

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 22nd May 2007 at 10am

Conference Room, 220 Waterloo Road, 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 27th March 2007 Part 1 and II Enclosure 1& 2
4. Matters arising
5. Report of the Chief Executive Enclosure 3
6. Month 12 2006/07 Finance Report Enclosure 4
7. Month 1 2007/08 Financial Report Enclosure 5
8. Report of the Medical Director Enclosure 6
9. Chairman's remarks Oral
10. Approve revised FOI Policy Enclosure 7
11. Receive update on Estates Presentation
12. Note Annual Equality Report Enclosure 8
13. Note report on drug control and medical devices Enclosure 9
14. Draft Minutes of Clinical Governance Committee, 16th April 2007 Enclosure 10
15. Report from Trust Secretary on the use of the Trust Seal and tenders opened since the last Board meeting Enclosure 11
16. Any Other Business.
17. Opportunity for Members of the Public to ask Questions.
18. Date and Venue of the Next Trust Board Meeting.

31st July 2007, 10.00am at 220 Waterloo Road, London SE1

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 27th March 2007

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

Present: Sigurd Reinton Chairman
Peter Bradley Chief Executive

Non Executive Directors

Barry MacDonald	Non Executive Director
Ingrid Prescod	Non Executive Director
Roy Griffins	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director
Caroline Silver	Non Executive Director

Executive Directors

Mike Dinan	Director of Finance
Fionna Moore	Medical Director (until 11.20am)
Martin Flaherty	Director of Operations

Apologies

Caron Hitchen	Director of Human Resources & Organisation Development
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In Attendance:

Ann Ball	Deputy Director of HR
Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
Malcolm Alexander	LAS Patients' Forum Representative
Angie Patten	Head of Communications
Chris Vale	Head of Operational Support
Paul Carswell	Diversity Manager
Ricky Lawrence	Diversity Officer
Mark Somerville	Staff Officer – East Area
Paul Davies	Cycle Response Unit
Mark Mitten	Member of the LAS Patients' Forum
Robin Standing	Member of the LAS Patients' Forum
Louisa Boon	BSL Interpreters
Kate Outhwaite	BSL Interpreters
Christine McMahon	Trust Secretary (Minutes)

27/07 Declarations of Further Interest

Roy Griffins declared that he was now a Non-Executive Board Member and Chairman of London City Airport and was no longer a member of the Aviation Advisory Panel of Macquarie Bank Ltd.

28/07 Opportunity for Members of the Public to ask Questions

There were no questions.

Minutes of the Meeting held on 30th January 2007

29/07

Agreed: The minutes of the meeting held on 30th January 2007 with the correction (minute 07/07) that it was Beryl Magrath, and not as stated Barry MacDonald, who said that the report that Clinical Telephone Advice had saved 2,000 ambulance journeys a month was very good news.

30/07 Synopsis of the Trust Board's Part II minutes held on 30th January 2007

Noted: The contents of the synopsis of the Trust Board's Part II minutes.

31/07 Matters Arising from the minutes of the meeting held on 30th January 2007

Noted: Minute 7/07: in response to a question from Sarah Waller the Chief Executive said that feedback is awaited on unsocial hours payment review; the impact is currently being modelled and a report will be presented to the Board in due course. **ACTION:** HR Director

Minute 21/07: Barry MacDonald said that he did not feel it was necessary for the Service Development Committee or the Board to consider the Trust's Risk Register in detail but rather that the Board at some point should discuss the risk management framework.

Minute 25/07: in response to a question from Beryl Magrath, the Director of Finance confirmed that a novation agreement had been signed with both Lightbridge and the Official Receivers of LRS.

32/07 Chairman's remarks

The Chairman said that the executive team at NHS London is gradually being recruited. Paul Baumann has been appointed Director of Finance and Performance; he has had an extensive career in the private sector, mainly with Unilever.

The Chairman welcomed the appointments of Lord Warner as Chairman, and Malcolm Stamp as Chief Executive, of the London Provider Agency. He also welcomed the appointment of Paul Corrigan as Director of Strategy and Commissioning; Mr Corrigan visited the LAS while at No 10 and undertook a ride out on an ambulance. The Chairman said it was unfortunate that the appointments have been criticised as political, as the appointees were all good.

Professor Sir Ara Darzi recently presented his interim report on a future strategy for London to a meeting held at the Kings Fund, setting out the case for change. Following that presentation the Chairman met with Professor Sir Ara Darzi as did the Trust's senior management team.

Talks are continuing between the Ambulance Service Association and the NHS Confederation regarding the merger of the two organisations that is expected to take place this summer. There are some legal matters that require resolution before the merger can be finalised and they may yet prove to be a stumbling block.

Matt Tee has recently been appointed as the Chief Executive of NHS Direct (previously Director of Communications at the Department of Health and before that at Guy's & St Thomas' NHS Foundation Trust, and Adviser to No. 10); this appointment has also been controversial as it too has been seen as a political appointment. Discussions will need to take place with the new Chief Executive to ensure the existing understanding between NHS Direct and the LAS about roles in a more integrated system are maintained. **ACTION: Chief Executive**

Noted: The Chairman's remarks.

33/07 The Chief Executive's report

The Chief Executive said that the Trust is seeking funding for the work that they Trust is undertaking in preparation for the Olympics. The Director of Operations will give the Board an update at the next Board meeting. **ACTION: Director of Operations.**

The Director of Service Development is continuing to meet with representatives of the London Primary Care Trusts and will give a presentation on the themes that have emerged from those discussions. **ACTION: Director of Service Development.**

The Finance Director is continuing to negotiate with the Commissioners on funding for the main A&E contract in 2007/08. Following Duncan Selbie's letter to the Strategic Health Authorities stating that 'Clock Start' ¹ needed to be funded; the LAS is following up with London Commissioners accordingly. He said that £8m will be required in 2007/08 and £11m in 2008/09 to ensure the Trust achieves 75% Category A 8 minute response under 'Clock Start' in April 2008. Without the additional funding the Trust will not be able to meet the new targets.

As part of the negotiations with the Commissioners it has been agreed that the Trust will achieve 90% Category B² performance for 2007/08 as a whole. The Director of Operations will be implementing changes over the next few weeks to enable this target to be achieved and will outline progress in a future report to the Board. **ACTION: Director of Operations.** The Director of Operations said that 2007/08 will undoubtedly be a 'stretching year' given the necessity of achieving cost savings and absorbing ever increasing demand.

The Chief Executive said that 2006/07 had been a difficult year given the continuing increase in Category A³ demand and the uncertainty regarding securing CBRN funding which curtailed the use of overtime. When the Trust recently received some of the money it had brokered with the SHA it had increased the use of overtime so as to ensure the key target of responding to 75% of Category A calls in 8 minutes was achieved. The Chief Executive said that performance had been particularly poor during the week of 13th February 2007 and this was reflected in the high number of complaints received by the Trust.

Category B performance year to date is 81% within 19 minutes; it is planned to achieve 90% in the first quarter of 2007/08. The Chief Executive drew the Board's attention to the graphs depicting Category B and Category C performance. The Board wished to receive a report at the next Board meeting detailing Category B and

¹ **Clock Start:** From April 2008, all UK ambulance services will be required to commence measuring response times from the time the call is connected to the emergency services operator. This will have the effect of putting all services on an equal reporting basis.

² **Category B:** presenting conditions, which though serious are not immediately life threatening and must receive a response within 19 minutes in 95% of cases.

³ **Category A 8 minutes:** presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Category C performance in particular the length of time being taken to send a response. The graph for Category B performance illustrated calls responded to within the hour, beyond the hour and up to the two hour mark; the outliers were due to no ambulances being available to respond. **ACTION: Director of Operations.**

Rest breaks allocation was illustrated by Graph 18. To date 70% of front line staff have received rest breaks; the target is 80%. Rest breaks are being monitored very closely.

Urgent Care: the Chief Executive referred the Board to the new table and said that the Board should focus on percentages rather than the numbers. To date Urgent Care is undertaking a third of the Green and non-Urgent workload. It is intended that Urgent Care staffing will increase by 50% over the next financial year and that twenty additional staff will be appointed as Clinical Telephone Advisers.

Sickness and absences figures have fallen over the last six-eight weeks; the Chief Executive expressed his thanks to the management teams involved and in particular to the support received from the Human Resources team.

ECPAG⁴ met last week and reviewed 16 call categories. Eight determinants were regraded as Category B or Category C. The regradings were based on supporting clinical evidence and will take effect from 1st April 2007. As a consequence of the regrading Category A will decrease from 36% to 33% of calls responded to by the Trust.

The restructure of the Control Room is progressing with interviews taking place this week. The Deputy Director of Operations, Control Services is currently reviewing a number of complaints received regarding call handling. Although there has been an increase in complaints received with regard to call handling the Chief Executive said that the numbers were still very small in the context of 1.3m 999 calls per annum. The Trust has again achieved Centre of Excellence accreditation for call handling from the Academy which is very good news as only one in ninety ambulance services in the world to achieve this status.

The Chief Executive wished to record his thanks to managers and staff, both in operations and support services, who each responded to approximately 100 calls per day during the last six-eight weeks whilst continuing to carry out their main job.

HART⁵ was launched in March by the Minister of Health, Rosie Winterton. HART is expected to play a valuable role across London. The pilot is currently unfunded. Full rollout for 60 staff would cost approximately £2.4m per annum; funding is being sought and must be resolved by the end of June.

The National Influenza plan has been launched by the Department of Health; the Medical Director has been closely involved with the drafting of the plan. An operational response paper has been circulated by the Department of Health for comment.

PTS lost the Hillingdon PTS contract as it was not able to compete on price. As the Trust is at full establishment the PTS staff will be TUPEd over to the new PTS provider as appropriate.

The annual staff survey has been undertaken and the results are expected at the end of March 2007; the findings of the survey will be presented to the Board in May 2007. **ACTION: HR Director.**

⁴**ECPAG:** Department of Health's National Emergency Call Prioritisation Advisory Group responsible for auditing determinants.

⁵**HART:** Hazardous Area Response Team

⁶**CBRN:** Chemical, Biological, Radioactive & Nuclear

As part of the negotiations with the Commissioners it has been agreed that the Trust will receive funding when patients are not conveyed to A&E; this has been capped at 21,000 fewer attendees per annum. This is in line with national policy to reduce A&E admissions through the provision of alternative patient care pathways.

CAD 2010: approval has been given by NHS London for the Trust to go out to tender.

Communications: the Chief Executive drew the Board's attention to a number of events attended by LAS staff. The Medical Director gave evidence to the GLA regarding the importance of educating the public in cardio-pulmonary resuscitation (CPR). Two members of staff and a patient who received angioplasty treatment, Kevin Jolly, were invited to 10 Downing Street to publicise the successes of the NHS in tackling coronary heart disease. The Medical Director has successfully lobbied the Healthcare Commission with regard to the appropriateness of angioplasty as a recognised treatment in the Annual Healthcheck.

On the 18th April 2007 Anna Walker of the Healthcare Commission will speak at the Ambulance Service Leadership Forum on the criteria for the 2007/08 healthcheck.

The Chief Executive expressed his thanks to the PALS team and the Communications team who recently responded to a lot of media enquiries. One of the Freedom of Information enquiries came from researchers working on the 'Tonight with Trevor MacDonald' programme. The programme is expected to be critical of the ambulance service. It is likely that the programme will focus in particular on the unfortunate death of a young woman who suffered a fatal epileptic fit due to not receiving the appropriate drugs as the attending EMTs were not licensed to administer Diazepam.

The Board was asked to approve travel for CBRN⁶ lead, Marc Rainey, who has been invited to assist the Thai government at a four day symposium in Bangkok. The Foreign and Commonwealth Office will meet all costs.

In response to a question from Barry MacDonald the Chief Executive said that the LAS is likely to continue to have a higher percentage of red calls than the rest of the country. In March the LAS was 5% above the national target for Category A calls. The Department of Health will undertake further clinical audits to support the re-categorisation of red calls. The intention is to achieve 25% by 2012.

The Medical Director said that work has taken place to more closely align Red Calls and Category A8 minute calls. When ECPAG consider re-grading Category A calls it is based on clinical evidence garnered from Patient Report Forms. There is a balance to be struck in recognising a decreased risk and auditing determinants so as to evidence giving a lower priority of response. The Chairman said that this is an area that needs to be constantly under review.

The Medical Director said that AMPDS will be launching Version 12 in December 2007 and will have a significant impact as a number of questions concerning upper respiratory illnesses have been changed.

In response to a question from Malcolm Alexander the Chief Executive said that the agreement with the Commissioners concerning fewer A&E admissions would mean approximately 40 fewer patients out of 2500 responses per day being taken to A&E. The Director of Service Development said that the work undertaken by MORI in 2006 made it clear that patients who were seen by Emergency Care Practitioners, which was a different sort of response from that of a traditional ambulance, were very happy with the response they received. It was recognised that work will need to be undertaken to educate the general public on how the Ambulance Service is changing.

The Board was informed that Category A19⁷ performance for 2006/0-7 was 96%. In response to a question from Malcolm Alexander it was requested the Board receive a report outlining the response received by the 4% of patients deemed to be Category A19 who do not receive a response within 19 minutes. **ACTION: Director of Operations.**

Beryl Magarath asked about the new reviewer role in Clinical Telephone Advice (CTA); the Medical Director said that although there has been a system of prioritising CTA calls it has not been done in a consistent manner and this appointment will ensure it is done on a routine basis.

Beryl Magarath asked whether the five hospitals that have been identified with problematic handover processes should be named. The Director of Operations said that before doing so, further work is required to ascertain whether the issue is with the hospital's processes or with the LAS.

In response to a question from Beryl Magarath concerning Urgent Care's decrease workload in February, the Chief Executive said that because February was a 28 day month Board Members should focus on percentages rather than absolute numbers. Some of the decrease in workload will be due to PTS Central Services staff receiving re-training in February and March. With regard to ECPs, though their volume of work fell, they have in fact been busier as they have responded to a lot of Category A calls.

In response to a question regarding the continuing poor performance in Tower Hamlets, which was 73.6% of Category A calls reached within 8 minute in March 2007, the Director of Operations said that the Trust is making sustained efforts to improve performance in that area. Resources have been redeployed which should see improvements in the first quarter of 2007/08, this includes a new station being sited in Silvertown.

In response to a question from Sarah Waller, the Deputy HR Director explained that depending on which part of the organisation one was discussing, appraisal and personal development review could be considered as either one and the same or two different processes. For front line staff it is the same, for managers it is two different processes as they receive a formal appraisal and then discuss their personal development review. The Senior Management Group's annual objectives are cascaded down the organisation to managers. The introduction of Personal Development Reviews (PDR) has been a significant step for front line staff; the outcome of the Reviews will be agreement as to what areas an individual needs to address.

The Trust receives approximately 20,000 ETA⁸ calls per month due to delays in responses. Work is being undertaken on how this process could be improved. The Chief Executive said that an analysis of the ETA calls will be given in the next Trust Board report as well as patient waiting times. A report containing a snapshot of ETA calls received over a one-two day period will be presented which will include the number of re-prioritisations required. **ACTION: the Director of Operations**

It was recognised that one aspect of the ETA calls is for EOC to establish if the patient's condition has changed in order that the call can be re-prioritised.

⁷ **Category A 19 minutes:** presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made in 95% of cases, unless the control room decides that an ambulance is not required.

⁸ **ETA:** these are calls made by patients/carers subsequent to the initial call, enquiring when the ambulance will be arriving.

In response to a question from Sarah Waller, the Chief Executive said that ECPAG will not be reconsidering the eight determinants associated with chest pains that were left unchanged when considered at its recent meeting. As auditing the Patient Report Forms (PRFs) is quite time consuming and expensive the Department of Health will take a view as to what determinants would be reviewed. The Director of Operations said that the LAS had itself undertaken clinical audits in an endeavour to more closely align Category A calls and Red calls; this had resulted in a 3% decrease in the volume of Red calls.

- Agreed:**
- 1. To congratulate the management team on achieving 75% Category A8 minute performance and breaking even.**
 - 2. Marc Rainey's trip to Thailand which will be funded by the Foreign and Commonwealth office.**

34/07 **Month 11 2006/07 Financial Report**

The Finance Director presented Month 11 Finance Report. The Trust had a surplus of £800k for February and is forecasting a surplus of £175k for the year.

Income has increased due to the receipt of £800k of previously brokered funds from the SHA; additional CBRN funding of £92k and £61k relating to a previously written off PTS debt. Expenditure on overtime increased so as to enable the Trust to achieve Category A 8 minute performance target in Month 11.

Beryl Magrath asked about the Income & Expenditure analysis (page 8) where Duty Station Officers (DSOs) are shown as being in excess of the establishment figures. The Director of Operations said that extra DSOs were recruited to support HART, the Operational Command Unit and GOLD. If the Trust does not receive funding for HART serious consideration will be given to stopping the project when the pilot concludes in June 2007. It is intended that when the Gold Control room is stood down its functions will be undertaken in the main Control Room.

In response to a question from Beryl Magrath the Finance Director said he would investigate the reference to portering charge (£13k). **ACTION: Finance Director.**

In response to a question from Barry MacDonald the Finance Director confirmed that the reference to £11m on the balance sheet was due to some Primary Care Trusts paying the LAS early and to the receipt of CBRN funding.

Sarah Waller asked about the outstanding brokered funds and it was confirmed that £500,000 of the 2005/06 brokered funds is still outstanding; the Trust expects to receive this in 2007/08.

Noted: The Month 11 Finance Report.

35/07 **Report of the Medical Director**

The Medical Director reported on a Serious Untoward Incident that had taken place on the 7th March 2007. A call relating to a seven month year old child was not properly prioritised; when the seriousness of the call was recognised an ambulance was despatched but unfortunately the child died from presumed Meningococcal Septicaemia. Although the findings of the post mortem are awaited, the Medical Director said that she thought the likely outcome of the call would have been the same even it had been correctly triaged. An investigation is being undertaken. The rashes and stings element in the AMPDS triage process is considered to be weak. Following the incident the Medical Director issued a training bulletin in the Control Room highlighting that rashes are potentially very serious.

The NHS Litigation Authority (NHSLA) has clarified the new criteria for assessing pre-hospital care which the LAS will pilot in June and September 2007. The NHSLA recently tendered the assessment service and their current provider, Willis, was unsuccessful. The more detailed requirements for the assessment will be made available after the new provider of risk management services for the NHSLA, Det Norske Veritas Ltd, take on responsibility from 1st April 2007. Once the approach to piloting the new standards has been clarified a project plan, incorporating a gap analysis, will be put in place; it will be co-ordinated by the Head of Governance with support from senior managers. The Trust will initially be assessed at Level 1 to ensure that processes and policies are in place and then assessed at Level 2 when the assessor will look at evidence of the policies and processes being implemented.

National Clinical Practice Guidelines for Use in UK Ambulance Services: Version 2006 is now in use across the Service with manuals distributed to front line staff. A couple of significant errors were identified following the issuing of a pocket book version to all front line staff in February; these were subsequently reprinted and reissued by the Printers.

The Medical Director reported that the Trust is currently not fully compliant in a small number of areas with the National Clinical Practice Guidelines for Use in UK Ambulance Services. The most significant issue is around the concentration of oxygen administered to patients with medical conditions, including acute myocardial infarction and stroke, where provided there is no evidence of hypoxia, as evidenced by normal oxygen saturation levels, LAS policy is to give medium rather than high flow oxygen. The LAS plans to implement the advice contained in the British Thoracic Society Guidelines on Oxygen Therapy which is due for publication later this year.

Thrombolysis: in 2005/6 the Trust received a weak rating for clinical care based on the joint indicator of achieving a call to Thrombolysis time of within 60 minutes in only 42% cases. The Medical Director has written to National Clinical Director of Heart Disease and Stroke calling for the call to needle time to be changed to call to reperfusion time which could cover both those patients having Angioplasty and/or Thrombolysis as it is a more accurate reflection of the standard of care. The Healthcare Commission has not as yet changed their position as they are awaiting guidance from the Department of Health.

The Medical Director drew the Board's attention to the findings of two audits undertaken by the CARU: summary of cardiac arrest annual report 2005-06 and summary of ST Elevation Myocardial Infarction Report 2005-06. The Medical Director spoke in March to the Greater London Authority Committee investigation into emergency life support skills training. The meeting focussed on additional schemes and initiatives which might improve survival in out of hospital cardiac arrest.

RAPID project⁹ – the Medical Director said she was pleased to report that this had been extended to LAS crews operating in the area and not just to the Islington complex.

The Medical Director and her team recently visited 24/25 complexes and met with individual clinical management teams. At the meetings the complex's results were discussed as were clinical targets and pain management.

⁹ **RAPID** (rapid ambulance protocol for the identification of stroke) patients with a positive FAST (face, arm speech test) are admitted directly to the 'Brain Attack' unit at the National Hospital for Neurology and Neurosurgery has now started.

Guidelines regarding pandemic were circulated on Wednesday for consultation; the Medical Director said that the input from the Winter Willow Exercise had been very useful.

Beryl Magrath congratulated the Medical Director on carrying out the complex visits and looked forward to a report being presented to the Clinical Governance Committee. **ACTION: Medical Director.**

With regard to the Healthcare Commission accepting the proposal of time to reperfusion, the Medical Director said that although the National Clinical Director of Heart Disease and Stroke accepted the argument the Healthcare Commission has not changed its position. The LAS will continue to transport patients for Angioplasty treatment rather than deliver Thrombolysis as the former has been demonstrated to be a safer and more effective treatment.

Airway management – the JRCALC is hosting a debate on the optimal method of advanced airway management in pre hospital care. A sub-committee of the JRCALC is gathering evidence from around the country regarding endotracheal tube placement. The LAS is undertaking an audit to determine the average number of intubations undertaken by paramedics each year and produce Good Practice guidelines for the verification of endotracheal tube placement and skill retention.

The Medical Director confirmed that sphygmomanometers are being replaced at an approximate cost of £5 per unit; this is more cost effective than recalibrating the equipment.

In response to a question from the Chairman of the LAS' Patients Forum the Medical Director said that the Department of Health has not yet changed its stance with regard to the merits of undertaking Angioplasty and until it does the Healthcare Commission will continue to focus on Thrombolysis. The Chief Executive said that the Department of Health has written to the LAS recognising the best practice of using Angioplasty.

Approves: 1. The adoption of Version 2006 of the National Clinical Practice Guidelines for Use in UK Ambulance Services, accepting the major area of non-compliance.

Noted: 2. The Medical Director's report.

36/07 2007-10 budget

The Finance Director presented the 2007-08 budget which, with a few amendments, was broadly the same as the budget presented to the Service Development Committee in April 2007. He said that the Trust is close to reaching a final agreement with the Commissioners with regard to the main A&E contract for 2007/08. The 2007-10 budget was formally submitted to the SHA as part of the new regulatory framework for London NHS trusts. The Trust received a financial risk of 2/5 which will mean monthly monitoring. The Finance Director said this was not entirely unexpected given the new regulatory framework for London. The Finance Director undertook to circulate the details of how the SHA have made their assessment. **ACTION: Finance Director.**

The Department of Health requires the Trust to complete a budget assurance statement signed by the Chairman, the Chief Executive and the Finance Director. The Chairman said he considered it to be an inappropriate request and has referred it to the NHS Confederation with the suggestion that the matter be raised at ministerial level.

Assumptions: the Finance Director said the following assumptions have been made. That the Trust will not be required to undertake Clock Start without receiving

additional funding; that the Category B19 performance target will be 90% for the year and that no funding will be received for HART or the Olympics.

The Trust is planning to break even in 2007/08. The 1-2% contingency has not been included as the Finance Director considered that the 2.5% CRES (saving) is likely to be sufficiently challenging for the Trust to achieve in 2007/08.

The proposed changes to the A&E contract were set out on page 4. The Trust will receive £2m if it achieves 90% for Category B 19 minute performance in 2007/08. An incentive package is being discussed with the Commissioners whereby the Trust will receive £38.00 per patient not conveyed to A&E up to 21,000 patients (or £800k). The non-conveyance will be dependent on crews identifying a more appropriate treatment for patients other than A&E. This was recognised as a step in the right direction in terms of rewarding the Trust for doing what is appropriate for patients. When seen in the context of the Trust's overall budget the sum agreed is relatively small. The Finance Director said that the agreement will help with localising the Trust's activities; from the conversations that the Director of Service Development has had with Primary Care Trusts it should be possible to cluster alternative care pathways and see the benefit relatively quickly.

Continuous Improvement Project (CIP). The detail of this is being worked through; it is intended that this will be project managed as part of the SIP 2012. The Deputy Director of Finance will oversee this work on behalf of the Finance Director; the Strategic Services Group will monitor progress and the Board will receive regular reports. A themed review is being undertaken of the Trust's cost basis on a sustainable long term basis by function, pay and non-pay to identify where savings are possible. It is planned that during 2007-10 work will be undertaken to decrease the Trust's cost base and that there will be modest growth.

Capital plan: this is subject to review in light of the SPPPs¹⁰ and Clock Start. The Trust is considering the advantages of leasing rather than buying the vehicles that will be used as Fast Response Units. A review is being undertaken of the Lifepak 12 replacement programme, currently estimated to be £3.6m. The capital expenditure associated with CAD 2010 is being closely reviewed. The projected Estates spending for 2007-08 is an estimate and will be re-assessed when the Trust's Estate Strategy is reviewed. The Finance Director said that the estimated Prudential Borrowing Limit for the LAS is £24m.

The following were identified as possible risks for the Trust: that CBRN funding will be top sliced in 2007-08; that the 90% target for Category B19 minutes will not be achieved, and that the Cost Improvement Programme (CIP) will not be achieved. These risks were valued at circa £7.8m.

The next steps include the implementation of the Corporate Processes and Governance strand; it will be managed as part of SIP 2012. The Finance Director said that a valuation of High Impact Changes (i.e. those changes identified to achieve service improvements) has yet to be undertaken. **ACTION: Finance Director.**

The Board recognised that it was important that the Trust had an approved budget for the new financial year. If funding is received for HART, the Olympics or Clock Start the 2007-08 budget will be updated and approved by the Trust Board accordingly.

In response to a question from Barry MacDonald the Director of Operations confirmed that detailed work is ongoing on how the budget will be delegated to the

¹⁰ **SPPPs:** strategic plan project profile – applications for funding for projects falling within the scope of the Trust's strategic plan.

different departments. Discussions have taken place on how the Cost Improvement Programme will affect individual departments. 'Bottom up' work has identified how savings target of £11m will be realised across the Trust. It will be a difficult year for Operations in terms of the savings to be realised.

The Chief Executive said of the three areas where funding has not been secured (and therefore not included in the budget): Olympics (£1m); HART (£2.4m) and Clock Start (£8m), it is the latter which is the most significant for the Trust.

In response to a question from Caroline Silver, the Director of Information Management & Technology said that he did not foresee work being undertaken on CAD 2010 having a detrimental impact on Operations in 2007/08.

Roy Griffins said that the Cost Improvement Programme will be very challenging and will need to be carefully monitored.

It was recognised that if the Trust does not received funding for HART, the Olympics and Clock Start it will need to have serious discussions with Funders as to its ability to meet external expectations.

The Chairman said he was comfortable that the £2m savings expected from Overhead Value Analysis was not presented in detail; from his experience 15-25% should be readily identifiable once the work is undertaken. He felt it was reasonable to leave this with the Executive team to progress.

In response to a question from Beryl Magrath, the Finance Director confirmed that the Trust would be able to retain any money realised from the sale of buildings. Beryl Magrath referred to a recent talk by Professor Sir Ara Darzi where he said that the buildings of many London trusts are old and require too much maintenance. The Finance Director said that the LAS did not necessarily have the same problem as the Acute hospitals with regard to its estates. The Estate Strategy is being reviewed and any proposal to sell buildings will be brought to the Board.

Barry MacDonald asked whether there had been any progress in obtaining additional funding in recognition of the additional costs of AfC for A&E, £1.3m. The Finance Director said that further analysis was being undertaken to identify the specific costs of the AFC 'drift' impact.

In closing, the Chief Executive said he was concerned that the fleet is showing signs of ageing with the continuing usage of 130 white LDV ambulances. The purchase of new yellow ambulances is not currently in the capital plan. A report regarding the fleet will be presented to a future Board meeting. **ACTION: Director of Operations.**

Approved:

- 1. The 2007-10 financial plan.**
- 2. The 2007-08 budget.**

37/07

Long Term Workforce Plan

The Deputy Director of Human Resources presented the Long Term Workforce Plan for the Board's approval. The Board's attention was drawn to Appendix 2 which contained the proposed profile of the workforce, 2007-13. The Plan has been drawn up after extensive discussion and reflects the expected increase in demand as well as the requirements of the New Front End Model in an environment where there will be no significant increase in funding. Demand is expected to continue to rise and the Plan reflects how the Trust will seek to introduce new regimes to meet this increased demand. The majority of change will take place in the development of EMT3 and EMT4 to Paramedic level and the introduction of A&E Support role (title of the role

to be agreed). The Plan reflects changes that are taking place in the ambulance service nationally.

Beryl Magrath asked, in connection with the enhanced skills that front line staff are expected to acquire, what medical support will be given to staff. The Deputy Director of HR said that the expansion of Clinical Telephone Advisory service and the number of Emergency Care Practitioners has highlighted the need for additional medical support/supervision for all clinical roles. The Chief Executive said that he is currently leading on an initiative to improve clinical leadership in the LAS; a report will be presented to the Board in the next two-three months. **ACTION: Chief Executive.**

Sarah Waller referred to the recent awarding of Out of Hours contract to the South West Country Ambulance Service. The Director of Service Development said that the old West Country Ambulance Service had been one of the original pilot sites for NHS Direct. When the GPs in the West Country opted out of Out of Hours provision the PCTs had to find an alternate provider. GPs in London have not opted out of providing an Out of Hours Service to the same extent.

Barry MacDonald queried the use of negative numbers in the EMT3 data; it was explained that this referred to notional vacancies as EMT3s become EMT4s or Paramedics. He said that the table as presented does not show a three tiered workforce; the Chief Executive said that the three tiers will comprise ECPs, Paramedics with EMT 3 and EMT4s, and Emergency Care Assistants. EMT 4s' patient assessment skills will be upgraded so that they become closer to Paramedics' skill levels.

Sarah Waller said she would like to see skills escalator concerning these roles; the Director of Operations said work on a skills escalator has yet to be undertaken. This is a discussion that the Board needs to have at a later date. **ACTION: HR Director**

The Chief Executive said that the annual consultation meetings will start on 17th April at which he will be asking for feedback from staff on the Long Term Workforce Plan.

There will be a report to the Service Development Committee in June concerning the planned usage of cars and ambulances. **ACTION: Director of Operations.**

Approved: The Long Term Workforce Plan and supported the next steps identified in the report.

38/07 Assurance Framework

The Finance Director presented the Assurance Framework to the Board. The Framework records the assurances and controls the Trust has in place to evidence compliance with the requirements of the Annual Healthcheck. It provides the Board with assurance that the organisation is fully compliant with the Standards for the period from 1st April 2006 to 31st March 2007.

In response to Barry MacDonald's questioning of the column 'evidence' the Chief Executive said that were the Trust to be inspected the items listed in the column would be offered as evidence of compliance i.e. risk register, policies, minutes of meetings.

Beryl Magrath said that the Trust is not compliant with the second standard (clinical cost and cost effectiveness) as set out on page 1; it did not achieve 95% for Category B19 minute or achieve the Doctors Urgents performance target. She noted that the recording of ethnic monitoring on Patient Report Forms has not been done for 94.5% of the PRF documentation audited which has been reported in the submitted form as an identified gap in control. The Senior Management Group were confident that the

Trust could claim full compliance as there were no significant lapses as detailed by the guidance from the Healthcare Commission.

- Agreed:**
- 1. That the Assurance Framework contains sufficient controls to evidence full compliance with the 24 Core Standards that comprise the Annual Healthcheck.**
 - 2. That the Final Declaration of the Annual Healthcheck be submitted stating that the Trust is fully compliant with the 24 Core Standards and there have been no significant lapses during the period covered by the Declaration.**
- Noted:**
- 3. The Framework will be used as the basis for presentations on the Trust's compliance to the Overview and Scrutiny Committees of the London Boroughs.**
 - 4. That the Audit Commission and the LAS' Patients Forum are required to contribute to the final declaration to the Healthcare Commission.**

39/07 Revised Standing Orders

The Finance Director presented the revised Standing Orders, Financial Instructions and Scheme of Delegation to the Board for approval. The revisions were undertaken following conversations with colleagues and a review against the Model Regulations. The Audit Committee reviewed the documents in December 2006 and March 2007.

- Approved:**
- 1. The Revised Standing Orders, Scheme of Delegation and Financial Instructions.**
- Noted:**
- 2. That in line with recommendation from the Audit Commission the Trust's regulations will be reviewed on an annual basis.**

40/07 Gender Equality Scheme

The Diversity Manager presented the Gender Equality Scheme to the Board for approval. Under the Sex Discrimination Act Public bodies have a positive duty to promote gender equality. The layout of the Scheme is identical to that of the Race Equality Scheme, 2002 and the Disability Equality Scheme, 2006. The main difference between the Gender Equality Scheme and the two other schemes was the need to carry out an Equal Pay audit what was partly due to the introduction of Agenda for Change.

Beryl Magrath said that it was a good piece of work but queried why French and German were not included on the list of foreign languages. The Diversity Manager said that French should be there and he would rectify this omission. **ACTION: Diversity Manager**

In response to a question on whether an all female crew had ever been requested the Director of Operations said that this has happened and that the Trust does it best to do so but it is not always possible; if it is a medical emergency the nearest crew would be despatched to the call. The Diversity Manager said that in the training sessions he has held with Control Room staff he has stressed the need to explain the Trust has limited resources and the need to respond appropriately to an emergency. The IM&T Director said that it is possible that the CAD 2010 might be able to assist with this as it will hold various pieces of information regarding crews.

The Chairman of the LAS' Patients Forum was assured that the Trust recruits Fast Response Unit drivers on the basis of skill and experience; gender is not a consideration.

Ingrid Prescod asked how the Race and Equality Strategy Group related to the Implementation team. The Diversity Manager said that initially there had been two groups but as little progress was being achieved it was decided to amalgamate the two groups, with a smaller membership, comprised of the Director of Operations and the HR Director and representatives of the LAS' Patient Forum. The Implementation team meet quarterly and report to the Clinical Governance Committee. It has been agreed that in future the Implementation team will function as part of the Service Improvement Programme.

- Approved:** 1. **The Gender Equality Scheme**
Noted: 2. **That it is intended that the three Schemes (Gender, Race and Disability) will be amalgamated into one Equality document and the Diversity team are working with the Department of Health guidance on how this could be done. This will be presented to the Board in July 2007. ACTION: HR Director.**
3. **That a Single Equality Act is likely to be presented to Parliament in the next few years, bringing together the Government's various legislation.**
4. **That the Board joined the Chairman in thanking the Head of Diversity for his excellent work at the Trust and wished him luck in his new job at St Marys.**

41/07 **Emergency Planning Service Level Agreement**

The Chairman explained that the substantive discussion of the Service Level Agreement will take place in the Part II meeting due to the sensitive nature of the discussion.

- Noted:** **That approval of the Service Level Agreement will be considered in the Trust Board's part II meeting.**

42/07 **Introduction of Individual Performance Monitoring and Reviews**

- Noted:** 1. **That the Trust has introduced an improved system for monitoring and reviewing individual performance.**
2. **A demonstration of the system will be given in Part II as it is not possible to demonstrate the system without identifying members of staff which is inappropriate in a public meeting.**

43/07 **Annual report regarding Infection Control**

The Head of Operational Support presented the Annual Report regarding Infection Control. He highlighted the following from the Annual Report:

The Health Act 2006 established a Code of Practice for the Prevention and Control of Health Care Associated Infections. The Code lays down a number of requirements to ensure there are appropriate management systems in place. These include risk assessments, providing an appropriate environment, and provision of information. The Code also requires an Infection Control Programme be implemented and monitored. To assess the compliance of the Service with the Code of Practice, a self

assessment exercise was carried out. The Department of Health's "Essential Steps to Safe, Clean Care" was utilised. This highlighted a number of areas which the Service needs to address. These include audits, education and training, the health care environment and decontamination of re-usable medical devices. The areas identified will be addressed as part of the Infection Control programme and include the proposal that the Trust employ an Infection Control Co-ordinator in 2007/08. It is intended that PRINCE2 project management approach will be adopted.

Make Ready: as previously reported to the Board there have been some issues with the contractor; additional performance monitoring indicators have been put in place. The Head of Operational Support said that the results of the swabs undertaken to ensure the vehicles are clean and free of infections continue to be good; to date there has been no evidence of MRSA. In response to a question from the Chairman the Head of Operational Support said that swabbing for Clostridium difficile (Cdiff) will be undertaken from April 2007.

Next steps: the Medical Director will be asked to agree the infection control programme for 2007/08 which will address the issues raised by the Self Assessment exercise. A number of the actions included in the programme will be cost neutral and some quick wins have been identified. The development of Continuing Professional Development (CPD) training and extension of the Make Ready scheme will be part of wider initiatives.

Sarah Waller queried the proposal that the duration of the Infection Control training course be six weeks; the Director of Operations said this would be reviewed. She supported the approach that infection control be a mandatory element of CPD.

Beryl Magrath asked about Make Ready being extended to FRUs and PTS vehicles. The Director of Operations said that the Trust would endeavour to extend Make Ready to FRUs and PTS. Discussions are being held with the Make Ready contractors. He was confident that the FRUs could be included in the scheme but was unsure of PTS. The Finance Director said that fleet is under review and a decision has yet to be made on how cars will be utilised across the Trust as part of New Front End Model.

Noted: The contents of the Annual Infection Control report.

44/07 Draft Minutes of Clinical Governance Committee – 12th February 2007

The Chairman of the Clinical Governance Committee, Beryl Magrath, presented the minutes of the recent meeting. She drew the Board's attention to the Committee's workplan which was attached to the summary of the minutes.

The Clinical Governance Committee noted that financial bids would be submitted for 2007/08 for the employment of an Infection Control Officer and lost property bags. The latter has been an issue for some time for the Trust.

When the Assistant Director of Operations, East spoke to the Committee in December 2006 he said that driving licence checks were not undertaken in a consistent manner across the Trust. The Deputy Director of HR said that in some complexes driving licence checks were undertaken consistently and to a high standard but accepted that it was not universally throughout the Trust. The Finance Director said that PROMIS should be utilised to monitor driving licence checks. The Staff Officer, East Area, who was in attendance at the meeting, said that in the East most stations are doing the checks on a paper basis with a slow uptake of PROMIS. He said that matters are improving.

The Risk Information Report, which is presented to both the Clinical Governance Committee and the Risk Compliance & Assurance Group, is circulated to ADOs and

AOMs. The Head of Complaints is currently undertaking an analysis of complaints received regarding attitude and behaviour and this will be presented at the next meeting of the Clinical Governance Committee.

The Medical Director gave a presentation to the Committee concerning Safety First¹¹ in which she highlighted six issues for the LAS. The Medical Director noted that although front line staff are willing to report equipment failure or bad practice by other healthcare professionals they are less willing to report near misses.

Noted: The draft minutes of the Clinical Governance Committee.

45/07 Draft Minutes of the Service Development Committee – 27th February 2007

Noted: The draft minutes of the Service Development Committee.

46/07 Draft Minutes of the Audit Committee – 12th March 2007

The Chairman of the Audit Committee, Barry MacDonald, presented the draft minutes of the recent meeting. He highlighted the following from the summary of the minutes:

Although the Trust does obtain service user feedback (i.e. MORI poll, PPI activity) it has not done so on a consistent basis. The Audit Committee felt at some point the Board needed to discuss how it wished user feedback to be obtained by the Trust.

In December 2006 the Audit Committee was informed that two of the internal audit reports, Medical Devices and Drug Control, received limited assurance from the Internal Auditors, Bentley Jennison. The Committee received a presentation from the Head of Operational Support outlining what action had been taken in respond to the Auditors recommendations. Further audits of these two areas will be undertaken in 2007/08 following the introduction of bar coding and electronic stock control.

The Audit Committee suggested that the Clinical Governance Committee should demonstrate that it focussed on the risk management elements of the clinical risks it regularly reviewed. The Audit Committee wished to see evidence that the Clinical Governance Committee and the Risk Compliance & Assurance Group critically reviewed the Risk Register. The Chairman of the Clinical Governance Committee said that the Committee does actively review the clinical risks on the Risk Register and was happy to take on board the Audit Committee's comments.

Noted: The draft minutes of the Audit Committee meeting, 12th March 2007.

47/07 Report from Trust Secretary on tenders opened since the last Board meeting

The tenders opened since the last Trust Board were as follows:

13/07	Alternation to first floor at Waterloo HQ	Coniston Ltd. TCL Granby Ltd Russell Crawberry Mitie Property
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¹¹ Safety First – a report commissioned by the Chief Medical Officer which highlighted the need for more to be done by the NHS to improve patient safety.

14/07	Tender for the provision of management, storage and supply of uniforms	Alexandra Hunter HR Denne Kashkett Lim Apparell Simon Jersey
15/07	Print Services for the LAS News	Aldridge Print Group Stabur Graphics

Following analysis of the above tenders by the appropriate department a report will be presented to the Board on the awarding of the tenders.

- Noted:**
- 1. The report of the Trust Secretary on tenders received**
 - 2. The use of the seal (reference 104) in regard to an agreement for minor building works between LAS and Mitie Property Services so as to provide office and staff facilities at Hillingdon AS.**

48/07 **Any Other Business**

The Director of Operations drew the Board's attention to the Urgent Performance report featured in the Chief Executive's report. He said that from the 1st May there will be new national arrangements for handling Urgent Calls. GPs that call the LAS will be taken through a reduced AMPDS system and the call will be prioritised. If the call is immediately life threatening a Category A8 minute response will be sent. The default is a general response within four hours unless the GP specifically requests a shorter response time. It is expected that the new system will see an improvement in the Urgent Calls performance, as they will be managed in a planned way. In response to a question from Beryl Magrath the Director of Operations said it will not make a difference if the GP is calling from the surgery or the patient's home, the prioritisation will be based on the needs of the patient. The Department of Health is liaising with the Royal College of General Practitioners in publicising the introduction of AMPDS for Urgent Calls.

The Chief Executive said that it will be a significant change for the Ambulance Service in England having one less target when Urgent Calls cease to be a national target from 1 April 2007. Internally the Trust will need to ensure that monitoring is in place to satisfy itself that the patients who need Urgent Care are receiving a safe and effective service, this will be done by the Clinical Governance Committee.

49/07 **Opportunity for members of the public to ask questions**

Robin Standing (member of the LAS Patient's Forum) asked whether the LAS had the facility to use minicom as this would enable deaf members of the public to access accident and emergency services; the current system, Typetalk, takes too long for deaf people to use in an emergency situation and it can sometimes take 20-30 minutes to request an ambulance. The IM&T Director explained that this would be part of the Access Programme; he will be meeting with members of the LAS' Patients Forum to discuss how this will be taken forward. The Trust was mindful that this was an area that it needed to make improvements.

50/07 **Date of next meeting**

Tuesday, 22nd May 2007, 10.00, Conference Room, LAS headquarters, Waterloo Road.

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD**

Part II

**Summary of discussions held on 27th March 2007
held in the First Floor, Conference Room, LAS HQ, 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. Nevertheless, as the LAS wishes to be as open an organisation as possible, the nature of the business discussed in Part II and where possible a summary of the discussions (but not the full minutes) will be published together with the minutes of Part I.

On the 27th March 2007 in Part II the Trust Board:

Approved the Emergency Planning Service Level Agreement

The Board approved the Emergency Planning Service Level Agreement subject to some minor amendments by the London SHA. The Agreement sets out the terms by which the LAS will take responsibility for Emergency Planning in London for the next two and half years. It was confirmed that in the event of another major incident in London the SHA will continue to be NHS Gold.

Presentation regarding individual performance monitoring

The Deputy Director of Operations demonstrated the information A&E managers can access for individual members of their team. An individual's performance can now be compared to colleagues at the same station and performance over a period of time can be reviewed. The monitoring page shows each individual's performance in terms of the number of jobs undertaken; the number of Category A8 minute calls; the number of Category B19 calls; mobilisation; running time; on scene time; hospital turnaround time and average job cycles. When the conversation takes place between managers and individual members of staff three sets of performance data will be used: the individual performance monitoring review; Patient Report Forms and Team Leader's ride out reports.

The purpose of the monitoring tool is to recognise the top performers at a complex and identify what good practice can be shared; it will also be used to facilitate discussions with members of staff who are not performing well.

Concern was expressed by some Non Executives that operational staff are demonstrably treated equally; the Finance Director said that there will be a quality assessment element introduced to ensure there is a consistent approach being adopted. The Guidance Notes issued to Managers are explicit on how the discussions between managers and individual members of staff should be conducted. There has been an undertaking given that no disciplinary action will be initiated as a result of the data captured in the performance monitoring tool.

Tonight with Trevor MacDonald

The Board was informed that the above programme was likely to be aired on 16th April 2007; the focus of the programme was likely to be the call by Kayleigh Macilwraith-Christie's family for ambulances to be staffed by paramedics.

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 22 MAY 2007**

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The tables below set out the A&E performance against the key standards for the complete 2006/07 year and the 2007/08 year to date.

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
Year	75.3%	98.1%	81%	75.04

	CAT A 8	CAT A8 call connect	CAT B 19
Standard	75%	75%	90%
YTD*	75.6%	52.1%	82.5%

*Accurate as at 14th May 2007

Key highlights

- i. I am pleased to report that the Trust achieved its primary target for the 2006/07 year, reaching 75.3% Cat A 8 minute performance.
- ii. Category A19 was also achieved, reaching 98.1% for the year.
- iii. The Trust dealt with 913,699 incidents in the year, a 1.25% increase on last year.
- iv. The new year has begun well. Year to date performance on Cat A8 is above target at 75.6%. Category B has also shown an improvement, to 82.5%.
- v. In advance of next April, the new 'call connect' Category A performance will now be included in this report. This currently stands at 52.1%.
- vi. It should be noted that Urgent Performance will no longer be reported separately due to the fact that it has now been removed as a national DH target. As from May 1st 2007 all Urgent calls are now taken through a

shortened version of AMPDS and are given a Category of A for life threatening emergencies and Category C for all other patients requiring transport in a time frame of between one and four hours. The Urgent Graph has therefore been removed from this months Trust Board Pack. The new system which is designed to improve the overall service for Urgent patients is still bedding down and a further report on the impact of this new initiative will be given in next months report.

- vii. The Trust remained in recovery mode at REAP level three during the first three weeks of April in response to increased demand and staffing challenges across the Easter period. The current REAP level has now been reduced from Level 3 'Severe Pressure' to Level 2 'Concern'.

1.2 Activity

- There was a relatively small increase in overall demand during 2006/7 compared with previous years, at 1.25%. Significantly, Category A increased by 2.3% overall and as has been reported in previous reports showed disproportionate growth in relation to total workload.
- April has begun the year with an increase in activity of +5.2% when compared to April 06.
- New call categorisation codes approved by DH were introduced on April 1st and this has led to a welcome fall in Category A calls . The average number of Cat A calls per day fell to 800 in April compared to 878 in March and 953 in February.

1.3 Resourcing

- A&E staffing is at full establishment with the exception of a small number of staff still in the training system. This allowed staffing levels to generally be maintained across last year whilst we reduced overtime by two thirds.
- We ended March 07 with 93% ambulance availability and the new year has started with 92%. Unfunded abstractions for the Hazardous Areas Response Team, additional FRUs and various other activities have prevented us reaching our target of 97% staffing.
- Cost pressures this year associated with the Cost Improvement Programme have further reduced the available monthly overtime to circa 16000hrs per month which reduces the ability to staff vehicles using overtime.
- An abstraction plan is being finalised to identify all training commitments and other abstractions for this year. This will identify which days are best for training and which already have a high absence commitment. CBRN re-licensing has been given a high priority, to ensure we are robust in this area. Continuous Professional Development courses and EMT4 courses are at present being re-scheduled into a modular format to allow more development opportunities for staff whilst maintaining better ambulance cover.
- Pleasingly sickness has reduced to 6.4%, following a concerted effort by the HR directorate during the REAP 3 pressure level at the end of last

year. Over this period the directorate telephoned back every member of staff who reported sick and then maintained contact during the absence. The day to day management of attendance has now returned to Complex level, although regular audits are still carried out by HR.

- A major review of the whole resourcing function has begun with an aim of reducing costs whilst maintaining quality in this critical area. Staff representatives have been advised of this review and meetings have been booked to consult with all staff.
- Consultations have also started with Staff Side to standardise all resourcing operating procedures pan London. These include overtime allocation & Christmas Leave.

1.4 Increased Emphasis on Category B targets

- Discussions with Commissioners on this years SLA have now concluded and the Board should be aware of some changes from previous arrangements.
- Category B performance continues to feature highly and a target of 90% has been agreed for the year, concluding at 95% for the final quarter. An additional £3m has been provided to support this target, which will be at risk if targets are not met. As a trajectory, the LAS will aim to achieve 85% in Q1, 88% in Q2, 92% in Q3 and 95% in Q4.
- To support this target we will:
 - Split despatch desks in EOC to give each controller fewer vehicles to manage, allowing faster despatch.
 - Move Amber1 calls and some Amber 2 calls to the FRUs to improve overall response times.
 - Significantly increase CTA and Urgent Care staffing to remove most Cat C calls from the A&E fleet.
 - Despatch ambulances automatically, which has proven to save up to 2 minutes per call on FRUs.
 - Reduce ambulance stations dispatching and move increasingly to a mobile fleet.
- Finally, to support the ambition to convey fewer patients to hospital inappropriately, the Commissioners have set aside up to £800,000 to be paid for a reduction in inappropriate A&E attendance. Clearly this must be achieved safely and will be achieved through increased use of CTA and more use of referral pathways to minor injuries units and walk in centres etc.

1.5 Emergency Operations Centre (EOC)

- The EOC/UOC restructure has made good progress and is nearing the end of Phase 1; which covers the top 2 tiers of management. As part of the restructure the existing Senior Operations Officer (SOO) post is replaced

by an Ambulance Operations Manager (AOM) post. Following a series of interviews a number of candidates have been appointed; the majority internal but some external. Some of the current post incumbents were unsuccessful and are currently being slotted into vacant posts. The current Superintendents have now all been seen and will be slotted into the newly-titled post of Operations Centre Manager (OCM) within the next month. Whilst this post matches their already agreed Job Description, the reality is that the post holders will have far greater responsibility and accountability for the control room 'watches' in the future.

- The dispatch projects within the Operational Response Improvement Programme are continuing broadly within the previously identified time lines. The projects include increasing the numbers of available dispatchers in order to split the existing Sector Desks routinely, introducing automatic dispatch of FRUs and reducing multiple deployments to the same incident. To date the milestones laid out in the project plan have been achieved.
- The dispatch desks are now being more routinely split across the service. Whilst vacancies in the Allocator role had been hindering the sustained splitting of desks, the successful recruitment to this newly established role will now ensure that this will be consistently undertaken by June. On the occasions that the desks have been split, the anticipated benefits are starting to be noted with an improvement in activation and a greater ability to effectively manage the resources under that sector.
- The Automatic Dispatching of FRUs has continued. The percentage of calls now being dispatched in this manner accounted for nearly 84% of FRU Cat A activity with an average reduction in allocation time of over 2 minutes. The level of performance attained for those Cat A calls (about 50% of the total volume) was over 91% for April for the current Cat A standards. On the 13th April Amber 1 calls were also added to the FRUs dispatch regime. These are the more serious Category B calls and the initial results are encouraging. About 20% of all Category B calls now receive an FRU as the initial response with an on-scene time within the target time attained in over 98% of calls.
- The focus on all aspects of attendance management has continued. The effects of lower sickness and absences have been an overall increase in staffing levels within EOC. In March the staffing level was 100% and in April it was at 98.6% The additional training course that started in early April, coupled with the existing training packages scheduled, will see an increase in in-post staff numbers to nearly 100% of establishment and a reduced reliance on overtime.
- Call taking has again come under pressure during the last couple of months as the volumes increased. However, the latest figures indicate a modest improvement in performance but there is still more focus required in this area.

- As previously reported, the Rest Breaks for Vehicle Crew Staff were implemented in mid December, which had resulted in an increased workload for staff on sector desks. This is starting to stabilise as the practice has become mainstreamed, and was further enhanced following the administration of an IT based meal break management solution in early April. A management and review of the rest break system is currently underway. This will include factoring in feedback from consultation meetings held so far.
- Consultation is now nearing closure on a revised rest break agreement for Control Services staff.

1.6 Urgent Operations Centre (UOC)

- The numbers of calls being dealt with by the Urgent Care service continues to represent circa 1/3 of incoming Green, Urgent and non-urgent workload and increasing this is now dependant on improving staffing in coming months. The CTA component of this represents some 4000 calls per month and results in not sending ambulance resources to some 2000 patients per month.
- The new Band 6 CTA Advisor/Reviewer role has now been agreed through Agenda for Change and staff are in the process of converting across. An additional 5 staff have been appointed through the recent recruitment process although not all are available to start immediately. CTA establishment, taking account of those appointees who will take post imminently and those who are about to end their rotations, will be 32 against funding of 50 WTEs. Adverts for new staff are currently running in the Routine Information Bulletin. External adverts have also been placed but lead times mean that these will not appear in the wider ambulance and nursing press until late May. It is still the intention to have a full establishment appointed by the end of June.
- The Board will recall that PTS Central Services (PTSCS) staff are being retrained to adopt the new role of 'A&E Support'. Half of the staff have undertaken A&E Support training, of whom 21 have been successful. 14 of these staff have been placed and are operational with the remaining 7 fulfilling existing night duty commitments to the King's College Hospital contract. Six external appointees are currently in training and will complete their education in June. Two further courses have been booked to accommodate the remaining 25 PTSCS staff.
- The final technical integration of the PSIAM (CTA) software has been delayed following a change to the software architecture which has required amendments to the interface with CTAK. It is now expected to be in place by the end of July.

1.7 New Operational Model Implementation

- The Board will recall that the Operations Directorate is in the process of implementing a number of High Impact Changes (HICs) to improve performance and provide a stable platform for full implementation of the New Front End Model. These all form part of the 'Improving our Operational Response' Programme which is in turn one strand of our 7yr Strategic Plan.
- Each project is being led by an Assistant Director of Operations (ADO) The HICs have been split into Response Projects and Dispatch Projects. A description and brief summary of progress against each project is provided below:
- It should be noted that there will inevitably be some repetition in this section as some aspects of progress against the programme have already been referred to in previous sections of the report under specific functional. It is however important that the Board be able to refer to one dedicated area within the Chief Executives report for a summary of progress against the entire programme.

Response' project portfolio summary

The following projects under release 1 of the Operational Model Programme have now been delivered:

Individual performance monitoring Rest breaks

The following provides an update on progress for those response projects still outstanding as part of release 1:

Home responding

- Due to lack of vehicle availability to date, it has been impossible to undertake a sufficient number of shifts which would provide the data necessary to undertake a thorough review of the initiative by the planned date of 31st March 2007. The project will therefore be extended into April and May to allow for a thorough review of the benefits and take a decision on whether this initiative should be part of a permanent contribution to performance targets.

Hospital turnaround time

- This project entails reducing overall job cycle time principally by focused management attention on time spent at hospital. Hospitals are being processed mapped to ensure that the handover arrangements are as efficient as possible. The main aim is to ensure that the common themes emerging from this exercise will be used to drive discussion and change in other hospitals. This project also links closely to the individual performance monitoring project in so much that staff will be asked to

account for their turnaround times where they lie outside of the norms set by their peers.

- A revised plan is now focussing on the five hospitals with the longest / most problematical handover processes. Mapping is now complete. The output of the process mapping is a schedule of short, medium and long term process changes for each hospital. These should be agreed and implemented with the Trust where possible. Andrew Castle (the consultant engaged to undertake this exercise), has produced a report summarising common themes and possible next steps / actions that might arise out of the mapping exercises. This is being forwarded to the relevant AOMs for feedback. The AOMs are being tasked with providing an action plan and scheduling a meeting in April, with the appropriate A&E department to discuss how to implement these actions. The objective is still to reduce the hospital component of the job cycle time from circa 32 minutes to circa 20 minutes.
- The main aim of the mapping exercise was to ensure that the common themes emerging from this piece of work would be used to drive discussion and change in other hospitals. Andrew Castle (the consultant engaged to undertake this exercise) produced a report summarising common themes and possible next steps / actions that could be taken to drive down turnaround time. This was circulated to the AOMs on 14th March. The AOMs are now writing action plans and meeting with their local hospital managers.
- This component remains a key element of our overall improvement strategy and whilst it is proving difficult to realise the benefits, it is one which needs to be rigorously pursued. The main issue will be one of culture change and, as discussed previously, it will be a combination of process re-design coupled with individual performance review for front line staff which finally delivers the benefits.

Reduce performance fall at shift changeover

- A phased approach to rota changes has been adopted. Phase 1, the element of the project delivering the most benefit for CAT-A performance, namely interim rota and station changes to FRUs, was delivered largely within the planned timescale of 30/11/06.
- The remainder of phase 1 (8 complexes), phase 2 (10 complexes) and phase 3 (7 complexes) are running significantly behind schedule due to a combination of factors. These phases will involve changing core ambulance rosters working closely with staff locally. A revised implementation schedule has now been agreed which will aim to have completed all 25 complexes by end May '07. The degree of progress being made differs significantly from complex to complex and further action needs to be taken by local AOMs to in order to get this project back on track. ADOs will be taking personal responsibility for ensuring that the

plans for each of their complexes are delivered to allow this revised schedule to be met.

- This initiative remains a key component of our overall improvement strategy and whilst it is proving difficult to realise the benefits it is one which needs to be implemented. The main issue will be one of culture change and as discussed before it will be a combination of process re-design coupled with individual performance review for front line staff which finally delivers the benefits.

Dispatch Project portfolio summary

The following projects under release 1 of the Operational Model Programme have now been delivered:

Reduce red call volumes Improve dispatch of FRUs

The following provides an update on progress for those dispatch projects still outstanding as part of release 1:

Increased dispatch capacity

This project involves doubling dispatch capacity by doubling the number of available dispatchers in EOC and doubling the number of sector desks to 13. The project has now delivered from a technical perspective however further work is ongoing to provide sufficient dispatchers to be able to staff the desks in the new configuration on a permanent basis. It is now envisaged that we should be able to staff a permanent reconfiguration by end June '07.

Improving urgent performance

New national guidelines for the management of Urgent calls came into place on May 1st 2007, which will take all of them through an AMPDS triage process and assign a Category A category to those patients who the requesting clinician decides need an immediate response. The majority of other urgent patients will then receive a response within four hours unless the clinician specifically requests a shorter time frame.

2007/8 Planning update

The programme planning for delivery of the additional projects which will be required to achieve call connect performance is ongoing and a full presentation on this will be made to the Board at its meeting in June.

1.8 Emergency Preparedness

Emergency Preparedness Strategy Group

The Emergency Preparedness Strategy Group met recently to consider our preparedness and considered the following items (amongst others):

CBRN

A reducing number of trained operatives has been identified as an issue and rapid action is underway to achieve and maintain full staffing. CBRN training has been given priority over other training to achieve this during the first quarter of 2007/8.

Pandemic Flu

The current service plan is under review following guidance from the Department of Health. The plan will be published shortly.

LAS Major Incident Plan

The LAS Major Incident Plan has been rewritten following the lessons learned from the terrorist attacks of the 7th July 2005. The first draft has gone out to senior operational managers for comment. The second draft is expected shortly.

Service Contingency Plans

In line with the new Major Incident Plan, the service contingency plans are currently being updated and will be issued with the updated Major Incident Plan.

Restructure of Emergency Planning Unit (EPU)

A review has taken place of the unit. The first part of which is to merge the roles of CBRN and EPU together. This has now taken place and the Emergency Preparedness Department has been formed to cover both areas.

Training & Exercising

The department is about to publish a programme of training & exercising for emergency preparedness and business continuity for the Trust as a whole for the coming year. The first planned exercise will be a large scale table top exercise for all senior operational managers to test the new Major Incident Plan.

Hazardous Area Response Team

The team continues to work well and is receiving good coverage in the media. The trial is due to end in July when the DH will make a decision on permanent funding arrangements.

Gold Command

A new permanent Gold Command suite (for managing major incidents) is being designed to reduce reliance on the current Conference room facilities. This will be located on the first floor of HQ and will be delivered by the end of the summer.

7 July Actions

The meeting reviewed the final outstanding 7 July changes and decided on actions to bring these to fruition.

Fall Back Control

The meeting discussed the need to fully test Fall Back control and a date has been set to do this.

Emergency Preparedness Audit

The Trust is about to be audited by the ASA to assess our overall preparedness.

The Emergency Preparedness department is currently preparing for the audit and is confident of a positive outcome.

1.9 Olympics Update

The Board will find an update on Olympics planning prepared by the Olympic Games Programme Manager Peter Thorpe as Appendix 1 of this report.

It should be noted that a more detailed presentation and discussion will then take place at a Trust Board Meeting or Service Development Committee later this summer.

1.10 Compliance with DH Response Time Data Reporting Requirements (KA34 2007/8)

The Trust has now received the full guidance document for 2007/8 from the Department of Health. In addition the national Directors of Operations forum is designing a best practice document regarding data management which will be adopted by all ambulance trusts to ensure uniformity in terms of response time data management.

The Board will find a report on compliance with this years guidance prepared by Sue Meehan our Head of Management Information as Appendix 2 of this report.

2. PATIENT TRANSPORT SERVICE

Commercial

University College London Hospitals NHS Trust (existing business) has announced its results for provision of PTS. They have split the current contract into 3 lots and are planning to award these to M&L, Door to Door and Caring for You. However, following a debrief meeting with UCLH, the LAS has submitted a challenge to the results and the actual award of contracts is being held until an audit of the process is completed.

The Homerton (new) has announced the award of their tender to Medical Services Ltd. Although the LAS' tender was cheaper than the accepted bid, the hospital had major concerns about our planning technology or our commitment to change our current system.

There continues to be no news on tenders submitted for Camden PCT (existing) or Queen Elizabeth Hospital, Greenwich.

A tender for the Mayday Hospital (new) has been submitted on Friday 11th May 2007 and tenders are due for submission to Darrenth Valley Hospital (new) and Kingston Hospital (existing) by the end of this month.

The LAS were informed that they were successful at tender for the Central North West London Mental Health Trust, on Friday 11th May 2007. We are currently in dialogue over the start up of this contract, which up until now has formed part of the Hillingdon Hospital Trust contract.

We have also just signed a new increased service level agreement with the North East London Mental Health Trust for the period to 31 March 2008.

HR

Consultation with staff at Hillingdon and UCLH is underway, although the picture may change depending on the review of the award at UCLH.

Performance

Arrival time and departure time both rose by 1% and 2% respectively to 89%. Time on vehicle remained static at 94%.

Cost per journey has fallen with the transfer of staff from Central Services across to Urgent Care. However, as predicted we have also seen a sharp drop in the number of A&E journeys completed by PTS with the reduction of people. It is unlikely that there will be a reciprocal increase in the number of journeys in Urgent Care at this time as most of these individuals are either currently on or have just completed additional training.

3. HUMAN RESOURCES

Human Resources Management Structure

Changes will be introduced to the management structure within Human Resources with effect from 1 June 2007. A Senior HR Manager will be allocated a portfolio of work which will include senior HR advice and support for a defined area of the Trust including each of the three operational Areas. This will mean that each Directorate/Area will benefit from having the support of a dedicated senior manager within HR. These senior managers will also be responsible for managing the local HR staff. Currently these staff within A&E operations report through the operational management team.

The aim of these changes is to improve senior HR support in particular to A&E Operations, recognising the HR challenges in supporting the projects contained within the Service Improvement Programme in addition to the existing HR agenda.

The changes also introduce a consistent HR delivery model for all areas of the Trust, creating professional HR teams and the ability to develop these teams through professional development, sharing of good practice and professional HR management and leadership.

Education and Development

Over recent years, the London Ambulance Service has delivered its Continuing Professional Development (CPD) programme for A&E staff within the traditional 'Training Centre' setting and delivered it in one week blocks.

In order to improve accessibility and attendance the Department of Education & Development is currently developing a modular based programme in areas covered by the CPD Course thus providing a more flexible and responsive delivery of educational services.

The benefits integrate fully with the new PDR process, where the responsibility for identifying the training needs of individual members of staff has now largely moved to operational line management teams.

The proposed methodology of delivery will provide a varied prospectus which is appropriate to the clinical grade of staff accessing it.

The Training Services Group which met on 10th April 2007 requested that the mandatory attendance modules for the financial year 2007 / 2008 were:

- Resuscitation [BLS / ALS]
- Manual Handling
- Patient Assessment [Intermediate & Advanced]

The delivery of these modules will begin in May 2007 with additional modules provided later in the year.

Feedback at the consultation meetings has so far focussed very heavily on concerns and access to regular training. We have been sharing with staff the proposed modular format and feedback has been positive. We now need to finalise the training plan for the year ahead and ensure we deliver against it. A further more detailed paper on education and development will be shared with the Board within the next three months.

Policy update

The following HR policies/management guideline documents have been published since the last report to Trust Board:

- Maternity leave – revised in line with new legislation introduced April '2007;
- Adoption leave – revised in line with the above;

- Applying for flexible work arrangements – revised in line with legislation introduced April 2007;
- Staff responsibilities regarding communication - management policy statement intended to clarify expectations of what is acceptable and unacceptable as regards communication by employees;
- Policy on handling CRB disclosure information – recruitment specific policy;
- Specific learning difficulties (including dyslexia) / Fertility treatment/ Employment break policy – all subject to standard 3-year review;
- Age discrimination policy – published as policy, previously issued as management guidelines

Staff survey 2006

The following provides a brief overview of the Trust’s initial staff survey results for 2006 and includes some of the data from the National Report prepared by the Healthcare Commission together with some data taken from the local survey.

The 2006 survey was sent to a random sample of 839 staff, based on staff in position on 1 September 2006. The initial questionnaires were distributed in mid-October, with a reminder sent in early November, and an additional questionnaire to those who had not at that point returned their form in late November. The final date to post returns was 11 December.

320 questionnaires were returned, representing a response rate of 38% - identical to the previous year, when a full census was undertaken.

Overall, the Service’s results were consistent with last year. The following table details the responses to key local questions:

	2005	2006
Taking everything into account I feel positive about working for the LAS	60%	57%
I am proud to work for the LAS	71%	69%
LAS NHS Trust is a good employer to work for	52%	51%

It is notable that the bulk of the alternative responses to the above questions are from those saying that they ‘neither agree nor disagree’ with the statements, recording rates of 20%, 25% and 28% respectively.

The reports provide some internal comparisons within the Trust. Many questions showed a consistency of response across the Trust: areas where significant disparities exist include ‘involvement in decision making’ where corporate and PTS staff report better levels of involvement in comparison with those in EOC and operational A&E, as well as the question ‘immediate manager does not give clear feedback’ where a similar type of response between these parts of the organisation was evident.

The Healthcare Commission used the Service's results in the national NHS staff survey to allow comparisons to be made with other trusts across the country. Areas in which the LAS is below the mid-point in comparison with other ambulance trusts include: 'staff suffering from work related stress' and those 'experiencing harassment, bullying or abuse from staff' as well as 'quality of work/life balance', which was slightly below the mid-point.

Many responses were very close to the mid-point for ambulance trusts. These included: those 'experiencing harassment, bullying or abuse from patients/relatives' and those 'experiencing physical violence from patients/relatives'. The level of 'work pressure felt by staff' and 'job satisfaction' was average or slightly above average respectively.

Positive results, compared to the mid-point for ambulance trusts, included: those 'appraised with personal development plans' within the past 12 months' and those having 'well structured appraisals'. Other positive results included 87% of staff saying that they had taken part in employer-supported training in the past year.

Notably, the Healthcare Commission amalgamated a number of questions regarding the organisational climate, or general feeling, within the Trust. These questions covered a range of issues including communication, employee involvement, innovation and patient care. The Trust's score was above average in this regard.

Further detail on the results can also be found on the Healthcare Commission's website at <http://www.healthcarecommission.org.uk/staffsurveys/>

Workforce Information

The Trust has been monitoring sickness absence levels using ESR since its implementation in October 2006. Due to the different approach in measurement through ESR (days) to that previously used by the LAS (hours) we are unable to compare existing levels of sickness absence to those reported prior to October 2006. During the six months of ESR reporting however we can see a slight overall downward trend with a more significant reduction in sickness absence in the month of March 2007.

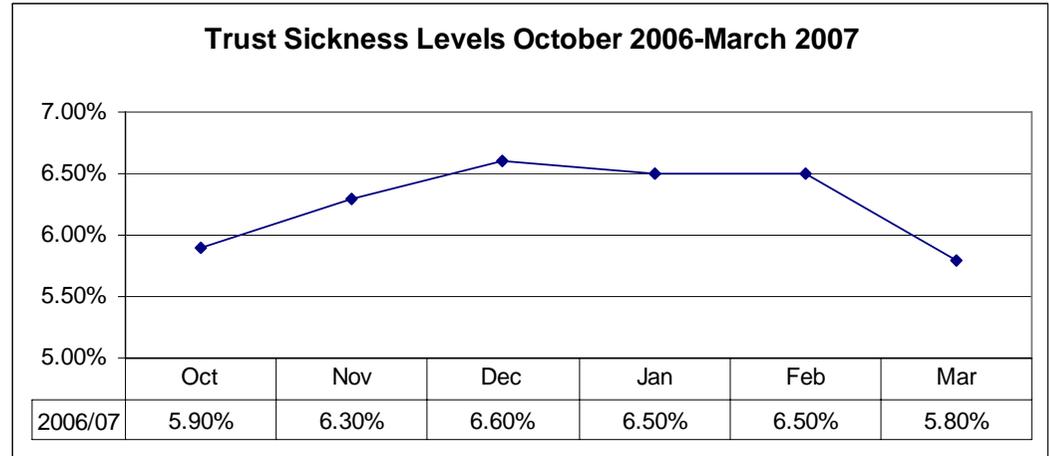
Trust annual staff turnover rates are currently 5.8% which compares to 5.2% for the same period last year.

The level of staff currently suspended without a planned hearing date remains low. The oldest case relating to a member of staff suspended on 9 January 2007. A recommendation for this case regarding potential level of disciplinary action is expected during week commencing 21 May 2007 with a date then set for any recommended level of disciplinary hearing.

INTERIM WORKFORCE INFORMATION

Mar 07 Absence	%
A & E Ops East	6.6%
A&E Ops South	5.8%
A&E Ops West	5.7%
Control Services	6.7%
PTS	6.4%
Trust Total	5.80%

Staff Turnover May 2006/April 2007	
Staff Group	Turnover %
A & C	11.80%
A & E	4.62%
CTA	0.00%
Bank Staff	0.00%
EOC Watch Staff	10.12%
Fleet	6.67%
PTS	7.96%
Resource Staff	2.00%
SMP	7.18%
Grand Total	5.81%



SUSPENSION S as 11.04.07	Date of Suspension	Reason	Stage in Investigation	Investigating Officer	Hearing Date
East	1	06.02.07 Reviewed: 19.02, 07.03, 19.03, 20.04	Inappropriate behaviour towards PTS and staff.	Complete. 30.03.07 hearing owing to unavailability of Rep. Members of staff submitted a letter detailing concerns, which are being addressed prior to re-arranged hearing.	Martin McTigue 30.03.07 Postponed Rescheduled 21.06.07
South	4	09.01.07	Bullying & harassment.	Ongoing. JB has two interviews remaining, 1 st of which arranged for 10.05.07. JB hopes to commence report in two weeks.	John Boyaram
		28.03.07	Patient care compromised.	Ongoing. PC has undertaken nearly all interviews plus a clinical issue discussion with Wendy Chalk. Two 2 nd interviews to be undertaken before report writing can commence.	Paul Cook
		18.04.07	Patient care concerns.	Complete. Draft report reviewed by Athar Khan who has recommended 2 nd interview with member of staff. Final report anticipated in two weeks.	John Doyle 04.06.07
West	1	22.10.06	Allegation of illegal drug use	Investigation complete. Staff member now an in-patient. No info/co-operation from member of staff or his doctors. Hearing will proceed in his absence.	Paul Gibson 30.05.07
EOC	0				
HQ/Fleet/Others	0				

4. COMMUNICATIONS

Media issues

Tonight with Trevor MacDonald: As mentioned in the last Trust Board report, the Service responded to a Freedom of Information request from ITV ahead of an episode of the Tonight with Trevor MacDonald programme broadcast last month. The programme focussed on the availability of paramedics to attend emergency calls across the country, and one of the cases featured was that of a teenage epileptic patient, Kayleigh Macilwraith-Christie, who died last July. Although the programme-makers declined a number of offers for a spokesperson to be interviewed, a number of points made by the Service – including on issues regarding the ratio of paramedics in the frontline workforce and actions taken since Kayleigh's death – were included in the broadcast.

The Sunday Times previewed the programme the day before it was shown and the Communications Department handled a number of enquiries from a freelance journalist about a range of issues, including staffing numbers. A critical story about national plans to have more paramedics working on their own in cars was subsequently published in the Daily Mail.

Inquest into nursery death: Media handling support was given to the Deputy Director of Operations following the inquest into the death of two-year-old Oliver Ladwa who died when an ambulance rolled backwards during an educational visit. The Department issued a statement following the jury's verdict of accidental death and informed key stakeholders of the outcome; interviews were given to Sky, BBC London and Channel 5 News when the Deputy Director of Operations expressed how sorry the Service was for what had happened. See Events and Schools for further details on this incident.

Flora London Marathon: This year's unusually hot weather resulted in increased media interest concerning participants and spectators taken ill during this year's Flora London Marathon. The Department issued some warm weather advice to London's media and fielded numerous enquiries from various national newspapers, the Evening Standard, LBC and the Press Association regarding the impact of the hot weather on the number of patients treated, and also the treatment provided to three patients reported to be in a critical condition. A comment provided on the Service's response to the marathon was published in various national newspapers.

Assault on a member of staff: A statement was issued to London's media following the assault on a uniformed member of Control Services staff who was travelling by train to complete an observation shift. The story was covered by the Evening Standard, London Lite and also the South London Press and included a strong message that violence against Service staff will not be tolerated.

Other stories: The Evening Standard ran a story about Westminster ambulance station, where staffing issues meant that there were no crews working out of the station for two nights in a row early this month.

Local newspaper stories included a response of more than an hour to a lady suffering pregnancy complications in Newham and a delay in reaching an elderly lady who had fallen and injured herself in Croydon town centre. A delay in responding to a child who had got his fingers stuck in a door in the Camden area led to a negative article in The Camden New Journal. Reference was made to plans for fire vehicles to carry defibrillators in future, and Fire Brigade Union expressed concerns that the fire service would be expected to cover ambulance calls in future.

Other incidents that attracted media interest included a serious road traffic collision in south west London in which a lady died and two members of her family were seriously hurt, and a couple of incidents where the Service was on standby at the Royal Free Hospital after staff there felt unwell after noticing a strange smell.

Another incident previously reported to the Board – the death of Shadi El-Bhnasawy following an asthma attack at his home in December – was due to be the subject of a coroner’s inquest on 17 May.

Promoting cardiac work

Frontline cardiac care for the paramedic conference: Members of the Department assisted the Service’s Clinical Practice Manager with arranging the country’s first national conference dedicated to pre-hospital cardiac care, in conjunction with pharmaceutical company Lilly. The event, which took place in early April, saw the Service play host to over 250 representatives from ambulance services across the UK and Europe. Over 100 Service staff who attended benefited from a valuable clinical learning opportunity. The department invited a reporter from the Health Service Journal, who has responsibility for writing about ambulance services, and introduced her to several senior managers and some key speakers. A news release has also been issued to the ambulance trade press.

Other cardiac media work: Another reunion has been arranged with a patient who was successfully resuscitated by a Hillingdon crew after he suffered a cardiac arrest at Heathrow airport. This generated a half page story in the South London Press. The Department also supported the Service’s Community Defibrillation Officer at an event organised in conjunction with the City of London Police to mark the hand over of eight AED defibrillators and promote the training provided by staff to City of London police officers.

Events and Schools

An inquest in April into the death of a young boy who died when an ambulance rolled backwards during an educational visit last June returned a verdict of accidental death.

Two-year-old Oliver Ladwa was at the back of the demonstration ambulance used by the Service’s Events and Schools team when it began to move backwards down the driveway of his nursery in Ealing. He was knocked under the vehicle and died instantly.

Following the verdict, the coroner expressed concern at the absence of risk assessments carried out by the Service, and the lack of training for staff who carry out educational activities.

The Service has expressed its regret to the young boy's family for what happened, and is determined to do all it can so that something like this cannot happen again.

At the time of Oliver's death, a ban was placed on staff taking any vehicles to schools or public events. Following an internal investigation into this incident a number of recommendations were made and these are to be put in place ahead of the ban being lifted. In future:

- site specific risk assessments will have to be carried out ahead of all external educational visits or events*
- a generic risk assessment will have to be carried out for all educational visits to London Ambulance Service premises including ambulance stations. This should identify potential hazards, and provide guidance on how to ensure the safety of visitors, particularly children. Stations must act on this assessment prior to any visits taking place*
- a minimum of two members of staff will have to be present at visits where a vehicle is being used for demonstration purposes
- full vehicle checks will have to be carried out for all Service vehicles ahead of them being used for educational visits, and this should be recorded on an LA1 form
- every effort will have to be made to park demonstration vehicles on flat land, and wheel chocks will have to be appropriately placed under the wheels to ensure that unwanted movement of the vehicle does not take place. All complexes have been issued with a set of chocks
- all marked Service vehicles used for demonstration/display purposes must be allocated call signs and have radios on board. Staff attending the visits/events must inform the Emergency Operations Centre of their status – this must be recorded by the control room on a LA16a form

*Line managers will be accountable for ensuring the risk assessment process is understood and carried out.

New procedures for educational visits, including risk assessment documentation, is to be issued in the near future. Until this point, visits or events using vehicles for display or demonstration purposes remain suspended.

Internal Communications

At the half-way stage of the annual programme of Chief Executive consultation meetings the issues creating the most comment and discussion are around training and development, the introduction of rest breaks and operational plans for the future.

On the whole, the meetings have been very well attended. The Chief Executive and the Medical Director have talked about the achievements of the past year and plans

for the future. Staff have taken full opportunity of the time allocated for questions, comment and discussion to raise a variety of issues.

A fuller report will be prepared at the end of the consultation meeting programme.

Patient and Public Involvement

Two members of crew staff from Deptford recently took part in an event aimed at reducing knife and gun injuries amongst young people in Southwark ("put your weapons down for life"). At the end of May a Team Leader from Barnehurst will take part in a Community Activities Network event in Brockley, promoting the emergency services and talking about career opportunities for women.

During the summer we will take part in the Junior Citizens Scheme in Ealing and a community event in Norwood Green.

A joint project between Cycle Response Unit (CRU) staff and the young people attending the Blackfriars Settlement Project is planned over the summer. The purpose of the project is to provide after-school coaching for disadvantaged children who attend Living Space, teaching them to cycle safely, to develop their skills and confidence, and to offer them positive role models.

On 21 May, a PTS Listening Event is to be held at the Brit Oval. Patients, carers, providers, commissioners, regulators and representatives from voluntary sector organisations will share their views and experiences and consider the issues affecting PTS provision. It is hoped that information from the event will provide powerful messages, especially for providers, commissioners and regulators.

The Public Education Strategy Steering Group has carried out a survey of operational staff involved in public education work. The findings indicate a high level of commitment to public education amongst the respondents. However, the survey has also identified a need to increase the resources and materials available to staff involved in public education, to ensure risk assessments are carried out, and to evaluate the impact of public education work. These issues will be taken forward through the Steering Group.

The NHS Centre for Involvement (NCI) has carried out a baseline assessment of patient and public involvement in the LAS, and have surveyed 30 people (20 LAS, 10 external). The findings will be shared at a Learning Event in mid-June, and will be used to inform a new PPI Strategy.

The PPI Committee met in March. The Chair of the Patients' Forum reported on progress against the Forum's work programme, including their developments on diversity, mental health, access to the LAS for deaf people, and stroke services. The PPI Manager gave an update on progress on PPI activity, and the NCI baseline assessment was discussed.

The Assistant Director (Urgent Care and Clinical Development) attended the April Patients' Forum meeting and gave a presentation on "Improving our Operational Response", focusing on the new front end model and the forthcoming change to the

clock start time. Forum members asked a number of questions and found the discussion useful and informative. The Chairman also attended the April meeting and thanked Forum members for their contribution to the Trust.

In May the Forum meeting was held in Tower Hamlets and was attended by a number of LAS representatives, including the Ambulance Operations Manager for the area and the Director of Finance. There was a presentation from Social Action for Health, a voluntary sector organisation in the area, who had asked Bangladeshi people about their experiences of the LAS. Their findings indicated some uncertainty about whether women in labour were 'allowed' to call an ambulance, anxiety about the MPDS questioning when people call 999, the impact of language difficulties, and a feeling that their concerns were not always taken seriously. On the positive side, they reported that ambulance staff showed compassion and sensitivity towards patients and their families. At this meeting the PPI Project Manager also provided an outline of the Tower Hamlets (Bangladeshi) project.

The PPI Project Manager is carrying out an evaluation of the Patient Advice and Liaison Service (PALS). Two different surveys will be used, one for users of PALS (patients, carers and LAS staff) and a separate staff survey, based on a random selection of LAS staff, to gauge their knowledge and understanding of PALS. This will inform a second stage of the evaluation, which will be a peer review exercise conducted by PALS colleagues from other Trusts.

The PALS team is also reviewing practice across the Trust on the management of frequent callers. There are significant cost savings to be made through this work, as well as the benefits to staff and patients, and the team is keen to ensure that there is sufficient capacity within the LAS to be able to deliver these benefits.

The PALS Manager is closely involved in the development of policy and practice in relation to patients who are placed on the 'high risk' register. Following several recent cases where a serious untoward incident was not declared, but the family nonetheless required a high level of support from the Trust, he is also considering the role of PALS staff in these circumstances.

The Board is asked to NOTE:

1. The contents of the overall report
2. The update on the Olympics in appendix one
3. The compliance of the LAS with the DH KA34 statistical return in appendix two.

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

15 May 2007

Trust Board Update May 2007

London Olympic and Paralympic Games 2012

Contents:

1. Overview
2. Olympic Games Programme Office
3. Programme Management
4. Finance
5. Current Activities
6. Risk Issues Register

1. Overview

1.1 The Olympic Games Programme Office (OGPO) was established early January 2007 and is located at Pocock Street HQ Annex. Currently this consists of AOM Peter Thorpe, Tony Rowe and NHS Management Trainee Julia Dahlstrom. The team with the support of the Planning and Project Management Office (PPMO) are currently developing the Programme Framework for the 2012 Olympic and Paralympic Games as well as continuing to working established and newly identified Stakeholders.

1.2 The Olympics has been recognised by Trust/SSG as the fifth Programme in its Strategic Framework. In line with the MSP route the following documents are currently being agreed: Terms of Reference, Blueprint and an Outline Business Case. The LAS 2012 Olympic and Paralympic Launch Day was held on the 3rd May 2007.

The Programme is overseen by the Olympic Games Programme Board Chaired by the Director of Operations who then reports progress through to the SSG.

1.3 In February of this year the Trust was requested to provide a detailed financial outline of the estimated costs associated with the Games. It provided these on time to both the Department of Health and to the Home Office. These were taken across all directorates of the Trust and despite the tight timescales were independently verified. The process also included co-ordinating the bids from other UK Ambulance Services.

To enable the continuing involvement of the OGPO an interim budget has been agreed.

1.4 Currently the OGPO engages with the two main Olympic delivery organisations the London Organising Committee for the Olympic Games (LOCOG) and the Olympic Delivery Authority (ODA). The Trust is also committed to the Olympic Security Directorate (OSD see 2.2.2). To continue in its increasing commitment to these bodies it is planned to increase the establishment of the OGPO in the near future.

As well as the organisations mentioned above the OGPO the Trust has also committed to other fora involved in planning for the 2012 Olympic and Paralympic Games.

1.5 Although the development of the Programme framework for the 2012 Olympic and Paralympic Games is currently in its early stages a Risk and Issues Register has been developed and is being used.

2. Olympic Games Programme Office

2.1 The Olympic Games Programme Office (OGPO) has been established at Pocock Street. This currently consists of Peter Thorpe (previously AOM Hillingdon Complex), Tony Rowe (previously Head of EPU) and Julia Dahlstrom (NHS Management Trainee) Both Tony Rowe and Julia Dahlstrom are temporary appointments and consideration will need to be given in due course to their replacement.

There are two main strands of work being undertaken by the OGPO, firstly the continuation of current LAS involvement with external bodies and secondly the development of the internal programme, project and planning framework for the Trust.

2.2 The OGPO is currently involved in a number of planning processes including those around the design and construction of the venues. The OGPO is also involved in planning both for security issues around the games and in planning for the provision of Healthcare for spectators, visitors, athletes their families and the local population.

As part of the planned expansion of the OGPO the following posts have now been agreed and are being offered in the first instance to staff identified at risk within the Trust.

2.2.1 Secondment to the Olympic Development Authority (ODA) and London Organising Committee for the Olympic Games (ODA/LOCOG).

This post will cover both the ODA and LOCOG. The LAS has already had significant input in to these organisations and has been approached more recently for further input in to areas such as:

- Vacant Possession of land for building Olympic venues
- Occupational Health Services for construction workers
- Emergency access
- Venue design and health and safety issues

Other agencies working within ODA/LOCOG at this time include:

- Metropolitan Police
- London Fire Brigade
- Health (post currently vacant)
- London Development Agency

The appointment of a Chief Medical Officer (Dr Richard Budget) and the development of the role of the Medical Advisory Group (MAG) will greatly increase the level of input required by the LAS and Health. This work will include the development of pathways of care and a model of care for the Olympic population* as well as the local population.

**Olympic population includes Athletes and their families, the National Olympic Committees, representatives of the IOC, visiting Heads of State, members of the International Federations for Sport, other VIP's, Media and spectators.*

2.2.2 Secondment to the Olympic Security Directorate (OSD)

The OSD is the operational part of the overarching security body the Olympic Safety, Security and Resilience Strategic Committee (OSSRSC). The OSSRSC is chaired by the Metropolitan Police and reports directly to the Home Office.

The OSD is responsible for co-ordinating the agencies involved in providing safety, security and resilience to the Games and reports directly to the OSSRSC. It has an extensive remit in preparations including a significant number of test operations and exercises planned from April 2007.

A number of other organisations have already made a commitment to OSD by seconding staff including:

- London Fire Brigade
- London Development Authority
- NHS London (temporary appointment)
- Utility organisations

OSD currently have two 'desks' designated for LAS use.

Both of these posts fit currently with work already being undertaken by the OGPO and show a commitment to full integration with external stakeholders.

2.3 To underpin the Trusts commitment to planning for the Games and to ensure this planning is co-ordinated the Olympic is now the fifth Programme Strand within its strategic planning framework.

Section 3 of this report will develop this further however the OGPO with support of the PPMO have undertaken to draft and are finalising the following:

- Terms of Reference Document – this has been presented to SSG and approved
- Blueprint Document – currently being drafted
- Outline Business Case – currently being drafted
- Stakeholder Analysis – currently in draft

All of these documents have been informed or updated following the Programme Launch Day and it also set the foundations for the Trusts Olympic Communications Strategy.

3. Programme Management

3.1 Within the programme structure Director of Operations Martin Flaherty is the designated Senior Responsible Owner, A/Deputy Director of Operations Richard Webber is the designated Business Change Manager and AOM Peter Thorpe is the designated Programme Manager.

3.2 As described above a number of Programme Management documents outlining the scope of the programme have already been produced. The next stage will be to agree on the programme and project strands for the programme. The Programme Launch Day followed the Benefits Realisation route in identifying the programme objectives, benefits, business changes and enablers. This process is similar to that used at previous programme launch days within the LAS.

Representatives from all directorates attended the Launch Day including a number of Directors. The day included a number of workshops which identified individual work streams and projects within the programme. The day closed with a teleconference with Mark Sanderson Regional Executive Director of the British Columbia Ambulance Service and Mike Aubie EMS Co-ordinator for the Vancouver 2010 Olympic and Paralympic Winter Games.

4. Finance

4.1 The LAS in February submitted a financial outline to the DoH for both its operations and those of other UK Ambulance Services for the CSR Period 2008/2009, 2009/2010 and 2010/2011. These figures were requested via the OSSRSC by the Home Office and we were also requested to provide these figures to the DoH.

Attached to this report is a summary of these figures.

There has been no feedback from the DoH at this time on this estimate however Ruth Carnell (Chief Executive NHS London) has written to the Office of the NHS Finance Director to support the figures submitted.

Members of the OSSRSC have also been advised that a similar exercise for the CSR period 2011/2012, 2012/2013 and 2013/2014 will be undertaken during the summer this year. *(Please note that the 2012 Games take place during the financial year 2012/2013).*

4.2 To continue with its current commitment to the planning process for the Games it has been agreed to provide limited funding (£350k) at risk for the OGPO. This mainly constitutes funding for secondments to the OSD and ODA/LOCOG. However this will also include a dedicated Project Manager, administration support and replacement for current temporary staff.

The agreed budget also contains funding for travel abroad during the current financial year as part of a knowledge sharing and information gathering programme.

5. Current Activities

The OGPO is involved in a number of activities with external stakeholders. Examples include:

5.1 Vacant Possession

Land within the London Borough of Newham has been compulsory purchased and now belongs to the London Development Agency. Much of this land will be used for the building of the main Olympic Park by the ODA. The OGPO has represented the LAS at Blue Light Liaison meetings and advised on issues ranging from emergency access to vulnerable adults.

5.2 Occupational Health and Safety Services for construction staff

Following representations from the OGPO the ODA pre-tender questionnaire for the OHS now includes a specific reference to working with the LAS. We have also identified the following additional areas for discussion: the use of Public Area Defibrillators, First Aid Training and a First Responder Scheme within the site. The ODA have also been advised that as their tender requires 'Paramedic's' they need to consider governance issues and they have been guided towards the HPC on this issue. The tender is due to be awarded in June and the LAS will then be asked to work closely with the successful provider as they design their service.

The OGPO have commented on the interim measures put in place by the enabling Contractors.

5.3 Emergency Access

This includes all aspects of the construction and operation on the site. The OGPO has commented on a number of planning documents in both draft and outline. This has also included co-ordinating comments from other UK Ambulance Services on Olympic Routes.

5.4 Venue design and Health and Safety issues

Following meetings between the OGPO and the ODA it has been agreed that the ODA Senior Design Team will meet with the LAS and other Health partners (including the St John Ambulance) to discuss issues around the design of the Olympic Park. This meeting is to discuss in general terms issues such as the needs of the Public for shade and shelter to issues around the provision of health facilities.

5.5 International Liaison

As previously noted the OGPO has developed a strong relationship with the British Columbia Ambulance Service (BCA). The OGPO has also benefited from information shared by the Ambulance Services of New South Wales and Melbourne who provided emergency medical cover for the Sydney 2000 Olympic summer games and Commonwealth Games 2006 respectively. Peter Thorpe and Tony Rowe have

visited the North West Ambulance Service who (as GMAS) provided cover for the Manchester Commonwealth Games in 2002.

The co-operation of ambulance services in the planning phase for an Olympic Games is seen as essential and representatives of the BCA have expressed an interest in meeting with the LAS at Beijing in August 2007. During this time there will be two weeks of test events in Beijing and the OGPO will be approaching the Trust Board for permission to attend.

5.6 Health

The OGPO has been an active member of the Medical Advisory Group that is chaired by the LOCOG Director of Sport. The LAS has also attended the London 2012 Health Forum chaired by the Director of Public Health from NHS London.

Attached to this report is a copy of the London 2012 Health Forum Workstreams.

5.7 National Ambulance Co-ordination

The LAS has been nominated as the National Coordinator for UK Ambulance Services with regards to the Games. The first meeting of all UK Ambulance Services was held in February and future meetings are planned every six months.

In undertaking this role the OGPO has consulted on issues such as Diversity, Olympic Transport Policy and Olympic Routes. The OGPO also co-ordinated the estimated costs for the UK Ambulance Services.

6. Risk and Issues Register

This has been developed in line with the current MSP template. It includes only those items that have been identified as a significant risk within the LAS programme and does not include those identified at other Games venues. However the register is being developed as part of the Programme Documentation and will eventually include an 'International' Risk and Issues log covering issues raised at previous Games venues.



Peter Thorpe
Olympic Games Programme Manager

**Trust Board Meeting
May 2007**

**Compliance with DH Response Time Data Reporting Requirements
(KA34 2007/8)**

1 Background

This paper describes the rules on how the LAS capture, record and calculate performance information. It also includes information on how various systems are synchronised and other general issues associated with measurement of performance standards. The paper incorporates LAS compliance with the guidance issued by the DoH Information Centre for the KA34 yearly return (version 07-08 final guidance).

2 Clock synchronisation

CTAK servers use NTP protocol to synchronise their internal clock to public time servers on the Internet. The precision is between 15 and 3 microseconds. This is a constant procedure (ie not a scheduled process) as the servers are permanently connected to the Internet

The current SatNav software allows the MDT clock to be set accurately down to milliseconds. The MDT synchronises the clock every time it starts up, this is every time it has been switched off manually or when it switches off automatically because it hasn't been used for more than 30 minutes. It also synchronises every hour on the hour.

3 Call connect time

The call connect time is taken from when the call hits the telephone switch. CTAK detects the call arrival and timestamps it instantly. This process is an accepted industry standard. The timestamp is stored by the CLI process.

Approximately 2.2% of calls do not go through CLI. These calls do not have a call connect time so the start time is used.

The Department of Health definition is when the call hits the switch so the LAS are compliant with the guidelines for 98% of the calls. Investigations are underway with CTAK enhancements to establish whether the call connect time for those calls which do not go through CLI can be captured.

Compliance in capturing call connect times was recently audited by DH representatives and the service was deemed compliant.

4 Orcon Start times

- **Calls generated by a 999 call**

The Orcon start time is when both a valid address and the chief complaint are determined in CTAK. Both of these are time stamped in CTAK.

This is the start time used for Category A,B and C calls

- **Running calls**

The Orcon start time for running calls is when the call is answered either from telephone or radio. The time is taken from the clocks on the EOC wall synchronised to the national time standard currently broadcast from Rugby. There are no seconds displayed.

- **Calls taken during CTAK downtime**

As running calls above

5 Arrival times

Arrival times for all categories of calls are based on the “red at scene” button pressed on the MDT. Exceptions to this are described under PRF times and Arrival Time Review below.

At the time of this report KA34 guidance states the following

“Category A :Presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made in 95% of cases, unless the control room decides that an ambulance is not required.”

LAS are unable to calculate the time a request was made for an ambulance vehicle to attend, as the time of request is not recorded in a format which can be captured automatically. It has been agreed at the national Directors of Operations Group that the Orcon start time will be used for 2007-8 calculations involving request for transport times.

In addition KA34 states that:

“NHS Trusts use different types of technical solutions to quickly identify the location of a caller, to despatch an emergency response and to record electronically the various stages of the call management cycle, including the stopping of the clock.”

Work is currently underway to automate the “red at scene” times based on a vehicle being within 200m of an incident location. This change will be introduced during 2007/8 and will comply with a best practice set of

guidelines agreed by the National Directors of Operations Group. It should be noted that all services are committed to full electronic capture of on all on scene times as soon as possible during 2007/8.

6 Urgent calls

From 1 April 2007, urgent calls are prioritised and classified in the same way as emergency 999 calls.

7 Technical details are shown in the table below

time stamp	definition	CTAK database field	clock used	how synchronised	confirmed by	KA34 compliant
call connected	when the call hits the telephone switch	cti_eisec.time_arrived	CTAK server	CTAK servers are using NTP protocol to synchronise their internal clock to public time servers on the internet. The precision is between 15 and 3 microseconds.	George Dervis	Yes
call answered	when the call is answered by the call taker	incidents.recv_start_time	CTAK server	Same as above	George Dervis	Not applicable
Address found	when the address is confirmed by the call taker	incidents.recv_addr_time	CTAK server	Same as above	George Dervis	Yes
Chief complaint found	when the chief complaint is selected by the call taker	incidents.recv_ch_complaint_time	CTAK server	Same as above	George Dervis	Yes
arrived at scene	This is when the crew press the MDT button to indicate the resource has arrived at the patient's location	log_entry.param1 where record_type=6 and param=3	MDT	MDTs synchronise with the SatNav clock when they start up and then every hour on the hour. The accuracy is within milliseconds. The SatNav uses GPS time.	Vic Wynn	Yes

Sources of data

UTC

Universal Time Coordinated - the internationally agreed time standard set by synchronised atomic clocks run by several countries

MSF ("Rugby time")

UK national time standard transmitted by the atomic clock run by the National Physical Laboratory in Teddington, but transmitted from a site near Rugby (Anthorn, Cumbria from 2007). This clock is one of the synchronised official UTC clocks. The wall clocks in EOC are synchronised using this signal.

NTP

Network Time Protocol - this is the system by which internet servers synchronise each other to UTC. Every computer connected to the internet can synchronise its clock with this signal, using a number of public time servers run by the American military. All our servers are using this method to keep in synch.

8 Categorisation of calls during CTAK downtime or where AMPDS is not used.

Calls taken during CTAK downtime are manually allocated an AMPDS code. However this code is not entered into the performance database and all the manual calls are categorised as Category B and Amber 1.

Running calls do not go through AMPDS; all running calls are categorised as Category A.

9 MPS calls

Incidents received through the MPS link are time stamped when the call hits the LAS server. The call is categorised with a red, amber or green category by the system used by MP but there is no AMPDS code so the calls are categorised as Category B in the performance database.

10 Changing incident attributes such as AMPDS code, category or system generated time stamps

There are no facilities in the CTAK software to make any changes to the record once the call taker completes the call. This has been confirmed by George Dervis. A call can be upgraded or down graded if further information is supplied regarding a call. This up / down grading is recorded and it doesn't overwrite the original categorisation. If a call is up/down graded in EOC / UOC the categorisation used for performance calculations remains at the original category awarded.

The opportunity exists within Management Information to amend anything in the database, however AMPDS codes, categories and time stamps are never changed.

11 PRF times

The attached procedure was agreed by SMG in 2004 when the LAS moved from using PRF times to MDT times. The following is an extract from the paper presented to SMG explaining the proposed changes.

“Recommendation

It is proposed that the LAS use the following method of calculation for performance figures.

- *Use MDT data (hours, minutes and seconds) for the vast majority of the calls*
- *Use PRF data (hours and minutes) when there are no MDT times available*
- *Use PRF data (hours and minutes) when MDT data is considered unreliable.*

The definition of unreliable is as follows - If the PRF time is not the same as the MDT time rounded up or down to the nearest minute then the PRF time is used instead of the MDT time.“

In August 2006, 2.2% of our emergency incidents were manual AS1s (running calls and CTAK downtime calls). In 10% of all emergency incidents (7.2% of cat A incidents) the arrival time from the PRF was used. The 10% includes the 2.2%, the remainder 7.8% is where the MDT times are missing or unreliable.

12 Arrival Time Review

All missed Cat A calls are routinely reviewed at the end of each month to ensure that there are no errors in terms of data capture and to confirm that having carefully studied all of the data available the response was still outside 8 minutes.

Errors can of course be introduced from MDT times when crews forget to press the on-scene button or do so sometime after they have arrived on scene. In a small number of cases this can also involve a technical failure due to failure to register the button push or a delay in transmitting the data.

These inaccuracies while present in only a small number of calls (Circa 1-2%) are nonetheless important to correct when there is reliable and auditable data from satellite tracking systems which clearly show the vehicle on the scene of the incident within 8 minutes.

Methodology

- All missed calls are identified and comprehensive satellite navigation and mapping data is scrutinised for each call.

- Only when there is definitive satellite navigation data that the vehicle was on scene of the incident before the crews button push time is consideration given to amending the response time.
- Further detailed examination of the data then takes place to ensure that the vehicle location accurately matches the location of the call.
- Finally we ensure that the vehicle did not move any meaningful distance and then become stationary again to ensure that the initial location was not revised by the crew having been re-directed on arrival.
- For recent calls we may also check with the crews involved to ascertain specific reasons for inaccurate button pushing.
- When all the evidence clearly indicates that we have legitimately met the response time targets we will amend the data to reflect this.
- All the data and the reasons for amendment are then kept and a response time correction form is completed with a detailed explanation of the reason for the change.
- The process is subject to periodic internal audit by our management information department.

The process and the above methodology was shared with both the SWL Strategic Health Authority and our Commissioners in February 2006 and has been given their full support .

13 Cross border calls

The KA34 return states the following:

“Each NHS Ambulance Service is responsible for reporting on the performance of all emergency calls for which it receives the initial call. This includes calls received by a Service that relate to incidents occurring outside its recognised boundary and calls relating to incidents within or outside its boundary that are subsequently transferred to another Service for response. An Ambulance Service should not report, or report on the performance relating to, any incident where another Ambulance Service received the initial call, even if the call was transferred to and dealt with by that Ambulance Service. Trusts responsible for dealing with any cross-border calls should advise the trusts who received the initial call of all appropriate clock start times for performance reporting purposes.”

Calls transferred to the LAS from other ambulance services are excluded from our performance calculations. Work is currently underway to share information with other ambulance services for calls received by the LAS but transferred to other ambulance services for a response.

14 Calls to a hospital or GP surgery or location where a defibrillator is available

Calls to a Hospital or GP surgery or location where a defibrillator is available (e.g. Heathrow airport, some railway stations etc) are treated as a zero response in line with KA34 guidance.

London Ambulance Service NHS TRUST**TRUST BOARD 22nd May 2007****Report of the Medical Director****Standards for Better Health****1. First Domain – Safety****Update on Serious Untoward Incidents (SUIs)**

The investigation into the Serious Untoward Incident declared on 7th March following the death of a 7 month old child from presumed meningococcal septicaemia has now been completed. The findings and recommendations will be discussed at the Senior Management Group meeting on 16th May.

A further SUI investigation has been initiated following a recent death in police custody where an LAS crew treated a patient who was violent, required restraint and received sedation prior to suffering a cardio respiratory arrest.

NHSLA Risk Assessment

The NHSLA issued the pilot version of the Risk Management Standards for Ambulance Trusts on May 8th. Staff from the Governance Development Unit will be attending an NHSLA workshop on 22nd May to learn about the pilot visits planned for later this year. They are currently undertaking a gap analysis of the risk management evidence required for future assessment in the autumn.

Safety Alert Broadcasting System:

The Safety Alert Broadcasting System (SABS) is run by the Medicines and Healthcare products Regulatory Agency (MHRA). When a SAB is issued the LAS is required to inform the MHRA of the actions that it has taken to comply with the alert. If no action is deemed necessary a “nil” return is still required.

Twenty one alerts were received during the period of 13th March 2007 until 26th April 2007. In total the Trust has four alerts either outstanding (3), or requiring longer term action (1) as follows:

1) MDA/2007/021: Recall of laryngoscope blades manufactured by Timesco (various part and Lot nos)

This alert continues to be actioned by the Corporate Logistics Manager who is ascertaining if there any such blades still in use by the LAS. It is anticipated that this will be completed imminently.

2) NPSA/2007/20: Promoting Safer Use of Injectable Medicines

This is a notice from the National Patient Safety Agency (NPSA), rather than the more usual SABS notification. It essentially requires all Trusts to ensure that where used injectable medicines are correctly stored, administered and documented and that all staff who use injectable medicines have received the requisite training. This notice informs and instructs Trusts that this needs to be an ongoing process.

The Senior Clinical Advisor to the Medical Director had already conducted a review of policies and education and training, both of controlled drugs, and the more general drugs used by the Trust (Summer 2006). There is already provision within the current LAS controlled drugs Policy, the general drugs Policy and the policy for the use of patient group direction drugs (PGDs). Allied to this the Trust will need to appoint a Pharmacist in the very near future to take over from the previous pharmacist who was our required advisor on PGDs. Once this is done this notice can be considered to be fully complied with.

3) MDS/2007/031: Patient Hoists and Slings

This alert is being actioned by the Safety and Risk department for its relevance to the LAS.

4) MDA/2007/033: Umbilical Clamps – quality thereof (various Affected Lot Nos)

This alert is being actioned by the Safety and Risk department for its relevance to the LAS

2. Second domain – Clinical and Cost Effectiveness

Update on Cardiac Care

The LAS hosted a national conference ‘Frontline Cardiac Care for the paramedic’ on 4th April. The event was organised by the Clinical Practice Manager and included lectures and a practical session delivered by nationally and internationally recognised experts in the field. Over 260 delegates attended of whom 180 were LAS staff. Feedback obtained through evaluation forms has been very positive.

Chief Executive’s Consultation meetings:

As in previous years the Medical Director has given a presentation on current clinical successes that the Service has achieved and the challenges we anticipate over the coming five years. The improvement in out of hospital cardiac arrest survival, increased conveyance of patients who have suffered a heart attack to primary angioplasty centres and evidence of more effective pain management are highlighted.

The potential for taking other patients to the most appropriate destination, whether this is to a specialist centre, as in stroke, major trauma or severe head injury, or to a Minor Injury Unit, or local referral pathway is discussed.

The move from classroom based courses to a more flexible modular delivery of education which focuses on patient assessment and covers more of the common conditions staff manage on a daily basis is also covered.

Thus far there have been eleven complex meetings and one involving Control Services staff. The clinical presentation has also been delivered to LAS managers, one group of Team leaders and the ECPs

The feedback from staff on clinical issues at the initial meetings has focussed largely on the limited availability of training at Complex level, their frustration with cancellation of courses and the variable quality of the standard of training delivered. The issue of EMTs being unable to supply diazepam has been brought up at each meeting.

Drugs update

Chlorphenamine has now been delivered to the Logistics Support unit for packing into the Paramedic drug bags. Due to the fire behind the Logistics Support unit the packing of this drug into the bags has been delayed and will commence Monday 21st May, if not sooner. This is due to temporary packing facilities until smoke damage within the drug packing rooms has been rectified.

An SPPP has been submitted and is awaiting approval for foam inserts to alter the existing General Drugs bag which will allow the insertion of Naloxone for use by EMTs.

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

A summary of a regional comparative clinical audit of the quality of documentation for paediatric patients is included in Appendix 1. This audit focuses on the recording of basic information about a child which formed one of the recommendations for all agencies coming into contact with children contained in the Victoria Climbié Inquiry report.

3. Third Domain – Governance

Annual Health Check

The Final Declaration of the Annual Health Check for 2006/7 has been completed stating that the trust is fully compliant with the twenty four healthcare standards for the second successive year.

In addition a statement was submitted as part of the Declaration explaining the Trust's arrangements for complying with the Code of Hygiene. These include the infection control audits and the self assessment day previously reported to the Board as part of the Annual Infection Control Report.

The Use of Resources component of the Annual Healthcheck has been collated by the Audit Commission using the ALE (Auditors Local Evaluation) process. It is hoped that last year's score of "good" will be retained.

The Clinical Audit and Research Unit are monitoring closely the Trust's compliance with the thrombolysis target. At the moment we are on target to hit the low numbers rule and the data recorded on the MINAP database has been verified by the team as mostly accurate. If the LAS meets the low numbers rule then we will improve on last year's performance score for the Quality of Care component of the Annual Health Check.

Five London Borough overview and scrutiny committees provided a commentary for the Final Declaration, an improvement on last year. The Patients' Forum also provided a commentary on the Trust's performance against some of the standards. The Trust followed the guidance provided by the Healthcare Commission and set out the back ground context to these comments in the introduction to the Declaration. The Final Declaration was presented to the Patients' Forum at their meeting on 1st May by the Finance Director.

Planning for the 07/08 annual health check assessment will be considered at the next meeting of the Standards for Better Health Group.

4. Fourth Domain – Patient Focus

Mental Capacity Act

Over 2 million people in England and Wales lack mental capacity to make some decisions for themselves due to learning disabilities, dementia, mental difficulties or brain injury. The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. The implications of the Act and the implementation of its principles are set out in Appendix 2 and will be the subject of a presentation.

5. Fifth Domain – Accessible and Responsive Care

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

6. Sixth Domain – Care Environment and Amenities

Infection Control:

Disposable items

Disposable items have been sourced and ready for implementation and will be issued shortly. A bulletin has been drafted by the training department and will be issued within the next two weeks so that disposable items can be used service wide.

Other areas of interest

Representatives from the Corporate Logistics Department have attended a networking event in Birmingham recently looking at infection control. The event was attended by representatives from the acute sector and the LAS was the only Ambulance Trust represented. We will be looking to build on the information and the contacts made at this event to further develop our expertise in this area.

7. Seventh Domain – Public Health

Pandemic Flu

The DH document giving guidance on the ambulance response in the event of a pandemic influenza epidemic is still out for consultation. Once the advice is finalised the LAS will update its internal guidance.

Recommendation

That the Board notes the report

Fionna Moore
Medical Director
10th May 2007

Appendix 1

Clinical Audit & Research Summary Reports for the Trust Board

A summary of a regional comparative clinical audit of the quality of documentation for paediatric patients

Author: Dr. Rachael Donohoe & Gurkamal Viridi

Introduction

In January 2003, Lord Laming released the Victoria Climbié Inquiry report which examined the circumstances surrounding the tragic death of the aforementioned eight-year-old who was abused and murdered by her carers. One of the recommendations made by Lord Laming was that agencies, including ambulance trusts, that come into contact with children, record basic information about the child including the child's name, address, age, primary carer, GP and school.

The aim of this clinical audit was to examine:

- Compliance of patient record documentation to Lord Laming's recommendation across a regional level via the South East Ambulance Clinical Audit Group (SEACAG).
- Develop recommendations for use at a local and regional level.

Methods

Four Ambulance Trusts participated in the audit. Prior to the national reconfiguration of Ambulance Services, these Trusts represented seven Ambulance Services. At the time of this audit, most of these Trusts were undergoing transformation in their systems and processes due to the reconfiguration and, as such, the data were collected and are reported in line with the former seven Services. Data were collected from the first 100 consecutive Patient Report Forms (PRFs), submitted in July 2006, where crews had documented the patients age as less than 18 years¹². Data were collected from 700 PRFs in total.

¹² From a legal perspective, the accepted definition of a child is under 18 years of age.

Key Findings

Table 1 shows the overall findings for all seven Services across each aspect of documentation. It can be seen that:

- Across all participating Services there was a high level of compliance with documenting the child’s name, address and age. With regard to documenting the child’s address, the London Ambulance Service NHS Trust (LAS) had a slightly lower level of compliance than all other Services.
- There was significant variation between Services in the documentation of the name of the primary carer, GP and school attended. The LAS reported considerably lower levels of documentation for the name of the child’s primary carer, with only 5% of PRFs containing this information. Although performing better than some other Services, the LAS also demonstrated less than adequate levels of documentation for both GP and school name.

Aspect of Audit	Area (Service)						
	LAS	B	C	D	E	F	G
Child’s Name	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Child’s Address	95.0%	99.0%	100.0%	100.0%	100.0%	100.0%	99.0%
Child’s Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Primary Carer	5.0%	73.0%	12.0%	88.0%	59.0%	74.0%	62.0%
Name of GP	82.0%	97.0%	97.0%	84.0%	76.0%	74.0%	94.0%
School Name	63.0%	52.0%	54.0%	48.0%	39.0%	39.0%	90.0%
Overall Compliance	74.2%	86.8%	77.2%	86.7%	79.0%	81.2%	90.6%

Table 1: Overall compliance to clinical audit standards

Discussion

The findings from this audit report suggest that the LAS has not fully implemented the recommendations made by Lord Laming with regard to patient report form documentation of the child’s GP and school name, and in particular the child’s primary carer.

Although from a legal perspective any person under the age of 18 years is considered to be a child, many pre-hospital consent guidelines and drug protocols view a child as

being under the age of 16. It is therefore possible that many crews consider patients under the age of 16, rather than 18, to be a child and tend to document the required information for those less than 16 years of age only. However, while this explanation accounts for some of the findings, it does not fully explain the poor levels of documentation.

A further possibility is that crew staff are confused over the need to document the name of the primary carer if they have already completed the associated, and routinely documented, next of kin field. Documentation of the primary carer field needs to be clarified by the LAS and appropriate communication disseminated to crew staff.

Recommendations for the LAS:

- The findings should be fed back to staff with particular emphasis on clarification of the appropriate documentation of the primary carer. Communication should surround an LAS News article and individual feedback via the Clinical Performance Indicators process.
- The LAS should undertake a local re-audit examining compliance to the documentation of this information.

Appendix 2

LONDON AMBULANCE SERVICE NHS TRUST

Implications of the Mental Capacity Act

Introduction

Over 2 million people in England and Wales lack mental capacity to make some decisions for themselves due to learning disabilities, dementia, mental difficulties or brain injury. The way decisions involving this group are taken affects a further 6 million family carers, carers and health and social workers.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It also enables people to plan ahead for a time when they may lose capacity.

Timetable for Implementation

April 1st 2007:

- The new criminal offence of ill treatment or neglect of a person who lacks capacity comes into force
- The new Independent Mental Capacity Advocate (IMCA) service becomes operational, along with all aspects of the Act which are essential to how IMCAs run, but only in situations where an IMCA is to be involved.

October 2007

- All other parts of the Act come into force.

What are the Act's guiding principles?

The whole Act is underpinned by a set of five key principles:

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

What does the Act do?

The Act deals with the assessment of a person's capacity, and acts by carers of those who lack capacity

- Assessing lack of capacity - The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a "decision-specific" test. No one can be labelled 'incapable' as a result of a particular medical condition or diagnosis. Capacity cannot be established merely by reference to a person's age, appearance, or any condition or aspect of a person's behaviour.
- Best interests - Everything that is done for or on behalf of a person who lacks capacity must be in that person's best interests. The Act provides a checklist of factors that decision-makers must work through in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which must be considered by those making the determination. Also, carers and family members gain a right to be consulted.
- Acts in connection with care or treatment - Section 5 clarifies that, where a person is providing care or treatment for someone who lacks capacity, then the person can provide the care without incurring legal liability. The key will be proper assessment of capacity and best interests. This will cover actions that would otherwise result in a civil wrong or crime if someone has to interfere with the person's body or property in the ordinary course of caring. For example, by giving an injection or by using the person's money to buy items for them.
- Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the incapacitated person, and if the restraint used is proportionate to the likelihood and seriousness of the harm.

The Act deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity

- Lasting powers of attorney (LPAs) - Appointed by a person to act on their behalf should they lose capacity in the future. Includes current Enduring Power of Attorney (EPA), but also extends into health and welfare decisions.
- Court appointed deputies - have the same power as above but will not be able to refuse consent to life-sustaining treatment.

The Act creates two new public bodies to support the statutory framework, both of which will be designed around the needs of those who lack capacity

- A new Court of Protection - The new Court will have jurisdiction relating to the whole Act and will be the final arbiter for capacity matters.
- A new Public Guardian - will be the registering and supervising authority for LPAs and deputies, and will offer an advisory role to the Court.

The Act also includes three further key provisions to protect vulnerable people of which LAS staff should be aware

- Independent Mental Capacity Advocate (IMCA) - appointed to support a person who lacks capacity but has no one to speak for them. It is important LAS staff are aware of their role in supporting the person (in that they can challenge decisions around capacity) and the decision maker (in that they can make representations on behalf of the person and so offer supporting evidence).
- Advance decisions to refuse treatment - People may make a decision in advance to refuse treatment if they should lose capacity in the future. It is made clear in the Act that an advance decision will have no application to any treatment which a doctor considers necessary to sustain life unless strict formalities have been complied with. These formalities are that the decision must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands “even if life is at risk”.
- A criminal offence - The Bill introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

The Act also sets out clear parameters for research involving or relating to a person lacking capacity.

What has the LAS put in place to comply with the Act?

Capacity Assessment.

The Act states a person is unable to make a decision for himself if (s)he is unable -

- (a) to understand the information relevant to the decision,
- (b) to retain that information,
- (c) to use or weigh that information as part of the process of making the decision, or
- (d) to communicate his/her decision (whether by talking, using sign language or any other means).

Part A of the form LA5 (Assessment Of Capacity And Refusal of Examination And Treatment – Appendix 1) covers these requirements, offers guidance notes for staff and provides an opportunity for staff to record relevant information. It also offers guidance notes for patients, explaining the concept of consent, and what to expect during treatment, in simple language.

Best Interests

The main considerations for the LAS are:

- (a) that age, appearance and behaviour should not affect judgements around best interests
- (b) the person’s past and present wishes (especially regarding advance decisions to refuse treatment)
- (c) the beliefs and values (or any other factors) likely to influence the person’s decision, if they had capacity
- (d) the views of other people:
 - named by the person as someone to be consulted in such situations

- engaged in caring for the person or engaged in their welfare
- named as a holder of lasting powers of attorney
- appointed as a deputy for the person by the court

In acting in a person's best interests, it is assumed that consent has not been attained. Part B of form LA5 (Appendix 1) covers these requirements, offers guidance notes and provides an opportunity for staff to record relevant information.

Lasting Power of Attorney and Advance Decisions

It is easy to foresee instances where staff operating in a in a time critical environment are presented with contradictory information regarding the identity of those granted LPA, or have difficulty in clarifying the existence, whereabouts or detail of Advance Decisions. In such instances the LAS Consent Policy advises staff to act in the patients' best interests whilst taking into account as much information as is available.

Further Actions

Assessment Tool Results

Out of 38 objectives listed in a Department of Health Assessment Tool, 12 have been assessed as not applicable to the LAS. We score "green" on 10, "amber" on 12 and "red" on 5. All 5 objectives on against which we score "red" will be met when the review of our consent policy is complete and a communications exercise has been rolled out. The same 2 deliverables will meet a further 8 of the 12 objectives against which we currently score "amber".

Confirmation of Implementation Lead

The Head of Policy Evaluation & Development has been suggested (requires director approval).

Training & Communication

Issues around consent are amongst the commonest cause of calls to LAS on call advisors, indicating a lack of confidence in applying the consent policy. Whilst the issue is a complex one and we would expect to continue to receive calls for assistance regardless of how much awareness is raised, there are certain avenues (such as extra training and heightening awareness through LAS News and Pulse articles) which should be explored.

A communication exercise regarding the principles and how it affects ways of working should be considered. The documents could then be made available via links form the intranet for those that need them and those staff who wish to access them

A code of practice was published in April 23rd April 2007, on which any training or communications could be based.

Governance Considerations

The use of LA5 forms will need to be reported and monitored. LAS should be confident that it is fully aware of:

- the frequency with which our staff encounter issues around the new Mental Capacity Act
- the type of decisions they are asked to make
- the accuracy of record keeping around these decisions
- the validity of the decisions made, in order to feedback in to personal and service wide development needs

London Ambulance Service NHS TRUST

TRUST BOARD 22 May 2007

Freedom of Information Policy
(Available as a separate document on the web site)

1. Sponsoring Executive Director: Peter Bradley
2. Purpose: For approval
3. Summary

The original FOI policy was approved by the Trust board in February 2005 and reviewed in July 2006. As a result of further experience, and on advice from legal services, it has been amended and incorporates in the following the changes:

- 1: The original two stage appeal process, firstly to the Director of IM&T and secondly to a panel of NED's has been simplified by the removal of the second stage.

There is no legal requirement for a second stage NED review, indeed the advice suggests that any review should not be overly bureaucratic. The Director of IM&T taking appropriate legal advice and working with other Trust Board Members as appropriate will be responsible for a single stage appeal. The final appeal will be directly to the Information Commissioner. The changes are at sections 5.3, 6.1 & 6.2.

- 2: There have been minor grammatical changes to improve the overall readability of the document.
- 3: The next formal review date has been set for July 2010

4. Recommendation
THAT the Trust Board approves the policy

London Ambulance Service NHS TRUST

TRUST BOARD 22 May 2007

Annual Equality Report

1. Sponsoring Executive Director: Caron Hitchen, Director HR-OD

2. Purpose: For noting

3. Summary

The Annual Report contains various statistical data, both workforce and service delivery, including those required for compliance with statutory duties in accordance with equality legislation, together with a summary of equality and diversity related activities for the year 2006-7.

A supplementary report will follow which will include data currently being compiled (e.g. applications for employment, starters, leavers, PTS).

4. Recommendation

THAT the Trust Board note the work done to date and the progress achieved

Annual Equality Report

1 Race Equality Scheme

- 1.1 The LAS Race Equality Scheme was reviewed and updated in May 2005, together with an updated action plan, review report and workforce data. The action plan has been updated again for 2006-7. The Race Equality Scheme is due for review again by May 2008 at the latest.

2 Disability Equality Scheme

- 2.1 In October 2006 the LAS Disability Equality Scheme was published, in line with the amended Disability Discrimination Act, setting out our plan to meet our statutory disability equality duties. The action plan is due for review in October 2007 and the Disability Equality Scheme itself is due for review by October 2009 at the latest.

3 Gender Equality Scheme

- 3.1 The Trust Board approved the Gender Equality Scheme on 27 March 2007, in line with the Sex Discrimination Act 1975, as amended by the Equality Act 2006. This is also due to run for three years, therefore, it will be due for review and updating by March 2010.

4 Single Equality Scheme

- 4.1 The Trust was selected by the Department of Health Equality and Human Rights Group as a "Learning Site" for the drafting of guidance on producing a Single Equality Scheme. It is planned that the three published equality schemes referred to above will be amalgamated, together with the remaining equality strands – sexual orientation, religion/belief, age – to form a Single Equality Scheme. In 2006 the Prime Minister commissioned an Equalities Review. The author, Trevor Phillips, Chair of the Commission for Racial Equality, and also Chair of the newly formed Commission for Equality and Human Rights, published the report from the review in February 2007. In it there is a recommendation that the existing equality legislation should be brought together in a single Equality Act, with all aspects being dealt with on an equal footing. The LAS Equality Scheme will provide a sound basis for the Trust to be suitably prepared and in line with the Government's approach to the legislative framework covering equality and discrimination.

5 Governance

- 5.1 From 2006 the governance arrangements for equality and diversity in the Trust were improved. The Clinical Governance Committee now receives quarterly Diversity updates from the Diversity Manager, as well as minutes from the meetings of the Race Equality and Diversity Implementation Team, and the Race Equality and Diversity Strategy Group. Annual reports from the various equality schemes (and later, the single LAS Equality Scheme) will also be presented to the Clinical Governance Committee.

- 5.2 The Non-executive Chair of the Clinical Governance Committee provides the scrutiny and focus for equality and diversity, with the Director Human Resources and Organisation Development providing the executive lead. Legal responsibility for compliance with equality legislation rests with the Chief Executive, and the Trust Board as a whole.
- 5.3 The Diversity Team have continued to provide the specialist resource to the Trust on equality and diversity matters, with the Diversity Manager providing strategic input through appropriate channels.

6 Race Equality and Diversity Groups

- 6.1 The Race Equality and Diversity Implementation Team will be reconstituted to include representatives from the project teams within the Service Improvement Programme who are working on equality and diversity related activities, together with representatives from Trades Unions, staff networks, Patients' Forum and other partners. The Race Equality and Diversity Strategy Group will continue in its present form, chaired by the Director of Human Resources and Organisation Development.

7 Education and Development

- 7.1 The Trust now has 19 Diversity Facilitators who have been trained to deliver the one-day Promoting Best Practice workshop, currently included in the five-day Continuing Professional Development Course for clinical staff. Over 800 members of staff have now attended this workshop.
- 7.2 All new staff take part in a one-hour Managing Diversity session during their Induction Course. All operational staff also take part in a half-day Diversity Session as part of their foundation training. Newly appointed Team Leaders, DSOs and AOMs also take part in development around equality and diversity issues as part of their development. In addition, ad hoc diversity sessions have been delivered for various departments and work groups over the past few years.
- 7.3 The next phase of the Diversity Training programme requires similar diversity sessions to be developed for the remainder of staff, in particular, those in managerial and leadership positions. It is intended that this will be included as part of the Management and Leadership Development programme. The aims of the development will be geared towards the NHS Knowledge and Skills Framework, Equality and Diversity competency, and legal statutory duties.

8 Workforce

- 8.1 Recruitment and Selection. BME staff accounted for 10.1% of all new starters in 2006/07. This shows a small improvement on the previous year (9.5%) but was below the desired level of 15%. However, the target for recruiting 50% women was achieved. A review was carried out in 2006 of the Trust's Recruitment and Selection policy and procedure, and recommendations from that review are now being implemented. The changes should ensure the Trust is best placed to maximise the opportunities we are likely to have in this coming year and beyond to improve the diversity of our staff through recruitment.
- 8.2 Workforce Demographic Profile. Overall, the Trust's workforce profile shows that women make up 38.9% (35.5% A&E) compared with 51% women in the London population.

8.3 BME staff make up 8.4% (4.5% A&E) compared with 28.8% BME in the London population based on the 2001 Census (Charts A-C). Currently, only two members of frontline staff have identified themselves as disabled.

LAS Staff by Ethnicity (White-BME) & Gender 2003-2007

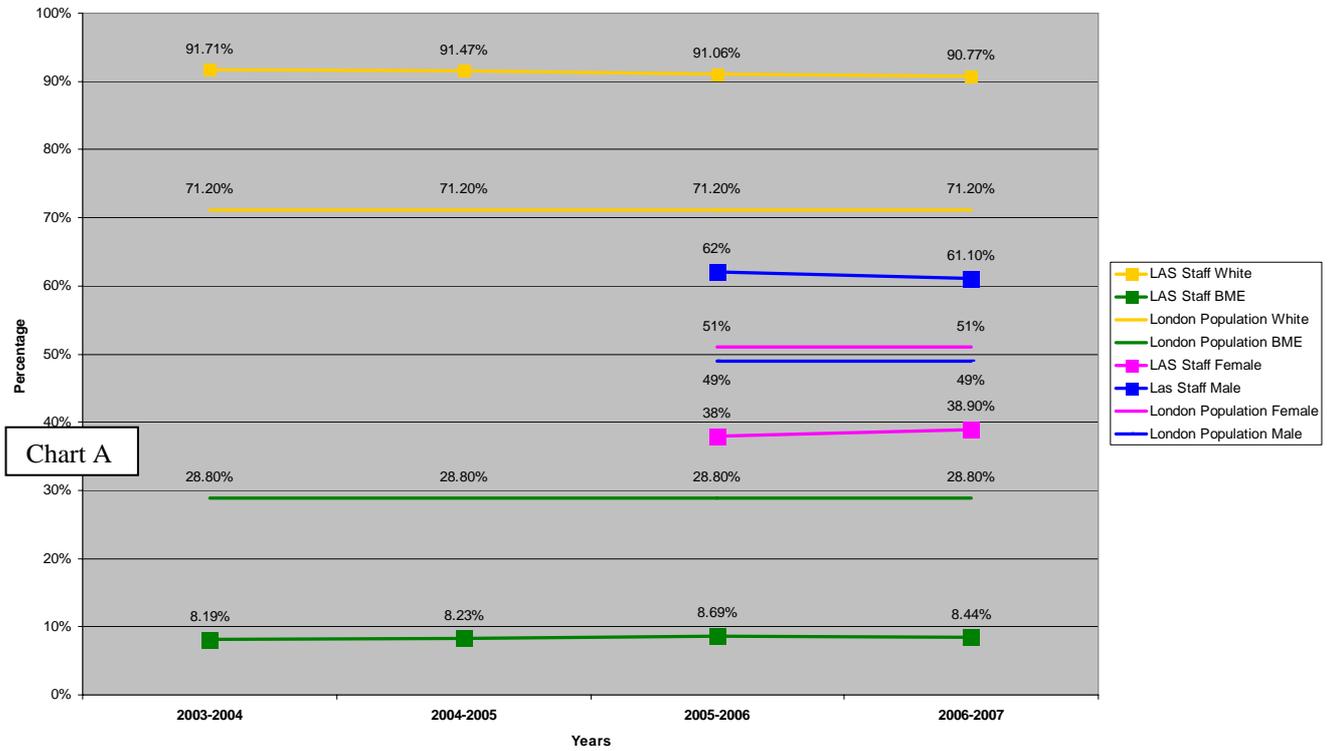


Chart A

Chart B

LAS Inpost by Ethnicity 2003-2007

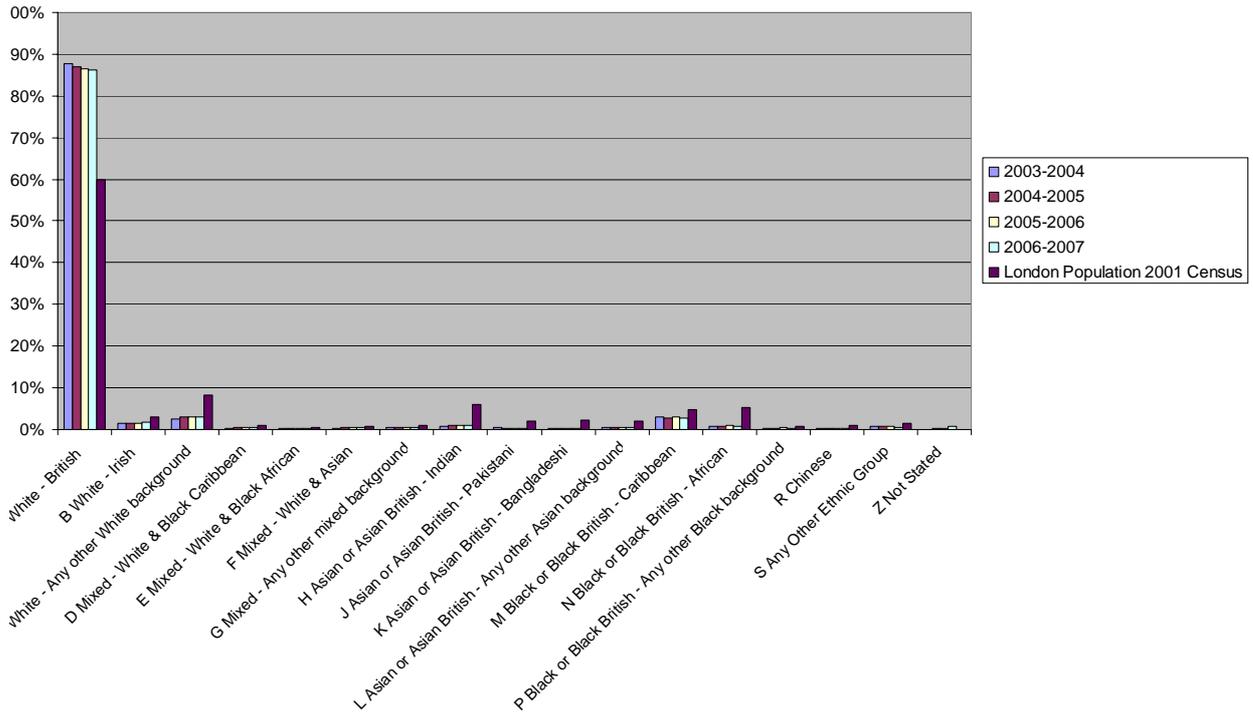
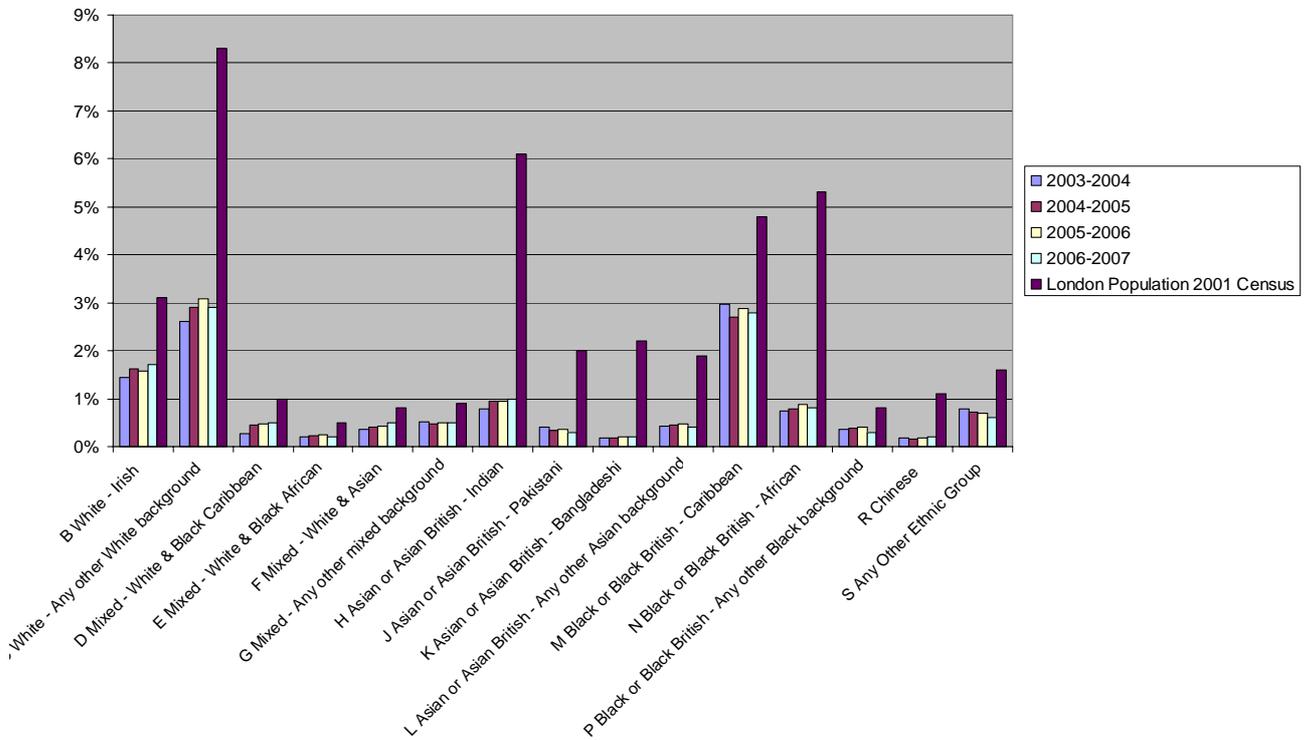


Chart C

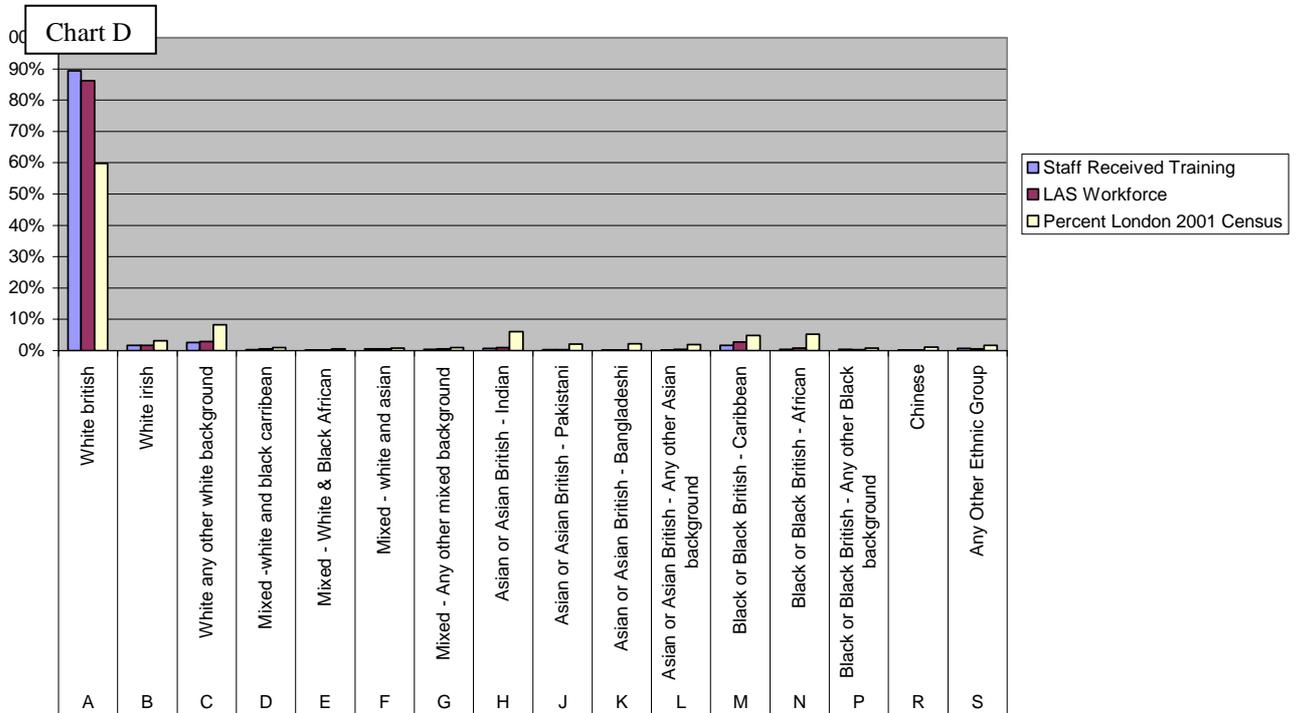
LAS Inpost by Ethnicity ex White British 2003-2007



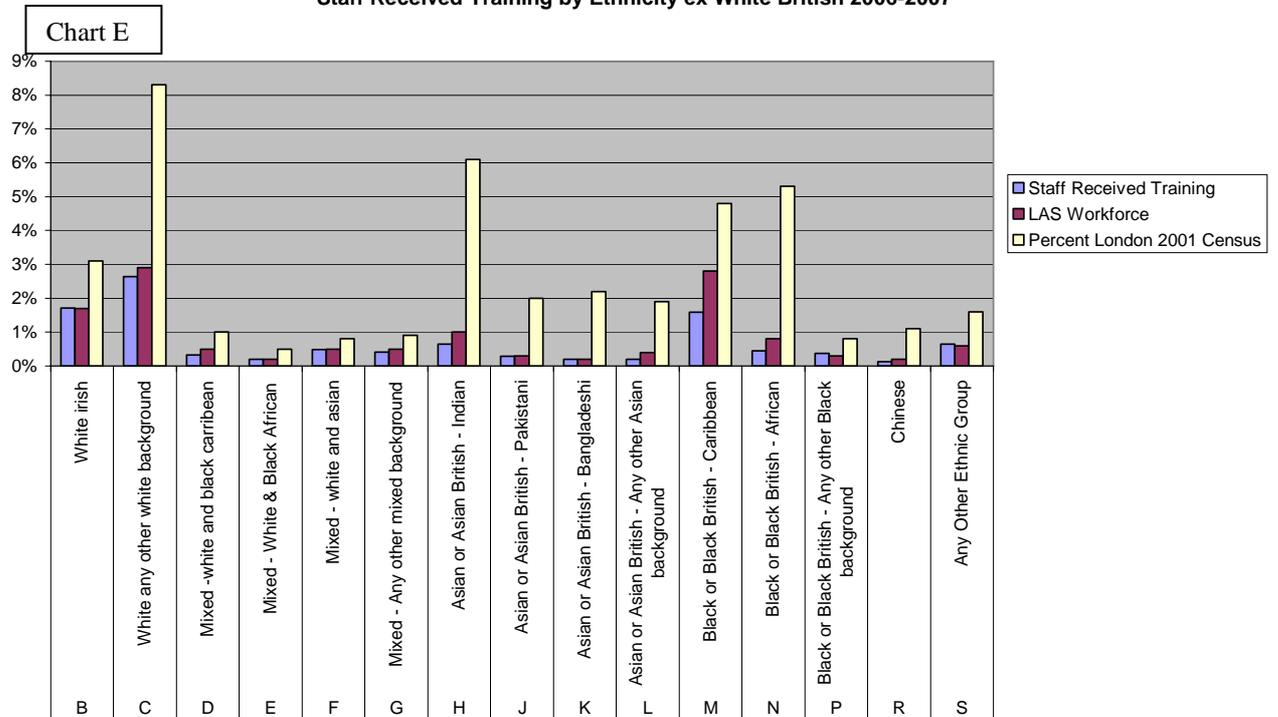
8.4 Staff Training. Charts D and E give a breakdown by ethnicity of staff who have received training

(Chart E has White British removed to allow focus on other categories.)

Staff Received Training by Ethnicity 2006-2007



Staff Received Training by Ethnicity ex White British 2006-2007



8.5 Discipline, Grievances, Harassment. There were 48 formal disciplinary actions, and 49

grievances during 2006-7. Once again, caution should be exercised when attempting to draw any conclusions from such small numbers. However, 85.42% of disciplinary actions involved White ethnic groups, compared with 8.33% from Black and minority ethnic groups, and 85.71% White, and 12.24% BME lodged grievances. There were five incidents recorded of bullying and harassment, including three described as racial harassment, and one as sexual harassment. No complaints on racial grounds have been submitted to an Employment Tribunal.

9 Patient Public Involvement

- 9.1 The Diversity Team is continuing to work with the PPI Manager to ensure that the Trust maximises our opportunities to engage with particular sections of the community where health inequalities have a disproportionate impact. The work on the Tower Hamlets Project, involving women and the Bangladeshi and Somali communities in particular, will be a major piece of work over the coming year.

10 Service Improvement Programme and Strategic Plan

- 10.1 The Strategic Plan which covers the years up to the Olympics and beyond to 2012-13, includes a Service Improvement Programme (SIP). The SIP itself consists of five major programmes of work – Operational Model; Access and Connecting for Health; People and Organisation Development; Corporate Policies and Processes; 2012 Olympics and Paralympics; and an overarching Stakeholder and Communications Strategy. Equality and Diversity elements are embedded in all aspects of the programmes, with a number of specific projects focussing on equality and diversity.

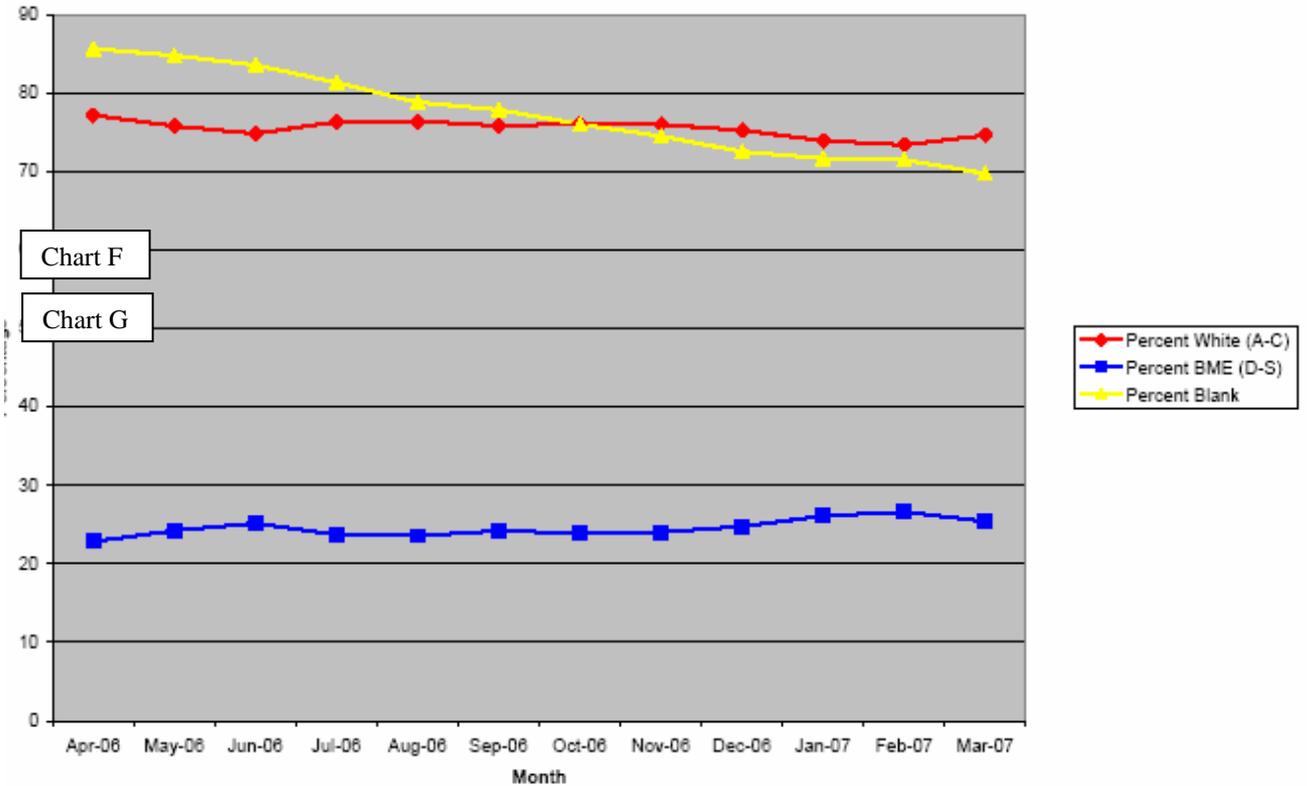
11 Equality Impact Assessment

- 11.1 The Diversity Team has developed an Equality Impact Assessment process which is available via the Common Server. The process is incorporated into bids for funding new projects (Strategic Planning Project Profile – SPPP), and in the development of new HR policies. This format has been adopted as the model by the Department of Health's Equality and Human Rights Group as they develop NHS guidance on Single Equality Schemes.
- 11.2 The Race Equality Impact Assessments which were carried out and published in 2005 have yet to be updated by service managers. This is a key action that must be carried out as soon as possible with the benefit of monitoring data that is now available.

12 Health Inequalities

- 12.1 Recording of patient ethnicity began with the introduction of the latest version of the Patient Report Form (PRF) in August 2005. The technology to read the forms using electronic scanning was not available until February 2006, from which point the data was available for analysis. We now have a complete year (2006-7) of patient ethnicity data. The data shows that completion of the ethnicity field on the PRF has doubled from around 15% to around 30% (Chart F). Over 19% of forms (232,684) indicate a valid ethnic code. These show that 75.3% of our patients are from white ethnic groups (White British, White Irish, White other), and 24.7% are from BME ethnic groups (Asian, Mixed, Black, Chinese, other). These figures can be compared to the 2001 Census data for the same ethnic categories: White – 71.2%; BME – 28.8%. The following paragraphs should be read with an element of caution due to the relatively low level of data currently held.

Apr 2006-Mar 2007 PRF Patient Ethnicity by Month (White, BME, Blank)



- 12.2 The PRF data indicates a variation of 4.1%, with BME patients under-using the service and White patients over-using the service. Research carried out elsewhere clearly shows that, overall, people from BME groups experience significantly worse health than people from White ethnic groups. Therefore, it would be reasonable to expect to see BME groups over-using the service rather than under-using it.
- 12.3 PRF ethnicity data is available by PCT, Borough and Ward, enabling local analysis of patient interactions by ethnicity, as well as providing the raw material for Equality Impact Assessments. The potential now exists for this data to be matched with geographical data, and other data generated from the Emergency Operations Centre, to identify trends, and to plan and target resources to those areas with the greatest need.
- 12.4 PRF ethnicity data indicates significant variations for some ethnic groups when compared to the 2001 Census. The Asian-Indian group, for example, shows apparent under-use by three times, approximately 4%, whilst the Other-Chinese group shows apparent over-use of four times, approximately 3% (Chart G – this shows same data as Chart H, but has White British removed to focus on other categories). The White British group also shows an apparent over-use by around 7% (Chart H). This data could be inaccurate, and the result of the large numbers of incomplete ethnicity fields, or inaccurate categorisation; or they may be an indication of actual service use, in which case, further research is required to better understand the causes. In any case, there is clearly the need for further improvements in PRF ethnicity coding.

2006-7 PRF Patient Ethnicity Less White British

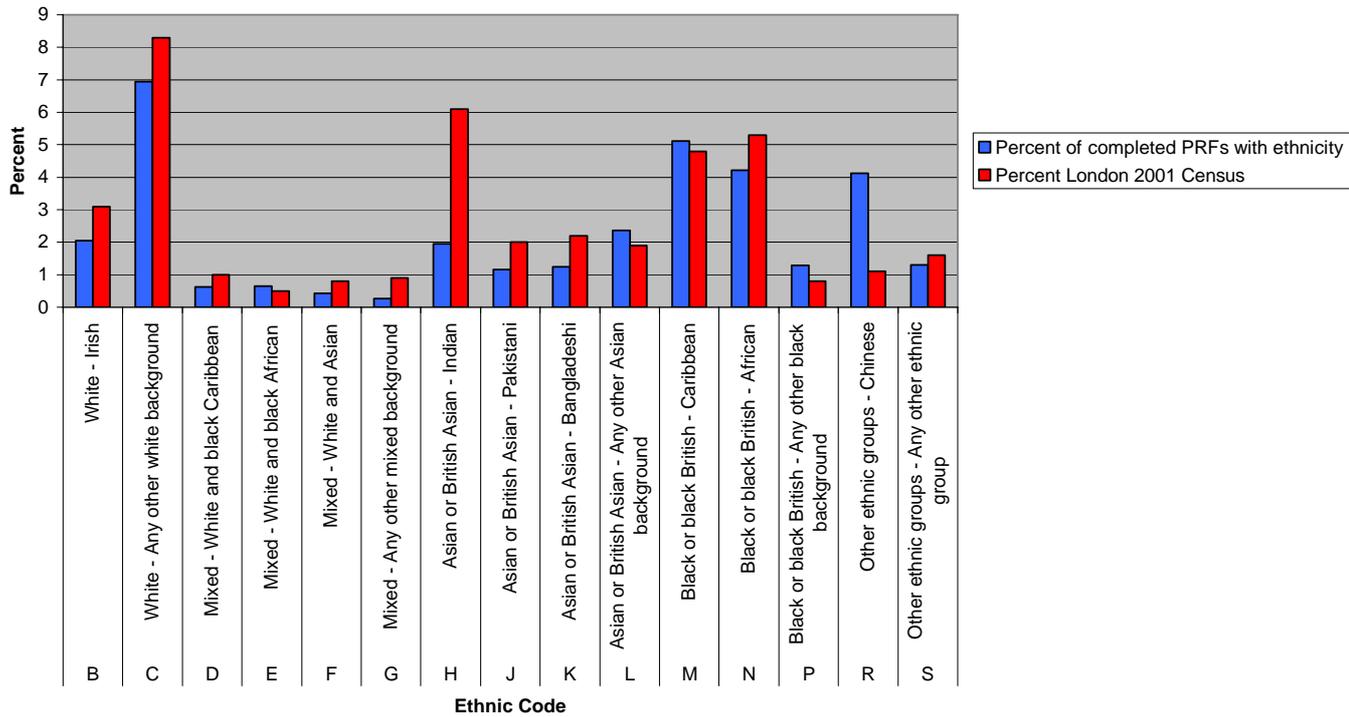
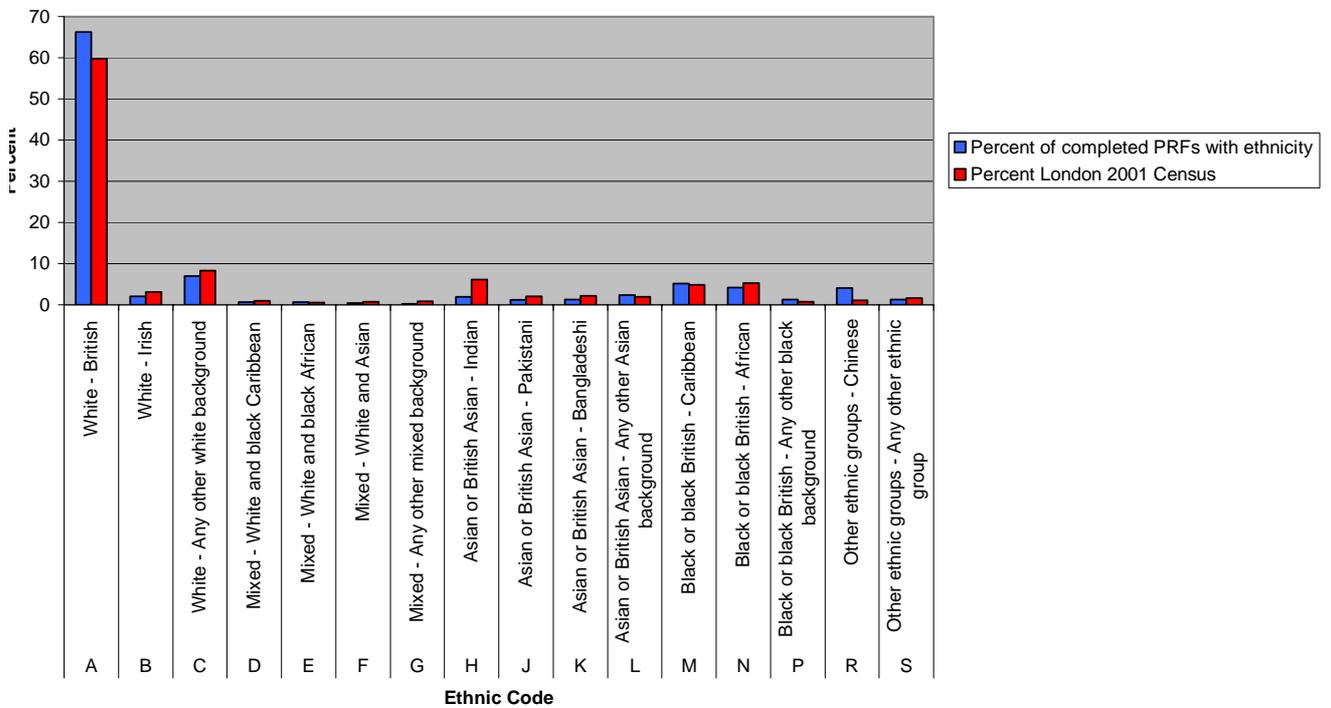


Chart H

2006-7 PRF Patient Ethnicity All



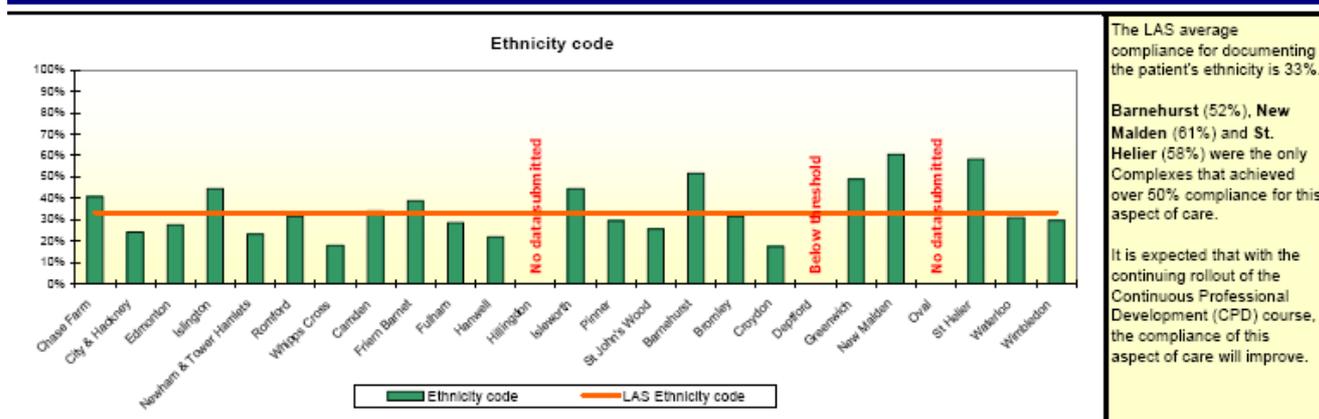
12.5 The PRF Compliance 1 in 20 (06-06) quarterly report on Clinical Performance Indicators (Chart I) shows that completion rates for ethnicity coding vary significantly between complexes.

However, the report shows that it is possible to achieve 61% completion (New Malden) within the same limitations that produce below 20% elsewhere.

Chart I

PATIENT CARE INDICATOR 4

PATIENT REPORT FORM COMPLIANCE (Quality Assurance)



- 12.6 Patient Transport Service. Ethnicity data obtained from Patient Transport Services is currently unavailable for analysis.
- 12.7 Clinical Telephone Advice. The ethnic monitoring facility which is embedded in the Clinical Telephone Advice software has not been activated; therefore no ethnicity data currently exists for this service. However, as confidence in the new software develops, a decision will be taken to activate the monitoring facility whilst minimising any impact on the service being delivered.
- 12.8 Complaints. Data from Complaints shows that out of 571 complaints, ethnicity data is available for 117, or 20.49%. The three ethnic groups with the largest percentages of complaints that exceed the percentages of PRFs are White British - 69%, Black Caribbean – 7.7%, White Irish – 3.4%. The White Other group shows 5.1%, but this is below the percentage of PRFs (Charts J and K – these charts show the same data, but Chart K has White British removed to allow focus on other categories). However, with such small numbers, these should not be regarded as significant in themselves.

Chart J

Complaints by Ethnicity 206-7

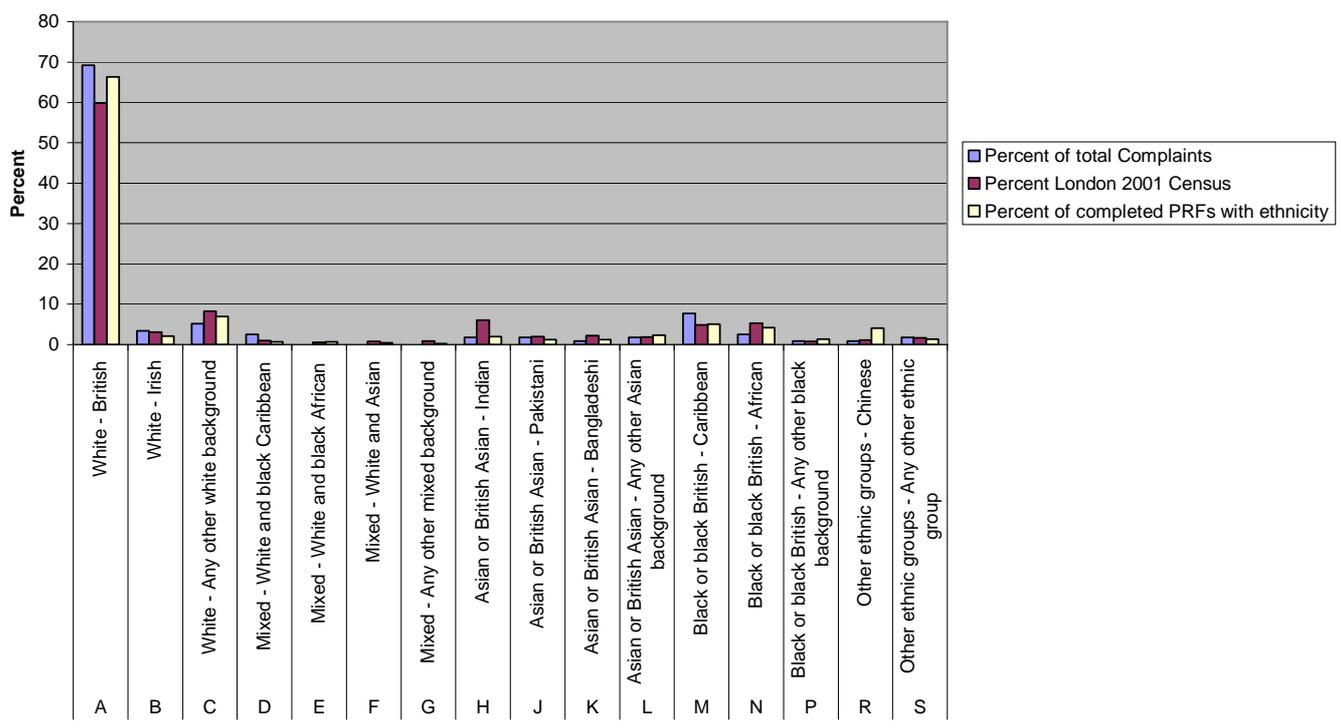
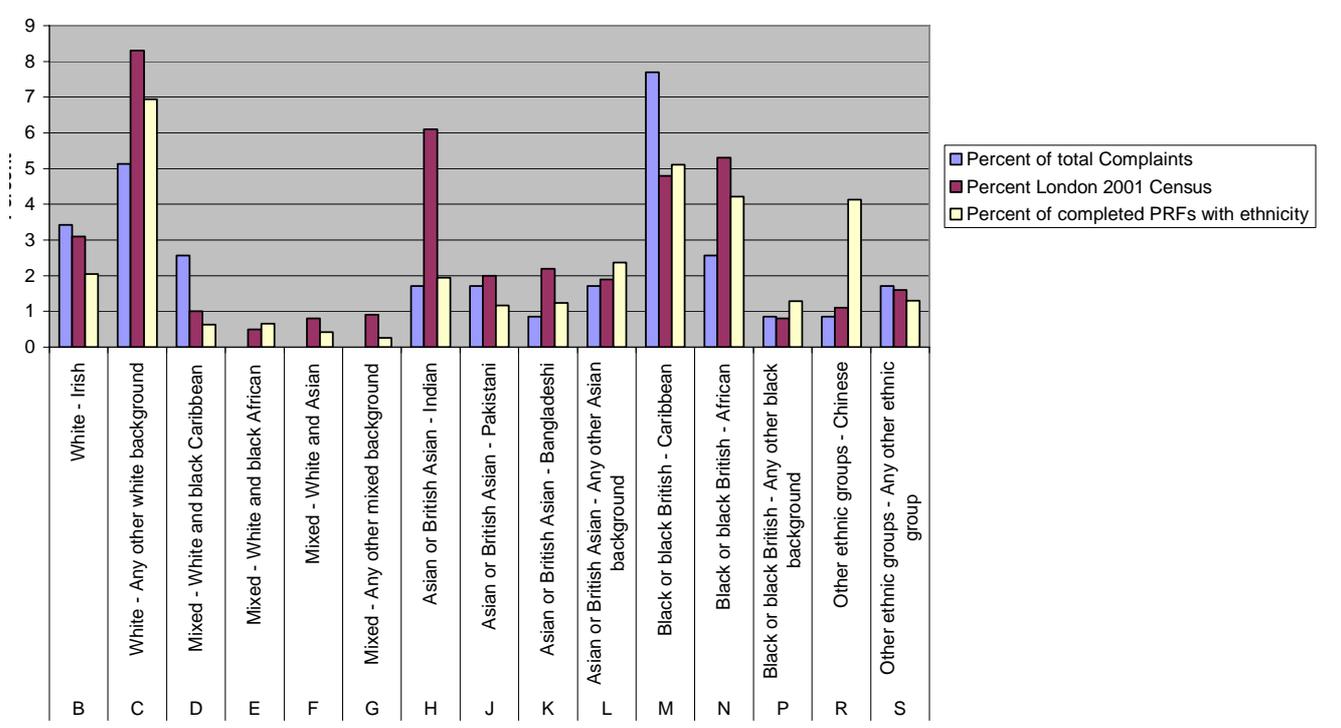


Chart K

Complaints by Ethnicity 2006-7 ex White British



12.9 Patient Advice and Liaison Service (PALS). Ethnicity data is available for 20.43% for 2004-5,

28.07% for 2005-6, 20.61% for 2006-7, although the overall numbers of incidents where ethnicity is recorded has risen from 114 in 2004-5 to 339 (Charts L and M).

Chart L

PALS Incidents 2006-2007 -v- PRF & 2001 London Census Less White British

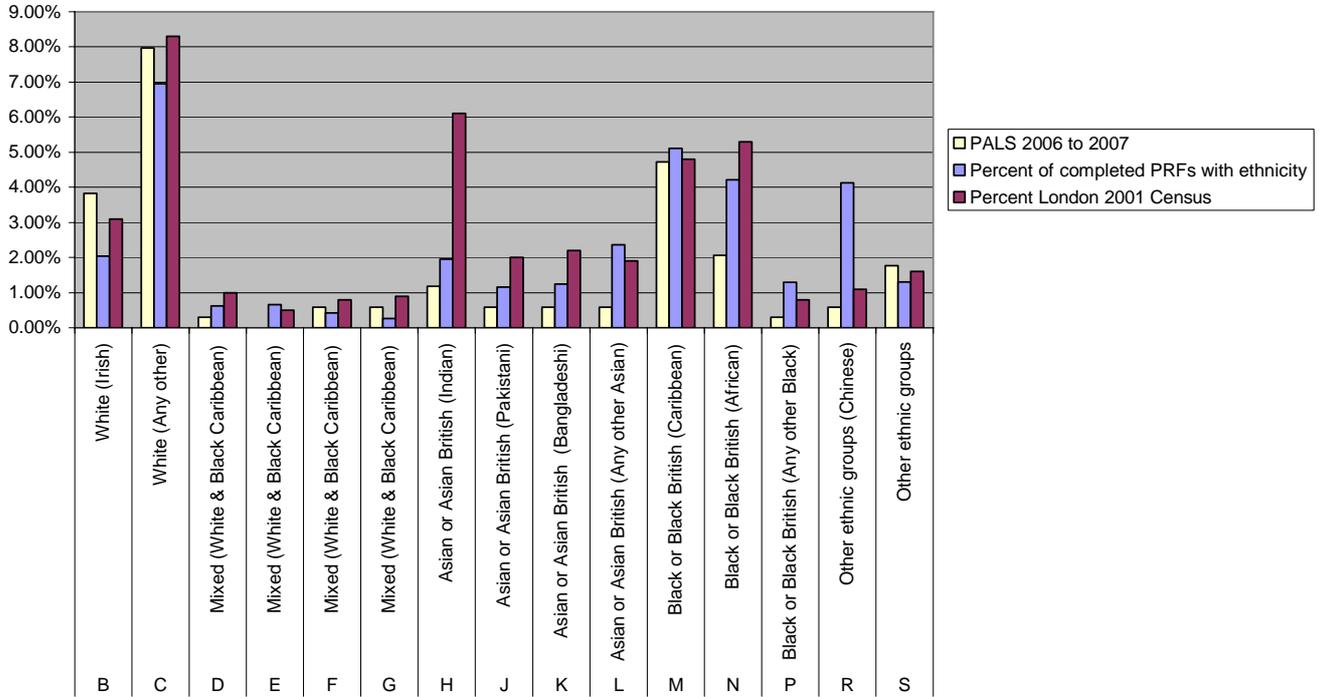
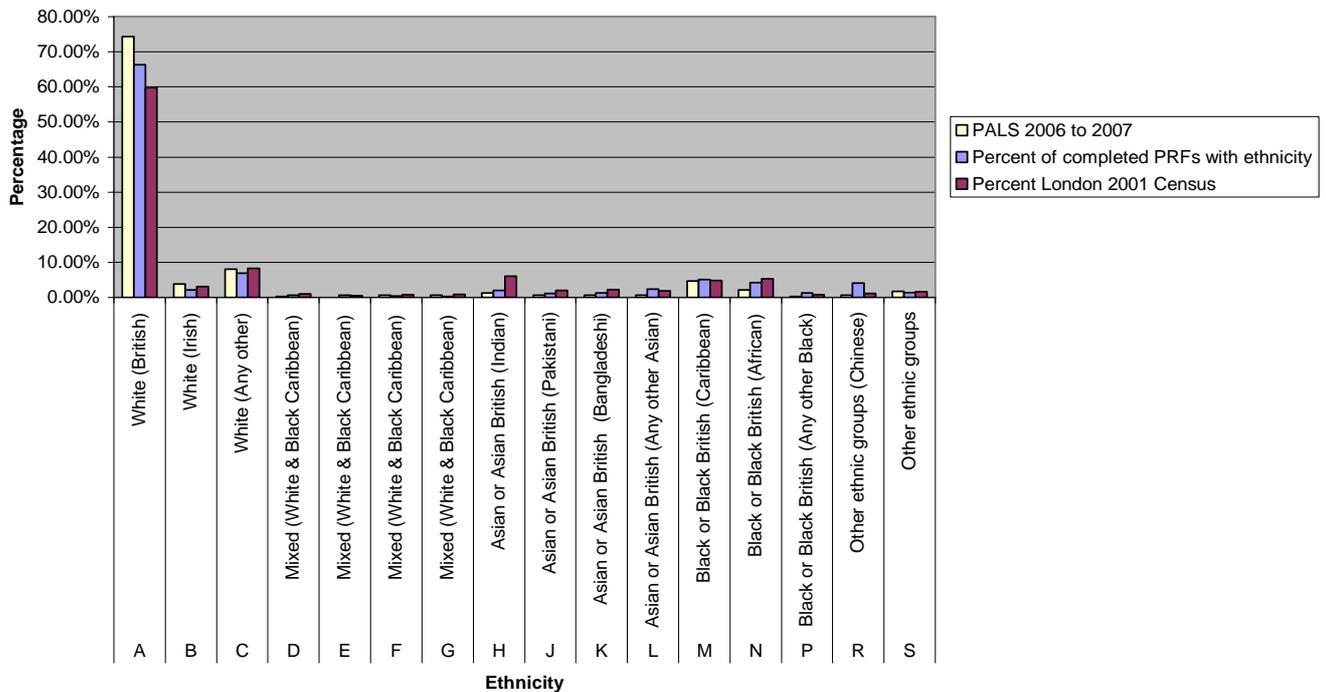


Chart M

PALS Incidents 2006-2007 -v- PRF and 2001 London Census



12.10 Overall, the profile for service use for the year 06-07 shows:

	% White Ethnic Groups	% BME Groups
2001 Census	71.2	28.8
PRFs:	75.28	24.72
Complaints:	77.78	22.22
PTS	No data	No data
PALS	86.14	13.86
CTA	No data	No data

13 Conclusions.

- 13.1 In summary, there has been a marginal increase in the percentage of BME staff in the Trust, although variations in the overall turnover compared with recruitment, mean that the actual numbers fluctuate year-on-year. Whilst it is recognised that becoming fully reflective of the London population is a long term aim, the Trust needs to maximise recruitment opportunities from under-represented groups as and when they arise. Implementing the recommendations from the Trust's Recruitment and Selection Review will provide a realistic means of achieving this.
- 13.2 The data now becoming available from patient contacts, including PALS incidents, complaints and other services, provides the Trust with its first glimpse of a patient demographic profile. The possibility now exists for this data to be analysed alongside other clinical and performance data, such as type of call, language support service data, response times, patient outcome, and others, to identify areas of greatest need and to allocate resources accordingly, bringing to bear all the resources and services at the disposal of the Trust in a truly holistic and integrated approach to reducing health inequalities in London.

Paul Carswell, Diversity Manager
15 May 2007

London Ambulance Service NHS TRUST**TRUST BOARD 22nd May 2007****Drug Control and Medical Devices**

1. Sponsoring Executive Director: Martin Flaherty
2. Purpose: For noting
3. Summary

Bentley Jennison carried out an audit of Medical Devices and Drug Management in March 2006 and provided a report in August 2006 of their findings and recommendations. These fall into three categories: Fundamental, Significant and Merits Attention.

For **Medical Devices** they identified:
5 Significant Recommendations
7 Areas which Merit Attention.

For **Drug Management** they identified:
1 Fundamental Recommendation
6 Significant Recommendations
4 Areas which Merit attention.

The Logistics department has prepared an action plan to address these recommendations and all are either resolved or on target to be resolved.

A presentation and a detailed report were made to the Audit Committee on 12th March and the committee were satisfied with the actions taken.

4. Recommendation

THAT the Trust Board note the action plan drafted in response to the Internal Auditor's reports.

Medical Devices Findings & Action Plan

Para	Recommendation	Categorisation	Accepted Y/N	Management comment	Implementation date	Update as at May 2007
4	The bi weekly audit of high level medical equipment should be undertaken in line with agreed procedure, Managers should be reminded of the requirement and importance of completing the returns.	Significant	Y	Instructed Make Ready to Audit De-Fibs. To re-inforce with AOM's. Make ready have been trailing a hand held device. Nightly download of all serial numbers – now live on 2 complexes. Agreed exception reporting structure. Plan to roll this out to all stations by end of the Financial Year.	July 2007.	On Target
5	Each station should ensure that a copy of the repair tag is kept for every piece of equipment that is sent for repair.	Significant	Y	This will be re-iterated to all staff the requirements of the Policy. A reminder will be issued of the requirements of the Policy.	September 2006	Completed
10	The Trust should ensure all their equipment has been serviced at the appropriate time.	Significant	Y	Review process with Metronic. The hand-held device will help to ensure that all equipment has been serviced on a timely basis.	July 2007	On Target
17	The Life Pack 12s and FR2s record cards should be kept up to date with locations and service history and record cards should be produced for Propaqs.	Significant	Y	The introduction of the hand held devices will help to ensure that an electronic record is maintained of all equipment. Agreed. Need to review the record cards and ensure that they are being regularly updated.	July 2007 October 2006	On Target
18	The Trust should ensure that an Equipment Service/Repair Record sheet is kept at Bow for each service and repair to LP12s FR2s and Propaqs.	Significant	Y	As 17 above	July 2007	On Target
1	The Trust should ensure that the Exchange in the Event of Equipment Failure procedure notes should be reviewed and up-dated.	Merits Attention	Y	A date for the review of this policy has been agreed for May 2007.	May 2007	On Target

Para	Recommendation	Categorisation	Accepted Y/N	Management comment	Implementation date	Update as at May 2007
2	The Trust should ensure that job descriptions include the date they were produced and a date for review.	Merits Attention	Y	This has now been undertaken as part of the Agenda for Change process.	In Place	Completed
9	A maintenance schedule should be developed for the Propaqs.	Merits Attention	Y	This has now been completed.	August 2006	Completed
11	Risk assessment for the use of individual medical devices should be produced and recorded on the Trusts risk register.	Merits Attention	Y	1 – Acquisition and Trial Policy to be re-written to include section on risk assessment of products Head of Operational Support to agree an action plan with the Head of Governance with regards to quality standards and risk assessments, with support from the Corporate Risk Group.	August 2007.	On Target
13	All paramedics and technicians should attend the clinical guidelines course with appropriate attendance records kept.	Merits Attention	Y	Agreed. This is in place.	September 2006	Completed
14	Stations should be reminded of the requirement to disinfect all equipment prior to requesting a repair. Additionally, the Service Engineer should not collect equipment if confirmation of the disinfection status has not been recorded.	Merits Attention	Y	Staff have been instructed not to collect equipment that has not been disinfected.	September 2006	Completed
16	St Johns Wood A bi weekly stock check of single use items should be undertaken.	Merits Attention	N	This cannot be undertaken until an inventory management system is in place and that further single use items have been introduced throughout the Trust.		Station Trial in place

Drug Control Findings & Action Plan

The priority of the findings and recommendations are as follows:

Fundamental - action is imperative to ensure that the objectives for the area under review are met. efficiency.

Significant - requires action to avoid exposure to significant risks in achieving the objectives for the area under review.

Merits Attention - action advised to enhance control or improve operational

Para	Recommendation	Categorisation	Accepted Y/N	Management comment	Implementation date	Update as at May 2007
16	The Trust should ensure that all drugs registers are updated upon issue and receipt of drugs.	Significant	Y	This is being undertaken as a stores level. The process will be re-inforced at a Station level through issue of a document to all stations. AOMs to have extra section in job description to reinforce this.	September 2006	Completed – On Going
	The Trust should also ensure that stock takes are performed on a regular basis at the stations to identify the actual drugs level kept at the station.	Significant	Y			

The priority of the findings and recommendations are as follows:

Fundamental - action is imperative to ensure that the objectives for the area under review are met. efficiency.

Significant - requires action to avoid exposure to significant risks in achieving the objectives for the area under review.

Merits Attention - action advised to enhance control or improve operational

Para	Recommendation	Categorisation	Accepted Y/N	Management comment	Implementation date	Update as at May 2007	
18	The Trust should ensure the Drug Pack Issue/ Return form is signed by staff upon returning the drugs packs at the end of shift.	Significant	Y	As Above. Also investigating the possibility of electronic data capture to assist in the management of this information, and the facility to develop exception reporting and escalation process.	By end of 2007	On Target	
	The Trust should ensure that the earliest expiry date of drugs is recorded on the Drug Pack Issue/ Return form.	Significant	Y	Same bulletin, plus the development of a suitable exception reporting process		On Target	
	The Trust should introduce a process whereby all drug packs issued should have a life expectancy of at least one month.	Significant	N	We endeavour to do this as far as possible to give a life span of at least two months, however, for some drugs the life span is shorter and drugs need to be swapped earlier.			
	The Trust should ensure that the out of date drugs packs are not issued to staff by mistake as in date. Arrangements should be made to return the out of date drugs packs to Deptford store as soon as possible.	Fundamental	Y	As per comments on 16 above. Need to have electronic scanning of bags as part on INTEGRA projects. To be added to the bulletin and to be supported by the escalation process.			
11	All drugs issued from the drugs stores should be recorded as received on the individual workstation sheets.	Significant	Y	The problem is now resolved as of March 2006 through a change in trust processes.	March 2006	Completed	
6	The Trust should ensure that there is a sample audit of the sealed drugs packs on a weekly basis.	Merits Attention	Y	Agreed and in place.	May 2006	Completed	Chris Haines.

The priority of the findings and recommendations are as follows:

Fundamental - action is imperative to ensure that the objectives for the area under review are met. efficiency.

Significant - requires action to avoid exposure to significant risks in achieving the objectives for the area under review.

Merits Attention - action advised to enhance control or improve operational

Para	Recommendation	Categorisation	Accepted Y/N	Management comment	Implementation date	Update as at May 2007	
10	Deptford. The Trust should ensure that stock take is performed on a regular basis.	Merits Attention	Y	Agreed	May 2006	Completed	Chris Haines
17	Stations The Trust should ensure that delivery notes are signed and dated by delegated Officers upon receipts of new drugs.	Merits Attention	Y	Agreed, and in place as far as possible.	May 2006	Completed	Chris Haines
21	Deptford Stores The Trust should ensure that all delivery notes are signed and dated upon receipt of drugs.	Merits Attention	Y	Agreed. Procedures have been changed to ensure that this will take place in the future.	May 2006	Completed	Chris Haines.

London Ambulance Service NHS TRUST

**Summary of the minutes
Clinical Governance Committee - 16th April 2007**

1. **Chairman of the Committee** **Beryl Magrath**
2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC).**

3. **Agreed:**

That a business case supporting the continuation of the Clinical Advice to the LAS from Guy's Poison Unit (NPIS) will be presented to the Senior Management Group (SMG) in June 2007.

Noted:

- That there is an agreement in place for crews to use the A&E facilities to dispose of single use equipment; a bulletin will be issued to that effect.
- That there is an ongoing review of the addresses placed on the High Risk Register; the CGC will view the draft letter that is to be sent to the addresses placed on the High Risk Register.
- That there is a risk for the Trust as EOC cannot guarantee to identify a Paramedic to despatch to those calls which require that specific skill level; furthermore a Paramedic may not always be available.
- That the Deputy Director of Operations will liaise with CARU as less than 100% of data cards for attended cardiac arrests are being received by CARU.
- The detailed breakdown of complaints related to "attitude & behaviour" presented by the Complaints Manager.
- The CGC will receive a report on the best practice guidelines made by HR following their observing of PDR interviews.
- That when CARU reviews the cardiac arrest survival rate ethnicity is considered so as to identify which, if any, community groups are at higher risk.
- That an article will appear in the next issue of the LAS News regarding the importance of CPI paperwork being undertaken.
- That the CGC will receive a summary of the outcome report presented to the Complaints Panel
- That the Trust Board approved the Assurance Framework as evidence of full compliance with the HCC Standards which will be submitted to the HCC by the deadline of 1st May 2007.
- That the NHSLA will be launching the new assessment material for Emergency Care at their workshop on 22nd May; all 12 ambulance services have been invited to participate in piloting the new system.
- The action plan, which has been drafted in connection to the Race Equality Scheme; Ingrid Prescod to speak to the HR Director on what progress is being made to achieve the BME recruitment target.
- That the Medical Director visited all the complexes to speak with their management teams. Clinical topics were high on their agenda. The findings of the Medical Directors programme of complex visits will be incorporated into the Training Needs Analysis.
- The report re. Safety Alert Bulletin and that NPSA/2007/20 (promoting safer use of injectable medicines) is being reviewed.

The Committee considered the clinical risks on the Risk Register; it noted the comments from the Audit Committee. Work will be undertaken to identify what risks are inherent as an emergency

ambulance service and what risks are individual to the LAS. The Head of Governance will present the Risk Register to the SMG in May for its views on what risks on the Risk Register could be identified as inherent or individual to the LAS.

The Committee did not feel that there had been sufficient progress to enable any of the risks to be regraded; two risks (188 and 179) are to be reworded and presented to the RCAG in May 2007. With regard to risk 20, it was noted that the recording of ethnicity on PRF forms has improved from 6% to 30%. It was suggested that a form of words be provided to crews to assist them in the asking of the ethnicity question on the PRF.

□ Presentation

The PALS Manager gave a brief presentation regarding the work undertaken by PALS; he also highlighted that although the Frequent Caller Initiative had not been as successful as he hoped, an estimated £1m savings had been achieved.

The ADO West gave a presentation on clinical governance taking place in this Area. The Deputy Director of Operations reported on clinical governance in the remainder of the Trust. Both reports contained information regarding: PDRs, complaints, SUIs, CPI completion rate and, rest breaks. The following safety issues had been identified (following on from the Medical Director's presentation to the CGC in February): appropriateness of clinical assessment and decision making as to whether it is appropriate to leave a patient at home; cross contamination or infection as a risk to patients; occasional misdiagnosis and less than effective clinical assessment.

Minutes/oral reports received from :

- **Complaints Panel 27/3/07**
- **Training Services Committee, 21/03/07**
- **Clinical Steering Committee 20/3/07**
- **PPI Committee,19/03/ 07**
- **Clinical Audit & Research Steering Group 16/3/07**
- **Race Equality & Diversity Strategy Group 15/3/07**
- **RCAG 28/2/07**
- **Infection Control Group 22/2/07**
- **Standards for Better Health**

4. **Recommendation** **That the Trust Board NOTE the minutes of the Clinical Governance Committee**

LONDON AMBULANCE SERVICE NHS TRUST

DRAFT Minutes of the Clinical Governance Committee

16th April 2007, Committee Room, LAS HQ

Present:

Beryl Magrath (Chair)	Non-Executive Director (until 12.45pm)
Ingrid Prescod	Non-Executive Director
Sarah Waller	Non-Executive Director (until 11.00)
Fionna Moore (Vice chair)	Medical Director (Chaired meeting from 12.45 to 1.15)
David Jervis	Director of Communications (until 11.30)
John Wilkins	Head of Governance
Malcolm Alexander	Chairman, LAS Patients' Forum (until 11.20)
Dipak Chauhan	Ergonomics Manager (representing Senior Health & Safety Officer) (from 9.40)
Keith Miller	Acting Head of Education & Development (until 12.05)
Chris Vale	Head of Operational Support (until 1.05pm)
Peter Horne	Assistant Director of Operations, West (until 1.00)
Lyn Sugg	Senior Operations Officer, Planning and Risk
Nicola Foad	Head of Legal Services
Ralph Morris	Head of Complaints
Stephen Moore	Head of Records Management
Russell Smith	Deputy Director of Operations (until 1.00)
Gary Bassett	PALS Manager
Margaret Vander	PPI Manager
Paul Carswell	Diversity Manager
Dr Daryl Mohammed	Assistant Medical Director (Primary Care) (until 10.50)
Rachael Donohoe	Head of Clinical Audit & Research (from 11.45)
Christine McMahon	Trust Secretary (minutes)

Apologies

Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington
Kathy Jones	Director of Service Development
Tony Crabtree	Head of Employee Services
John Selby	Health & Safety Adviser

14/07 **Minutes of the Clinical Governance meeting held on Monday 12th February 2007**

AGREED **The minutes of the Clinical Governance Committee meeting held on 12th February 2007.**

15/07 **Matters Arising**

NOTED: ***Minute 40(2): a business case is being prepared to employ a full time Infection Control adviser.***

Minute 40 (3): there is an agreement in place for crews to use the A&E facilities to dispose of single use equipment; this has been facilitated by the Pan London Emergency Medicine Consultants Group. A bulletin regarding single use equipment will be issued. ACTION: Acting Head of Education & Development

Minute 44(7): Senior Operations Officer, Planning & Risk said that the review of the High Risk register was ongoing. In reply to a question from the Chairman of the LAS Patients' Forum the Senior Operations Officer, Planning & Risk confirmed that the Service had taken advice and the High Risk Register was within the remit of the Data Protection Act.

The Chairman asked that a draft of the letter which is to be sent to people whose addresses are on the High Risk Register be presented at the next meeting. ACTION: Senior Operations Officer, Planning & Risk.

Minute 52: Senior Operations Officer, Planning & Risk said that Clinical Solutions were developing the necessary software to enable quality control of CTA and it is unlikely to be introduced until later this year. The Committee were assured that quality assurance of CTA is taking place.

Minute 63(1): Senior Operations Officer, Planning & Risk said that there is the facility for EOC staff to identify the skill levels of crews (EMT3s/Paramedics) but did not think the current process was as straightforward as it could be to ensure 100% compliance. A link between PROMIS and CTAK might offer a solution.

It continues to be a risk for the Trust that EOC cannot guarantee to identify a Paramedic to despatch to those calls which require that specific skill level; furthermore a Paramedics may not always be available

Minute 04/07: the Head of Governance undertook to liaise with colleagues to ensure that learning is taking place following the reporting of incidents. ACTION: Head of Governance

Minute 05/07: the Committee was concerned that CARU were receiving less than 100% of data cards for cardiac arrests attended by crews The Deputy Director of Operations undertook to liaise with CARU to progress this matter. ACTION: Deputy Director of Operations

Minute 04/07(3): Head of Governance confirmed that the Risk Information Report is being circulated to the ADOs.

Minute 06/07: Head of Governance said that although the level of feedback from the National Patient Safety Agency has been limited he was confident that, following the reconfiguration in 2006, it would be possible for the Trust to benchmark with other Ambulance Services The Medical Director said that following the Ambulance Service Leadership Forum on 18th April a number of groups are meeting (HR Directors; Finance Directors; Medical Directors etc) to discuss a number of issues that all ambulance services are having to respond to.

Minute 07/07: the Committee requested that it receive a report on the best practice guidelines made by HR following their observing of PDR interviews. ACTION: Deputy Director of Operations.

Minute 07/07: with regard to the excellent cardiac survival rate achieved by Waterloo Complex it was suggested that the pertinent factors were: a younger and more mobile population; more chance of passer by intervention; quicker response times (Waterloo has bicycles and motor bikes – both have 100% Category A performance); community responders and the national defibrillator project.

Post meeting note: The Head of CARU has stated that that there was no evidence linking the survival rates for Waterloo Complex with faster overall response times and the use of bikes. In fact, Waterloo's response times were not faster than the average for the South area. I'm not categorically saying that the bikes didn't contribute – they may have, but there's just no evidence to support this at present from our data (which is where the survival figures came from in the first place). CARU will be undertaking an in-depth audit into this in September when the 2006/2007 data becomes available

The Head of Diversity said that when CARU review the cardiac survival rate ethnicity is considered so as to identify what community groups are at higher risk than others; this will enable the Trust to identify what community groups might be specially targeted given its limited resources. Tower Hamlets has already been identified as having a high risk population. It was suggested that Heathrow would be an interesting

area for further investigation given the ethnically diverse working population with a high number of transient population.

Minute 07/07: the Head of Complaints confirmed that he had forwarded ICAS' contact details to the ADO South; a mediation meeting has been arranged to take place in April

Minute 07/07: an article will appear in the next issue of LAS News re. CPI paperwork.
ACTION: Deputy Director of Operations.

Minute 11/07: given that the Chairman of Patients' Forum and the Chairman of the Clinical Governance Committee are both members of the Complaints Panel it was suggested that a summary of the outcome report be presented to the Clinical Governance Committee. **ACTION: Head of Complaints**

NOTED:

- 1. That, as yet, no decisions have been made regarding the submitted SPPPs (employment of an infection control manager; specialist vehicle to transport bariatric patients; lost property bags; additional staffing to administer the implementation of the Children & Vulnerable Adults Policy).**
- 2. There was a brief discuss of Risk Management at the Service Development Committee in February 2007; a training session for Board members has been scheduled for June 2007.**

16/07

Clinical Advice to the LAS from Guy's Poison Unit (NPIS)

Dr Daryl Mohammed (Deputy Medical Director, Primary Care) gave a brief presentation on the arrangements currently in place with the NPIS whereby ECPs receive telephone advice from Consultant Physicians. Although the advisory service has been relatively underutilised it was considered to have been useful and to have potential for further utilisation. It is possible that the Unit may be able provide training on toxicology and general medical topics.

The Committee considered that as the New Front End Model includes the integration of ECPs within A&E it did not support continuing a separate advisory service for only ECPs. A review will be undertaken to ascertain the Value For Money aspect of continuing with the service which would need to be available 24/7 and accessible by all members of staff.

The Medical Director said that currently the Trust's On Call Clinical Advisers (4 in total) receive approximately 5-7 calls per week predominantly regarding: consent & capacity; termination of resuscitation and end of life issues. The Medical Director said that the On Call Clinical Support has been extensively advertised; she was not confident that the future workload was manageable if volumes of calls increased.

AGREED:

- 1. That a business case outlining the advantages of continuing to receive clinical advice from the Guy's Poison Unit should be presented to the Senior Management Group.**
ACTION: Medical Director

NOTED:

- 2. That the proposed cost of the service from Guy's Poison Unit is £15,000 per annum for covering 12 hours (day).**

17/07

HCC Update

The Head of Governance said that the Trust Board had approved the Assurance Framework at its meeting on 27th March; the Trust will be making a declaration of full compliance with the Health Care Standards (HCC) as there have been no significant lapses. The Head of Governance will be seeking comment from the Overview & Scrutiny Committees of the 32 London Boroughs

The 'use of resources' component of the Annual Health Check is being undertaken by the Audit Commission and the Trust hopes to attain the same level as last year.

NOTED:

1. That the Trust Board had approved the Assurance Framework as evidence of full compliance with the HCC Standards which will be submitted to the HCC by the deadline of 1st May 2007.
2. That of the five service reviews being undertaken by the HCC none were Ambulance Services.

18/07

NHSLA Update

The NHSLA will be launching the new assessment material for Emergency Care at their workshop on 22nd May; all 12 ambulance services have been invited to participate in piloting the new system. The LAS will be hosting a visit in September to review progress. Whilst the pilot is being undertaken the Trust will retain its previous year's assessment – level 2. The new system will have three levels: level one relates to having policies and procedures in place; level 2 relating to policies, procedures and processes being in place, with level three being able to demonstrate the auditing of the policies and procedures effectiveness.

NOTED:

The progress update of the NHSLA pilot.

19/07

Summary Status Report of Clinical Policies & Procedures

The Head of Records Management presented the summary status report outlining the list of outstanding clinical policies and procedures under development, their current status and actions to be taken to resolve situation/and or ensure completion.

TP 018 (suspected cases of child abuse) & TB 019 (suspected abuse of vulnerable adults): the Senior Operations Officer, Planning & Risk said that both of these policies will be reviewed in April. **ACTION: Senior Operations Officer, Planning & Risk**

OP 20 (procedure conveyance of patient in police vehicle): Nick Lawrence has reported that the Metropolitan Police Service has said that a change in policy is not required and that therefore the new procedure is expected to be agreed in April 2007. He will keep the Head of Records Management informed.

GI/010 (Admitting mentally ill patients to hospital instruction) – the new Mental Health Act is due to come into force April 2008.

Joint protocol between Bexley Police and Bexley Mental Health and LAS: it was noted that there are likely to be other joint protocols agreed between the LAS and local agencies which will come under the Mental Health Act when it comes into force in April 2008.

Sarah Waller questioned the statement that the Trust Board had agreed the 'No Send' policy but that it had never been formally adopted. **ACTION: Trust Secretary to investigate.**

The Medical Director said that following the introduction of CTA and PSIAM it is clear that the policy needs to be reviewed. **ACTION: Senior Operations Officer, Planning & Risk**

Following a discussion it was agreed that the list of policies and procedures should be reviewed to include those that are not clinical in nature but would have an impact on the clinical care of patients. An example given was the Manual Handling Policy. **ACTION: the Head of Records Management to liaise with the Medical Director as to what non-clinical policies should be included on the summary presented to the Clinical Governance Committee.**

The PALS Manager said that given the backlog of addresses on the High Risk Register and the likelihood that it is going to take some time for the review to be finalised perhaps the new

Policy should be implemented with regard to additions to the register rather than being applied to existing addresses.

NOTED: The report.

20/07 Race Equality Scheme

The Diversity Manager presented the updated action plan associated with the Race Equality Scheme.

Recruitment of BME staff: a review of Selection and Recruitment was undertaken and a number of recommendations were made so as to improve the recruitment of BME staff. One of the key recommendations from the Action Plan was that AOMs undertake partnership work and this has not taken place.

The inclusion of an impact assessment on the SPPP forms in 2006/07 had proved to be little more than a tick box exercise. This year a number of colleagues have talked to the Diversity Manager about assessing whether something would have an impact. There is clearly a need for senior managers to have awareness training to be able to undertake impact assessments.

Ingrid Prescod said she was concerned at the number of times that the Race Equality & Diversity Strategy Group's meetings had been cancelled; she noted that although the report was completed in June 2006 it was not considered by the Group until March 2007. One of the issues had been that the Director of Operations and the HR Director, two key players, have not always been available and so scheduled meetings were cancelled. Sarah Waller suggested that Ingrid talk to the HR Director and that a report be presented to the Trust Board outlining how the Trust will achieve the BME recruitment targets. **ACTION: Ingrid Prescod to raise her concerns with the HR Director.**

NOTED:

- 1. The report**
- 2. That the three equality schemes (gender, disability, and ethnicity) will be amalgamated into one scheme.**
- 3. That the action plan for each of the schemes will be web-based; ADO West suggested that for the purposes of the AOMs/DSOs the documents needed to be more succinct with the top 3-5 actions identified.**

21/07 Risk Information Report

The Risk Information Report includes updates on the following: complaints and SUIs; claims and inquests; incident reports; control services; PALS and diversity.

Complaints and SUIs :

The Head of Complaints reported that 571 complaints had been received in 2006/07 (increase of 27 [5%] compared to the number received in 2205/06). Of the 571 – 510 were closed with 61 currently remaining live.

Of those complaints that had been closed

- 18 had been withdrawn
- 82 were promptly resolved to the satisfaction of the complainant
- 20 resulted in disciplinary hearings
- 143 resulted in staff receiving advice and guidance
- 19 resulted in staff being given additional training
- 1 was referred to the Legal Services department

The breakdown of complaints according to different parts of A&E is as follows:

269 A&E (309 in 06/07; 259 05/06)

234 EOC (165 in 06/07; 136 05/06) – the majority of which were concerned with delays in response, some of which were due to no vehicles being available with a mismatch between demand and resources.

Although the rise in complaints was recognised to be slight in relation to the overall increase in demand any complaint was unacceptable given the nature of the work undertaken by the Trust. The ADO West said that it is included in AOMs' objectives for 2006/07 to reduce complaints regarding attitude and behaviour.

There was a discussion of the investigation undertaken by the Head of Complaints into complaints identified concerning 'attitude and behaviour' which was commended by the Chairman. The Diversity Manager suggested that 'attitude' should be dropped as a category as only 'behaviour' can be evidenced with the former being a 'state of mind'. He said that the data on complaints received should include a breakdown according to ethnicity, gender and disability to comply with the equality schemes. **ACTION: Head of Complaints.**

Claims and Problematic Inquests:

The Head of Legal Services said that the round table review had taken place concerning a number of closed problematic inquests. A report will be presented to the next Committee meeting on the remaining outstanding actions. **ACTION: Head of Legal Services.**

Outcome reports: 1/6-30/9/06 of the 8 cases identified actions are to be taken on 6 with no further action required for two cases. 1/10-31/12/06 10 cases were closed with no further action required for six and actions outstanding on 4. The outcome report is shared with each Area (South, West and East) at their monthly governance meetings.

Incident reports

The Ergonomics Adviser, deputising for the Senior Health & Safety Adviser, said that there has been a rise in incidents categorised as transfer delay/failure in the last quarter compared to the previous two quarters which appeared to be related to recent operational changes (introduction of rest breaks) but it was too early to say whether this was a definite trend.

In terms of specific items of equipment, the majority of incidents reported involved the Lifepak 12(1), tail lifts (20) and leads (3) with 17, 10 and 8 near misses. Of the 17 incidents 11 related to the use of the ECG leads and 5 to various issues concerning with either printing of reports or monitoring the patient. The ECG electrodes are supplied in two forms, packs of 1 and 60 and it is possible that these are being used incorrectly by crews. This will be further investigated.

With regard to equipment that has been reported as faulty, the Head of Operational Support said that all faulty equipment is isolated and tested. All equipment have record cards containing information on maintenance and repairs. The Head of Operational Support said that a report is sent to AOMs (cc to Complex Trainers) stating the findings of the inspection of the equipment and whether a fault was/was not found; they then feedback to the members of staff who reported the fault using the LA52 process.

Control services

Senior Operations Officer, Planning and Risk presented this report: January – March 2007 60 complaints were assigned to Control Services (previous six months the number of complaints were 9). The complaints were analysed using the following categories: delayed in call answering (3); delayed response (56); attitude (2); mis-triage (6) and location difficulties (2).

Of the calls that were mis-triaged, three of the six involved staff not using the protocols regarding maintaining contact with the callers, and on 2 occasions subsequent calls were not

re-triaged when they met the criteria for this to be done. A Control Services bulletin was published on the Pulse in March emphasising the appropriate re-triage of ETA calls and the protocols regarding maintaining contact with callers where there is a delayed response.

Issues with the management of delays of Urgent calls will be addressed with the introduction of the new Department of Health Guidelines. This will be an opportunity to focus Sector Controllers' attention onto these and, by providing more appropriate categorisations of those patients who are more significantly unwell, reduce the risks associated with these calls.

In response to comments from colleagues the Senior Operations Officer, Planning and Risk said that EOC does hold green calls in order that the vehicles are available to respond to Category A calls; which is why there has been an increase in complaints regarding delayed response given the increase in Cat A demand. Post meeting note: Should this policy be reviewed?

PALS

The Head of Operational Support confirmed that funding for Lost Property bags had not been agreed and alternatives were being considered, one of which is the trial of grey bags currently used in Acute Trusts. The Deputy Director of Operations suggested that if the bag was located on the door of the ambulance it was less likely to be forgotten when the patients were taken to hospital. **ACTION: Head of Operational Support to investigate if the lost property bags can be introduced and sited on the door of the ambulances.**

Diversity

The Diversity Manager said that the Datix Risk Management Software can be used to record information where the management of incidents are perceived to be biased. It is recognised that there will be a training issue associated with staff learning how to use the new fields.

ACTION: Diversity Manager and Head of Records Management to discuss how this can be taken forward.

The Diversity Manager said that where the information is available (PTS form, PRF, Complaints and PALS incident reports) trends can be identified with regard to the equality schemes.

NOTED:

- 1. The contents of the Risk Information Report;**
 - 2. That the Risk Information Report is shared with the RCAG**
 - 3. That Head of Governance will liaise with ADOs as to how the Risk Information Report could be distilled for sharing with AOMS/DSOs.**
- ACTION: Head of Governance.**

Presentation: PALS

The PALS Manager said that the Frequent Caller Initiative has not been as successful as he had hoped; nevertheless he estimated that £1m savings have been achieved. The lack of progress was due in part to a lack of support from operational colleagues across the Trust; although progress has been possible in some areas with some notable achievements in terms of resolution of alternative care pathways in individual cases. The Deputy Director of Operations said he had noted the comment in the report and said that from an operational point of view there are many competing demands made on AOMs. The ADO West said that the necessary framework should be in place in 2007/08 to ensure progress in this area.

The PALS Manager drew the Committee's attention to the recommendations at the end of his report; specifically that this area of work be included in ADO and AOM performance appraisal criteria and that a DSO is nominated from each station complex with specific local

responsibility to act as liaison with PALS and gives sufficient time to actively participate in the project.

NOTED: The report.

22/07

Update on Risk Register

Sarah Waller reported that at the last meeting of the Audit Committee (12th March) there had been a lengthy discussion of two risks that had been downgraded by the RCAG (28th February). There was also a discussion of how some of the risks on the Register were inherent to Ambulance Services and how some were specific to the LAS; with the latter more likely to be manageable than the former. She suggested that the two types of risks on the Register be identified to enable further discussion to take place as to how they would be differently managed. The Head of Governance undertook to present the Register to the Senior Management Group for its views as to which of the risks were inherent and which were specific to the LAS. **ACTION: Head of Governance.**

Risk 269 (at shift changeover times, LAS performance falls as we take longer to reach patients) – some progress has taken place but more needs to be done before this risk can be downgraded. Risk rating to remain at 20.

Risk 71 (risk of not learning and changing practice, as appropriate, as a result of complaints) – too early to state whether the new policies and procedures have been effective in promoting learning. Risk rating to remain at 20.

Risk 138 (failing to appreciate the significance and urgency of psychiatric illnesses) – one of the CPD modules includes training on mental health issues. It was considered that this risk should remain unchanged until the CPD course has been attended by all staff. The Acting Head of Education and Development said that the original wording of the risk was concerned about staff being able to access the course rather than failing to understand and manage patients with psychiatric illnesses appropriately.

Risk 31 (adverse outcome in maternity cases) continues to be of concern; a case is currently being written up for inclusion in LAS News outlining the learning points from a recent maternity case. The Deputy Director of Operations said that funding may need to be identified which would enable the Trust to recruit again to the post of Maternity Adviser.

Risk 22 (failure to undertake comprehensive clinical assessments which may result in the inappropriate non-conveyance or treatment of patients) was said by the Medical Director to continue to be of concern; work is being undertaken as part of the CPD course and the EMT 4 course to improve the clinical assessment skills of crews.

Risk 20 (failure to fully complete the Patient Report Form) continues to be of concern. Ingrid Prescod raised the issue of 94% of PRF forms without the ethnicity of patients being recorded. Following some discussion of the contributing factors to the poor completion of PRFs it was suggested that wording should be drafted for staff to use when asking patients their ethnicity, which will explain the clinical reasons why the Trust must collect the data.

ACTION: Diversity Manager

The Diversity Manager said there was a variable level of completion across the Trust as there were three complexes where the ethnicity field was filled in for 57-60% of PRFs. The Medical Director asked that the Diversity Manager provide her with further data which she can refer to when she accompanies the Chief Executive's on the annual consultation meetings commencing on the 17th April. **ACTION: Diversity Manager.**

Post meeting note: the Diversity Manager reported that compliance in recording ethnicity on PRFs has increased from 6% to 30%.

Risk 211 (drug errors and adverse events not being reported) an article is to appear in the LAS News highlighting this risk. **ACTION: Acting Head of Education & Development**

Risk 188 (paramedics failing to qualify for registration) – this risk will be reworded. **ACTION: Deputy Director of Operations to provide alternate wording of the risk for consideration by the RCAG on 1 May 07.**

Risk 179 (Trust failing to meet responsibility under the Race Relations Act) – the wording of this risk to be amended. **ACTION: Head of Governance & Diversity Manager to grade the risk using the risk matrix, share with Ingrid Prescod prior to submitting it to the RCAG on 1 May 07.**

NOTED: The Risk Register, which would be updated to reflect the decision of the RCAG on 28th February when a number of risks were deleted/down graded. ACTION: Head of Governance

23/07 Operational Governance reports

West

The ADO West said from May 2007 there will be formal clinical meetings taking place in the West area; to date the different aspects of clinical governance have been addressed in different fora (HR, complex meetings etc).

The CPI completion target was not achieved (40% actual compared to target of 80%); there will be a renewed emphasis over the next few weeks. To date, despite the operational pressures, the Team Leaders' dedicated administrative time has been preserved.

Practice Learning Managers will be focussing on data from CARU to identify what aspects of care West is performing below average and will draft an action plan so as to address those areas. There will also be emphasis on learning from mistake and putting lessons into practice.

Personal Development Reviews (PDR) completion was 96% with the exception of those staff who are on long term sickness.

A short life working group will be meeting to review the processes across complexes from the previous financial year and to identify best practices that can be shared across the Area. It is felt that the requirements to have a clear and simple process was particularly important with the advent of Rest Breaks and restrictions in overtime available. Complexes will need to be more creative in addressing the abstractions generated by PDR.

Rest breaks: although the percentage of rest breaks allocated is known the ADOs/AOMs do not know the 'live' data of rest breaks allocated on a daily basis; this has a knock on effect in that those crews who do not receive a rest break finish their shift 30 minutes early. Management Information is aware of the concern and is endeavouring to identify a solution. There is an issue around the equity of rest break allocation. We are not able to identify by percentage how well the rest break allocation is going either by Area or Complex. There is a requirement to be able to identify the percentage of rest breaks given to Areas or Complexes on a daily basis. For example, the South and West are allocated the same numbers of rest breaks. However, the South has more vehicles in commission. Therefore, they are receiving a less percentage allocation of rest breaks than the West.

The adjusting of shift changeover times is ongoing with negotiations taking place with staff at various complexes. When the FRU rota was changed at Hanwell and included protected time for training it proved popular with staff.

Frequent callers: this initiative will be taken forward in 2007/08 and the ADO West will liaise with PALS Manager on how this can be progressed. **ACTION: ADO West & PALS Manager.**

Deputy Director of Operations

The Deputy Director of Operations highlighted the following from the Area Governance Report:

During clinical governance meeting held in the East Area a debate was held around the number and type of instances during emergency calls where the entry is forced to private premises by ambulance staff in the belief that an occupant is or may be at immediate risk. Currently there is no formal way, save for free text entry on the PRF for this data to be recorded. This does not provide an accurate means of audit. Following discussion it was agreed that the next PRF revision will include a tick box for crew staff to note when entry is forced to private premises in the above circumstances. This will allow for the electronic collation of data on such matters and improve our knowledge of this area of work.

SUI: there are no current SUI investigations open for South, East and West. The investigation into the death of Oliver Ladwa was recently completed. He was a three year old who died when an ambulance rolled back during a school visit. The Coroner's Inquest will be held on 26/27 April.

In order to promote learning in the organisation from incidents it has been decided that at each of the forthcoming managers conferences there will be session on lessons learnt from SUIs.

Rest Breaks: 70% of front line crews are being allocated rest breaks (70% utilisation) with 90% of FRU receiving rest breaks (28% utilisation). The Rest Break Agreement was reviewed in February and is due to be reviewed again shortly by Management and Staff Side representatives. Crews are currently only interruptible for Red 1 calls.

Disappointingly there has not been a reduction in job cycle times and this is being pursued at the A&E sub committee.

The adjustment of shift changeover times is behind schedule; each Area has produced a plan noting which vehicle call signs will change their shift time, to be delivered by end of May 07.

It is recognised that the change to shift changeover times will reduce the risk associated with having the majority of rotas starting and finishing at 7am/7pm and will improve performance at those two times.

PDRs will be completed by 1st May; a small number remain outstanding due to long term absence or secondment away from station. Team Leaders will be undertaking PDRs in 2007/08 and this will enhance the vision of Team Leaders providing developmental support to frontline staff in all aspects of their role. As an outcome from the PDR: the following training issues have been identified for operational staff - ECG recognition; major incident training, maternity training.

Overshoes have been placed either at mosques or on vehicles to enable staff to wear overshoes should they be called to a mosque in an emergency.

Patient Safety Issues: each Area has identified particular patient safety issues.

East: recent concern has surrounded non-conveyed patients and the appropriateness of clinical assessment and decision making to about whether it is appropriate to leave a patient at home. Other aspects of care that receive regular review include obstetric emergencies. The Area has also highlighted cross contamination or infection as a risk to patients; there is an encompassing infection control policy and a hand washing awareness campaign has been delivered within the last 12 months. It is planned to raise awareness and encourage

compliance through highlighting the above in the monthly clinical themes undertaken at complex level.

West: occasional misdiagnosis and less than effective clinical assessment have been identified as risks to patients. Regular feedback is provided to front line staff during PRF compliance feedback sessions to ensure that staff remain aware of the associated risks.

The Deputy Director of Operations advised the Committee that the three greatest areas of patient safety for him were: delays in answering 999 calls; lack of crewed ambulances at periods of very high demand and inadequate patient assessment leading to non-conveyance.

NOTED:

- 1. That the Chairman commended the Area and Pan-London report as ‘excellent’**
- 2. That a recent addition to the ProMIS suite of staff management supports functions has been the recording of driving licence inspection. Each member of operational staff should have their driving licence inspected for endorsement every six months.**

24/07

Medical Director’s clinical leadership visits to complexes

The Medical Director reported that following the work undertaken by Bill O’Neill looking at clinical leadership within the LAS, a visit to each complex was undertaken. The complex meetings were attended by 25 AOMs (or their nominated deputies); over 50 DSOs; 23 Complex Training Officers; 75 Team Leaders and 2 ECPs.

The topics covered included: return of spontaneous circulation (ROSC) rates, time to first shock, recorded successful endotracheal intubation rates, use of end tidal carbon dioxide monitoring, pain management, use of analgesia and management of acute coronary syndromes for each Complex. Completion of Clinical Performance Indicators and feedback delivered varied considerably across the Complexes with some AOMs giving this area a higher priority than others.

The themes that emerged from the visits included:

- 1. Education & development*
The need for protected time for education, appetite to develop staff, recognition that many staff will attend in their own time if attractive sessions are offered, but expect something in return (training time).
- 2. Clinical issues;*
Huge appetite for clinical discussion. no shortage of ideas. Greater interest in the potential for change in the way we deliver training.
- 3. Communication;*
Information overload. Huge amounts of data available that no one looks at. Difficulty in keeping up with bulletins, LAS News, new Guidelines etc. The need for simplified process where what is ‘really important’ is separated from the ‘nice to know’ information.
- 4. Team leaders issues*
Clinical development of Team Leaders who feel they have been overtaken by ECPs. The need to rationalise the CPI process: big complexes disadvantaged. Feedback crucially important
- 5. ECP & DSO issues.*
DSOs are at risk of becoming the ‘forgotten tribe’ within the LAS’ operational staff. Many, particularly those from an EMT background, are clinically deskilled and yet are now being asked to respond to calls.

The need to bring ECPs into the clinical team. Although 4 complexes have ECPs they were only represented at two meetings, suggesting that they are not considered an integral part of the team.

The next steps include:

- ❑ Taking forward changes in CPD by developing a modular approach to CPD for all grades of clinical staff
- ❑ Continuing to overhaul paramedic training
- ❑ Developing 'Collaborative Provision' with St George's Hospital Medical School
- ❑ Developing part time trainer roles to utilise the skills of talented non trainers at EMT and paramedic level.
- ❑ Considering how this process of developing clinical leadership could be applied to Control Services.

NOTED:

- 1. The report**
- 2. That the findings from the Medical Director's programme of complex visits will be incorporated into the Training Needs Analysis.**

25/07

Update re. Safety Alert Bulletin and NICE

NOTED:

- 1. The report.**
- 2. That NPSA/2007/20 promoting safer user of injectable medicines is being reviewed by the Senior Clinical Adviser to the Medical Director.**
- 3. That there has been no guidance issued by NICE relevant to Ambulance Trusts.**

26/07

Reports from Groups/Committees

1 PPI Committee – 19th March 07

The PPI Manager reported that the members of the Patients' Forum will be meeting with the HR Director to discuss the Forum's concern regarding the achievement of the BME recruitment targets at the lack of progress in the LAS having a more diverse workforce, and with the Director of Information Management & Technology concerning access to the accident & emergency services by deaf people.

As there was no funding available for the Public Education Strategy the PPI Manager and colleagues have been progressing those activities where no extra costs are incurred e.g. an audit of public education events. The findings of the audit will be shared with the ADOs.

ACTION: PPI Manager.

The LAS is currently contributing to an important project in Tower Hamlets, supported by the NHS Centre of Involvement, which is strengthening our partnership with the Borough's Bangladeshi community.

The Deputy Director of Operations noted that the involvement from Operational staff had been disappointing; the PPI Manager said that there are some AOMs who are very active and keep her informed whilst there are others who appear not to be reporting PPI activity.

ACTION: Deputy Director of Operations and Head of PPI to discuss how AOMs could be more engaged in PPI

The Deputy Director of Operations said that until recently a number of the DSOs were new in post as were two AOMs and their priority was performance targets.

NOTED

- 1. The report.**
- 2. That the outcome of the Patients Forum meetings with the HR Director and the IM&T Director should be reported back to this Committee.**

2 Training Services Committee – 21st March 07 (oral report)

The Medical Director said that the Training Services Committee is considering the operational staff training programme for 2007/08.

3 Race Equality & Diversity Strategy Group – 15th March 07

Following the undertaking of the Recruitment and Selection Review in 2006 an action plan has been devised which now needs to be progressed. Currently ownership lies with the HR Directorate. Ingrid Prescod asked what input there is from the A&E Directorate as they commission the bulk of recruitment undertaken by the Trust. The Medical Director said that she believed the achievement of the BME recruitment target is owned by the HR Director. The Diversity Manager said that given the financial restraints the Trust is under this year it is unlikely that there will be a lot of recruitment; if the Trust receives funding for Call Connect it will need to recruit additional staff as quickly as possible and there will be increased risk that it will revert to 'standard' recruitment practices which to date have been unsuccessful in recruiting BME staffing for A&E.

NOTED:

1. **The minutes**
2. **That the Diversity Manager should present a report on recruitment to the next SMG. ACTION: Diversity Manager**

4 Complaints Panel – 27th March 07

The Head of Complaints presented the minutes of the last Complaints Panel to the committee.

He reported that the findings of the Bentley Jennison audit of the Complaints procedure had been reported to SMG (11th April 2007); the four significant recommendations had been accepted by Management and an action plan drafted to address the identified shortcomings. One of the actions included the redesign of the outcome report which has been undertaken; from the 1st January 2007 all complaints will have an outcome report as standard practice.

There were four recommendations identified as 'meriting attention' which have also been accepted and are being implemented.

NOTED:

1. **The report**
2. **That a report on the four significant recommendations will be presented to the next meeting of the Clinical Governance Committee. ACTION: Head of Complaints.**

5 Infection Control Group – 22nd February 07

The Head of Operational Support reported that :

- an action plan will be agreed with the Medical Director following the results of the infection control self assessment. **ACTION: Head of Operational Support**
- a standard sluice design will be used for all stations in future.
- there had been a better take up of flu immunisation from LAS staff this year;
- that a new audit tool would be developed by the members of the Infection Control Steering Group for future infection control work (this has been scheduled for 19th April 2007)
- consideration is being given to a single use bag and mask and a bulletin will be issued in May. **ACTION: Head of Operational Support**
- in line with SAB (NPSA/2007/015) it has been agreed that the Trust will phase in the new colour coding system when products need to be replaced.
- concern has been raised regarding the quality of repairs being carried out on some trolley bed mattresses and discussions are taking place with the company.

NOTED:

1. **The report**
2. **That Head of Operational Support and the Corporate Logistics Manager have joined the Department of Health's Infection Control Group.**

6 *Risk Compliance & Assurance Group – 28th February 07*

The Head of Governance reported that two new risks had been added to the Risk Register: 'Equal Pay Claims arising from AfC in particular from large staff groups' and 'Crew staff not in possession of valid driving licence for the category of vehicles that they are required to drive'.

Some risks were regraded; a number of risks were deleted and it was agreed that some risks would remain unchanged until further evidence of mitigation has been presented.

NOTED:

The minutes

7 *Clinical Audit & Research Steering Group – 16th March 07*

The Head of Clinical Audit & Research highlighted the following from the minutes of the Research Steering Group:

Clinical Performance Indicators (CPI): the target has been changed from 100% to 95% in recognition of the practical difficulties experienced by Team Leaders to achieve 100%

Paediatrician Audit: The LAS participated in a regional clinical audit of the documentation of paediatric care, which was specifically undertaken to measure compliance to the recommendations made by the Lord Laming following the Inquiry into the death of Victoria Climbié. Seven ambulance Trusts in total took part in the audit. The findings from the audit suggest that the LAS has not fully implemented the recommendations made by Lord Laming with regard to PRF documentation of the child's GP and school name, and in particular the child's primary carer (where the LAS reported considerably lower levels of documentation than other participating Trusts with only 5% of PRFs containing this information). A summary of the report plus recommendations for the LAS will be disseminated to all members of the committee by CARU in line with the Audit Dissemination Plan.

A report will be presented to a future committee meeting/Trust Board regarding the LA279.

ACTION: The Head of Clinical Audit & Research

ADO West asked whether the timeliness of some of the reporting could be reviewed. There is a significant time delay in receiving information re. CPI completion. In addition, the quarterly clinical report (ie STEMI and Cardiac Arrest) are not forthcoming on a quarterly basis. The timeliness of reports is crucial for performance management of, and in, complexes. The Head of Clinical Audit & Research said that there is a meeting planned for end of April with the Practice Learning Managers and such feedback will be used. With regard to the timeliness of reports this is something that will be taken up with Management Information. **ACTION: The Head of Clinical Audit & Research**

NOTED:

The minutes of the Clinical Audit & Research Steering Group

8 *Clinical Steering Committee – 20th March 07*

The Medical Director reported that the Committee:

- agreed that a trial be implemented to explore the use of therapeutic hypothermia in cardiac arrest cases.

- endorsed the creation of a protocol for the administration of Amiodarone for the use by paramedics in ventricular tachycardia when the patient has a pulse. This may not be progressed until evidence of safe administration becomes available.

NOTED: **The minutes of the Clinical Steering Committee**

9 Standards for Better Health (oral)

1. **That the Standards for Better Health Group will be reconvening to discuss how the Trust can meet the Developmental Standards.**
2. **That work is ongoing in preparation for the submission of the Trust's final declaration for 2006/07 as part of the Annual Health check process.**

NOTED: **The report**

26/07 **Any Other Business**

Emergency Care Practitioners (ECP): the Deputy Medical Director, Primary Care circulated information concerning the ECPs programme. The information held for individual ECPs includes: the total number of calls they have responded to; the outcomes (taken to hospital; treat & leave; care pathway referred; care pathway conveyed) which were presented both numerically and in percentages; the top ten illnesses treated and illness code vs. outcome and call cycle time.

Sarah Waller noted that the percentage of patients taken to hospital (53%) is very similar to the overall LAS average for patients transport to hospital. The Deputy Director of Operations said that the information showed ECPs to be better value for money than might be expected in terms of their utilisation. The Assistant Director of Operations said that the list was very useful and would inform the individual performance monitoring tool that is being rolled out across A&E. The Assistant Director of Operations and the Deputy Medical Director, Primary Care would discuss how 'utilisation' could be best defined.

The Diversity Manager said that the Trust needed to evaluate the ECP service in terms of the ethnicity, gender and disability equality. It was recognised that obtaining information on outcomes is often difficult.

The Medical Director, on behalf of the Clinical Governance Committee, thanked the Diversity Manager for his contribution to the work of the Committee. She said he will be sorely missed and she wished him well in his new job at St Marys.

14/07 **Dates of next meeting:**

Core: Monday, 11th June 2007 at 9.30 in the Conference Room, HQ.
Full: Monday, 13th August 2007 at 9.30 in the Conference Room, HQ

Meeting concluded at 1.15

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 22nd May 2007

**Report of the Trust Secretary
Tenders Received and Use of the Seal**

1. Purpose of Report

i. 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.

ii. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

2. Tenders Received

There have been 3 tenders received since the last Trust Board meeting.

Refurbishment of Brixton AS	Eugena Limited Mitie Property Services Cuffee Plc Consiton Ltd TCL Granby
Refurbishment works – Bromley AS	Modus Group Consiton Ltd Fairhurst Ward Abbots Expert Property Solutions Wyatt Wright Builders Ltd Lengard Ltd Theobalds Ltd.
Refurbishment and extension works New Addington AS	Wyatt Wright Builders Diamond Build Plc W C Evans and Sons (Eng) Ltd. R & S Builders Ltd Coniston Construction

3. Use of the Seal

There has been 1 entry, reference 104 since the last Trust Board meeting. The entries related to:

- No. 105 replacement lease plan in A3 size from Fauker Consultancy; added a north point and "Waltham Forest, E17 as per the original plan.
- No. 106 Counterpart business lease between JT Downey (Investments) Ltd and the LAS re. 291 North Woolwich Road, London E16 2BB

No. 107 Lease of premises at Northwood and Pinner Hospital, Pinner Road, Northwood, Middx between Hillingdon PCT and the LAS.

Recommendations

THAT the Board note this report regarding the receipt of tenders and the use of the seal.

Christine McMahon
Trust Secretary