the following provisions to supplement what has already been included in paragraph 17 of the Constitution:

- 3.1 The Trust may reimburse governors for travelling and other costs and expenses incurred in carrying out their duties as the Board of Directors decides.
- 3.2 The Trust may at its discretion decide to reimburse the cost and expense of a governor's carer arrangements necessarily and reasonably incurred in the governor carrying out their duties
- 3.3 In respect of a staff governor who is an employee of the Trust, the Secretary shall seek to facilitate such employee's reasonable participation as a Staff Governor during normal working hours to the extent reasonably necessary for the performance of their duties as a staff governor (including reasonable time off from his contractual duties) and shall not make any corresponding deduction from salary.
- 3.4 Governors shall not receive remuneration from the Trust with respect to the performance of their duties as Governors otherwise than as set out in paragraphs 3.1, 3.2 and 3.3.

ANNEX []

FURTHER PROVISIONS

1. Principles
 - 1.1 London Ambulance Service NHS Foundation Trust will comply with the NHS Constitution, published in 2009 and as amended from time to time, together with Monitor's publication: *The NHS Foundation Trust Code of Governance*.
2. Disqualification from membership
 - 2.1 A person may not become or remain a member if they do not meet the requirements of eligibility under this Constitution. It is the responsibility of each member to ensure his eligibility at all times.
 - 2.2 A person may not become a member of the Trust if they have been removed from membership by the Council of Governors within the preceding five years.
 - 2.3 A person may not become or remain a member of the Trust if during the five years prior to their application, they have demonstrated aggressive or violent behaviour towards any person working for the Trust or a health service body and following such behaviour they have been removed or excluded from any hospital or Trust site or other health service body under either the Trust's or other health service body's policy for withholding treatment for violent/aggressive patients, or equivalent.
 - 2.4 A person may not become or continue as a member of the Trust if they have been confirmed as a 'vexatious complainant' in accordance with the Trust's complaints handling policy.
 - 2.5 Where the Trust is on notice that a member may be disqualified from membership, or may no longer be eligible to be a member, the Secretary shall give the member 14 days written notice to show cause why their name should not be removed from the register of members. On receipt of any such information supplied by the member, the Secretary may, if he considers it appropriate, remove the member from the register of members.
 - 2.6 Any dispute about membership entitlement shall be resolved by the Secretary.
 - 2.7 All members of the Trust shall be under a duty to notify the Secretary of any change in their circumstances which may affect entitlement to membership.
3. Expulsion from membership
 - 3.1 A member may be expelled by a resolution approved by not less than two thirds of the whole number of the Council of Governors present if they are deemed to have acted in a manner contrary to the interests of the Trust.
 - 3.2 The following procedure is to be adopted:

- (i) any member may complain to the Secretary that another member has acted in a way which would justify expulsion in accordance with 3.1 above;
- (ii) if a complaint is made, the Council of Governors may itself consider the complaint, having taken such steps as it considers appropriate, to ensure that each member's point of view is heard and may either:
 - (a) dismiss the complaint and take no further action; or
 - (b) arrange for a resolution to expel the member complained of to be considered at the next meeting of the Council of Governors

4. Dispute Resolution Procedures

4.1 *Membership* - In the event of any dispute about membership entitlement, the dispute shall be referred to the Secretary who shall make a determination on the point in issue. If the member or applicant is aggrieved at the decision of the Secretary, he may appeal in writing within 14 days of the Secretary's decision to the Council of Governors whose decision shall be final.

4.2 *Governor* - In the event of any dispute about eligibility and disqualification of a governor, the dispute shall be referred to the Council of Governors, whose decision shall be final.

4.3 *Boards* - In the event of any dispute between the Board of Directors and Council of Governors or between a governor and the Council of Governors:

- (i) in the first instance, the Chairman, on the advice of the Secretary, and other advice the Chairman may obtain, shall seek to resolve the issue;
- (ii) if the Chairman is unable to resolve the dispute, he shall appoint a special committee comprising equal numbers of directors and governors to consider the circumstances and to make recommendations to the Council of Governors with a view to resolving the dispute. The special committee may include an advisor from another foundation trust;
- (iii) if the recommendations (if any) of the special committee are unsuccessful, the Chairman may refer the dispute back to the Board of Directors who shall make the final decision.

FT and membership calendar of communication and engagement 2010

| 2010 | Internal | External |
|-----------|--|---|
| January | Patient Care Conference - Presentation: role of a Governor | Patient Care Conference Presentation - role of a Governor |
| | | |
| February | South Area Newsletter - update on FT | |
| | LAS News: Union Council seat considered | |
| March | Ambulance News - Spring issue | Ambulance News - Spring Issue |
| | LAS News - cartoon insert | Stroke Awareness events |
| April | LAS News - Behind the Scenes, FT Team | |
| | FT Update issue 1 | |
| May | | Patients' Forum - Presentation: role of a Governor |
| | | |
| June | East Area consultation presentations (x 3) | |
| | Ambulance News - Summer issue | Ambulance News - Summer issue |
| July | PB's Blog: FT at the Board meeting | |
| | | |
| August | Summer holidays | |
| | | |
| September | Web pages up date - FT and membership | Web pages up date - FT and membership |
| | Ambulance News - Autumn issue | Ambulance News - Autumn issue |
| | Ambulance News survey | Ambulance News survey |
| | Manager 's Conference - Update on application | |
| | PB consultation meetings | Help design an ambulance interior |
| October | FT Update issue 2 | Recruitment e-vite |
| | PB 's Blog: FT Update | |
| November | PB's Blog: evite for staff to recruit members | |
| | Recruitment e-vite | |
| | PB's Blog: FT application and Board interviews | |
| December | | |

FT and membership calendar of communication and engagement 2011

| 2011 | Internal | External |
|----------------------|--|--|
| January | Ambulance News Winter (2010) edition | Ambulance News Winter (2010) edition |
| | | Patients' Forum: application update and role of a Governor |
| | | An Evening with Us...Heart Care (27th) |
| February | LAS News: Survivor speaks at cardiac event | |
| March | FT Update Issue 3 | Enfield community event (19th) |
| | Ambulance News - Spring Issue | Ambulance News - Spring Issue |
| | | |
| April | Senior Managers Conference | Patient Environment Action Group (PEAG) training |
| | Managers Conference | |
| | Easter | |
| May | LAS News: FT application update/elections | Members Meet (Gov candidates/involvement) (11th) |
| | | PEAG assessment |
| | | An Evening With Us....Stroke Care (27th) |
| June | Ambulance News - Summer issue | Ambulance News - Summer issue |
| | LAS News elections update | |
| | FT Update Issue 4 | |
| | LAS News plans for elections | |
| July | | An Evening With....(13th) |
| August | Summer holidays | |
| September | PB consultation meetings | |
| | Ambulance News Autumn Issue | Ambulance News Autumn Issue |
| | LAS News Staff Governor nominations | Annual General Meeting (27th) |
| | FT Update issue 3 | |
| | Elections tbc | |
| Elections tbc | | |
| October | PULSE/RIB messages about voting | Members Meet (2nd meeting) |
| | | An Evening With Us.... (12th) |
| November | Ambulance News - Winter issue | Ambulance News - Winter issue |
| | LAS News Meet your staff govts | |
| December | We are an FT - celebrate success | We are an FT - celebrate success |
| | FT Update issue 4 | |

| September Election Schedule | Mar-11 | | | | Apr-11 | | | | May-11 | | | | | Jun-11 | | | | Jul-11 | | | | Aug-11 | | | | | Sep-11 | | | | Oct-11 | | | | | Nov-11 | | | | Dec-11 | | | | | | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|-------|-------|-------|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|
| | 07-Mar-11 | 14-Mar-11 | 21-Mar-11 | 28-Mar-11 | 04-Apr-11 | 11-Apr-11 | 18-Apr-11 | 25-Apr-11 | ##### | ##### | ##### | ##### | ##### | 06-Jun-11 | 13-Jun-11 | 20-Jun-11 | 27-Jun-11 | 04-Jul-11 | 11-Jul-11 | 18-Jul-11 | 25-Jul-11 | 01-Aug-11 | 08-Aug-11 | 15-Aug-11 | 22-Aug-11 | 29-Aug-11 | 05-Sep-11 | 12-Sep-11 | 19-Sep-11 | 26-Sep-11 | 03-Oct-11 | 10-Oct-11 | 17-Oct-11 | 24-Oct-11 | 31-Oct-11 | 07-Nov-11 | 14-Nov-11 | 21-Nov-11 | 28-Nov-11 | 05-Dec-11 | 12-Dec-11 | 19-Dec-11 | 26-Nov-11 | | | | | | | | | | |
| FT Project Board meetings | | | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trust Board meetings | | | | 29 | | | | | | | | | | | | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SRP meeting (Trust Board in private) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMG meetings | | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSG meetings | | | | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Senior Managers & Managers Conferences | | | | | 8 | 15 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Produce leaflet on voting and role of Governor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance News Spring - Role of a Governor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April / May LAS News - Staff gov role | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April / May LAS News - advert staff gov meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance New Summer - election special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FT Update - FT timeline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FT Update - Role of Governors / election dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Evening with Us ...Stroke Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Evening with Us ...tbc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Evening with Us... tbc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Meeting - Becoming a Governor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Meeting - Becoming a Governor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Event - Enfield | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Event - Bexley | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHA Board to Board | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application to Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Election (Nomination period) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance News - Autumn - notice of elections/nominations - election special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PB's Blog | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIB notice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Web home page | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final date for nomination papers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publication of notice of poll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issue of ballot papers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day of election - final day for receipt of postal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Counting of vote | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform Trust of results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monitor Board to Board | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR DISCUSSION

| | |
|---|--|
| Document Title: | Report on Historical Due Diligence Stage 2 Review |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams/Mike Dinan |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | As a formal report on the outcome of the Stage 2 review completed in January 2011 |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note that the full report is to be discussed under the Part II agenda and to highlight the key issues under Part I. |
| <p>Executive Summary</p> <p>The Stage 2 report was due to be reviewed by the Trust Board at its meeting on 3rd February however it was not available at the time due to a number of unresolved items. Further information has now been provided to Grant Thornton and a revised report was submitted to the Trust on 18th March. There are 12 issues identified and these can be grouped as follows:</p> <ul style="list-style-type: none"> • Risks associated with the 2010/11 outturn • Delivery of the cost improvement plan in 2010/11 • Cash balances and net current liabilities • Income assumptions for 2011/12 onwards • Downside scenario cases and mitigation strategies • Performance against contractual targets and mitigating the risks of financial loss • Information governance toolkit rating. <p>Work is already underway to progress each of these issues and the position against most has changed since the Stage 2 review was held. The SHA are seeking assurance that the items of high and intermediate importance are progressed sufficiently to become of low importance within the next month.</p> | |
| <p>Key issues for the Trust Board</p> <p>To understand the implications of each of the areas identified and the work that has taken place to progress these.</p> <p>To determine whether the progress reported against each of the above, when considered with full stage 2 report and the timeline report, provides assurance that the Trust is on track to achieve the milestones and a submission date of 1st June 2011.</p> | |
| <p>Attachments</p> <p>N/A</p> | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR APPROVAL

| | |
|---|--|
| Document Title: | The Role of the Caldicott Guardian |
| Report Author(s): | Sandra Adams |
| Lead Director: | Peter Suter and Fionna Moore |
| Contact Details: | Peter.suter@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Compliance with information governance toolkit v8 requirements; Confirm the appointment of the Medical Director to the role of Caldicott Guardian |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input checked="" type="checkbox"/> Other: Information governance group |
| Recommendation for the Trust Board: | To confirm their understanding of the role of the Caldicott Guardian and to confirm the appointment of the Medical Director to the role. |
| <p>Executive Summary</p> <p>NHS organisations are required to appoint an individual at Board level to act as the Caldicott Guardian and to oversee the arrangements for the use and sharing of person-based clinical information.</p> <p>The 2010 guidance sets this role within an organisational Caldicott/Confidentiality function which is part of the broader information governance agenda. It updates existing material and provides pointers to other sources of guidance and standards – it also replaces the Caldicott Guardian manual of 2006.</p> <p>The Caldicott Guardian should be:</p> <ul style="list-style-type: none"> • An existing member of the management board or senior management team • A senior health or social care professional • The person with responsibility for promoting clinical governance or equivalent functions within the organisation. • <p>The Guardian must have the seniority and clear authority from the Board/SMG and the Chief Executive to influence policy development and strategic planning and carry the confidence of their colleagues. For an NHS provider Trust it is recommended that this person is a Board-level clinician and the Medical Director has held the role for the LAS for a number of years now.</p> <p>The Caldicott Guardian acts as the ‘conscience’ of the organisation in terms of supporting the sharing of information and advising on options for lawful and ethical processing of information – knowing when and from where to seek advice. The strategic role includes representing and championing Information Governance requirements and issues at Board level and within the overall</p> | |

governance framework.

Key responsibilities are:

- Strategy & governance
- Confidentiality & data protection expertise
- Internal information processing ensuring confidentiality issues are appropriately reflected in strategies, policies and working procedures – the IG toolkit details these
- Information sharing – overseeing all arrangements, protocols and procedures where confidential patient information may be shared externally – within and outside the NHS.

The Caldicott Guardian needs to work closely with the Senior Information Risk Owner (Director of Information Management & Technology) ensuring that the Guardian is consulted where appropriate when information risk reviews are undertaken for assets containing patient information. Training for the role is available through the IG Training Tool via Connecting for Health.

As part of the work to improve compliance with the IG toolkit version 8, the Trust Board is being asked to confirm the appointment of the Medical Director as the Caldicott Guardian.

Key issues for the Trust Board

Confirmation of the appointment achieves compliance with items 1a and 1c of requirement 8-200 of the Information Governance Toolkit V8.

The role is included in the job description for the Medical Director of the LAS NHS Trust.

Attachments

Department of Health guidance on the role of the Caldicott Guardian 2010

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

The Caldicott Guardian Manual 2010

DH INFORMATION READER BOX

| | |
|----------------|---------------------|
| Policy | Estates |
| HR / Workforce | Performance |
| Management | IM & T |
| Planning | Finance |
| Clinical | Partnership Working |

| | |
|----------------------------|---|
| Document Purpose | Best Practice Guidance |
| ROCR Ref: | Gateway Ref: 14043 |
| Title | The Caldicott Guardian Manual 2010 |
| Author | DH/Digital Information Policy |
| Publication Date | 01 Mar 2010 |
| Target Audience | PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Directors of Adult SSs, Directors of Children's SSs |
| Circulation List | |
| Description | The manual, which is a DH publication, is guidance that takes account of developments in information management in the NHS & in Councils with Social Care responsibilities since the publication of the Caldicott report. It sets out the role of the Caldicott Guardian within an organisational Caldicott/confidentiality function as a part of broader Information Governance. |
| Cross Ref | |
| Superseded Docs | Caldicott Guardian Manual 2006 |
| Action Required | N/A |
| Timing | N/A |
| Contact Details | Ifeoma Nwolie Digital Info Policy DH Informatics Directorate Quarry House Leeds LS2 7UE 0113 397 4479 www.dh.gov.uk/policyandguidance www.connectingforhealth/infogov/resources/new-guidance |
| For Recipient's Use | |

Contents

| | |
|---|-----------|
| 1. Introduction | 2 |
| 2. Who should be a Caldicott Guardian? | 4 |
| 3. The role of the Caldicott Guardian | 6 |
| 4. Information Governance and the IG Assurance Framework | 8 |
| 5. The relationship with the Senior Information Risk Owner | 11 |
| 6. The UK Council of Caldicott Guardians | 13 |
| 7. Training for Caldicott Guardians | 15 |
| 8. Guidance and links | 17 |

1 Introduction

- 1.1 The 1997 report of the Review of Patient-Identifiable Information, chaired by Dame Fiona Caldicott (the Caldicott Report), made a number of recommendations for regulating the use and transfer of person identifiable information between NHS organisations in England and to non-NHS bodies. The Caldicott Committee's remit included all patient-identifiable information passing between organisations for purposes other than direct care, medical research, or where there was a statutory requirement for information. The aim was to ensure that patient-identifiable information was shared only for justified purposes and that only the minimum necessary information was shared in each case. The Committee also advised on where action to minimise risks of confidentiality would be desirable.
- 1.2 The recommendations of the Caldicott Committee defined the confidentiality agenda for NHS organisations for a number of years. Central to the recommendations was the appointment in each NHS organisation of a "Guardian" of person-based clinical information to oversee the arrangements for the use and sharing of clinical information. Subsequent work extended the requirement to appoint Caldicott Guardians into Councils with Social Care Responsibilities [CSSRs].
- 1.3 A key recommendation of the Caldicott Committee was that every use or flow of patient-identifiable information should be regularly justified and routinely tested against the principles developed in the Caldicott Report.

Principle 1 – Justify the purpose(s) for using confidential information

Principle 2 – Only use it when absolutely necessary

Principle 3 – Use the minimum that is required

Principle 4 – Access should be on a strict need-to-know basis

Principle 5 – Everyone must understand his or her responsibilities

Principle 6 – Understand and comply with the law

- 1.4 Since then developments in information management in the NHS and CSSRs have added further dimension to the Caldicott role. These include:
- the Data Protection Act 1998;
 - the Human Rights Act 1998;
 - the Freedom of Information Act 2000;
 - the NHS Code of Practice on Confidentiality 2003;
 - the inception of NHS Information Governance 2003;
 - ICT strategic developments (such as the NHS Care Record, Electronic Social Care Records, and the Secondary Uses Service) 2005 onwards;
 - the election of the UK Caldicott Guardian Council 2005;
 - section 251 of the NHS Act 2006 (formerly section 60 of the Health and Social Care Act 2001);
 - establishment of the National Information Governance Board (NIGB) for health and social care as a statutory body in 2008;
 - the Ethics and Confidentiality Committee of the National Information Governance Board;
 - the final report on data handling procedures in Government by the Cabinet Office June 2008;
 - publication of the NHS Constitution in January 2009 (updated March 2010);
 - NHS Care Record Guarantee for England published in 2005 (updated 2009);
 - Social Care Record Guarantee for England 2009.
- 1.5 This guidance takes account of these developments and, importantly, sets the role of the Caldicott Guardian within an organisational Caldicott/Confidentiality function which is itself a part of broader Information Governance. The guidance does not aim to reproduce or codify all the guidance available, but it updates existing materials where necessary and otherwise provides pointers to other current sources of guidance and standards. It replaces the Caldicott Guardian manual published in 2006. The intention is that this new Caldicott Guardian guidance will be reviewed annually and updated as required. Where necessary, updates will be published on the Caldicott web pages at: <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>
- 1.6 This Manual should be read alongside the e-learning module “The Role of the Caldicott Guardian: NHS and Social Care”, which provides more detailed information on all aspects of the Caldicott Guardian role. The module is available at: <http://www.connectingforhealth.nhs.uk/igtrainingtool>

2. Who should be a Caldicott Guardian?

- 2.1 The Guardian should be, in order of priority:
- an existing member of the management board or senior management team of the organisation;
 - a senior health or social care professional;
 - the person with responsibility for promoting clinical governance or equivalent functions within the organisation.
- 2.2 Where it is not practicable to satisfy the criteria listed above, assignment of Guardian responsibility should be kept under review. The individual providing the role should also have a close relationship with the senior health professional responsible for promoting clinical governance or their social care equivalent.
- 2.3 It is particularly important that the Guardian has the seniority and clear authority from the Board/senior management team and Chief Executive or Director of Adult Social Services and Director of Children's Services to influence policy development and strategic planning, and carry the confidence of his or her colleagues. Obvious candidates for the role include:

Table 1: Caldicott Guardians by organisation type

| Organisation | Possible Caldicott Guardian |
|---|--|
| Strategic Health Authority | Regional Director of Public Health |
| NHS Provider Trust | Board-level clinician |
| Primary Care Trust | Board member with clinical governance responsibilities |
| Special Health Authorities (using/sharing patient data) | Board-level clinician or other senior officer |
| Cancer Registries | Senior officer – clinically qualified if possible |
| Clinical Research Bodies | Clinically qualified board member with ethics responsibilities |
| Non-NHS Clinical Contractor | Senior clinical manager |
| Social Care | Senior social care professional manager |
| Independent care providers | Medical Director |

- 2.4 Individual general medical and dental practices, pharmacists and opticians do not need to appoint a Caldicott Guardian, but do need to have an Information Governance lead (sometimes referred to as a Caldicott lead) who, if they are not a clinician, will need support from a clinically qualified individual. Primary Care Trusts should ensure that within every practice there is an Information Governance lead and provide support and guidance as required.
- 2.5 Quantifying the time that should be allocated to Caldicott duties is difficult to do without a clear understanding of the context and available support for the Guardian. Examples of what has been found to work well or otherwise will be posted on the UK Council of Caldicott Guardians web-site: <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>

3. The Role of the Caldicott Guardian

- 3.1 The Caldicott Guardian should play a key role in ensuring that NHS, CSSRs and partner organisations satisfy the highest practical standards for handling patient-identifiable information. Acting as the ‘conscience’ of an organisation, the Guardian should also actively support work to facilitate and enable information sharing, and advise on options for lawful and ethical processing of information as required. Local issues will inevitably arise for Caldicott Guardians to resolve. Many of these will relate to the legal and ethical decisions required to ensure appropriate information sharing. It is essential in these circumstances for Guardians to know when, and where, to seek advice.
- 3.2 In all but the smallest organisations the Caldicott Guardian should work as part of a broader Information Governance function: with support staff, Caldicott or Information Governance leads etc, contributing to the work required.
- 3.3 The Caldicott Guardian also has a strategic role, however, that it is less appropriate to delegate. This involves representing and championing Information Governance requirements and issues at Board/ senior management team level and, where appropriate, at a range of levels within the organisation’s overall governance framework. This role is particularly important in relation to the implementation of the National Programme for IT and the development of Electronic Social Care Records (ESCRs) and Common Assessment Frameworks.
- 3.4 Sample job descriptions and specifications can be accessed through the links provided in the guidance section of this document.

Table 2: Key Caldicott Responsibilities

Strategy & Governance: the Caldicott Guardian should champion confidentiality issues at Board/senior management team level, should sit on an organisation's Information Governance Board/Group and act as both the 'conscience' of the organisation and as an enabler for appropriate information sharing.

Confidentiality & Data Protection expertise: the Caldicott Guardian should develop a knowledge of confidentiality and data protection matters, drawing upon support staff working within an organisation's Caldicott function but also on external sources of advice and guidance where available.

Internal Information Processing: the Caldicott Guardian should ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff. The key areas of work that need to be addressed by the organisation's Caldicott function are detailed in the Information Governance Toolkit.

Information Sharing: the Caldicott Guardian should oversee all arrangements, protocols and procedures where confidential patient information may be shared with external bodies both within, and outside, the NHS and CSSRs. This includes flows of information to and from partner agencies, sharing through the NHS Care Records Service (NHS CRS) and related new IT systems, disclosure to research interests and disclosure to the police.

3.5 Staff should be advised to seek assistance from the Caldicott Guardian where necessary; typical examples of such situations are:

- a request from the police for access to patient information;
- requests from patients to delete their records;
- an actual or alleged breach of confidentiality.

4. Information Governance and the IG Assurance Framework

- 4.1 NHS Information Governance¹ is one element of the Integrated Governance framework promoted by the Department of Health in its Integrated Governance Handbook 2006². Information Governance has four main components:
- Information Governance Management;
 - Confidentiality and Data Protection Assurance;
 - Information Security Assurance;
 - Information Quality Assurance.
- 4.2 Staff, skills and resources assigned to each of these assurance areas can be thought of as organisational functions. Caldicott Guardians are central to the Confidentiality and Data Protection Assurance function, so much so that this is often referred to as the Caldicott function. Examples of how a range of organisations have supported their Caldicott function can be accessed through the links provided in the guidance section of this document.
- 4.3 In addition to the key area of Confidentiality and Data Protection Assurance, the Caldicott Guardian needs to provide input into the other areas of Information Governance. The reverse is also likely to be the case, with staff working on other aspects of Information Governance being well placed to contribute to confidentiality and data protection work. It is important that organisations put in place effective governance arrangements to ensure that the organisation's approach to Information Governance is coordinated and inclusive.
- 4.4 A review of NHS Information Governance in England³, carried out at the end of 2005 and subsequently approved by Ministers, called for a strengthening of existing requirements for organisations to have Information Governance steering groups or boards as outlined in the Information Governance Toolkit. The Caldicott Guardian role needs to be strongly represented on this steering group and it is recommended that Caldicott Guardians attend in person.

1 An introductory booklet describing NHS Information Governance can be found at <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links>

2 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4128739

3 <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links>

4.5 Following the high profile personal data losses reported by Government departments during 2007/08, the Cabinet Office published a data handling report⁴ that required Government departments and their delivery arms (i.e. their agencies and any organisations they were responsible for) to improve data handling and information security by:

- implementing core measures to protect personal data and other information;
- creating a culture that properly values, protects and uses information;
- putting in place stronger accountability mechanisms; and
- ensuring there is stronger scrutiny of performance.

4.6 In response to Government directives, David Nicholson, the Chief Executive of the NHS, initiated an Information Governance Assurance Programme. The Programme was charged with producing an Information Governance Assurance Framework for the Department of Health's delivery arm (the NHS, adult social care and related care providers). There was recognition that the NHS was already providing some forms of assurance through its use of the Information Governance Toolkit (IGT) to carry out annual IG performance assessments. The IGT sets out a range of standards or controls that encompass the entire Information Governance agenda and form the basis for work programmes in NHS organisations to provide the required assurance that an organisation is performing at the required level. Since its introduction in 2003/4 the IGT has served to reduce the burden on NHS organisations by eliminating duplication of effort and reducing central reporting requirements whilst providing:

- a 'one-stop' shop for guidance and resource materials;
- a clear framework for assurance and controls;
- an on-line tool for efficient performance assessment and reporting.

Over the past few years the IGT has been further developed and now includes, amongst others, tailored assessment sets for social care, general practices and other independent contractors, prison health, DH arms' length bodies and commercial third parties.

4.7 The IG Assurance Framework builds on the work already in progress in the NHS and is comprised of a number of internal processes, organisational structures and external measures including:

- strengthening of the annual IG performance assessment standards;

4 <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links>

- a requirement for all organisations within the Department's delivery arm to carry out annual IG performance assessments;
- mandatory IG training for all staff involved in handling personal data, with training taking place on induction and reinforced on an annual basis;
- documenting IG performance in Statements on Internal Control, which are scrutinised by the National Audit Office and through spot checks by the Information Commissioner;
- bringing IG assurance within the risk management regime with formal internal audits performed each year;
- independent assurance of IG performance through external audit; and monitoring by the Audit Commission, the Care Quality Commission and, for Foundation Trusts, by Monitor;
- oversight and scrutiny of IG performance by the National Information Governance Board for Health and Social Care (NIGB).

4.8 The Caldicott Guardian has a key role to play regarding the aspects of the Information Governance Assurance Framework that impact on confidentiality and data protection. For example, the Guardian should own and oversee the confidentiality and data protection assurance requirements within the IG Toolkit and should ensure that the annual IG performance assessments are carried out by operational staff members involved in the Caldicott function. The Caldicott Guardian should advise the Board/senior management team or the Accounting Officer of any issues relating to confidentiality and data protection assurance so that they can be included within the Statement of Internal Control.

4.9 Caldicott Guardians need to play a strong role in ensuring that governance arrangements are in place and effective in their organisation, therefore in addition to attending (and perhaps Chairing) the Information Governance Steering Committee or equivalent forum, Guardians should ensure that confidentiality issues are regularly discussed and decisions are minuted at Board/senior management team meetings. Areas for discussion will include results/implications of internal and external audits relating to confidentiality and data protection assurance and options for improvement where necessary.

5. The relationship with the Senior Information Risk Owner

- 5.1 The Cabinet Office data handling report recognised that senior level ownership of information risk is a key factor in the appropriate management of personal information. This led to the establishment of the role of the Senior Information Risk Owner (SIRO), a board level executive with particular responsibility for information risk.
- 5.2 The SIRO role was mandated for the NHS in June 2008, and Councils were required to appoint a SIRO by Local Government Authority data handling guidelines published later that year. The SIRO has responsibility for understanding how the strategic business goals of the organisation may be impacted by any information risks. As part of the management of information risks, organisations are required to carry out work to identify their information assets and assign “ownership” for each asset to an Information Asset Owner (IAO). The IAO should be a senior member of staff who is accountable to the SIRO.
- 5.3 There are a number of differences between the roles of the Caldicott Guardian and the SIRO that suggest that they should normally remain distinct and separate; for example, the Caldicott Guardian’s main focus is patient identifiable information whereas the SIRO is concerned with the risks to information systems generally. At the same time there is clearly a need to ensure that the Caldicott Guardian works closely with the SIRO (and any organisational Information Asset Owners – IAOs) and that the Guardian is consulted where appropriate when information risk reviews are conducted for assets which comprise or contain patient/service user information. Organisations should consider whether the Caldicott Guardian should ‘sign-off’ information risk reviews in these circumstances.
- 5.4 The Caldicott Guardian role:
- is advisory, and accountable for that advice;
 - is the conscience of the organisation;
 - provides a focal point for patient/service user confidentiality & information sharing issues;
 - is concerned with the management of patient/service user information.

5.5 Whilst the Senior Information Risk Owner role:

- is accountable for IG processes within their organisation;
- fosters a culture for protecting and using data;
- provides a focal point for managing information risks and incidents;
- is concerned with the management of all information assets.

There is more information on the role of the SIRO including a job description at:
<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/security/risk/nhsinforiskmgt>

6. The UK Council of Caldicott Guardians

- 6.1 The Council is an elected body made up of Caldicott Guardians from organisations involved in the provision of health and social care services in the United Kingdom. It was set up to facilitate the sharing of good confidentiality practice and the promotion of a national approach to confidentiality and information sharing.
- 6.2 The Council has a Constitution which contains the following terms of reference:
- to be the national body for Caldicott Guardians;
 - to promote the roles and activities of Caldicott Guardians within the UK;
 - to be a forum for the exchange of information, views and experience amongst all Caldicott Guardians;
 - to seek, consider and to represent the views of Caldicott Guardians on matters of policy relating to the organisation and delivery of Information Governance;
 - to be a channel of communication upon Caldicott matters with national organisations concerned with the NHS, the independent health sector, local government and health and social care professionals;
 - to act as a resource centre, provide support and arrange learning opportunities for Caldicott Guardians, both current and of the future.
- 6.3 The Council was formally set up in October 2005 and meets on a quarterly basis. Its work to date has encompassed a range of areas in accordance with its strategic work plan including:
- publishing resources for Caldicott Guardians, such as the Caldicott Guardian newsletter and the Caldicott Guardian website;
 - providing advice and guidance to Caldicott Guardians and staff working in the information governance field;
 - providing formal responses to consultations;
 - providing an opinion on documents and materials concerned with confidentiality issues;
 - endorsing documents and materials impacting on the role of the Caldicott Guardian, such as the Manuals of England, Scotland and Wales, training materials and job descriptions.

- 6.4 The Council has developed a Statement of Collaborative Working with the National Information Governance Board for Health and Social Care and works closely with the Information Governance Policy team in Department of Health Informatics.
- 6.5 There is more information about the Council and its work on its website:
<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>

7. Training for Caldicott Guardians

The Information Governance Training Tool

- 7.1 Developed by the Policy team at DH Informatics in conjunction with the UK Council of Caldicott Guardians and a third party supplier, the content of the tool was driven by the training needs analyses carried out in 2007 for Caldicott Guardians and IG leads and by the requirement for NHS organisations to provide IG assurances, including induction and mandatory IG training. The tool comprises a structured e-learning programme with Introductory, Foundation and Practitioner level modules covering all aspects of IG. Each module has a set of assessment questions enabling the user to obtain a certificate on successful completion.
- 7.2 The Training Tool contains a range of modules covering all aspects of IG, including a module titled The Role of the Caldicott Guardian: NHS and Social Care. This is a practitioner level module aimed at newly appointed Caldicott Guardians and those needing to know more about the role. It might also be useful to existing Guardians wanting a refresher course. The module has the following learning points:
- understand why the role should be allocated to a senior member of staff;
 - be aware of the difference between the role of the Caldicott Guardian and the role of the Senior Information Risk Owner;
 - appreciate how the role fits into the Information Governance Assurance Framework;
 - understand the importance of the role to the protection of confidential patient and service user information;
 - understand the importance of the role in relation to appropriately sharing patient and service user information;
 - understand the relevance of the role to the National Programme for IT;
 - understand some of the deliberations to be made in the decision making process;
 - know where to access advice and support.
- 7.3 Access to the products within the Training Tool is via self-registration or guest account. Everyone having an NHS or government email account is automatically eligible to register. Email domains of specific organisations (e.g. independent care providers) will be considered for addition to the Tool; however, webmail accounts

(e.g. Hotmail/Yahoo mail etc) are specifically excluded. An online registration process is also available for those who do not have an email address. Guest accounts require no login, but neither will they retain a record of the modules undertaken. To use the Tool, please visit: www.connectingforhealth.nhs.uk/igtrainingtool

ISEB Certificate in Data Protection

- 7.4 This qualification has been developed to provide candidates with an industry recognised qualification that incorporates the latest changes and updates outlined in the Data Protection Act of 1998. The qualification is aimed at those practitioners working with, or responsible for data protection. Further information about the Certificate in Data Protection can be obtained from the accredited Training Providers at: <http://www.bcs.org/server.php?show=nav.7272>

8. Guidance and links

General advice and support

The UK Council of Caldicott Guardians

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>

This web-site contains the minutes of Council meetings, back issues of the Caldicott Guardian newsletter, Frequently Asked Questions, example job descriptions and specifications and other useful information. The Council can be contacted via the Secretariat at: ukccgsecretariat@nhs.net

The Secretariat will endeavour to find answers to questions and will collate responses as part of the Council's FAQ resource.

DH Informatics Directorate: Information Governance Policy

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov>

The Information Governance Policy Branch provides policy advice and guidance on Information Governance issues and can be contacted via the Helpdesk by email at exeter.helpdesk@nhs.net or by phone on 01392 251289.

General Medical Council

<http://www.gmc-uk.org/about/contacts>

The General Medical Council provides assistance with standards and ethics enquiries and can be contacted by email at standards@gmc-uk.org or by phone on 0202 7189 5404.

The Information Governance Toolkit

www.igt.connectingforhealth.nhs.uk or nww.igt.connectingforhealth.nhs.uk

The IGT provides guidance on how organisations should satisfy confidentiality, data protection, information security, FOI, records management and information quality requirements. It also contains an extensive knowledgebase of exemplar documents, guidance materials and useful links. For assistance with the Information Governance Toolkit – content, technical advice and administration issues contact the Helpdesk by email at exeter.helpdesk@nhs.net or by phone on 01392 251289.

The National Information Governance Board for Health and Social Care (NIGB)

<http://www.nigb.nhs.uk>

The NIGB provides leadership and promotes consistent standards for information governance across health and social care. The Board considers ethical issues; the interpretation and application of the law and policies and provides advice on information governance matters at a national level via email at nigb@nhs.net or by phone on 0207 633 7052.

NIGB: The Ethics and Confidentiality Committee

<http://www.nigb.nhs.uk/ecc>

The Ethics and Confidentiality Committee (ECC) has been established to undertake the responsibilities of the NIGB under section 251 of the NHS Act 2006 (formerly section 60 of the Health & Social Care Act 2001) and to consider and advise on ethical issues relating to the processing of health or social care information as referred to it by the NIGB.

Nursing and Midwifery Council

<http://www.nmc-uk.org/>

The Nursing & Midwifery Council provides professional advice by email at advice@nmc-uk.org or by phone on 020 7333 9333

The Caldicott Guardian web pages

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott/caldresources>

Information and resources for the Caldicott community, including guidance manuals, job descriptions and frequently asked questions.

The Department of Health

<http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/index.htm>

The DH website contains a range of materials relevant to Caldicott Guardians and those working within an organisation's Caldicott function.

Guidance on Information Sharing and legal aspects

Confidentiality NHS Code of Practice

<http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf>

Guidance on how confidentiality, data protection and human rights legislation impact on the use and sharing of patient information.

Data Sharing and Protection

<http://www.justice.gov.uk/guidance/datasharing.htm>

Guidance from the Ministry of Justice for professionals and practitioners on application of the Data Protection Act 1998.

HM Government Information Sharing Guidance

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00340/>

Cross Government information sharing guidance led by the Department for Children, Schools and Families for frontline practitioners that have to make information sharing decisions whilst working with adults and families and/or with children and young people. Resource materials can also be obtained from these web pages.

Data Protection Act 1998: Legal Guidance

http://www.ico.gov.uk/tools_and_resources/document_library/data_protection.aspx

Guidance produced by the Information Commissioner to explain how this fairly complex piece of legislation should be interpreted.

NHS Information Governance: Guidance on Legal and Professional Obligations

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links>

Best practice guidance that outlines the likely impact on health and social care information, of the range of complex legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and, similarly, those that permit or require information to be used or disclosed.

Mental Capacity Act 2005

<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct2005/index.htm>

This website contains a range of information and guidance documents about the Mental Capacity Act 2005 (MCA). The materials include links to the MCA Code of Practice, guidance on consent related issues and training materials

Other Useful Guidance and/or Links

Guidance on good practice in information security

<http://nww.connectingforhealth.nhs.uk/infrasec/gp> (NHSnet only)

NHS CFH produces good practice guidelines on technical information security as well as the new controls that are being introduced in support of the NHS Care Records Service.

Records Management NHS Code of Practice & Roadmap

<http://www.dh.gov.uk?PolicyAndGuidance/OrganisationPolicy/RecordsManagement>

Guidance that replaces the previous records management circular, including records management principles, retention schedules and a legal compendium. The road map that accompanies the Code of Practice is an evolving body of guidance and best practice materials on specific aspects of records management and information quality.

Good Practice Guidelines for General Practice Electronic Records v3.1 (2005)

<http://www.dh.gov.uk/PublicationsAndStatisticsPublications/PublicationsPolicyAndGuidance>

Useful compendium of materials associated with paperless practice.

Cabinet Office Information Security and Assurance

<http://www.cabinetoffice.gov.uk/csia.aspx>

Further information related to the data handling review carried out in 2007/2008

The Information Governance Assurance Programme and Framework

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/igap>

Further information about the Programme set up to look at the Cabinet Office minimum standards for data handling, to review what the NHS was already doing, to identify gaps and put measures in place to fill the gaps.

NHS Information Risk Management

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/security/risk/nhsinforiskmgt>

Guidance aimed at those responsible for managing information risk within NHS organisations.



© Crown copyright 2010

301463 1p 5k Mar 10

Produced by COI for the Department of Health

If you require further copies of this title visit

www.orderline.dh.gov.uk and quote:

301463 *The Caldicott Guardian Manual 2010*

Tel: 0300 123 1002

Minicom: 0300 123 1003

(8am to 6pm, Monday to Friday)

www.dh.gov.uk/publications



50% recycled
This is printed on
50% recycled paper



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | Corporate risk register and board assurance framework |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Quarterly review in line with good governance practice |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input checked="" type="checkbox"/> Quality Committee <input checked="" type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the current corporate risk register and board assurance framework |
| <p>Executive Summary</p> <p>The Board Assurance Framework (BAF) is updated quarterly for review at the Quality Committee and then the Trust Board. The BAF comprises the principal risks facing the Trust at the present time and looking ahead within the context of the strategic period 2010-2015.</p> <p>The principal risks described in the BAF are as follows:</p> <ol style="list-style-type: none"> 1. Risk 334 - That the implementation of CommandPoint will lead to a short term reduction in performance targets : mitigating action includes planning assumptions on the likely impact and action plans in place to manage this as much as possible; 2. Risk 327 - The re-use of linen and compliance with infection and prevention guidelines: mitigating action includes ensuring an adequate supply of blankets, trialling linen exchanges with emergency departments, and re-tendering the laundry contract. A regular programme of audit is being established to monitor compliance; 3. Risk 265 - Performance affected by an inability to match resource to demand : mitigating actions include rolling out the New Ways of Working sites with robust rota systems and monitoring resource allocation; 4. Risk 250 - The impact of out of date equipment on the ability of staff to treat patients – this was discussed at the Quality Committee and will be reviewed at the next meeting of the Risk Compliance and Assurance Group (RCAG) in April so no further detail is given here; 5. Risk 298 - The fall back centre at Bow does not operate effectively which potentially results in a loss of service : mitigating action through fall back testing in June and October 2010, auditing facilities and undertaking staff training; 6. Risk 269 - Performance falls at staff changeover times : mitigating action – monitoring rest break compliance and the percentage of roster review completion; rolling out New Ways of Working; 7. Risk 320 - Insufficient funding for the 2012 Olympic and Paralympic Games : mitigating action includes the submission of a revised business case to the Department of Health in March 2011 and continuing to engage with commissioners and Games stakeholders; | |

8. Risk 22 - Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment: mitigating action includes enhanced training for paramedics, reflective practice, and monitoring clinical performance indicators and the development of treatment pathways.

Changes to the BAF in this quarter are as follows:

Section B:

- 1b) – risk 314 was reviewed by RCAG in January as it had been mitigated to its target level of 8. It has been moved to the archive risk register and removed from the BAF;
4a) – risk 337 (see D below) is new and has been added to the corporate risk register and the BAF;
4b) – new risk regarding the strategic development of the Single Point of Access but the description still needs to be finalised.

The Audit Committee discussed the archive risk register and whether this meant that risks were no longer monitored or managed. It was confirmed that risks remain on an archive (and possibly a local) register and are managed at a local level to ensure that the relevant controls maintain the risk at its lower level (see below*). Should circumstances change then that risk may then become 'live' on the corporate register again. The Audit Committee had noted that there was a plan in place to periodically review those risks that had been agreed as closed and moved to the archive risk register to ensure that the Trust had not lost sight of any key risks.

Some risks may be time limited – for example the potential impact of the implementation of CommandPoint – and will then be closed. If a new risk emerges as a result of that risk and its actions being completed then this will be reviewed by the RCAG and added to the register as appropriate. It was also noted that completed actions for a risk should then be moved to existing controls and/or assurances.

Section C:

Additional assurances have been added to each line.

Section D:

- Risk 265 has moved up the register to represent the 3rd highest risk currently;
Risk 269 has moved to 6th highest risk from its previous position at 3rd;
Risk 341 – inability to receive sufficient engineering information from MDT devices could compromise capability to rectify faults: New risk identified by the CommandPoint project board - and has been added with a scoring of 16/16/6;
Risk 337 – a delay in establishing the clinical response model due to changes that need to be made to interfacing projects such as CommandPoint: New risk that has been added with a scoring of 16/16/1;
Risk 329 is scored at 15/15/10 and is of particular relevance at this time – non-achievement of contractual financial targets could lead to financial penalties being levied. This is included in the Finance Director's report.

Corporate risk register:

- 5 new risks have been added to the register following agreement at RCAG on 11th January 2011 and were included in the Chief Executive's report to the Board on 3rd February:
337 (see D above);
338 – staff working on cars (FRU and CAU)
339 – lack of technician drug packs;
340 – detrimental impact to the training schedule due to bad weather or industrial action;
341 (see D above).

5 (*see B above) previous risks were reviewed again in January 2011 and are recommended to the April meeting of RCAG for addition to the Trust register. One new risk has also been recommended.

Key issues for the Trust Board

To note the key risks currently facing the Trust and the achievement of strategic and corporate objectives.

Attachments

Board assurance framework – February 2011

Corporate risk register dated 19th January 2011 (in the process of being updated for RCAG on 11th April 2011).

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

Board assurance framework February 2011

The Board Assurance Framework (BAF) comprises the principal risks facing the Trust in 2010/11 and looking ahead within the strategic period 2010-15 thereby mirroring the integrated business plan. The BAF is structured as follows:

Section A: Trust Vision – strategic goals – corporate objectives – strategic risks

Section B: The key risks identified by the Trust Board for focus in 2010/11

Section C: Key sources of assurance common to most corporate risks

Section D: The principal risks with relevant controls, assurances, gaps and action planned, each mapped to the corporate objectives and the requirements of the Care Quality Commission. Principal risks as defined here are those that have a gross severity rating (likelihood x impact) of, and have been assessed with a net rating of, High/ >15 at the mid-point of 2010/11. All apart from the first on the list have a target of Significant (8-12) or Medium (6) by the end of the year.

Risks are monitored by the Risk Compliance and Assurance Group (RCAG) throughout the year and can only be added, amended or downgraded and removed from the corporate risk register on presentation to and approval by the RCAG. The Quality Committee will review the BAF and corporate risk register during the year and the Audit Committee will review the effectiveness of the control systems in place to manage risk.

**Board assurance framework
February 2011**

Section A

Trust Vision: 'To be a world-class service, meeting the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.'

| | |
|-------------------------|---|
| Strategic Goal 1 | To improve our delivery of safe and high quality patient care using all available pathways |
| Strategic Goal 2 | To have staff who are skilled, confident, motivated and feel valued and work in a safe environment |
| Strategic Goal 3 | To be efficient and productive in delivering our commitments and to continually improve |

This is then translated into the strategic goals and corporate objectives covering the period 2010-2015.

| Strategic Goal | Key Corporate Objectives | Abbrev. | Strategic risk |
|---|--|----------------|-----------------------|
| Improve the quality of care we provide to patients | To improve outcomes for patients who are critically ill or injured | CO1 | 1 |
| | To provide more appropriate care for patients with less serious illness and injuries | CO2 | 1 |
| | To meet response time targets routinely | CO3 | 1 & 2 |
| | To meet all other regulatory and performance targets | CO4 | 2 |
| Deliver care with a highly skilled and representative workforce | To develop staff so they have the skills and confidence they need to do their job | CO5 | 1 |
| | To improve the diversity of our workforce | CO6 | All |

**Board assurance framework
February 2011**

| Strategic Goal | Key Corporate Objectives | Abbrev. | Strategic risk |
|-------------------------|---|---------|----------------|
| | To create a productive and supportive working environment where staff feel safe, valued and influential | CO7 | 1 |
| Deliver value for money | To use resources more efficiently and effectively | CO8 | 3 |
| | To maintain service performance during major events, both planned and unplanned, including the 2012 Games | CO9 | 1 & 2 |
| | To improve engagement with key stakeholders | CO10 | 4 |

**Board assurance framework
February 2011**

During 2009/10 the Trust Board reviewed the strategic risks facing the London Ambulance Service NHS Trust with a further update in early 2010/11. These are shown below together with the key causes and the likelihood of the risk occurring. These are then mapped to the risk focus (Section B) and the mitigating actions which are reflected within the integrated business plan.

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|--|--|-------------------------------------|---|--|
| 1. There is a risk that we fail to effectively fulfill care and safety responsibilities | Clinical training and development for frontline staff; failure of infrastructure such as fleet or equipment; compromising safety in our efforts to achieve performance targets | Unlikely to occur | Clinical effectiveness Key clinical skills training | Implementation of the clinical training and development strategy; adoption of reflective practice; Delivering CPD Fleet strategy New ways of working programme roll-out Electronic patient report form |
| 2. There is a risk that we cannot maintain and deliver the core service along with the performance expected | Funding levels within the local health economy and a focus on 'more for less'; continued increase in demand and expectations for the service; lack of capacity within the healthcare system. | Possible | Demand management Performance delivered against trajectories | Strong cost improvement programme Clinical response model Partnership working within the local health economy to manage capacity and direct responses accordingly – Coordinating Healthcare in London Service Development |

**Board assurance framework
February 2011**

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|--|--|-------------------------------------|--|--|
| <p>3. There is a risk that we are unable to match financial resources with priorities</p> | <p>Funding levels within the local health economy; an over-ambitious transformation plan across London – too many priorities</p> | <p>Possible</p> | <p>Cost improvement programme Key performance indicators</p> | <p>Clearly articulated strategic direction with planned developments across three-five years and using foundation trust freedoms to support these</p> <p>Strong cost improvement programme and focus on gaining efficiencies and driving up productivity</p> <p>Implementation of the estates strategy and clinical response model</p> |

**Board assurance framework
February 2011**

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|--|---|-------------------------------------|---|---|
| <p>4. There is a risk that our strategic direction and the pace of innovation to achieve this are compromised</p> | <p>Lack of certainty within the local health economy on strategic direction or the transformation programme; we are unable to clearly articulate a strategy; management focus on delivering day to day performance; lack of space to release staff from core duties to undertake training and development/to transform the workforce.</p> | <p>Unlikely</p> | <p>Clinical response model Single point of access Health policy</p> | <p>Clearly articulated strategic direction with planned developments across three to five years Implementation of clinical response model Implementation of stakeholder perceptions audit action plan</p> |

**Board assurance framework
February 2011**

Section B: Risk focus areas in 2010/11

| Strategic Risks | Trust Board Risk Focus 2010/11 | Lead | | Linked Risks |
|--|---|--------------------------------|----|---|
| <p>1) CARE AND SAFETY</p> <p>There is a risk that we fail to effectively fulfil care/safety responsibilities</p> | <p>A] CLINICAL EFFECTIVENESS</p> <p>The overall performance rating of an NHS trust is made up of a number of performance indicators, clinical audit, how we collect information and outcomes. (eg: 1:20 PRF checks, completion of paperwork and quality of clinical treatment, following protocols, non-conveyance, etc)</p> | RICHARD WEBBER | 1. | <p>Risk ID: 22</p> <p>There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients. (See Board Assurance Framework section D)</p> |
| | <p>B] KEY CLINICAL SKILLS TRAINING</p> <p>Clinical skills are defined as any action performed by staff involved in direct care of patients which impacts on clinical outcomes in a measurable way and includes</p> <ul style="list-style-type: none"> - Cognitive or 'thinking' skills (clinical reasoning and decision making) - Non technical skills (team working and communication) - Technical skills (clinical examination and invasive procedure) <p>[release from general duties for training, running planned programme whilst considering new obligations]</p> | CARON HITCHEN & RICHARD WEBBER | 2. | <p>Risk ID: 314</p> <p>There is a risk that front line staff may not be able to attend CPD training due to recurring operational pressures which may impact on the quality of patient care. (See Board Assurance Framework section D)</p> <p>This risk was reviewed by RCAG on 11th January 2011 and has been mitigated to its target rating of 8. It has been moved to the dormant risk register and removed from the Board</p> |

**Board assurance framework
February 2011**

| Strategic Risks | Trust Board Risk Focus 2010/11 | Lead | | Linked Risks |
|---|---|----------------|--------------|--|
| Assurance Framework | | | | |
| <p>2) CORE SERVICE DELIVERY AND PERFORMANCE</p> <p>There is a risk that we cannot maintain and deliver the core service along with the performance expected</p> | <p>A] DEMAND MANAGEMENT</p> <p>Utilising resources appropriately in relation to demand to ensure patients consistently get the right response (eg pressures include; unknown service charges, increased calls, major events, etc) [may need to engage in capacity review]</p> | RICHARD WEBBER | 3. | <p>Risk ID: 265</p> <p>Service performance may be adversely affected by the inability to match resources to demand. (See Board Assurance Framework section D)</p> |
| | <p>B] PERFORMANCE DELIVERED AGAINST TRAJECTORIES</p> <p>Trajectories and standards help us identify where we are on track to deliver – connects policy goals with operations and tells us if we are succeeding (eg: CATA, CATB, etc)</p> | RICHARD WEBBER | 4. 5. | <p>Risk ID: 317</p> <p>There is a risk that the Trust may not achieve its Category A target in 2010/11.</p> <p>318</p> <p>There is a risk that the Trust may not achieve its Category B target in 2010/11.</p> |
| <p>3) FINANCIAL RESOURCES</p> <p>There is a risk that we are unable to match financial resources with priorities</p> | <p>A] COST IMPROVEMENT PROGRAMME (CIP)</p> <p>Programme for containing and reducing costs without negatively impacting on performance.</p> | MICHAEL DINAN | 6. | <p>Risk ID: 272</p> <p>There is a risk that the LAS may not achieve the full CIP.</p> |
| | <p>B] KEY PERFORMANCE INDICATORS (KPIs)</p> <p>Potential penalties that could be imposed on the</p> | MICHAEL DINAN | 7. | <p>Risk ID: 329</p> <p>There is a risk that as a</p> |

**Board assurance framework
February 2011**

| Strategic Risks | Trust Board Risk Focus 2010/11 | Lead | | Linked Risks |
|---|---|---------------|----|---|
| | trust if failure to meet the targets as agreed. | | | result of the non-achievement of the KPIs, contractual financial penalties will be levied on the Trust. |
| 4) STRATEGIC DIRECTION There is a risk that our strategic direction and the pace of innovation to achieve this are compromised | A] CLINICAL RESPONSE MODEL As a primary response to a large majority of 999 calls, paramedics will carry out face to face patient assessments, to utilise the appropriate patient pathways and identify the most appropriate method of transport. | CARON HITCHEN | 8. | NEW RISK - 337 There is a risk that there will be a delay in establishing the CRM due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) Gross rating 16 Net rating 16 Target rating 1: Added to corporate register |
| | B] SINGLE POINT OF ACCESS The aim of the SPA is to; provide a proactive, timely response to triage and manage new referrals, provide an urgent assessment for people who need a same day response, manage referrals from GPs, hold up to date capacity information of the availability for community services, be the central point to collect information and monitor referrals. | LIZZY BOVILL | 9. | NEW RISK – description still under review and no rating given yet There is a risk that, with the GP Consortia and reconfiguration of the SHA and PCTs, there will be a temporary reduction in stakeholder engagement and partnership working whilst these new organisations are |

**Board assurance framework
February 2011**

| Strategic Risks | Trust Board Risk Focus 2010/11 | Lead | | Linked Risks |
|------------------------|--|--------------|-----|--|
| | | | | established. This may lead to a temporary loss of drive to deliver demonstrable change in the urgent and emergency system. |
| | <p>C] HEALTH POLICY</p> <p>A formal statement or procedure which defines priorities and the parameters for action in response to health need, available resources and other political pressures. (arise from a systematic process of building support for public health action that draws upon available evidence, integrated with community preferences, resource availability)</p> | STEVE LENNOX | 10. | NEW RISK [Risk description being updated] |

Section C – Key sources of assurance

| Committee minutes and papers | External | Internal |
|-------------------------------------|--|---|
| Trust Board | Internal audit – RSM Tenon: annual audit plan; audit reviews and reports | Risk registers: Corporate/Trust-wide/Local Board assurance framework |
| Quality Committee | Care Quality Commission registration | Audit recommendations progress report Patient Experience report Minutes of RCAG, LfE, CQSEC |
| Audit Committee | NHS Litigation Authority level 1 assessment of risk management | Audit recommendations progress reports |

**Board assurance framework
February 2011**

| | | |
|---|---|--|
| | standards Head of Internal Audit Opinion External Audit opinion | Statement on Internal Control |
| Risk Compliance & Assurance Group | NHS London quarterly governance returns | Audit recommendations progress report Risk register |
| Clinical Quality Safety & Effectiveness Committee | Commissioner contract reviews | Clinical risk register |
| Learning from Experience Group | CQC registration Ombudsman reports Coroner reports | Integrated risk management report Action plans and outcome reports from investigations |
| Senior Management Group | | Risk registers Audit recommendations progress report Patient experiences report Performance reports |

**Board assurance framework
February 2011**

Section D: Principal Risks

Each of the principal risks has been mapped to at least one corporate objective and wherever possible to the Care Quality Commission's registration requirements. As shown in Section B, a number of the key risk areas for focus during 2010/11 are principal risks.

| Principal risk and headline | Corporate objective | Risk score | CQC map | Key controls | Assurance on controls | | | Action plan | Responsible officer | 9 month RAG status | Year End f/cas t |
|---|---------------------|------------|---------|--|---|------------------------------|---------------------------|--|---------------------|--------------------|------------------|
| | | | | | Positive assurance | Gaps in controls | Gaps in assurance | | | | |
| 334 There is a risk that the implementation of CommandPoint will lead to a short term reduction in performance targets | C08 C03 | 20 | N/A | CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact | Minutes of: CommandPoint Project Board; Independent assurance to Non-Executive directors; Reports and Minutes for SMG and Trust Board. Risk register for CommandPoint; New risk – 23/8/2010 & reviewed 8/11/2010 and 11/1/2011 | None identified | None identified | Detailed audit of project and transition plans; Training plans; System testing and planning; Stakeholder briefing; | PS | H | H |
| 327 Re-use of linen/infection prevention and control guidelines | C04 | 20 | 8 | Adequate supply of blankets, however these are not always available. Action plan ; IP&C lead; Audit . | HCAI registration; Medical director's report; IP&C minutes. Risk reviewed October 2010; 4/2/2011 | Sufficient stock of blankets | Compliance with policy | Linen exchange trial; Laundry contract to be tendered. Regular audit to be in place. | SL | H | M |
| 265 Performance affected by inability to match | C03 C05 C08 | 20 | 16 | NWoW pilot sites with robust rota | Monitoring KPIs; Introduction of | None identified | Outcome of roster reviews | Monitor pilot sites; roll out NWoW | RW | H | M |

**Board assurance framework
February 2011**

| | | | | | | | | | | | |
|---|------------|----|----------|--|--|--|--|---|----|---|---|
| resource to demand | | | | system; Monitoring resource allocation | team based working; Daily monitoring; Risk reviewed 8/11/2010 9/12/2010 | | | across the Trust; Complete recruitment; Roster reviews | | | |
| 250 Out of date equipment impacts upon ability to treat patients (Quality Committee discussion on 1st March indicates this risk should be reviewed) | C01 | 20 | 11 16 | Additional PALS Packs; Vehicle audit and swap out of packs carried out. Nightly checks by the Make Ready teams. Weekly audits are now performed by Station Managers. Asset Tracking System signed off by the Director of Finance. Introduction of new seals. | Weekly audit returns; Risk reviewed 2/11/2010 13/12/2010 | DSO/Team leader quarterly audits | Monitoring at area governance committees | Continued monitoring of the audit returns. Additional PALS packs to be swapped out in all operational areas. PALS Packs to be included in asset tracking process. Monitoring at Area Governance Groups. | FM | H | M |
| 298 Fall back centre at Bow does not operate effectively potentially resulting in loss of service | C03 | 20 | 16 | Partial Fall back test on 30 th June 2010; Full test in October 2010; Audit of facilities ensuring mirror of operations. | Full test undertaken in October 2010. Risk reviewed on 9/11/2010 | Organise a full plan for Bow; Provide full training at FBC for relevant staff | Full plan not yet in place; Outcome of training not yet known | Full training for FBC staff; Organise full plan for Bow. | MD | H | M |
| 269 Performance falls at | C04 C08 | 20 | 16 13 | Monitoring rest break | Operations workstreams | Rest break agreement | Resource to manage | Roster review | RW | H | S |

**Board assurance framework
February 2011**

| | | | | | | | | | | | |
|---|-----|----|----|---|--|---------------------------------|--|--|-----------|----------|----------|
| staff changeover times | C03 | | 14 | compliance; Additional area cover by Team Leaders; | plan 09/10; Monitoring KPIs; 42 rosters in place by November 2010. Risk reviewed 8/11/2010 9/12/2010 | reviewed and impleme d | roster project; % roster reviews completed | project; Roll out NWoW | | | |
| 320 Insufficient funding may prevent the required planning and operational response for the London 2012 Olympic and Paralympic Games | C09 | 20 | 16 | Stakeholder engagement; LAS role in 2012 Olympics confirmed with funding support. Business case re-submitted. | Ongoing dialogue with stakeholders. Risk reviewed 29/10/2010 25/1/2011 | None identified | Outcome of CSR review and DH funding | Continue to lobby and engage with the DH, NHS London and NWLCP for funding and to finalise requirements for 2011/12 to 2012/13. Continue to highlight LAS role in Olympic Safety & Security Strategy. Ongoing exploration of options for workforce and vehicles specifically consideration of pre- planned aid. Contribution to DH modeling of the 'Games- effect' in | RW | H | M |

**Board assurance framework
February 2011**

| | | | | | | | | | | | |
|--|--------------------------|----|----------------|---|---|---|--|--|----|---|---|
| | | | | | | | | 2012. Review level of risk once the outcome of the post-election budget and the next CSR are known. | | | |
| 22 Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment | C01 C02 C05 C08 | 20 | 16 13 14 | Enhanced patient assessment course for paramedics and reflective practice. Planned CPD and monitoring of uptake; Mentored period of operational duties; CPIs to monitor level of assessment provided; LA52 reporting and review at CQSE; Closed round table reviews and reflective practice; Clinical updates from the Medical directorate. | Patient assessment included in paramedic APL course; Incident reporting; Operational workplace reviews; CQSE papers and minutes; Risk reviewed 8/11/2010 | Monitoring development of treatment and refer pathways; Operational pressures may impact on CPD delivery. | Review of effectiveness of incident reporting; | Monitor development of treatment pathways; Review the incident reporting system; Introduce reflective practice; Introduce pilot scheme to report incidents via EBS | FM | H | S |
| 341 The Trust is unable to receive sufficient engineering information | C03 C08 | 16 | N/A | Monitoring the implementation of business case for MDT2; | CommandPoint project board monthly reviews; risk | | | Upgrade MDT1s as implement MDT2 to | PS | H | M |

**Board assurance framework
February 2011**

| | | | | | | | | | | | |
|--|--------------------------|----|-----|--|---|--------------------|--------------------|---|----|----|---|
| from MDT devices due to a delay in roll-out before CommandPoint go live, causing compromises to the capability to rectify any related faults | | | | business impact analysis on the CommandPoint project of not implementing ExpressQ software; Plan to design and test business process before go live; | manager weekly reports; risk manager and owner regular reviews; risk manager and project manager regular reviews; Trust Board approval of the NDT2 single tender business case on 17/12/10. New risk identified 11/1/2011 | | | provide a solution before CP go live | | | |
| 337 There will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) | C02 C03 C05 C08 | 16 | ?? | EOC planning group; CommandPoint Project Group | Not identified; yet New risk identified 11/1/2011 | Not identified yet | Not identified yet | Review action – changes to CTAK or review parameters of CP? New group to be set up pending SMG approval | RW | H | L |
| 329 As a result of the non-achievement of the contractual financial targets, financial penalties will be levied | C03 C04 C08 | 15 | N/A | Ongoing communication with commissioners ; | Minutes of contract review meetings and correspondence on the subject of penalties; Performance data Risk reviewed Oct 2010 | | | | MD | 15 | S |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|-------------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|------------|---------------------|------------|---|--|--|---|---------------|------------------------|---------------|---|
| 334 | There is a risk that the implementation of CommandPoint will lead to a short-term reduction in performance targets | *** | | IM&T | 12-Aug-10 | Major | Certain | 20 | This has been fully discussed and accepted by SMG & Trust Board - actions defined and agreed. The planning assumption is that WILL happen - mitigation is to reduce impact - not remove the risk. | Peter Suter | 11 Jan 2011 | Major | Certain | 20 | 1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable. 5. Detailed planning for actual transition subject to scrutiny and evaluation. 6. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose. 7. Ability to switch back to old system in the event of catastrophic failure of new system. 8. Board level commitment and focus of supplier organisation (Northrop Grumman) to ensure full success. 9. Key stakeholders briefed on plan, transition arrangements and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance. | 1. P.Suter 2. Keith Miller 3. P.Suter 4. J.Nevision 5. J.Nevision 6. P.Suter 7. P.Suter 8. P.Suter 9. J.Nevision / P.Suter 10. J.Nevision / P.Suter | 1. Feb 2011 "Ready for Service" Gateway Review. 2. Jan 2011 June 2011, plus continued training thereafter. | Assurance by CommandPoint Project Board reporting structure to SMG and Trust Board. | | | | 23/08/2010 new risk added at RCAG - action completion dates, assurances and target rating to be reviewed with risk owner. |
| 327 | There is risk that the Trust does not follow Department of Health Guidelines for the re-use of linen. | *** | 6 | Infection Control | 12-Oct-09 | Major | Certain | 20 | 1. The Trust has an adequate supply of blankets, however these are not always available. | Chris Vale | 4 Feb 2011 | Major | Certain | 20 | 1. Procurement obtaining quotes for the tender. 2. Establish new laundry contract. 3. Additional linen and disposable blankets added to stock and circulated. 4. New laundry provider appointed and increased activity being established to collect blankets | 1. T.Hubbard 2. T.Hubbard 3. C.Vale 4. C.Vale | 1. Nov 2010 2. May 2011 3. 31 March 2011 4. 31 March 2011 | 1. Tender and review process for new contract when in place. | Minor | Possible | 6 | 12/08/2010: Issue was subject to a rec by CQC and LAS could be subject to an improvement notice if not resolved. Impact = Major: a) quality/complaints/audit domain, non compliance with national standards with significant risk to patients if unresolved and critical report, b) statutory duty/inspections domain in respect of improvements notices and or critical reports. Likelihood = Certain: situation is currently unresolved and therefore if we had another visit from the CQC at this time we would be in breach of the supply and provision of linen and laundry reflecting national guidance (Health Service Guidance (95) 18). 21/12/2010 Proposed |
| 265 | Service Performance may be adversely affected by the inability to match resources to demand. | *** | 17 | Operational | 31-Jul-06 | Major | Certain | 20 | 1.NWoW has been introduced at two pilot sites (Barnhurst and Chase Farm) and will incorporate a more flexible but robust rota system. 2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times. 3. The ORH 168 plans now enable the monitoring of resource allocation. | Richard Webber | 09 Dec 2010 | Major | Likely | 16 | 1. Monitor pilot sites for NWOW. 2. Roll out of NWOW across the Trust. 3. Completion of recruitment exercise. 4. Roster reviews. | 1.C.Hitchen 2. C.Hitchen 3. A.Bell 4. M.Sommerville | 1. On-going 2. 2011 3. May 2010 4.Feb 2011 | 1. Monitoring of KPIs 2. Following the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis | Minor | Possible | 6 | RCAG (2010-08-23) risk should be removed from the risk register later in the year when the Trust had reached full establishment |

**London Ambulance Service NHS Trust
Risk Register as at 19th January 2011**

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|---------------------|-------------|------------------|-----------------------|--------------|--|----------------|------------------------|-------------------|---------------------|------------|---|---|---|---|---------------|------------------------|---------------|---|
| 250 | There is a risk that out of date equipment (PALS PACK) may result in inability to treat children. | *** | 24 | Logistics | 25-Jul-06 | Catastr ophic | Likely | 20 | 1. Additional PALS Packs being packed. 2. Ongoing vehicle audit and swap out of packs carried out. 3. Nightly checks have now been introduced by the Make Ready teams. 4. Weekly audits are now performed by Station Managers. 5. Continued monitoring of the audit returns | Chris Vale | 13 Dec 2010 | Major | Likely | 16 | 1. Additional PALS packs to be swapped out in all operational areas. 2. DSO/Team Leaders to carryout quarterly audits. 3. Monitoring at Area Governance Groups. 4. Chris Vale to review the current processes in place with Jason Killens | 1. K.Merritt 2. ADOs. 3. K.Merritt 4. C.Vale | 1. Ongoing 2. Ongoing 3. Ongoing 4. Jan 2010 | 1. Weekly audit returns to Logistics and Make Ready contractors. | Minor | Likely | 8 | RCAG (2010-05-17) suggested risk to be reviewed and merged with 312 - C.Vale commented that these risks are different and need to be kept separate. |
| 298 | The Fall Back Centre may not operate effectively during a relocation to Bow, resulting in a potential loss of service. | | 17 | Business Continuity | 21-May-08 | Catastr ophic | Likely | 20 | 1. A partial fall back test was undertaken on 30th June 2010, and was successful. 2. An audit of the facilities at FBC has been undertaken to ensure the mirroring of operations. | Paul Williams | 09 Nov 2010 | Major | Likely | 16 | 1. Perform a full fall back test in Oct2010. 2. Organise and implement full plan for Bow 3. Organise and implement full plan for Bow | 1. J.Hopson 2. J.Hopson | 1. October 2010 2. On-going | | Major | Unlikely | 8 | |
| 269 | At staff changeover times, LAS performance falls as it takes longer to reach patients. | *** | 17 | Clinical | 08-Dec-06 | Major | Certain | 20 | 1. New rosters are being implemented Pan London that match demand and provide overlap, all rosters are being vetted for compliance by the project manager and AOM of resourcing. 2. Team Leaders now provide additional area cover (ACR) working from 14.00 to 20.00 each day to bridge the evening changeover period. 3. Director of Operations has put together a 15 point Operational plan "Operations Workstream 2009/10" covering a number of resourcing issues which will, once implemented, impact on changeover times and patient care. All the workstream initiatives have a workstream lead at either Assistant Director Operations (ADO) Assistance Chief Ambulance Officer (ACAO) or nominated Ambulance Operations Manager (AOM) level. | Richard Webber | 09 Dec 2010 | Major | Possible | 16 | 1. Roster Reviews is a large project which will require an entire roster review across the service in line with the ORH recommendations. It is anticipated it will require a full time dedicated resource to undertake the project. 2. Implementation of "Operational Wokstream 2009/10." 3. Roll out of NWOW across the Trust. | 1. M.Sommerville 2. J.Killens 3. C.Hitchen | 1. Feb 2011 2. Aug 2010 3. Aug 2010 | 1. Monitoring of KPIs. | Major | Possible | 12 | Roster reviews are currently taking place Pan London. Currently 42 roster have been implemented across the Trust with a further 11 starting new and agreed rosters on the 4th January 2011. |
| 320 | There is a risk that insufficient funding will prevent the required planning and operational response prior to, during and after, the London 2012 Olympic and Paralympic Games. | *** | 26 | Finance | 17-May-10 | Catastr ophic | Likely | 20 | 1. Continue to lobby the Department of Health, NHS London and the NWLCP for funding. 2. Continue to engage with the above stakeholders to finalise requirements (operational/financial) for 2011/12 and 2012/13 through exploration of available options. 3. Continue to highlight the LAS's role in ensuring the Olympic Safety and Security Strategy is met. 4. LAS participation in Ambulance Service Working Group with NHS London, DH and NWLCP in 2010. 5. Ongoing exploration of options for workforce and vehicles specifically consideration of pre-planned aid. 6. Contribution to DH modelling of the 'Games-effect' in 2012 and subsequent Operational Research in Health Limited modelling. 7. Review of financial workings contained in Outline Business Case for post-election budget and next Comprehensive Spending Review (CSR) period | Peter Thorpe | 25 Jan 2010 | Catastroph hic | Possible | 15 | 1. CSR announcements made in October 2010 awaiting confirmation of DOH on funding issues. | 1-3. P.Thorpe/ A.Parry | 1.-3. Jan- March 2011 | 1. Feedback from NHSL and forums where OBC presented 2. Ongoing dialogue with commissioners 3. Our financial submission was reworked with NHS London and NW London commissioning partners and included in CSR submission. | Major | Unlikely | 8 | RCAG (2010-08-23) A business case for funding the 2012 Olympics had been resubmitted and therefore this risk would need to be reviewed pending the outcome of the business case. DH have advised of timetable for decision. Costs for 11/12 have been reviewed and re-submitted to DH on 20th January. Costs for 12/13 are being reviewed for DH with an agreed deadline of end of Feb. Once reviewed they will be submitted to NHSL and to DH by the 24th March. Decision on funding expected by Med April 2011. |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|-------------------|-------------|--------------|------------------|--------------|--|----------------|------------------------|------------|----------------|------------|---|--|---|--|---------------|-------------------|---------------|--|
| 22 | There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient. | *** | 4 | Clinical | 14-Nov-02 | Major | Certain | 20 | 1. An enhanced patient assessment course has been introduced for paramedics. The training has been subject to a major overhaul and now includes a supervision element. Reflective practice has also been adopted into the majority of assignments. 2. Planned CPD delivery will cover all relevant staff. However, this may be affected by operational pressures. 3. Training Services monitor the level of training delivery. 4. CPIs are used to monitor the level of assessments provided. 5. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee. 6. The Operational Workplace Review has been reviewed and will now include rideouts. 7. A system for clinical updates is in place. | Fionna Moore | 08 Nov 2010 | Moderate | Certain | 15 | 1. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties. 2. To monitor the development of treat and refer pathways. 3. To review the effectiveness of the existing incident reporting system. The Incident reporting review project led by TC has received authority to purchase Datix Web. 4. To introduce reflective practice (as part of Module J programme). 5. Set up a pilot scheme where crew staff from 4 identified complexes will contact EBU via their airways radio. EBU will | 1. K.Miller 2.J.Worthington 3. J.Selby 4 .K.Miller 5. J. Selby | 1. Complete 2. Ongoing 3. Ongoing 4. Complete 5. TBA | 1. Incident reporting. 2. Operational workplace reviews.. 3. Regular reports to CQSE. | Moderate | Possible | 9 | |
| 324 | There is a risk that cleaning arrangements are insufficient to ensure that the environment for providing healthcare is suitable, clean and well maintained. | *** | 6 | Infection Control | 17-May-10 | Major | Certain | 20 | 1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Audits of vehicles and premises. 4. Swabbing of vehicles by LSS. | Trevor Hubbard | 21 Dec 2010 | Major | Possible | 12 | 1. Review audit process to ensure better compliance 2. National review of NPSA documents from National Ambulance IPC Group 3. Advert to European Journal for tender | 1. T.Hubbard 2. T.Hubbard 3. C. Oakley | 1. April 2011 2. Jan 2011 3. March 2011 | 1. Vehicle and premises audits reported centrally. 2. Quarterly audit programme. 3. Monitoring of the cleaning contract | Minor | Unlikely | 4 | |
| 31 | There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases. | *** | 4 | Clinical | 14-Nov-02 | Major | Certain | 20 | 1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Introduction of a flow chart to CTA to enable safe triage of women in early labour. 3. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 4. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee. 5. A number of complexes have made local arrangements for midwives to deliver training sessions. | Fionna Moore | 10 Jan 2011 | Major | Possible | 12 | 1. To evaluate the flow chart used to enable the safe triage of women in early labour. 2. To monitor the delivery of the CPD obstetrics module. 3. Articles on maternity care have been published in the Clinical Update in March and September 2009. | 1. F.Wrigley/ A.Stallard 2. K.Miller/ Operations 3. A.Stallard | 1. Spring 2011 2. On-going (CTA now have maternity pathway to assist with triage) 3. Complete | 1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting. | Major | Unlikely | 8 | 10/01/2011 - FW: Action 3 -Advice on recognition of possible placental abruption was included in the Clinical Update published in July 2010. Recommendations from the Obstetric Audit, and advice on management of the third stage of labour, and management of early miscarriages included in November 2010 |
| 312 | There is a risk that the required drug/equipment may not be available in the drug pack which will lead to the patient not being treated appropriately. | *** | 24 | Clinical | 18-May-09 | Catastrophic | Likely | 20 | 1. Bulletin from Director of Operations to all staff reinforcing drug protocols 2. Letter from Director of Operations to AOMs reinforcing local management responsibilities 3. Trial scheme at 3 sites as part of review of drug pack procedure where the signing out and in of packs is regularly checked | Chris Vale | 13 Dec 2010 | Major | Possible | 12 | 1. Reinforce weekly audit requirement. 2. Before roll out of amnesty cam be rolled out encouraging crew to return old/incomplete bags and then issued them with new bags, further clarificationis require on revised peak vehicle equipment requirements. 3. Introduction of managers drug packs in Autumn 2010 to reduce demand for tech packs 4 Additional Technician packs being prepared for roll out to stations in exchange for amnesty exercise when stations surrender out of date packs and bags removed from system. - rolled out during 2010/11. | 1. C.Vale 2. K.Merritt 3.C Vale 4. C. Vale | 1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing | 1.Weekly audit returns to Logistics. 2 Trial audit at 3 sites as part of review of scheme Reviewed and reported at area governance meetings | Major | Unlikely | 8 | |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|---|---------------|------------------------|------------|---------------------|------------|--|--|-----------------------------|--|----------------------|------------------------|---------------|---|
| 7 | There is a risk that we do not capture errors and incidents, and do not therefore learn from these and improve service provision and working practices. | *** | 4 | Health & Safety | 13-Nov-02 | Major | Certain | 20 | 1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience group is in place and starting to review integrated risk reports, patterns and trends. 5. Electronic reporting has been approved in principle. 6. A review of incident reporting is underway and led by the PCMO. | Caron Hitchen | 22 Nov 2010 | Moderate | Possible | 9 | 1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LfE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Develop a plan of action and learning from the integrated reports. 5. Review and implement uniform coding within Datix for incidents, complaints, PALs and claims to facilitate integrated reporting | 1. Tony Crabtree 2. Carmel Dodson- Brown 3.Sandra Adams 4.Sandra Adams 5.Carmel Dodson-Brown | 1.-5. Feb-March 2011 | 1. Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG and Quality Committee. Consistent coding and reporting across the risk indicators | Moderate | Rare | 9 | Risk updated following the recommendation from the internal audit report on Clinical Incidents and Near Misses. SA proposed changing target rating to moderate 3, possible 3 for target rating to increase it to a 9. |
| 173 | There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive. | *** | 7 | HR | 05-Jan-05 | Major | Likely | 16 | 1. ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive. 2. Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety. 3.The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be re-evaluated and the rating reduced. | Gareth Hughes | 08 Nov 2010 | Major | Unlikely | 8 | 1. Continued monitoring and review of working hours via PROMIS. 2. Review the WTD information. | 1. G.Hughes 2. T.Crabtree | 1. Ongoing 2. Feb 2011 | | Major | Rare | 4 | The report has been run and those staff that have worked in excess of the WTR guidelines have been asked to slow down and improve their work life balance |
| 341 | There is a risk that the Trust will be unable to receive sufficient 'engineering information' from MDT devices, due to a delay in completing the roll out of MDT/2 to all necessary vehicles before CommandPoint Go Live, causing compromises to the capability to rectify any related faults that may occur | | | IM&T | 11-Jan-11 | Major | Likely | 16 | 1) Progress, monitor and review the business case for the purchase of the 570 units to ensure that progress is maintained on the MDT2 implementation. 2) Conduct a business impact analysis on the CommandPoint project of not implementing the MDT2 ExpressQ software 3) Provide additional funds to procure the software and units. 4) Plan to design and test business process prior to implementation 5) Conduct a business impact analysis on the CommandPoint project of any MI related information contained in the engineering information that is critical for go-live of CommandPoint 6) Conduct a business impact analysis on the CommandPoint project of any other related Operational initiatives that rely on the engineering data that will deem the go-live of CommandPoint a success or failure. 7) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live. | Peter Suter | 11 Jan 2011 | Major | Likely | 16 | 1) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live. 2) Progress, monitor and review the business case for the purchase of the 570 units to ensure that progress is maintained on the MDT2 implementation. | 1) John Downard 2) John Downard | 1) May 2011 2) Jan 2011 | CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner regular reviews. 4) Risk manager and project manager regular reviews | Minor | Unlikely | 6 | 2011-01-11 New risk approved at RCAG however it needs to be reworded to consistently capture the risk 28/01/11 Update on Action Pint 2): Single Tender Business case approved by the Trust Board w/e 17/12/10. Procurement order in progress. 66 MDT2s installed @ 24/01/11. |
| 337 | There is a risk that there will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) | | | Business Continuity | 11-Jan-11 | Major | Likely | 16 | 1. EOC Planning Group in place, reviewing options 2. CommandPoint Project Group | Steve Sale | 11 Jan 2011 | Major | Likely | 16 | 1. Review appropriate action to be taken - changes to CTAK or review parameters of CommandPoint? - to be decided 2. New group to be set-up pending SMG approval | 1. Steve Sale 2. Steve Sale | 1. Oct 2010 2. Oct 2010 | 1. 2. 3. | Negligible | Rare | 1 | |
| 274 | There is a risk that no Incident Control Room (ICR) back-up site will lead to service failure | *** | 17 | Business Continuity | 03-Jul-07 | Major | Likely | 16 | 1. The planned Event Control Room at Bow will double as back-up for the Incident Control Room. | Paul Williams | 09 Nov 2010 | Major | Possible | 12 | 1. An Event Control Room will be set up at Bow. Building work will be completed and tested ready for use by December 2010. | 1. John Pooley | 1. Dec 2010 | 1. Project group set up manages event control project | None / Insignificant | Rare | 1 | Event Control Room (ECR) to be operational from Friday 12th October 2010 and will act as fall back ICR from that date. When signed off, the risk score should be adjusted to None/ Rare/ 1. A new Risk should then be developed for ECR not functioning properly to be discussed with |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|-------------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|------------|---------------------|------------|--|---|---|---|---------------|------------------------|---------------|--|
| 326 | There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use. | Chris Vale | 4 Feb 2011 | Major | Possible | 12 | 1. Introduction of Trust-wide policy (policy to be submitted to the next ICSG meeting in February 2011) 2. Monitoring of compliance with Trust practice. 3. Set up a Group Equipment and Decontamination Improvement Group and establish TOR. | 1. C.Vale/ T.Hubbard/ I.Bullamore 2. C.Vale 3. K.Merritt | 1. Feb 2011 2. Sept 2011 3. 31 March 2011 | 1.Area Governance Meetings 2. Incident reports. | Minor | Unlikely | 4 | Decontamination policy to be submitted to ICSG on 4-11-2010 21/12/2010 - Proposed change of ownership to C.Vale made by S.Lennox. (to be discussed) |
| 323 | There is a risk that the audit programme is not sufficiently robust to identify to identify infection control issues across the Trust. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Quarterly reports to Area Operations. 2. Further training of infection control champions. 3. Continued awareness training by use of Trust-wide communications. | Trevor Hubbard | 21 Dec 2010 | Major | Possible | 12 | 1. Reporting monthly on balanced scorecard. Compliance and completion is measured and is escalated. 2. Development of internal audit programme with RSM Tenon. 3. Develop an escalation plan. 4. Audit to be developed to make it more relevant locally. | 1. T. Hubbard 2. T. Hubbard/ S.Lennox/ F.Wood 3. H. Hubbard 4. T.Hubbard | 1. Ongoing 2. Ongoing 3. Feb 2011 4. April 2011 | 1. Monitoring of audit returns. 2. Ad hoc auditing by governance department and IPC lead | Minor | Possible | 6 | |
| 138 | Failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis. | *** | 8 | Clinical | 12-Nov-03 | Major | Likely | 16 | 1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work with the Trust in August 2009. This post will have responsibility for developing the mental health e-learning module. | Steve Lennox | 08 Nov 2010 | Major | Possible | 12 | 1. To develop a mental health e-learning module. - training package is being assessed by external assessors | 1. Bill O'Neill | 1.Nov 2010 | 1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learnmg site | Major | Unlikely | 8 | Module has now been signed off by subject matter experts, and roll-out of the e-learning facility has commenced |
| 205 | There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system. [as a result of limited capacity of the Fulham archive stoes, as well as records needing to be stored at other sites.] | *** | 11 | HR | 01-Jun-05 | Major | Likely | 16 | 1. Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited. 2. All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System. | Bill O'Neill | 23 Aug 2010 | Major | Possible | 12 | 1. Review the process of archiving training records within the DoE&D (funding currently being sought for this) 2. The introduction of a Trust-wide project to establish a centralised Learning Management System | 1. P.Billups 2. J.Pigott | 1. Dec 2010 2. Dec 2010 | 1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board. | Major | Unlikely | 8 | 23/08/2010 - risk wording revised |
| 211 | There is a risk that drug errors and adverse events may not be reported. | *** | 4 | Clinical | 08-May-06 | Major | Likely | 16 | 1. 23/02/09 - CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan 2. 10/02/09 No evidence of any issue of significance from service users or stake holder feedback. Recommend matter be considered by Safety and Risk . | Fionna Moore | 10 Jan 2011 | Major | Possible | 12 | 1. Complaints Manager to track back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported) 2. Further Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 3. Article to be included in the Clinical | 1. G.Bassett 2. D.Whitmore 3. F.Moore 4. M.Whitbread | 1. On-going 2. On-going 3. Complete 4. complete Jan 2010 | 1. CPI checks 2. Incident Reporting | Major | Unlikely | 8 | No specific actions to report; however the July 2010 Clinical Update published further advice on the use of benzyl penicillin |
| 305 | There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 version 4 – Controlled Drugs. | *** | 24 | Clinical | 21-Oct-08 | Major | Likely | 16 | 1. Internal Audit carried out annually. 2. Procedure to be reinforced by bulletins from Director of Operations/Medical Director. | Fionna Moore | 25 Oct 2010 | Major | Possible | 12 | 1. Independent audit to be carried out throughout the Trust - 1st visit took place in June 2010, 2nd visit due to take place (unannounced) 2. Trial of CD audit scheme in South, looking to roll-out trust-wide | 1. D.Whitmore 2. D.Whitmore | 1. Ongoing 2. June 2011 | 1. Internal Audit 2. Independent Audit 3. LIN oversight of system | Major | Unlikely | 8 | |
| 316 | The non-reporting of faults in accordance with service procedures may result in the loss of vehicle availability. | *** | 17 | Logistics | 17-Aug-09 | Major | Likely | 16 | 1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults | Jason Killens | 08 Nov 2010 | Major | Possible | 12 | 1. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 2. Outputs from process mapping to inform changes in management of VOR (if necessary). 3. OP014 and OP012 subject to review with intention of merging both | 1. C.Vale 2. C.Vale 3. S.Kime | 1. Complete 2. Complete 3. Jan 11 (ongoing as VOR reviews now being undertaken by D. Hutton and S.Melhuish) | | Rare | Unlikely | 8 | risk to be reviewed once controls in place |

**London Ambulance Service NHS Trust
Risk Register as at 19th January 2011**

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|-------------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|------------|---------------------|------------|--|---|---|--|---------------|------------------------|---------------|---|
| 318 | There is a risk that the Trust may not achieve its Category B target in the current financial year. | *** | 17 | Operational | 17-Aug-09 | Major | Likely | 16 | 1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up. | Richard Webber | 09 Dec 2010 | Major | Possible | 12 | 1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand. | 1. J.Killens 2. J.Killens 3. J.Killens | 1. March 2011 2. Dec 2010 | | Rare | Unlikely | 8 | RCAG 22/11/2010 - risk to be closed in April 2011. 23/08/2010 - risk wording revised |
| 9 | There is a risk of RTA injury to persons travelling in an LAS A&E vehicles. | *** | 19 | Health & Safety | 13-Nov-02 | Major | Likely | 16 | 1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor. 2. Introduction of advanced training for a number of DSO's in each Sector. 3. Team Leaders complete an Operation ride out report, within which is a section categorised as self driving demonstrated (G123). 4. The Trust displays notices internally stipulating safety features and the use of safety equipment when travelling; • A&E Op's and Health Safety bulletins • Motor Vehicle notices are displayed reminding staff and passengers to wear seat belts/harnesses at all times. | Richard Webber | 09 Dec 2010 | Major | Possible | 12 | 1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Investigate benefits of a reward scheme. 3. Ensure refresher training is provided following RTA's. 4. Develop robust system for tracking individual accident rates, including lease car drivers. 5. Expand about benefits of regular reassessing of all service drivers that will be implemented early next year | 1. K.Miller 2. R.Webber 3. K.Miller 4. Jason Killens 5. Jason Killens | 1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. March 2011 | 1. Monitor processes at RCAG and Motor Risk Group. 2. Monitoring of RTA claims 3. ADO's to implement a robust system | Moderate | Possible | 9 | The Trust is in consultation with staff side on a bunch of new driving policies that will strengthen the driving licence checking process and provider greater assurance that staff have valid and suitable licences to drive. We are exploring an automated system to check licences directly with DVLA. |
| 322 | There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of training programme for operational and non-operational staff. 3. Trust updates have been delivered to 1,600 staff including hand hygiene training 3. Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed. | Trevor Hubbard | 21 Dec 2010 | Moderate | Possible | 9 | 1. Monitoring of staff training numbers. 2. Provision and recording of ad hoc training. | 1. I.Bullamore 2. I.Bullamore | 1. Ongoing 2. Ongoing | 1. Reports from the central training register. | Minor | Unlikely | 4 | Proposed for re-grading at RCAG 22/11/2010 21/12/2010 - Proposed change of ownership to G.Heuchen by S.Lennox |
| 325 | There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of revised cleaning programme. 2. Infection control champions are in place. | Trevor Hubbard | 21 Dec 2010 | Moderate | Possible | 9 | 1. Chemex audit of North East in October and North West in November. 2010. 2. Cleaning schedules to be placed/exchanged in ambulances as part of the quarterly audit | 1. T.Hubbard 2. T.Hubbard | 1. Nov/Dec 2010 2. March 2011 | 1. Audits of sites by contractor and IPC lead | Minor | Unlikely | 4 | |
| 20 | Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information. | *** | 8 | Operational | 14-Nov-02 | Major | Likely | 16 | 1. Team Leaders audit PRFs to provide information for Clinical Performance Indicator (CPI) reviews. CPI reviews are carried out monthly and are published by Sectors. 2. 07/10/08 - 95% compliance was achieved for PRF completion. Feedback sessions were undertaken in July 2008 (expected target 1904/ achieved 1895). 3. Simplified PRF produced for completion by FRU staff. Team leaders advise staff on the importance of PRF completion. Team leaders are in turn monitored on the inspection of PRFs. Monthly CPI reports are sent out by CARU to all Complexes informing them of their PRF completion levels. These results are then discussed at area business meetings. | Richard Webber | 09 Dec 2010 | Moderate | Possible | 9 | 1. CPI database monitored to check team leaders quality assurance on PRF completion. 2. Presentation of PRFs on computer to simplify process. 3. Presentation on Performance Indicators. | 1. G.Virdi 2. G.Virdi 3. B.Bradley | 1. Ongoing 2. Ongoing 3. Complete | 1. Station audits. 2. Monitoring of completion rates. | Minor | Likely | 8 | |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|---------------------|-------------|---------------|-----------------------|--------------|---|----------------|------------------------|---------------|---------------------|------------|--|--|---|---|---------------|------------------------|---------------|---|
| 153 | There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend | *** | 19 | Finance | 06-Jan-04 | Major | Likely | 16 | 1. Monthly review as part of month end reporting process. | Michael Dinan | Oct 2010 | Moderate | Possible | 9 | 1. Prices will continue to be closely monitored by the Finance Department for 2010/11. The move to an all diesel fleet will further mitigate against fuel costs. | 1. A.Bell | 1. Ongoing | Monitored at SMG and Trust Board | Moderate | Possible | 9 | |
| 72 | There is a risk that inconsistent action relating to the maintenance and repair of trolley beds, due to inadequate record keeping, may result in adverse clinical incidents. | *** | 24 | Logistics | 17-Mar-03 | Major | Likely | 16 | 1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented. 2. A new Fleet Management software system (TRANMAN) has been introduced.. 3. Electronic Fleet system has been roled out across the Trust. 4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds. | Chris Vale | 10 Jan 2011 | Moderate | Unlikely | 6 | Continous monitoring of the systems to ensure they are being managed and incidents reported. 2 Enforcement of 8 weekly vehicle servicing schedules required to ensure beds are serviced on time. 3. Replacement of existing trolley beds with stryker trolley beds. | 1. S.Melhuish 2. S.Melhuish 3. S Melhuish | 1. Ongoing 2. Ongoing 3. Dec 2010 | 1. Asset tracking system. 2. TRANMAN 3 Centralised Servicing Plan | Minor | Unlikely | 4 | Risk downgrading 10/01/2011 from Sig9 to Mod6 |
| 329 | There is a risk that as a result of the non-achievement of the contractual financial penalties will be levied on the Trust. | *** | | Finance | 06-May-10 | Catastr ophic | Possible | 15 | 1. Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. | Michael Dinan | Oct 2010 | Catastrop hic | Possible | 15 | 1. Communications with commissioners. | 1. M.Dinan | 1. Ongoing. | 1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board.Diary meeting every Monday reporting where performance is reviewed and recover plans are discussed. 3. Monthly meetings with | Catastrop hic | Unlikely | 10 | Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. Separate key financial risks as per LAS Financial Review top 15 risks schedule |
| 315 | There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police. | *** | 17 | Business Continuity | 17-Aug-09 | Catastr ophic | Possible | 15 | 1. Existing arrangements between MPS and LAS are not fit for purpose since the new MPS call management system was introduced. 2. In the event of a loss of HQ, call dispatch would take place from Emergency Control Vehicles until the Fall Back Centre (FBC) was fully operational. | Richard Webber | 09 Dec 2010 | Catastrop hic | Unlikely | 10 | 1. MPS have informed the LAS that the fallback arrangement with them would not work. Paul Tattam and Lee Brooks have submitted papers to Jason Killens and discussions have taken place at SMG regarding this risk. 2. Scoping work to be carried in terms of technology for Bow Control Room. 3. AOM workshops scheduled August 2010 to look at warm site at Bow. | 1. Jason Killens 2. Jason Killens 3. Jason Killens | 1. Ongoing 2. TBA 3. TBA | | Catastrop hic | Rare | 5 | The Trust has been working on options for FBC with a loss of HQ given the MPS cant take our work as before. SMG have agreed in principle to make FBC a warm control room, the Trust will assign a Manager to make this a project and drive it |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|-------------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|------------|---------------------|------------|--|---|--|--|---------------|------------------------|---------------|---|
| 207 | Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records. | *** | 5 | Clinical | 04-Apr-06 | Moderate | Certain | 15 | 1. Mark Whitbread is the Trust lead for the card readers project. 2. Card reading and transmission is performed by team leaders. Mark Whitbread stated that operational pressures, and therefore the availability of team leaders, may have an adverse affect on the number of cards read. 3. A performance update was incorporated in an AOM briefing session held at the Millwall Conference centre in March 2009. All AOMs were in attendance. | Fionna Moore | 5 Nov 2010 | Moderate | Possible | 9 | 1. To encourage more routine downloading of information from data cards. 2. Monthly report to AOMs on areas of weak performance. 3. Message to be given out to Team Leaders Conferences. 4. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course. | 1. M.Whitbread 2. R.Webber 3. P.Billups 4. M.Whitbread | 1. complete 2. On-going 3. On-going 4. March 2011 | 1. Monitor processes at Clinical Governance Committee | Moderate | Unlikely | 6 | A number of new defibs will be introduced in the next 3 months - work is underway with IM&T to develop more robust solutions to assist with the downloads |
| 226 | There is a risk that the identified risks associated with lone working are not being uniformly mitigated as a result of inconsistent application of the Lone Worker Policy. | *** | 17 | HR | 12-Jul-06 | Moderate | Certain | 15 | 1. The Lone Worker Policy has been reviewed. 2. The Trust received positive feedback from Bentley Jennison's audit on Lone Worker Policy: - all A&E operational Staff received Personal Safety conflict management training(1 day); - all Operational staff are issued with ECA mobile phones; - the Trust has a high risk address register; - FRU, MRU and ECP risk assessments are regularly reviewed; - appointed FRU coordinators at each at main stations ensure staff are aware of locally known hazards; - all operational vehicle have MDT and radio facilities; - Violence Prevention and Lone worker policies | Tony Crabtree | 05 Nov 2010 | Moderate | Possible | 9 | 1. Lone Worker Policy to be combined with Violence Prevention Procedure and Policy | 1. Martin Nicolas | 1. Dec 2010 | 1. Incident Reporting. | Moderate | Unlikely | 6 | 23/08/2010 - risk wording revised |
| 200 | There is a risk of loss of physical assets due to the risk of fire. | *** | 21 | Health & Safety | 01-Jan-02 | Catastrophic | Possible | 15 | 1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis. | Martin Nelhams | 29 Oct 2010 | Major | Unlikely | 8 | 1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training. | 1. J.Selby | 1. Mar 2010 - Ongoing | 1. Record of fire marshall training is kept by J Selby. 2. Update on premises inspection reported to Corporate Health | Minor | Rare | 2 | |
| 63 | The risk of incurring liability through the re-use of "single use" equipment. | *** | 6 | Infection Control | 14-Nov-02 | Major | Possible | 12 | 1. Make Ready has improved the controls over single use equipment. 2. The infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely. | Steve Lennox | 4 Feb 2011 | Major | Possible | 12 | 1. On-going awareness training. 2. To be monitored via the quarterly audits 3. Set up a Group Equipment and Decontamination Improvement Group and establish TOR. | 1. T.Hubbard 2. T.Hubbard 3. K.Merritt | 1. On-going 2. On-going 3. 31 March 2011 | 1. Incident reporting. 2. Complaints/claims monitoring. | Moderate | Rare | 3 | |
| 150 | There is a risk that savings may not be achieved to both balance the budget and fund SIP initiatives. | *** | 19 | Finance | 19-Dec-03 | Major | Possible | 12 | 1. Monthly SSG reviews and approves all development expenditure. 2. Achieved savings in both balancing budget and funding SIP initiatives. Continuing exercise to achieve same in 2009/10 | Michael Dinan | 6 Aug 2010 | Major | Possible | 12 | 1. Balance budget and fund SIP initiatives. | 1. M.Dinan | 1. 2009/10 | | Moderate | Unlikely | 6 | |
| 152 | There is a risk of new or unforeseen cost pressures, in particular swine flu. | *** | 19 | Finance | 06-Jan-04 | Major | Possible | 12 | 1. The cost pressures which arose in the last year were managed. | Michael Dinan | Oct 2010 | Major | Possible | 12 | 1. Further cost savings to be found or additional funding to be sought. 2. Continued collaboration with wider health care services. | 1. M.Dinan | 1. Ongoing | 1. Monitored at SMG and Trust Board | Moderate | Unlikely | 6 | Suggest wording change for RCAG |

**London Ambulance Service NHS Trust
Risk Register as at 19th January 2011**

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|------------|---------------------|------------|--|--|---|--|---------------|------------------------|---------------|--|
| 309 | Risk of fraudulent activity from staff, patients and contractors. | *** | 19 | Finance | 16-Feb-09 | Major | Possible | 12 | 1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Deterring Fraud; - Preventing Fraud; Detecting Fraud; - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means. | Michael Dinan | 15 Nov 2010 | Moderate | Possible | 12 | 1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment. | 1-5. N.Foad | As scheduled in the Local Counter Fraud Specialist Annual Work Plan for 2009 / 2010 | 1. Reported incidents. | Moderate | Unlikely | 6 | 23/08/2010 (RCAG) - risk to be reworded for next RCAG 22/11/2010 (RSM Tenon would be providing the top ten risks from other ambulance trusts relating to fraud which NF would bring to RCAG to consider) We are still waiting for RSM Tenon to provide a draft risk assessment for us to |
| 340 | There is a risk to the CommandPoint Training schedule through travel disruption due to bad weather or industrial action by travel operatives, leading to reduced attendance or the cancellation or postponement of the training schedule. | | | IM&T | 11-Jan-11 | Major | Possible | 12 | 1) Commenced investigations into considering offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather. 2) Project Executive support requested.(From Peter Suter) 3) Project Finance approval requested (To Martyn Salter) | Peter Suter | 11 Jan 2011 | Major | Possible | 12 | 1) To mitigate against the risk to training of travel disruption, consider offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather to ensure that we are able to deliver the entire programme. 2) Investigate costs of hotels in the Waterloo/Southwark area. | 1) Peter Suter 2) Keith Miller | 1) Dec 2010 2) Jan 2011 | CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner regular reviews. 4) Risk manager and project manager regular reviews | Minor | Unlikely | 6 | 2011-01-11 New risk approved at RCAG however it needs to be reworded to consistently capture the risk Update @ 28/01/11: BBC monthly weather forecast for January: Cold but not extreme. No hotels booked yet. Probability of risk reduced. |
| 231 | The lack of qualified RTA investigators may lead to delayed RTA reporting and could expose the Trust to higher motor risk claims. | *** | 19 | Operational | 24-May-06 | Moderate | Likely | 12 | 1. The Trust has now introduced an on call RTC investigation team, this comprise of three specialised trained members of staff. EOC are aware that if a serious RTC incident occurs that they are to call upon one of the investigators. | Richard Webber | 09 Dec 2010 | Moderate | Likely | 12 | 1. Arrange Conference call with Operational managers to discuss reporting performance. 2. Paul Smith and Paul Webber to recommend a system for EOC to alert DSOs when their staff have been involved in a RTA and to record the information in a retrievable format. 3. Further training for the DSO field is to be provided. | 1. P.Webster 2. P.Webster 3. P.Smith | 1. Complete 2. Complete 3. Ongoing | | Minor | Likely | 8 | The Trust has now trained 16 collision investigators and the Trust plans to train all DSO's . The Trust plans to train all DSO's , as an alternative a 60 minute session on the A/DSO training course on RTC reporting/recording and |
| 282 | General failure of personnel to adequately 'back-up' IT may lead to the loss of data. | *** | 25 | Business Continuity | 03-Jul-07 | Major | Possible | 12 | 1. The move of business information from hard drives to network drives should have been completed but evidence has emerged that some gaps have been identified. 2. Part of the 2010/11 audit programme will test this facility and give assurances. | Paul Williams | 09 Nov 2010 | Major | Possible | 12 | 1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed | TBA | TBA | | Major | Unlikely | 8 | EPBCSG to review this risk and agree on change of ownership. |
| 293 | There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call. | *** | 17 | Clinical | 18-Feb-08 | Major | Possible | 12 | 1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Support Desk has delegated responsibility for the accuracy of PSPs but do not have access to update them. 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The introduction of CAD 2010 will allow automatic flagging and for a range of status flags to be used , | Fionna Moore | 10 Jan 2011 | Major | Possible | 12 | 1. The Senior Clinical Adviser should liaise with Management Information for the appropriate access to be provided to Clinical Support. 2. All relevant staff should be periodically reminded of the requirement to correctly trigger PSPs. 3. The introduction of Command Point | 1. D.Whitmore 2. S.Hines 3. TBA | 1. complete Sept 2009 2. Ongoing 3. June 2011 | 1. Incident reporting. 2. Complaints monitoring. | Major | Unlikely | 8 | Further advice issued to Control staff to ensure that locality information is checked and passed on to crew staff. |
| 294 | The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested. | *** | 17 | Operational | 18/02/2008 | Major | Possible | 12 | 1. Skill levels of staff have been identified so EOC can task appropriately skilled staff to these calls. 2. The General Broadcast system will be used to identify an available paramedic. | Richard Webber | 09 Dec 2010 | Major | Possible | 12 | 1. Increase the number of paramedics employed by the Service. 2. Completion of paramedic education, arising from the recruitment campaign. 3. Report to SHALAS in terms of recruitment position | 1. C.Hitchen 2. C.Hitchen 3. A.Bell | 1. On-going 2. 2012 3. Ongoing | 1. Monitoring the numbers of paramedics. 2. Monitoring of individual training. | Minor | Unlikely | 8 | |
| 296 | Exposure of staff to carbon monoxide fumes whilst in incident premises. | *** | 17 | Clinical | 21-May-08 | Major | Possible | 12 | 1. A steering group to manage this risk has been formed with Jason Killens to act as chair. 2. The recommendations made within a report prepared by a member of staff from the HART team have been considered viable in some cases. The group will further scope the recommendations and where necessary and appropriate will drive their implementation. | Jason Killens | 05 Nov 2010 | Major | Possible | 12 | 1. Steering group to develop management and monitoring procedure. To be managed through EP and BC steering group. 2. Action plan to be put in place following re-run of pilot in Dec 2010 with more strict controls around feedback and assessment of equipment. | 1.J.Killens 2. J.Killens | 1. Mar 2011 2. April 2011 | 1. Incident reporting. | Major | Unlikely | 8 | |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|---------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|------------|---------------------|------------|--|--|--|---|---------------|------------------------|---------------|---|
| 306 | There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks, as required by Road Traffic Act, may result in adverse traffic incidents. | *** | 20 | Logistics | 21-Oct-08 | Major | Possible | 12 | 1. Staff required to complete roadworthiness checks on form LA1. 2. Percentage of LA1 forms audited by Team Leaders for compliance | Chris Vale | Oct 2010 | Major | Possible | 12 | 1. A range of new policies have been produced which cover this issue and are currently with staff side for consultation. They will be discussed at the Operational Partnership Forum in November. They will be taken to ADG and SMG in December 2010 or January 2011 for publication in January 2011. | 1. J. Killens | 1. Jan 2011 | | Major | Unlikely | 8 | Get update from Jason Killens. |
| 330 | There is a risk that the Trust may not have sufficient succession planning procedures in place to cover the anticipated loss of a significant number of Senior Operational Managers after the completion of the 2012 Olympic Games | *** | | HR | 06-May-10 | Major | Possible | 12 | TBC | Caron Hitchen | 04 Jan 2011 | Major | Possible | 12 | 1. This will form part of future workforce planning exercise associated with the integrated business plan and the cost improvement programme. Future workforce plans are not considered to be at risk from potential anticipated leavers following the Olympics. Succession planning at senior level is also being conducted through the NHSL process. This risk should therefore be removed. | 1. C. Hitchen | TBC | | Minor | Likely | 8 | Very Senior succession planning has been undertaken through the SHA Talent Management process. The Trust is also looking at management costs reduction as part of its long term Cost Improvement programme. This risk should therefore now be removed. 4.1.11 |
| 336 | There is a risk that the Trust may breach the terms of its Care Quality Commission registration during the year, in the event of a detailed inspection, audit, SUI or system failure. | *** | 12 | Governance | 23-Aug-10 | Major | Possible | 12 | 1. Unconditional registration awarded - April 2010. 2. Ongoing monitoring of compliance through RCAG, CQSE and the Quality Committee. 3. Performance Accelerator 4. Monthly review of the Quality Risk Profile | Sandra Adams | 20 Jan 2011 | Major | Possible | 12 | 1. Mapping of CQC regulations onto Performance Accelerator is underway 2. Reviewing outcomes for each requirement with the leads and mapping evidence to complete the provider compliance assessment tool 3. Migrating over to PA 4. Review evidence against the CQC assessment guides - review updates with owners. See 2. above | 1. J.Dhaliwal 2. J.Dhaliwal 3. J.Dhaliwal 4. J.Dhaliwal | 1. - 3. Oct 2010 - Complete 4. Jan 2011 | Outcome of review process and self assessment. Reports to RCAG, Quality Committee, CQSE | Major | Unlikely | 8 | |
| 338 | Staff working on cars (FRUs and CAUs) are at risk of accident due to the need to read and manually action the MDT whilst driving at speed through traffic. | | | | 11-Jan-11 | Major | Possible | 12 | Staff are advised that driving safely is a priority over referring to the MDT. | Richard Webber | 11 Jan 2011 | Major | Unlikely | 12 | Work needs to be progressed in implementing the "speaking MDT" providing hands free functionality. This work is being developed but an implementation plan needs to be agreed and actioned. | Peter Suter | | | | | | 2011-01-11 New risk approved at RCAG - risk owner needs to review existing controls, actions, completion date, assurances and target rating |
| 339 | The potential lack of technician drug packs for use by operational staff causes a risk to providing clinical care for patients. Bags are not always available for use by staff at commencement of shift. This may lead to vehicles being deficient of drugs for all or part of a shift. | | | | 11-Jan-11 | Moderate | Likely | 12 | | Chris Vale | 11 Jan 2011 | Moderate | Likely | 12 | There have been recent improvements in the provision of packs through the issue of additional bags and the launch of the manager's drug packs. | | | | | | | 2011-01-11 New risk approved at RCAG - risk owner needs to review existing controls, actions, completion date, assurances and target |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|---------------|-------------|--------------|------------------|--------------|---|----------------|------------------------|------------|----------------|------------|--|--|--|--|---------------|-------------------|---------------|---|
| 164 | Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans. | *** | | Corporate | 04-Jan-05 | Moderate | Likely | 12 | NHSLA level one achieved in October 2010 Ongoing review of policies and procedures linked to NHSLA | Sandra Adams | 20 Jan 2011 | Moderate | Possible | 9 | To consider the use of the PA module for monitoring policies and procedures with timely reminders of review dates | 1. S. Moore | 1. Complete | NHSLA level 1 Review of incidents and complaints to ascertain any breach of policy | Moderate | Rare | 3 | January 2010 - Compliance with the policy has still to be monitored. |
| 186 | There is a risk that the inconsistent management of Medical Devices may lead to a higher rate of failure, which would in turn have an adverse effect on the provision of clinical care. | *** | 24 | Logistics | 10-Feb-04 | Major | Possible | 12 | 1. Servicing schedules for medical devices are agreed with suppliers and carried out within the specified timescale. 2. Supplier records are made available to the Logistics Department. 3. There is also a system of record cards for all medical equipment held within the Logistics Department. 4. Policy of management of medical devices agreed by VEWG on 30/7/10. | Chris Vale | 13 Dec 2010 | Moderate | Possible | 9 | 1. Analysis of LA52s for any training issues. 2. Management of Medical Devices Policy being submitted to the ADO Group and ADG for approval. | 1. J.Selby 2. C.Vale | 1. Ongoing 2. Dec 2010 | 1. Monitoring of service records for medical devices. | Minor | Unlikely | 4 | |
| 165 | Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones. | *** | 17 | Clinical | 04-Jan-05 | Major | Possible | 12 | 1. Action Plan (section 5 - Older People's Strategy) is in place through which the delivery of "sub optimal care for patients with age-related illnesses" is being addressed. 2. Older People's Strategy has been updated. 3. Referral Pathways Project in progress and is now part of the Healthcare for London workstream. | Lizzy Bovill | 30 Dec 2010 | Moderate | Possible | 9 | 1. Development of referral pathways as our partnership work with commissioners. 2. Training for front-line staff on use of referral pathways (as part of 1.), is being developed. 3. Training for front line staff on use of referral pathways is being rolled out with particular focus on improving the management of people who have fallen, many of whom are older people. | 1. Lizzy Bovill 2. Emma Williams 3. Emma Williams | 1. Apr 2011 2. Apr 2011 3. Apr 2011 | 1. Annual report to the CQSE. | Moderate | Unlikely | 6 | |
| 179 | Failure to meet responsibilities under all current legislation, including Race Relations Act, Disability Discrimination Act and Equality Act 2006. | *** | 16 | HR | 09-Feb-06 | Moderate | Likely | 12 | 1. The annual equality report for 2009/10 was approved by SMG and the Trust Board in May 2010. 2. The new Equality & Inclusion Strategy (2010-13) was approved by the Equality & Inclusion Steering Group, SMG and the Trust Board in May. This strategy supersedes the previous Race, Disability and Gender Equality Schemes and ensures the Trust's ongoing compliance with equalities legislation, including the Equality Act 2010. An update report on the Trust's progress against the new Equality & Inclusion Action Strategy Action Plan was approved by SMG in September 2010. 3. A new Equality & Inclusion Training Programme has been approved and will be commissioned following agreement of funding. 4. The | Caron Hitchen | 2 November 2010 | Moderate | Possible | 9 | 1. Actions in the new Equality & Inclusion Strategy Action Plan for the rest of 2010-11 and 2011-13 to be implemented 2. All Equality Impact Assessments contained in the new three-year Equality Impact Assessment Schedule (published as an appendix to the new Equality & Inclusion Strategy 2010-13) and must continue to be carried out to timescales and published on the Trust website. 3. New Equality & Inclusion Training to be commissioned and implemented. 4. Feedback from Stonewall, on the Trust's performance against the Strategy. | 1. J.Markey 2. All Directors and Heads of Service 3. J.Markey 4. J.Markey 5. J. Markey | 1. March 2013 2. Timescales laid out in Equality Impact Assessment Schedule 3. Feb 2011 4. Feb 2011 5. March 2011 6. Dec 2010 | | Moderate | Unlikely | 6 | The Equality Act 2010, superseding all previous equalities legislation, was implemented on October 1 2010. The Government is currently consulting on the Public Sector Equality Duty, expected to be implemented from April 1 2011. |
| 217 | There is a risk that the Trust may not be able to contact a resource in a "Black Spot" area. | *** | 22 | Operational | 12-Jul-06 | Moderate | Likely | 12 | 1. Airwaves currently supplied to operational managers. Roll out for all other operational staff is ongoing. | Richard Webber | 09 Dec 2010 | Moderate | Possible | 9 | 1. Introduce airwave radios across the Trust 2. Surveys now being carried out for remedial action, the only black spots that have been identified are for texting. | 1. J.Hopson /P.Sykes 2. J.Hopson /P.Sykes | 1. complete 2. February 2011 | | Moderate | Unlikely | 6 | Airwave delivered across the Trust. Airwave have a team of field engineers who have network monitoring equipment constantly reporting live status reports to the Airwave |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|-----------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|------------|---------------------|------------|---|--|--|---|---------------|------------------------|---------------|--|
| 247 | Risk of not delivering benefits of the programme through non-delivery of project outcomes (to time cost and/or quality). | *** | 19 | Corporate | 25-Jul-06 | Moderate | Likely | 12 | 1. Senior Managers have been trained through MSP and PRINCE2 courses and programme and project management methodologies are being used to deliver project outputs and realise programme benefits. 3. Progress reports made to programme boards and SSG monthly, Trust Board bi-monthly 4. Each Programme maintains a risk and issues log and any new and appropriately graded risks are added to the corporate risk register. | Sandra Adams | 20 Jan 2011 | Moderate | Unlikely | 9 | Closure reports on the SIP to the Trust Board in May 2011 Governance arrangements to be established for the IBP Delivery Programme commencing 1st April 2011. | 1. M.Brand | 1. March 2013 | 1. Progress reports to programme boards and to the SMG, SSG and the Trust Board. | Moderate | Unlikely | 6 | The Trust Board has agreed to the closure of the SIP on 31st March 2011 and the establishment of the IBP delivery programme from 1st April. The IBP is the new strategic document for the LAS 2010 - 2015. |
| 252 | There is a risk that not updating Clinical Assessment skills and providing support when returning to work after extended periods away will affect patient care. | *** | 11 | HR | 25-Jul-06 | Moderate | Likely | 12 | 1. The Education and Development Department perform assessments for all staff referred to them.. 2. The guidance on "return to practice" was issued in 2008 to promote a consistent approach to supporting staff back to work after a lengthy absence, with an individual assessment of need. Implementation was due to be audited after 12 months to check that all returning staff who have been away for 12 months or more have had a return to work assessment of need and this has been implemented. 3. The clinical support interview is separate from general and welfare interview on return to work. Whilst staff are away from work they are offered and sent information to keep them up-to-date. | Caron Hitchen | 04 Jan 2011 | Moderate | Possible | 9 | 1. An audit to be taken of staff being referred to the department to ensure that all referred staff receive appropriate levels of clinical support. Audit scheduled for September 2010. Clinical skills are assessed when staff return to work following prolonged absence. Clinical update in individual to needs identified. This risk should now be removed. | 1. Keith Miller | 1. Sept 2010 | 1. Monitoring of Clinical Incident Reports. | Moderate | Unlikely | 6 | A review has taken place in October 2010 which has shown that all staff who had been referred to the department have received an appropriate level of clinical update which is commensurate with the organisations return to practice policy. This risk has been demonstrated to no longer exist and should therefore be removed. 4.1.11 |
| 308 | There is a risk that LAS staff may suffer emotional or physical injury as a result of being subject to physical or verbal assault, and this may adversely affect the delivery of the service that the LAS provides and/or the reputation of the LAS. | *** | 4 | Health & Safety | 16-Feb-09 | Moderate | Likely | 12 | 1. The interim Local Security Management Specialist (LSMS) has developed a draft Trust Security Management Plan in accordance with Counter Fraud and Security Management guidance. | Tony Crabtree | 22 Nov 2010 | Moderate | Possible | 9 | 1) Submit and approve Trust 2010/11 Security Management plan to CFMS prior to implementation 2.The delivery of Conflict Management training to be undertaken in-house. | 1. Caron Hitchen 2. John Selby | 1. Complete 2. ongoing | 1. Monitoring of Incident Reports. | Moderate | Unlikely | 6 | |
| 272 | There is a risk that the LAS may not achieve the full CIP | *** | 19 | Finance | 03-Jul-07 | Major | Possible | 12 | 1. CIP is part of the budgeting process. 2. Monthly monitoring. | Michael Dinan | Oct 2010 | Moderate | Possible | 9 | 1. Identify further savings. | 1. M.Dinan | 1. TBA | CIP reported monthly to SMG and the Trust Board. Action is taken accordingly. | Moderate | Possible | 9 | |
| 317 | There is a risk that the Trust may not achieve its Category A target in the current financial year. | *** | 17 | Operational | 17-Aug-09 | Major | Possible | 12 | 1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up. | Richard Webber | 09 Dec 2010 | Major | Unlikely | 8 | 1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand. | 1. J.Killens 2. J.Killens 3. J.Killens | 1. March 2011 2. Dec 2010 3. TBA | 1. The Business Continuity (BC) Plan has been tested and is fit for purpose. 2. A BC and Emergency Preparedness Steering Group has been set up which will continue to test the BC plans. | Major | Rare | 4 | 23/08/2010 - risk wording revised |

London Ambulance Service NHS Trust
Risk Register as at 19th January 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|-----------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|------------|---------------------|------------|--|--|---|--|---------------|------------------------|---------------|--|
| 222 | The lack of frontline management at weekends may reduce the level of support/advice available to staff, and could result in a SUI. | *** | 1 | Operational | 13-Jun-06 | Major | Possible | 12 | 1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters | Richard Webber | 09 Dec 2010 | Major | Unlikely | 8 | 1. Agree new leave rules for DSOs. 2. Maintain full DSO establishment by topping up ADSO pool every 6 months. 3. A review of DSO rostering arrangements, to make cover more robust within the NWOw process | 1. P.Woodrow 2. M.McTigue 3. J.Hopson | 1. Ongoing 2. Ongoing 3. May 2010 | 1. Analysis of incident reporting | Moderate | Unlikely | 6 | We are robustly working on leave arrangements, although with reduced overtime for managers and holding vacancies in management posts to support the CIP we will have some shortages. The work on the management restructure and super stations will enable us to strengthen out of hours management cover whilst reducing the overall management |
| 208 | Risk of staff not knowing their accountabilities for internal control and the principles of the Code of Conduct. | *** | 7 | Governance | 11-Apr-06 | Moderate | Likely | 12 | 1. The Code of Conduct is included in the Non-Executive and Executive Directors induction. 2. Standing Orders revised and reviewed by Trust Board in March 2010 3. Annual review of effectiveness to Board 4. Annual appraisal of NEDs and EDs 5. Governance Structure | Sandra Adams | 20 Jan 2011 | Moderate | Unlikely | 6 | 1. Annual review for 2009/10 2. Preparation for Board to Board 3. Review Governance Structure | 1. S.Adams 2. S.Adams 3. S.Adams | 1. Sept 2010 2. Dec 2010 3. April 2011 | | Moderate | Rare | 3 | |
| 223 | There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process. | *** | 11 | Operational | 12-Jun-06 | Moderate | Likely | 12 | 1. NWOw is now in place at two complexes and incorporates a more robust rota allowing time for meetings. 2. PDR and CPI are also now in place, although these may be sidelined due to operational pressures. | Richard Webber | 09 Dec 2010 | Moderate | Unlikely | 6 | 1. New rostering arrangements under NWOw will allow time for meetings. | 1. J.Killens | 1. May 2010 | | Minor | Unlikely | 4 | |
| 181 | There is a risk of injury to staff from slips, trips and falls on LAS premises during the course of their duties. | *** | 21 | Health & Safety | 09-Feb-03 | Moderate | Likely | 12 | 1. Premises inspections are undertaken every three months and are reviewed at meetings of the Corporate Health and Safety Group. 2. The one day Health & Safety Awareness course now covers premises inspections. 3. Slips, Trips and Falls Policy approved by CQSE June 2010 | Tony Crabtree | 10 Jan 2011 | Minor | Unlikely | 4 | 1. Revised policy issued October 2010. 2. Training requirements are defined within the training Needs Analysis. Compliance in terms of content of training for different staff groups through corporate induction and through "all in one" for non-clinical staff should be audited. 2. review H&S Premises inspection reports | Keith Miller/Carole Livett | 1. June 2010. 2. ongoing - quarterly | 1. Health and Safety Inspection Reports. | Minor | Unlikely | 4 | Risk downgraded 2011-01-10 from Sig9 to Mod4 |
| 184 | There is a risk of failure to meet Fleet Support requirements to Service vehicles without putting staff at additional risk of injury by the working of excess overtime. | *** | 20 | Logistics | 10-Feb-06 | Major | Possible | 12 | 1. Additional RAC assistance being used at weekends to reduce the number of vehicles off the road.. 2. Agreement to proceed with a large workshop in West of London and then to further review the configuration. New job description under discussion with Fleet Staff Side. Ongoing recruitment campaign in place for vehicle technicians. | Chris Vale | 10 Jan 2011 | Minor | Unlikely | 4 | 1. To agree and implement appropriate fleet support levels 2. 7 day rotas are being considered by the Trust Staff Side. 3 7 day rota's in place at 10 Workshops - others close to agreement 4 West Workshop site to be agreed at Project Board on 18th August 2010 | 1. S.Melhuish 2. S.Melhuish 3. S Melhuish 4. C Vale | 1. Ongoing 2. ongoing 3. Ongoing - Oct 2010 4. Sept 2010 | | Minor | Unlikely | 4 | Risk downgrading 10/01/2011 from Sig8 to Mod4 |

**London Ambulance Service NHS Trust
Risk Register as at 19th January 2011**

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|--------------|---------------------|------------|--|--|---|--|---------------|------------------------|--|--|
| 213 | There is a risk of loss of computer data / information caused by unannounced or pre-warned electrical power cut. | *** | 21 | Finance | 16-May-06 | Moderate | Likely | 12 | 1. New UPS has been installed at LAS HQ and provides more resilience. Harmonics compensator also fitted which has produced more linear load. 2. The essential supply for Control Services is now backed up by the UPS and generator but remainder of HQ would lose power if a power outage. | Martin Nelhams | 29 Oct 2010 | Moderate | Rare | 3 | 1. Ongoing monitoring via Estates quarterly reports | 1. M.Nelhams | 1. Ongoing | 1. The generator and UPS are under the planned preventative maintenance schedule. | Moderate | Rare | 3 | 23/08/2010 - Risk grading reviewed, downgraded from Mod6 to Low3 |
| 335 | There is a risk that service delivery will be compromised in the event of flooding. | *** | 17 | Business Continuity | 16-Feb-09 | Catastrophic | Unlikely | 10 | 1) London Strategic Flood Plan. 2) Environment Agency Flood Plan - Signed up to the Environment Agency early warning system. 3) RIB and exceptional bulletins to alert staff to dangers of entering floodwaters. 4) PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient). 5) LAS Business Continuity Plans - individual stations | Paul Williams | 09 Nov 2010 | Catastrophic | Unlikely | 10 | 1. LAS flood plan being written (inc. Severe weather plan) 2. Station Business Continuity Plans to include flooding contingencies. 3. Staff training to include Water Awareness. 4. Post Pitt report guidance due in Autumn. | TBA | TBA | Catastrophic | Rare | 5 | BC Coordinator now in place in EPD. Kevin Brown updating station BC Plans to include severe weather (including flooding) Water awareness Training not planned at present | |
| 303 | There is a risk of unavailability of critical patient care equipment on vehicles. | *** | 24 | Logistics | 21-Oct-08 | Moderate | Possible | 9 | 1. Equipment amnesty - audits carried out, about 20 vehicles were unequipped, all the rest were fully equipped, and this will be resolved via purchasing of additional equipment. 2. Daily assessment of vehicle equipment by make-ready, and follow-up to locate spare equipment 3. 74 sets of new equipment have also been issued in the last year, with new Mercedes Ambulances | Chris Vale | 13 Dec 2010 | Moderate | Possible | 12 | 1. Purchase of 165 new vehicles and equipment will mitigate against this risk. | 1. C.Vale | 1. Nov 2010 | | Minor | Unlikely | 4 | This is part of the VDI policy being written. Update from Jason Killens. |
| 46 | There is a risk of infection to staff due to sharps injury. | *** | 6 | Infection Control | 14-Nov-02 | Moderate | Possible | 9 | 1. Introduced the Safety Canulae trial in early 2009. Results to be monitored via Infection Control Steering Group. 2. In 2008 the overall number of LA52 reported needle stick incidents for Q3 (1st July - 30th Sept) was 9 near misses and 3 actual. This represents a reduction of reported incidents from Q2 of 12 actuals and 2 near misses. The new cannulae are now in use which should hopefully reduce the number of injuries. 3. H&S bulletin related to 'Disposal of Sharps' was issued in 2007/08. 4. This is part of the infection prevention and control action plan. | Trevor Hubbard | 4 Feb 2011 | Moderate | Possible | 9 | 1. Report to UKAP on risks relating to pre hospital care. 2. Participate in National Ambulance Audit. 3. Undertake a programme of staff awareness.. | 1.T.Hubbard 2. T.Hubbard 3. T.Hubbard | 1. 2011/12 3. Sept 2011 | 1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. SUI of high risks cases. | Minor | Unlikely | 4 | Changed risk owner to T.Hubbard from Richard Webber. |
| 271 | Crew staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive. | *** | 17 | Operational | 14-Mar-07 | Moderate | Possible | 9 | 1. All staff have their driving license checked upon recruitment. 2. Anyone with more than 3 points will not be appointed. 3. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 4. All staff claiming mileage must declare whether they have a valid driving licence. | Richard Webber | 09 Dec 2010 | Moderate | Possible | 9 | TBA The Motor Risk Group has a separate Risk Register, which has rated this risk differently from the rating in the Corporate Risk Register. The risk rating needs to match the one set by the Motor Risk Group. The Trust is working in conjunction with staff side viewing options on how best to | J. Killens / G.Hughes | TBA (following review) | Internal Audit | Moderate | Unlikely | 6 | |
| 331 | There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint) | *** | | HR | 06-May-10 | Moderate | Possible | 9 | 1 Salix match funding agreement, which has funded a number of works that will reduce energy usage, thereby carbon footprint. 2. Replacement of LDVs in fleet. The replacement Mercade4s vehicle is more fuel efficient and its bodywork is mostly recycable. 3. in addition there is a regular progress report to SMG/Trust Board on the implementation of the carbon reduction management action plan. 4. Draft KPIs relating to reducing Trust carbon footprint is in development. 5. implementation of CRM, web based processes to replace paper based processes will support the trust's carbon reduction objective. | Martyn Salter | 19 Jan 2011 | Moderate | Possible | 9 | 1. Management action plan which will be overseen by Carbon Reduction Working Group reporting to SMG. 2. KPIs to be identified and agreed by CRWG/SMG to monitor progress. Work had been completed to ascertain data (2007) to set SMART targets and measure progress. 3. Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage. 4.Travel plan and supporting survey to be undertaken in January/February 2011 (once REAP level is stable) 5. Recruitment of green champions | 1.M.Salter 2.M.Salter 3.M. Salter 4.M.Salter 5.M.Salter | 1. 2015 2. 31/03/11 3. Jan/Feb 2011 4. Dec 2011 5. Feb 2011 | Regular reports to SMG | Moderate | Unlikely | 6 | There is a possibility that the workload of members of the CRWG will mean the implementation of the management action plan receives less support |
| 275 | Loss of access to the Deptford Logistics Store may result in drug supplies being disturbed. | *** | 24 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. The Trust has arrangements for Frimley Park Hospital NHS Trust to supply drugs on a 24 hour basis if required but no formal arrangement is in place. 2. As there is no formal arrangement with Frimley Park no business continuity plan is in place for the supply of drugs. 3. London hospitals could supply drugs in an emergency. | Paul Williams | 05 Nov 2010 | Moderate | Unlikely | 6 | 1. Supplies and Logistics to explore the need for a formal arrangement with Frimley Park by way of a service level agreement. | 1. G.Davidson/ Chris Vale | 1. Oct 2010 2. Oct 2010 3. Oct 2010 | | Moderate | Rare | 3 | These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7 th December. |
| 278 | Staff are not trained in Business Continuity and are unaware of their responsibilities and/or their departmental arrangements in the event that the Business Continuity Plan | *** | 17 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. Tabletop testing programme of departmental plans is ongoing and has so far included IM&T, Communications, Estates, Logistics, Finance, Purchasing and HR (Safety & Risk and Staff Support). | Paul Williams | 05 Nov 2010 | Moderate | Unlikely | 6 | 1. Training and awareness plan to be produced. 2. Tabletop testing of departmental plans to be scheduled, with one complete cycle to | 1. John Pooley 2. John Pooley 3. John Pooley 4. John Pooley | TBA | | Moderate | Rare | 3 | 1. Gold and silver training is subject to operational pressures. 2. PTS table-top testing |

**London Ambulance Service NHS Trust
Risk Register as at 19th January 2011**

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Likelihood | Target Rating | Comments |
|---------|---|--------------------------|---------------------|---------------------|-------------|--------------|------------------|--------------|---|----------------|------------------------|------------|----------------|------------|--|---|--|--|---------------|-------------------|---------------|---|
| 284 | Critical supplier failure due to bankruptcy, pandemic, industrial unrest etc. resulting in failure to provide vital services to LAS . | *** | 17 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. Stephen Moore and Paul Candler have met to discuss high risk areas and a revised supplier risk assessment has been produced. There is now an annual review of the Trust's main suppliers. 2. Purchasing have copies of business continuity | Paul Williams | 05 Nov 2010 | Moderate | Unlikely | 6 | 1. To identify contingency plans for each contract, including alternative suppliers. 2. To review supplier list for the ability to continue supply. | 1. P.Candler 2. P.Candler | 1. Ongoing 2. April 2010 | | Moderate | Rare | 3 | These actions will be reviewed by the Emergency Preparedness and Business Continuity |
| 328 | There is a risk that paramedics are not trained in the use of aseptic no touch technique (ANTT). | *** | 6 | Infection Control | 17-May-10 | Moderate | Possible | 9 | 1. All Team Leaders have received ANTT training. 2. The principles of ANTT are now included in paramedic courses. 3. Training for all clinical staff for ANTT has now been completed. | Trevor Hubbard | 21 Dec 2010 | Minor | Possible | 6 | 1. Monitor staff training for ANTT. 2. Auditing of practice by rideout and by operational workplace review. 3. Auditing of practice by formal research. 4. Training completed | 1. I.Bullamore 2. I.Bullamore 3. CARU | 1. Ongoing 2. Ongoing 3. Ongoing | 1. Incident reports. 2. Research 3. ONR | Minor | Unlikely | 4 | Proposed for re-grading at RCAG 22/11/2010 |
| 199 | Risk to staff safety / vandalism/theft due to inability to adequately secure premises. | *** | 21 | Finance | 01-Jan-03 | Moderate | Possible | 9 | 1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. Bulletin reminding staff to secure premises when leaving unattended. Periodic change simplex lock combination. | Michael Dinan | Oct 2010 | Moderate | Unlikely | 6 | 1. Ensure Quarterly H&S Premises Inspection is undertaken. 2. A Security Management Policy will be developed in the next three months. | 1. M.Nelhams 2. M. Nelhams / Chris Vale / John Selby | 1. Ongoing | | Moderate | Unlikely | 6 | Suggest change of wording. Are there two risks here one for stations and one for annexes. |
| 255 | There is a risk of challenges with EU Procurement legislation. | *** | 19 | Finance | 25-Jul-06 | Moderate | Possible | 9 | 1. e-Procurement is in place for both the Supplies and the Estates Departments. 2. Training is provided to all new users. 3. Ordering for the fleet is still performed on a manual basis. | Michael Dinan | 6 Aug 2010 | Moderate | Unlikely | 6 | 1. Working with Communication Department to improve the procurement information on PULSE/LAS website | 1. P.Candler | 1. October 2010 | 1. Jan 2011 | Moderate | Unlikely | 6 | P Candler to provide revised wording and propose change in scoring |
| 182 | Not being able to escape from an LAS building in the case of fire or other emergencies. | *** | 21 | Health & Safety | 09-Feb-04 | Moderate | Possible | 9 | 1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is | Martin Nelhams | 29 Sept 2010 | Minor | Unlikely | 4 | 1. Health and Safety Co-ordinators (Estates) are undertaking Fire Marshall Awareness Training. | 1. J.Selby | 1. Mar 2010 - Ongoing | | Minor | Rare | 2 | |
| 332 | There is a risk that Trust and National infection control procedures may be compromised as ambulance mattress covers are not routinely changed after each patient. | *** | | Infection Control | Mar-10 | Minor | Likely | 8 | 1. The mattress is disinfected between each patient. | Chris Vale | 4 Aug 2010 | Minor | Likely | 8 | 1. Disposable mattress covers to be sourced and trialled to achieve more cost effective proposal. | 1.C.Vale | 1. Jan 2011 2 March 2010 | | | | | pending recommendations, subject to findings Suggest the risk owner should change to Steve |
| 281 | HR Occupational Health has no formal fall back if contractors are unable to fulfil their contracts. | *** | 10 | Business Continuity | 03-Jul-07 | Minor | Likely | 8 | 1. Requirement identified at Staff Support Business Continuity test and to be pursued by Fatima Fernandes and Atos representative K.Woodcock. | Paul Williams | 09 Nov 2010 | Minor | Possible | 6 | 1. Atos to provide a detailed business continuity plan. | 1. F. Fernandes | 1. Complete | | Minor | Rare | 2 | 1. Continuity plans have been received for Staff Support and Occupational Health. Service is to be re-tendered in 2010. |
| 276 | Loss of significant part of the fleet due to technical fault, fuel contamination or other reason would place considerable pressure on remaining vehicles and ability to provide an adequate service. | *** | 20 | Business Continuity | 03-Jul-07 | Major | Unlikely | 8 | 1. Vehicle Resourcing Centre is now up and running. 2. The Service purchases different types of vehicles from different suppliers – Mercedes, Vauxhall and in batches which will ease the burden of any problems that arise. This limits dependence on one make/type of vehicle. 3. Fuel is purchased from outlets all over London and it is currently possible to purchase fuel from BP and Total garages. During the fuel problems some years ago the Service issued "Supercards" which could be used at any fuel station. This could be done again should the need arise but it comes at a cost to the Service as the price paid per litre is higher. 4. When vehicles carry CAT 3 (infectious) patients they are cleaned in accordance with the Infection Control Procedure. This procedure would also cover other forms of vehicle contamination and vehicle cleaning could be carried out by LAS or Make Ready staff. 5. In the event of CBRN incidents none of the LAS vehicles go into the "hot zone" they stay at the perimeter of the incident. The only LAS vehicles that would be at risk of contamination are CBRN and HART vehicles which are specialised vehicles and there are CBRN procedures in place to deal with vehicle decontamination. | Chris Vale | 09 Nov 2010 | Major | Rare | 4 | | 1 s Melhuish | 1. Ongoing | | Major | Rare | 4 | No change - likely could reduce in 3 months following removal of LDV's from fleet. |
| 280 | There is a risk that emergency services are seriously degraded for an indeterminate period due to industrial unrest, public disorder etc. that prevents staff from working. (VAS and private ambulance companies could not be relied upon and police vehicles are no longer suitable to convey as in previous disputes). | *** | 17 | Business Continuity | 03-Jul-07 | Major | Unlikely | 8 | 1. The current decision is to develop bespoke plans in response to the prevailing circumstances at any given time. 2. A job description for the new role has been drafted and agreed and awaits AfC banding. The post, when filled, will assume responsibility for all areas of the Trust business continuity arrangements and the testing and exercising of each of the directorates plans. The post holder will develop new plans to tackle areas such as those noted in this risk. | Jason Killens | 09 Nov 2010 | Major | Rare | 4 | 1. Business continuity is to be encompassed by the Emergency Preparedness Department during 2009/10. 2. Recruitment of Business Continuity Manager. | 1. J.Killens 2. J.Killens | 1. Mar 2010 2. Dec 2010 | | Major | Rare | 4 | BC Coordinator now in place within EPD. Bespoke plans for industrial action etc drawn up prior to known incident occurring and amended as and when intelligence/ information is received. |
| 304 | There is a risk of non-functioning critical patient care equipment on vehicles. | *** | 24 | Clinical | 21-Oct-08 | Moderate | Unlikely | 6 | 1. Continued review of LA52 data. | Chris Vale | 13 Dec 2010 | Moderate | Unlikely | 6 | 1. Review H&S LA52 data. 2. Purchase of new 12 lead defibrillators and shock boxes | 1. D.Adams 2. C.Vale | 1. Ongoing 2. Ongoing | 1. Monitoring by CQSE. | Minor | Unlikely | 4 | |



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|--|---|
| Document Title: | Trust Secretary report |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Compliance with Standing Orders |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the tenders received and entered into the tender book since 3rd February 2011 and the use of the Trust Seal |
| <p>Executive Summary</p> <p>Three tenders have been received, opened and entered into the tender book since 3rd February 2011:</p> <ul style="list-style-type: none"> • Occupational Health and Wellbeing Services Tenders received and opened via Bravo Solutions on 14th February 2011: Abermed Central London Community Healthcare Guys and St Thomas' NHS Foundation Trust Health Management Ltd. • Physiotherapy Services (Occupational Health & Wellbeing Services) Tenders received and opened via Bravo Solutions on 14th February 2011: Central London Community Healthcare Guys and St Thomas' NHS Foundation Trust Health Management Ltd Rehab Works The Physiotherapy Network. • Watercoolers Tenders received and opened via Bravo Solutions on 8th March 2011 Aquarius XI Cool Water Direct Cooleraid Ltd Eden Springs UK Horizon Soft Drinks Strauss Water. <p>There has been one entry to the Register for the Use of the Trust Seal:</p> <ul style="list-style-type: none"> • Former Willesden Ambulance Station, 164 Harlesden Road, London NW10 3RX. | |

Key issues for the Trust Board

To note the report

Attachments

N/A

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

29TH MARCH 2011

PAPER FOR NOTING

| | |
|---|---|
| Document Title: | Trust Board Forward Planner |
| Report Author(s): | Sandra Adams, Director of Corporate Services |
| Lead Director: | Sandra Adams, Director of Corporate Services |
| Contact Details: | 0207 783 2045 |
| Why is this coming to the Trust Board? | To ensure that key issues are discussed by the Trust Board and that Trust Board members are fully engaged with the agenda planning process. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items |
| Executive Summary To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items. | |
| Key issues for the Trust Board N/A | |
| Attachments Trust Board forward planner. | |

| |
|--|
| Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input checked="" type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input checked="" type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve |
| Risk Implications This paper links to the following strategic risks: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> There is a risk that we fail to effectively fulfil care/safety responsibilities <input checked="" type="checkbox"/> There is a risk that we cannot maintain and deliver the core service along with the performance expected <input checked="" type="checkbox"/> There is a risk that we are unable to match financial resources with priorities <input checked="" type="checkbox"/> There is a risk that our strategic direction and pace of innovation to achieve this are compromised |

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

TB FORWARD PLANNER

| Date | Strategic and Business Planning | Items for approval (eg Policies and Business Cases) | Performance and Other | Governance | Standing Items | Apologies | Committee dates |
|-----------------------------|--------------------------------------|---|-----------------------|---|--|-----------|-----------------|
| 26 April 2011 SRP | Review of balanced scorecard | | | Governance structure review | | | |
| SMG 13 April | Demand Management Plan | | | | | | |
| | Medicines Management | | | | | | |
| | Infection, Prevention and Control | | | | | | |
| | Cost Improvement Programme | | | | | | |
| 24 May 2011 TB | FT application update | CommandPoint Update | | 2010/11 Annual Report and Accounts (including Quality Report) | Report from CEO including balanced scorecard and performance reports | | RCAG 11th April |
| SMG 11 May | Cost Improvement Programme | | | KA34 Compliance Statement | Report from Finance Director | | Qual 27th April |
| | | | | 2010/11 Annual Infection Prevention and Control Report | Report from Sub-Committees | | LFE 10th May |
| | | | | Q4 integrated governance and finance declaration | Clinical Quality and Patient Safety Report | | |
| | | | | 2009/10 Annual Equality Report | | | |
| | | | | Corporate Social Responsibility Report 2010/11 | Report from Trust Secretary | | |
| | | | | Key risks | | | |
| 28 June 2011 TB | FT application update | CommandPoint Update | | Audit Committee Annual Report 2010/11 | Report from CEO including balanced scorecard and performance reports | | Audit 6th June |
| SMG 15 June | Cost Improvement Programme | | | Patient Experience and Complaints Report | Report from Finance Director | | CQSE 7th June |
| | | | | Audit and Research Annual Report | Report from Sub-Committees | | |
| | | | | BAF and corporate risk register | Clinical Quality and Patient Safety Report | | |
| | | | | | Report from Trust Secretary | | |
| 26 July 2011 SRP | Review of balanced scorecard | | | | | | Qual 6th July |
| SMG 13 July | Cost Improvement Programme Q1 review | | | | | | RCAG 11th July |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 23 Aug 2011 TB | FT application update | | | Q1 integrated governance and finance declaration | Report from CEO including balanced scorecard and performance reports | | CQSE 2nd Aug |

TB FORWARD PLANNER

| | | | | | | | |
|--|------------------------------|--|--|---|--|--|-----------------|
| SMG 10 August | | | | Key risks | Report from Finance Director | | LFE 9th Aug |
| | | | | | Report from Sub-Committees | | |
| | | | | | Clinical Quality and Patient Safety Report | | |
| | | | | | Report from Trust Secretary | | |
| 27 Sept 2011 TB | FT application update | | | Annual Trust Board effectiveness Review 2010/11 | Report from CEO including balanced scorecard and performance reports | | Qual 7th Sept |
| <i>SMG 14 Sept</i> | | | | BAF and risk register | Report from Finance Director | | Audit 12th Sept |
| | | | | | Report from Sub-Committees | | |
| | | | | | Clinical Quality and Patient Safety Report | | |
| | | | | | Report from Trust Secretary | | |
| 1 November 2011 SRP awayday - all day | Review of balanced scorecard | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 29 Nov 2011 TB | | | | Q2 integrated governance and finance declaration to Monitor | Report from CEO including balanced scorecard and performance reports | | RCAG 10th Oct |
| <i>SMG 9 Nov</i> | | | | Patient and Complaints Experience Report | Report from Finance Director | | CQSE 26 Oct |
| | | | | Key risks | Report from Sub-Committees | | Qual 2nd Nov |
| | | | | | Clinical Quality and Patient Safety Report | | Audit 7th Nov |
| | | | | | Report from Trust Secretary | | LFE 15th Nov |
| 13 Dec 2011 TB | | | | Charitable Funds Annual Report and Accounts 2010/11 | Report from CEO including balanced scorecard and performance reports | | |
| <i>SMG 7 Dec</i> | | | | BAF and corporate risk register | Report from Finance Director | | |
| | | | | | Report from Sub-Committees | | |
| | | | | | Clinical Quality and Patient Safety Report | | |
| | | | | | Report from Trust Secretary | | |