LONDON AMBULANCE SERVICE NHS TRUST
MEETING OF THE TRUST BOARD

Monday 24th January 2005 at 10am

In the Conference Room, LAS Headquarters, 220 Waterloo Road, London, SE1

A G E N D A

1. Declarations of Further Interest.

2. Opportunity for Members of the Public to ask Questions.

3. Minutes of the Meeting held on 30th November 2004.
    Part 1 and II   Enclosure 1& 2

4. Matters arising.

5. Chairman's remarks   Verbal

6. Report of the Chief Executive   Enclosure 3

7. Month 9 Financial Report.   Enclosure 4

8. Report of the Medical Director   Enclosure 5

9. Freedom of Information Act Policy for approval   Enclosure 6

10. Estates matters for approval
    Combined business case for Brixton AS   Enclosure 7
    Purchase of Feltham & Chase Farm AS   Enclosure 8

11. Audit Commission Annual Audit Letter   Enclosure 9

12. Service Improvement Programme Update including a
    presentation regarding Make Ready   Enclosure 10 &11

13. Summary of PALS annual report   Enclosure 12

14. Report of the Trust Secretary – Tenders opened since   Enclosure 13
    last board meeting.

15. Report of the Trust Secretary – Sealings   Enclosure 14

16. Minutes of the December Service Development Committee   Enclosure 15

17. Minutes of the Risk Management Committee –6/12/04   Enclosure 16

18. Minutes of the Audit Committee – 6/12/04   Enclosure 17

19. Any Other Business.

20. Opportunity for Members of the Public to ask Questions.

21. Date and Venue of the Next Trust Board Meeting.
    (Tuesday, 29th March 2005 in the Conference Room, LAS Headquarters, 220
    Waterloo Road, London commencing at 10am.)

22. Motion to exclude the Press and Public from the remaining items of business on the ground that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 30th November 2004

Held in the Conference Room, LAS HQ
220 Waterloo Road, London SE1 8SD

Present:

Sigurd Reinton	Chairman
Peter Bradley	Chief Executive

Non Executive Directors
Suzanne Burn	Non Executive Director
Barry MacDonald	Non Executive Director
Colin Douglas	Non Executive Director
Toby Harris	Non Executive Director
Sarah Waller	Non Executive Director

Associate Non Executive Director
Beryl Magrath	Associate Non Executive Director

Executive Directors
Mike Dinan	Director of Finance & Business Planning
Fionna Moore	Medical Director

In Attendance:

Martin Flaherty	Director of Ambulance Services (East)
Philip Selwood	Director of Ambulance Services (West)
Keith Andrews	Director of PTS
Mike Boyne	Head of Operational Support
Kathy Jones	Director of Service Development
John Hopson	Asst. Chief Ambulance Officer - CAC
Vishy Harihara	Patients' Forum Representative
Colin Hill	Member of the general public
Christine McMahon	Trust Secretary (Minutes)
Graham Griffiths	Senior Operations Officer - CAC
Tracy Watts	HR Manager - CAC
Kelli Mossell	HR Officer – CAC
Sean Brinnicombe	AOM Camden
Robert Pearcey	Head of Professional Standards Unit
Angie Patten	Communications Manager
Peter Thorpe	AOM Pinner
Helen Berry	Finance Manager
Tony Crabtree	Head of Employee Services
Martin Brand	Head of Planning & Programme Mgt.
John Wilkins	Head of Governance

Apologies:

Wendy Foers	Director of Human Resources & Organisation Development

99/04   **Declarations of Interest**

Toby Harris declared that he had recently been appointed Special Advisor to the Board of Transport for London.

100/04   **Opportunity for Members of the Public to ask Questions**

There were no questions.

101/04   **Minutes of the Meeting held on 29th September 2004**

Agreed: 1.   The minutes of the Board meeting on September meeting as a true and accurate record with the exception of the correction noted below.

Noted: 2.   That Minute 87.4 should read CTA (green and white base) not CTS

102/04   **Matters Arising**

There were no matters arising that were not covered in the agenda.

103/04   **Report of the Chairman**

The Chairman reported that he had received a letter from the Secretary of State has formally given approval for the number of Non-Executives to be increased from 5 to 6. Vacancies will be advertised as soon as possible. The Appointments Commission has introduced a new framework for assessing candidates which is an improvement on the old framework. The Chairman will be undertaking training in the new framework on the 6/12/04.

There has been debate in the general and specialised media regarding the implications of Payment by Results. The Chairman reported that he had recently attended a talk by John Bacon at the Kings Fund at which the contradictions of the payments by results scheme was discussed. In the question and answer session it was suggested that it was in effect decentralisation and a return to fund holding. Sarah Waller, who was at the same meeting, said that her impression was that the number of PCTs were likely to be reviewed.

The Chairman had recently met with Paul Burstow (LibDem Health Spokesman) in his role as NHS Confederation Council member and joint lead for London, and impressed on him the need not to make wholesale structural changes to the NHS after the election. In particular, the PCTs in London are, with one or two exceptions, about the right size to focus on how best to develop local services.

104/04   **Report of the Chief Executive**

The Chief Executive highlighted the following from his report:

Performance: although the performance for October was 74.82% the LAS is on track to achieve the performance target of 75% for the year

The Chief Executive pointed out that the star rating would be based on the following performance targets: Doctors' Urgents, Cat A 8 and 14, Cat B 14 and financial balance. It was thought that Cat B14 would be measured from 1st October to March 05. In order to

retain its 2 star rating the Trust would need to demonstrate that Cat B14 performance has improved.

The Chief Executive commented that if the LAS included cars in their Cat A 14 minute performance figures (as the majority of Ambulance Services do) then it would have achieved 96% for the year. Following the issuing of new guidelines by the Healthcare Commission on 9th December 2004 the Trust will review its practice on how performance figures were recorded.

Compared to October 2003 demand has increased by 3-3.5%; the Trust has struggled the past few weeks to meet its performance targets.

CAC: performance is improving; sickness absence has fallen to 9% from 10.5%. Call answering has improved with 82% of 999 calls being answered in 10 seconds. There are 22 people in training and they should be in the control room prior to Christmas.

A&E – the two trials undertaken to identify ways that "Doctors' Urgent" performance could be improved were equally successful and they will be rolled out to the rest of the Service in the near future. In the trials, performance was 75-80% within 15minutes – the figure for the service as a whole is 58%.

PTS: we are awaiting a decision regarding the Hammersmith Contract and the Epsom & St Helier contract.

Human Resources 35 members of staff have been suspended between January 02 – December 04.

Team Leaders are expected to be at full establishment in early 2005.

Absence rate for October is 6.3% which is lower than October 03.

Ziqitza Healthcare Ltd (ZHL): The Board were asked to approve travel for staff to ZHL to assist in the setting up of an ambulance service in Mumbai, India. The LAS will be selling ZHL 130 decommissioned ambulances at an average market price for the last three years. The LAS will also provide training materials and some training places for ZHL trainers and staff on LAS courses. As part of the agreement the LAS will provide between 1-3 managers to travel to India in 2005 to advise and assist ZHL. The LAS will not incur any out of pocket costs.

Consultation meetings: the Director of Communications reported that part one of the consultation concluded on 29/11/04; the second part will start in 2005 with the Chief Executive meeting with Fleet, PTS, EBS and CAC. Approximately 1300 staff and managers have attended the consultations where a number of issues have been raised, eg Agenda for Change, EMT1s, management cover, training and development. He thought the consultation meetings had been a very popular and valuable communications exercise.

In conclusion, the Chief Executive reported that following a review of the Sector Operating Model in February 2005 a report would be presented to the Trust Board.

The Chief Executive felt that it has been a difficult few weeks for the Trust. There have been a number of incidents that have

affected morale, and the increase in workload has meant that people are feeling tired. He warned that the combination of these may have an impact on the Trust's Cat A and Cat B performance figures for November

Barry McDonald was assured that the results of the two trials of different approaches to dealing with "Doctors' Urgent" calls carried out in NW & C (response activated immediately) and in SE (response time negotiated with the GP) were equally effective. The new procedures would be rolled out across the Service with the exception of NE & EC sectors - the Senior Management Group was keen not to destabilise performance.

Suzanne Burn was assured that the cutting back on over-activity in the Hammersmith contract as reported in the Chief Executive's report was being managed by the Hospital itself The PTS Director reported that Wandsworth PCT's new provider and M&L (a commercial provider) were only providing transport to/from hospital. PTS were providing transport that fell outside that contract.

Sarah Waller queried whether the out of hours cover mentioned in the Chief Executive's report was linked to GPs out of hours cover – the PTS Director explained that out of hours for PTS referred to work that took place outside PTS's normal working hours of 7am – 7pm.

It was reported that as part of the Bromley ECPs pilot our ECPs will be responding to selected calls that have originally come in to the local GP out of hours service.

The Chairman wondered how the twelve CTA vacancies were being managed; the ACAO for CAC reported that he had looked at how other services tackled the issue; in East Midlands for example they recruited nursing staff to provide the CTA service. The remuneration package was being reviewed to improve the attractiveness of the role.

Agreed: 1. **That LAS staff could travel to India to provide training and management support to Ziqitza Healthcare Ltd in setting up an ambulance service in Mumbai, India. The costs to be covered by ZHL.**

2. **That the Board would receive a report which set out the criteria by which it is proposed the LAS would respond to the many approaches of this kind it receives for assistance.**

Noted: 3. **That of the 4 on suspension 2 were awaiting disciplinaries; the lengthiest suspension (7 months) was linked to issues outside of the LAS's control and that two would be completed prior to Christmas.**

105/04 **Report of the Director of Finance and Business Planning –**
Month 7 Financial Report

Mike Dinan, the Director of Finance and Business Planning, presented the Month 7 financial report. The year end forecast was that the Trust would have a surplus of £9666k.The Board's attention was drawn to the performance of individual departments.

PTS – though PTS made a profit in October the worst case scenario for 2004/05 was £375,000 loss. £800,000 was in dispute and management were confident that £500,000 was collectable which would leave PTS in a break-even position. The Director of Finance assured the Board that the management of debtors would be reviewed; he was concerned that approximately 6% of PTS's annual revenue was outstanding.

Agenda for Change – the forecast has not been changed; the Director of Finance reported that he intended to become more familiar with all the possible implications of Agenda for Change for the LAS.   At this stage the Trust had £9m to pay for Agenda for Change. The Board were aware that the issue of meal breaks an still needed to be resolved

In response to a question from Barry McDonald regarding fleet the Head of Operational Support confirmed that it was difficult to recruit fully trained mechanics. Vacancies were being filled by temporary staff and upon their proving satisfactory they were encouraged to apply for permanent posts.

Beryl McGrath queried whether funding had been received from the Changing Workforce Programme (CWP) as it would appear that of the £307,000 available only £65,000 had been received. She also asked if all the PCTs fund the ECP programme. The Director of Service Development confirmed that £300,000 had been secured from the CWP. Though only one SHA has actually made a payment she was confident that the other four would in due course.

The Director of PTS clarified the situation regarding the dispute with Kings College Hospital which would be going to arbitration; PTS were in receipt of good documentation and he was confident that more than 50% of the disputed invoices would be secured.

Sarah Waller enquired whether with the receipt of funding from the Changing Workforce Programme the ECP programme was fully funded; it was confirmed that the programme was not fully funded and that its funding for 2005/06 would be a challenge for the LAS.

Noted: 1.   **The report**
          2.   **That £4.1m of CBRN has been received.**

106/04   **Financial Bid for Commissioners for 2005/06 to 2007-08**

The financial bid had been prepared following a meeting of the Chief Executive and Commissioners in September 04.

The Board considered the details of the bid. It was recognised that ECP were not directly covered by the bid; the Board was informed that separate bids were being prepared for ECP funding. In reply to

a question from Sarah Waller it was reported that other Ambulance Services were being funded for the cost of training ECPs but not for the backfilling of posts and no recurrent funding was being offered.

Barry McDonald asked if all the changes that have been introduced this year have been included in the figures – e.g., Intermediate Tier and Make Ready. Intermediate Tier/Urgent Care will be funded in part by CBRN funding. Make Ready is not included in the bid; the Director of Operational Support is currently trying to work out how the remainder of the programme can be funded. Though some of the programme is funded through savings realised additional funding is necessary.

The Chairman reminded the Board that the Trust now needs to stop treating ECP as a pilot scheme and consider how it can be made part of our mainstream service delivery.

The Chief Executive pointed out that the increase in demand in 2004/05 has been the equivalent of the emergency calls dealt with by Dorset Ambulance Service. The challenge for the Trust was how it would manage increasing demand; a number of options were being reviewed which would be presented to the Board in 2005.

107/04   Report of the Medical Director

The Medical Director highlighted the following from the first part of her report:

In the course of this year's consultation meetings the following have been raised with crews: pain management, changes to resuscitation protocols, new developments (e.g., the use of morphine as the current analgesic nalbuphine will no longer be manufactured) and the introduction of Version 11.2 of AMPDS in the New Year.

New Clinical Guideline pocket books have been distributed to all operational staff. The LAS is the only ambulance service in the UK which has issued the pocket book to all crews.
Ufton Nervet Train crash – the LAS response was spearheaded by Peter Thorpe who with four BASICS (London) doctors and a team from HEMS attended the incident and were deployed to the Casualty Clearing Station. The Medical Director will be attending a debrief next week.

A Community Defibrillator Officer has been appointed for London; she will be responsible for rolling out 119 defibrillators in public places across London in February and giving first responders training in using them.

The Board's attention was drawn to two research projects in which the LAS will be participating: Dispatcher Assisted Resuscitation Trial (DART) and the Utility of Capnography for Assessment of Obstructive Lung Disease in Emergency Medical Services.

An update on infection control was presented to the Board; this included a report from the Make Ready infection steering group.

In response to a query from Beryl Magrath regarding gloves on ambulances the Medical Director confirmed that all ambulances should contain latex free gloves as well as alcohol hand rub.

Barry McDonald queried the DART trial and the length of time it was expected to run (3 years); it was explained that the LAS had a timescale by which it contributed data to the study taking place in Seattle which had to correlate with the numbers they were able to generate. An interim analysis of the data will take place at 12 months, to ensure continuation of the trail is appropriate. Meanwhile Ambulance crews will continue with existing protocols in delivering conventional CPR.

Sarah Waller asked about the state of cleanliness for ambulances. The Director of Operational Support reported that there were audit tools in place which included a 10 point checklist to ensure that the ambulances were cleaned to a high standard. From January 2005 there would be a random selection of complexes chosen for inspection to ensure that the key performance indicators were being met.

Noted: **The report**

Anu Miah

The second part of the Medical Director's report concerned the death of Anu Miah and the findings of the Joint Enquiry Panel. The Joint Investigation was carried out by Tower Hamlets Primary Care NHS Trust, East London and the City Mental Health NHS Trust and the LAS.

The Board was informed that a 23 year old Bangladeshi man, diagnosed with schizophrenia had been prescribed a drug for the past 18 months which, though he had responded well to it, had a side effect which was serious constipation. On the day of his death Anu Miah had visited his GP and been prescribed symptomatic medication for abdominal pain by a locum. Later in the day the LAS received a call to which a RRU and Ambulance was sent. The crews' assessment was that the patient needed to be seen in hospital but that his illness was not life threatening; unfortunately the patient deteriorated whilst being conveyed to hospital and suffered a cardiac arrest. It subsequently emerged from the post mortem that the constipation had caused gross distension of the large bowel with subsequent ischemia leading, in turn, to septicaemia. The family complained that the crew had not examined him sufficiently thoroughly and had given the impression of not taking his condition seriously,

Following publication of the Investigation Panel's findings Martin Flaherty and Fionna Moore had met with the family. It had been a difficult meeting. Martin told the family that the LAS deeply regretted the death of their son, Anu Miah. The Trust had accepted the series of recommendations made by the Joint Enquiry Panel and an Action Plan had been drawn up to implement them. This was shared with the family and relayed at the press briefing.

The Board asked that the family be told that the members of the Board wished to offer their sincere condolences on the loss of their son. They were distressed that the family were left feeling that the LAS did not seem to act with the urgency they expected.

Beryl Magrath pointed out that in her clinical experience young people were generally stable until they were near death when they suddenly deteriorated. The Medical Director confirmed that pain assessment was being emphasised at the consultation meetings that were being held across London. It was recognised that carers should be listened to more carefully as they often know if something about the patient is different.

Martin Flaherty and Fionna Moore have met with the ambulance crew and the paramedic who attended to the patient, in order to understand what occurred and how it could have been prevented. It was recognised that there are gaps in training and measures were being taken to address this. Both the ambulance crew and paramedic were shocked at the death of the young man and were very upset that they were unable to assist him. The forensic evidence has suggested that the young man was beyond help due to the side effect of the drugs that he had been prescribed.

Colin Douglas pointed out the similarities between this incident and the incident that took place in Reaston St, Lewisham a few years ago. He suggested that in both cases the families had been left feeling that not enough had been done by our crews. On these occasions the crews may have done everything they could but nevertheless the families were left feeling that not enough was done.

Martin Flaherty felt that the crew have been unfairly criticised for not being able to prevent the death of the patient. The Investigation Panel has suggested that the unfortunate incident should be learnt from rather than blame assigned. Accordingly, a number of reflective meetings have been held with the ambulance crew and paramedic concerned.

During the four hour meeting with the family Martin and Fionna felt that the family were dissatisfied with the clinical assessment, the lack of a sense of urgency displayed by the crew and the competence of the crew. Martin felt it was likely that the family would ask for an independent review.

The Chief Executive underlined the importance of all members of the investigation panel having a debriefing meeting *to ensure that the lessons learnt have been learnt and that action is taken.*

Agreed: 1. **That a letter of condolence would be sent on behalf of the Board to the family and that the letter should include the relevant section of these minutes.**
2. **To thank Martin Flaherty and Fionna Moore for the care and attention they have given this matter.**

108/04   **New Complaints Procedure**

The Board considered the new complaints procedure which incorporated the NHS guidelines.

Colin Douglas expressed concern at the definition of serial complainer and the requirement to be 'rational'. The Head of the Professional Standards Unit explained that it was a definition adopted by the NHS generally but agreed that a degree of sensitivity would need to be shown in the implementation of the procedure.

Suzanne Burns pointed out that the Non-Executives would continue to have a role in the complaints procedure. The terms of reference had yet to be agreed.

The Chairman commented that 'biased complaint' was not a felicitous phrase and that he would like a better choice of words.

Agreed: 1.   **The new complaints procedure**
Noted: 2.   **That the logistics of the complaint committee would need reviewing as to how it would work in practice.**

109/04   **Policy for responding to Cat C calls**

The Ambulance Director (West) presented the proposed changes to the Trust's policy regarding the use of blue lights by crews responding to Category C calls with effect from 1st January 2005. The basis for the proposed change is that it is untenable to use blue lights and sirens, with the inherent risks to crews and the public, to respond as a matter of course to calls that the DH no longer classify as emergencies. It was estimated that approximately 15% of calls would be affected by the change in policy. Selected Category C calls where this is deemed appropriate would still receive a blue light response.

Colin Douglas supported the change in policy. The Medical Director assured the Board that there was a robust training programme with a period of operational supervision in place to ensure that patients received the appropriate care. Once the crews are with their patients they would exercise their judgement as to whether additional assistance from an EMT 3/Paramedic was required. EMT1 crews will not have the option of leaving patients at home.

Agreed: **The change in policy for responding to Cat C calls with effect from 1st January 05.**

110/04   **Public and Patient Involvement Strategy**

The Director of Communications presented the strategy to the Board. It was stated that Public and Patient Involvement (PPI) would be an enormous challenge for the LAS given the size and complexity of London and the fact that it would be a different way of working for the Trust than with the Community Health Councils (CHCs) that preceded it. The Patient Forum has been very helpful in drawing up the strategy.

The cost of PPI is at the moment unknown. It was reported that a PPI manager will be recruited to co-ordinate the implementation of

PPI across the Trust. The Director of Communications commended John Wilkins, the Head of Governance, who had been an enormous help in pulling the strategy together.

Barry McDonald wondered whether AOMs would have the necessary support in implementing PPI. The Director of Communications assured the Board that support would be put in place with the appointment of the PPI manager. Sean Brinnicombe, AOM at Camden (which would be a pilot site for the implementation of PPI) was present at the Trust Board meeting and was asked for his views. He said that he was glad to hear of the appointment of the PPI manager and the support he/she would be able to offer AOMs. He had found the Community Engagement packs very helpful.

It was recognised that the Patients' Forum was unfunded. Vishy Harihara confirmed that the Forum was operating with no office or administrative support. Forum members had recently visited various ambulance stations which they found very useful.

Colin Douglas felt that PPI was in effect a model of stakeholder engagement as the consultation of seven million Londoners on how the LAS should operate would be impossible.

Colin Douglas suggested that following the earlier discussion regarding the unfortunate death of the young Bangladeshi man, Anu Miah, community work be carried out in Tower Hamlets. The Director of Communications confirmed that this had been considered and it had been decided that Newham and Camden would be pilot sites for the implementation of PPI.

Agreed: 1. **The strategy**
Noted: 2. **The contribution of Malcolm Alexander and his colleagues on the Patients' Forum in the formulation of PPI**
3. **The contribution of John Wilkins in drafting the PPI strategy.**

111/04   Service Improvement Programme

The Board received a progress report on the Service Improvement Programme. The Board were informed that the Senior Management Group receives regular reports on the progress of the Service Improvement Programme.

Noted: The progress report.

112/04   Park Royal & Willesden Outline Business Case

The Board was asked to consider the outline business case for the closure of the existing Park Royal and Willesden Ambulance Stations, relocating them to more suitable premises. Park Royal is on an industrial estate, has poor access and the building is in a poor condition. Staff representatives support of the relocation. Local consultation with the Fire and Police Services as well as the Local Authority would take place when the Full Business Case was being drawn up. However the AOM for Park Royal and Willesden has held initial discussions with PCTs.

In reply to a question from Barry McDonald the Head of Estates confirmed that the current Ambulance sites would be advertised in professional journals; the site would be independently valued and the best price sought.

Toby Harris suggested that as it was likely that there would be two set of elections over the next 18 months the Trust should ensure that it was pro-active in consulting staff and the two local communities.

The Chairman commented that as the relocation was likely to take two years it was imperative that a more effective use of stand-by points be investigated.

Agreed: 1.   **The outline business case for the relocation of park Royal and Willesden.**
2.   **That the Chairman be delegated authority to approve the Full Business Case as set out in the report.**

113/04   Isleworth Outline Business Case

The Board was asked to approve the redevelopment of Isleworth Ambulance Station. The station is the poorest performing station in the West Sector, in good measure because it is not in the optimum location.

Over the years the Trust has received a number of unsolicited offers for the site and it was suggested that the Trust consider what replacement facilities might be offered from commercial organisations when looking for a new site for the Ambulance Station. The benefits to the Trust are a higher standard of accommodation for staff and an improvement in operational performance.

Vishy Harihara (Patients Forum Representative) reported that members of the Patient Forum had recently visited Hillingdon Station. They had been appalled at the state they had found the station and were concerned that the Station was not compliant with DDA legislation.

The Director of Ambulance Services (West) explained that building works were currently taking place at the Hillingdon AS to improve accommodation for staff and improve the workshop facilities. The Chairman suggested that the Director of Ambulance Service (West) and the Patient Forum's Representative discuss Hillingdon outside the meeting.

Agreed: 1.   **To approve the proposed option for Isleworth Ambulance Station as outlined in the report**
2.   **That the Chairman be authorised to approve the Full Business Case as set out in the report**

114/04   Incident Reporting Procedure

The Board considered the incident reporting procedure. It was recognised that an effective accident and incident reporting is important for enabling the Trust to identify areas of risk. It was recognised that the aim of incident reporting is not to apportion blame but to learn from experience and improve practice accordingly.

Noted: The incident reporting procedure.

115/04   Claims Policy and Procedure

The Board considered the revised arrangements for the handling of clinical negligence, personal injury, property damage and other liability claims against the Trust so as to comply with the rules and practice of civil litigation. The principal changes were set out in the appendices to the revised policy and procedures.

The policy will be subject to further review when the changes arising from the introduction of the Redress Scheme proposed in the Chief Medical Officer's Report 'Making Amends' have been determined, and/or changes to the rules and cover in the NHS Litigation Authority's indemnity schemes are announced.

Noted: 1. The report
2. That in paragraph 3 (Delegated Authority to Directors and Officers within the Trust) it is the Director of Finance and Business Planning who will be responsible for settling claims that would fall within the terms of the Property Expenses Scheme up to current level of excess (£20,000).

116/04   Assurance Framework

The Framework is a tool for the Board to use and has been revised over the course of 2004 so that the controls are more clearly defined. It will be part of the Assessment undertaken by the NHS Litigation Authority in January 2005.

The Internal Auditors have reviewed the Framework and their formal recommendations are due the end of November; the action plan that will arise out of the internal auditors recommendations will be used to ensure that the Risk Management Framework is effective.

Freedom of Information Act – the Board were informed that a Records Manager had been appointed. A Consultant has been engaged to advise the Trust on how it would comply with the Freedom of Information Act. The Board would receive a full report on the Freedom of Information Act in December.

Agreed: 1. To endorse the recommendations that the Assurance Framework has highlighted as threatening the achievement of the organisation's principle objective.

Noted: 2. That a further update on the Assurance Framework will be presented at the March Board as part of their ongoing responsibilities to review risk.

117/04 Report from the Trust Board Secretary – tenders opened since the previous board meeting

Two tenders have been received since the July Board meeting

It was proposed that the tenders be analysed by the appropriate department and the results of that analysis reported in due course to the Board.

Noted: The report

118//04 Report from the Trust Board Secretary – sealings that have taken place since the previous board meeting

1sealing has been undertaken since the July Board meeting:

Deed of variation (Section 106 Agreement) between the LAS and the London Borough of Lambeth with regard to Streatham Ambulance Station.

Noted: The report

119/04 Minutes of the October Service Development Committee

Noted: That the minutes enclosed with the agenda were incorrect as they were not the October minutes but rather the July meeting.

120/04 Minutes of the Clinical Governance Meeting - 4/10/04

Noted: 1. That the Committee had found the PALS Annual Report very helpful. A summary of the report would be presented to the Board in January 2005.
2. The Director of Communications asked that the Board note that a representative of the Patients' Forum had been asked to join the Committee.

121/04 Minutes of the Risk Management Committee – 12/7/04

Noted: 1. That Suzanne Burn had been incorrectly recorded as being in attendance.
2. The Minutes of the Risk Management Committee.

122/04 Any Other Business

Presentation to Ian Tighe: the Chairman presented Ian Tighe (formerly the Director of Technology and Trust Secretary) with a plaque in recognition of ten years service to the LAS. The Chairman praised Ian Tighe's leadership of the Technology department and the additional responsibilities he had taken on over the years, i.e. Trust Secretary, Fleet and Estates.

During Ian's tenure many changes were introduced: a new control room, the setting up of a back-up control room at Bow, the installation of computers at every complex. The LAS had received external recognition of the work Ian had done at the Trust when it received an award in 1997 from the Computer Society for excellence and in 2003 received an award for innovation in wireless and mobile technology.

Ian thanked the Chairman, the Board, his colleagues and his department for their support over the years.

Ufton Nervet Train Crash: It was reported that two letters have been received thanking the LAS for its assistance during the recent incident from the Chairman and the Chief Executive of the Royal Berkshire NHS Ambulance Trust. The Chairman asked that copies of the letter be circulated and wished to thank Peter Thorpe for his role in co-ordinating the LAS response.

123/04 **Opportunity for Members of the Public to ask Questions**

Noted: That there were no questions from the Members of the Public.

124/04 **Date and Venue of the next Trust Board Meeting**

Monday 24th January 2005 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD
Part II

Summary of discussions held on 30th November 2004

Held in the Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1

Part II of the Trust Board's meeting is not open to the Public as matters of a sensitive and confidential nature are discussed.

The LAS Trust wishes to be as open an organisation as possible and a summary of the Part II discussions (but not the full minutes) will be published together with the minutes of Part I.

On the 30th November the Chief Executive drew the Trust Board' attention to a number of incidents which were having a serious impact on staff morale. It was felt that these incidents have left managers and staff feeling discouraged and worried about the public reputation of the LAS.

The Board recognised that although the above were of concern it was confident that the LAS's good reputation was secure. Management were taking the appropriate action to deal with these issues. Work was being undertaken at a local level to improve the LAS's reputation.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 24th January 2005

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The following table sets out the A&E performance against the key targets year to date. The detailed position is reflected in the graphs attached to my report.

	Cat A 8	Cat A 14	Cat B 14	Urgent within 15 mins STA
Target	**75%**	**95%**	**95%**	**95%**
04/05 year to date*	76.5%	95.8%	79.4%	58%
03/04 year	76%	89.3%	77.4%	50%

* year to date figures include confirmed data to 15 December 2004.

Key Points
- Response volumes across all categories increased significantly over November and December, especially in the weeks leading up to Christmas.
- Yearly increase in demand December 2003 to December 2004 indicates 8.0% increase.
- Ambulance staffing levels reflected the traditional seasonal challenges over the Christmas period.
- Data for December is based on some non-validated MDT data from 16th to the 31st December.
- The Trust remains on track to deliver 75% A8 for the year as a whole
- PCT Cat A8 performance remains above the base figure of 70% with Barnet, Havering, Newham, and Bromley the only exceptions.
- Reporting of Cat A 14/B14 performance has changed under new Department of Health direction, allowing the Trust to include single responders for the first time and brings us into line with other U.K. ambulance trusts. This will obviously improve performance and as a result we should meet the target of 95% for the year as a whole for Cat A14.
- Work continues to address the shortfalls on the other two targets (B14 and Doctors Urgents). Progress to achieve the B14 target will be especially challenging and the A&E SMT are considering a range of options to do that.

1.2 Central Ambulance Control

999 call taking is still the biggest risk for the Trust and remains the focus of the CAC Senior Management Team. Call taking in five seconds was at 79% for November and 73% for December. The two minute activation target has held up well so far during the winter, November (95%) and December (93%).

Revised attendance management systems are now in place and absence for November was 9%, a significant improvement on earlier months, but still above the threshold. Work is in place to manage unauthorised absence rates, failure to report for overtime and lateness.

The next new entrance course is planned for March, with further courses already set during 2005/6.

Assistant Chief Ambulance Officer John Hopson continues to meet with me regularly to performance issues, and much progress has been made already to provide an improved system of performance management and accountability from CAC's management team.

1.3 New Year's Eve

Effective planning during the year resulted in a well managed event with the service coping well with the demands placed upon it. It should be noted that large numbers of officers and support staff were on duty to provide both command and control resilience coupled with effective support for our front line staff.

An effective Gold team was set up and managed the night well. The team consisted of staff from all involved. (PTS, Operations, Technology, Logistics, Press, CAC, Voluntary Aid and Green Base). CTA performance proved to be a major benefit over the peak demand.

Gold group meetings were held between HQ and Bow. For the first time this was managed by the use of video conferencing. This proved to be extremely effective and avoided silvers having to travel to HQ for meetings.

Central London around Trafalgar Square, Leicester and Parliament squares were busy as expected. However the area was effectively managed by LAS officers supported by St John Ambulance staff and resources.

CAC staffing was pleasing over the 19.00 to 07.00 period, with eighty staff on duty. Call answering within five seconds was 81% (72% previous 2003 NYE) and activation over the twenty-four hours, 1st January, was 90%. A significant improvement on previous years.

Green base extended its opening hours and managed nearly all Cat C calls over NYE (23.00 – 07.00), allowing CAC to concentrate on higher priority calls, a major change to response management over previous years.

1.4 Urgent Performance

After encouraging results from two trial sectors, a change to the dispatch process of resources to urgent calls has now been expanded across five sectors, which allows

immediate activation to urgent calls classed as immediate (or one hour) responses, increasing their priority level above some 999 calls. In addition, CAC have introduced dedicated call takers to provide an improved service to G.P.s.

The urgent triage system has been delayed due to training capacity, although it is hoped that this will be implemented imminently. This initiative, by assigning a priority level, will then facilitate the introduction of a blue light response to urgent patients who need speedy access to care.

1.5   Urgent Care Service

Forty-seven EMT1 staff have been recruited and are now assigned across six sectors. This increases the total EMT1 staff to sixty two, with twelve vacancies, which will be filled over the coming months. Existing whitework staff have now been transferred to the urgent care service.

The dedicated dispatch centre, Green base, has been expanded to facilitate increased operational staffing levels. The new dispatch centre is due to be completed around Spring-time, which will provide improved dispatch and communication functions and increased opportunities for PTS central services to deal with some A&E workload.

The Emergency Bed Service plan to commence a trial in the South West sector in January that will provide a single point of contact for all health care professionals, including urgent call taking function, calls which are traditionally handled by CAC. Called 'EBS First' the trial also aims to provide a higher quality service to GPs by assisting the placement of patients at more appropriate places of care.

1.6   South-East Asia Tsunami Disaster

On Sunday 26th December, a tsunami tidal wave struck a number of counties in south-east Asia, causing widespread destruction and loss of life. UK national's started to return to Britain almost immediately. The Trust responded quickly to the crisis, contingency plans were written and a command structure established. This work was conducted in close partnership with the Department of Health operational response team, Greater Manchester Ambulance Service and Surrey Ambulance Service, and helped to coordinate a consistent national response.

At Heathrow Airport a reception centre was formed, with the Trust having ownership of medical casualties and the British Red Cross forming a survivor's reception for non-medical needs. LAS officers and clinical staff, supported by BASICS Doctors, triaged and treated nearly four hundred passengers conveying eleven to hospital.

The crisis has identified the need for a national co-ordination and response centre for the potential repatriation and onward transportation of large numbers of casualties. This has now been established at our Bow fall back control site, in partnership with the Ambulance Service Association. If numbers of casualties requiring repatriation are significant then the centre will be opened, and this ability to perform a co-ordinating role will be maintained for any future significant incident with national consequences.

1.7   Emergency Preparedness.

The LAS continue to be a vital component of the Atlantic Blue Exercise planning team and will have a wide range of participants engaged during the exercise. The

exercise, promoted as the largest exercise of its kind in the world, will be held over a one week period in April and has been rewritten as a table top command post exercise.

Emergency Planning Officer, Jonathan Edmondson, has just returned from a month long attachment to the Swedish Catastrophic Medicine and Emergency Planning Centre. We were able to provide assistance with the preparation of contingency and event planning. We see this attachment as the start of a long term project and relationship with the Swedish regions of mutual benefit.

1.8 London's Olympic Bid

The Trust has submitted information to the International Olympic Committee regarding the provision of ambulance services to the London Olympics, if the bid is successful. An operational plan and response is being prepared for the visit of the International Olympic Committee visit in February this year. The CEO is part of the 'expert team' appearing before the IOC twice during the visit covering the separates themes of 'Health' and 'Security'

2. PATIENT TRANSPORT SERVICE

2.1 PTS Training

BLS training - There are only 12 staff (out of approximately 420) outstanding for BLS training.

Work Based Trainers - We are currently looking to increase the numbers of WBT's. The training schedule has been arranged for 2005, and this will include quarterly meetings to ensure ongoing training targets are being achieved as well as training courses for newly appointed WBT's.

2.2 Patient Survey

The most recent patent survey responses have now been analysed. A comparison of the very first survey responses from January 2004 and the July – September 2004 responses show that our patients continue to be happy with the service we provide. In most cases their level of satisfaction increased.

Key positive results included:

- The number of patients very happy or delighted with the level of care received rose from 85% in January 2004 to 94% in July-September 2004.

- The number of patients stating that our vehicles are comfortable rose from 87% in January 2004 to 98% in July-September 2004.

- Patients continue to give our staff very high scores (96-100%) for politeness, neatness of dress, care and consideration.

- Overall satisfaction score rose from 79% in January 2004 to 84% in July-September 2004.

2.3 PTS Key Performance Indicators (KPIs)

The December 2004 charts are attached for information.

2.4   PTS Complaints

	Oct 04	Nov 04	Dec 04
Total	2	2	2

PTS complaint levels for PTS continue to remain at very low levels.

2.5   PTS Hospital arrival time

Overall performance has improved slightly to just over 76%, with a small, though stable, improvement each month (74.8% in August 2004 to 76.01% in December 2004). Given the significant decrease in third party usage achieved in the same period, this is an excellent achievement.

The Arrival Times Working Group obtained initial results from the two pilot sites, University College Hospital and Whipps Cross Hospital. A slight improvement was achieved at both sites, though not of the scale needed. The Working Group is now looking into adjusting resource levels, particularly in the mornings, to improve arrival times further. This may, for example, include changes to rotas or start times to maximise staff numbers in this crucial period.

2.6   PTS Hospital Departure time

Percentages continue around 83%. As before, this is an effect of the ongoing stringent cost control measures currently in place. Operational Managers continue to monitor the impact on quality of this ongoing cost focus.

2.7   Patient time on PTS vehicle

Performance improved slightly to 90.96% in December 2004, a slight improvement on the last three months.

2.8   Operations

PTS Vehicles

Five base vehicles have been delivered to Papworth for ramp fitment. The first vehicle (prototype) has been fitted internally with air conditioning, bulkhead, floor and interior panelling. A Team visit took place on 9th/10th December to define exact seat positions, locker layouts, etc, but an issue raised by the staff involved the rear facing seat configuration on the bulkhead.

Five of the 20 vehicles will be fitted with blue lights and siren, for C&W SCBU replacement, and Hammersmith and Whipps Cross urgent transfers vehicles.

Defibrillators - 14 Zafiras have been fitted out with defibrillator stowage. Fifteen R-reg Renaults have also been fitted with holders for the defibrillators. The nine Renaults used on New Years Eve as support to A&E were all fitted with defibrillators.

2.9.   Health & Safety issues

The Trust is reviewing all generic Risk Assessments that were compiled back in 1999 in particular those affecting manual handling. A PTS staff representative will join the Manual Handling Group to capture issues specific to PTS and will also participate in the review of equipment used by both PTS and A&E.

2.10 Contracts Update

Hammersmith Hospitals NHS Trust

Strict demand management continues within both hospitals with activity running at 8.1% under contract at Charing Cross and 16.9% under at Hammersmith in December 2004. Overall year to date, we are running at 11.3% over contracted activity at Charing Cross, and 1.1% over contracted activity at Hammersmith.

Key weekly meetings continue to be held with the General Manager group to help manage the demand. We received payment of £98,000 in excess activity charges for the first months of the financial year. Any under-activity for the remainder of the year will not result in any refund.

RNO Stanmore

Our new management consultant in now in place to aid the Trust in implementation of its transport plan.

Whipps Cross

Further discussions have taken place with Whipps Cross regarding a possible expansion of our current PTS provision to a full 24-hour service. It was agreed to undertake a full one-week trial in January 2005 to identify their needs through the night and at weekends.

2.11 Tenders & New Business

Hammersmith Hospitals NHS Trust

The tender process continues; we undertook a formal presentation to the tender team in December 2004, following which we were advised that we had been shortlisted further.

Epsom & St. Helier Hospitals NHS Trust

We submitted a formal tender on 7 December 2004, and attended a formal presentation on 14 December 2004. We received some detailed queries on our tender price following this and await the outcome.

Chase Farm & Barnet/Barnet, Enfield & Haringey Mental Health

We received an invitation to tender for Chase Farm & Barnet Hospital in December 2004. Our current arrangement with this Trust is a joint working arrangement between it and BEH Mental Health; however BEH is not included in the invitation to tender.

Central and North West London Mental Health

We expressed an interest in the PTS contract for the above Trust. No invitation to tender has yet been issued.

3. PATIENT AND PUBLIC INVOLVEMENT (PPI)

3.1 Patient and Public Involvement (PPI)

A small working group comprising three members of the London Ambulance Service (LAS) PPI Committee and the Chairman of the LAS Patients' Forum has been set up to progress the 'Camden PPI Project' which is at the centre of our approach to developing patient and public involvement in London.

The project is concerned with developing a local model for PPI which, when tested and evaluated, can be rolled out across the Capital. The essence of the project is to seek effective methods of bringing the ambulance service closer to the community in order to develop mutual understanding and, ultimately, to enhance the quality of service delivered by the LAS.

At the same time, a Community Engagement guide for the LAS is being developed by the Diversity Team who are also putting the finishing touches to a set of demographic profiles of all areas in London. These will be used to inform and assist PPI initiatives.

At the most recent meeting of the PPI Committee (January 12th) a DVD, commissioned by the Diversity Team and the Community Resuscitation Training department, was shown. The 30-minute 'programme' is called "Cardiac Arrest" and charts (using actors) the journey of an Asian patient who suffers a heart attack. The DVD is made as an education and training tool for use with any group of people but designed especially to assist minority ethnic communities. Consideration is currently being given to how the DVD will be used and the support material required.

The excellent working relationship with the Patients' Forum continues to develop. The LAS Head of Governance and the Senior Clinical Advisor attended recent Patients' Forum meeting held at the National Patient Safety Agency (NPSA) in central London. The Forum recently welcomed some new members which will assist greatly with their work programme.

As part of developing greater patient and public involvement and the LAS programme of seeking views of all our stakeholders, a "Patients Day" is currently being planned for Spring 2005. More details on this will follow.

The advert for a PPI Manager for the Service has now been published with a closing date for applications on February 4th 2005.

3.2 Communications

The Press and Public Affairs department handled a large number of calls from national and local media following the stabbing of five patients in related incidents in the Edmonton and Tottenham areas two days before Christmas.

The Service's support to the returning survivors of the Asian tsunami disaster also attracted media attention. Details of the Service's role at Heathrow Airport were given to local media in the area, while two Ambulance Operations Managers (AOMs) gave interviews to television news crews and a local BBC radio station. A news release was also issued to newspapers in west London.

News about the CBE received by the Chief Executive in the New Year's Honours list was covered by London Tonight, the Evening Standard and at least one local newspaper in the area where he lives. Other news releases that were issued included details of the successful resuscitation by staff on the Cycle Response Unit at Heathrow Airport, a bravery award received by a duty station officer at Hillingdon and the launch of a new permanent stand-by point in the Thamesmead area.

The one year anniversary of the No Send policy was featured in the Evening Standard, while two road traffic collisions involving LAS vehicles responding to

emergency calls – in Walthamstow and Camden – were both covered by London Tonight.

Other work has included updating the Service's website ahead of the Freedom of Information Act coming into effect on 1 January, as well liaison with the London 2012 Back the Bid team to provide supporting material for presentations to the International Olympic Committee next month.

A press officer was also on duty in headquarters on New Year's Eve and issued statements to the media around the levels of demand throughout the night.

3.3 Chief Executive Consultation meetings

Attendance during the first part of the 2004-2005 round of Chief Executive consultation meetings was up on the previous year with 1,500 LAS personnel attending the 25 station complex meetings plus the specific events held for admin and clerical staff, managers and university students.

Further meetings are planned in late January and February for fleet and logistics staff, Central Ambulance Control (CAC), who will have four meetings at times to suit their shift patterns, and Patient Transport Staff (PTS), for whom ten events have been arranged. A meeting is also being arranged with staff at the Emergency Bed Service (EBS).

Feedback from all the meetings will be collated and a report will be circulated throughout the organisation. Actions taken as a result of the feedback will also be communicated widely.

4. HUMAN RESOURCES

4.1 Personal Development Review

The Trust Board is asked to note the progress on the implementation of the Personal Development Review Process (PDR). A programme of PDR workshops for managers and staff is scheduled throughout the year. Earlier in January, two multi-disciplinary 'PDR Champions Workshops' took place, designed to communicate the purpose and benefits of PDR as well as to raise awareness throughout the Service.

Later in the month, the second series of workshops will commence, the purpose of which is to 'train the trainers'. On completion of this training, managers will then start to deliver 'PDR Reviewer Workshops' which will run throughout the year commencing with the first workshop on 9th February and continuing to 30th September.

Also in January, the SWL SHA will facilitate the delivery of two NHS Knowledge and Skills Framework (NHS KSF) Master Classes, the first of which is scheduled for the 28th of January. Regular updates will be provided to the Board.

4.2 Whistleblowing Policy

The Board is asked to note that a revised Whistleblowing Policy has been issued to staff. The Policy reflects updated best practice guidance issued on

behalf of the Government by Public Concern at Work. The revised policy is available on the Pulse.

4.3   Improving Working Lives -Practice Plus Validation

As previously reported, the Service is due to undergo validation for Improving Working Lives (IWL) Practice Plus status which is the final level of the IWL process. There will be an orientation day on 27th January 2005 when the validators will visit the Trust and meet various representatives of the IWL Steering Group plus members of the Senior Management Group. There will then be an on-site validation by the external IWL validation team (lasting up to four days) during the week commencing 21st February, 2005.

The Service has provided a self assessment report against the seven indicators and the purpose of the visit is to validate the content of this assessment. The seven indicators against which the Trust will be reviewed are:-

- Human resources strategy and management
- Equality and diversity
- Staff involvement and communication
- Flexible working
- Healthy workplaces
- Training and development
- Flexible retirement, childcare and support for carers

At the end of the on-site validation visit, the team will provide verbal feedback on its findings, but the Trust will not know whether it has gained practice plus status for several weeks. Further information will be provided to the Trust Board at the March meeting.

4.4   Agenda for Change

The Director of HR and Organisational Development will provide a verbal update at the Board meeting

4.5   Workforce Information

(1)   A&E Frontline Staff

The tables shown over the page set out the 2004 – 2005 A&E Resource Plan and provide information on recruitment and retention activity and its impact on the provision of trained operational frontline staff.

Key Points

- There have been 25 technicians recruited in the current financial year and 25 direct entrants have been employed.
- The number of trained staff leaving the Service as at 31st December 2004 was 87 against a plan of 90. (See table 2).
- The number of operational vacancies as at 31st December 2004 is 78 WTE with a forecast position at year end of 82 WTE, see table 6
- Of the 2372 front line staff (in WTE) 905 are registered paramedics. 91 new paramedics have been trained this year to date and a further 16 will commence

their training on 16th January 2005 bringing the total number of paramedics trained in the financial year to a 107 WTE.

- Team Leaders are included in the frontline establishment. The position at 31st December was as follows:

Team Leader Establishment	In-post	Variance
175	160	(15)

- Of the 160 team leaders in post there are 17.5 on secondment.

(ii)　CAC Operations

Establishment and In-post figures as at 31st December 2004

	Establishment	In-Post	Variance
Emergency Medical Dispatchers	**245.6**	**229.22**	**(10.38)**
Operational Managers	**56**	**52**	**(4)**

CAC Resourcing Plan 2004-2005

	Recruitment			Leavers		
	Plan	Actual	Variance	Plan	Actual	Variance
Apr	**12**	**7**	**(5)**	**3**	**4**	**1**
May	**0**	**0**	**0**	**3**	**2**	**(1)**
Jun	**0**	**0**	**0**	**3**	**1**	**(2)**
Jul	**12**	**8**	**(4)**	**3**	**2**	**(1)**
Aug	**0**	**0**	**0**	**3**	**2**	**(1)**
Sep	**0**	**0**	**0**	**3**	**0**	**(3)**
Oct	**12**	**23**	**11**	**3**	**1**	**(2)**
Nov	**0**			**3**	**3**	**(0)**
Dec	**0**			**3**	**2**	**(1)**
Jan	**12**			**3**		
Feb	**0**			**3**		
March	**0**			**3**		
Total	48	38	(10)	36	17	(10)

Key Points

- **The number of EMDs leaving the Service as at 31st December, 2004 was 17 against a plan of 27**
- **The next EMD Training Course (of 15 WTE) is planned for March 2005.**

(iii)   Training Officers

Establishment and In-Post figures as at 31st August 2004

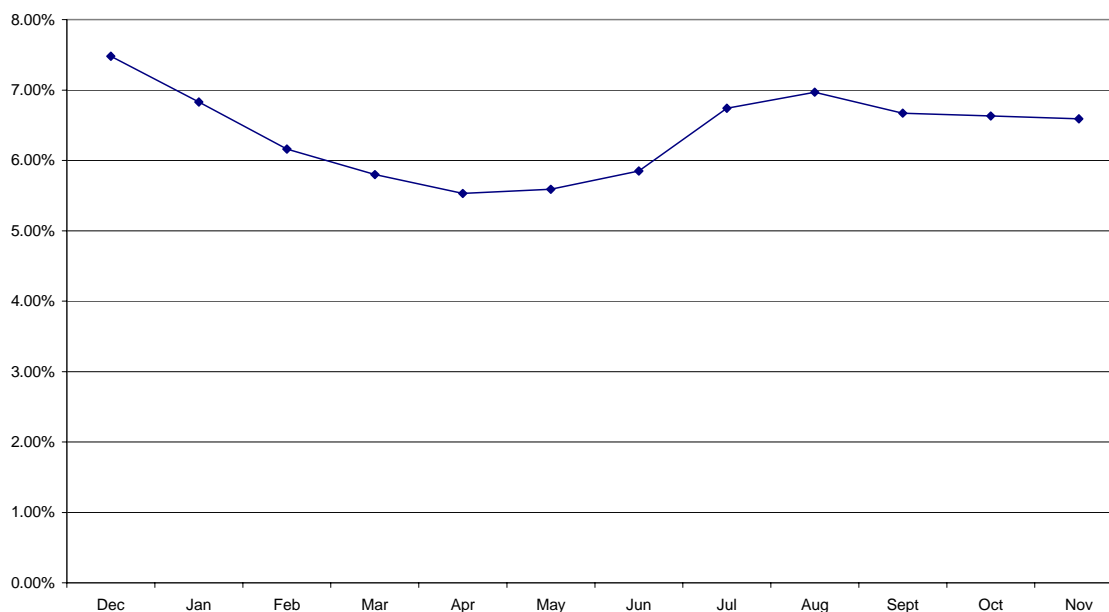| Establishment	In-Post	Variance
76	65	(11)

Key Point

- Of the 11 vacancies within training, 7 are filled on secondment.

(iv)   Attendance Management

Trust sickness levels – December 2003 to November 2004

Month	% Absence
Dec	7.48
Jan	6.83
Feb	6.16
Mar	5.8
Apr	5.53
May	5.59
June	5.85
July	6.74
Aug	6.97
Sept	6.67
Oct	6.63%
Nov	6.59%

Trust Sickness Levels December 2003-November 2004

Sickness levels, by staff group, for November 2004 are shown below:

.

Staff Group	% Total Absence
A & E	7.13%
CAC (Watch Staff)	9.27%
PTS	6.56%
A & C	4.65%
SMP	2.41%
Fleet	5.59%
Trust	**6.59%**

A&E Crew Staff Numbers

Table 1

Training Course Start Date	Training Funded Plan	Into Training Actual	Variance from Plan
Apr-04	0	0	0
May-04	0	0	0
Jun-04	0	0	0
Jul-04	0	0	0
Aug-04	0	0	0
Oct-04	30	25	(5)
Nov-04	0	0	0
Dec-04	0	0	0
Jan-05	0	0	0
Feb-05	0	0	0
Mar-05	0	0	0
Total	30	25	

Table 2

Date	Leavers (Plan)	Leavers (Actual)	Variance from Plan
Apr-04	(9)	(7)	2
May-04	(9)	(9)	0
Jun-04	(9)	(11)	(2)
Jul-04	(9)	(4)	5
Aug-04	(9)	(13)	(4)
Sep-04	(9)	(16)	(7)
Oct-04	(9)	(8)	1
Nov-04	(9)	(11)	(2)
Dec-04	(9)	(8)	1
Jan-05	(9)	0	
Feb-05	(9)	0	
Mar-05	(9)	0	
	(108)	(87)	(6)

Table 3

Date	Promoted (Plan)	Promoted (Actual)	Variance from Plan
Apr-04	(1)	(8)	(7)
May-04	(2)	0	2
Jun-04	(1)	0	1
Jul-04	(2)	0	2
Aug-04	(1)	0	1
Sep-04	(2)	0	2
Oct-04	(1)	0	1
Nov-04	(2)	0	2
Dec-04	(1)	0	1
Jan-05	(2)	0	
Feb-05	(1)	0	
Mar-05	(2)	0	
	(18)	(8)	5

Table 4

Date	Posted to Ops Training (Plan)	Posted to Ops Training (Actual)	Variance from Plan
Apr-04	0	0	
May-04	6	6	0
Jun-04	12	12	0
Jul-04	0		
Aug-04	0		
Sep-04	0	0	
Oct-04	0	0	
Nov-04	0		
Dec-04	0		
Jan-05	18	14	
Feb-05	12	11	
Mar-05	0		
	48	43	0

Table 5

Date	Direct Recruits (Plan)	Direct Recruits (Actual)	Variance from Plan
Apr-04	1	0	(1)
May-04	1	0	(1)
Jun-04	1	0	(1)
Jul-04	1	0	(1)
Aug-04	1	0	(1)
Sep-04	1	10	9
Oct-04	24	13	(11)
Nov-04	1	1	0
Dec-04	1	1	0
Jan-05	1	0	
Feb-05	1	0	
Mar-05	1	0	
	35	25	(7)

Table 6

Date	In Post at Start of Month	Actual or Forecast Change	In Post Month End	Budgeted Establishment	Variance against Establishment
Mar-04				2,405	
Apr-04	2,416	(11)	2,405	2,405	(1)
May-04	2,405	(3)	2,402	2,405	(4)
Jun-04	2,402	1	2,403	2,405	(3)
Jul-04	2,403	(4)	2,399	2,405	(7)
Aug-04	2,399	(13)	2,386	2,405	(20)
Sep-04	2,386	(6)	2,379	2,405	(26)
Oct-04	2,379	13	2,392	2,450	(13)
Nov-04	2,392	(12)	2,380	2,450	(70)
Dec-04	2,380	(8)	2,372	2,450	(78)
Jan-05	2,372	4	2,376	2,450	(74)
Feb-05	2,376	2	2,378	2,450	(72)
Mar-05	2,378	(10)	2,368	2,450	(82)

The "Actual or Forecast Change" column is calculated by subtracting the results of Tables 2 & 3 and adding Tables 4 & 5.

The difference between the figures shown above and those in Appendix 1 of the Finance Report relate to secondments.

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 24th January 2005

Report of the Medical Director

1. Clinical Governance Update

1.1   NHSLA Risk Management Assessment

The Trust is to be reviewed by the NHSLA (NHS Litigation Authority) on the 25th January, on its risk management arrangements. The review will consider whether our arrangements are working effectively and embedded from Trust Board level through to frontline staff.

Previous assessments have been separated into clinical and non-clinical reviews (CNST level 2 achieved in May 2002 and RPST 1 in May 2003). On this occasion a combined Risk Management Standard and single assessment process has been developed, combining elements of both clinical and non-clinical risk standards with some additional criteria relevant to the ambulance service. This standard will look at our corporate systems for managing risk including incidents, complaints and claims management. In addition it considers some clinical procedures and the training in place to support the systems described. An assessment against the Risk Management Standard for Pre-hospital Care in the Ambulance Service will reduce the individual premium we make as an individual Trust to the insurance scheme and will also provide external assurance that our risk management system is effective. This assurance can be utilised internally to help evidence the Statement of Internal Control required for the annual report and externally by other assessment bodies such as the Healthcare Commission. The LAS will be assessed at level 3 which is the highest level of assessment.

Preparation has been underway for sometime focussing on collecting documentary evidence, briefing staff who will be interviewed on the day and completing priority areas of work. In the main these have been;

- Vulnerabilities with the risk management training analysis completed for a previous assessment and our future plans for the revised analysis. The original document was, in retrospect, over ambitious and we have not been able to carry out, as planned, mandatory training due to capacity problems. The key message for this assessment will be how, having now put together a more realistic model, we will develop a reporting system which will inform us where gaps/ weaknesses are forming. This will be used to prioritise training,

alongside other requirements when capacity becomes available and balanced against our other risks such as achieving operational targets.

- Finalising the consent policy in line with national guidance. As the Department of Health guidance was difficult to translate directly to an ambulance setting we will need to explain how we intend to manage this risk better by describing our intended approach. Although the consent policy is not a specific requirement of the standard in its entirety we are expected to be able to explain what we do when a patient refuses treatment and what information we leave with them. Our current practice entails recording that the patient refused treatment by using a tick box as opposed to a signature. We leave a copy of the Clinical Record (PRF) with the patient on a limited number of occasions as opposed to any other additional supporting information.

1.2   Clinical Governance Review by SWLSHA

- **CHI Action Plan – Performance monitoring meeting with South West London Strategic Health Authority**

    A meeting will take place on the 9th February to report progress against the CHI action plan. There is significant progress to report against all of the action points contained within the plan. Highlights are the development of our approach to Patient and Public Involvement at strategic and operational levels, the roll out of the Make Ready Scheme and the Team Leader development days. A full report on the plan will be provided at the April Board meeting as part of the Medical Director's report.

2. Medical and Nursing support for Operation Bracknell

Several doctors from BASICS London, supported by BASICS members from neighbouring areas assisted in care of patients identified through the repatriation exercise coordinated at Heathrow Airport following the Indian Ocean Tsunami. They were most ably assisted by a number of Nurses recruited both by the LAS, Hillingdon PCT and Harmoni. Assistance was required for patients presenting from 30th December until 10th January, principally at Terminals 3 and 4.

3. Update on progress in Clinical Audit and Research

To ensure the systematic reporting of clinical issues to the Board the items in Appendix 1 are presented for information.

4. Overseas Travel

The Medical Director and the Clinical Effectiveness Manager have been invited to visit the EMS in King County Seattle in April / May 2005 to learn from the initiatives being undertaken to improve out of hospital cardiac arrest survival in general and the implementation of the Dispatcher Assisted Resuscitation Trial in particular. It is anticipated that this will optimise consistency of data collection so that both sites can report together. Funding will be found from within existing budgets.

Recommendation

THAT the Trust Board:

1. Note the report
2. Approve overseas travel to Seattle by the Medical Director and Clinical Effectiveness Manager

Fionna Moore
Medical Director
17th January 2005

London Ambulance Service NHS Trust

Trust Board Meeting   24th January 2005

Clinical Reporting to the Board

Clinical Audit & Research Summary Reports for the Trust Board

A summary of a regional clinical audit of the treatment of patients with hypoglycaemia.

Author: Dr Rachael Donohoe.

Aim

This clinical audit was undertaken by the South East Ambulance Clinical Audit Group (SEACAG) to examine the treatment of patients with hypoglycaemia. The aims were to:

−   Measure compliance to JRCALC Pre-hospital National Clinical Guidelines.

−   Develop recommendations for use at a local and regional level.

Methods

Seven of the ten SEACAG member Trusts participated in this audit: Bedfordshire & Hertfordshire, East Anglian, Essex, Kent, London, Sussex and Two Shires. Data was collected for the month of November 2003 from Patient Report Forms (PRFs) where crews had documented either that the patient had a blood glucose level of less than

3mmol/L or was hypoglycaemic. The London Ambulance Service NHS Trust collected two weeks worth of data which gave a comparative number of cases to the other 6 Trusts taking part.

Key Findings

− There was significant variation between Trusts in the documentation of assessment and treatment. The London Ambulance Service (LAS) consistently reported high levels of documentation compared to other Trusts. One exception was the reporting of post treatment blood glucose levels, where the LAS demonstrated a poor level of documentation.
− The LAS also consistently had the highest level of reporting exceptions to treatment. It is likely that this is a result of the use of Clinical Performance Indicators, which have been shown to improve PRF documentation across the Service since their introduction.

− Across all participating Trusts a total of 93% of patients who were initially unconscious had an increase in GCS following treatment.

− In total, 17 patients received more than the recommended maximum dose of glucose. None of these patients were treated by the LAS.

− Another Health Care Provider was notified in less than a third of relevant cases. Unfortunately the LAS did not contribute data to this measure as it not recorded on LAS PRFs.

Recommendations for the LAS:

− The findings should be fed back to staff with particular emphasis on the high standard of documentation and reported exceptions to treatment that were evidenced in this audit.

− Team Leaders must be encouraged to continue to undertake Clinical Performance Indicators.

− Crews must be encouraged to improve documentation of blood glucose values post treatment, or report valid exceptions for not measuring blood glucose. AOMs and Team Leaders may wish to act locally to ensure that this reporting is undertaken.

London Ambulance Service NHS TRUST

TRUST BOARD MEETING   DATE 24 January 2005

Trust Policy - Freedom of Information Act 2000

1.   Purpose

To inform the Board of how the Trust will be meeting the requirements of the Freedom of Information Act 2000. The Policy will be reviewed in six months (to access the impact the Act has had on the Trust) and will be amended as necessary and represented.

2   Recommendation

THAT the Trust Board is asked to approve the Freedom of Information Policy.

Peter Bradley
Chief Executive Officer

	London Ambulance Service (NHS) Trust
	Trust Policy Freedom of Information Act 2000.
	Version 1.0 Date: 18/01/05
	For Use by All Staff

Introduction

The Freedom of Information Act 2000 (FoI) was implemented in the UK in its entirety on 1st January 2005. It is an Act to make provision for the disclosure of information. The main drivers for the Act are the Government's commitment to greater openness, transparency and greater accountability in the manner in which Public Authorities conduct their affairs. It grants individuals, private or public organisations from anywhere in the world 'Rights of Access' to information held by Public Authorities.

All Public Authorities, with the exception of those deemed to be Security Bodies under the auspices of this law, must comply with this legislation. Everyone within the Trust has a legal obligation to assist an individual in making a request for information.

The Freedom of Information Act extends to all areas of operation of the Trust and affects all records generated by the Trust's various business processes. It is the intention of the Trust to walk in the 'Spirit of FoI' and fulfil its obligations under the Act.

This policy should be used in line with the policies & procedures named below:

- TP-009 Access to Health Records, Disclosure of Patient Information, Protection & Use of Patient Information.
- TP-012 Data Protection Policy.
- TP-014 Procedure for Ambulance Observers.
- TP-017 Patient Identifiable form used, generated or stored by LAS Master.
- FoI Processes Levels 1(a), 1(b) and 2 (published on the Intranet).

The purpose of this policy is to set out the Trust's approach to the implementation of the Act within the LAS.

The FoI Act encompasses records in any format and of any age. It is important to note that the Environmental Information Regulations, the Data Protection Act and the Human Rights Act are excluded from this policy.

This policy will be reviewed during 2005 and will be amended as necessary to reflect practical experience of dealing with the FoI Act.

What is a Request for Information under FoI?

To make a request for information under the FoI Act, the request must be valid. For a request to be deemed as a valid request, the requirements defined in Section 8 of the Act must be satisfied. These are that the request must:

- Be in writing (letter, fax or email) and be legible. Text messages are not acceptable.
- Provide sufficient description to enable the Public Authority to identify and locate the requested information.
- State the name of the applicant.
- Provide a physical address for correspondence (not applicable to emails, as email address will suffice).

The Freedom of Information Act 2000 was enacted to provide access to <u>information</u> and not to <u>documents.</u> The Act is written to recognise the fact that there will be good reasons in some cases not to disclose or release the requested information. Provision for the exclusion of such information from a request for information is achieved through the application of exemptions to the requested information.

An exemption is a feature defined under the FoI Act that prevents the disclosure and/or release of certain categories of information. There are 23 exemptions in total. Exemptions fall broadly into 2 categories:

- Absolute exemptions.
- Qualified exemptions.

A Qualified exemption is subject to a Public Interest Test whilst an Absolute exemption is not (please refer to Section 3 and Appendix 1 for a further explanation).

Key Aspects of the Act

The key aspects of the FoI Act are that it:
- Grants members of the public or organisations (public or private) statutory rights of access to any recorded information held by Public Authorities. This extends also to information which the Trust holds about other organisations or individuals (in some instances).
- Confers on members of the public a legal right to inspect these records.
- Puts Public Authorities under a legal obligation to comply with requests for the information it holds unless an exemption from disclosure applies.
- Legally obliges Public Authorities to adopt, implement and maintain a Publication Scheme.

- Expects Public Authorities to follow the guidance provided in the Codes of Practice issued under Part III of this Act. Namely:

    1. Section 45 Code of Practice on Discharge of Public Authorities' Functions defined under Part I of the Freedom of Information Act 2000.
    2. Code of Practice on the Management of Records under Section 46 of the Freedom of Information Act 2000.

The FoI Act is chiefly governed by the 'Right to Know' i.e. to know how Public Authorities manage their organisation's affairs.

Obligations of the Trust (LAS) under the Act

On receipt of a written request, the Act confers on the Trust 2 principal statutory obligations with respect to the disclosure and release of information. These are:

- A requirement to adopt, implement and maintain a Publication Scheme.
- A requirement to respond to requests for information. There are 2 key aspects to this second requirement. There is:

    1. In the first instance, a 'Duty to Confirm or Deny' whether Trust indeed holds the requested information.
    2. Secondly, if the information is held by the Trust, there is a 'Duty to Provide' the requested information to the applicant within 20 working days.

Objectives of this Policy

1. To provide corporate direction on how the Trust will implement the FoI Act.

2. To create an awareness of the FoI Act, provide general guidance for staff and members of the public.

3. To ensure that all staff are aware of their obligations under the FoI Act.

1.0   Statement of Intent

1.1   The Trust encourages a culture of openness and, therefore, welcomes the principles of the FoI Act. The intention is to embrace the FoI Act both in terms of its legal requirements as well as the 'Spirit of the FoI Act'. It is <u>the policy of the Trust to provide information</u>, when properly requested, rather than finding reasons not to.

In support of the previous statement, it is the intention of the Trust to publish as much information as reasonably possible. A Publication Scheme will be maintained to ensure that as much information as possible is readily available through the Trust's (public) Internet site.

The Trust has appointed the Director of Information Management & Technology to be accountable on its behalf for the effective implementation of the FoI Act. He/she will seek appropriate professional support (e.g. Caldicott Guardian, legal advice) when necessary, and may also delegate some of the responsibilities on a day-to-day basis as appropriate.

The Trust will ensure that effective monitoring and reporting procedures are in place, maintain a register of outcomes of all requests for information and complaints, provide suitable training for staff and ensure conformance with the 20 day deadline. FoI activity will be formally monitored through the Information Security Governance Committee (Joint Chair –the Caldicott Guardian and the Director of Information Management & Technology).

The Trust will only apply exemptions where absolutely necessary in accordance with the law and based on guidance from the Department of Constitutional Affairs and the Information Commissioner. The Trust will, therefore, ensure that the appropriate personnel are trained in their correct application.

The Trust will exercise its right to apply disbursements and fees where appropriate.

It is the intention of the Trust that all staff are brought to the required level of awareness on FoI and associated issues. This would include the nomination of Departmental and/or Directorate FoI Advisers.

2.0 Management of Requests for Information

2.1 Where the Trust has existing processes for providing information to members of the public (and external organisations), these should remain. Therefore, requests for information generated as part of a Department's existing processes should be treated as non-FoI requests. They should be logged or dealt with as they would have been done pre-FoI. This Policy will not apply to such requests. The overriding principle should, wherever possible, be 'business as normal'.

2.2 Under the FoI Act, there is no requirement for the applicant to label or designate a request as an FoI request. Timescales around existing processes, therefore, should be reviewed to ensure compliance with the 20 day requirement under the FoI Act to provide requested information.

2.3 It is imperative that each Department documents its existing business processes in a Departmental Information Manual. The Departmental Information Manual is a document designed to describe and document information about a Department's activities and business processes.

2.4 Every Department must complete a Departmental Information Manual. Templates can be requested from the FOI Co-ordinator and the completed manual should be returned to the PALS Unit.

2.5 All requests for information outside of normal business processes, or those specifically defined as FoI requests, will be centrally managed by the PALS unit. Such requests should, therefore, be forwarded to the PALS office for the attention of the FoI Co-ordinator.

2.6 Under the Act, the Trust is not obliged to deal with vexatious requests. These are determined <u>by the information requested</u> and <u>not by the individual</u>. The question at hand is whether the request is a genuine endeavour to access information or whether it is aimed at disruption of the service or harassment of a specific member of staff.

2.7 The Trust is under no obligation to comply with a repeated request from the same person, unless a reasonable period has elapsed. In this situation, a corporate decision will be made taking into account the overall cost of the repeated request(s) and the lapse in time between each of them.

3.0   Exemptions

3.1   Whilst it is not the intention of the Trust to employ the use of exemptions as a means to prevent the disclosure or release of information, exemptions will be applied where warranted. This is subject to the outcome of the Prejudice Test and/or the Public Interest Test (these are explained in Appendix 1).

3.2   Each decision surrounding the application of the Prejudice test, the Public Interest Test, an exemption and details of non-compliance (with the 20 day deadline) will be documented by the PALS team.

3.3   Exemptions, the Prejudice Test and the Public Interest Test will be applied centrally, under the direction of the Director of Information Management & Technology, by the PALS team. Specialised expertise or further advice will be sought as appropriate, where required.

3.4   The Trust by virtue of its day-to-day business and tendering processes is privy to information that relates to various organizations. This information is categorized as 3rd party information and it should be recognised that this could pertain to both Public and Private organisations. The Trust believes that commercially sensitive 3rd party information should remain confidential and will, within the confines of the FoI Act, make every effort to protect this information and adhere to confidentiality.

3.5   In instances where the request for information relates to that which the Trust holds about a 3rd party, the Trust will, prior to disclosure, seek consultation with the organisation(s) to whom the request relates. However, should the outcome of the Public Interest Test favour disclosure, the Trust will have no option other than to comply and disclose the requested information.

4.0   Fees and Charges

4.1   In accordance with the Department of Constitutional Affairs guidelines:

- Requests for information to the value of £450.00 (based on the cost of staff time at a rate of £25.00/hr) will be provided free of charge.
- A fee will be levied for requests costing over and above £450.00 (i.e. the fee levied will be the total cost minus £450.00).
- Where disbursements are over and above the cost of a first class stamp, (As a guideline, between 8-10 sheets of paper) consideration will be given to making relevant charges.

5.0 Roles and Responsibilities

5.1 Patient Advice and Liaison Service (PALS)

The PALS Unit will;

- Provide a central co-ordination function for FoI requests to ensure appropriate co-ordination within the Trust for the retrieval of information.

- Document each decision surrounding the administration of the Prejudice Test, the Public Interest Test, the application of an exemption and details of non-compliance within the 20 day limit.

- Provide an FoI activity report to the Information Security Governance Committee.

- Ensure that the Publication Scheme is maintained in conjunction with the Press Office.

- Ethnically monitor FoI requests.

5.2 Departmental and Staff Responsibilities

All staff must;

- Assist in supporting a general request for information. Therefore staff should provide reasonable help in ensuring such requests are appropriately forwarded to the PALS Unit. Clearly, this must not be at the expense of operational duties.

- Forward any written requests for information that are not in line with the normal business to the PALS team.

- Familiarise themselves with the FoI Policy and procedures.

- Notify any forthcoming departmental changes to the PALS team via the FoI Co-ordinator.

5.3 Director of Information Management & Technology

The Director of IM & T will;

- Be accountable (on behalf of the Trust) for the effective implementation of the FoI Act.

- Take responsibility for the application of exemptions, seeking legal advise where necessary.

- Will delegate responsibilities as appropriate.
- Ensure that there is regular reporting to the Information Security Governance Committee.
- Ensure that this policy is reviewed.

6.0 Complaints & Appeals

6.1 Where problems occur, the Trust will endeavour to resolve these informally and as quickly as possible to the satisfaction of all parties. However, when this is not possible, formal complaints will be dealt with under the Trust's existing Complaints Procedure TP/004. Where complaints cannot be resolved by this process, they should be addressed to the Director of Information Management & Technology.

6.2 In the event that an Information Requestor is dissatisfied with the outcome of the Complaints Process, they have the right to appeal. In the first instance, they should be addressed to the Trust Secretary who will arrange for a panel of Non-Executive Directors to hear the appeal.

6.3 The final recourse for an appeal is to the Information Commissioner.

References: Freedom of Information Act 2000.
Data Protection Act 1998
Human Rights Act 1998
TP / 004 - Complaints Procedure
TP / 009 - Access to Health Records, Disclosure of Patient Information, Protection & Use of Patient Information.
TP / 012 - Data Protection Policy
TP / 014 - Procedure for Ambulance Observers
TP / 017 - Procedure for any Patient Identifiable Form Used, Generated or Stored.

Signature :

Peter Bradley, CBE.
Chief Executive and Chief Ambulance Officer.

The Prejudice Test & The Public Interest Test

With respect to both the Prejudice Test and the Public Interest Test, each case must be considered on its individual merits. It is acknowledged that there is no 'exact science' to this. All decisions will be documented.

The Prejudice Test

The Prejudice Test is one that is applied to certain elements of an exemption. This is to assess whether prejudice may be caused to the 'interests' (defined within the scope of the exemption) through the release and/or disclosure of the requested information.

A number of exemptions are identified under the Act where the Prejudice Test should be considered, namely:

- Relations within the United Kingdom; Section 28.
- The Economy; Section 29.
- Law Enforcement, Section 31.
- Audit Functions; Section 33.
- Prejudice to the effective conduct of public affairs; Section 36.
- Health & Safety; cited at Section 38.
- Commercial Interests; Section 43.

It is the 'interest(s) represented within the elements of a particular exemption that is/are tested for prejudice. In each case, where disclosure would prejudice any of the elements defined within the scope of the exemption, the Prejudice Test will apply. For example, under Section 31, where the disclosure of information may prejudice the prevention or detection of a crime, the information will be withheld without the need to apply the Public Interest Test.

The elements subject to the Prejudice Test differs for each exemption. Once it is ascertained that there is no risk of prejudice, the Public Interest Test can be applied. In all cases, the Prejudice Test will always precede the application of the Public Interest Test.

It is important to note that the Test of Prejudice does not always apply to every element of an exemption. Therefore, reference should always be made to the FoI legislation to check where this is applicable.

The Public Interest Test

The Public Interest Test in each case determines whether the interest of the public is better served by the release of the requested information or whether it is better served by the withholding or non-disclosure of that information.

The objective of the Public Interest Test is to make reasoned judgments as to whether the information is disclosed or not for the benefit of the general public. In principle, the following factors favour disclosure:

- Accountability.
- Public Participation.
- Public Awareness.
- Justice to an Individual.
- Research.

Whilst the following factors favour non-disclosure:

- Exemption Provisions.
- Interests of 3rd Parties.
- Efficient and Effective Conduct of Service.
- Flow of Information to Service.
- Fair Treatment of an Individual.

In relation, to the Public Interest Test, the following considerations are not valid reasons for non-disclosure:

- High Office.
- Policy Development.
- Candour & Frankness.
- Disclosure of Confusing or Misleading Information.
- Information or Record does not reflect the reason for the decision (e.g. Minutes).
- Draft Documents.
- Government Protective Marking Scheme.
- Embarrassment.

Exemptions List

Absolute Exemptions includes Information:

- S.21   Reasonably Accessible by other means.
- S.23   Supplied By, Or Concerning Certain Security Bodies.
- S.32   Contained in Court Records.
- S.34   Disclosures that would infringe Parliamentary Privilege.
- S.36*   Disclosures Prejudicing the Effective Conduct of Public Affairs.
- S.40*   Personal Information.
- S.41(1)   Information Provided in Confidence.
- S.44   Information Covered by Prohibitions on Disclosure.

Qualified Exemptions include information:

- S.22(1)   Information intended for Future Publication.
- S.24   National Security.
- S.26   Defence.
- S.27   International Relations.
- S.28   Relations within the UK.
- S.29(1)   The Economy.
- S.30(1)   Investigations & Proceedings: Criminal Investigations & Proceedings by Public Authorities.
- S.30(2)   Information relating to the obtaining of information from confidential sources.
- S.34   Parliamentary Privilege.
- S.35   Formation of Government Policy.
- S.36*   Effective Conduct of Public Affairs.
- S.37   Royalty / Honours.
- S.38(1)(a)   Health &Safety: where disclosure would be likely to endanger the physical or mental health of any individual.
- S.38(1)(b)   Health & Safety: where disclosure would be likely to endanger the safety of any individual.
- S.39   Environmental Information.
- S.40*   Personal Information.
- S.42   Legal Professional Privilege.
- S.43   Commercial Interests -Trade Secrets.

Hybrid Exemptions:

*These exemptions have a mixture of absolute and qualified access rights conferred on them

- S.36   Effective Conduct of Public Affairs.
- S.40   Personal Information.

London Ambulance Service NHS TRUST

TRUST BOARD MEETING 24th January 2005

Estates

1.   Purpose

The attached reports are submitted for Board approval:
- The Outline Business Case for Brixton
- Transfer and purchase of Chase Farm and Feltham Ambulance Station

2.   Recommendation

THAT the Trust Board approve:

1. The combine business case for a new Brixton Ambulance Station
2. The transfer and purchase of Chase Farm and Feltham Ambulance Stations as outlined in the attached report.

Mike Dinan
Director of Finance

New Brixton Ambulance Station

1.   Purpose of Report

1.1.   To seek the Board's approval to the Combined Business Case for the proposed new Brixton Ambulance Station.

2.   Background

2.1.   The Board approved the Estates Strategy in 2003. The Strategy comprises a number of themes to bring improvements to the estate in order to enhance and sustain operational performance. In essence the Strategy seeks to retain sites that are well placed geographically but bring improvements in terms of capacity and accommodation standards, reduce the number of sites that are badly located and provide stand by satellite sites as close to demand as possible where there are "holes" in cover.

2.2.   The original Brixton Ambulance Station closed in 1998 and the operational crews operating from the site were relocated to the Oval Ambulance station.

2.3.   Whilst the Oval Ambulance Station is only 1.5 miles north of the location of the old Brixton Station, it is further to the centre and south of Brixton town centre and due to traffic conditions operational crews are experiencing difficulty responding to Category A calls. The Oval Ambulance station is experiencing severe overcrowding problems due the presence of the Brixton crews, the introduction of the new sector operating model and the make ready scheme.

3.   Proposals

3.1.   Over the past 5 years the estates department has investigated some 15 properties for possible use as a Brixton Ambulance station. Due to planning problems, restrictions on times of use of certain premises and a buoyant residential market in the area, the service has been unable to find a satisfactory replacement.

3.2.   The combined business case proposes the purchase of a freehold property, Unit 25 Bessemer Park Industrial Estate, Milkwood Road, SE24, as detailed in appendix A of this report. The property is currently used as a warehouse with 1st floor office accommodation and could easily be converted into an Ambulance station with capacity for 4 front vehicles and an RRU.

3.3.   The benefits to the Trust would come from a higher standard of accommodation for staff at the new Brixton station and space at the

Oval Ambulance station would freed up to allow the station to operate efficiently.   In terms of operational benefits the projections for improvement to Category A calls are approx 4-5%. These benefits are consistent with the approved strategy goals of the Trust.

3.4.   The costs to the Trust will be:

Cost Element	£
Refurbishment costs @£750 per m²	208,500
External works	75,000
Professional fees	40,000
Legal fees	5,000
Furniture	20,000
Equipment	25,000
IT	10,000
Sub-total	383,500
VAT	67,112
Grand Total	**450,612**

3.41.   The District valuer has estimated that the open market value for the property is between £450,000 and £500,000. Taking the upper value for the purchase price the total capital budget is therefore **£950,612**.

3.42   The annual running costs of the new facility have been estimated as follows

Revenue Cost Element	£
Rates	25,000
Utilities	12,000
Cleaning	8,000
Maintenance	25,000
Waste Disposal	5,000
Sundry	4,000
Total	**79,000**

3.5.   The capital costs can be funded from the Trust's block capital allocation and the revenue costs would be a net addition to the Trust.

3.6.   It is proposed that the Board approve the CBC proposals as summarised in this report. The full CBC can be made available to Board Members should they wish to review it in more detail.

3.7.   As the project progress's the Trust will appraise other funding options, such as a "Sale and Leaseback" to an investment organisation, in order to release the Capital investment, if needed.

4.   Recommendation

4.1.   THAT the Board approve the proposed purchase of the premises outlined above.

EXECUTIVE SUMMARY

1.   Brixton Ambulance Station closed in 1998 and the complement of 3 vehicles and 18 staff were transferred to the Oval station some 1.5 miles to the north.

2.   Whilst the move was not distant geographically the difficulties experienced by the Brixton crews in responding to Category A calls in their catchment area because of traffic conditions have resulted in an adverse impact on performance figures.

3.   Apart from the impact upon performance standards the co-location of the Brixton vehicles and crews at Oval has meant that there is a shortage of space and flexibility at Oval station. This was exacerbated following the implementation of the Sector Operating Model in February 2004 and the additional staff complement as a result.

4.   The establishment of a separate Brixton Ambulance Station closer to the main area of demand south of Brixton town centre will enable performance improvements of 4-5% on Category A figures.

5.   In addition, the space constraints and pressures at Oval will be relieved and the existence of two sites will offer greater flexibility for locating support staff across the Oval unit.

6.   It is estimated that a future Brixton Ambulance Station will need to accommodate 4 vehicles plus one Rapid Response Unit, staff to allow for future demand and increased flexibility. The size of the proposed station is estimated to be approx. 3,000 sq ft.

7.   In order to determine the best way forward for the reprovision of the Brixton facility, a number of options and locations have been considered. In terms of location, a modelling exercise undertaken has indicated that the area around Brixton Hill (SW2) or Clapham road (SW4) would produce the greatest improvement in performance.

8.   The short listed options considered were:

    1.   Do Nothing
    2.   Lease premises
    3.   Purchase building and convert
    4.   Purchase site and rebuild

9.   Under an assessment of non-financial benefits Option 2, lease premises in the catchment area, was preferred.   The option scores are shown in the table below.

Option	Score	Rank
1. Do Nothing	85	4
2. Lease premises	**710**	**1**
3. Purchase building/convert	660	3
4. Purchase site and rebuild	680	2

Whilst the lease option was preferred, the three development options were very close.

11. Following the conclusion of the initial option appraisal, a detailed property search was undertaken in the area identified as the preferred location.

12. No suitable premises were available on a lease basis. However, a suitable site on the basis of purchase and convert has been identified.   This is Unit 25, Bessemer Park Industrial Estate, Milkwood Road, SE24.   The property is situated north of Herne Hill main line station and south of Brixton town centre with good links to the A23.

13. The unit will provide accommodation of approximately 280m² or 3,000 sq ft (exclusive of sanitary facilities and internal circulation space) sufficient to house 4 emergency vehicles and 1 Rapid Response Unit.

14. The District Valuer's valuation of the purchase price is £500,000. Fitting out costs, including professional and legal fees associated with the purchase are estimated to be £451,000 inclusive of VAT.   Annual revenue costs are calculated to be £79,000.

15. Following the completion of the purchase it is envisaged that the design and tender process will take approximately six months. Once the tender is let the conversion works will take approximately 16 – 24 weeks. The new station is expected to be operational by the end of 2005.

Proposed transfer and purchase of Chase Farm and Feltham Ambulance Stations.

1.   **Purpose of report**

To seek the board's approval for the transfer and purchase of Chase Farm Ambulance station, The Ridgeway, Enfield, Middx and Feltham Ambulance station, Faggs Road, Middx. To the London Ambulance Service NHS Trust.

2.   **Background.**

When the Ambulance Service became a Trust in 1996 Chase Farm Ambulance Station and Feltham Ambulance Stations were thought to be surplus to the Trusts long term requirements and as such were not taken on to the Trust's Balance sheet. The freehold titles for both properties therefore remained with the Secretary of State for Health. There are no records explaining why these two sites were declared surplus.

Both of the ambulance stations have remained operational since 1996. Due to changes in service delivery patterns and an increase in operational demand both are needed for the delivery of emergency services.

Chase Farm Ambulance Station a main station and has a fleet vehicle workshop, which provides essential vehicle repair and servicing.

Feltham Ambulance Station is a satellite station of the Isleworth Complex and provides emergency cover to the east of the busy Heathrow Airport area.

3.   **Proposals.**

NHS estates have confirmed that the two ambulance stations are not part of any disposal package and that they are willing to transfer the properties to the Trust at the existing use value.

The existing use value for Chase Farm Ambulance Station has been set at £726,620.00 and for Feltham Ambulance Station £156,420.00 by the district valuer.

4.   **Financial Implications.**

This proposal has a nil cost to the NHS as a whole and as such, special arrangements operate to ensure that the assets appear on the Trust's balance sheet.

On the same date that the LAS pays NHS Estates for the two ambulance stations the Trust's Capital Resource Limit (CRL) and External Financing Limit (EFL) will be increased. This means the Trust's does not have to change its capital expenditure plans. NHS estates have their CRL and EFL reduced accordingly.

The Trust will incur a small additional revenue cost, as we will be liable for depreciation and dividend contribution on these assets.

5.   Recommendation.

THAT the Trust Board approve the transfer and purchase of Chase Farm and Feltham Ambulance Stations.

London Ambulance Service NHS TRUST

TRUST BOARD MEETING 24th January 2005

Audit Commission Annual Audit Letter

1.   **Purpose**

To inform the Trust Board of the findings of the Audit Commission.

2.   **Recommendation**

THAT the Trust Board note the recommendations contained in the Audit Commission Annual Audit Letter.

Peter Bradley
Chief Executive Officer

London Ambulance Service NHS TRUST

TRUST BOARD MEETING 24th January 2005

Service Improvement Programme Update
including a presentation on Make Ready

1.   Purpose

To inform the Trust Board of progress to date with the Service Improvement
Programme; in particular the roll out of Make Ready.

2.   **Recommendation**

THAT the Trust Board note the progress to date of the Service Improvement
Programme.

Peter Bradley
Chief Executive Officer

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 24 January 2005

Service Improvement Programme Update

1.   **Purpose**

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP).

2.   **Overall progress**

Currently there are 312 items within the SIP of which 104 are live and 24 are yet to start.As reported in November there are some technology initiatives which are connected with the wider NHS IT Programme, the timing of which is outside the Trust's control, and this will probably extend implementation beyond the life of the SIP. Overall, items at risk or known not to be capable of completion by March 2006 are:

> *Introduce a long term Digital radio solution which will give effective away from vehicle communications* which depends on the NHS wide approach to Digital communication;

> *Evaluate Electronic Patient Report Form and evaluate data link with A&E departments (access to Electronic Patient Records and Electronic Health Records)* which needs clarity as to the requirements of the National Programme;

> *Pilot an integrated information management and IT system, implement pan London arrangements and provide an national and local information system.* Confirmation is being sought from the SHA that this has been superseded by the National Programme for IT;

> *Implement pooled despatchers in CAC and Implement 999 call taking in despatch part of CAC.* Implementation of Windows Ctak in CAC may not be able to facilitate these for technical programming reasons (the software is structured to differentiate between call taking and despatch) and they will probably have to await the new CAD system;

> *Acquire and implement new CAD system.* A plan for CAD replacement is being put together by the Director of Information Management and IT and   the timescales will then be confirmed, however complete implementation will not take place by March 2006;

> *Introduce 3 fixed standby sites per year (toward a total of 25)* as the full requirement of 25 by March 2006 will not be achieved at this rate of progress;

> *Iimplement cleaning vehicles and Make Ready* as sufficient funding may not be available in 2005/06 to complete the project within the next financial year.

Delivery of the remaining SIP items and achieving the attached Outcomes are a key focus for development of the 2005/06 Service Plan along with the essential items for next year in the Diversity Plan, Clinical Governance Development Plan and Core Standards in the revised NHS Standards for Better Health planning framework. In the context of PCT Commissioners having no funds for development activity in any Trusts, a key feature of the Service Plan development will be the extent to which fit can be obtained between aspiration for development action and resource availability.

3   SIP Outcomes

Crucial to assessing the effectiveness of the SIP are the 40 outcomes identified for People, Patients and Performance. The Senior Management Group are now reviewing progress towards achieving these Outcomes on a monthly basis using a traffic lights reporting system where red indicates significant risk to target achievement by 31st March 2006, amber indicates a lower level risk to target achievement and green indicates being on track. The report for January 2005 can be found at Annex 1 (Part A) with an exceptions report for the five Outcomes identified as being of red status (Part B). These five Outcomes are:

No. 21   Regular availability of information about the delivery of patient care throughout the Service;

No. 26   Category B14 minute performance target achieved;

No. 27   AS2 – Doctors' urgent performance at 95% within 15 minutes of agreed arrival time;

No. 32   Resource demand/match compliance significantly improved on sectors;

No. 36 - 95% of Doctors calls answered in 30 seconds.

Of these number 32 is at greatest risk. These Outcomes will continue to be a focus of Senior Management Group attention over the forthcoming months.

4   Progress on significant improvement programme initiatives

Patients

Sector Operating Model: The sector operating model was introduced in February 2004 and now has 24 out of 25 substantive Ambulance Operations Managers (AOMs) together with 72 out of 75 substantive Duty Station Officers (DSOs). Team Leader numbers have increased to 160 and plans are in place to recruit the final 15 to reach establishment. Whilst the introduction has been largely successful there are inevitably some lessons to be learnt after operating the system for 12 months. A review of the Sector Operating Model is planned for February/March to explore these lessons in more detail and to determine whether any further changes or adjustments are required.

Team Leader Programme: Currently 160 Team Leaders are in post, with fifteen full time vacancies remaining and eighteen staff seconded to other tasks, leaving 143 active in post. Recruitment advertising has now closed, on the 24th December, and shortlisting has taken place providing 28 candidates for assessment in January for subsequent interview.

Urgent Care Service: Sixty-two staff have now been assigned to sector, with recruitment progressing for the remaining twelve vacancies. All sectors, apart from Central Sector, have now received EMT1s, who are undertaking urgent, non-urgent and green calls. Work is ongoing to provide a dedicated Urgent Care Operations Centre, which will further enhance the effectiveness of Green Base and Clinical Telephone Advice, alongside other groups of staff, such as Emergency Bed Service and PTS Central Services. Building work has commenced and the Centre should be complete in Spring 2005.

Fully integrate EBS staff into LAS Trust: Work on EBS integration within the Trust is continuing on two fronts. The EBS Development Project is still in place and a pilot service for healthcare professionals will begin shortly. At the same time EBS representatives are working with colleagues from CTA, Green Base, White Base and PTS Central Services on the development of Urgent Care Services. EBS staff have a number of concerns about the scale, pace and direction of some of the potential changes and work remains to be done to reconcile the two initiatives and to respond to the concerns of staff.

PTS re-integration within LAS: PTS Central Services is developing guidelines in conjunction with CAC / Whitebase / Non-Urgent Care to enable the maximum number of calls to be referred to PTS Central Services, 24 hours per day and across London.

Workforce Planning/Resource Production model: Work continues to ensure that the workforce planning model becomes more sophisticated. A&E Resources meetings are now chaired by the Finance Director to plan all aspects of workforce recruitment. Models have been established for Technicians, Paramedics, CAC EMDs and Urgent Care Service Staff allowing establishment control and recruitment to be planned and adjusted throughout the year. In addition it is planned to include ECPs from January 2005 as the numbers begin to grow beyond the initial pilot sites. These meetings also look in detail at the planned use of overtime to boost resource production. Regular meetings of the Training Services Committee chaired by the Medical Director allow the planning of all abstractions due to training throughout the year.

Infection Control: A number of improved products and disposable devices are being explored by the Infection Control Steering Group and an audit process for monitoring compliance with Infection Control Procedures is being developed. Progress with infection control issues will be presented to a future meeting of the Trust Board.

Patient and Public involvement (PPI): A strategy for developing patient and public involvement in the LAS was agreed at the Trust Board in November and a PPI manager is currently being recruited to facilitate this process. The LAS continues to develop its working relationship with the Patients Forum and plans are well in hand to design a local PPI model (in the Camden area) which will, when tested, be rolled out to other areas of London.

Implement outcome of risk assessment (service wide):- The Risk Register and its reporting and monitoring mechanisms continues to be the main focus of corporate risk management activity. The risks from the recent Trust-wide risk assessment exercise and a risk assessment focussing on the activities of the Emergency Bed Service have been formally accepted and action plans will begin to be taken forward in order to manage them.

People

Chief Executive consultation meetings: As part of the annual programme of consultation, 30 meetings have been held so far, attended by over 1500 staff. Four meetings with Central Ambulance Control (CAC); ten with Patient Transport Service (PTS) and one with Fleet and Logistics personnel are taking place in late January and February.

Uniforms: New uniform has now been issued to all staff from A&E, PTS, CAC, RC and Education and Training Department. New uniform will be provided for Logistics Staff and Fleet Support Staff by the end of the financial year.

Performance

*Match call taking resources to demand***:** There is now a revised resource plan for CAC in place which identifies the amount of staff required in the 999 system and in the Doctors lines. In achieving the plan, call answering targets are being achieved, but the injection of more staff next year will make this more sustainable.

New ambulances: 65 Mercedes, box bodied ambulances will be provided by MacNeillies. Delivery of the first vehicle is expected by the end of January with the roll out programme scheduled for completion in early May. A further 65 ambulances have been authorized by the Board for delivery in 2005/06. Delivery of these vehicles is expected from August 2005.

Fast Response Units: Following a review of the number of FRUs in service an additional 11 are in the process of being procured and are expected to be delivered by June 2005. In addition two CAC vehicles will be raplaced with FRV specification vehicles. The original 14 FRUs are now due for disposal and will be replaced in 2005/06.

*PTS scheduling system***:** A Business Case is in process of being drafted. Input has included extensive input from design workshops involving crews, planners, and managers. Further comment is being sought from customers.

5   Benefits Realisation

As the SIP approaches its final year a particular emphasis will be put on establishing the benefits realised by various SIP projects. The Audit Manager in the Governance Unit has put together a programme of evaluations and Post Project Reviews focusing on those of particular interest to the Board (but not exclusively focusing on projects of this nature). These will be presented a subsequent meetings. Evaluation of the Sector Operating Model as referred to above is planned for presentation in March.

6   Communication

The need has been identified to raise the profile of the SIP by re-activating the publication of the SIP Bulletins to staff as and when there is something significant to communicate. Performance against SIP projects and Outcomes featured in the Chief Executives presentation to the Managers and Senior Managers Conferences in December. The SIP Gantt Chart is available on The Pulse (Managing/Corporate/Service Improvement Programme) and updated on a monthly basis.

Martin Brand
Head of Planning and Programme Management
12 January 2005

SERVICE IMPROVEMENT PROGRAMME OUTCOMES   (Part)

1. People Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported (SMG or Board)	Current YTD (Latest known position)
1	WF	Annual staff survey shows more staff feel positive about working for the LAS	66%		
2	WF	Annual appraisals and personal development plans in place for all staff	System in place, with all staff having an annual appraisal and a personal development plan		
3	MF	Reduction in staff incidents at work	446 reported incidents per 1000 staff per year		
4	PS	Reduction in assaults on staff	107 reported assaults per 1000 staff per year		
5	WF	Reduction in sickness absence levels	5.5% (average for the year)		
6	DJ	Alternative reward and recognition systems in place	Systems in place which recognise qualification attainments, long service, outstanding performance, and retirement. These systems will include an annual awards ceremony		
7	FM	Range of Career paths/ development opportunities	Standard systems in place and used as part of the appraisal/PDR processes.		
8	DJ	Annual staff survey shows that more staff feel that communication in the LAS is good	66%		
9	WF	Improved staff support systems	Implementation of the Staff Support Project recommendations. Monitoring of satisfaction & usage levels & reports to Trust		

			Board/SMG bi-annually. Substantial improvement in staff survey results on this issue.		
10	WF	Staff more involved in the decisions that affect them	Partnership Agreement in place and working effectively. Staff Survey results demonstrate that staff feel more involved in the decisions that affect them		

2. Patient Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported (SMG or Board)	Current YTD (Latest known position)
11	FM	Improved cardiac arrest survival rates (to discharge)	8%		
12	MF	Coronary Heart Disease National Service Framework call to door times achieved	30 minutes		
13	KJ	A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls.	30% of all Green Calls;		
14	JH	'Centre of Excellence' achievement for call taking in CAC (compliance with pro QA)	95% "Centre of Excellence" status achieved & maintained		
15	MB	A comprehensive ambulance cleaning and equipping system in place. Improved pride & professionalism in the Service	Make Ready in place in all complexes		
16	MD	(Formerly Clinical Negligence Scheme for Trusts Level 3 achieved) Revised june 2004 to: To comply with the new combined Risk Management Standard for Ambulance Trusts, at the next	Level 3		

| | | equivalent level to CNST 2 (for clinical risks) and RPST 1 (for non-clinical risks). | | | |

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported (SMG or Board)	Current YTD (Latest known position)
17	M F	Clinical supervision in place across the LAS - Team Leaders, Complex Trainers; Delivering training at local level e.g. Epinephrine 1:1000 National guidelines, Protecting Children / Vulnerable Adults	175 Team Leaders and 25 Sector Trainers in post	(yellow)	(yellow)
18	MF	Reduce all patient care related complaints A&E	1.0 complaint per 10,000 calls per month	(yellow)	(yellow)
19	KA	Reduce all patient care related complaints PTS	1.0 complaint per 10,000 journeys per month	(green)	(green)
20	JH	Reduce all patient care related complaints CAC	1.0 complaint per 10,000 calls per month	(green)	(green)
21	KJ	Regular availability of information about the delivery of patient care throughout the Service	100% completion of CPI every month by Team Leaders. Audit reports available on intranet. Data on patient views available (derived from patient involvement, PALS and complaints) and used for improvement. Data available to demonstrate performance against National Service Framework targets.	(yellow)	(red)
22	DJ	Regular comprehensive information about user views/levels of satisfaction	- Patient involvement in all significant Service developments. - Annual patient survey – evidence of actions as a result of survey.	(red)	(yellow)

			- Other means of gaining patient views, e.g. Focus groups		
23	MB	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	Drug Management System rolled out and fully embedded in the service		**Complete**

3. Performance Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported (SMG or Board)	Current YTD (Latest known position)
24	MF	Category A performance targets achieved	75% in 8 minutes (any response)	Green	Green
25	MF	Category A 14-min performance targets achieved.	95%	Yellow	Yellow
26	MF	Category B 14 min performance targets achieved	95%	Red	Red
27	PS	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time	95%	Red	Red
28	JH	95% of 999 calls answered within 5 seconds	95%	Red	Yellow
29	MF	Percentage of the week when utilisation rates exceeds 70%.	15%	Yellow	Yellow
30	MB	Reduce non-staff (vehicle) related downtime	2%	Green	Green
31	MF	Reduce staff related downtime	3%	Yellow	Yellow

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				🟨	🟨
32	MF	Resource demand/ match compliance significantly improved on sectors	100% Compliance with LO50 (34164 Amb hrs per week)	🟥	🟥

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported (SMG or Board)	**Current YTD (Latest known position)**
33	JH	Resource/demand match compliance significantly improved in CAC	-	🟨	🟨
34	PS	Activation times of 95% within 2 minutes (Cat A)	95%	🟨	🟨
35	PS	Activation times of 95% within 3 minutes (Cat B)	95%	🟨	🟨
36	JH	95% of Doctors calls answered in 30 secs	95%	🟥	🟥
37	MD	Achieve financial savings to fund I Sons	£3m (£1m increase each year)	🟨	🟨
38	MF/PS	Vehicle accidents per 10,000 responses reduced by 33% for A&E	10.67 per 10,000	🟨	🟨
		Vehicle accidents per 10,000 journeys		🟨	🟩

39	KA	reduced by 33% for PTS	2.04 per 10,000		
40	MF/PS	Reduce job cycle time	55 minutes		

See over for commentary on Outcomes identified as RED i.e. at serious risk to be achieved by March 2006

Commentary on SIP Outcomes Identified as RED   (Part B)

Outcome No.	21	**Description:**	Regular availability of information about the delivery of patient care throughout the Service
Lead:	KJ		

Reason For RED status

Risk around 100% completion of CPI every month by team leaders. Data for August shows no. of CPIs increasing but still low, great variation between complexes. Incomplete teams coupled with high levels of secondment and lack of Make Ready on all complexes also contribute negatively to this indicator.

Remedial Action To Be Taken To Achieve Outcome

Percentage completion of CPI checks to be included by Directors of Ambulance Services (DoAS) in their complex performance reviews (CPI reports have been revised to assist DoAS in this). The fall-back position is to agree a new (lower) target e.g. 100% achievement in one or two weeks per month of general checks, plus 100% of risk related checks. Remedial action:
- Recruit to full TL Establishment
- Controlled ECP recruitment with planned backfill for any Team Leader establishment depletion.
- Continued roll out of Make-Ready
- Increased focus from Complex management Teams

If this action is taken will the outcome be achieved YES/NO?   YES

Outcome No.	26	**Description:**	Category B 14 min performance targets achieved
Lead:	MF		

Reason For RED status

Category B 14 minute performance is in the red category as being significantly at risk . 2004/5 YTD is at 77.5 %. It is unrealistic to expect to achieve this target this year but we simply must improve on the 2003/4 figure of 77.6%.

Remedial Action To Be Taken To Achieve Outcome

This can only be done by maximising ambulance staffing and by introducing a distribution regime which allows ambulances to respond more often from a mobile status rather than from station. ACAOs and AOMs need to focus on achieving this target as well as the CAT A targets.

Significantly more emphasis needs to be given at PPGs and Complex Review Meetings to this area in the remaining 3 months of the year.

If this action is taken will the outcome be achieved YES/NO?   Yes

Outcome No.	**27**	**Description:**	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time
Lead:	PS		

Reason For RED status

Urgent performance is at 57.9 % for the YTD which is an improvement of +7.6 % on last year but still remains significantly behind where we need to be. The performance has also deteriorated in recent months for a variety of reasons.

Remedial Action To Be Taken To Achieve Outcome

This still remains a small volume of calls which we should be able to impact on when compared to the overall A&E demand . Initial improvements this year were largely made by process improvements in CAC and these have been lost in recent months due to staff shortages within CAC. ACAO CAC will need to concentrate on regaining this ground and adding further improvements during the second half of the year. We will also need to develop a different deployment regime for these calls which probably sees them dispatched as Amber 2 calls immediately on receipt. There are two other areas which will impact the first which is a negative impact will be in relation to removing dedicated urgent vehicles in sectors due to the financial position. The second which will have a positive impact will be the introduction of intermediate tier from October which will allow resources to be directed more towards urgent demand and will provide better scheduling of these calls. ACAOs and AOMs need to be focussed on improving this area of performance. It is achievable and not only will improvements reduce clinical risk for these patients but it will also have a significant impact on our star ratings next year.

If this action is taken will the outcome be achieved YES/NO?   YES

Outcome No.	**32**	**Description:**	Resource demand/ match compliance significantly improved on sectors
Lead:	MF		

Reason For RED status

With no growth in front line establishment being funded by commissioners this year our ability to impact on this area is limited and it remains at 89% compliant.

Remedial Action To Be Taken To Achieve Outcome

AOMs need to continue to work at making changes to complex rosters to move towards greater compliance but in reality only an injection of additional staffing will allow this target to be fully achieved.

If this action is taken will the outcome be achieved YES/NO?   NO

Outcome No.	**36**	**Description:**	95% of Doctors calls answered in 30 secs
Lead:	JH		

Reason For RED status

This target is at risk, however new procedures in CAC have started to show some improvement.

Remedial Action To Be Taken To Achieve Outcome

There is now an active recovery plan being established for CAC and ACAOs and AOMs need to support this fully during the next four months. Plans for the New Non Urgent control may also allow a different approach to answering GP calls. During times of high demand, there are dedicated staff now answering GP calls. New call answering procedures and IT solutions need to be in place to achieve this, and increased staff establishment during 2005/6 needs to be achieved.

If this action is taken will the outcome be achieved YES/NO?   YES

LAS Trust Board

24th January 2005

Make Ready Scheme Update

Introduction

1. Make Ready is the process by which we aim to ensure that front line ambulances are clean, fully equipped and ready for action. Following an extensive development process including trials in West and North West Sectors, fact finding visits to other ambulance organisations with similar schemes in the UK and USA and a full competitive tendering exercise to identify suitable contractors, the Trust Board authorised the initiation of the Scheme on 30th March 2004.

2. It will be recalled that, as well as the operational and patient benefits of providing clean fully equipped ambulances, the Make Ready Scheme has the potential to deliver previously unanticipated benefits including delivering fleet efficiencies, improving asset tracking and management and improving the management of consumables.

3. This paper supports the presentation to be delivered to the Trust Board offering an update on progress to date.

Summary of the Make Ready Scheme

4. Make Ready means that every 24 hours every available ambulance is cleaned externally and internally and refuelled. All equipment on board is cleaned, checked and replaced if necessary and consumable items are replenished from station stores. The vehicle is inspected for defects and damage. Any defects identified are rectified where possible. In addition the Make Ready Teams take responsibility for the management of clinical consumables, provide audit information in relation to vehicle mileage, equipment location etc, and take responsibility for the movement of vehicles between workshops and stations.

5. In addition the Make Ready Scheme will take over responsibility for the management of station stores and asset control and tracking. Make Ready contractors are responsible for station cleaning in "downtime" thereby producing financial savings to contribute to the scheme costs.

6. The Make Ready Scheme is overseen by the Head of Operational Support and is managed through the Logistics Department.

Previous Provision

7. Previous systems depended on crew staff, Team Leaders and local operational managers supported by a small network of Logistics staff. Consequently, operational unit hours were either lost while staff prepared vehicles for use, or more commonly, vehicle preparation and cleaning was inconsistently completed due to high call volumes. In addition the use of vehicles was not efficient. A robust Make Ready Scheme, through better fleet management, will either deliver fleet reductions or allow the Trust to absorb future growth in staff.

8. In summary the trust had no robust, consistent or reliable systems to ensure that vehicles were always clean, fully and consistently equipped and ready for action.

Roll Out Programme

9. Sufficient funding has been provided in 2004/05 to roll out the Make Ready Scheme to 10 complexes by 31st March 2005. At the time of writing the scheme is in operation on 5 complexes:

Hanwell	(August 2004)
Waterloo	(September 2004)
Deptford	(October 2004)
Oval	(December 2004)
Newham	(December 2004)

10. The remainder of the roll out programme for 2004/05 is planned as follows:

St John's Wood	(January 2005)
Whipps Cross	(February 2005)
Greenwich	(February 2005)
Wimbledon	(March 2005)
Fulham	(March 2005)

11. The roll out programme for 2005/06 will be dependent on available funding. It is thought likely that the programme will need to be extended into 2006/07.

Key Performance Indicators

12. Performance of the Make Ready Scheme is reported through a set of 12 KPIs on a weekly basis. Performance is routinely monitored by the Head of Operational Support and is formally reported on a monthly basis through the Make Ready Steering Group. Summary reports are offered to the Operational Management Group and Policy and Performance Groups.

13. KPIs and performance to date are as follows:

KPI 1 - Every available ambulance fully made ready once in every 24 hours.

This KPI measures the success with which the Make Ready Operatives prepared all vehicles on the complex (green bars). It is not possible to present all vehicles to the Operatives due to abstractions for servicing, repair, accident damage etc. Therefore the KPI also measures the percentage of available ambulances made ready.

The target for every available ambulance to be made available once every 24 hours is 100%. The scheme is currently falling short of this target. This is typically due to local operational management requesting that Make Ready Operatives prioritise the recovery of vehicles from workshops and correct distribution to the appropriate stations (see KPI 4). This is felt to be a reasonable reallocation of resources. In the future monthly KPI reports will include an exception report to explain target shortfalls.

**Ambulance Allocation Summary % Made Ready**
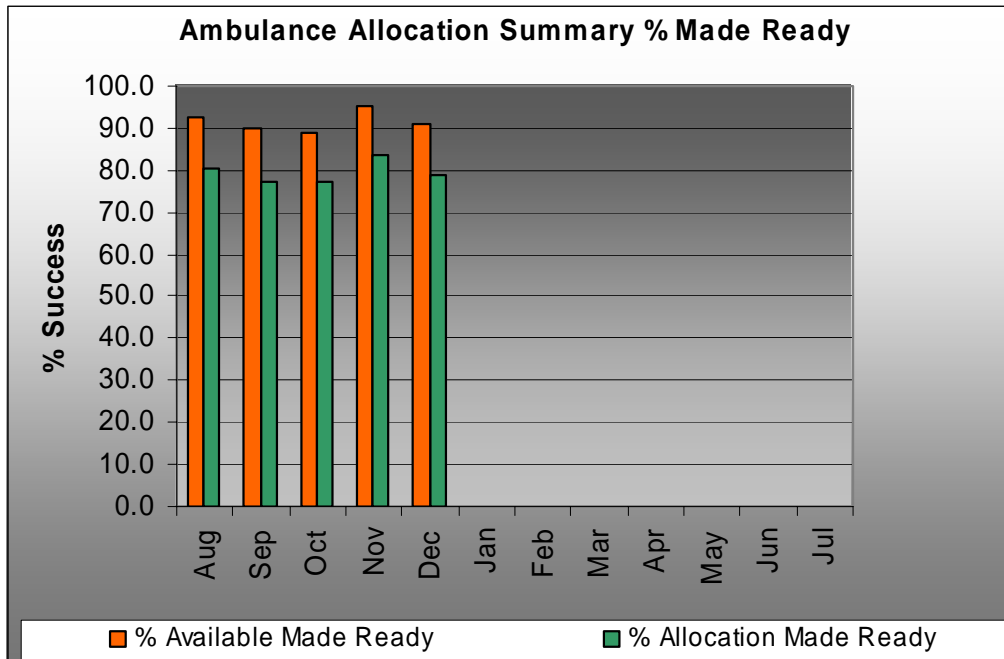
KPI 2 - Standards of cleanliness (ambulances)/ KPI 3 – Compliance with packing inventory

10% of all vehicles that have been made ready are audited to measure compliance with standards. An agreed audit form is used to monitor performance. Audits are conducted by LAS staff, Make Ready contractors and jointly by both parties. The results of all 3 sets of audits are compared to ensure consistency of grading. The graph below shows compliance with cleaning standards (dark green bar) and compliance with inventory (red bar). An additional measure has been introduced to measure the accuracy of Make Ready Operatives vehicles checks (Vehicle Daily Inspection of lights, indicators, tyres etc – light green bar). The target for audit performance is 100%.

Total Audit Performance
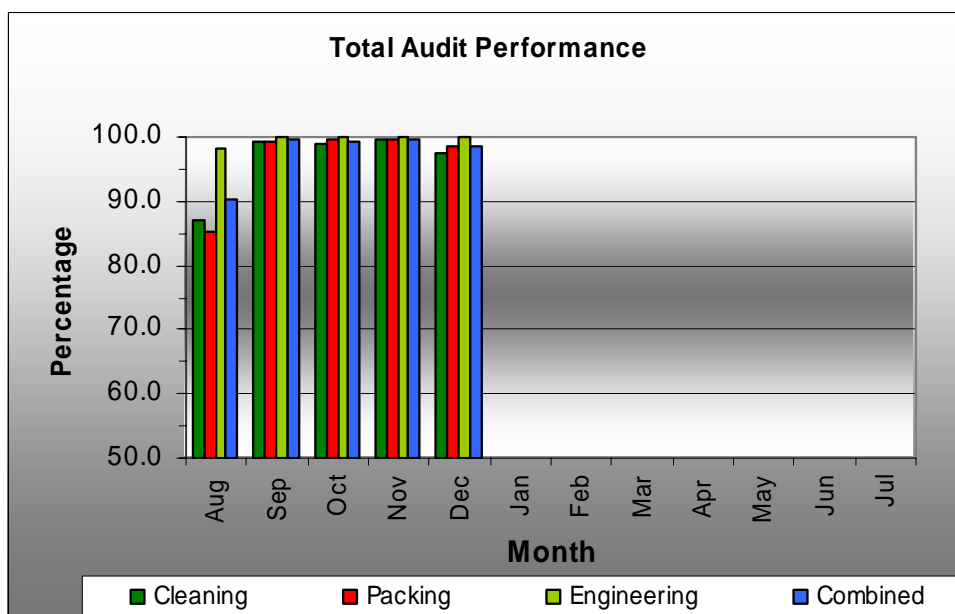
KPI 4 - Correct distribution of vehicles

This KPI measures the success with which Make Ready Operatives ensure that each station has enough ambulances at the start of the day to meet peak vehicle requirement.

% Successful Distribution
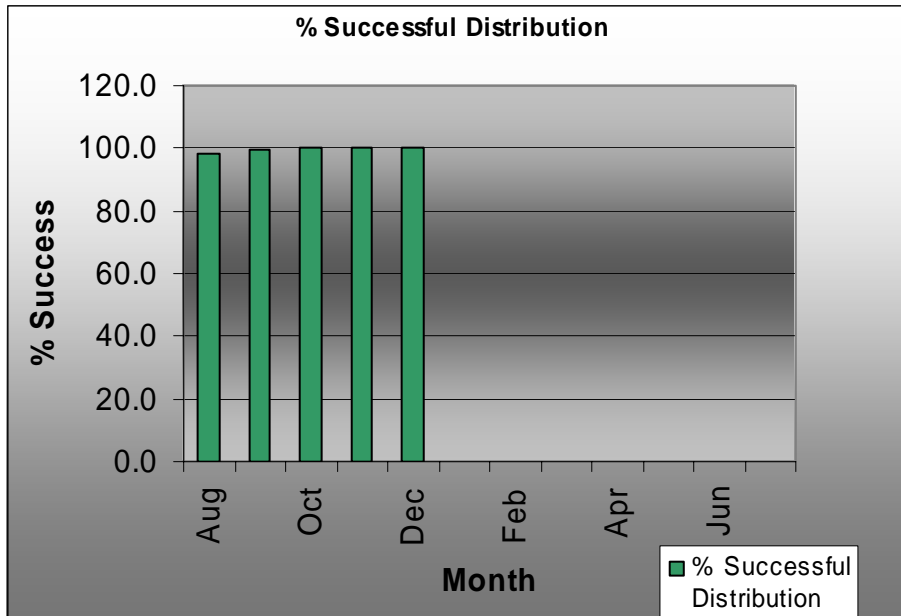
KPI 5 - Standards of station cleanliness

Historically there has been no service wide standard for the cleaning of ambulances stations. A specification has been agreed with the Make Ready Operatives and is measured against an agreed audit tool. Early performance in respect of station cleaning was disappointing but significant improvements have been seen since the introduction of auditing arrangements in October 2004.

Station Cleanliness Achieved
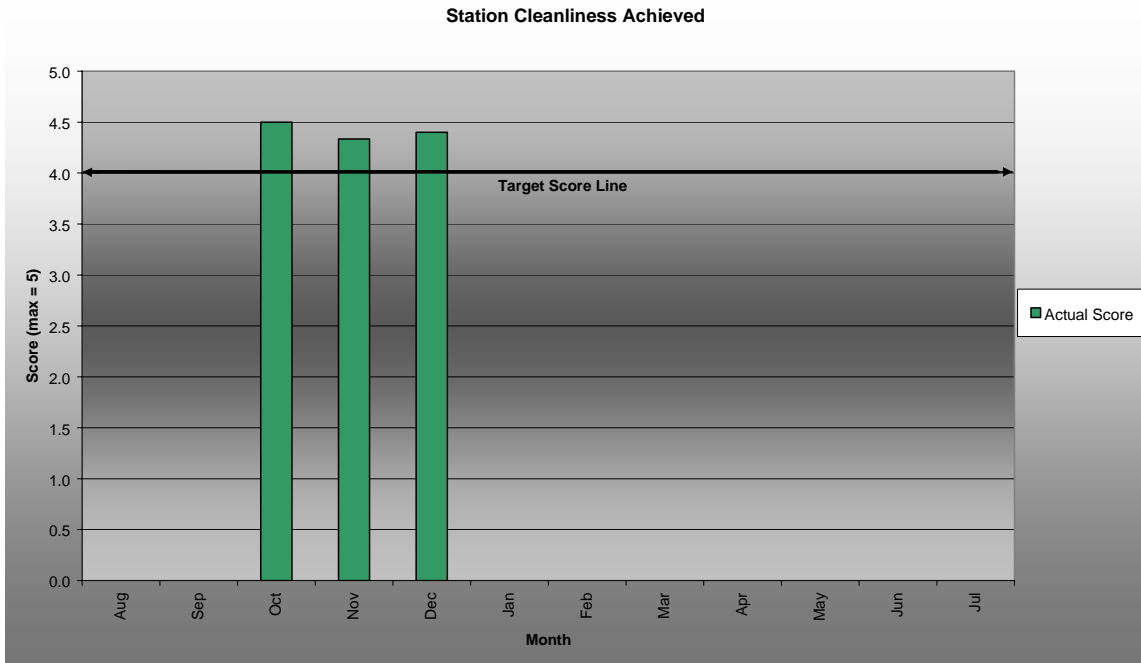
KPI 6 - Conformity to vehicle, trolley bed and scoop stretcher engineering schedule.

This KPI is under development and will measure the success with which vehicles are presented for maintenance in line with servicing schedules published by Fleet Support Services.
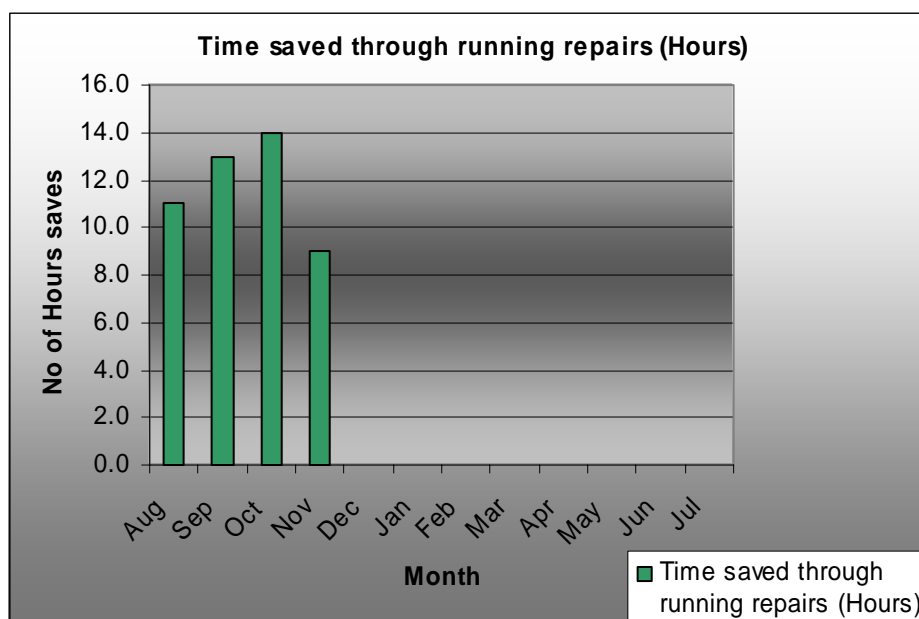
KPI 7 – Reduced VOR

This KPI measures the percentage of time that vehicles are off road (VOR) with the aim being to reduce VOR through Make Ready Operations.
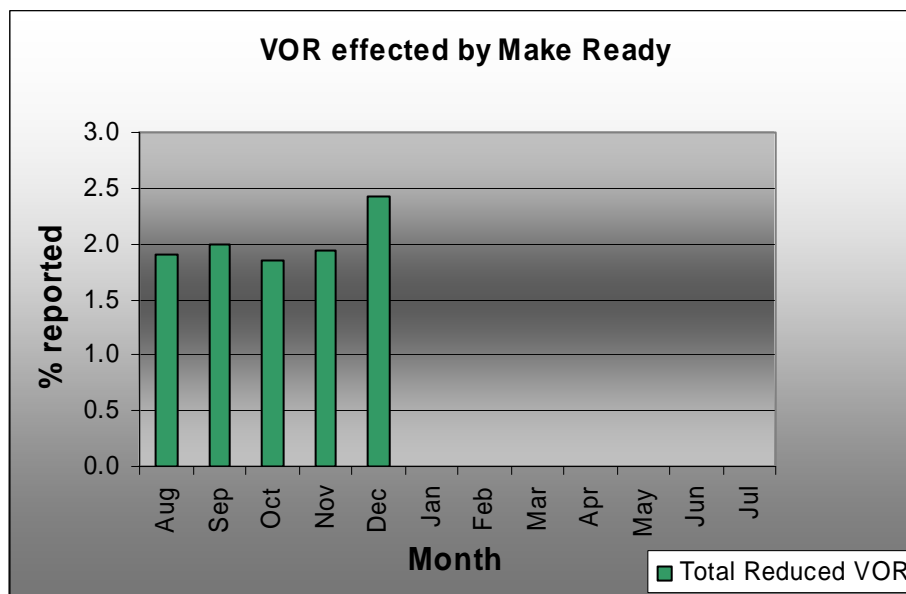
KPI 8 - Time saved through conducting running repairs

Measuring the ambulance crew downtime saved due to Make Ready Operatives conducting minor running repairs and avoiding the need to transport vehicles to workshops.

Time saved through running repairs (Hours)

Chart: No of Hours saves (y-axis 0.0 to 16.0) by Month (x-axis Aug to Jul). Values: Aug 11.0, Sep 13.0, Oct 14.0, Nov 9.0. Legend: Time saved through running repairs (Hours).

KPI 9 - Number of written complaints

Though not presented in graphical form, complaints are reported by exception at the Make Ready Steering group. Levels of complaints have been negligible.

KPI 10 - Compliance with submitting audits

Compliance with conducting 10% Make Ready audits, compliance with submitting medical device audits to the Logistics Department and compliance with submitting vehicle mileage information is reported through the Make Ready Steering Group.

KPI 11 – Correct Stock Management

This KPI is under development.

KPI 12 - Planned vs actual hours summary

Make Ready contractors confirm that the hours provided do not exceed or fall short of contracted levels at the Make Ready Steering Group.

Benefits Realisation Plan

14. At the Trust Board of 30th March 2004 a number of benefits were outlined that it was expected the scheme would deliver:

   a. Improve Infection Control
   b. Flexible Management of the Fleet
   c. Absorb future growth

       d. Reduce lost unit hours
       e. Improve asset tracking
       f. Consistent inventory carried
       g. More efficient material management
       h. Improve patient experience
       i. Improve staff morale

15. A benefits realisation plan is attached to this report. Many of the benefits are only likely to be realised once enough complexes have Make Ready to offer a realistic prospect of mutual support. However progress has already been made in respect of some benefits:

Improve Infection Control   Ambulances are undoubtedly cleaner with Make Ready in place. This is supported by anecdotal staff feedback and by KPI data which shows performance against the vehicle cleaning standard as exceeding 98% consistently since September 2004.

In addition vehicles are being swabbed pre and post the introduction of make ready to establish what impact has been made on biological counts. Early indications are positive. For example:

- The total viable count of all bacterial types (TVC) on the rear drop down step on the ambulance dropped from >30000 to >3000.
- The count of Enterobacteriaceae (presumptive) – the range of bacteria including E Coli and Salmonella - on the trolley bed runners dropped from 510 to <10.
- The TVC on the rear passenger seat dropped from >30000 to 70.
- Reassuringly all swabbed areas showed a count of <20 (effectively indicating that no bacteria were found) in respect of staphylococcus aureas (the range of bacteria including MRSA) both pre and post Make Ready.

Flexible Management of the Fleet   This benefit can only be delivered in a meaningful way once a greater number of neighbouring complexes are included in the scheme (which will allow for greater sharing of vehicle resources). However, there are some positive indications that Make Ready operatives are proving effective at managing the distribution of vehicles. KPI data indicates that vehicles have been correctly distributed to ensure that each station has enough vehicles to meet its peak vehicle requirement with a success rate of in excess of 98% since August 2004 (and consistent 100% performance since October 2004).

Absorb Future Growth   No progress to date.

Reduce lost unit hours   Notionally[1] 40 minutes preparation time will be saved per vehicle per day. Given that the total peak vehicle (ambulance) deployment for the 5 complexes included in the scheme so far is 61, this equates to approximately 41 unit hours saved per day.

---

[1] Notional as there is no available data to ascertain how frequently ambulance crews are able to dedicate this time to vehicle preparation before receiving an emergency call.

In addition since the start of the scheme, KPI data indicates that a modest total of 47 unit hours have been saved through Make Ready Operatives effecting minor repairs that would have otherwise necessitated ambulance crews transporting vehicles to workshops incurring associated downtime.

<u>Improve Asset Tracking</u>   This benefit principally links to being able to locate key medical devices. Audits of medical devices have been previously conducted through station administration teams with often unreliable results. As part of the daily vehicle checks the Make Ready Operatives record the serial numbers of Lifepack 12s and FR2 defibrillators that are assigned to particular vehicles. They have also assumed responsibility for submitting monthly audits to the Logistics Department. It is now possible to track key medical devices on Make Ready complexes to their last known location.

This capability will be enhanced through the introduction of electronic stock and asset management technology within the next 6 months.

<u>Consistent Inventory Carried</u> Despite the existence of a service wide vehicle inventory the evidence suggests that vehicles are packed differently on each complex. Whilst in the main this is a simple matter of differences in what is packed where, Make Ready Operatives have established that in some cases ambulances have historically been missing certain equipment and consumables.

All ambulances on the 5 Make Ready complexes are now packed to the agreed LAS inventory with consistent locker layouts. KPI data indicates that since September 2004 vehicles have been correctly packed with a 96% success rate.

<u>More Efficient Material Management</u>   Limited progress to date. Key benefits lie in the introduction of electronic stock control and asset management technology to be introduced within the next 6 months.

<u>Improved Patient Experience</u>   Not measured to date. Discussions have been initiated about how to best (and when to best!) capture patient views.

<u>Improved Staff Morale</u>   Feedback forms are left on every vehicle which has been made ready with additional forms left in mess rooms. All negative feedback is dealt with through the contractor's complaints procedures. "Complaints" now run at a very low level with only 1 received in December in relation to an inaccuracy on a vehicle daily inspection form. Positive comments have also been received:

"100% performance on all areas of this vehicle, an excellent effort, well done" EMT, Hanwell

"The team are doing a great job, the ambulances are spotless, even the patients are complementing the ambulances now" Union representative, Deptford.

"I now have absolute confidence in the packing of the ambulances and I am happy to support mid-shift changeovers for the 24 hour vehicles" AOM, Hanwell.

"Make Ready has meant that I no longer have to worry every day as to whether the primary respnose bag has the kit I need, I won't be using my own bag any more" Paramedic, Oval.

"It's really good to get into a clean cab every day rather than sitting in other peoples rubbish" Paramedic, Newham.

"Since Make Ready the ambulances look clean and smart and are definitely presenting a better image to our patients" Paramedic Waterloo.

Costs

16. The total recurrent revenue cost of the scheme once fully rolled out is £2.04 million. £540 thousand can be redirected to the scheme from other cleaning related activity leaving a total new investment requirement of £1.5 million.

17. The recurrent cost of the 2004/05 roll out programme is circa £910 thousand offset by circa £410 thousand identified from existing cleaning related budgets. £500 thousand of recurrent SIP funding has been approved to fund the full year effect of the 2004/05 roll out programme.

18. Therefore a further £1 million investment is required to complete the roll out programme by the end of 2006/07. The source of this funding is as yet unclear but for planning purposes the investment is broken down to £600K in 2005/06 and £400K in 2006/07.

19. This investment will be partly offset by savings delivered through the scheme. The most significant savings will be delivered through a potential[2] reduction in the number of ambulances and more efficient management of consumable stocks. It is estimated that 25 vehicles could potentially be removed from the fleet with a total recurrent saving of circa £600 thousand. Potential savings through management of stocks have not yet been quantified.

Recommendations

20. That the Trust Board notes this update.

Michael Boyne,
Head of Operation Support

---

[2] Subject to demonstrating that this can be achieved without adversely impacting on operational performance

Make Ready Benefits Realisation Plan

No	Benefit	Methodology	Method of Measurement	Timescale for Realisation
10.1.1	Improve Infection Control.	Swab various internal parts of an ambulance. Swabs are to be processed by laboratory within 48 hrs of swabbing. Regular audits of the cleanliness of the vehicles to ensure that the standards required by the service are maintained.	Swab the vehicles pre Make Ready and on an ongoing basis 10% of the vehicles for comparative results. 10% of the fleet daily to be audited.	Immediate and ongoing as the stations come on stream.
10.1.2	Flexible Management of the fleet.	By sharing the available ambulance fleet that are held within a grouping of complexes within a given geographic area. Distributing the ambulances from one station to another as required dependent upon demand and servicing schedules. Daily progress chasing of vehicles which are off road for engineering reasons. Introduction and monitoring of an even servicing schedule for the regular maintenance of the A&E fleet.	Measurement of the lost PVR. Measurement of correct vehicle allocation. Monitoring of the fleet status report actual against planned. Measure the length of time between servicing producing an exceptions report for vehicles which exceed the six weekly service.	As soon as groups of geographically linked complexes come on stream. Once actual servicing schedules are produced – Work in progress. Work in progress.
10.1.3	Fleet efficiencies	Reduce the number of ambulances held within the complexes by more efficiently utilization of the spare vehicles across complexes that	The current total fleet pre make ready against the total fleet across the	Overall reduction of ambulances in the fleet by 25 by mid 2006.

		are in similar geographic locations or sectors.	linked complexes once the scheme is running.	
10.1.4	Reduced lost unit hours.	Reduce the number of lost time for crews by: a. Conducting minor repairs to ambulances that would otherwise facilitate the ambulance being booked off the road for service. b. Reduce the demands placed upon the workshops by unscheduled minor repairs, thus reducing additional costs being borne by the workshops. c. By packing and re-stocking of ambulances Paramedic and Technician preparation time at the start of each shift should be reduced from the current 40 minutes down to 5 minutes.	Collation of data on the number of actual minor repairs conducted by the make ready team which is then converted into the hours saved by the workshops and the crews. 10% audit of the effectiveness of the minor repairs carried out the make ready team. Increased efficiency from crews, reduced time to VDI and re-stock vehicles.	Immediately as the stations come on stream with the make ready scheme.
10.1.5	Improved asset control	By daily inspection and audit of ambulances and the recording of equipment and asset. Implementation of an asset tracking system coding the assets from stock to vehicle thereby ensuring that movement of asset from one vehicle to another is captured. Control of asset issue on station to reduce shrinkage of asset.	By the introduction of a Vehicle Defect Report on completion of each make ready of an ambulance. Report contains the serial numbers of all major assets for tracking and audit purposes. Introduction of a handheld scanner to capture data	Vehicle defect reports in use as stations come on stream. The introduction of the asset tracking system is in progress and will be completed within the next 6 months.

			tagging of the asset as it is moved from one ambulance to another and from stock to vehicle or stores.	
10.1.6	Consistent inventory carried.	By packing of an ambulance to the specification set out by the Vehicle Equipment Work Group all ambulances operated by the service will have the exact stock and equipment as specified in exactly the same position on the ambulance.	Regular audit of 10% of the vehicles made ready.	Immediate once a station comes on stream.
		Bringing uniformity to the service reducing the need for familiarisation of new ambulance staff with the vehicle layout and equipment.	Amount of time taken for new staff to familiarise themselves at a new station.	
		Regular checks of medical consumables ensuring that all out of date consumables are removed and destroyed thus reducing potential for liability.	By regular stock rotation and by introduction of minimum and maximum stock levels.	
10.1.7	More efficient material management.	Control of consumable stock on the stations to ensure that stock is rotated correctly and only the required amount is ordered to meet the demands of the operation given the usage trends ascertained from the stock control system.	Regular stock takes and inventory control.	Immediate and ongoing once on stream.
		Reduce stock holdings on stations to a level in accordance with the usage shown by trend analysis of the usage.	Introduction of a handheld stock control system to record the issue and receipt of stock.	In progress in conjunction with the LAS and the stock control initiative.

10.1.8	Improve patient experience.	Through the consistent packing and the systematic cleaning of the vehicles thus presenting the patient with a clean and tidy ambulance.	On vehicle questionnaires and surveys of the public for comment.	At a time to be determined by London Ambulance Service.
10.1.9	Improve staff morale.	Through the provision of a clean working environment which is correctly stocked both with equipment and consumables staff morale will improve. By reducing the wasted time that crews currently have in taking vehicles to workshops for minor repairs such as bulb replacements.	Staff surveys and feedback forms placed in stations. By LAS crews taking part in joint audits of the vehicles and through regular staff liaison meetings.	Immediate once a station comes on stream.

Make Ready Scheme Swab Test Analysis

Detailed below are the results of swab tests collected pre and post make ready. The results relate to tests carried out at Deptford Ambulance Station in December. Swabbing was carried out pre make ready on fleet number 6244 and post make ready on fleet number 6883.

Swabs were taken in four places, the passenger entrance steps, the rear passenger seat, the top left side locker base and from the trolley bed runners.

3 types of bacterial types were tested for:

- TVCs Total Viable Count – A general count of all bacterial types.
- Enterobacteriaceae (presumptive) – The range of bacteria including E Coli and Salmonella normally associated with stomach upsets and diahorrea. Can be passed on from bodily fluids, faeces, vomit etc.
- Staphylococcus aureus – The range of bacteria including MRSA. A potential pathogen normally carried in a persons nose, throat or skin.

Ideally the bacterial count for the latter two should be nil within an ambulance environment. To achieve a nil count on TVCs will be difficult particularly in areas such as entrance steps.
The actual results are shown below.

Swab Site	Test	Result
Pre-clean entrance step	TVC's	>30000
Post-clean entrance steps	TVC's	>3000
Pre-clean entrance step	Enterobacteriaceae (presumptive)	150
Post-clean entrance steps	Enterobacteriaceae (presumptive)	<10
Pre-clean entrance step	Staphylococcus aureus	<20
Post-clean entrance steps	Staphylococcus aureus	<20
Pre-clean rear passenger seat	TVC's	>30000
Post-clean rear passenger seat	TVC's	70
Pre-clean rear passenger seat	Enterobacteriaceae (presumptive)	<10
Post-clean rear passenger seat	Enterobacteriaceae (presumptive)	<10
Pre-clean rear passenger seat	Staphylococcus aureus	<20
Post-clean rear passenger seat	Staphylococcus aureus	<20
Pre-clean top left locker base	TVC's	10
Post-clean top left locker base	TVC's	40
Pre-clean top left locker base	Enterobacteriaceae (presumptive)	<10
Post-clean top left locker base	Enterobacteriaceae (presumptive)	<10
Pre-clean top left locker base	Staphylococcus aureus	<20
Post-clean top left locker base	Staphylococcus aureus	<20
Pre-clean trolley bed runners	TVC's	6200
Post-clean trolley bed runners	TVC's	20
Pre-clean trolley bed runners	Enterobacteriaceae (presumptive)	510
Post-clean trolley bed runners	Enterobacteriaceae (presumptive)	<10
Pre-clean trolley bed runners	Staphylococcus aureus	<20
Post-clean trolley bed runners	Staphylococcus aureus	<20

In the results column I have shown improvements in cleaning in Green, no change is shown in blue and where deterioration has been found in red. Figures indicating <10/<20 means that no bacteria were found.

London Ambulance Service NHS TRUST

TRUST BOARD MEETING   DATE 24 January 2005

PALS Annual Report Summary

1.   **Purpose**

To inform the Board of progress with the development of the Trust's Patient
Advice Liaison Service (PALS).

2.   **Recommendation**

The Trust Board is asked to note this report and support the further
development of PALS

Peter Bradley
Chief Executive

Patient Advice & Liaison Service

Annual Report Summary
From September 2002-2004

Background

This summary gives an overview of London Ambulance Service (LAS) Patient Advice and Liaison Service (PALS) from September 2002. Future annual reports will concentrate on the more familiar financial year cycle.

LAS PALS was established in September 2002. PALS enables the LAS to:
"move away from a system of patients being on the outside, to one where the voices of patients, their carers and the public generally are heard and listened to through every level of the service, acting as a lever for change and improvement" (DOH, 2001)

PALS operates within the framework of clinical governance. PALS acts as one of the building blocks for Patient and Public Involvement (PPI), providing a mechanism for service users and other stakeholders to feedback on their experience of LAS, and to identify issues of significance and emerging themes for action by trust management.

History of Set-Up

From September 2002 until June 2003 a change management project was undertaken to establish the most effective way to develop PALS, so that it could be implemented using a service model reflecting the needs of service users and the nature of the services that the LAS provides. In January 2003 a shadow PALS was set up after expert advice had been sought from various stakeholder groups including all five of London's Strategic Health Authorities. After the pilot had been completed a comprehensive PALS was set up with two permanent staff, direct telephone, facsimiles, email and LAS website access for the public, LAS staff and healthcare professionals. The staffing of PALS has been enhanced since July 2004 by a secondment programme which offers opportunities for frontline staff to gain insight into how PALS operates including working across health and social care boundaries with other public sector professionals.

Summary of Main Activities and Achievements

With the launch of PALS in June 2003, it quickly became clear that Ambulance Services needed a unique approach to delivering Patient Advice and Liaison Services as defined in the NHS plan. Systems and processes were developed based on the following:

- Interactive relationships with all 5 London Strategic Health Authority PALS networks and the PALS Mental Health network.

- PALS Charter for service users developed and operational procedures devised
- Working protocols devised between PALS and other key LAS departments (e.g. Professional Standards Unit - PSU).
- Participating in the Trust Induction Programme.
- Taking a lead role in the national ambulance service PALS network. An action plan was developed with task-related milestones implemented by the group on behalf of ambulance service PALS and further links at a national level.

During August 2003 PALS embarked on a communication strategy to promote awareness of its role to NHS stakeholders and the public that included:

- Publicity materials disseminated to all acute, primary care and mental health Trusts in London.
- PALS contact cards distributed and conveyed on all LAS A&E vehicles.

With a substantial increase in demand, PALS developed its own case management system using the trust-wide DATIX software system as a platform. The PALS system now generates evidence based on feedback from enquiries that have involved the Trust such as:

- PALS data submitted for the CHI review in 2004
- Co-ordinating multi agency meetings to manage issues identified by PALS enquiries received
- Informing the development of the trust's strategic approach to patient and public involvement

Case studies (see Appendix One at the end of this summary), demonstrate how PALS has contributed to achieving positive outcomes from enquiries received. The level of demand, compared to the joint PALS/PSU shadow service period of operation prior to the establishment of the PALS service in June 2003, has increased by 362% .

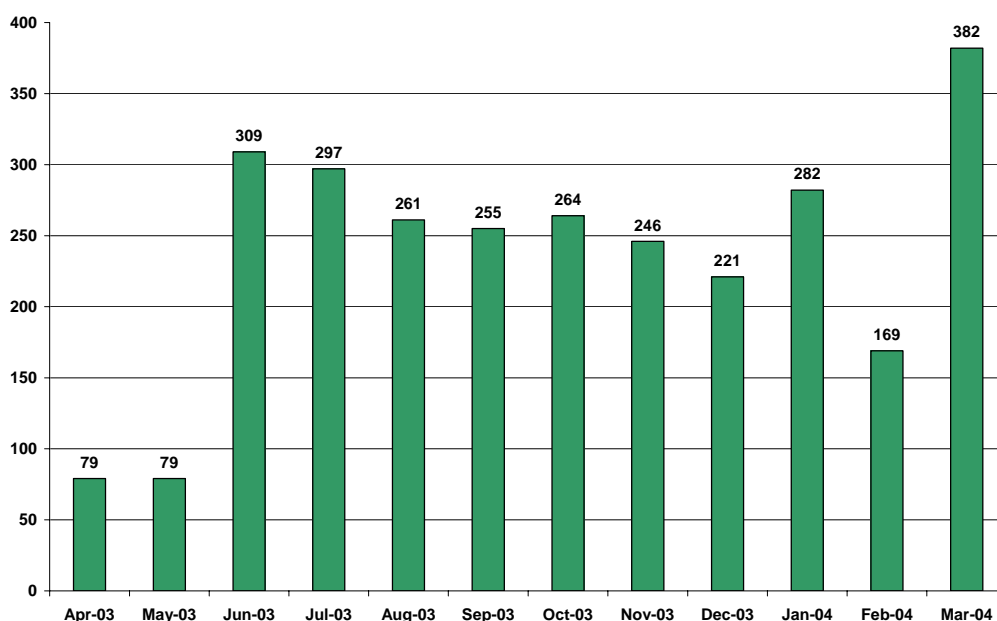**Total numbers of enquiries April 2003 to March 2004**

Figure 1

Increase in demand has resulted from

• Referrals from other PALS

• The extensive publicity campaign advertising the PALS service

• PALS as an entity becoming embedded within the NHS and becoming a recognised service delivered by Trusts.

Classifying Enquiries

Enquiries are classified using a broad range of categories so that they can be used for individual and organisational development. Here are three examples of categories:

Information/Enquiries This category covers a wide-ranging amount of subjects, including clarification of events, requests for medical records, tracking patient destination, etc.

Frequent Callers. This category covers the many facets of the needs of the frequent caller. These enquiries are very time-consuming and involve collection of data, negotiation with health and social care agencies, meeting with the patient, relatives and carers and often result in a case conference to determine a care plan that meets the patient's needs more comprehensively. PALS has been able to achieve some major successes in this area of work.

Communication (Attitude & Behaviour)

This category is used for incidents of reported inappropriate attitude/behaviour as a constructive learning approach. After consultation with the Ambulance Operations

Manager, a Duty Station Officer is usually delegated to review the management of care with the staff concerned. Staff are encouraged to 'put themselves in the patient's shoes'.

Subject Codes
The number of contacts categorised by subject codes.

Subject codes identified 01 September 2002 to 31 August 2004

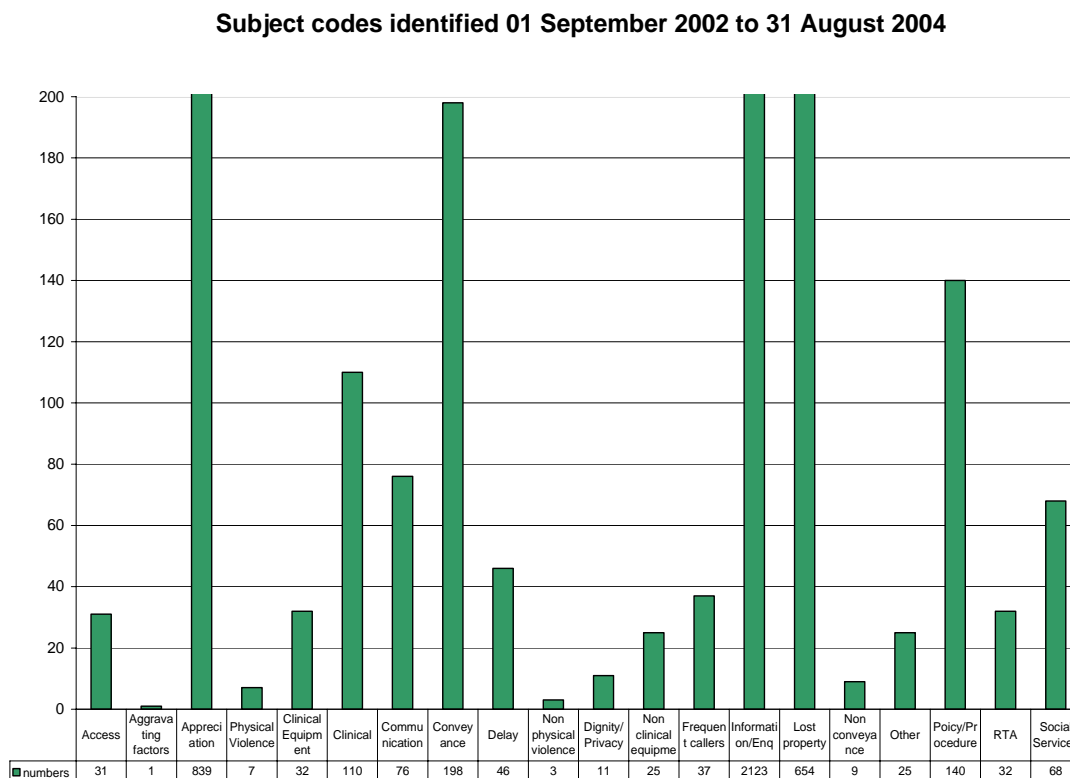|	Access	Aggravating factors	Appreciation	Physical Violence	Clinical Equipment	Clinical	Communication	Conveyance	Delay	Non physical violence	Dignity/ Privacy	Non clinical equipme	Frequent callers	Information/Enq	Lost property	Non conveyance	Other	Poicy/Procedure	RTA	Social Services
numbers	31	1	839	7	32	110	76	198	46	3	11	25	37	2123	654	9	25	140	32	68

Figure 2

Reporting Mechanisms & Feedback
PALS produces regular quarterly reports which are presented to the Clinical Governance Committee. Periodic updates have also been provided to the LAS Patient Forum.

Quarterly PALS activity reports are planned for 2005. PALS will also ensure that reports will now be provided to other PPI Forums or external organisations on a request basis.

Complaints and Enquiries
Thus far, only 2 enquiries have been pursued as formal complaints subsequent to PALS involvement. A number of enquirers elect to use the formal complaint procedure rather than PALS and these have been directed to PSU accordingly, with explanations as to the role of the Independent Advice and Conciliation Service (ICAS) clearly explained. 41 such cases are recorded as being referred to PSU

through PALS. There is an increasing number of enquiries to PALS and a decreasing number of complaints against the volume of patient contacts. Not all enquiries to PALS involve issues of concern about LAS services, although it is likely that a very high proportion of enquiries would otherwise have been received by the Trust as formal complaints.

Development and Strategy for 2004 / 2005

The aim for 2004/2005 is to utilise feedback from users and enable PALS to meet increasing demand by-

- ∫ Supporting the development of PALS so that it can meet the increased volume of demand.

- ∫ Developing 'PALS Champions' at Sector, departmental and complex level so that all Trust Staff feel a responsibility to be a 'PALS person'. This will form part of the trust's development of customer care.

- ∫ Evaluation and audit to make proposals for future service development of PALS

- ∫ Developments Project Programme, e.g. frequent caller work. A special report on this work will be prepared for the Trust Clinical Governance Committee.

PALS has achieved many successful outcomes in improving patient care. The Trust is asked to support the development of PALS in compliance with the NHS Improvement Plan, so that the LAS continue to play a role in the development of the NHS as "both national and personal to every patient."

Recommendation:

THAT the Trust Board note this report and support the further development of PALS

Gary Basset
PALS Manager

Case examples involving 'change' and positive interventions across the health and social care economy

1. Frequent Caller (Supported independent living)

Mr D is a Chronic Obstructive Pulmonary Disease (COPD) patient with asthma & bronchitis, who also displayed an acute anxiety condition. Mr D was a frequent caller to LAS, having made 238 calls for an ambulance within a period of two months. Whilst Mr D invariably reported severe breathing difficulties, these did not prove to be clinically significant, in terms of requiring an emergency admission to hospital.

Having been alerted to the situation by a local Team Leader, PALS were able to liaise with Mr D's GP, the local hospital 'Fast Response' Team and the community social worker. Using the evidence of the frequency of calls to LAS, it was arranged for Mr D to be admitted to a rehabilitation ward, where he received support to promote independent living. The evidence of the calls to attend Mr D was also used to refer Mr D to Social Services Panel and funding was subsequently agreed for Mr D to be placed at an enhanced sheltered housing scheme with access to 24 hour staff support.

2. Frequent Caller (Appropriate Care Pathway)

Mr M is a patient with mental health problems and a history of chronic alcohol abuse. He does not engage with services. He is also known to have had weapons at his home. At times when Mr M experienced a crisis and became suicidal, repeated calls were made by the police and NHS Direct for LAS to attend, whereas Mr M did not wish LAS to do so. Following a case conference, it was agreed to place Mr M on LAS Special Register, so that his allocated key worker and social worker could be contacted when LAS were requested to attend. This enabled the care professionals to be alerted to the situation and intervene accordingly, towards negating an exacerbation of the crisis Mr M experienced and enabling him access to appropriate care provision.

3a Vulnerable Adult

A crew were called to attend a patient who they assessed as requiring hospital treatment. The crew reported their concerns regarding the patient's partner, a vulnerable adult with learning difficulties, given the presence of two adults who were abusing alcohol and the poor environmental conditions apparent. PALS made a referral to Social Services who later confirmed their intervention in the matter.

3b Vulnerable Adult

Following a referral from a Team Leader, PALS made a referral to Social Services in respect of an elderly patient who had been discovered in appalling domestic environmental conditions. The patient was not previously known to Social Services and an emergency assessment was arranged in collaboration between the acute Trust 'Fast Response' team and the local authority community team.

4. Care Review – Procedural change (Internal & External)

PALS undertook a review of care at the behest of a hospital following an emergency call in respect of a patient at 23 weeks gestation who was subsequently conveyed to Accident & Emergency (A&E) as there was no availability in the hospital delivery suite. The PALS report emphasized the need to increase the number of dedicated phone lines into maternity units, which the Medical Director had previously raised with the London-wide senior midwives group. A new direct activation number has been established for Central Ambulance Control (CAC) to contact the hospital maternity unit for obstetric emergencies. The hospital is also reviewing their policy for admission of patients presenting in labour of low gestation.

5. Working across the health economy

Patient Transport Services (PTS) left a note after the patient failed to answer the door when PTS arrived to convey the patient to an outpatient clinic appointment. The patient contacted PALS as she had no knowledge of the appointment. PALS ascertained that incorrect details of the patient's address were being held by the clinic but that, in any event, the clinic was discharging the patient on the grounds of her difficult behaviour. PALS liaised with the Primary Care Trust – the patient's GP was concerned that the patient received ongoing treatment. PALS spoke with the hospital to arrange a new appointment for the patient, and to ensure that the acute trust clinic staff were aware of the difficulties the patient experienced which evidently promoted her erratic behaviour, so that there would not be any barrier to her future treatment. PALS also ensured PTS were made aware of the patient's mobility difficulties which meant she was unable to answer her door very quickly.

6. Bereavement

At the parents' behest, PALS facilitated a meeting between LAS staff and the parents of several young people who had sadly died in a Road Traffic Accident (RTA). Although the persons concerned were already receiving bereavement counselling, they said that the meeting provided an opportunity for a clarification of events, which they reported as immensely helpful.

7. Liason with GP Deputising Service

An ambulance attended Mrs T which resulted in the crew requesting CAC to arrange for Mrs T's GP to call. Although CAC placed a call to the GP deputising service, a significant delay ensued. Whilst the new GP out of hours arrangements, in keeping with the establishment of national standards, will mean that call out guidelines will be more robustly monitored, since this incident the deputizing service in question has launched a priority telephone line for use by healthcare professionals, including the LAS, to ensure more effective liaison.

8. Frequent caller

Having established a relationship with an acute Trust, PALS were invited to attend a case conference in respect of a frequent caller who had multiple admissions at A&E. The Duty Station Officer who attended was able to identify that the calls were being made by Mr M's carers and always occurred around late afternoon. As Mr M is a diabetic, it emerged that dietary needs were the causative problem. A care plan was designed to include support from the diabetic nurse and additional carer input from Social Services to address the identified problem.

London Ambulance Service NHS Trust Board
24th January 2004

Part I
Tenders Received

Report of the Trust Secretary

1. Purpose of Report

The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.

2. Tenders Received

Register No.	Scheme	Tenders Received From
15/04	Formation of Logistics Store, Deptford	TCL Granby Giffin Professional Construction Bryen & Langley Axis Europe Fairhurst Ward Abbot Ltd
01/05	Refurbishment of Devon's Road, Bow	Bryan & Langley Ltd TCL Granby Ltd Crispin Interiors Interior Motives Russell Crawberry Ltd

3. Proposals

It is proposed that the tenders listed above be analysed by the appropriate department and the results of that analysis be reported in due course to this Board.

4. Recommendations

THAT the Board notes this report.

Christine McMahon
Trust Secretary

London Ambulance Service NHS Trust Board

24th January 2005

Report of the Trust Secretary
Register of Sealings

Part I

1.   Purpose of Report

1.1. To advise the Trust Board of new applications of the Trust seal that have taken place since the last meeting of the Board.

2.   Background

2.1. It is a requirement of Standing Order 32 that all sealings entered into the Sealings Register are reported to the next meeting of the Trust Board.

2.2. There have been 4 entries, reference 83, 84, 85 and 86, since the last Board meeting. These entries relates to:

- o   Draft memorandum of understanding between the LAS and Ziqitza Health Care Ltd

- o   Transfer of Chase Farm AS from the Secretary of State for Health and the LAS

- o   Transfer of Feltham AS from the Secretary of State for Health to the LAS

- o   Contract for redevelopment of Streatham AS between Coniston Ltd and the LAS

2.3. Board Members may inspect the register after this meeting should they so wish.

3.   Recommendations

3.1. THAT the Trust Board notes this report and the entries to the Sealings Register.

Christine McMahon
Trust Secretary

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 21st December 2004 at 10:00 a.m.

Held in the Conference Room LAS Headquarters
220 Waterloo Road, London SE1 8SD

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive *(departed at 11.45am)*
	Suzanne Burn	Non Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Toby Harris	Non Executive *(departed at noon)*
	Colin Douglas	Non Executive *(departed at 11.20am)*
	Wendy Foers	Director of Human Resources
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	Beryl Magrath	Associate Non Executive Director
In attendance:	Peter Suter	Director of Information Management & Technology
	David Jervis	Director of Communications
	Kathy Jones	Director of Service Development *(from 10.55am until 12.05pm)*
	Martin Flaherty	Director of Ambulance Services (East)
	Philip Selwood	Director of Ambulance Services (West)
	John Hopson	ACAO CAC (acting)
	Greg Masters	HR Project Manager *(from 10.25am until 12.05pm)*
	John Atherton	MTS Trainee
	Pippa Bagnall	SWLHA Project Director Urgent & Emergency Care Project *(from 11am until 12.05pm)*
	Christine McMahon	Trust Secretary (minutes)
Absent:	Keith Andrews	Director of PTS

Circulated at the meeting:

Minute 42.04	Summary of Month 8 financial report
Minute 43.04	LAS Agenda for Change – updates regarding issues to be resolved
	Traffic light report on progress against Agenda for Change deadlines Sep 04-Sep 05
	Issue 1 of the NHS Newsletter for the Agenda for Change programme 'The Agenda'
Minute 45/04	2003/04 Reference Costs
Minute 44/04	Flow chart of 'response for London'

38/04 **Minutes of the Meeting held on 26th October 2004.**
The Chairman **signed** the Minutes as a correct record of the meeting held on 26th October 04.

39/04 **Presentation to Suzanne Burn**
Suzanne Burn has tendered her resignation as she will be taking up a full time

permanent post from January 2005 and will be unable to continue as a Non-Executive Member of the LAS Trust Board.

The Chairman paid tribute to the contribution that Suzanne has made since she joined the LAS Trust Board in January 1998 which has drawn upon her legal training and wider experience. Her guidance on legal issues has been of great value to the Trust especially with regard to the 'Kent' case. As an active board member she chaired the Clinical Governance Committee and was involved with the drafting of the new complaints procedures. On a personal note the Chairman said that he had very much valued Suzanne as a colleague over the years.

The Chairman and the Chief Executive (on behalf of the Senior Management) made presentations of mementos for Suzanne to remember the LAS.

40/04   Chairman's Update

The Chairman reported that he would be meeting shortly with Jane Kelly (the London member of the Appointments Commission). Ms Kelly has recently announced her resignation, effective March 2005. At their meeting they will discuss whether it would be advisable for the LAS Board to try and quickly fill the two vacancies for Non-Executive Members or if it would be advisable not to rush the appointments but to wait until after Ms Kelly's successor has been appointed.

The Chairman referred to recent media speculation regarding the possibility of a pan-London NHS Authority of which the current five NHSAs would probably be part. He welcomed the proposal of a pan-London NHS Authority as a positive move.

He reported that a letter has been received from the Lord Lieutenant of Berkshire, thanking the LAS for the assistance rendered at the Ufton Nervet train crash. The letter would be circulated for information.

ACTION: Sigurd Renton

The Ambulance Service Association's (ASA) National Council met last week and accepted the proposed changes to the ASA Constitution. An Extraordinary General Meeting would be called and Members would be asked to give approval to the proposed changes to the ASA constitution. The Chairman felt the ASA was moving in the right direction with the amendment to the Constitution.

41/04   Performance Update

The Chief Executive reported that the guidance for 2004/05 star ratings has been issued; the four performance targets relate to Cat A 8, Cat A14, Cat B14 and financial balance. The Chief Executive was confident that three of the four would be achieved through active management by the Senior Management Team should secure a two star rating for the LAS in 2004/05.

In January 2005 the Department of Health (DH) will be issuing a consultation paper on the future of the Ambulance Service in England over the next three years. The consultation period is eight weeks, with the final report expected March 2005.

Performance: the Director of Ambulance Services (West) updated the Committee on performance issues. With the exception of Category B14 the Trust was on track to achieve the performance targets set for Category A8 and Category A14. Doctors' Urgents have shown an improvement in performance since the new procedures were introduced following the recent two trials – improvement of 12% on last year's performance. For October and November the Cat A shows a performance figure of 74.8% and 74.9% respectively. PRF figures have still to be inputted for November.

Arrangements for the Christmas and New Year were robust; the final briefing regarding service provision on 31st December 04 and 1st January 05 has taken place.

PCTs –performance for three PCTs had fallen below the 70% target and three others were causing concern. Both the Directors of Ambulances would be focussing on these areas between January and March with the intention that the 70% performance target is achieved.

The Director of Ambulance Services (East) confirmed that ECPs had only been introduced in Bromley the last two weekends and a rapid response unit would be in place with effect from 10th January 05. He expected Bromley's performance to improve with these additional measures.

One area of concern is Newham's performance which has seen a big rise in demand. It was felt that if challenged the Trust would have quantifiable reasons why performance has been less than ideal.

42/04 Financial Update – Month 8

The Finance Director presented a summary of the Financial Position to the SDC. The full pack would be circulated before Christmas and Members were invited to contact him should they have any questions.

Noted:
1. **That there was a positive variance against budget; with the year end forecast being a positive £1,345k.**
2. **That a variable charging formula has been received from the Commissioners for consideration which would be confirmed at the Commissioner meeting in January 2005.**
3. **That PTS had received the disputed £98k from Hammersmith relating to excess activity. PTS's cost controls have resulted in a margin of 4.9% for the month. Two other contracts have formally gone to arbitration.**
4. **That the Estates department was now the responsibility of the Finance Director and not as previously the Director of Management Information & Technology.**
5. **That the responsibility for Management Information now resides with the Director of Management Information Technology.**

43/04 Agenda for Change –review of options

Greg Masters, HR Project Manager, gave a presentation to the SDC of the issues that require agreement with the trade unions before any staff can be moved onto Agenda for Change terms and conditions.   The SDC discussed a number of the issues and provided feedback on the options that were available to the Service. The issues discussed included :-

- *London Allowance:* The Agenda for Change agreement proposes a 20% allowance for staff in inner and 15% for those in outer London. It was however noted that staff side representatives had suggested a single percentage allowance for all staff which would in effect mean that staff in the Inner London area would receive a lower allowance if the overall funding allocation was to be maintained. The Committee suggested an alternative option which would involve staff receiving a fixed amount of money rather than a percentage of salary. It was agreed that this should be considered further but there was a general view that the Service should, as far as possible, stick as closely as possible to the original Agenda For Change agreement.

- *CAC terms and conditions*: CAC staff could, under Agenda For Change, be disadvantaged. Consideration was given as to whether they should be regarded as being on Trust terms and conditions which would allow existing staff to retain their current terms and conditions of service. The basis for this would be that the terms and conditions for these staff are currently very different from those within Whitley. It was recognised that this may provide a satisfactory way forward but it was acknowledged that new staff would need to be appointed on the new Agenda for Change terms. .

- *Meal breaks*: It was acknowledged that the issue of meal breaks would be difficult to resolve and was linked to the length of the working week (see below). Under Agenda for Change meal breaks should be excluded from the 37.5 working week. The Director of Human Resources stated that she was currently chairing a group to look at how the meal breaks could be accommodated within the existing rosters. She reminded the Committee that this issue would only be resolved with the help of technology.

- *The working week:* It was noted that under Agenda for Change all staff will be required to move to a 37.5 hours working week excluding meal breaks. Currently operational crews work a 39 hour week including meal breaks.

- *Banding of EMTs:* Greg Master reported that the DoH had issued three draft profiles which complicated the issue of the EMT banding. It was noted that funding had been based on an EMT being in band 4 and that any move away from this would be unaffordable.

  It was reported that the LAS had taken part in a job matching consultation exercise undertaken by the DoH but the outcome of this had not yet been reported. The Director of Human Resources reported that if this was not resolved at national level then the implementation programme may be compromised.

- *Frozen leave:* Greg Master reported that a small number of operational staff employed prior to 1986 had annual leave owing to them. The general view was that this should be bought out when the staff were assimilated on to the new terms

- *Annual leave:* It was noted that Agenda For Change increases the annual entitlement of most staff with effect from 1st October 2004. The view of the Committee was that this should not be allocated until all the other outstanding issues had been agreed

Greg Masters reported that a 'traffic light' monitoring system had been introduced which required the Trust to report progress on the implementation of Agenda for Change to the Strategic Health Authority. The Director of Human Resources confirmed that there may be delays in implementation if some of the above issues were not resolved at a national level. There was agreement however that the Trust should not be pressurised into agreeing issues in order to meet these targets.

The Chief Executive reported that a meeting would be held between the Pay and Modernisation Agency and the SWLHA to discuss some of the above issues. The Chief Executive stated that Julie Dent, who has national responsibility for the implementation of Agenda For Change would be involved in the meeting.

Noted: **1.   That the discussion regarding the outstanding issues be treated as confidential as there were on-going negotiations with staff side representation.**
   2.   That bearing in mind the financial constraints the Trust will operate under from 2005 it was important that all staff were treated equitably with regard to London Allowance etc and their contribution to the Service not undermined by the implementation of Agenda for Change.
   3.   That the ballot results of UNISON and Amicus have been published and both were in favour of Agenda for Change
   4.   That the Trust Board would be kept informed of progress of the Agenda for Change implementation

44/04   Integrated Emergency Care - update

The Director of Service Development reported that work was currently being undertaken to map the 50 or so processes used by PTS, EBS, CTA and Green Base to understand how they could be brought together in one control room.

She also reported that by the end of December ECPs would be based in 5 PCTs. In one PCT the ECPs are providing support for the GPs out of hours' service. The Director of Service Development reported that she had received requests from three Strategic Health Authorities for business cases to introduce ECPs in their areas.

The SDC were informed that a recent bid made to the Treasury for funding the Urgent and Emergency Care Project had not been short listed by the Treasury. It was confirmed that approximately 50% of the current ECP programme was unfunded by PCTs.

Pippa Bagnall, the SWLHA Project Director for Urgent & Emergency Care Project, gave a brief presentation to the SDC on progress to date. It was reported that PA Consulting had been engaged to advise on the organisation of how people could access healthcare in London via telephone. One suggestion was that there be two telephone numbers: 999 would remain the emergency telephone. It was recognised that the second telephone number would need to be easy to remember (247 has been suggested). Pippa Bagnell would be working closely with NHS Direct.

A draft of R*esponse for London* which used a flow chart to describe the different ways patients would access medical help was shared with the Committee. The 'response co-ordination hubs' would process enquires to one of four outcomes - A&E, clinical advice, home visit or base. The 'hubs' were likely to be dispersed, not centralised, recognising the importance of local knowledge. Building on the experience of NHS Direct meant that it was recognised that it was important to get the skill mix right.

It was recognised that bringing different service providers together would be a formidable challenge. Ms Bagnall confirmed that there were now representatives of GP co-operatives on the Steering Group and Reference Group. The Director of Ambulance Services (West) suggested that the involvement of Social Services was also essential; the Reference Group has a representative from Southwark Social Services.

Ms Bagnall was keen to explore the role ECPs could play in the project as it was widely recognised that they were an effective and economical way of delivering patient care.

It was reported that a strategy would be expected to be published for consultation in January /February 05.

The Chairman felt that the co-ordination hubs would be an opportunity to improve the care that Londoners currently receive when they are trying to access healthcare. He thought that the LAS would be ideally placed to co-ordinate the activities of the hubs.

The Medical Director felt that lessons should be learnt from the experience of NHS Direct with regard to employing very senior nurses who became bored and found the service to be very protocol driven. She thought that it was important that the medical triage be as simple as possible to operate in order that either people with no medical knowledge could advise callers appropriately or more discretion was given to senior clinicians who could 'hear, treat'.

Noted: **That the report to the Reform Programme Stakeholder /Steering Group would be circulated in December 04.**

45/04 <u>**Reference Cost - update**</u>

The Committee received an interim reported regarding reference costs which set out the situation to date.

Noted: **1. That a full report on reference costs would be presented to the SDC in February 05**
2. That early indications show that, based on current

methodology which is being reviewed, the LAS has higher reference costs than other Ambulance Services

3. **There is an element of subsidisation of PTS by the LAS would be addressed.**

4. **That once the national methodology for calculating reference costs has been agreed and published the Trust Board will receive a report on reference costs on a periodic basis.**

46/04   Freedom of Information

The Director of Management Information &Technology presented his report to Members on the preparedness of the Trust to deal with requests for information under the Freedom of Information Act (FoI) from January 2005.   It was confirmed that the LAS would be using the list of exemptions drafted by the NHS as a guide on what information could or could not be released.   There was discussion on whether PALS was the correct gateway for dealing with FoI requests for information under FoI and applying exemptions. However the Executive members were confident that PALS was the appropriate gateway for handling FoI enquires.

The Committee discussed who in the Trust should be the nominated Section 36 Officer and it was felt that it should be the Director of Management Information & Technology.

The Director of Management Information &Technology commented that the FoI Project Board would continue to exist and oversee the process; a review would take place once the Trust had a better understanding of what enquires it was likely to receive under FoI.

The Director of Communications pointed out that the LAS was an exceedingly open organisation and any areas that might be of concern would be covered by the exemptions to the FoI Act.

Noted: 1.   That the January Trust Board would receive a Freedom of Information Policy and guidelines.

2. **That the SDC would receive a progress report later in the year on the impact of the FoI Act on the Trust.**

3. **That Members felt it would be more appropriate for the Director of Management Information &Technology to be the Trust's nominated Section 36 officer.**

47/04   Any Other Business

There was no other business.

48/04   Date of Next Meeting

The next meeting of the SDC would be on Tuesday 22nd February 2005 at 10:00 am in the Conference Room, LAS Headquarters.

The meeting concluded at 12.25pm

Enclosure 16

LONDON AMBULANCE SERVICE NHS TRUST

RISK MANAGMENT COMMITTEE

Monday 6th December 2004

Present:	Barry McDonald	Sarah Waller
	Beryl Magrath	Peter Bradley
	Nicola Foad	Fionna Moore
	Mike Dinan	Peter Suter

In Attendance:	Christine McMahon	Tony Crabtree (Head of Employee Services)
	John Wilkins	Claire Glover

Apologies: Wendy Foers

Circulated at the meeting: report regarding the Trust's adherence to the DDA.

10/04.   The Minutes of the last Risk Management Committee on 12th July 2004

Agreed: 1.   The minutes of the last Risk Management Committee held on 12th July 2004.

Noted   2.   That the Trust has asked to be assessed at level 3 by the NHSLA; the inspection team will be visiting on January 25th 2005. The Head of Governance will circulate a reminder to the SMG members who will be interviewed. Though being assessed at level three is more expensive it will mean a bigger discount on the Trust's premiums

3.   That the Head of Employee Services was awaiting a report regarding the cases settled prior to going to full tribunal hearing - category of tribunal claims and outcome. This will be presented at the next RMC meeting.

4.   PRFs - the Director of Information Management & Technology (DIMT) confirmed that there were no plans at the moment to change the forms to electronic forms. It will be part of the National IT Programme roll out which is estimated to be in 2006.

11/04.   Report on Claims

The Committee considered the report on clinical negligence, staff personal injury, employment tribunal and road traffic accidents claims. The report set out the actions taken by the Trust to reduce the incidence of such claims in the future.

It was commented that the majority of trends are downwards which is good, apart from slips & trips which has shown a rise. NF explained that this was due to a number of incidents with staff slipping on oil spilt in the garage areas.

With regard to problematic inquests it was reported that the workload connected with attending inquests has increased.

Road traffic accidents - the 'black-box' is being trialled in the Fast Response Units based at Fulham; the FRUs have the highest incidence of road traffic accidents. The data recorded by the 'black-box' is extremely detailed eg speed, braking etc. The Staff Council has been supportive of their use. It was reported that the London Metropolitan Police have found that the 'black-box' helps rather than penalises staff in the event of an incident.

The Head of Legal Services was asked to do an age profile of the 14 claims which have a provision of £5.7m. ACTION NF

The Head of Legal Services assured the Board that the figures in the report were realistic, not pessimistic, figures and were based on information received from the NHS LA.

The Medical Director pointed out that the size of payouts on obstetric, head injury, spinal injury were huge and could use up the funds available though NHS LA. Since becoming a member of the NHS LA contributions have increased due to the perceived risk. NF point out the clinical negligence claims were a much smaller number compared to public liability claims - 14 compared to 87.

It was recognised that the claims contained in the report go back to 4-5 years.

ACTION:MD/NF to review.

Noted: The report

12/04   Risk Register Update

The Risk Register Update contained a summary of progress with the management of high priority risks on the Register as stated in the risk Management Framework.

It was reported that following the trust wide risk assessment workshops carried out September and October 2004 four new risks had been identified and accepted onto the risk register.

Beryl Magrath queried whether there were enough staff employed in the workshop to ensure that vehicles were properly serviced. The Chief Executive reported that ten new staff had been recruited from the agency staff that had been working in the workshops. Furthermore a review was being undertaken of the hours the workshops were open, their location and their workload. Tony Crabtree explained that when there were vacancies in the workshop agency staff were employed and if they proved suitable, they were invited to apply for job on a permanent basis.

The Chairman was assured that a quarterly review was carried out of the risk register and, when possible, items were downgraded or deleted from the risk register.

The DIMT felt that one of the risks identified at the trust -wide risk assessment workshop (risk to business capacity due to a lack of integrated capacity within IT to meet trust wide demand for the current organisation IT infrastructure) was answerable and a report would be presented at the next RMG meeting (2nd February 05)

Noted: 1.   The report and were happy with the progress being made to manage the risks.
2.   That the risk 'not having a common data basis to compile and maintain risks register' has been downgraded to a medium priority. Datix, the integrated risk management system, has been in place almost three years and records risks, incidents, claims, complaints and PALS enquiries.
3.   PROMIS will track which staff are due for recertification. At the moment the process is still paper based, however approximately 70% of the work has being put on computer.
4.   That MDTs would be updated in January/February 05 and that they were updated twice a year.
5.   That two new risks have been added to the register following risk assessment in the Emergency Planning Unit. These are
   - **not being able to respond effectively to a major incident and damage of reputation at a subsequent enquiry due to out of date IT systems in Gold Control**

- **not being able to instigate an effective response in the even of either an internal or external incident that affected the infrastructure of the service due to a lack of a comprehensive, fully integrated Contingency Plan.**
6. **That the Trust wide risk assessment workshops conducted in September and October 04 identified the following high priority risks:**
   - **inability to implement Agenda for Change within timescale and subsequent consequence of implementation expected to impact on operational performance due to staff retention, sickness and absence, staff satisfaction, weekend/flexible working, meal breaks etc**
   - **risk of injury due to not being able to maintain vehicles due to asset tracking issues**
   - **risk to staff, patients and organisation of staff working excessive overtime/hours when benchmarked against Working Time Directive.**

13/04   <u>Trust Adherence to DDA</u>

A brief report which set out the Trust's adherence to DDA was tabled at the meeting by the Head of Employee Services for information. The report explained that the provisions of the DDA fell into two parts: organisations as employers and organisations as service providers. The first requires employers to make reasonable adjustments so as not to discriminate against an applicant for employment or an existing employee who declares a disability.

The second part requires that reasonable adjustments are made so as not to discriminate against disabled persons in terms of gaining access to the services in question. Under the legislation the LAS is a 'service provider'; however in the ain we do not provide services from our Estate and consequently it is not accepted that there is a general requirement under the second part of the DDA to apply those provisions to all ambulance stations or services premises. The exceptions are Trust Headquarter and Bow due to the frequency and volume of visitors and compliance work has been undertaken at each of these sites.

Noted   The report.

14/04   Minutes from Meetings

1. <u>Risk Management Group - 29th September 04</u>

Noted the report of the Risk Management Group.

2. <u>Clinical Governance Committee - 4th October 04</u>

The Committee asked for reassurance regarding the reference in the minutes to mandatory training days being postponed. The Medical Director confirmed that crews would have at least one day protected for off road training. This was separte to recertification courses.

Noted the report of the Clinical Governance Committee

3. <u>Information Security Panel - 13th September</u>

Noted the minutes of the Information Security Panel and that the responsible for chairing the ISP would henceforth be the DIMT.

15/04   **Any Other Business**

Agreed: **1.**   **That the top 2/3 risk which each of the Trust Board's Committee were responsible for would be drafted and circulated for information to all the Committees. ACTION CG**

Noted: **2.**   **That it appeared there had been a national resolution to the issue of meal breaks; what the deal would mean for the LAS had still to be ascertained. TC felt that the LAS needed to improve its ability to offer staff meal breaks.**

16/04   <u>**Date of next meeting of the Risk Management Committee**</u>

Monday, 21st March 2005 at 4.15pm, Conference Room

The meeting concluded at 4.25pm

LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE

Monday 6th December 2004

Present:	Barry McDonald (Chair)	Sarah Waller
	Colin Douglas	

In Attendance:	Beryl Magrath	Peter Bradley
	Christine McMahon	Peter Suter
	Mike Dinan	Vicky Clarke
	Michael John	Claire Glover
	John Wilkins	
	Tim Merritt (Bentley Jennison)	Sue Exton (Audit Commission)
	TerryBlackman(Audit Commission)	

12/04.   The Minutes of the last Audit Committee meeting on 12th July 04

Agreed: 1. **The minutes of the last Audit Committee meeting held on 12th July 04**
2. **That Sue Exton's name had been incorrectly recorded in the list of attendees.**

13/04   Report on Information Issues arising from internal audit

Information Issues arising from internal audit: the new Director of Information Management & Technology (DIMT) tabled a report for consideration by the Committee that set out a programme of work to address the issues raised by the internal auditors. The DIMT proposed to take a pragmatic approach and would update the Committee at future meetings regarding the progress being made with the IM&T programme.

The Chair recognised that the Technology Department had completed a good deal of the work required by the Auditors and that the Committee had received an outline of the work programme with a timeframe for the outstanding items to be completed.

Freedom of Information Act - the Committee were informed that work was underway to ensure that the Trust was prepared to meet the requirements that the Act places on all public organisations. One issue that is still to be agreed is whether it would be more appropriate for the department or the co-ordinating officer to apply exemptions where this is necessary.

Colin Douglas agreed that there were pros/cons for either one having the authority to apply exemptions. On the one hand the department would have the necessary expertise but on the other hand the co-ordinating officer would be in a position to apply exemptions in a systematic and neutral manner across the Trust.

It was confirmed that the work undertaken by the NHS Confederation regarding the application of exemptions would be incorporated into the LAS policy. The Chairman supported the proposal of having one central point for co-ordinating requests and thought the situating of the post within PALS appropriate.

It was recognised that the Trust needed to demonstrate that reasonable and appropriate steps were taken when applying exemptions and that they were applied fairly and equitably.

Noted: 1. **The programme of work to resolve the outstanding information issues identified by the internal auditors**
2. **That a Freedom of Information policy was being drafted and it would be presented to the Trust Board in January for approval**

3. That Tim Merritt would be forwarding the programme of work for comment to his IT colleague who would liaise with the DIMT.

4. That the Freedom of Information audit would be part of the Statement of Internal Controls that the CEO signed off in the Annual Accounts.

14/04   <u>**Internal Audit**</u>

Tim Merritt of Bentley Jennison presented the internal audit progress report. He thanked Vicky Clarke (Finance Manager to the Director of Finance) for her help in clearing the backlog of work.

The Finance Manager to the Director of Finance reported that the Director of HR had presented the draft internal audit report on Security to SMG; as yet a SMG lead had still to be identified for this report.

Station Visits: following the Internal Auditors visit to 8-9 stations in 2003/04 they felt they could only give limited assurance on the adequacy of controls in their audit report. Although policies and procedures were in place, compliance was identified as a problem. It was accepted that the importance of adhering to policies and procedures must be reiterated with AOMs.

Fleet and Transport Management: the Internal Auditors had found adequate measures in place. The Management Response has been to take on board the Auditor's recommendations and progress was being made with flexible fleet management and having technological support in real time.

The Committee discussed the role of IT in having an efficient flexible fleet process. It was recognised that it would be a 3-6 month period before an optimising model could be used.

It was recognised that the Station Visits had taken place at about the same time as the AOMs were introduced across the Trust. The Committee were keen to see if a further audit would be able to report improvements in adherence to polices/procedures. This would be included in the Internal Auditors future work programme.

Training: it was noted that the Clinical Governance Committee receives regular reports regarding training and that SMG had recently received a report on the provision of training and how non-attendance would be managed. It has been agreed that each crew member had one day's protected training a year.

The Medical Director pointed out that training and recert courses were being run and non-attendance managed. She also pointed out that there needed to be a balance struck between training and the operational needs of the Service, especially during the Winter season.

<u>2004/05</u>

Charitable Funds Committee: the Auditors were satisfied with the management of the Charitable Funds Committee.

Treasury Management: the Internal Auditor's recommendation that the Trust Board receive regular cashflow reports has been agreed by Management and this will be done with effect from January 05.

Health & Safety was given a 'clean bill of health', the Internal Auditors recognised that this was an area the Trust took seriously.

Infection Control: the internal auditors made two significant recommendations - namely that the Trust should adopt a formal infection control policy and that a formal audit programme be adopted across the trust annually.

It was reported that as part of the Make Ready scheme an infection control element would be incorporated into the programme. A report regarding infection control had been presented to the Board in November 2004.

Sarah Waller commented that the Trust needed to have robust measures in place to ensure infection control. The Head of Governance confirmed that the proposed audit would include A&E and PTS vehicles and complexes where Make Ready had been introduced and complexes where it had yet to be introduced. The Governance Manager reported that as part of the Make Ready process 20 vehicles were swabbed before and after being cleaned. The Infection Control Group monitored the programme of work that is being undertaken to manage this issue.

Child and Adult Protection: on the recommendation of the Auditors the Trust will ensure that all relevant staff receive a high level CRB check. This has not previously been the practice. It was estimated that this would cost the Trust approximately £30,000.

It was recognised that it is not possible for the Trust to follow up all referrals that were made to Social Services. The Policy would be reviewed to ensure that the wording is not misleading. It was recognised that the referral should be in writing.

Financial systems: the Internal Auditors recommended that some housekeeping be carried out as there were £12,500 credit notes on the system going back 3.5years. The Auditors were comfortable with the financial systems and the management of the income/debtors.

The Chairman thanked the Internal Auditors for their report which the Committee had found very useful and instructive.

Agreed: **1. That the Internal Auditors should carry out an audit of a sample of complexes to ascertain if the introduction of AOMs has led to improved compliance with policies and procedures.**
2. The progress reports.
Noted: **3. That with regard to electronic patient forms- there were no plans for the system at the moment but it would be on the list of desirables and a bid made for funding to SMG.**
4. That the new Finance Director will be looking to address the issue of standardising the procedures with regards to Travel Expenses.

15/04   Audit Commission

Sue Exton of the Audit Commission reported that the draft 2003/2004 Annual Audit Letter had been agreed with the Chief Executive; it would be further reviewed and a final version presented to the Trust Board in January 2005.

Terry Blackman expressed his thanks to the Finance Department for their assistance with the Annual Audit which had ensured that it had been a smooth process. He highlighted the key messages and key actions; it was recognised that with the receipt of CBRN funding there was now not the significant risk noted by the Audit Commission in their draft letter. The implementation of the SIP was still ongoing and it was noted that it was making good progress which was partly reflected in the LAS achieving a rating of two stars from the Healthcare Commission in 2004. The issue of cross subsidies in the reference costs from A&E to PTS was being reviewed.

The Chairman thanked the Audit Commission for a clean and encouraging letter and welcomed their comments.

Noted: The report

16/04   **Report of the Local Counter Fraud Specialist**

Tim Merritt apologised that the new LCFS (Robert Booker) had not been able to attend the meeting; he would attend the next meeting. A more detailed report would be presented in March.

It was reported that the most common fraud investigated in the Ambulance Services sector was staff reporting sick but working elsewhere

The Finance Manager to the Director of Finance reported that the National Fraud Initiative was underway, carrying out a payroll matching exercise across the NHS.

Noted: 1.   **The report.**
2.   **That reference to individual stations should be omitted from future reports.**
3.   **That the Secretary of State required each NHS body to nominate a non-executive to be anti-fraud champion - deadline 21st December.**

17/04   **Risk Register Update**

The Governance Manager presented the report which would in future only have high risks identified as requested previously by the Committee. (Minute 07/04.2).

Colin Douglas queried what were the best types of risk to be reviewed by the Committee. He suggested that only high-level risks be reviewed as there is a danger that the Committee reviews this in too much detail. The Chief Executive pointed out that various Trust Board Committees had responsibility for monitoring different risks ie the Audit Committee, the Clinical Governance Committee and the Risk Management Committee. The intention being to avoid duplication. The Finance Manager to the Director of Finance reported that she and the Governance Manager were currently undertaking a review of the overlaps that exist between the different Committees and of the management of risks and assurance across the Trust

Though the Controls Assurance Standards framework was being replaced by the Standards for Better Health with effect from 1st April 2005; the Controls Assurance Standards and the Assurance Framework would form the basis of work for the remainder of 2004/05.

Noted: **The report.**

18/04   **Standing Committee Items**

The Committee considered the report which showed that Standing Orders had not been breached, that there were no entries for hospitality since the Committee last met in July 04

Noted: **The report.**

19/04   **Audit Recommendations**

The Committee considered the report which set out the outstanding recommendations, the outstanding IT recommendations and the recommendations that had been actioned and so could be deleted from the list.

Controls Assurance – This was not allocated a priority rating (high/medium/low) however BMa suggested that it was fundamental and the Committee agreed that it should be given a high priority.

Noted: 1.   The progress made to date and that a lot of work was due for completion by December 2004.
2.   **That the new complaints procedure had been agreed at the Trust Board on 30/11/04.**

20/04   <u>**Date of next meeting of the Audit Committee**</u>

Monday, 21st March 2005 at 2.30pm, Conference Room.
Date to be confirmed of the June 2005 meeting to be confirmed .

The meeting concluded at 4pm