

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 30<sup>th</sup> January 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 28<sup>th</sup> November 2006 Part 1 and II Enclosure 1& 2
  4. Matters arising
  5. Chairman's remarks Oral
  6. Report of the Chief Executive Enclosure 3
  7. Month 9 2006/07 Financial Report. Enclosure 4
  8. Report of the Medical Director Enclosure 5
  9. Discuss CAD 2010 Outline Business Case Enclosure 6
  10. Approve Seven Year Strategic Plan Enclosure 7  
& Presentation
  11. Business Plan 2007/2008 Enclosure 8  
& Presentation
  12. Receive progress report on Urgent Care Presentation
  13. Approve updated Attendance Management Policy Enclosure 9
  14. Approve revised complaints policy (including Habitual & Vexatious  
Complainants Policy and SUI Policy) Enclosure 10
  15. Approve policy in response to 'Being Open' Enclosure 11
  16. Approve Outline Business Cases for Purley and Battersea Enclosure 12
- For Noting**
17. Draft Minutes of Service Development Committee – 19<sup>th</sup> December  
2006 Enclosure 13
  18. Draft Minutes of the Audit Committee – 4<sup>th</sup> December 2006 Enclosure 14
  19. Draft Minutes of Clinical Governance Committee – 11<sup>th</sup> December  
2006 Enclosure 15
  20. Annual report regarding the Trust's Risk Register Enclosure 16
  21. Receive Charitable Funds annual report Enclosure 17

22. Audit Commission Annual Audit Letter Enclosure 18
23. Report from Trust Secretary on tenders opened & use of the seal since last Board meeting Enclosure 19
24. Any Other Business.
25. Opportunity for Members of the Public to ask Questions.
26. Date and Venue of the Next Trust Board Meeting.  
27<sup>th</sup> March 2007, 10.00am at 220 Waterloo Road, London SE1

**LONDON AMBULANCE SERVICE**

**TRUST BOARD**

**Tuesday 28<sup>th</sup> November 2006**

**Held in the 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
Roy Griffins	Non Executive Director
Caroline Silver	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director

Executive Directors

Mike Dinan	Director of Finance
Fionna Moore	Medical Director
Caron Hitchen	Director of Human Resources & Organisation Development
Martin Flaherty	Director of Operations

**Apologies:**

Ingrid Prescod	Non Executive Director
Peter Suter	Director of Information Management & Technology

**In Attendance:**

David Jervis	Director of Communications
Kathy Jones	Director of Service Development
Mary Arayo	LAS Patient Forum
Alex Bass	Communications Officer
John Wilkins	Head of Governance
Christine McMahon	Trust Secretary (Minutes)

**97/06      Declarations of Interest**

**There were no declarations of interest.**

**98/06      Opportunity for Members of the Public to ask Questions**

**There were no questions asked of the Board.**

**99/06      Minutes of the Meeting held on 26<sup>th</sup> September 2006**

**Agreed:** The minutes of the meeting held on 26<sup>th</sup> September as a correct record of that meeting with the following corrections:

- 1. Attendance: Caroline Silver was in attendance until 12.00**
- 2. Minute 86: EMTs are not legally allowed to supply the drug Diazepam;**

4. **That the Finance Director had received confirmation that funding of £164,000 for the defibrillators in public place scheme would be forthcoming though this had not yet been received.**

**100/06 Chairman's remarks**

The Chairman congratulated the Director of Operations on an excellent presentation to the GLA. At the meeting on 22<sup>nd</sup> November the Director of Operations informed the GLA of the actions undertaken by the LAS in response to the lessons learnt following the bombings in London in July 2005.

The Chairman and the Chief Executive attended a meeting with NHS London on 2<sup>nd</sup> November at which Dr George Greener and Ruth Carnell set out the direction of travel for the NHS in London. The Chairman said he was encouraged as the direction of travel sounded like the right direction. NHS London is still operating with only two permanent Directors, the HR Director and the Director of Nursing.

NHS London has retained McKinsey & Co. to help develop its strategy. Members of the LAS' Senior Management Group are engaging with McKinsey's as to what role the LAS could play.

**NOTED The Chairman's report.**

**101/06 Report of the Chief Executive**

The Chief Executive highlighted the following from his report: Category A performance as of 15<sup>th</sup> November was 75.1% within 8 minutes (target: 75%); Category A within 19 minutes was 97 % (target is 95%); Category B19 was 83% (standard is 95%) and 'Urgents' (at patients within 15 minutes) was 77.7% (standard is 95%).

The Chief Executive anticipated that the next few months will be difficult as the rise in demand associated with winter pressures will coincide with the implementation of rest breaks. A number of mitigating actions have been put in place e.g. the appointment of Richard Webber as Deputy Director of Operations to oversee the Emergency Operations Centre with effect from 11<sup>th</sup> December. The appointment of Richard Webber will bring additional capacity to the Control Room; the senior management team will be restructured by the end of March 2007. The successful implementation of rest breaks is very important for the Trust, both in terms of performance and financially.

The next three months will be challenging. Nevertheless, it is anticipated that the Trust will break even for 2006/07 and that it will achieve all its performance targets by March 2007.

*Emergency planning:* the Chief Executive commended the Director of Operations and the Communications Team for the presentation to the GLA on 22<sup>nd</sup> November, updating the Committee on what progress has been achieved since the initial Assembly report into the response of the emergency services to the July 2005 bombings.

*Hazardous Area Response Team (H.A.R.T.):* Forty staff from the LAS are participating in a national pilot regarding 'hot zone' working. It is the first time ambulance staff will be trained to treat people inside the 'hot zone' and it is a big development for the Service. If the pilot is successful it will be rolled out across England.

*Emergency Planning for London:* the LAS has been asked to be responsible for emergency planning for NHS London to which the Board was asked to agree in principle. The details of the Service Level Agreement will be presented to the Trust Board in January. **ACTION: Chief Executive.**

*Human Resources:* Electronic Staff Resources (ESR) has been successfully implemented; this was a major development for the Service.

Back pay related to Agenda for Change is being addressed as a matter of urgency and appeals against banding decisions are being undertaken as quickly as possible. Work is being undertaken to monitor the impact of introducing rest breaks on the take home pay of front line crews.

As requested by the Remuneration Committee the Trust's car leasing scheme is being reviewed and a report will be presented to the Board in January. **ACTION: HR Director**

A review is also being undertaken of on-call arrangements in line Agenda for Change.

On 7<sup>th</sup> November the National Ambulance Partnership Forum met; it was attended by representatives of eleven ambulance trusts and staff side representatives. It was a very positive meeting. The Chief Executive was hopeful that progress would be possible on a range of issues as further meetings are held.

Staff absence decreased in November (6.5%). A comparison with other Ambulance Trusts confirms that the LAS has an average level of absences.

The Chief Executive undertook a number of shifts recently and the feedback he received was that front line crews were concerned about the introduction of rest breaks, the potential loss of earnings due to less overtime being offered and a shortage of blankets. The latter is of concern given the amount expended by the LAS each year on blankets.

The LAS Awards ceremony was held on 6<sup>th</sup> October and the event was very successful. The Chief Executive's report included the details of the categories of the awards and the names of the winners and those staff who were highly commended.

*Media:* the report highlighted the number of events organised by the LAS.

The tragic death of a 15 year girl who had a fatal epileptic fit received further media coverage that centred around the fact that staff who attended Kayleigh Macilwraith-Christie were all Emergency Medical Technicians (EMTs) who were therefore legally unable to supply the drug Diazepam as part of her treatment. Her family have submitted a petition to Downing Street calling for a paramedic on every ambulance. The Trust has undertaken changes in the Control Room which will enable vehicles that are staffed by paramedics to be easily identifiable so that they can be targeted efficiently to patients with life threatening conditions. The Trust is also in discussion with the Medicines and Healthcare Products Regulatory Agency to change the laws around the use of Diazepam so that in the future this can be provided by Emergency Medical Technicians.

Alexander Litvinenko, the Russian national who is suspected of having being poisoned by the radioactive substance polonium-210 was attended by two crews. The Trust is ensuring that they receive support and there have been no issues identified. Dosimeters which measure radiation will shortly be distributed to all front line staff.

The Chief Executive referred to an incident that had taken place at the weekend which involved eight people being assaulted and one person being murdered. At least one LAS staff member is being recommended for a commendation.

The Chief Executive concluded his report by saying that the main challenges for the Trust over the next few months are: achieve break even; implement rest breaks; implement performance improvements and achieve performance targets; successfully work with NHS London and the Commissioners.

The Director of Operations outlined the progress achieved to date with implementing the Operational Plan previously reported to the Service Development Committee in October 2006. The Operational Plan has been approved by the Department of Health. It is known that some minor changes will be required but the Trust is waiting to be formally informed by NHS London as to what these changes are. The Trust has received £2m capital towards the cost of implementing the step changes which will enable Clock Start to be achieved by March 2008.

A traffic light report will be presented to the Trust Board in January highlighting what progress is being achieved in implementing the Operational Plan. **ACTION: Director of Operations.**

*Home responders:* for logistical and financial reasons there will only be two sites for the trials.

*Overtime:* the available overtime hours are being deployed in such a way as to ensure maximum cover of FRU vehicles.

*Job cycle:* there has been some slippage on achieving the anticipated improvements. Hospitals' A&E departments are being process mapped to ensure that the handover arrangements are as efficient as possible.

*Performance at shift change over times,* particularly in the evenings, is unsatisfactory. This project is principally about adjusting some shift changeover times to provide a more staggered changeover period – something for which the clinical risk argument is undisputable. Top level agreement in principle has been gained from the Trade Unions and local discussions about implementing changes have commenced. A phased approach is being adopted starting with Fast Responder Unit rosters and aiming to complete the ambulance rosters by end of February 2007.

*Individual performance monitoring* is being trialled at three complexes and is progressing well. The vast majority of staff have good performance, good response times and good turnaround times at hospitals. There are, however, a small number of outliers and it is their performance that is being addressed. The Clinical Performance Indicators report enables feedback to be given to staff on clinical and operational performances.

*Red call volume:* changes in AMPDS should permit a reduction by 2.5 percentage points in red call volume by the end of December.

*Despatch capacity:* this project involves doubling despatch capacity by doubling the number of available dispatchers in EOC and doubling the number of sector desks from seven to 14. This requires changes in technology and the promotion and training of additional staff in the Control Room. Since 18<sup>th</sup> October there has been a dedicated West sector desk. It has not been possible to split the desks every hour of every day but when they have been split there have been definite improvements. It is planned for the East and South desks to be split before Christmas. Although staffing the desks will be difficult it is anticipated that improvements in despatch will be visible from January.

*Fast Response Units (FRUs)*: the call taking system is being upgraded on 30<sup>th</sup> November to enable FRUs to be automatically despatched once an appropriate Chief Complaint is established. It is hoped that the trial will demonstrate a decrease in unnecessary multiple dispatches, improve both the activation times for FRUs and their overall utilisation. A pilot is being undertaken in November followed by a full roll out to all FRUs by mid December.

Barry MacDonald commented that the decrease in overtime has been possible without 'catastrophically' impacting on performance. The implementation of ESR is a significant milestone for the Trust. He said he found it encouraging that the graphs for call answering showed a steady improvement over the last three months. He asked that the findings of the individual performance measure be shared with the Board. The Director of Operations undertook to share with the Service Development Committee. **ACTION: Director of Operations.**

Beryl Magrath welcomed the introduction of individual performance data as it had been one of the recommendations of the Governance Review she undertook earlier in the year. In response to her question regarding Clinical Telephone Advisers (CTA) the Director of Operations confirmed that staffing of CTA is an issue. Approximately half the CTA staff is seconded and half are permanent appointments. The Assistant Director of Operations UOC is actively recruiting to ensure that CTA is at full establishment and will be investigating the possibility of recruiting nursing staff.

In reply to a question regarding Patient Report Forms (PRFs) the Director of Operations said that an electronic PRF (ePRF) is due to be introduced in 12-18 months. The Chairman said that British Telecom has approached the LAS about being an early adopter site for trialling ePRFs. A trial on using short form PRFs on FRUs in the East sector is working quite well; it has improved the turnaround time for cars.

The use of standby points are part of on-going discussions with Staff Side that have been extended by the negotiations regarding the introduction of rest breaks. It is anticipated that more flexible ways of working will be introduced from January 2007.

In reply to a question from Beryl Magrath the Director of Finance said that 'cluster working' was being used by PTS to introduce efficiencies into the way PTS vehicles are utilised.

The Chief Executive drew the Board's attention to graph 11 (ambulance hours staffed per day). He said that for the last two weeks' performance has not held up. Since the decrease in the availability of overtime the performance target of 75% for Category A has not been achieved. A&E should be at full establishment from 8<sup>th</sup> December and attention will be given to the level of absences, secondments and sick leave. The good news is that the Trust is on track to deliver a performance of 72% for all the Primary Care Trusts for the year as a whole.

Measures are being taken to ensure that the performance target of 95% is achieved for Category B by March 2007. The Director of Operations recently visited West Midlands Ambulance Trust which is achieving Category B performance targets by using cars to respond to Category B calls. The utilisation of cars is currently 25%. A balance needs to be struck between achieving Category A and Category B calls. The splitting of despatch desks from 7 to 14 will play a significant role in ensuring this objective is achieved. PTS vehicles are being used to transport Doctors' Urgent patients and are now undertaking 300 calls per month for A&E.

Roy Griffins referred to the Chairman's recent email on his outing with an ECP in Croydon. He said it was interesting that staff had thanked the Board for the robust

line it had taken with the Healthcare Commission concerning its assessment of the Trust in October 2006. A small number of staff have written to the Healthcare Commission directly expressing their views on the assessment of the Trust. It was clear that the decrease in overtime and the implementation of rest breaks are of concern to front line crews.

- Noted:**
- 1. The Chairman's report**
  - 2. That the Board will be asked in January 2007 to agree formally to the LAS taking responsibility for Emergency Planning for London NHS.**
  - 3. That no staff information was included in the November report due to the recent introduction of the Electronic Staff Records but will be included in the next report to the Board, January 2007.**
  - 4. That the Trust had received the Healthcare Commission's report in October 2006. It had been discussed at the Service Development Committee held on 31st October 2006.**

#### **102/06 Month 7 2006/07 Financial Report**

The Finance Director reported that Month 7 had been a difficult month with an unfavourable variance of £890,000. There was an unfavourable variance for Income of £57,000 due to shortfalls in CBRN and Workforce Development Confederation funding. There was an unfavourable variance for Expenditure due to the adjustment to correct the year to date position on A&E vehicle lease charges. In addition a provision was made in the month to take account of staff who have applied for early retirement due to ill health.

The year to date position is £1,291,000 overspent due to income being less than expected (as outlined above) and expenditure being £494,000 higher than budget. The forecast is expected to worsen slightly in December and then recover so that year end is predicted to be a surplus of £266k.

Savings are expected to be achieved in November and December 2006 through a decrease in overtime, reduced subsistence payments and establishment savings. The Trust is under some pressure from Primary Care Trusts in respect of the funding agreed for Emergency Care Practitioners (ECPs).

The Finance Director said that the implementation of rest breaks whilst at the same time having less overtime hours available will be a major challenge for the Trust but it is important that overtime is managed and that the figure continues to decrease.

In response to a question from Sarah Waller the Director of Operations said that the numbers of hours available is being managed across the three areas to ensure an even geographical spread; overtime is being used predominantly in the evening, mid-week and at weekends. The Resource Centre is allotted a number of overtime hours to allocate which it is being held responsible for. An uncontrollable element of overtime is when crews receive calls at the end of their shifts; this accounts for less than 10% of available overtime hours.

An unintended consequence of reducing overtime has been the detrimental impact on Bank Staff due to overtime not being allocated to Bank Staff. The pool of Bank Staff has been built up to 140 staff. As there has been a poor response from permanent staff regarding overtime at Christmas overtime is being offered to Bank Staff to ensure shifts are covered over the Christmas holiday period.



*Rest Breaks:* the HR Director reported that following negotiations with Staff Side adequate time periods within each shift in which to allocate breaks have been agreed. If a rest break has not been offered during the shift it will be taken at the end of the shift with crews finishing earlier than scheduled. If neither of these actions are possible than compensatory rest will be given in addition to payment. A full report will be presented to the Service Development Committee in December with the Rest Break policy presented to the Trust Board in January 2007.  
**ACTION: HR Director.**

In response to a question from Barry MacDonald the Director of Finance confirmed that the big movements in the forecast included some reallocations. Barry MacDonald said that another area of concern was the use of third party transport which will be a major challenge for the Trust. Barry MacDonald noted that the report showed large variances in the corporate services cost centres. The Finance Director said he was confident that the variances were due to one-offs (7<sup>th</sup> July Commemorative event; Corporate Awards Event and the undertaking of the MORI Poll) and for some, the corporate awards, he expected some income to be received to off set the incurred expenditure.

*Vehicle Lease:* the Finance Director had circulated via email a report to the Board prior to the meeting explaining what had occurred and what remedial action had been undertaken. He said that a salutary lesson had been learnt from the discovery that a lease for vehicles had been incorrectly treated in the management accounts. The impact of this has been a £900,000 reduction in the year end position; the Trust is now forecasting to have a surplus of £266,000.

The error arose initially due to the budget not taking account of either 65 vehicles to be delivered in the current year or any potential pre-lease interest payments. There was no corresponding saving in depreciation costs as the LDV based ambulances, which were replaced, had been fully depreciated before the start of the financial year. The discrepancy in the budget was also missed when a reasonableness check was performed. Principally because the budget matched the forecast and there was an absence of non-financial data.

The invoice control and accrual process should have highlighted the error sooner. In future there will a greater emphasis on analysis and introducing standard procedures. Centrally held funds will be decreased with funds allocated to where the expenditure is being incurred. There will be better links between financial and non-financial departments.

Caroline Silver asked what the implications were with regard to the NHS London's expectation that it would receive £1.3m from the LAS. The Director of Finance said he had reported the finding and the revised forecast at the Senior Finance meeting on 24<sup>th</sup> November. He is meeting with Jim McAuliffe on 29<sup>th</sup> November to discuss the matter further.

By statute the Trust is required to break even; if the Trust is able to achieve savings then a contribution will be made, as requested, towards the London health sector's collective deficit. The Board was adamant that patient safety must not suffer in order to deliver that surplus in spite of the new circumstances. Thus, if the Trust is able to achieve a surplus to contribute to NHS London it will be a bonus.

Sarah Waller asked why the error had not been identified earlier; she referred to an earlier error made two years concerning Mobile Data Transmitters (MDTs). The Director of Finance said that it was not similar except that both related to centrally held funds. It had been compounded by staffing issues that are being dealt with.

In response to questions asked by Roy Griffins and Barry MacDonald the Director of Finance said that the budget setting process had been changed; that more focus

will be placed on an analysis of trends. There will be a stronger link between staff and expenditure and asset/expenditure which will improve transparency. He undertook to present a more detailed report to the Audit Committee when it meets on 4<sup>th</sup> December on how the proposed changes will be implemented and what controls are being put in place. **ACTION: Finance Director.**

In response to a question regarding Internal and External Auditors reviewing the budget setting process, the Director of Finance confirmed that both set of auditors had reviewed the process and had found nothing untoward as the budget setting process itself was correct.

The Chairman said more ownership needed to be taken by non-finance colleagues for their budgets, that there must be a shared responsibility for financial results. The devolution of centrally held funds will go some way to ensuring that non-financial staff have a sounder understanding of what the Trust is going to do. He concluded by saying that, turning to the finance function itself, what had happened underlined the need for attention to detail.

- Noted:**
- 1. The report**
  - 2. That the £900,000 error concerning the car leases had resulted in the year end forecast being revised to show a predicted surplus of £266,000.**

## **103/06 Report of the Medical Director**

The Medical Director highlighted the following from her report:

*Update on Serious Untoward Incidents that were of a clinical nature.* There are two ongoing investigations; the first involved an investigation into the death of a two year old child who suffered fatal head injuries when an ambulance rolled back in a school yard. The second involved a death in police custody; an investigation is taking place into whether there were delays in crews accessing the patient in the cell and whether essential equipment was taken to the cell.

*Safety Alert Broadcasting System (SABS)* is run by the Medicines and Healthcare products Regulatory Authority (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 required.

Sixteen alerts were received during the period 13<sup>th</sup> September-14<sup>th</sup> November; the Trust has three outstanding alerts:

- A policy is being drafted to meet the requirements of NPSA/2005/10: 'Being Open when Patients are Harmed';
- MDA/2005/069 blood pressure monitors and sphygmomanometers. The MHRA requires sphygmomanometers to be recalibrated annually; investigation has shown that the best value option is for the blood monitors to be replaced on an annual basis.
- DH (2006) 08: Waste Compactor – it has been confirmed that the Trust does have a waste compactor and the Health & Safety Quality Assurance Co-ordinator undertook a risk assessment on 10<sup>th</sup> November and will be arranging for the provision of information and training to staff as outlined in the alert.

*Clinical and cost effectiveness:* the National Clinical Practice Guidelines for use in UK Ambulance Services, Version 2006 has been published. The 18 page summary of changes has been issued in advance to members of the Department of Education and Training and to Team Leaders.

*Update on Cardiac Care:* the Trust's Clinical Audit and Research Unit has provided information on both the number of patients being taken to heart attack centres and those receiving thrombolysis. Between January and March 2006 42% of all patients suffering ST elevation myocardial infarction (STEMIs) were treated with primary angioplasty. In the same period 43% of patients received thrombolysis within 60 minutes of the 999 call; this equated to 91 patients.

In the period between April and June 72% of STEMI patients were conveyed to Heart Attack centres; 41% of patients received Thrombolysis within 60 minutes. This equated to 27 patients. The data on patients taken for angioplasty is gathered from Management Information, while the data on thrombolysis is from MINAP. As previously highlighted we have identified some discrepancies between our data and that provided by MINAP. However, it is clear that the number of patients being managed in centres delivering angioplasty is increasing. With much smaller numbers receiving thrombolysis it will be even more difficult to show a 10% increase over a year.

Cardiac subgroup of JRCALC supports primary angioplasty as a preferred method of managing patients who suffer a myocardial infarction. Work is being undertaken with the Healthcare Commission to suggest they include primary angioplasty as a target.

*The LAS Strategy for Stroke Patients* was presented as appendix one to the Medical Director's report. The Strategy is aimed at raising awareness of stroke amongst the general public, GPs and providing a pre-alert to hospitals when appropriate. The Trust's priorities will be to identify patients who have suffered a stroke, to transport them to hospital, having identified those who could benefit from thrombolysis and to work with those receiving units which can offer acute stroke care. As of 1<sup>st</sup> November crews have been advised to place a priority call for any patient with a positive FAST (face, arm speech test) who they can transport to the Emergency Department within three hours of the onset of symptoms. The Trust is endeavouring to identify those units that are able to offer acute stroke care, as many hospitals can only access acute medical beds for these patients.

If the patient tests positive to the FAST test then he/she may be suitable for thrombolysis. For this to be successful the patient needs to receive the appropriate treatment within three hours of the onset of symptoms. Stroke patients (85% of strokes) who have suffered Cerebral Infarction may be suitable for thrombolysis. To date no negative feedback has been received from A&E departments regarding the Trust's Stroke Strategy.

*Pain Management:* an audit was conducted on pain management for children with fractures. One of the recommendations introduce a pain scoring tool for children – the “Wong-Baker” faces. The publisher, Elsevier, has given permission for the LAS to use the pain rating score (appendix 2) which has 5 faces showing different levels of pain, with scores from 0-10. This pictorial tool will be laminated, given to crews to keep in their PRF folder and will be incorporated into the pocket books when they are available.

*The paper 'Public perception of myocardial infarction and training in CPR'* was published in 'Resuscitation' in March 2006. A copy of the article was included for information (Appendix 3).

*Patient Specific Protocols:* there has been a rise in specific protocols being requested particularly for patients with respiratory disorder or requiring palliative care. A very valuable piece of work has been undertaken with the Palliative Care Networks. This centres on patients who require treatment which is outside that described in the JCALC Guidelines.

The Paramedics drugs pack now includes amiodrone, epinephrine 1mg/ml, chlorphenamine and hydrocortisone. The general drug packs will be updated to include naloxone and hydrocortisone as soon as the redesigned foam inserts are available.

In accordance with the Version 2006 of the National Clinical Practice Guidelines Lidocaine is to be removed from the drugs bag as of 1<sup>st</sup> December.

A photograph of the revised Paramedic pack layout will be distributed to all stations to ensure that staff are familiar with the new layout of the packs. It is intended to do the same for the Emergency Technical packs when their update takes place.

*Pandemic Flu:* a Department of Health led group is working to produce guidance for Ambulance Trusts in the event of pandemic flu. A triage tool is being investigated for primary and ambulance care which will give guidance as to which patients can be managed at home.

Beryl Magrath said she was pleased to read of the very positive developments taking place. She recently read an article in the British Medical Journal which was in favour of angioplasty. She was also pleased to learn of the Patient Specific Protocols that are being introduced.

In response to a question regarding whether EMT4s could supply Diazepam the Medical Director said that there was no EMT4 drug pack and Diazepam can only be used by Paramedics. EMT4s use the same drug bag as EMT3s but will have additional skill and knowledge.

In response to a question regarding stroke patients being able to receive scans the Medical Director said that access to a scan in the majority of hospitals was limited to 9am-5pm. Although patients generally receive a scan within 24 hours this is too late for those patients who would benefit from a scan within three hours of the onset of symptoms so as to determine their suitability for Thrombolysis. The only 24/7 treatment centre for stroke patients is the National Hospital for Neurosurgery. In order to increase the provision of scans for patients who suffer a stroke there needs to be public demand for the service to be made available 24/7.

The Director of Service Development said that the Commissioners have not been supportive of the necessity for additional stroke provision in London; they had queried the evidence presented as to the need. The Chairman said that innovation will not come from the provider side but from pressure brought to bear by the public and the professions.

**Noted: The Medical Director's report.**

**104/06**

**Current issues with NHS London including acute reconfiguration across London**

The Director of Service Development gave a presentation on the current issues facing NHS in London: (1) provider/commissioning split and performance management; (2) commissioning, planning framework Department of Health operating framework, (3) NHS London strategy; (4) money (current projected deficit for 2006/07 is £135m); (5) emergency planning; (6) geography (NHS London intends to have three areas – south, east and west).

Reconfiguration: the SHA (NHS London) has given the go ahead for discussion in North Central; North East; South East and for South West to return to its proposal of last year, 'Healthcare Closer to Home'. It is intended that regular updates on the reconfiguration's progress will be produced through the Assistant Director of Operation's weekly meetings.

The Trust is involved in a number of the consultations taking place and a policy has been drafted to state the Service's position. The policy contains the following criteria:

- That the LAS should support proposals that lead to better clinical care for patients with serious illness and injury even if that means longer initial transport;
- That the LAS should represent the importance of major incident resilience – ensuring that there is clarity over responsibilities for emergency preparedness and response. This will include ensuring that an appropriate number of hospitals have responsibility for being in a position to mobilise emergency medical response teams.
- The LAS should encourage PCTs and the SHA to reduce the variability in the types of minor injuries and similar services provided, so that they have a clearly defined range of capabilities that can be easily understood, not least by the public.
- The LAS should support proposals where the PCTs and the SHA are committed to providing a simple set of alternative destinations and services for patients, which cater for all patients with non-life threatening conditions for the majority of the 24 hours and commit themselves to assisting ambulance crews to use such services to the maximum.
- The LAS should support changes that, as well as meeting the above criteria, include a PCT commitment to provide the resources the LAS needs to respond no less quickly to patients who call 999 so that no patient waits longer for an ambulance after the reconfigurations than they would have done before.

In reply to a question from Sarah Waller the Director of Service Development said that the Trust will expect PCTs to reimburse if there is additional cost incurred i.e. if the LAS is required to transport patients greater distances due to the reconfiguration.

Beryl Magrath referred to criterion 2. She said that the under usage of services such as Minor Injuries Units may be explained in part by these Units not having imaging services and crews preferring to transport their patients directly to A&E departments.

**Agreed: The five criteria for supporting reconfiguration as listed above.**

## **105/06 Risk management policy and supporting procedures**

The Director of Finance presented the Risk Management Policy and supporting procedures for approval. The Policy has been reviewed by the Risk Compliance and Assurance Group and it will be considered by the Audit Committee in December. In addition a teleconference took place on 13<sup>th</sup> November in which a number of the Non-Executives participated in a discussion of the Policy. The Policy is intended to be a 'live' document. The paper on the Supporting Procedures was circulated by email on Monday 27<sup>th</sup> November.

Barry MacDonald asked that the Policy be amended to distinguish between the roles of the Risk Compliance & Assurance Group (RCAG) and the Audit Committee and that the RCAG reports to the Audit Committee. The Audit Committee receives the minutes of the RCAG and the Clinical Governance Committee so as to fulfil its role of having an overview of the Trust's clinical and non-clinical risk management.

Roy Griffins said that neither the Policy nor the Procedure was 'reader friendly' which may be a barrier to its dissemination amongst staff. The Director of Communications said that he would ask a member of his department to review the document and liaise with the Head of Governance. **ACTION: Director of Communications.**

**Approved: The Risk Management Policy and Supporting Procedure.**

**106/06 Procurement of additional Fast Response Units**

The Director of Finance reminded the Board that the business case for the procurement of additional Fast Response Units (FRU) was originally presented in January 2006. In January the Board had requested that the matter be raised again when ORH had undertaken the necessary modelling which demonstrated the need for additional FRUs. The ORH modelling recommends the Trust using 250 FRUs as part of the operational plan to achieve 'Clock Start'. In 2005/06 the Trust acquired 29 FRUs, in 2006/07 it will acquire 114 and in 2007/08 it will acquire 29; with the existing number of vehicles this will bring the total up to the figure required.

The Board was asked to approve the procurement of 114 additional FRUs which is part of the Trust's plan to achieve 'Clock Start', recently submitted to NHS London and the Department of Health. It is proposed that in 2006/07 114 FRUs will be obtained and in 2007/08 29 in 2007/08. They will be procured using the PASA framework agreement.

In reply to a question from Beryl Magrath the Director of Operations said that the majority were Vauxhall Zafiras with approximately 20 Astras.

The Board had a brief discussion regarding the lease versus buy decision. The Finance Director said this would be reviewed for each asset acquired by the Trust.

Roy Griffins asked that the technicalities surrounding leasing versus buying could be discussed further at the Audit Committee on 4<sup>th</sup> December. **ACTION: Finance Director.**

**Approved: 1. Procurement of 114 Fast Response Units in 2006/07 and 29 in 2007/08.**

**Noted 2. That the budget for 2006/07 included a capital plan to procure 114 Fast Response Units.**

**107/06 Disability Equality Scheme**

The HR Director presented the Disability Equality Scheme to the Board for approval. The Trust, along with all public authorities, is required to publish a Disability Equality Scheme by 4<sup>th</sup> December in line with the latest legislative amendments to the Disability Discrimination Act 1995. The Disability Equality Scheme is similar in ethos to the Race Equality Scheme published initially in 2002. The Trust is required to produce a Gender Equality Scheme in April 2007. In due course the different schemes will be amalgamated into one scheme. The Disability Equality Scheme sets out the general requirements on public authorities in terms of their duties to promote disability equality; what the current position is and what the developmental action plan is to address any shortfalls.

The Board was concerned that the Trust had been committed to acceptance of the Social Model of Disability without first gaining the Board's consent. Some Members of the Board were unhappy with the wording in the Disability Equality Scheme where it stated that 'everyone will be treated as they would wish to be treated, with respect and courtesy'. It was proposed that this be changed to

'...would wish to be treated, i.e. with respect and courtesy'. The insertion of 'i.e.' would clarify the Trust's position and be less ambiguous. The Director of Communications said this would mean a change to one of the Trust's values and requested that the matter be discussed by the Senior Management Group.

The HR Director was not able to inform the Board of the number of staff who are disabled as there is no register of disabled people is maintained. The Electronic Staff Records (ESR) does record which staff are disabled but this is on a self-disclosure basis.

The Board considered that the proper processes had not been entered into when the Scheme was drafted nor when the Trust was committed to upholding the Social Model of Disability.

**Agreed: 1. In principle to the Disability Equality Scheme but wished the wording to be revised as discussed during the Board meeting.**

**Noted: 2. That the Senior Management Group will review the Scheme and that the Scheme will be represented to the Board either at its next meeting in January or by email. ACTION: HR Director.**

#### **108/06 Annual report on complaints 2005/06**

The Chief Executive presented the report on complaints received by the Trust in 2005/06. There was an increase in the number of complaints received 544 in 2005/06 and 444 in 2004/05. Of the 544 complaints received in 2005/06 27 complaints were not related to the LAS. The increase in complaints between 2004/05 and 2005/06 should also be seen in the context of the increasing number of calls that the Trust responded to in 2005/06 compared to 2004/05.

The two main areas for complaints were delays in response and attitude and behaviour. There was a slight increase in the number of complaints received regarding Clinical Telephone Advice and being left at home.

There has been a lot of work undertaken to ensure that crews receive feedback when complaints are received by the Trust; e.g. the Medical Director gives feedback on complaints at the annual consultation meetings with front line staff. Other avenues for giving feedback include the five day Continuing Professional Development course, induction and the Patient Care newsletter. Examples of how complaints have changed practice were included in the report. The Complaints Panel which is meeting on a regular basis reviews complaints and SUIs. Complaints management has been devolved to sectors.

The Healthcare Commission's target for responding to complainants within 25 days will be achieved by March 2007.

Beryl Magrath said that she liked the section on lessons learnt outlined in Section 4 of the report; this will undoubtedly be of interest to the Healthcare Commission when they visit the Trust in February 2007. She said that there was little information available regarding attitude and behaviour and asked that further investigation be undertaken to identify specifics. **ACTION: Head of Complaints.**

In response to a question from Sarah Waller the Head of Complaints said that the Trust was required to meet two targets relating to complaint handling. Firstly to respond to complainants within two days and secondly to resolve the complaint within 25 days.

Roy Griffins thought the report 'good and succinct' and asked who its intended audience is. The Chief Executive said it had been considered by the Senior Management Group and by each Sector's Management Team. It will be used to try and dispel the fear that exists amongst crews about doing something wrong; of the 544 complaints received only 12 resulted in disciplinary action.

The Chairman asked Mary Arayo attending in place of Malcolm Alexander (Chairman of the LAS Patients' Forum) to report back to Mr Alexander that the Board had considered SUIs in the public part of the meeting. Malcolm Alexander had raised the matter when the Board met in September 2006 (minute 81.06).

- Noted:**
- 1. The Annual report on Complaints – 2005/06.**
  - 2. That a revised Complaints policy and procedure will be presented to the Trust Board in January 2007.**

### **109/06 Emergency Care Practitioner Update**

The Chief Executive presented an update on the Emergency Care Practitioners (ECPs) which he said needed to be seen within a wider context. In January 2007 the Board will receive the Long Term Workforce Plan which will include ECPs, Paramedics etc. The Education and Development department is being reviewed to ensure that it is fit for purpose in particular around delivering training on improving patient assessment. The Medical Director is meeting with trainers and team leaders and discussing the continuing development of clinical leadership. Finally there is the Operational Model which the Board has previously been informed of.

In relation to the ECPs the key issues that have been identified are: mainstreaming; deployment/tasking; education packages; placements; NHS value added; lone working and the future workload. An ECP conference has been arranged for 12<sup>th</sup> December at which the Chief Executive and other Senior Colleagues will be discussing the Trust's future plans for ECPs. A position paper on ECPs will be presented to the Board in January. **ACTION: Chief Executive**

Work is being undertaken to finalise the Workforce Plan for presentation to the Board in January; to finalise the Training and Education Plan for 2007/08 and to finalise the Clinical and Leadership Model by January/February 2007. **ACTION: HR Director.** The Operational Model will be implemented in 2007 and 2008 **ACTION: Director of Operations.**

In reply to a question from Beryl Magrath it was confirmed that two ECPs have undertaken all the ECP modules with some ECPs who have undertaken the training deciding to withdrawn from the scheme.

A disagreement has arisen with Bromley regarding the ECP Service Level Agreement (SLA). Bromley Primary Care Trust has argued that the ECPs were underperforming as they were not doing 10 jobs per day. The Director of Operations confirmed that the figure of 10 jobs per day is not in the SLA but was mentioned in a presentation given to the PCT by the former ECP Co-ordinator.

The HR Director said that the ECPs will be incorporated into the workforce plan on the basis that they are to be mainstreamed and therefore not reliant on contracts with local PCTs. The Director of Finance said that the decision to mainstream the ECPs had a financial component; it is a £2m decision and required further consideration.

The Chairman said that with hindsight the decision not to mainstream the ECPs from the start but to have them as a separate entity funded by PCTs was a mistake. The initial trial undertaken in Wandsworth demonstrated that the ECPs added value to the NHS system as a whole and that the scheme was clinically safe with fewer



patients being taken to A&E departments. The decision to spread the ECPs around London, with approximately five based in ten PCTs, had not enabled a momentum to be built up and consequently the expected added value has not been realised.

The ECPs need to be seen in the context of the Trust's core business of responding to 999 calls but also to possible developments in the future i.e. out of hours, integrated urgent care.

The Chairman said that it would be useful to raise the matter of ECPs with McKinsey's who are advising NHS London. In terms of demand management the LAS probably impacts on 30-40% of bed days in London and this can be translated into real money for those patients with long term conditions.

The Chief Executive said that the Department of Health was consulting on a national basis what the contents of the ECP curriculum and competency framework should be; to date it had received 100 responses. The findings of the consultation are expected in February or March 2007.

The commercially sensitive aspects of the ECP strategy were discussed in the Board's part II meeting.

**Noted: The update on Emergency Care Practitioners.**

#### **110/06 Clinical education and development programme 2006/07**

The HR Director presented a six month update on the Clinical Education and Development Programme.

Concern was expressed at the poor attendance at some of the courses; e.g. the Continuing Professional Development (CPD) course had 82% attendance and the recent Paramedic recertification course had 72.5% attendance. The Training Department is aware of which paramedic's registration is imminent. Paramedics who fail to re-register are in breach of their contract with the LAS. In the past when this has happened they have dropped a pay grade with the resultant drop in salary until they re-registered as paramedics.

EMT4 training has been introduced and it is anticipated that real value will be realised. As this has just been rolled out it is too early for the training's effectiveness to be ascertained.

The Chief Executive was keen for the Board to know how much training was being undertaken e.g. 741 people have undertaken the five day CPD training.

Beryl Magrath congratulated the management team on the training programme and asked what the reasons for non-attendance were. The HR Director said that the majority of non-attendees gave short notice. The Training Department liaises with individual's manager to ensure that non-attending staff are rebooked onto future courses.

The Medical Director said that the CPD course has continual assessment whereas the EMT4 course is a pass/fail course.

The HR Director said that as part of the Five Year Workforce Plan and Operational Plan the single response vehicle will be staffed by EMT4s and Paramedics.

Sarah Waller said that the list of activity was very good. She asked whether the management had considered recouping the variable cost of running courses from non-attendees so as to ensure staff take attendance at training courses seriously.

**Noted: That an update on Higher Education will be presented to the SDC in December. ACTION: HR Director.**

**111/06      Draft minutes of Service Development Committee – 31<sup>st</sup> October 2006**  
**Noted:      The draft minutes of the Service Development Committee held on 31<sup>st</sup> October 2006.**

**112/06      Draft minutes of Remuneration Committee – 31<sup>st</sup> October 2006**  
The minutes were not available for the meeting. The Chief Executive reported that the Remuneration Committee met on 31<sup>st</sup> October to consider the pay packages of the Senior Executive Directors following the publication of the Pay frame Guidance for Very Senior Mangers by the Department of Health.

- Noted:**
- 1. That the Chief Executive’s pay is £141,000; that the Director of Finance pay is £100,000; the Director of Operation’s pay is £100,000 and the Director of IM&T is £86,000.**
  - 2. A review is taking place of the car leasing scheme and a report will be presented to the January Trust Board.**  
**ACTION: HR Director**

**113/06      Draft minutes of Clinical Governance Committee – 23<sup>rd</sup> October 2006**  
**Noted:      The draft minutes of Clinical Governance Committee which met on 23<sup>rd</sup> October 2006**

**114/06      Draft minutes of Annual General Meeting – 26<sup>th</sup> September 2006**  
**Noted:**

- 1. Draft minutes of Annual General Meeting – 26<sup>th</sup> September 2006**
- 2. That a debrief will be undertaken including consideration of an alternative venue for next year’s AGM.**

**115/06      Report from Trust Secretary on tenders opened since the last Board meeting and the use of the Trust Seal.**

Three tenders were opened since the previous Board meeting in September 2006. Their details were as follows:

14/06	Motor Insurance Tender	Zurich Municipal JLT Group Risk Management Partners DAS Legal Expenses Insurance Brian Johnson & Co. Turnamms Claims Adjuster
15/06	Uninsured Loss Recovery	Motor Accident Protection Services Ltd. Turnamms Claims Adjuster DAS Legal Expenses Insurance Jardine Lloyd Thompson corporate risks Ltd Risk Management Partners
16/06	Provision of conversion of Vauxhall Zafiras for RRU & ECP	MacNellie Wilker Papworth

**Noted: That three tenders had been opened since the Board met in September 2006.**

**116/06 Any Other Business**

The Chief Executive reported that the Trust will receive new digital hand held radios as part of the national radio programme; they will initially be rolled out as vehicle based equipment. Following an incident a number of years ago when a member of the crew was seriously injured an undertaking was given to staff that radios would be issued to each front line staff member. It is intended that as more radios are received personal issue will be implemented but in the interim radios will be vehicle based; two per vehicle to enable crews to communicate with each other if they are separated and with the Control Room.

In answer to a question from Beryl Magrath as to whether the introduction of the radios would mean the phasing out of Service mobile phones the Finance Director said that this is being reviewed. **ACTION: Finance Director.**

The Chief Executive reported that due to the Thames Gateway and the Olympics it is proposed to site an additional Ambulance Station at Stratford. The business case will be presented to the Trust Board in January 2007. **ACTION: Director of Operations.**

The Chairman invited members of the Board who did not already have copies of the 'Intelligent Ambulance Board' to take a copy. He commended the publication as it was not prescriptive. The publication will be reviewed in due course in light of experience.

Mary Arayo offered to share the work undertaken by the LAS Patients' Forum on stroke treatment with the Medical Director. The Medical Director thanked her for the offer.

That the Part II meeting will be considering commercial sensitive issues relating to the ECP strategy.

The meeting concluded at 1.09pm

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD  
Part II****Summary of discussions held on 26<sup>th</sup> September 2006  
held in the 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 26<sup>th</sup> September 2006 in Part II the Trust Board:

1. Update regarding the first Gateway Review of CAD 2010

The Director of Information Management & Technology shared the findings of the first Gateway Review with the Board. The Review, which is meant to be critical, had made a number of recommendations which the Director of IM&T assured the Board were being taken very seriously. He undertook to share the response to the Gateway Review with the Board at the earliest opportunity.

2. Update regarding Serous Untoward Incidents.

The Board was informed of the unofficial findings of the investigation into the death of a five year old boy who was killed by an ambulance during a school visit. School visits are continuing but without any vehicles.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING 30 JANUARY 2007**

**CHIEF EXECUTIVE'S REPORT**

**1. ACCIDENT & EMERGENCY SERVICE**

**1.1 999 Response Performance**

The table below sets out the A&E performance against the key standards for the year to date. A detailed position is available in the attached graphs.

**New standards with effect from 1 April 2006**

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	74.3%	97.4%	82.0%	76.5%

\*As of 22<sup>nd</sup> January 2007

**Key highlights**

- i. Category A performance was maintained at target levels through October and November despite an increase in the daily volume of Category A calls.
- ii. The Board was advised at the November meeting that the trust did not expect to be able to maintain performance through December given increasing call volumes and the introduction of rest breaks. Overall performance for December is expected to be at 70% once all the final data has been inputted. This was an acceptable outcome given the challenges associated with rest breaks, staffing across the Christmas week and Cat A volumes which rose to 939 per day .
- iii. Overall demand for this financial year has increased by 2% when compared to the same period last year.
- iv. Rest breaks were introduced on 11<sup>th</sup> December and as expected we have seen a fall in performance associated with this of circa 3-4%. This is in line with ORH modelling and is now beginning to recover as the system beds down. Further detail on the progress and impact of Rest Breaks is given later in the report.
- v. Increasing Category A as a proportion of the total workload is the principle area of concern at the present time and have now risen consistently over the last six months. During the July heatwave the service was dealing with 837 Cat A calls per day and this was exceeded in November (855) rising to

939 per day in December and are currently running at 921 per day for the first three weeks of January. In overall terms this means that weekly Cat A volume is now running at circa 39% of total emergency demand and on some individual days this has risen to 42%. This compares with 37% percentage for the same period of January last year.

- vi. Analysis of the rising Cat A demand and the particular illness codes affected have shown significant increases in calls for Chest Pain(+ 20%) and Breathing difficulties (+13%). We would expect to see a rise in calls for breathing difficulties at this time of year associated with cold and flu like symptoms but the rise in Chest pain calls is directly associated with the high profile campaign by the British Heart Foundation which encourages patients with chest pain to dial 999 as soon as they experience pain. The service has of course fully supported this campaign but it should be noted that this has added some 50 to 60 additional Cat A calls per day to the overall demand.
- vii. The Board will be aware that, for the first time in many years the Trust will be at full operational establishment following some final posting of new recruits during January. Staffing has broadly held up well through November and December despite strict overtime limits and indeed the trust produced more hours than at the same period last year. The exception to this was the Christmas holiday week during which we still had significant staffing shortfalls. It is clear that the current unsocial hours arrangements enshrined in AfC do not provide staff with sufficient incentives to cover bank holidays
- viii. The Trust is now at 74.3% ytd performance and the challenge is to recover this position over the coming 10 weeks. The focus will inevitably be on Category A but we will also be attempting to improve Cat B and Urgent performance at the same time. Detailed below are some of the key actions being taken to improve performance over the coming weeks. The position is recoverable but there are two dynamics in play this year namely Rest Breaks and the difficult financial position. This means that we will be relying largely on performance improvements associated with the roll out of the high impact changes in order to do so.

## **Actions to Recover Performance**

### **1. Improving FRU Performance**

- Optimising FRU Auto Dispatch by:
  - Re-defining nearer vehicle 'Look Up' parameters.
  - Amending geographical tasking limits by time of day and geographical area to between 2 and 4 miles
  - Reducing the number of times when the system cancels inappropriately.
  - Adding ECP vehicles and HART responder vehicles to auto dispatch
  - Progressively adding Amber 1 calls to boost B performance.

- Improving the total volumes of Cat A volume being tasked to FRUs from 45-50% to 60-65%
- Increasing overall Utilisation of FRUs from 28% to 50%
- Increasing existing FRU availability to 100%
- Taking delivery of 60 additional FRUs at a rate of 6 per week from mid January.
- Establishing additional FRUs progressively from mid January onwards.
- Utilising Managers to provide additional FRU capacity wherever possible.
- Using Home Response FRUs as much as possible within current financial constraints.

## **2. Attendance Management**

- Maintaining absolute focus on all aspects of attendance management within existing best practice guidelines both on Area and within EOC/UOC.
- Further work with HR to jointly introduce new /temporary processes to improve managers ability to manage attendance.
- Ongoing review of all secondments and abstractions designed to return staff to operational duties wherever possible.

## **3. Resourcing**

- Maintaining maximum effort on resourcing all vehicles.
- Pro-active management of all singles
- Prioritising FRU resourcing

## **4. EOC Initiatives**

- Improving Staffing by general attendance management,
- Adding an additional recruitment course during March to achieve full EMD establishment by end April.
- Continuing to promote additional allocators to ensure increased desk splitting and attain a better skill mix.
- Progressively moving to the new Sector desk configuration on all three operational areas.
- Improving general management of the main control room to achieve more consistent performance across all areas.
- Optimising FRU Desk staffing in terms of quantity and quality of allocators
- Optimising the Operational Command Unit to ensure both effective resolution of real time operational issues and the forward planning of resourcing in conjunction with the Resource Centres.
- Increased focus on lost vehicle hours (VOR)
- Developing Individual Performance Review for EOC staff

- Placing extra emphasis on maintaining performance through the night shift .

## **5. Reducing Job Cycle Time**

- Completing the Handover Process Mapping of priority hospitals
- Clear schedule for completion driven by ADOs with personal AOM responsibility.
- Clarity about definitive management actions required to drive these improvements through. Local responsibility for implementation
- Effective Communication with all staff as to the rationale
- Understanding the synergy with the Individual Performance Review project

## **6. Service Wide Implementation of Individual Performance Review**

- Consolidation of lessons learned from three pilot sites
- Comprehensive briefing of all managers
- Effective communication with staff
- Implementing roll out from mid January
- Local management teams to concentrate principally on mobilisation times and job cycle times for the remainder of the financial year

## **7. Reducing Performance fall at Shift Changeover**

- Pro-active action to secure Trade Union support for roster changes designed to improve shift changeover performance.
- Ownership at AOM level for their complexes, the changes that need to be made and the local negotiations required to deliver against them.
- Detailed action plans by complex to allow delivery against required roster changes.
- Evidence of both clinical and operational performance fall at shift changeover by individual complex.
- Ensure due consideration of the effect of the new Restbreak agreement in terms of additional 1830 and 06.30 finishes.

## **8. Setting Appropriate Reap Levels**

- Weekly review of current REAP levels against normal parameters.
- Consider raising REAP to level 3 'Severe pressure' from third week of January if performance does not recover and workload remains high.
- Take whatever appropriate REAP level actions are indicated.

## **9. Reviewing Red and Cat A Volumes**

- Continue internal work to reduce Cat A volumes by a further 0.5%
- Continue to gather evidence to influence the next national call prioritisation meeting in March 07



- Conduct research to establish any trends in the volume of incoming 999 calls placed in Red Category by EOC watch and by individual call taker.

## **10. Quality Assurance of Response Times**

- Maintain robust quality assurance of all missed CAT A calls .
- Conduct retrospective analysis of all missed Category A calls to the following locations:
  - GP Surgeries
  - Hospitals
  - Fixed sites for public access defibrillators where staff have been trained by LAS
- Ensure that all these calls have response times recorded in line with current department of health guidance.

### **1.2 Rest Breaks**

- The implementation of the rest break policy commenced on the 11<sup>th</sup> of December the intention of the policy is that all staff will benefit from a rest break during their shift and bring the weekly hours worked down from 39 hours to the AfC requirement of 37.5 hours.
- Prior to these new arrangements 80% of operational ambulance crews did not receive a formal rest break and of the remaining 20% who were allocated a break a large proportion had their break interrupted. The implementation of the rest break policy has reversed this trend with the vast majority of operational staff now being allocated a rest break or receiving a compensatory rest period at the end of their shift.
- In the first three weeks almost 76% of ambulance staff have had a rest period within their shift. The remaining 24% will have received a compensatory payment of £10 or been allowed to finish their shift early.
- Introduction of the policy has been difficult particularly within the control room as staff attempt to place crews on break during a period of the year when workload has been very high. EOC staff have responded very well to this challenge and are to be congratulated for the work they have done to ensure that crews get the rest breaks that they deserve.
- There has of course been some impact on operational performance but early indications are that the performance drop is within the predicted 3-4% fall. As stated earlier performance is slowly recovering as allocation of rest breaks becomes more routine. This is a pattern that has been seen in every ambulance trust on the introduction of rest breaks.

- The implementation should be regarded as successful and whilst there are clearly some difficulties still to overcome, it is pleasing to have reached this point. This is all the more relevant given that there was a fair degree of scepticism on the service's ability to give large numbers of staff adequate rest breaks given our increasing workload.

### **1.3 Emergency Operations Centre (EOC)**

- A decision was taken in early December to appoint a Deputy Director of Operations to oversee the implementation of the Control Services restructure and the overall changes required to attain the new, more stringent, performance targets associated with "clock start". This appointment has initially been made on a temporary basis and has seen Richard Webber, the ADO for East area, seconded to HQ.
- John Hopson continues to lead on the dispatch projects within the Operational Response Improvement Programme. The projects include increasing the numbers of available despatchers by splitting the existing Sector Desks, 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.
- At the last Trust Board it was reported that the West Area despatch desk had been re-configured to provide an increased despatch capacity. This concept of splitting sector desks has now been rolled out to the East and South Areas. Whilst vacancies in the allocator role has hindered the sustained splitting of desks, there have been several occasions where desks across the service have been split. This will continue to increase over the next quarter whilst more staff are promoted to the vacant allocator posts. The benefits realised have been an improvement in activation and a greater ability to effectively manage the resources under that sector; including an increased level of rest break allocation.
- The pilot for Automatic Dispatch of FRUs commenced at the end of November. Following lessons learnt during this phase, it was rolled out to all FRUs service wide in the first week of December. Close collaboration between EOC and IM&T is allowing further enhancements to be implemented during January and February. The early results are very encouraging with the percentage of calls being dispatched automatically rising to 50% of overall FRU activity together with a much higher level of performance than when compared to manually despatched calls.
- The focus on all aspects of attendance management has continued. The levels attained of staffing during December were poorer than anticipated; mainly due to an increase in sickness, a reduced uptake in overtime and the level of vacancies. Steps are in train to ensure that all of these issues are tackled. A more robust approach to the management of sickness has now been implemented and an additional training course has been established for early April. This, coupled with the existing training packages scheduled, will see an additional 39 staff in post by April. If the current staff turnover rates are maintained and all candidates pass the courses, the EOC staffing levels will attain 100% by April.

- Call taking came under pressure during December during the build up to Christmas with increasing activity levels. This has resulted in periods of poor performance, but will improve during the final quarter following the appointment of new staff as described above and further attention to the call taking management process.
- Rest Breaks were implemented in mid December, which has resulted in an increased workload for staff on sector desks. Despite the increase in workload the staff have had some significant achievements, with the FRU desk achieving 98% compliance on some days. Work is now in hand to roll out a rest break agreement for Control Services staff.
- New Years Eve was managed entirely from HQ on this occasion. The event went well from a Control services perspective with 89 control staff on duty. Additional call taking positions were put into UOC and the call taking demand managed appropriately. The Voluntary Aid Societies were managed from the Incident Control Room. This appears to have gone smoothly, with only a few issues identified.

#### **1.4 Urgent Care Service**

- Recruitment is now underway for four A&E Support (revised EMT1) training courses, the first of which commences on 29 January and run throughout February and March. Subject to satisfactory recruitment to and successful completion of the course full establishment will be reached this financial year.
- The CTA job description has been revised to open the pool of potential applicants to other registered health professionals, primarily expected to have a nursing background. This revised job description will undergo Agenda for Change assessment shortly and it is hoped that this will improve recruitment towards the target 50wte by year end (currently 28).
- The numbers of calls being dealt with by the Urgent care service continues to represent some 33% 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 CTA in post figure is now currently 28 wte against an establishment of 50 so there is considerable scope to improve on these figures once new staff are recruited and trained. It should be noted that CTA recruitment has been ongoing throughout the year and some 95 staff have been trained since the role was introduced. The rotational nature of the post has however meant that many staff have tended to undertake it for a period of circa six months and then elected to return to full operational duties which has made increasing the overall in post figures difficult.

## 1.5 Emergency Planning

### Hazardous Area Response Team (HART)

- The Hazardous Area Response Team is now established and operational. A total of 23 staff are seconded to this initiative and provide a response across 16 hours a day, seven days a week.
- This team are providing our first response to any hazardous area, including tunnels, collapsed structures, firearms incidents, hazardous materials situations and CBRN incidents.
- Initial response is in two Fast Response Cars, which are then supported by two mass-equipment vehicles and a sophisticated command vehicle.
- This trial is being led by DH, with a six month evaluation period. It is anticipated that it will be rolled-out across the country at the end of the trial, with London doubling the number of staff involved to provide two 24 hr teams.
- A Ministerial visit to examine the HART operation will take place on 8 March 2007.

### Major Incident Exercising

On 7 December 2006 the Service held a significant major incident exercise to test progress against the actions which followed from the 7<sup>th</sup> July debriefs. The focus of the exercise was largely on the communication arrangements now available.

Three incident sites were established around London and officers were deployed to these sites to run a 'virtual' incident. Other officers were also deployed to hospitals to act as liaison officers. The exercise tested the paging system, the new Airwave tetra radios, the new Incident Control room, the satellite telephone system and the Gold Command Suite. Of particular note was the excellent reception available on the Airwave radios, which will be rolled-out to crew staff later this year.

### Crew Safety

- Between now and April, all A&E staff will be issued with a radiation dosimeter, which measures an individual's exposure to radiation. The dosimeter sounds an alarm when unacceptable levels of radiation are detected, allowing the person to exit the contaminated area before significant exposure. These devices are similar to pagers and are worn on the uniform. Each dosimeter is collected in annually and a permanent record is kept of the staff member's exposure level.
- Personal-issue 'escape hoods' will also be provided to each staff member this year. These will provide the staff member with a short period of

filtered air in order to allow a swift exit from a contaminated environment. These are being issued nationally to ambulance staff by DH.

## **1.6 Response time Data Compliance with DH guidelines**

The trust has now received the full guidance document for 2006/7 from the Department of Health. In addition the guidance for 2007/8 is now expected to arrive within the next few weeks. In view of this we will now bring a full paper to the Board in March 07 which demonstrates compliance for 2005/6 and incorporates any changes which will be required in 07/08.

## **1.8 Update on the 'Improving our Operational Response' programme**

- The Board will recall that the Operations Directorate are 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 and are designed to provide a positive performance impact in the final quarter. A description and brief summary of progress against each project is provided below:
- A more visual summary of progress has been provided in the form of two progress charts at the end of the chief executives report.
- **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 areas and also within the actions taken to improve performance. 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 Projects Summary**

#### **Home Responding**

- This project involves establishing arrangements for off duty staff to take FRUs home and make themselves available to respond to Category A calls in their vicinity. This project will be of greatest use in outlying areas where the call volumes are low, meaning that we do not place a permanent resource nearby. Home Responding will in theory enable us to reach the low numbers of calls that occur in those areas hence improving our overall performance.

- Limited trials of the scheme commenced before Christmas, and to date five shifts have now taken place with 30 further shifts currently being planned for the Croydon and Bromley complexes respectively. The final challenges to be overcome are closely monitoring the overtime situation to ensure that the initiative remains within budget constraints and making sufficient FRUs available without damaging vehicle availability for the core fleet. The second problem will be eased somewhat in February as delivery of new FRUs commences. Work is currently being undertaken to collate detailed feedback from participating staff coupled with data collection to provide information around A&E performance of the home responder.

### **Reduce Job Cycle 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. 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.
- There is some slippage on this project in terms of mapping handover processes in hospitals across London but plans are now in hand to commence this with the six hospitals with the longest or most problematical handover processes. This should be completed by the end of this financial year with common themes emerging from this exercise being used to drive discussion and change in other hospitals. Additional project management resource has been allocated to the project and a new project plan and timeline have been produced. Other aspects of the project include setting standards and communicating them and establishing robust plans for management actions designed to address long handover times. The aim is still to reduce the hospital component of the job cycle time from circa 32 minutes to circa 20 minutes by end March 07.

### **Reduce Performance Fall at Shift Changeover**

- The Trust suffers a daily fall in performance around 0700 hrs and 1900 hrs. These times correspond with period where the majority of ambulance and FRU shifts changeover. This project is principally about adjusting some shift changeover times by a small amount to provide a more staggered changeover period– an action for which the clinical risk argument is overpowering.
- Top level agreement in principle has been gained from the Trade Unions and local discussions about implementing changes have now commenced. A phased approach is being adopted, with phase 1, incorporating interim rota and station changes to FRU's, being the element of the project

delivering the most benefit for CAT-A performance. This has been delivered within the designated timescale.

- The remainder of phase 1 (8 complexes), Phases 2 (10 complexes) and phase 3 (7 complexes) are running significantly behind schedule due to a combination of factors. These will involve changing core ambulance rosters and a revised implementation schedule has now been agreed which will aim to have completed all 25 complexes by end March 07. The phased approach to this has now been revised and all AOMs will be concentrating on their individual complexes at the same time. All phases are now expected to be completed by end March 07.

### **Individual Performance Monitoring**

- A trial of this initiative commenced on track at 3 complexes in November. This project involves the production of performance information at an individual level enabling operational managers to address both good and poor performance with staff. The chosen approach is not to set targets for staff to achieve, but rather to hold those with outlying performance to account against complex norms.
- Data is provided by Management Information over a 3 month period in order to ensure that staff are aware of their overall average performance. The aim eventually will be to provide a mix of both operational and clinical performance measures.
- A third version of the monitoring tool is now in use and the scheme is ready to roll out Trust wide within the next two weeks.

### **Rest Breaks**

As per summary in Section 1.2

### **Dispatch Project Progress**

### **Reducing Red Call Volume**

- This project is designed to align LAS 'Red' calls with DH Category 'A' calls as far as is clinically safe. Following this, to align LAS 'Amber' calls with DH Category 'B' calls as far as is clinically safe. A second strand of the project is to influence the DH categorisation of calls into Categories A, B and C.
- The 'reduce red call volume' (release 1) project has now been completed with a further 5 determinants being downgraded from LAS Red to Amber. In total, since commencing this work in July, 38 determinants have been downgraded. Using 2004/5 call volumes, this equates to 13,356 calls per annum which will now receive an amber rather than a red response. This is equal to 4.0% of red call volume over that same period (1.8% of total call volume) and significantly narrows the gap between LAS and DH categorisation.

- The DH work strand is ongoing and on track with meetings chaired by the Chief Executive.

### **Increased Dispatch Capacity**

- This project involves doubling despatch capacity by doubling the number of available dispatchers in EOC and doubling the number of sector desks to 14. This requires changes in technology together with the promotion and training of additional despatch staff in the control room.
- This project has now delivered. The functionality to split sector desks has now been extended to the South and East desks. Analysis of performance since the splitting of the West desk has shown a 5% performance improvement on A8 calls. The West desk has however only been split about for about 50% of the available time to date. Skill mix issues continue to limit the times when the desks can be operated in the new configuration. This situation will improve progressively over the next few weeks and we still aim to be operating in the new configuration across all despatch desks by mid February.

### **Improved Dispatch of FRUs**

- The key objective here is to develop and introduce a system where FRU's (Fast Response Units) are automatically dispatched, once an appropriate Chief Complaint is applied. The system will only despatch vehicles to calls within a limited geographical area and will also check to see whether an ambulance is nearer so reducing the numbers of unnecessary multiple dispatches. This will improve both the activation times for FRUs and also the overall utilisation. Careful attention is being paid to the safety aspects of this process and the system will not be used to despatch any call where there is any indication of a crew safety issue
- This project was fully rolled out in December. Early indications are that the automated method of dispatch gives an additional 14% Cat A performance over and above that attained by manual dispatch. Further extensive work is underway to optimise the benefits associated with auto despatch and this is focussed around progressively increasing the volume of FRU calls receiving an automated despatch from the current level of 37% to circa 60%.

### **EOC/UOC Restructuring**

- The purpose of this project is to define and implement a new senior management tier covering both EOC and UOC ahead of a full restructure in the next financial year.
- This project is currently running behind schedule but a revised project plan has been submitted to ensure delivery by year end. Formal consultation with affected staff is expected to start imminently.



## **Improve Urgent Performance**

- The objective of this project is to increase Urgent calls performance to 95%. The process redesign work to bring about this improvement has been completed, but the anticipated performance gains have yet to be fully realised. This is due in part to reduced ambulance cover during October and November associated with overtime reduction and in part due to patchy compliance with the new operating regime in EOC and UOC.
- Compliance with the new procedures within UOC and EOC will now be monitored at ADO level to ensure that the benefits realisation targets are achieved.

### **1.9 International Travel**

We have received two further requests for speakers to give presentations on the service's response to the terrorist incidents of 7<sup>th</sup> July 2005.

The first is a request from the Swiss Medical Rescue Commission (SMEDREC), to send a speaker to Switzerland from 12<sup>th</sup> to 15<sup>th</sup> April 2007 to give a presentation on the events of the 7<sup>th</sup> of July 2005. The Swiss Emergency Medicine Symposium is attended by approximately 400 medical professionals who wish to gain some knowledge of how the LAS dealt with this terrorist event. SMEDREC has confirmed that they will meet the full cost of flights and accommodation. It is proposed that Steve Sale represents the Service at this event.

The second is a request for a speaker to attend a joint UK/USA Fire Services Symposium in Illinois from 27<sup>th</sup> February to 3<sup>rd</sup> March 2007. All costs for travel and accommodation will be met by the conference sponsors. It is proposed that Bob Fellows attend this event to represent the service.

The Board is asked to approve these two requests for international travel.

## **2. PATIENT TRANSPORT SERVICE**

### **Commercial**

Bids have been submitted for Camden PCT (existing) and Homerton (new). Results are expected in early February.

Tenders are also underway for existing business with QEH, Hillingdon Hospital and SWL MHS.

New business tenders are currently under review for North Middlesex University Hospital and Darrenth Valley Hospital.

## **HR**

Rest breaks have been introduced as part of the Trust-wide role-out since Dec 11, 2006.

Following the loss of the Chase Farm contract in November 2005, most of the staff were retained to specifically carry out PTS suitable journeys for UOC. The decision has been taken to upgrade the skills of these 17 staff. 15 have now been placed on an A&E Support course which commences on 29 January 2007 with the remainder being planned onto a course in early February.

The LAS is taking the opportunity to offer PTS staff to gain a NVQ2 qualification. Other than a 1 day induction course the majority of the evidence required will be achieved through observation by trainers from GAP Training. There is government funding for this and will have no direct costs with indirect costs being limited to a limited number of staff being off the road for the induction course and loss of seat capacity when the observers ride out with the relevant staff. This will be advertised in the RIB in early February.

## **Performance**

Arrival Time and Time on Vehicle have reached a plateau at 88% (% of patients arriving +/- 45 minutes) and 89% (Time on vehicle > 1 hour) respectively. PTS management are continuing to improving local cluster planning to improve performance.

A&E workload completed by PTS dropped to 303 in Dec which was disappointing. However, the valuable resource provided by PTS on the various Alternative Response Vehicles over the holiday period is not yet reflected in these numbers.

Cost per journey continues to be too high. More joint working with A&E will assist in improving productivity.

## **3. Information Management & Technology**

### **1: Support for High Impact Changes**

As part of the Director of Operations High Impact Change Programme there have been two IM&T deliveries worthy of specific noting:

#### **F.R.E.D. Fast REsponse unit Dispatch**

The automatic dispatch of Fast Response Units was implemented by the IM&T CTAK team on 30 November 2006. This functionality, known affectionately as F.R.E.D. automatically dispatches FRUs that are mobile and operating within defined parameters. The testing, initial implementation and trialling all went well with minimal inconvenience to EOC users. Current results are very encouraging and are positively contributing towards response time targets.

### Individual Performance Monitoring

A new individual web based performance system has been on trial since 6th November in A&E operations. This has proved very successful and it is currently being rolled out to all complexes. Using a combination of information from ProMis (resource allocation database) and the MI performance database, the system developed by Management Information will now give A&E operations the opportunity to look at various performance measures for each member of staff on their station. These measures will include Category A and B performance, job cycle time and times at hospital. Work is currently underway to provide a similar facility for EOC & UOC.

### **2: IM&T Staff relocation**

Historically IM&T staff were distributed across several floors and different offices at Waterloo, Loman Street, Bow, sector offices other temporary local rented offices. This was both inefficient and difficult in terms of providing a coordinated approach to service provision and support. In order to improve the situation a plan was agreed to bring all IM&T functions into two main locations (a single location was not possible).

The first stage was completed during the Summer last year with the move of all of Management Information to the second floor at Bow. The area was specifically designed for the use of MI and includes specialist storage facilities. The second stage was to convert the first floor of Fielden House (by London Bridge Station) for use by IM&T project staff. The work was completed on schedule and staff relocated over the weekend of 16 December. The final stage was the completion of the third floor at Fielden House and the Service Desk and all technical support staff moved in over the weekend of 13 January.

This now completes the re-organisation of IM&T, providing appropriate facilities for the future provision and support of all IM&T services.

### **3: Failure of Office Automation System – 18 December 2006**

At approximately 09:10 on the 18 December 2006 it became apparent that there was a significant problem with the Trust-wide Office Automation System. For the majority of users this prohibited access to network services such as diaries and e-mail. Personal computers could continue working as stand alone devices. 999 call handling and emergency operations were not affected.

The problem was caused by the failure of a disk drive on the central server. In normal circumstances, the system would switch to a back up disk, however this had also failed. IM&T support staff worked through the morning trying a variety of options to quickly restore the system. However, by approximately mid-day it became apparent that none of these approaches would work. Therefore a more fundamental approach had to be adopted to create a new replacement disk. This involved restoring data from the previous day's tape back-up, and then applying changes made that day from a system log file. Given the quantities of data involved, this was a time consuming process. Service was incrementally restored to customers during the late afternoon

and full service was finally restored by 20:00hrs, with no loss of data (that is the system then appeared as it was at 09:10 that morning).

During the day, The IM&T Service Desk undertook a process of informing customers by telephone, tannoy and personal visits of progress with the problem resolution. However, given that it was the Trust's main non-emergency messaging system that had failed, this process was difficult. It is fair to say that some customers may not have been wholly satisfied with this process and consideration is being given to what else could be done in the future.

Equivalent servers are in place at the Trust Disaster Recovery (DR) Fall Back Centre, but the original design did not implement automatic replication of data across the wide area network link. Service was not switched to the DR system at Bow because it was believed that it would take longer to collect backup tapes from the offsite store, take them to Bow and carry out a restore, than was estimated to recover the live system.

The system was implemented some three years ago and reliance on its facilities has continually increased. While it would be incorrect to class this system as 'mission critical', it is evident that its loss does have considerable impact upon the non operational parts of the Trust. In order to reduce the risk of further failures, a fundamental review has been undertaken of the systems configuration. Appropriate hardware upgrades (to further reduce the impact of a hardware failure) have been included within next year's budget planning process.

#### CTAK performance.

Historically the performance of the CTAK (Computer Aided despatch system) has been based upon perception. This year the SMG set the target for overall availability of 98% as a yearly average, with the last 3 months of the year (Jan, Feb, March 2007) each achieving 99.5% availability (These targets are shown on the graphs by the blue line).

Graph 1 CTAK Uptime (Unplanned outages) and graph 2, CTAK Uptime (Planned & unplanned outages) are derived directly from the CTAK database and map availability against the two different types of outages. The graphs show;

- The August performance problem that was caused by an upgrade to MDT's.
- Downtime caused by planned outages where the system is taken off line for planned maintenance and upgrade work. A high proportion of this has been the implementation of changes to support work on the high impact changes required to support operational performance.

Graph 3, CTAK incidents (d, b records/month) demonstrates the volume of data being recorded and managed by CTAK.

Graph 4 CAD overall service uptime (all outages) builds upon graph 1 & 2, but includes any other significant failures that would effect the overall CTAK environment. For example the performance drop in October relates to a network

problem (caused by an upgrade). So whilst CTAK was technically working, it was unusable. This graph therefore best represents a user perspective of the system.

Several conclusions can be drawn;

- Overall the underlying CTAK database is stable
- There are a significant number of changes taking place to support operational requirements.
- Both of the significant failures (August & October) were as a direct result of technical changes and their unintended consequences.

These reporting graphs will continue to be developed. In particular graph 3 will be amended by the removal of planned outages. This will then be the best representation of performance against the agreed targets.

## **4. HUMAN RESOURCES**

### **Agenda for Change**

Considerable progress on AfC Banding Review requests has been made during December 2006 with all but six post holders now having given their verbal submissions (generally in support of previously submitted written submissions) to a banding Review Panel. The banding reviews, subject to Consistency Checking, together with the remaining six reviews, are scheduled for completion by the end of January 2007.

There will remain an on-going maintenance and housekeeping workstream, particularly in respect of the banding of revised and newly introduced roles.

The work of completing arrears payments continues to take a high priority, with dedicated Payroll resource working exclusively on this. Around 70 staff are still awaiting their arrears payment which will be completed within the current financial year.

### **Electronic Staff Record**

The implementation project of ESR has now been completed and formally closed. Work streams have been created however to continue the work to realise the benefits from ESR. This work will be progressed through the Process and Governance Programme stream of the Service Improvement Programme.

### **Policy Development**

The following HR policies/management guidelines documents have been developed / updated in recent months:

- Maternity Policy
- Grievance Policy
- Establishment Control guidelines

- Rest Break Policy
- Responsibilities to inform the Health Professions Council.

### Workforce information

Since the implementation of ESR in October 2006, staff continue to work through problems identified with the ESR reporting tool in order to begin to provide regular accurate workforce information.

The graphs provided show current turnover (from ESR) and historical sickness absence from the Trust's legacy system.

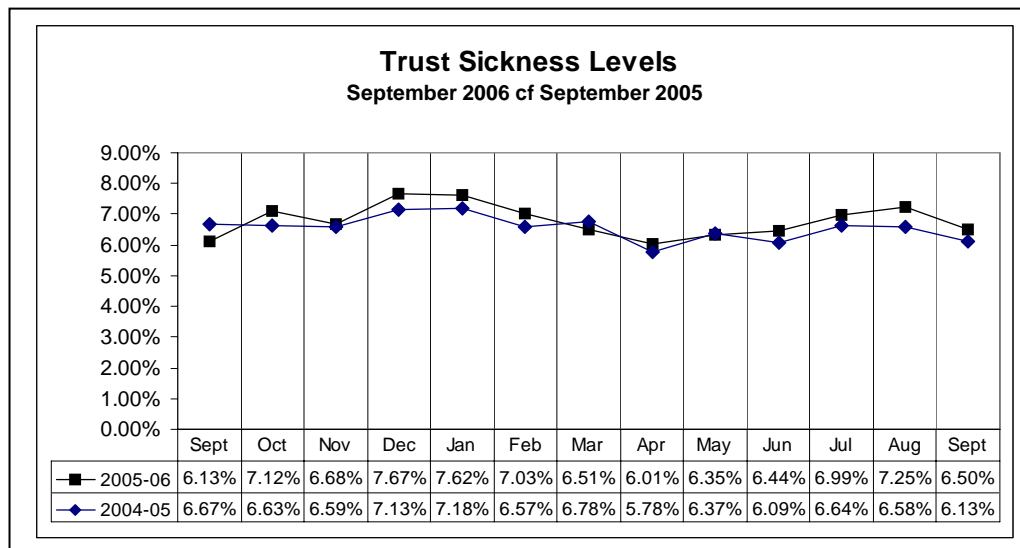
Variation in turnover data reported from ESR is likely to be due to the extensive data cleansing as part of the ESR implementation project.

Reporting on sickness absence will be in line with the national ESR reporting formula in that it measures and calculates absence on the basis of days lost as opposed to the historic LAS model of hours lost. Whilst this has been raised with the national team, as we believe it is not as accurate a measurement, we are not aware of any intentions to change this in the foreseeable future. This formula is the basis against which all NHS Trusts will be compared. Whilst the sickness absence report is still being fully validated, current indications are demonstrating a Trust absence rate of 5.9% using the ESR reporting formula.

It is intended that a fully validated workforce report including sickness absence and workforce numbers will be presented to the Trust Board in March which will serve both as a year end report and benchmark for future monitoring.

## WORKFORCE INFORMATION

Sept 06 Absence	
Staff Group	%
A & E	6.83%
EOC (Watch Staff)	8.59%
PTS	5.34%
A & C	4.48%
SMP	2.05%
Fleet	4.78%
<b>Total (Trust)</b>	<b>6.50%</b>



SUSPENSIONS as 19.01.07	Date of Suspension	Reason	Stage in Investigation	Investigating Officer	Hearing Date	
<b>East</b>	2	17.01.07 on return from sickness	Patient care	Complete	Paul Ward	Postponed due to sickness – new date 31.01.07
		27.11.06	Patient Care	Complete	Paul Ward	As above
<b>South</b>	1	20.09.06	Breach of confidentiality.	Complete	Adam Crosby	Postponed due to staff sickness. New date 24.01.07
<b>West</b>	5	24.07.06	Complaints regarding behaviour and patient care.	Investigation almost complete – next steps being considered.	Roger Fox	08.02.07
		27.06.06	Interviewed under caution for handling NHS equipment.	Police not proceeding. LAS to interview 26.01.07.	John Huggins.	
		04.10.06	Allegations of abusive behaviour	All interviews conducted, statements typed and issued, report to be drafted.	Colin Pasey	16.02.07
		05.10.06	Allegations of abusive behaviour.	As above.	Colin Pasey	16.02.07
		22.10.06	Allegation of illegal drug use.	Investigation almost complete.	Paul Gibson	Expected Feb.
<b>EOC</b>	0					
<b>HQ/Fleet/Others</b>	0					

Pre ESR for comparison

Staff Turnover Nov 05 – Oct 06	
Staff Group	Turnover %
A & C	8.46%
A & E	4.20%
CTA	0%
Bank Staff	0%
EOC Watch Staff	9.57%
Fleet	3.39%
PTS	8.87%
Resource Staff	2.08%
SMP	6.52%
<b>Total (Trust Turnover)</b>	<b>5.22%</b>

Post-ESR Statistics

Staff Turnover Nov 05 – Oct 06	
Staff Group	Turnover %
A & C	8.13%
A & E	4.17%
CTA	0.00%
Bank Staff	0.00%
EOC Watch Staff	9.32%
Fleet	3.39%
PTS	8.58%
Resource Staff	2.00%
SMP	6.46%
<b>Total (Trust Turnover)</b>	<b>5.15%</b>

Staff Turnover Dec 05 – Nov 06	
Staff Group	Turnover %
A & C	9.29%
A & E	4.24%
CTA	0.00%
Bank Staff	0.00%
EOC Watch Staff	10.46%
Fleet	3.17%
PTS	8.39%
Resource Staff	1.96%
SMP	5.60%
<b>Total</b>	<b>5.24%</b>

Staff Turnover Jan 06 – Dec 06	
Staff Group	Turnover %
A & C	10.59%
A & E	4.59%
CTA	0.00%
Bank Staff	0.00%
EOC Watch Staff	10.82%
Fleet	4.84%
PTS	8.19%
Resource Staff	1.96%
SMP	5.93%
<b>Total</b>	<b>5.60%</b>



## 5. COMMUNICATIONS

### Media issues

The Service has received a large amount of media attention on a number of issues over the last couple of months.

**Sat nav takes crew to Manchester:** At the beginning of December, the national media picked up on the issue of a crew who were misdirected by the faulty mapping information on the satellite navigation system and ended up on the outskirts of Manchester while carrying out the transfer of a patient to a hospital in Brentwood. The story was covered by all but one of the national newspapers, and was also featured in publications in other parts of the world.

### Service pressures and alcohol-related calls:

Licensing laws: In late November, the Service issued a proactive statement explaining that alcohol-related incidents had continued to increase despite the introduction of new licensing laws the year before. Interviews followed with LBC radio, BBC London and Tonight with Trevor McDonald where staff took the opportunity to encourage the public to take responsibility for how much they drink and use the ambulance service wisely. Further coverage was achieved in regional and national newspapers (London Lite, Daily Express, Daily Mail, The Independent, The Guardian and the Daily Mirror).

Christmas period: Before the busy Christmas and New Year period, the Communications Department once again worked to generate public messages around demand caused by alcohol-related calls and the need to use the Service appropriately.

Proactive promotion of messages ahead of the traditional office party night (Friday 15 December) and the following Thursday when a mobile treatment centre was set up in the City of London led to significant media attention.

Pre and post office party night coverage was achieved in all key London media (Evening Standard, London Tonight, BBC London - TV, radio and online - Capital and LBC radio. All media ran with messages about how busy the Service would be/was, with many relating the increase in calls to alcohol. Four live interviews with London Tonight, BBC London TV and Radio, and LBC were effective in conveying the messages that it was unacceptable for people to get so drunk that the ambulance service and broader NHS became responsible for their care, and that people should only call 999 for emergencies. On the Monday afterwards the Evening Standard carried this issue as its front page story, with the headline 'Binge drinking at record high' and a strap-line 'Christmas party alarm as 999 calls hit three every minute'. It is estimated that the Service's messages reached around 15 million people through all of this coverage.

Early the following week, the London Paper – with a readership of one million - published a double-page spread after a reporter spent a Saturday night shift on the Waterloo 'Booze Bus'. Further opportunities for conveying Service messages came pre and post the running of the mobile treatment centre on 21 December in the City.

As well as London media, this story was picked up by national newspapers including the Daily Mail and The Times. An estimated 19 million people heard or read about this initiative.

**New Year:** The turn of the year was also busy, with further interviews carried out on BBC News 24 (with an audience of two million), and a ride-out by a Sky News film crew for a firsthand look at demand on the Service's busiest night of the year – this was broadcast through the next morning to an audience of two million. A statement was issued early on New Year's Day to the Press Association highlighting that the previous night had been the busiest since the Millennium – and this angle was picked up by national press (Daily Mail, Daily Mirror, The Sun, The Times, The Guardian, The Independent, The Telegraph) as well as regional press (Metro) and local radio (LBC and Capital radio). The fact that the Service dealt with 1,562 calls (up eight per cent on last year) with over 450 an hour between 2 and 3 am, most of the alcohol-related, was picked up by most media. Messages about the Service's workload over New Year reached an estimated 26 million readers/viewers/listeners across the country.

**Rest breaks:** In the last few weeks, much of the media focus on the Service has turned to the issue of rest breaks; specifically the deaths of two patients in the Edmonton and Tottenham areas while local ambulance crews were on breaks. On both occasions, staff in cars and ambulances reached the scenes within the Government target times. In its response, the Service has stressed that it is right for hard-working crews to be given a break during long shifts so they can provide a clinically safe service, and everything will be done to ensure these needs are balanced with those of demand on the 999 service.

Coverage of these issues appeared in local newspapers (a front page story in the Enfield Independent), the Evening Standard and London Lite, with additional coverage on regional television and radio stations. The Sunday Express also ran a front page story about incidents involving both the Service and the North East Ambulance Service.

**Frequent callers:** Following an FOI request to the PALS team about how the Service deals with frequent callers, the Evening Standard published an article about the cost these patients incur for the organisation and highlighted examples of cases where the Service has intervened to ensure patients with complex healthcare needs are better cared for by other parts of the NHS. At the same time an edition of Talk Back, the Service's issues-based newsletter, was published explaining what was being done to address the problems relating to regular 999 callers.

**Other stories:** Other media coverage that focused on the Service included the assault of a crew who attended a murder victim near Heathrow at the end of November, a tornado in west London following which one person needed hospital treatment in early December, and the freeing of a prisoner by two armed men after he arrived in an ambulance at Hammersmith Hospital.

The Service has also featured in new episodes of the BBC1 City Hospital programme.

**Local news stories:** Locally, the reunion of a crew and a cardiac arrest patient and his family made the front page of an Islington paper. The same paper also covered the

death of a teenage asthmatic patient; the media statement issued by the Service emphasised that the staff involved did all they could to save the boy's life.

**Strategic review of the intranet – *the pulse*:** The Communications department has led on a strategic review of the Service's intranet, the *pulse*, to ensure that it is still meeting staff's needs and to inform any future changes to the content, structure and style of the site. The team worked with Precedent, a specialist digital communications agency, to consult a cross-section of Service staff through an online and telephone survey, ten high-level strategic interviews with senior managers and finally, an interactive workshop. The findings and recommendations emerging from this work have been presented to the Senior Manager Group and resources permitting, a first phase of improvements will be made to key elements including the directory of staff contact details and the search facility.

### **Awards Manager**

This Trust Board meeting is the last before the retirement of awards manager Trevor Vaughan after 42 years service with the LAS. It is important to place on record our deep appreciation of the loyalty and commitment shown by Trevor throughout his career which began 'on the road', continued in CAC (now EOC) and has ended in the awards department which he set up and has run for the past five years. Much of his role has been about introducing ways of recognising staff achievement and many of the events he introduced, including passing out ceremonies for new recruits and regular long service and retirement evenings, are now embedded in the Service calendar. We all wish him well and hope he enjoys a well-deserved, long and happy retirement.

### **Patient and Public Involvement**

Recent Patient & Public Involvement (PPI) initiatives across London have included:

- Four members of staff took part in the Junior Citizens Scheme in Croydon. 60 schools (more than 3,000 children) participated in the event over a 6-week period.
- Staff from the Cycle Response Unit worked with Whitechapel Safer Neighbourhood Team, talking with children in the local community and mending their bikes for them, at Bike Safety Day.
- The LAS took part in a multi-agency event for Anti Knife Crime Week at Woodside High School, Edmonton.
- Staff at Barnehurst and from the Community Resuscitation Training team took part in three Bexley Crime and Safety Awareness days, talking about the LAS and teaching children what they should do if they find someone who has collapsed.
- Patients were recorded for a DVD, which was shown at the launch of the Access Programme of SIP 2012, telling their stories about accessing the LAS.

There is continuing concern that the current restrictions on overtime are having a detrimental effect on the Service's ability to participate in PPI events and activities.

Steph Adams, Ambulance Operations Manager (AOM) at Barnehurst, attended the Patients' Forum meeting at Queen Mary's Hospital, Sidcup, to talk about LAS developments, particularly around stroke care. Forum members were impressed with the LAS and were interested in initiatives such as the Alternative Response Vehicle and treatment for cardiac patients.

At the December Patients' Forum meeting, the PPI Manager presented plans for the planned joint project with the NHS Centre for Involvement. This project will focus on the Bangladeshi community in Tower Hamlets, and is likely to include activities around health promotion, access to NHS services, recruitment and relationships between the community and local LAS staff. Other agencies, including Tower Hamlets PCT and the Royal London Hospital, are involved in this project.

At the January Patients' Forum meeting there was a focus on joint work between the LAS and King's College Hospital, particularly around stroke and cardiac care.

Forthcoming events include a health promotion day in Blackfriars, a large multi-agency event in Ealing (in February) focusing on CHD, and a proposed project with young people in the Waterloo area, involving the cycle response unit.

The Public Education Strategy is being taken forward, initially with a workshop event (planned for February) involving all public education staff.

Two new members of staff have joined the team. Abbey Richardson has started a nine-month placement as PPI Project Manager and - amongst other things - will lead on the development of the Patient Care Conference 2007 and the Tower Hamlets project. John O'Keefe, previously a paramedic at Rotherhithe, has been appointed as PALS Officer.

The December PPI Committee meeting focused on current projects, and had a detailed discussion about the other aspect of the project with the NHS Centre for Involvement, which is to carry out a baseline assessment of PPI in the LAS.

The PPI Manager is trying to meet with each of the AOMs, to support them in the development of PPI plans for their complex. She is also encouraging them to make contact with their local Overview and Scrutiny Committees, in preparation for the new PPI arrangements (Local Involvement Networks) when they come into force.

## **6. Overseas Travel**

Three senior managers are undertaking a visit to Cairo between February 2<sup>nd</sup> and 5<sup>th</sup> 2007. This follows the signing of a memorandum of understanding by LAS with the Egyptian Health Minister for assistance with developing their pre-hospital care capability. Director of Operations Martin Flaherty has asked Dave Whitmore, Ralph Morris and Steve Irving to undertake a scoping visit with all costs being met by the hosts.

**Peter Bradley CBE**  
CHIEF EXECUTIVE OFFICER  
**21 January 2007**

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD 30th JANUARY 2007****Report of the Medical Director****Standards for Better Health****1. First Domain – Safety****Update on Serious Untoward Incidents (SUIs)**

Of the three Serious Untoward Incidents of a clinical nature, investigations are complete in two. The final report is on the agenda in one of these, the other is in final draft. A further investigation is underway where a patient who was assessed by an LAS crew, but not conveyed, subsequently suffered a cardiac arrest and died.

**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.

Seventeen alerts were received during the period of 14<sup>th</sup> November 2006 – 15<sup>th</sup> January 2007. In total the trust has seven alerts outstanding as follows:

**1) NPSA/2005/10: Being Open when Patients are Harmed**

The policy is on the current agenda for noting.

**2) MDA/2005/069: Blood Pressure Monitors and Sphygmomanometers**

This alert continues to be actioned by the Corporate Logistics Manager. Sphygmomanometers will now be replaced on an annual basis. A bulletin outlining this to staff is in the process of being drafted.

**3) DH (2006) 08: Waste Compactor**

This alert was circulated on 19.10.2006. The Trust has a waste compactor at HQ. The Trust's Health and Safety Quality Assurance Co-ordinator undertook a risk assessment on 10.11.2006. Feedback is awaited to confirm that all actions outlined in the alert have been complied with.

**4) DH (2006) 09: Electrical Distribution Switchgear, 160A and 2002/250A FCS Switches/Fuse Switches**

This alert is being actioned by the Head of Estates. Currently awaiting feedback on progress to date.

**5) MDA/2007/003: Ferno Falcon Six and Hawk Six Ambulance Stretcher Trolleys**

This alert was received on 15<sup>th</sup> January 2006 and relates to a weld failure of the above stretcher trolleys. It is outlined in the alert that customer advice notices have been previously issued. This alert has been forwarded to both the Head of Operational Support and Head of Fleet to confirm if further action is necessary.

**6) DH (2007) 01: Mandatory Reporting of Defects and Failures and Disseminating DH Estates and Facilities Alerts**

Details of this alert have been forwarded to the Head of Estates. Awaiting feedback to confirm if the Trust needs to take further action to comply with the actions outlined in the alert.

**7) NPSA/2007/015: Colour Coding Hospital Cleaning Materials and Equipment**

This alert relates to the standardisation of colour coding for cleaning materials in NHS organisations, including the colour codes of mops and buckets used for the cleaning of specific areas. It has been confirmed that the trust has a colour code in place but this is not in line with the NPSA recommendations. This alert will be raised and discussed at the forthcoming Infection Control Steering Group meeting in February 2007.

**2. Second domain – Clinical and Cost Effectiveness**

**National Clinical Practice Guidelines for Use in UK Ambulance Services**

Version 2006 was distributed to members of the Department of Education and Development in December and issued to crew staff from 8<sup>th</sup> January. Copies of the pocket book are available but insufficient numbers were printed in the initial run. We anticipate having adequate numbers for distribution by mid February

The new Consent and Recognition of Life Extinct (ROLE) procedures are now in place, along with the associated documentation.

**Update on Cardiac Care**

The Clinical Audit and Research Unit published the LAS survival figures for out of hospital cardiac arrests for 2005/06 on 22<sup>nd</sup> January. Survival to hospital discharge as calculated from the Utstein template has increased to **10.9%**. This constitutes a further significant improvement and does not include the period following the

introduction of the 2005 Resuscitation Council Guidelines. The overall cardiac arrest survival (which includes all patients who suffer a cardiac arrest of presumed cardiac origin on whom resuscitation has been attempted) has also increased from 4.3% to 5.3%.

The report includes the figures for ST elevation myocardial infarction for 2005/06. A total of 716 such cases were recorded. 239 (33%) were conveyed to cardiac catheterisation laboratories of whom 120 are known to have received primary angioplasty. 130 patients received thrombolysis during this period. We still await outcome data from both the Myocardial Infarction National Audit programme (MINAP) and the National Infarct Angioplasty Project (NIAP) for this period.

### **Update on Stroke**

The RAPIDS (Rapid Ambulance Protocol for the Identification of Stroke) project, where 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 will go live on 29<sup>th</sup> January. The Unit has arranged to ring fence a bed and to ensure that a senior clinician is available from 07:00 to 19:00 hrs, 5 days a week. Currently only patients diagnosed by crews from Islington Complex are eligible for direct admission.

We have had a very positive meeting with the Clinical Director of Neurology at St Thomas' Hospital where thrombolysis is considered for any FAST positive patient presenting in the Emergency Department within two and a half hours of onset of symptoms, regardless of whether they are within the catchment area of the hospital or not. Patients presenting from within the local catchment area are also considered for thrombolysis at King's College Hospital Emergency Department.

### **Other clinical issues of interest**

An updated Patient Report Form will be available from March. The major change to note is the replacement of the pink (second) copy with a further white copy to assist those Emergency Departments who are moving to a paperless system and scanning their documents. A box has also been included to enable crews to document the absence of heart sounds, to ensure compliance with the ROLE procedure.

Drugs now available to EMTs (naloxone and hydrocortisone) will be moved from the paramedic bag to the Technician bag by May, freeing up space to allow the inclusion of chlorphenamine (piriton) for paramedics.

We are planning to introduce an oral solution of morphine later this year and to introduce drug stickers, similar to those in routine use in hospitals, initially for use with morphine.

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

A summary of the audit into AMPDS calls categorised by the LAS as Red, over and above those required by the Department of Health is included in Appendix 1. This

includes the criteria used to decide whether a determinant could be safely downgraded. It is hoped that these criteria might be considered by the national Emergency Call Prioritisation Advisory Group (ECPAG) in their ongoing audit of determinants.

In all a total of 5 out of 15 determinants were judged suitable for downgrading from Red to Amber. This, in addition to previous work, has now reduced the overall Red call volume by 4%.

### **3. Third Domain – Governance**

Updates on risk management are covered elsewhere on the agenda.

### **4. Fourth Domain – Patient Focus**

This area is covered in the Report of the Chief Executive

### **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**

An LAS Infection Control Workshop was held on 10<sup>th</sup> January attended by members of the Infection Control Steering Group and supported by managers from the DH MRSA and Cleaner Hospitals Team. A self assessment tool applied to our procedures demonstrated 55% compliance and highlighted 7 key challenges. These require urgent work around the implementation of our audit findings, education of staff, best practice design for healthcare environments and cleaning services, and decontamination of reusable medical devices. The risk of infection through insertion and care of peripheral venous access lines was also highlighted.

An action plan to address these areas will be submitted with the Infection Control Annual Report in February and the DH team have offered long term support and advice to assist in implementing this work.

In recognition of the importance of raising the profile of patient safety in general and infection control in particular a business case is being developed to employ a full time Infection Control Co-ordinator.



## **7. Seventh Domain – Public Health**

### **Pandemic Flu**

The Guidelines for Ambulance Services in the event of Pandemic Flu are now being circulated for consultation. An area of particular interest is the development of telephone triage to reduce demand on both primary care and ambulance services. The LAS is involved in developing a face to face assessment tool to enable ambulance staff to decide on the basis of the patient's physiological parameters, their degree of social support and ability to undertake activities of daily living, if they can be managed in the community. This has the potential advantage of incorporating a scoring system which could be linked to the escalating demand on primary and secondary care.

### **Recommendation**

THAT the Board notes the report.

Fionna Moore  
Medical Director  
19<sup>th</sup> January 2007

## Appendix 1

### Clinical Audit & Research Summary Reports for the Trust Board

#### **A summary of the RED call clinical audit report (December 2006)**

Author: Dr. Rachael Donohoe & Gurkamal Virdi

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#### Introduction

Earlier this year, the London Ambulance Service NHS Trust (LAS) began a review of the locally upgraded RED calls<sup>1</sup> to explore the possibility of aligning the LAS's call categorisation with the Department of Health's (DH) categorisation. As part of this review, fifteen determinants relating to allergic reactions, back pain, breathing problems, burns, cardiac/ respiratory arrest or death, choking, convulsions, heart problems, stroke and traffic accidents were audited. The aim of this clinical audit was to provide evidence to inform decisions about the clinical safety of downgrading the selected determinants to an AMBER response.

#### Method

The clinical audit compared the determinant codes and categorisation of the 999 call with information from the Patient Report Form about the patient's condition and survival status. Further information about patient outcomes was derived from the National Strategic Tracing Service. A set of criteria were established by the Medical Director, Assistant Director of Urgent Care & Clinical Development, Head of Clinical Audit & Research and Clinical Audit Co-ordinator, for use in recommending whether or not an audited determinant could be safely downgraded. All criteria needed to be met within the set parameters for a determinant to be recommended for re-categorisation (see Table 1).

#### Summary of results

Table 1 presents a summary of the results. Five determinants met all of the criteria and were therefore identified as suitable for downgrading to an AMBER response:

- 2B1: Allergic reactions – status of patient unknown
- 5D1: Back pain – not alert

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<sup>1</sup> those determinants that are provided a Category A response by the LAS but the DH only require a Category B response

- 6D3: Breathing problems – clammy
- 11D2: Choking – abnormal breathing
- 12B1: Convulsions/ fitting – breathing regularly not verified (under 35 years old).

The remaining 10 determinants did not meet the criteria largely due to the presence of a high number of time critical factors. It is recommended that the remaining 10 determinants continue to receive a RED response and that the evidence produced for these determinants are submitted to the DH for consideration in the national programme of work.

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD      DATE 30 January 2007****CAD 2010 Outline Business Case (Trust Board part 1)**

1.    **Sponsoring Executive Director:**    Peter Bradley  
      **Sponsoring Director**                    Peter Suter
2.    **Purpose:**                                    For noting
3.    **Summary**

On 22 February 2005 the Service Development Committee (SDC) approved a paper entitled "CAD – The Way Forward". This provided the starting point for a formal project to replace the existing LAS Computer Aided Despatch system.

The result of initial analysis was a business options report that was presented to, and approved by, the Trust Board in November 2005. It identified that the best way forward was by some form of commercial procurement. It was also agreed that the project should proceed on the assumption that there would need to be approval by the Strategic Health Authority (SHA), who require completion of the following three stage business case process:

- Strategic Outline Case (SOC)
- Outline Business Case (OBC)
- Full Business Case (FBC)

The production and approval of these business cases are inter-linked to a formal procurement process. Ultimately the FBC will define a specific solution and set out the case for the award of contract(s) with named supplier(s) at a defined cost.

The SOC was agreed by the Trust Board in July 2006 and has been passed to the SHA for approval. Work on the Outline Business Case (OBC) has been completed and it is ready to be presented to the SHA. Once approved, a formal procurement process will commence with appropriately placed adverts. Given that the details within the OBC are commercially sensitive, it will be presented to the Trust Board in part 2 of the meeting in order to seek agreement to forward it to the SHA.

4.    **Recommendation**

THAT the Board note the progress of the project to date.

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD      30th January 2007****Strategic Plan 2006/07-2012/13**

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

The Strategic Plan 2006-07 was initially reviewed by the Service Development Committee following which additional work was undertaken, in particular workforce planning. Revisions have been made based on this work, further definition of the implementation programme and feedback from Board Members.

The revised draft has been approved by the Senior Management Group and is now enclosed for formal endorsement by the Trust Board. It articulates the long-term direction of the LAS, provides a framework for the service improvement programme (Service Improvement Plan 2012) and annual Service Plans and Budgets over the period.

It is intended that this Plan will be published on the web rather than in hardcopy form and it has been written with this in mind. Consequently it is not assumed that the content will be read in a sequential way but rather interrogated according to the interests of the reader. This necessitates some repetition so that each section is intelligible without the pre-requisite of having read earlier sections. Additionally it is envisaged that hyperlinks will take readers from one part of the Plan to another, these are identified in *underlined italics* in the text.

The strategic choice of direction will remain relatively constant over the period of the plan but recognises that the tactical plans to realise the ambition will of necessity need to be flexible to respond to internal developments and external drivers for change. So as to be a living Plan the website will be updated on an ongoing basis to ensure that the content is continually refreshed and up to date. Additionally a short hardcopy document outlining the direction of the Trust to accompany the website will be produced.

4.    **Recommendation**

THAT the Trust Board approve the Strategic Plan 2006/07-2012/13

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD     30<sup>th</sup> January 2006**

**Managing Attendance Policy**

- 1.     Sponsoring Executive Director:**     Caron Hitchen
- 2.     Purpose:**     For approval
- 3.     Summary**

The attached paper has been produced with the aim of providing the Trust with an improved policy for managing employee attendance issues.

It replaces the ‘Irregular Attenders’ Procedure’ which is predominantly concerned with short-term absence and the management guidance on the ‘Process of Managing Long Term Absence’ and is aimed at providing a joined-up approach for dealing with these types of absences. Other matters addressed in the document include:

- A statement on the responsibilities of managers and staff;
- Particular considerations for disabled staff, and;
- Advice on occupational health referrals.

The Policy is intended to ensure a consistent approach to addressing employee absence whilst recognising the need to evaluate different situations and act accordingly.

Extensive consultation has taken place with management at all levels (including the Senior Management Group, Human Resources and specialists such as Occupational Health.

The Policy takes account of current legal requirements and recognised good practice guidance such as that provided through Advisory, Conciliation and Arbitration Service (ACAS).

The Trade Unions have also been consulted on the Policy and approved its content at the Staff Council on 12 January 2007.

- 4.     Recommendation**

THAT the Trust Board approve the policy for implementation with associated training.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD 30<sup>th</sup> January 2007**

**COMPLAINTS POLICY  
SERIOUS UNTOWARD INCIDENT POLICY  
HABITUAL OR VEXATIOUS COMPLAINANTS POLICY**

**1. Sponsoring Executive Director:** Peter Bradley

**2. Purpose:**

The following policies are presented to the Board for consideration:

1. Complaints Policy for Approval
2. Serious Untoward Incident Policy for Noting
3. Habitual or Vexatious Complainants Policy for Noting

**3. Summary**

Complaints Policy

This Policy ensures that the LAS complies with NHS Complaints Regulations 2004 (amended in 2006); Healthcare Commission Core Standard C14; NHSLA Guidance and National Patient Safety Authority (NPSA) 'Being Open'.

The Policy is supported by a Complaints Procedure and Guidance Notes.

The Policy makes it clear that the LAS operates an Open, Transparent and Fair system of complaints handling, aimed at understanding the cause of the complaint, learning lessons and making changes that result in an improved service to the people of London.

This is a new Policy, produced in response to the Review of the Professional Standards Unit, completed and noted by the Board in May 2006.

Serious Untoward Incident Policy

This revised Policy ensures that the Trust complies with relevant parts of the NHS Complaints Regulation; Healthcare Commission Guidance; NPSA Requirements; NHSLA Requirements and guidance issued by NHS London.

### Habitual and Vexatious Complainants Policy

This Policy ensures that the Trust is compliant with the Healthcare Commission's requirements regarding the handling of complaints.

The Policy provides guidance on the identification of such complainants, affording protection to LAS staff whilst providing a fair and consistent process to the individual concerned.

#### **4. Recommendations:**

THAT the Trust Board:

1. Approve the Complaints Policy
2. Note the Serious Untoward Incident Policy
3. Note the Habitual or Vexatious Complainants Policy



**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD    30 January 2006**

**‘Being Open’ Policy**

**1.    Sponsoring Executive Director:**            Peter Bradley

**2.    Purpose:**    For approval

**3.    Summary:**

This revised Policy ensures that the Trust complies with National Patient Safety Authority requirements, specifically ‘Being Open: Communicating Patient Safety Incidents with Patients and their Carers (NPSA 2005)’.

This Policy has been produced to conform to the above regulations and is consistent with NHSLA policy in respect of admitting and apologising for mistakes.

**4.    Recommendation**

THAT the Trust Board approves the ‘Being Open’ Policy.

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD     January 2007****Outline Business cases for Battersea Ambulance Station  
and Purley Ambulance Station**

**1.     Sponsoring Executive Director:**     Michael Dinan

**2.     Purpose:**     For approval

**3.     Summary**

The attached papers provide summaries of the requirements for new ambulance stations to replace the existing Battersea and Purley sites.

*Battersea:* the report for Battersea provide details of the problems currently encountered at the site and how these affect performance.

*Purley:* the attached paper provides a summary of the requirements for a new Ambulance station for the Croydon complex to replace the existing facility at the Purley Hospital.

Both papers include details of the facilities required at the new ambulance stations, the short listed options that the outline business cases process explored and the revenue implications for the preferred options.

When suitable sites have been identified full business cases will be presented to the Trust Board for approval

**4.     Recommendation**

THAT the Trust Board approve:

1. The outline business case for Battersea Ambulance Station
2. The outline business case for Purley Ambulance Station

# LONDON AMBULANCE SERVICE NHS TRUST

## SERVICE DEVELOPMENT COMMITTEE

**Tuesday, 19<sup>th</sup> December 2006 at 10:00 a.m.**  
**Held in the Conference Room, LAS HQ**

### DRAFT Minutes

<b>Present:</b>	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive Director
	Sarah Waller	Non Executive Director
	Beryl Magrath	Non Executive Director
	Ingrid Prescod	Non Executive Director
	Roy Griffins	Non Executive Director
<b>In attendance:</b>	Caron Hitchen	Director of Human Resources & Organisation Development
	Fionna Moore	Medical Director (until 1.25)
	Mike Dinan	Director of Finance
	Russell Smith	Deputy Director of Operations (for Martin Flaherty)
	David Jervis	Director of Communications
	Peter Suter	Director of Information Management & Technology
	Bob Fellows	Education Developmental Manager
	Bill O'Neill	Assistant Director of Organisation Development
	Angie Patton	Head of Communications
<b>Apologies:</b>	Caroline Silver	Non Executive Director
	Martin Flaherty	Director of Operations
	Kathy Jones	Director of Service Development

#### **48/06 Minutes of the last meeting of the Service Development Committee, held on 31<sup>st</sup> October 2006.**

The Chairman **signed** the Minutes as a correct record of the meeting held on 31<sup>st</sup> October 2006.

As yet there has been no decision announced regarding ambulance trusts being allowed to become foundation trusts.

#### **49/06 Chairman's Update**

The Chairman said that it was unfortunate that Lord Warner has announced his imminent retirement as he has been very supportive of the LAS.

Although RAB<sup>2</sup> will not be abolished in the immediate future; its future is under review and changes are expected in 2007/08.

Barry MacDonald said that he had recently read articles in the press concerning the NHS funding formulae which argued that London is under funded and not simply in deficit. The Chairman said that Gill Morgan (Chief Executive of the NHS Confederation) is also of this opinion. At a meeting held at the Kings Fund the

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<sup>2</sup> RAB (Resource Accounting Budgeting) is a system of accounting and budgeting that was originally applied to government spending departments, to penalise those who exceed their expenditure budget within an accounting period by removing a corresponding amount from their budget for the following period. This has also been applied to NHS Trust, where it is less appropriate.

Chairman of the Commons Health Select Committee (Kevin Barron) said that he was aware that there were distortions in the NHS funding formulae, and added unprompted that there was an underfunding of ambulance services.

The Chairman said he had met with Bamber Postance and they had spoken about the social enterprise Bamber is seeking to set up in Bromley. The Chairman had informed him that the LAS owned the name 'London Urgent Care Ltd.'.

A meeting of Emergency Care Practitioners (ECPs) was held on 12<sup>th</sup> December 2006 which was attended by 53 of 60 ECPs. At the beginning of the meeting some ECPs expressed concern as they felt they had been let down by the Senior Management. However by the end of the meeting the majority accepted that Senior Management recognised ECPs concerns and that measures will be put in place to move forward. Another meeting with the ECPs will be held in April 2007.

The Chairman referred to the stories in the media regarding the Electronic Patient Record. He had been upset at the approach adopted by the Radio 4 'Today' programme regarding the issue and had sent an email to James Naughtie (the presenter of the item) expressing his concerns. The stories in the print media (and reinforced by the Today Programme) have raised concerns that people would lose privacy and civil liberties whereas the Ministerial Working Party of which he had been a member had recommended that patients should have an explicit and unchallenged right to withhold personal information from the records if they choose to do so.

The Chairman has suggested to Connecting for Health that the Chairman of Bromley PCT be contacted as she may be interested in her PCT becoming a possible Early Adopter (or pilot site) for the Summary Care Record.

*PCTs:* the Chairman said that the final announcements regarding appointments of Chairmen will be made by the end of January 2007.

The Chief Executive of the Ambulance Service Association (ASA) is to become the Chief Executive of the Federation of Master Builders. It is expected that in due course the Ambulance Services will form an Ambulance Network within the NHS Confederation.

NHS Direct will be appointing a new Chief Executive as well as a Commercial Director.

## **50/06 Performance update**

Russell Smith (Deputy Director of Operations) updated the Committee on performance. Performance in November was 75.02%; the year to date performance is 74.7%.

Overall demand rose by 2% compared to November last year. There has been a recent increase in Category A demand with 963 a day for the first ten days of December (vs. 854 for November. On 11<sup>th</sup> December the Service received 1010 Category A calls (40% of overall demand). An analysis is being undertaken to understand the underlying causes behind the rise. Category B demand also rose though there was a decrease in the percentage and actual number of Category C calls.

*Staffing:* Fast Response Units have been staffed 98% of the time during the year to date and Ambulances have been staffed 90% of the time.

*Overtime:* as A&E is near full establishment (we will be at full establishment by 31<sup>st</sup> December) the decision was taken to reduce overtime by two-thirds, from 65,000 hours per month to 22,000 hours per month. Overtime will be further reduced in the

final three months of the year. New staff are working Relief B Rota (entails working 7/10 weekends) and this has largely addressed the problem of weekend staffing that was often problematic for the Service.

*Performance Targets:* Category A 8 Minute will be achieved; Category A 19 minute will be achieved; Category B will be achieved by the final month of the year, following the successful implementation of the High Impact Changes. Further work is needed to ensure that the fourth target, Doctors' Urgents, is achieved.

*Rest breaks* for operational staff were introduced on 11<sup>th</sup> December; this was a significant development for front line crews. There has been a mixed reaction from crews; some have welcomed the development while others are concerned at the loss of income due to the cessation of subsistence payment and overtime payment. Currently the implementation of rest breaks is 60-65% with a target of 80%. It is anticipated that as the Watches in the Control Room become more familiar with the system the level of allotted rest breaks will increase.

The Chief Executive said that the drop in performance during the key shift changes (0700 and 1900) has been exacerbated due to the fact that if crews are not allocated a rest break they finish a half an hour early.

He expressed his thanks to Russell Smith, Caron Hitchen, Mike Dinan and Steve Sale who did an excellent job in ensuring that rest breaks were introduced. He also acknowledged the support of the Trade Unions who had worked with Management in the spirit of the Partnership Agreement to implement rest breaks in line with Agenda for Change.

In response to Sarah Waller's question as to possible causes for the rise in Category A demand the Medical Director said it may be linked to the recent poster campaign raising public awareness of chest pain.

The Chief Executive said that the effective take home pay of staff members is being tracked to ascertain the impact of rest breaks on crews' total pay as a result of Agenda for Change. It is unfortunate that rest breaks could not be introduced at the same time as the rest of Agenda for Change (i.e. at the time of the improvements in basic pay and conditions), as some crews have now come to take those for granted, without realising that real rest breaks are part of the package and that subsistence payments in lieu will in future be rare indeed.

The alignment of the definition of LAS 'Red' calls and DH 'Category A' is being reviewed and where the evidence supports recategorisation this is being progressed internally. Further changes are being proposed to the Department of Health for approval in March 2007. It is likely that 2.5% recategorisation will be achieved by the LAS; the impact of the national recategorisation will be to ultimately reduce the percentage of Category A by circa 17% (from 40% to circa 30%).

Ingrid Prescod asked about the rota that new staff are expected to work which requires them to work 8/10 weekends. The Deputy Director of Operations said that recruits are informed at their first interview and during their training of the requirement to work weekends. They are expected to work the rota for two years, after which they will be given the opportunity to change to Relief A rota and thereafter to a core rota on a station which requires 5/10 weekends. As part of the New Front End Model work will be undertaken to review the rotas so as to ensure a fairer system of working for all staff. The HR Director was asked to review the retention rate for recruits who work the Relief B rota and report back to the Committee. **ACTION: HR Director**

The review of rosters will enable the Service to match resources to known periods of demand and to consider where resources might be better situated to respond to demand.

**Noted: The update on performance**

#### **51/06 Finance report – Month 8**

The Finance Director referred the Committee to pages 1 and 11 of the finance report. He said that although the Trust is currently predicting £2.8m deficit he expected to break even with the receipt of the £8m CBRN funding and further internal savings. If the Trust does not receive the £8m funding it will run out of cash in February 2007.

He highlighted the following from the finance report:

- expenditure on overtime has been greater than forecast but it is improving as the level of overtime is decreased;
- further savings will be generated in the final quarter of 2006/07 so as to support the A&E directorate. Work is being undertaken on analysing the Trust's suppliers to identify possible savings.
- the use of third party by A&E and PTS has fallen; with A&E using third party on a minimum basis. Further work will be undertaken to ensure that PTS uses third party on an exceptions basis.

The Trust has not yet received the promised £8m CBRN funding; this is a similar position to last year except that this year the Trust has a letter from the Department of Health which promises recurrent CBRN funding. The Finance Director and the Chief Executive are actively pursuing the matter. £164,000 has been received for the Defibrillators in Public Places scheme.

Following discussion it was recognised that there is a risk that the Trust will not break even and achieve its performance targets. The Trust Board when it meets in January will review whether the Trust is on track to achieve its financial and performance targets. If necessary a 'plan b' to recover performance and achieve break even will be presented to the Board for approval in January.

- Noted:**
- 1. The finance report for Month 8**
  - 2. That in January 2007 the Trust Board will receive an updated review of the financial outlook to the end of the year in light of progress with the cost reduction initiatives. This will be accompanied, should it prove necessary, by proposals (referred to in the discussion as 'Plan B') spelling out the steps that need to be taken to avoid falling into deficit for the year. (Note 'Plan B' may also have to include a corresponding section on further steps to hit the key performance targets by 31<sup>st</sup> March if the trajectory shows us as being in danger of missing them.)**

#### **52/06 Gateway Review Process.**

The Director of Information Management & Technology (IM&T) gave a brief presentation outlining the Gateway Review Process. The first CAD 2010 Gateway Review (known as Gate 1) took place in June and its report was subsequently shared with the Board. The second CAD 2010 Gateway Review (Gate 2) is scheduled to take place during the week of the 22 January 2007. The outcome will be shared with the Board on the 30 January. This will provide helpful supporting information for the

Board who, at the same meeting, will be asked to agree to the submission to the SHA of the CAD 2010 Outline Business Case for approval.

The Director of IM&T explained that the Gateway Review process is intended to be critical but supportive; he stressed that it is not an audit. Its intended audience is the SRO (Senior Responsible Owner); it is not normal practice to circulate the report widely. It would make a number of recommendations and grade them as: Red: action needed immediately; Amber: action needed during next stage, but prior to the next Gateway Review and Green: action for consideration - advice only

It was important to note that Gateway reviews are not pass or fail and the report as a whole is always graded at the level of the highest (most critical) recommendation. Therefore a report with 1 Red, 4 Ambers & 6 Greens would be graded as Red. The Director of IM&T confirmed that in relation to the Gate 1 report, the one Red recommendation relating to substantiating the recommendations and clarifying the preferred option had been addressed prior to the SOC being submitted to the SHA. He also confirmed that as part of the Gate 2, there would be a review of how the recommendations of the Gate 1 had been implemented.

In response to a specific question, the Director of IM&T confirmed that the Department of Health fund the staff costs of the Review team and the LAS pay the miscellaneous costs of travel, accommodation and subsistence.

**Noted: The Gateway Review Process**

**53/06 Scope of CAD 2010**

The Director of IM&T presented the progress to date in scoping CAD 2010. He outlined what would and would not be included in the scope (appendix 1). The Outline Business Case (OBC) will be presented to the Trust Board in January for agreement before being submitted to the Strategic Health Authority for approval. The formal procurement process (commencing with a European advert) can only begin once the SHA has approved the OBC. It was noted that approval of the first stage business case (the SOC) by the SHA was still awaited.

The Director of IM&T reminded the Committee that the second Gateway review (known as Gate 2) would be completed the week immediately prior to the Trust Board's meeting in January 2007. He would provide a verbal update on the outcome of the Gate 2 review when presenting the OBC. However he said that if the Gateway Review produces serious concerns he would inform the Chief Executive and Chairman and possibly withdraw the paper from consideration by the January Trust Board.

The Director of IM&T outlined the approach that is being adopted for the implementation of CAD 2010. For presentation purposes he has adopted a 4 day vision:

Day one, which will be as soon as possible, will see the introduction of a new CAD which will involve minimal business change.

Day two (within six months of the new CAD's introduction) will see a technically stable structure ready to attain the business changes required.

Day three (within six months of the new CAD's introduction) System changes and business changes implemented ready for the Olympics.

Day four is post the Olympics when it is anticipated that there is continuous improvement and a system is in place that can support business change.

The Director of IM&T stated that his immediate priority was to get to Day 1 as soon as possible. In response to specific questions, he clarified the following points:

- the International Olympic Committee will require the Trust to be clear what systems will be in place two years before the Olympics in 2012, with lock down required at twelve months. The Director of IM&T undertook to check with Richard Webber, the Trust's lead on the Olympics, to ensure that his understanding is correct. **ACTION: Director of IM&T**
- it is clear that the reconfigured Ambulance Trusts in England are only now beginning to tackle the issue of changes to their control rooms; any procurement will be on a later timetable. It is therefore unlikely that the LAS will be able to work with other services on a similar CAD procurement & implementation.
- as part of the OBC process, formal talks have been held with possible suppliers; these have proved encouraging as to what products exist in the market place. It would appear that existing products could meet the key needs of the LAS

**Noted: The contents of the scope of the CAD 2010.**

#### **54/06 Workforce Plan**

The HR Director presented the Trust's draft five year A&E workforce plan which has taken into consideration the staffing requirements of the Service Delivery Model. The plan has identified skills and competency levels and mapped levels against the Service Delivery Model. It was made clear that detailed discussions with the Trade Unions will be needed prior to seeking Trust Board approval to proceed with the plan.

The plan presented outlined what the workforce skill mix will look like in 2012/13; with an overall increase in A&E staffing of approximately 800 and the creation of the new Emergency Care Assistant role and an increase in Clinical Telephone Advice staffing. The figures take account of an expected 3% p.a. increase in demand and reflect expected increases in the population due in part to the effects of the Thames Gateway Development. PTS will be included in the overall LAS workforce plan.

Following discussion it was requested that when the final plan is presented to the Trust Board information is included on the underlying assumptions used in drawing up the plan including job cycle times, productivity and the expected utilisation of crewed vehicles across the 168 hours of the week, and by area. The paper should also make explicit its assumptions about the development and utilisation of alternative (to transport to A&E) pathways. **ACTION: HR Director.**

A&E pay cost per incident is estimated to be £135 in 2012/13. The Finance Director undertook to review the estimated average cost of responding to calls. The Chairman said that he would expect the cost to fall in real terms as a result of the proposed changes. The HR Director said she expected the effect of the changes to be neutral in the long term though initially staffing costs will be higher as additional Paramedics are trained. The Finance Director will review this as part of the financial analysis of the Seven Year Plan. **ACTION: Finance Director.**

In response to a question by Barry MacDonald it was pointed out that the rationale for the workforce plan is to provide better clinical care to patients, reduce clinical risk and to contain the effects of escalating pay levels on the Trust. With the deployment of additional Paramedics alongside the innovations being introduced by the New Front End Model the level of clinical risk for the Trust should be reduced.



At the moment clinical risk is largely managed by crews taking patients to hospitals. With enhanced patient assessment skills and access to alternate clinical pathways crews should have the necessary confidence to leave patients at home when it is appropriate to do so. It is anticipated as a result of the various step changes being introduced transport to hospital will fall to 50% by 2013.

- Noted:**
- 1. The report**
  - 2. That the Trust Board will be asked to approve the five year workforce plan before 31<sup>st</sup> March 2007.**

#### **55/06 Update on Higher Education Initiatives**

Bob Fellows (Education Development Manager) gave a presentation on the higher education initiatives undertaken by the Trust. Since 1995 the Trust has worked in partnership with higher education institutions to produce degree level paramedics. To date the LAS has, and continues to support, 361 part time students; 274 full time BSc students and 106 foundation degree students. To date 374 graduates have been produced (127 diploma/foundation degree and 247 BSc (Hons) degree).

He outlined the costs incurred by the Trust for the different academic routes. There is no cost when students are self-funded; £28,000 when students are funded on a part time course (which includes backfill costs etc). He concluded his presentation by pointing out that the Trust saves money in the long term by undertaking training of paramedics at higher education.

The selection of people for the paramedic science course has included a mixture of those who have a first degree and those who do not have an academic background. The selection procedure takes place in June of each year and is undertaken by HR and Operations.

Quality is monitored through student feedback and QAA reports. Regular meetings are held with the education providers.

Sarah Waller challenged the principle of educating people to degree standard. It was recognised that Ambulance Trusts (unlike Acute Trusts) have to fund staff training costs which is inequitable. The Chairman said that the matter would be raised with the Strategic Health Authority.

The Medical Director said that the content of the course has been changed to reflect feedback from students. Initially the courses run by Hertfordshire University were nursing led and this has been changed; the courses run by St George's Medical School follow the medical model and are better tailored to suit the requirements of ECPs. The theoretical teaching has proved to be of great value in teaching the ECPs. In recent years Paramedics have taken up full or part time teaching posts at the colleges and universities and this has further improved the quality and relevance of the courses.

- Noted: The update regarding higher education.**

#### **56/06 Update on AOM changes and strengthening of station level leadership.**

Bill O'Neill (Assistant Director of Organisation Development) outlined the work to date which has been focussed on strengthening station level leadership in the LAS. On taking up his post Bill met with the Senior Management Group and Senior A&E Managers in order to get their input into the programme. The Organisation Development Programme was designed to address the following areas: clinical leadership; developing the senior A&E team; recruitment and development of Ambulance Operations Managers; Leadership Development Programme and Talent Management & Succession Planning.

In 2006 four Area Operations Managers (AOMs) were recruited to substantive posts, four were recruited to acting posts and two were recruited to staff pools for acting up as AOMs. There are three parts of the programme: part one focussed on how high performance complex teams were developed with focus on team building; situational leadership; performance management; role of 'Silver' and Trade Union Partnerships. Part two will be undertaken in January and focus on encouraging innovation, releasing talent, overcoming obstacles to improvement; improvement management toolkit; complaint investigation. Part three will be undertaken in March and focus on the external work undertaken by AOMs in their locality e.g. liaising with the local Scrutiny and Oversight Committees, negotiation skills and commercial awareness. As part of the programme internal mentors and coaches are also being developed to offer support to the AOMs. Action learning sets have also been established where the AOMS can meet and share their learning.

The next steps include evaluation of the course as each stage is completed and included 360' feedback assessment. Work is being undertaken to extend the programme to existing AOMs and developmental work is to be undertaken with the Team Leaders and Duty Station Officers.

**Noted: The work being undertaken to strengthen local leadership in the LAS.**

**57/06 Review of Urgent Operations (including Bromley and Barnet Chase Farm pilot scheme)**

**Noted: That this item was rescheduled to be presented to the Service Development Committee in February 2007.**

**58/06 Update on Emergency Planning**

The Deputy Director of Operations outlined the different components of the Trust's emergency planning.

*Hazardous Area Response Team (H.A.R.T.)* is now live; a six month component evaluation will commence in January 2007. 23 staff are involved in the evaluation 16 hours a day/7 days a week. The Department of Health is funding H.A.R.T. though staffing costs are being met by the LAS. They will be tasked to a variety of hazardous incidents not just CBRN incidents.

The equipment includes personal protective equipment; two Zafiras which includes the facility for staff to don breathing apparatus unassisted. Two equipment vehicles which contain amongst other things 50 treatment packs and the facility to delivery oxygen to 50 patients. Five trucks which have a wide range of facilities including relaying pictures to the Incident Control Room, its own independent mobile network and weather station.

*Emergency Planning NHS London:* the LAS has been asked to take responsibility for co-ordinating emergency planning for NHS London. The key responsibilities will include auditing of major incident planning and preparedness and training for major incidents. A Service Level Agreement is currently being drafted and a formal report will be presented to the Trust Board in January. **ACTION: Chief Executive.**

*Flu planning:* it is likely that a community based response will be implemented when the flu pandemic occurs. As yet the role of the Ambulance Trusts is unclear; the Medical Director is a member of the Department of Health's Influenza Sub-group which is drafting guidance for ambulance trusts. The Trust's Business Continuity Plan is drafted to include guidance on how the Service will continue to

operate if 40/50% of the staff are unavailable in the event of a flu pandemic. A national flu pandemic exercise (Winter Willow) is planned to take place in January and February 2007.

*7<sup>th</sup> July 2005:* the Trust has implemented 118 of the 200 actions identified following the London bombings of 7<sup>th</sup> July 2005. Most of the remaining actions will be completed when the Major Incident Plan is re-written; it is currently being redrafted. The following are some of the actions implemented: airwave radios; reintroduction of pagers; new Incident Control Room; New Gold Suite; no notice exercise regime in Incident Control Room and the delivery of Major Incident Training to all A&E staff.

*Exercises:* a recent exercise undertaken by the Incident Control Room verified that the new airwave radios worked well. Individual complexes are undertaking exercise e.g. the Islington complex was recently involved in an exercise that required the evacuation of the new Emirates Stadium.

**Noted: The report.**

### **59/06 Update on SMG objectives**

The Chief Executive presented an update on the Senior Management Group's collective objectives for 2006/07 which included a forecast for achievement of each objective by March 2007. Some of the objectives were recognised as ambitious e.g. 8 (meet A&E performance targets and prepare for new ones) and 11 (develop a standard package of referral pathways in each borough). Clarification was needed for objective 4 (deliver training as per agreed plan) as the acceptable degree of non-attendance had yet to be agreed. The Trust will not meet the BME recruitment target of 15%.

*Personal Development Records (PDR):* the HR Director said that a progress report is expected in January; informal reports from key areas such as A&E Operations suggest that the Trust will achieve this objective with significant progress made in implementing PDR and Personal Development Plans (PDPs).

*Audit of Clinical Performance Indicators (CPI):* currently achieving 50% completion, the Chief Executive said that the target of 80% will be achieved by March 2007.

- Noted:**
- 1. The interim update on the SMG objectives.**
  - 2. That the Senior Management Group's objectives are drawn up by the Group itself**
  - 3. That the objectives for 2007/08 will be shared with the Board so as to satisfy the Board that the objectives are in line with the agreed strategic direction of the Trust.**
  - 4. That the Remuneration Committee will also receive an update on the achievement of the objectives when it meets in March 2007.**

### **60/06 Any Other Business**

Sarah Waller asked about the recent trip by an Ambulance to Manchester which was reported in the media; the Chief Executive said that the crew has been spoken to and made aware of how embarrassing such an incident was for the Trust.

In response to a question from the Chairman the Director of IM&T explained that one of the Trust's servers had been down on Monday 18<sup>th</sup> September due to a significant hard disc failure which meant a number of staff were without email. It did not affect operations. The problem with the server was exacerbated by the

failure of the back up disk drive. A considerable amount of data (50 gigabytes) needed to be recovered and it took eight hours to do so. An investigation is taking place to understand what happened and why the back up failed to work.

**Noted: That the Director of IM&T will provide an update on the failure within a future Chief Executive's report. ACTION: Director of IM&T.**

**61/06 Date of future meetings:**

The next meeting of the SDC will be 27<sup>th</sup> February 2007, Conference room, LAS HQ.

Meeting dates for 2008 were circulated; the Chairman said that the meeting in April 2008 should include the night before which will be a dinner.

Sarah Waller requested that the Committee dates for 2007 be recirculated.  
**ACTION: Trust Secretary.**

The meeting concluded at 13.35pm

**LONDON AMBULANCE SERVICE NHS TRUST**

**Audit Committee - 4th December 2006**

1. **Chairman** **Barry MacDonald**
2. **Purpose of the summary:** **To provide the Trust Board with a summary of the proceedings of the Audit Committee. To highlight items of interest, items agreed and what items require noting by the Trust Board.**

3. **The Committee AGREED:**

1. That it should meet four times a year (March, June, September and December). That the meeting in March will review the Committee's 2007 work plan along with the work plans of the Clinical Governance Committee and RCAG, and the implementation of the governance review. The meeting in June will concentrate on the annual accounts.
2. That the Trust will carry out a mini-tender to ascertain what interest there is in the market to undertake the Internal Audit function and the cost to the Trust. At its March meeting the Committee will consider the merits of internal versus external provision.
3. That the Standing Orders and Financial Regulations should be presented to the Trust Board. The Scheme of Delegation to be circulated for comment by committee members before presentation to the Board.
4. An update on the position with drug control and medical devices would be given to the next meeting, limited assurance only having been given by Internal Audit reports.
5. Improved controls, Finance staff supervision and accruals procedures to be reviewed by Internal Audit after implementation.

POST MEETING NOTE: the Audit Committee will consider the scheme of delegation at its meeting in March 2007. The Trust Board will receive the Standing Orders etc in March 2007.

**The Committee NOTED:**

6. That the Language Line Service is being reviewed and the Service will be re-tendered in 2007. A report will be provided to the Audit Committee in March, along with a report on how user feedback is obtained by the trust.
7. The Internal Auditor's reports concerning: Payroll; Fleet & Transport; Drug Control; Clinical Telephone Advice; Medical Devices; Lone Working; Child Protection; Waste Management and Debtors. The Committee asked that future reports include an executive summary highlighting key findings and the associated risks as well as recommendations. A backlog on reports was being cleared.

(POST MEETING NOTE: an update on the Drug Control and Medical Devices will be presented to the Audit Committee in March.)

The report from the Local Counter Fraud Specialist which highlighted the ongoing investigations taking place.

That controls are being put in place by the Finance Director to ensure that the error of £0.9 million which was uncovered in the 2006/07 management accounts does not recur. The error related to the leasing of vehicles; an error in the budgetary and accruals process with costs being understated.

8. The Annual Audit Letter from the external auditors raised no significant concerns. The implementation of their recommendations will be monitored by the committee.
9. The Risk Management Policy & Procedure is to be revised to include the comments made at the Audit Committee and the Trust Board. RCAG is responsible for the day to day risk while the Audit Committee is responsible for taking a strategic view to the Trust. Future reporting on risk management and Assurance Framework should cover action being undertaken and planned and its effectiveness, as well as the management processes followed to review the subject.
10. The contents of the Assurance Framework report which outlined how the Trust can provide assurance to external bodies (such as the Healthcare Commission and the NHSLA); to give the Board assurance that controls are in place to manage risk; to identify where there are gaps and to give evidence progress has been made in a systematic way with the management of risks.
11. The audited Charitable Funds Annual Accounts which will be presented to the Trust Board in January.
12. That an update on the implementation of the Governance Review will be presented in March 2007.
13. That a representative of the NHSLA will visit the LAS in March 2007 and provide feedback on what Level the Trust should be measured against the new standards in April 2007. The Committee's members said that in order for the Audit Committee to be in a position to give an opinion on the overall working of the risk management processes in the Trust, it should see the work plans of the Clinical Governance Committee and RCAG.
14. That the risks on the Risk Register have been grouped by categories with operations having a number of high/high risks. When the report is presented to the Trust Board in January, more detail will be included about the processes.
15. The three entries in the Director's Hospitality Register and that there had been no waivers of the Standing Orders since the last Audit Committee meeting in July 2006.

**The Committee received the following minutes:**

Clinical Governance Committee (23<sup>rd</sup> October 2006) and RCAG (6<sup>th</sup> November 2006).

4. **Recommendation That the Trust Board NOTE the update regarding the Audit Committee.**

# LONDON AMBULANCE SERVICE NHS TRUST

## AUDIT COMMITTEE

Monday 4<sup>th</sup> December 2006

### DRAFT MINUTES

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Sarah Waller	Non-Executive Director
	Caroline Silver	Non-Executive Director
	Roy Griffins	Non-Executive Director
In Attendance:	Peter Bradley	Chief Executive
	Mike Dinan	Director of Finance
	Peter Suter	Director of Information Management & Technology (until 4pm)
	John Wilkins	Head of Governance
	Michael John	Financial Controller
	Chris Rising	Bentley Jennison (until 5.20)
	Sue Exton	Audit Commission, District Auditor
	Terry Blackman	Audit Commission
	Keeley Saunders	Audit Commission
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist (until 5.20)
	Christine McMahon	Trust Secretary (Minutes)

It was agreed at the Trust Board held on 26<sup>th</sup> September 2006 that the following Non Executive Directors would be members of the Audit Committee: Barry MacDonald; Sarah Waller, Roy Griffins and Caroline Silver.

The Audit Committee wished to record its thanks to Beryl Magrath who will no longer be attending meetings. Her contribution to the Committee's discussions had been greatly valued.

The Chairman of the Committee requested that the agenda and papers be circulated a week in advance of the meeting, that the papers be accompanied by cover sheets which would state what the agenda item number, the enclosed number and what action the Committee was being asked to take. The papers should make it clear what process had led to their recommendations, e.g. internal consultation, discussion by other groups (RCAG) or committees (CGC). **ACTION: Trust Secretary.**

#### **25/06 Minutes of the last Audit Committee meeting 3<sup>rd</sup> July 2006**

**Agreed: The minutes of the last audit committee meeting held on 20<sup>th</sup> March 2006**

#### **26/06 Matters Arising**

Minute 14/06: the Head of Governance confirmed that the internal audit reports referred to in the minutes were the reports circulated in the agenda. He apologised that they had not been circulated between meetings.

Minute 16.6: the Director of Finance said that the Language Line service was being reviewed and the Service will be re-tendered in 2007. Feedback has not been sought from users of the Service. The Director of Finance undertook to provide a report on this at the next meeting. **ACTION: Director of Finance.**

Minute 16.6: Chris Rising (Bentley Jennison) confirmed that a credit note had been issued to the Trust following a reconciliation of the actual and billed internal audit days in 2005/06.

## 27/06 Meeting dates and workplan for 2006/07

**Agreed:** 1. That the Committee would meet four times in 2007: March, June, September and December.

**Noted:** 2. That the Committee would review its workplan and that of the RCAG and the Clinical Governance Committee when it meets in March 2007. **ACTION:** Head of Governance.

3. That the meeting in June would concentrate on the annual accounts

## 28/06 Internal audit specification

The Director of Finance presented the draft internal audit specification. Since circulating the draft the Trust has obtained specifications for internal audit from three other ambulance trusts which have suggested some changes to the draft specification.

Following discussion the Finance Director was asked to investigate whether it would be feasible for the internal audit function to be performed in-house. He undertook to circulate a discussion paper prior to the next Audit Committee which could be discussed either via email or via telephone conference. **ACTION: Finance Director.**

Sarah Waller suggested that the proposed evaluation criteria be amended to merge some of the categories and make the scoring less mechanistic. **ACTION: Finance Director.**

**Agreed:** That the Trust should undertake a min-tender to ascertain what interest there is in the market to undertake the internal audit function and what it would cost the Trust. The Committee to consider internal versus external provision.

## 29/06 Internal Audit

### Progress Report 2006/07

Chris Rising highlighted that there were three reports (*Patient Transport Service (PTS); Drug Control and Medical Devices*) which were given limited assurance by the Internal Auditors. The limited assurances were due to staff not complying with the Trust's policies and procedures with the result that there is a risk for the organisation.

The Finance Director said that the internal audit of PTS was undertaken some time ago and he was confident that the areas of concern highlighted by the audit (e.g. bookings processed without proper authorisation and variation of contract not signed by both parties) have been addressed.

The Committee was informed that it has been observed that when the LAS has lost a PTS contract there has been an increase in 999 calls for that area because the new provider phoned 999 when they did not feel able to transport their passengers safely. The Finance Director said that Control Services were monitoring when providers used 999 to transport patients and these journeys would be invoiced by the LAS.

*Payroll:* Sarah Waller noted that ESR had been implemented. She said that she had been surprised to read that management were not required to verify the names of staff paid on their departmental budget. The Director of Finance said that all Directors received nominal roll with their monthly management accounts. The recommendations lacked an implementation dates and Chris Rising will liaise with the Head of Employee Services to rectify this omission. **ACTION: Chris Rising to liaise with the Head of Employee Services.**

*Fleet and Transport:* this was the third internal audit of Fleet and Transport and this was the first time that no significant recommendations were made by the Internal Auditors.



*Drug Control*: the lack of compliance with procedures and policies has been highlighted as a concern, particularly with the risk of an out of date drug bag being used by front line crews. The Chief Executive said that the audit was undertaken in March 2006 and that a lot of work has been undertaken in the interim. The Director of Finance said that the new central storage depot in Deptford has introduced more effective controls of drugs. A report will be presented to the Trust board in January outlining what controls are in place manage drugs in the Trust. **ACTION: Chief Executive.**

Caroline Silver asked whether audits are undertaken without notice i.e. spot checks. She said that this would probably keep people on their toes. The Chief Executive proposed that a report on Drug Control be presented to the Trust Board in January with an in-depth update presented to the next Audit Committee. He said that the introduction of bar code scanning in 2007 would facilitate the use of spot checks.

*Clinical Telephone Advice* was given a rating of adequate assurance by the Internal Auditors. The Director of Finance said that the CTA function will be included as part of the business continuity plans and major incident planning.

*Medical Devices* was given a rating of 'limited assurance' by the Internal Auditors due to the number of significant weaknesses found in the management of medical devices within the Trust e.g. maintaining a record of the location of medical devices and inadequate records with regard to service history. The Chief Executive said that the report to the Trust Board and the next Audit Committee would include both drug control and medical devices. **ACTION: Head of Operational Support.**

*Lone working* was given adequate assurance as was *Records Management*.

*Child Protection* was given two significant recommendations (there were the same two as when the audit was previously undertaken two years previously). Criminal Record (CRB) checks have been undertaken but Protection of Children Amendment (POCA) has not. The Chief Executive said he would look into the matter. **ACTION: Chief Executive.**

The second issue related to the referrals process; referrals are not referred to appropriate agencies within 24 hours as required by policy.

The Chief Executive said he was disappointed with the findings of the audit as the Trust has done a lot of work around this area and has referred hundreds of individuals but he accepted that improvements could be made. It is probable that there was an underestimation of the numbers of children and vulnerable adults who would need to be referred.

*Waste management* was audited for the first time and received adequate assurance which the Internal Auditors considered to be very good when benchmarked against other Trusts.

*Debtors* was audited and received 'substantial assurance'.

**Agreed: 1. That the Committee will receive future internal audit reports in a timely manner.**

**Noted: 2. That the progress report from the internal auditors will include an executive summary that will highlight key findings and the associated risks as well as the recommendations. The detailed reports will be included as appendices for information. The report will also include comments by RCAG, and show when internal audit reports were produced and when they were given and signed off by managers.**

**3. That the following final reports were included in the report: clinical telephone advice, complaints, patient transport service and drugs control. The draft report on urgent care was also included.**

- 4. That the backlog of internal audit reports was being addressed; the remaining 2005/06 audits are ECPs and Urgent Care and these will be presented to the Committee in March 2006. They will be considered by RCAG beforehand.**

### **30/06 Audit Commission**

Sue Exton presented the following reports to the Committee.

*Annual Audit Letter 2005/06* reported on the annual audit conducted in 2006 and summarised the work undertaken by the Audit Commission during the year. The key conclusion summarised on page 5 had been discussed in detail with the Chief Executive and the Director of Finance. The Trust has a good financial standing, it met all its financial targets except capital cost absorption rate. The most important target of breaking even was accomplished. The Annual Audit Letter will be presented to the Trust Board in January 2006. **ACTION: Director of Finance.**

*Auditors Local Evaluation 2005/06* was undertaken for the first time in 2005/06 and the Trust achieved a rating of 3 (consistently above minimum requirements – performing well) which the Audit Commission considered to be an achievement. A detailed action plan will be drafted that will enable the Trust to achieve a rating of 4 (well above minimum requirements – performing strongly) in 2006/07 which will involve improving financial management arrangements overall. The report contained a detailed explanation as to how the score of 3 was determined.

*Final Accounts Audit 2005/06:* Keeley Saunders reported that the final accounts had been completed in time and thanked the finance team for their co-operation with the audit. Since the audit was completed in July 2006 there have been some minor adjustments and one significant adjustment.

- Noted:**
- 1. That the Audit Commission gave an unqualified opinion on the 2005/06 accounts.**
  - 2. That the recommendations contained in the Audit Commission's report should be incorporated into the general recommendations report in order that the Committee can monitor progress.**

### **31/06 Report of the Local Counter Fraud Specialist**

The report of the Local Counter Fraud Specialist (LCFS) highlighted the ongoing investigations taking place; one of which involving the Metropolitan Police was proving to be quite lengthy. This has been due in part to changes in staffing within the Metropolitan Police who have been dealing with the investigation.

Three of the reported investigations have been concluded and the lessons learnt incorporated into practice. With one investigation it was highlighted that the system for checking claimed mileage was not being followed and this has been addressed to ensure reconciliations are undertaken in a timely manner.

On the proactive side the LCFS said that he had spoken with managers, visited stations and spoken with people at ground level. He undertook to report back to the Committee when he had given the presentations regarding fraud to managers and front line crews.

**ACTION: Local Counter Fraud Specialist.**

- Noted:**
- That a summary of the investigative report will be shared with the Committee which will highlight lessons learned and actions taken.**
- ACTION: Local Counter Fraud Specialist.**

### 32/06 Substantial error in 2006/07 management accounts

The uncovering of a substantial error of £0.9 million in the 2006/07 management accounts had been discussed at the recent Trust Board meeting (28<sup>th</sup> November 2006).

In reply to Sarah Waller's question as to whether the error with the vehicle lease was the same as two years ago with the MDTs the Director of Finance said the issue was not the same. The issue with the MDTs was that they were mistakenly treated as capital. This is not what happened with the vehicle leases. What happened was that there was an error in the budgetary process and costs had been understated. The secondary issue was that the error was not immediately picked up. Changes have been made in the financial processes to ensure that such an error is not repeated e.g. reconciliations will be undertaken and reasonableness tests will be undertaken by the Financial Controller's team. The level of supervision of finance staff will be reviewed as will the responsibility for production of accruals which should be more for operational management than finance staff.

A further change will be the reduction in centrally held funds. In future budgets will be allocated to departments where activity is taking place. There will be an enhanced involvement of operational departments. There will also be a closer link between the purchasing system and the accounting system with the introduction of Integra in 2007; one problem with the current system (EROS) is that not all purchases go through that system.

The Internal Auditors had undertaken review of the budget setting process and had reconciled reports back to ledger. A detailed analysis of every accounting code was not undertaken. The Trust has generally sound financial control and the Internal Auditor hoped that this error was an exception to the routine effectiveness of the Trust's financial accounting systems.

Caroline Silver said that in her experience organisations undertake a review of the budget half way through the year to ensure that everything was on track for the following year. In her experience audit committees were financially driven and spent time drilling down into the detail of the accounts. The Chairman supported this recommendation but was conscious that the Audit Committee should not trespass on the Board's responsibility for the Trust's financial management.

The Director of Finance said that the new budget format, which is primarily aimed at Foundation Trusts, is very much based around risk, trends and reasonableness. The draft budget will be presented to the Trust Board and SDC and to the next Audit Committee. It will also enable the Trust to undertake comparative work with other Ambulance Trusts and make some progress on reference costs. **ACTION: Finance Director.**

Roy Griffins asked how is the decision made on whether the Trust has an operating lease (which is off balance sheet) or a finance lease. The Director of Finance said that a lease versus buy option is considered and which ever presents the best value for the Trust is undertaken. The decision to have an operating lease or a finance lease is also carefully evaluated and the decision is scrutinised by the Audit Commission. The new budget format will include off balance sheet items. The Trust approached the Audit Commission for their opinion as to whether the lease being agreed was an operating or a finance lease.

The District Auditor said that the National Audit Office is reviewing the question of what items should be off/on balance sheet and it is possible that there will be a revision to the current guidelines.

The Chairman said that given the big system changes being undertaken by the Trust in 2006/07 it is important that the Internal Auditors review the accruals, reconciliations, and budgeting processes after the changes have been implemented. This focus has been incorporated into the annual audit plan.

- Noted:**
- 1. That both the internal and external auditors had given clean opinions on the 2005/06 financial accounts and that there had been no big year end adjustments.**
  - 2. That controls are being put in place by the Finance Director to ensure that this error is not repeated.**
  - 3. That the decision to buy/lease or to have an operating lease or a finance lease is based on achieving the best value for the Trust and such decisions are scrutinised by the Audit Commission to ensure Accounting Standards (FRS 5) are adhered to.**

### **33/06 Risk Management Policy & Procedure**

The Committee considered the Risk Management Policy and Procedure which had been considered by the Trust Board in November 2006. It was noted that the Trust Board had requested some changes and a rewrite by the Director of Communications of the section to be issued to all staff. The policy is presented annually to the Board and is amended to ensure that it reflects the internal and external risk management requirements of the Trust. The Risk Compliance and Assurance Group (RCAG) had reviewed the policy prior to its presentation to the Trust Board.

The Chairman said that there needed to be a brief statement making explicit reference to the risk reporting process, actions taken to mitigate risk and monitoring of the effectiveness of actions taken in the first couple of pages.

The RCAG is responsible for day to day risk while the Audit Committee is responsible for taking a strategic view of the risks being managed by the Trust.

The Chairman requested that the Policy include an emphasis on the dynamic part of risk management, how risk is managed in a systematic way, is it tasked and timetabled appropriately and what progress is being achieved. The Head of Governance said that he would make the changes as requested. **ACTION: Head of Governance.**

*Procedure:* the Head of Governance said that the Risk Reporting and Assessment Procedures document was an amalgamation of what had been two separate procedures and recognised that it was clumsy. It is intended that the Procedure document will be included in staff induction, not necessarily the 2 day course undertaken by all new staff, but as part of the 'day job' induction process. Caroline Silver said that the procedure needed to be abbreviated so that there is a better chance of staff reading it. **ACTION: Head of Governance.**

The Chief Executive said that there was a high level of risk reporting amongst front line staff as judged by the number of LA52 (risk reporting form used by crews) as approximately 5300 were generated by front line crews in 2005. What is currently missing is the feedback loop which would communicate what action has been taken to manage the risk that has been reported.

Caroline Silver said that she would recommend an on-line training tool which would not necessitate taking staff on the road or away from their duties.

- Noted:**
- 1. That the Head of Governance would incorporate the comments of the Audit Committee and of the Board into the policy**
  - 2. That the Procedure is to be reviewed by the Communications Team so as to make it more 'reader friendly'.**

### 34/06 Assurance Framework

The Head of Governance presented the Assurance Framework which is considered annually by the Trust Board. It will be presented to the Trust Board in January 2007 with the risks updated following the recent Trust wide risk exercise. The purpose of the Assurance Framework is to outline how the Trust can provide assurance to external bodies such as the Healthcare Commission and the NHSLA and to give the Board assurance that controls are in place to manage risks; to identify where there are gaps; and to give evidence progress has been made in a systematic way with the management of risks. The Trust is required to self-certify that it is managing the risks that might threaten the achievement of the organisation's objectives.

Sarah Waller referred to C5b (regular checking of PRF completion) and was assured that checking is being undertaken, that there is a range of 15-80% completion being achieved between different complexes and the Trust is on track to achieve its target for 2006/07. The Head of Governance said that beneath the Assurance Framework is a body of evidence that demonstrates how the Trust can evidence compliance with core healthcare standards.

It is the responsibility of RCAG to review what progress is being made in achieving the standards and the developmental standards. The RCAG regularly reviews the Risk Register and considers what risks can be deleted or regraded in response to the evidence of mitigating action taken in managing the risk. It also reviews the risks proposed for regrading/deletion by the Clinical Governance Committee.

- Noted:**
- 1. That the risk of insufficient funding is not on the Trust's risk register or part of the Healthcare Commission's healthcare standards although it is a potential risk for the organisation.**
  - 2. That the Board in January 2007 will receive a report on the Trust's Risk Register.**
  - 3. That the Trust Wide Risk Assessment is undertaken annually and is an opportunity for staff at all levels of the organisation to consider what risks might affect the Trust achieving its objective and report them so they can be considered as part of the continuing review of the Risk Register.**

### 35/06 Revision of the Trust's Standing orders and financial regulations

The Committee considered the proposed revisions of the standing orders and financial regulations.

Sarah Waller queried the proposal that the Financial Regulations be amended to include the requirement that a NED be nominated by the Board to be responsible for security management. Though this was something advocated by the Model Rules it is unlikely to be adopted by the Trust Board. Trust Secretary to clarify the requirements for the Trust.  
**ACTION: Trust Secretary.**

SO 15.1: Roy Griffins queried the proposal for all services to be reviewed. The Chief Executive and the Finance Director said that it is good practice for the Trust to consider whether services should be managed in-house or outsourced.

- Agreed:**
- 1. That the Standing Orders and Financial Regulations should be presented directly to the Trust Board, it was not considered necessary to present the report to the SDC in December as the proposed revisions were not contentious.**

- Noted:**
- 2. That the scheme of delegation will be circulated for comment.**  
**ACTION: Trust Secretary.**

**3. The work undertaken by the Trust Secretary in revising the Standing Orders and Financial Regulations.**

**36/06 Audited Charitable Funds Annual Accounts**

**Noted:**

- 1. The audited Charitable Funds Annual Accounts**
- 2. That the accounts would be presented to the Trust Board in January as the members of the Board are trustees of the Charitable Funds.**

**37/06 Progress report on the implementation of the Governance Review**

**Noted:**

- 1. That the implementation of the Governance Review would be monitored by the Audit Committee.**
- 2. That the Terms of Reference for the Audit Committee, Clinical Governance Committee and the Risk Assurance & Compliance Group had been agreed.**
- 3. An update will be presented in March 2007. ACTION: Head of Governance.**

**38/06 Update re. NHSLA including action plan**

*National Health Service Litigation Authority (NHSLA):* the LAS will receive an informal visit from the NHSLA Assessor in March 2007 and receive feedback on what Level the Trust should be measured against the new standards in April 2007. The assessment has three levels that Trusts can be assessed against. The greater the level of risk management demonstrated the greater the discount on annual fees. The LAS, in co-operation with other Ambulance Trusts, has been working with the NHSLA on the revised assessment used by the NHSLA. The work plan for meeting the NHSLA's criteria is being reviewed by the Clinical Governance Committee; the minutes of which are presented to the Trust Board and to the Audit Committee.

The Chairman proposed that in order for the Audit Committee to be in a position to give an opinion on the overall working of risk management processes in the Trust, it should see work plans for the Clinical Governance Committee and the RCAG. **ACTION: Head of Governance.**

**Noted: That the Clinical Governance Committee is monitoring the progress of the action plan to prepare for the NHSLA assessment.**

**39/06 Risk Register Update**

The Committee considered the Trust's full Risk Register. The risks have been grouped by categories with operations having a number of high/high risks. The Risk Register was revised to incorporate the findings of the Trust Wide Risk Assessment undertaken in the summer months. The Finance Director said that at the Senior Managers conference held in the Autumn a risk assessment exercise was held and the results incorporated into the Trust Wide Risk Assessment.

The Committee suggested that more detail about the processes should be included when the Risk Register is presented to the Trust Board in January. **ACTION: Head of Governance.** The Chief Executive said that the 28 high level risks will have additional information as to how the risk is being managed and what progress has been made in mitigating risk i.e. what risks have been deleted or regraded. **ACTION: Head of Governance.**

- Noted:**
- 1. The update regarding the Risk Register**
  - 2. That the Risk Register will be presented to the Trust Board in January 2007 and will include a statement on management controls.**

**40/06 Standing Committee items**

- Noted:**
- 1. The three entries in the Directors' Hospitality Register:**
    - Peter Suter attended the national IM&T Directors conference; all costs for both accommodation and food were met by the conference organisers. While delegates attended free of charge there was a £1,000 fee for late cancellation; £1,000 was therefore declared as the approximate value of the hospitality received.**
    - Hospitality given by Peter Bradley and Sigurd Reinton to Sir Nigel Crisp on 25<sup>th</sup> October (£217.40).**
    - Hospitality given by Phil Thompson (UNISON) on 30<sup>th</sup> October (£221.96).**
  - 2. That there had been no waivers of the Standing Orders since the Committee last met in July 2006.**

**41/06 Audit Recommendations**

The Committee considered the report on the audit recommendations.

- Noted:** That the Committee wished to receive the audit recommendations in the format previously received i.e. July 2006 to include all outstanding internal and external audit recommendations that are "fundamental" or "significant" until reported as fully implemented.  
**ACTION:** Head of Governance.

**42/06 Draft minutes of the Clinical Governance Committee - 23/10/06**

**Noted:** The draft minutes of the Clinical Governance Committee

**43/06 Draft minutes of the Risk Compliance and Assurance Group – 6/11/06.**

**Noted:** The draft minutes of the RCAG

**44/06 Any Other Business**

- Noted:**
- 1. That Terry Blackman would no longer be the Trust's Audit Manager. It is the Audit Commission's policy to rotate staff after four years. Keeley Saunders, who undertook the Trust's 2005/06 audit, has been appointed the Trust's Audit Manager.**
  - 2. The Chairman on behalf of the Committee expressed his thanks to Terry for the work he has undertaken during the last four years.**

Meeting finished at 5.30

## London Ambulance Service NHS TRUST

**Clinical Governance Committee - 11<sup>th</sup> December 2006**

1. **Chairman** **Beryl Magrath**
2. **Purpose of the summary:** **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC). To highlight items of interest, what has been agreed and what needs to be noted by the Trust Board.**

3. **The Committee AGREED:**

1. \*That the sending of an EMT staffed ambulance  
\*Use of hospital beds for inter-hospital transport in A&E ambulance  
are both risks for LAS - Propose RCAG include in Risk Register
2. The Assistant Director of Operations, East be commended for an excellent example of clinical governance implementation at shop floor level.

**The Committee NOTED:**

3. That the National Poisons Information Service (Guys) will continue with free advisory service to ECPs
4. Disposal of single use equipment is a problem for LAS
5. Information held by LAS on high risk addresses is being reviewed.
6. The draft work plan will be considered by a sub-group.

**Presentations**

7. By CARU: Paediatric Pain Management Audit; Overdose Audit; Reviews of AMPDS audits on behalf of DOH;  
Noted that CPI audit revealed patient ethnicity rarely reported on PRF-  
noted that some illnesses more common in different ethnic groups.
8. By Ergonomics Adviser: outlined extensive trials undertaken regarding different kinds of carry chairs; the risks associated with carrying very heavy patients: the risk of using hospital beds in inter-hospital transport
9. By Head of Governance: KPIs, Healthcare Standards:& NHSLA requirements to be considered by CGC in February 2007. Final declaration on compliance with the Healthcare Standards by May 1<sup>st</sup> 2007. The NHSLA assessor to visit LAS in March to advise on whether LAS likely to achieve Level 2 & will provide feedback in April 2007.  
Noted: It is not certain whether whole Trust Board will require formal training on safety & risk
10. By ADO East; the Clinical Governance Committee Noted that:  
\*No robust system for 6 monthly driving licence checks  
\*The need for a system to ensure staff whose training is not up-to-date are not practising



\* A database to enable frequent callers to be flagged in EOC

\*Uniformity of education & training messages

\* Consistency of complaints handling by PIMs in each Sector with round table discussions following incidents

11. By Senior Operations Manager Planning & Risk: Protection of children and vulnerable adults: on actions taken following the audit by LAS Internal Auditors  
Noted Social Services referral very time consuming
12. By PPI Manager: The Public Education Strategy,
13. By PPI Manager: PPI Report Noted Patient Forum review of PTS and Multi-agency “Safe Drive Stay Alive”.
14. Annual Health Check highlighted the difficulty that LAS has achieving the Thrombolysis target with small numbers involved. Noted: in recent months DH has accepted the clinical argument in favour of angioplasty for STEMI patients.
15. Safety Alert Bulletins & NICE: Two bulletins to be addressed in ‘Being Open’ Policy. BP monitors to be replaced annually. No NICE relevant guidelines.

**The Committee received the following minutes:**

16. *Risk Assurance & Compliance Group – 6<sup>th</sup> November 2006*

17. *Complaints Panel – 5<sup>th</sup> December 2006*

LAS complaints policy and procedure prior to presentation to the Trust Board in January 2007. Comprehensive guidance notes are to be produced to accompany the policy and procedure.

18. *Infection Control Group – 10<sup>th</sup> November 2006*

‘Flu jabs’ were undertaken by ECPs this year. DOH publication ‘Essential Steps to Safe Clean Care’ framework which to be considered at a workshop in January 2007. An audit is to be undertaken to ensure that the old style cannulas have been taken out of use. PTS and Single Responders to be issued with latex free gloves from April .Personal hand gel containers are being considered for all operational staff.

4. **Recommendation**                      **That the Trust Board NOTE the update regarding the Clinical Governance Committee.**

**LONDON AMBULANCE SERVICE NHS TRUST**

**DRAFT Minutes of the Clinical Governance Committee  
11<sup>th</sup> December 2006, Committee Room, LAS HQ**

**Present:**

Beryl Magrath (Chair)	Non-Executive Director
Ingrid Prescod	Non-Executive Director
Fionna Moore	Medical Director
David Jervis	Director of Communications
John Wilkins	Head of Governance
Paul Carswell	Diversity Manager
Malcolm Alexander	Chairman, LAS Patients' Forum
Margaret Vander	PPI Manager
Dipak Chauhan	Ergonomics Manager (deputy for Claire Thomas)
Karen Haefeli	Clinical Audit & Research Unit (deputy for Rachael Donohue)
Keith Miller	Acting Head of Education & Development
Chris Vale	Head of Operational Support (until 12.30)
Richard Webber	Assistant Director of Operations, East (from 11am to 12.05pm)
Jasjit Dhaliwal	Compliance Officer
Lyn Sugg	Senior Operations Officer, Planning and Risk (until 12.05pm)
Nicola Foad	Head of Legal Services
Tony Crabtree	Head of Employee Services
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington (until 11.15am)
Ralph Morris	Head of Complaints (from 11.25am)
Christine McMahon	Trust Secretary (minutes)

**Apologies**

Sarah Waller	Non Executive Director
Kathy Jones	Director of Service Development
Claire Thomas	Health & Safety Adviser
Stephen Moore	Records Manager
Rachael Donohue	Head of Clinical Audit & Research

**52            Minutes of the Clinical Governance meeting held on Monday 23<sup>rd</sup> October 2006**

**Agreed        The minutes of the Clinical Governance Committee meeting held on 23<sup>rd</sup> October 2006 with the following correction: Minute 39.3; a quality assurance system for PSIAM (not as stated AMPDS) should be in place by April 2007.**

**53            Matters Arising**

***Minute 39(2): The National Poisons Information Service (Guys) is continuing to offer a free advisory service to ECPs on acute medical problems. Although the advice has proved extremely useful, the usage of the service does not currently support a joint funding bid to the Department of Health or the Commissioners.***

***Minute 40(2): the Head of Operational Support found that other Trusts do not universally have an Infection Control person in place; that the Clinical Lead or Medical Director takes the lead in the majority of the new Ambulance Trusts. Prior to the reconfiguration only one Ambulance Trust (Kent) had a full time co-ordinator. The picture is not consistent across Ambulance Trusts except at Director lead level with only 2-3 employ a full time infection control co-ordinator.***

Most Ambulance Trusts have representatives that attend the regular meetings of the National Ambulance Infection Control Network which co-ordinates infection control. Pat Billups is the LAS' representative on that Group and he feeds back to the Trust's Infection Control Group.

The Trust is currently advised by Gladys Xavier (Deputy Director of Public Health, Redbridge & Havering). A business case is being drafted to support the employment of a full time infection control co-ordinator; this is likely to be in line with the guidance being produced by the Department of Health with regard to ambulance trusts and pandemic flu.

Pat Billups is currently updating the Infection Control Guidelines. The Head of Operational Support said that the Trust had undertaken a self-audit and identified a number of areas for improvement which will be the template for future development.

*Minute 40 (3):* a bulletin regarding single use equipment has not yet been issued. The LAS is seeking agreement from Acute Hospital Trusts to facilitate the disposal of single use equipment prior to issuing the bulletin. The A&E Consultant undertook to raise the matter at the London A&E Consultants Group so as to enable the LAS to introduce single use equipment. **ACTION: A&E Consultant**

*Minute 40(11):* in response to the SABs relating to blood pressure monitors / sphygmomanometers will be replaced on an annual basis as this will be more cost effective than having the equipment individually serviced each year.

*Minute 41(11):* Revised terms of reference will be circulated by Trust Secretary. **ACTION: Trust Secretary.**

*Minute 44(3):* a progress report will be presented to the next meeting regarding actions identified following round table discussions **ACTION: Head of Legal Services**

*Minute 44(5):* Complaints policy will be presented to the Trust Board in January for approval. **ACTION: Head of Complaints**

*Minute 44(7):* Work is being undertaken to review the information kept on addresses deemed to be high risk. **ACTION: Senior Operations Officer, Planning & Risk.**

*Minute 47(2):* the Director of Communications said that the Trust will continue to use various communication tools to disseminate learning from complaints e.g. articles in the LAS News. David Whitmore (Senior Clinical Adviser to the Medical Director) has written articles on specific clinical issues for inclusion in the LAS News or the RIB. The Head of Governance said that such activity (i.e. learning from complaints) will be audited in 2007/08. The Risk Information Report will contain information on specific outcomes and how practice has been changed as a result of complaints. The Medical Director said that some complaints have resulted from relatively unusual and therefore non-recurring issues so the lessons learnt are relatively specific.

*Minute 50: (minutes of Infection Control Group):* the Annual Report on Infection Control will be presented at the next committee meeting, February 2007.

54

### **Draft work plan for the Clinical Governance Committee**

The draft work plan was discussed and reflected that the Committee will be meeting in 2007 alternatively as either a core or a full meeting.

It is intended that the core meetings will focus on a limited number of agenda items i.e. assurance framework, complaints, clinical audit and risks. There will be reports common to both meetings new risks, risk information report, reports from groups/committees and area governance reports. The full meeting will receive reports regarding PPI, PALS and lessons from complaints.

Malcolm Alexander said that the Committee receives a lot of information but asked whether it should not simply focus on governance issues but ensuring there are proper governance processes in place in the organisation and that clear outcomes can be demonstrated.

- Agreed:** 1. **That a small working group will meet to discuss further the Committee's 2007 work plan: ACTION: JW, NE, FM, BM and CMc.**
- Noted:** 2. **The draft work plan which will be revised to incorporate the comments made at the meeting**
3. **That the Committee will receive annual reports from the Clinical Audit & Research Unit, Infection Control and Clinical Steering Committee.**
4. **That there will be regular reports regarding the Healthcare Standards and the NHSLA assessment.**
5. **A representative from Operations will be expected to attend each meeting to update the Committee on clinical governance taking place in their particular area. ADOs to attend in rota.**
6. **The high level risk information report will be considered at the full meeting with a detailed risk information report presented to the core meeting. The Risk Register will be considered by the core meeting.**

55

### **Presentation: clinical audit and research unit**

Karen Haefeli, representing the Head of Clinical Audit & Research (CARU) gave an overview of recent developments.

**Audit.** There have been two clinical audits completed: Paediatric Pain Management Audit & Overdose Clinical Audit. The findings of the audits have been disseminated to members of the Committee. They are also available on the LAS' common server, 'Clinical Audit and Research folder'. The pain management audit has been disseminated to all complexes and is available to others on request.

CARU has completed fourteen AMPDS audits on behalf of the Department of Health's Emergency Allocation Prioritisation Advisory Group (ECPAG). ECPAG has begun reviewing the data with a view to reconsidering the level of response allocated to the audited determinants. CARU is also currently examining a further fifteen LAS RED determinants (that fall under the DH Category B list). All fifteen audits will be completed by 31<sup>st</sup> December and the evidence will be reviewed by the LAS in the New Year.

**Research:** an application for research funding has recently been submitted to Diabetes UK. The proposed research will explore the clinical and cost-effectiveness of screening for Type 2 Diabetes and impaired glucose tolerance by the LAS and will be conducted in collaboration with a Health Economist from Brunel University. An application for funding for the project will also be submitted to the National Institute for Health Research (the Department of Health's new funding stream) in February 2007. CARU is also developing a research proposal into the pre-hospital care of stroke patients, which will be submitted to Stroke UK for funding in early 2007.

There was a brief discussion regarding the recording of ethnicity on the Patient Report Forms (PRFs). The Diversity Manager said that ethnicity should be considered by default unless

there is a reason not to. The ethnicity of patients is not being recorded in every case on every PRF and unless crews understand that there are clinical reasons-different diseases occur solely or more commonly in different ethnic groups- for wanting the data this will continue to be an issue. He said that only 15% of the PRFs checked (1:100), April to August 2006, recorded ethnicity of patients.

Post Meeting Note-ACTION: all ADOs to note and ensure staff completing PRFs understand why the ethnicity of patients should be recorded on the PRF

The research funding received from the Department of Health is being withdrawn over a three year period with a decrease of £50,000 per year. CARU is making concentrated efforts to identify alternative funding (Diabetes UK, Stroke UK).

**Noted:**

- 1. The report.**
- 2. That with the introduction of Version 2006 of the JRCALC guidelines the Trust will be introducing Oramorph so as to provide better pain management for children. The date for the introduction of the drug has yet to be finalised.**

**56**

### **Presentation: Ergonomics Adviser**

Dipak Chauhan, Ergonomics Adviser, gave a presentation on how applied ergonomics can improve patient care which included the findings of the extensive trials undertaken regarding different types of carry chair. Work was also undertaken in relation to the Paramedic Bag which advised on the optimum layout of drugs in the bags so as to facilitate ease of access.

There was a discussion regarding bariatric patients (in excess of 25 stone). It was reported that a funding bid for 2 vehicles to respond to bariatric patients had been deferred by the Strategic Steering Group. If staff are called to bariatric patients they are expected to undertake a dynamic risk assessment and if necessary call on the support of other colleagues or the Fire Brigade. The Fire Brigade will not respond to planned transfers but only to emergencies. Although one Ambulance Trust developed a facility for patients with special needs to self-register with the Service, the initiative elicited a poor response. Difficulties often arise with inter-hospital transfer because hospital beds are used and these are not designed for transporting patients. Senior Operations Officer, Planning and Risk said this was an area of potential risk for the Trust. **ACTION: RCAG to note this risk.**

In terms of staff safety the Ergonomics Adviser said that two thirds of all lifting and handling incidents are concerned with heavy and awkward lifts/manoeuvres because of a lack of suitable transportation. Of these incidents the occurrence is approximately 50:50 (ratio of heavy/awkwardly situated patients).

Senior Operations Officer, Planning and Risk said that very large patients are relatively rare, the issue is more around the equipment and vehicles required to transport them. Another issue is that of patients on IAPB<sup>3</sup>. At 85kgs this equipment is only really portable within a hospital and is difficult to secure in the vehicle. There is a low incidence but a significant risk if the patient suffers because of a delay in transport. **ACTION: RCAG to note this risk.**

**Noted:**

- 1. The report**
- 2. That the funding application for specialist vehicle was deferred not rejected by the Strategic Steering Group; that the application should be reviewed and re-submitted for the next budgetary round (deadline January 14<sup>th</sup>).**

**57**

### **Presentation: development of KPIs from the NHSLA and Healthcare Standards**

The Head of Governance tabled a paper outlining how Key Performance indicators will be developed for the NHSLA and the Healthcare Standards. Work has been done to identify commonality between the two and what evidence is required to satisfy compliance/required level of assessment. The NHSLA has 5 standards, each with 10 criteria; there are three

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<sup>3</sup> IAPB: intra aortic balloon pump which is used as a last resort to keep a patient's heart beating.

assessment levels (policy in place, is it working, and whole system is effective). There are 24 healthcare standards with 13 developmental standards.

Following discussion it was agreed that members of the Committee will suggest KPIs to measure the different areas reviewed by the NHSAL/healthcare standards. One approach might be to consider the top risk for a particular department. The deadline for suggestions to be forwarded to Head of Governance is Friday 19<sup>th</sup> January. The Head of Governance will liaise with individual colleagues as to what might be suitable KPIs for their departments.

**ACTION: Head of Governance**

**Noted:**

- 1. The report**
- 2. That this will be a significant piece of work and that everybody's contribution will be needed to ensure that the appropriate KPIs are identified to enable the Trust to evidence compliance with the NHSLA and the Healthcare Standards.**
- 3. That a small working group (JW, FM, NF, CV, PC, MV) will meet prior to the next Committee meeting to take this work forward. ACTION: Head of Governance.**
- 4. That the Trust will be required to make a final declaration on compliance with the Healthcare Standards on May 1<sup>st</sup> 2007.**
- 5. That the NHSLA assessor is visiting the Trust in March and will give feedback on what level the Trust should be aiming for in April 2007.**

**58**

**Protection of children and vulnerable adults**

Lyn Sugg, Senior Operations Officer, Planning & Risk, informed the Committee that the protection of children and vulnerable adults has recently been audited as part of the routine bi-annual audit. The Trust's internal auditors, Bentley Jennison, recently completed an audit, the findings of which are contained in the report. The report's executive Summary and action plan is attached to the minutes.

The NHS is required to have measures in place to provide for the protection of children; the LAS has chosen to include vulnerable adults within that service. Since the service was undertaken the workload has increased and there is an argument that it requires a dedicated administrator. An aspect of the service that is proving most time consuming is the referring of children and vulnerable adults to the appropriate social services and following up the referral.

The Senior Operations Officer, Planning & Risk will be submitting a funding bid for 2007/08 to secure funding for an additional post holder to have responsibility for this work. She will also be submitting a risk for inclusion in the Trust's risk register. **ACTION: Senior Operations Officer, Planning & Risk.**

The Medical Director said that there should be close liaison between the Head of PALS and Senior Operations Officer, Planning & Risk to ensure there is no danger of duplication with regard to referrals involving nursing homes and regular callers. The form LA280 is used by the Trust to inform social services, it contains questions that are specific to social services. The Head of PPI said that clear and up to date guidance needs to be produced for staff. Head of Governance undertook to talk to the Head of Records Management about this. **ACTION: Head of Governance.**

**Noted:**

**The report**

**59**

**Public education strategy**

The Head of PPI presented the Public Education Strategy which had been considered by the Trust Board in November 2006. The objective of the Public Education Strategy is to bring together the disparate work that is being undertaken across the Trust, to ensure that it is done in a co-ordinated fashion and to identify what resources are necessary to enable public education to be undertaken in professional manner. A number of initiatives are being

undertaken and progress will be reported on in due course. A SPPP<sup>4</sup> was submitted (£145,000 over three years) to support the strategy by ensuring that payment is available to recompense work undertaken by staff in their spare time; this was rejected and a new SPPP will be submitted for 2007/08. It is intended that the staff who undertake public education work are recruited for that role and demonstrate skills and competencies that will enable them to represent the Trust.

A project management approach has been adopted to manage the different streams of work identified. One of the pieces of work that is being undertaken will centre around branding/image e.g. recruitment; Head of PPI, Head of Communications and Diversity Manager are working together on this matter.

**Noted: The report.**

## **60 Update on PPI activity**

The Head of PPI presented an update on the wide ranging PPI activity taking place in the Trust. She highlighted the following: a planned joint project with the NHS Centre for Involvement which will focus on the Bangladeshi and Somali communities in Tower Hamlets and is likely to include activities around health promotion, access to NHS services, recruitment and relationships between the community and local NHS staff.; a PTS event in November at which the Patients' Forum reviewed the provision of patient transport across London and a multi-agency project, 'Safe Drive, Stay Alive' which was reported as a very effective production warning young people of the dangers of dangerous driving.

**Noted: The report**

## **61 Operational Governance report**

The Assistant Director of Operations East joined the meeting to present his report on what clinical governance has taken place in the East area. The Committee's attention was drawn to the minutes of the Clinical Governance meeting (East) held on 24<sup>th</sup> November which was accompanied by a front sheet that referred matters for the Committee's attention.

The initial trial of the handover form by First Responders has proved successful. There was an issue with Management Information not being able to scan the handover form but this has been resolved. A wider trial will be undertaken in January with the expectation that if it is successful it will be rolled out across the Trust. The advantages of the handover form is that it allows the observations of the First Responder to be included in the PRF which will be handed over by Ambulance crews to the hospital; this is of great importance but of particular significant for asthmatic patients where the initial Peakflow reading would be lost. The cost of introducing the handover forms is expected to be cost-neutral and may even generate savings.

In an effort to reduce paperwork and delays if a crew is cancelled en route by MDT a LA1 form is completed as opposed to a PRF form.

The Trust's Risk Register is reviewed by AOMs and at station level. Work is being undertaken with PALS regarding frequent callers. The Head of Complaints attended the last meeting (24<sup>th</sup> November) and spoke about the lessons to be learnt from problematic inquests and complaints.

Other items highlighted included the need for: a service wide system to ensure staff driving licence checks are kept up to date; a system to ensure that people whose training is not up to date are not practising; a system to enable frequent callers to be flagged in the control room and the need for follow up action plan following the closure of a complaint

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<sup>4</sup> SPPP (strategic planning project profile) this is an internal form used to submit funding bids for projects.

*Training:* the Acting Head of Education & Development said that information is readily available via the quarterly produced Management Information pack issued to the AOMs. The pack contains information regarding training and recert course. The A/Head of Education & Development to contact all AOMs drawing their attention to where the information can be obtained. **ACTION: A/Head of Education.**

*Driving licence:* the Head of Employee Services said that the training module on the recently introduced Electronic Staff Records (ESR) will be increasingly used to record such data as driving licence checks and it is important to note that it is not just operational staff that require driving licence check.

*Frequent callers:* the Head of PPI said that the PALS team is working hard to put in place care plans for frequent callers; the work is often quite time consuming but ultimately it has proved worthwhile. Evidence is being gathered to demonstrate to PCTs that the resources expended on care plans are cost effective in comparison to ambulances being used inappropriately on a frequent basis. The Director of Communications circulated a copy of 'Talkback' which contained an article regarding Frequent Callers.

Assistant Director of Operations, East circulated details of the completion of Clinical Performance Indicators (CPI) for the East area, 1<sup>st</sup> April-31<sup>st</sup> August 2006. The data illustrated a significant variation in performance by individual Team Leaders in their review of PRFs and production of CPIs. Discussions will be held with the Team Leaders regarding the disparate performance. The production of CPI data alone is not in itself useful, what is needed is the 1:1 conversation between team leaders and crews to enable learning to take place. To that effect a system of reporting has been put in place to ensure that this process is undertaken on all the complexes.

- Agreed:** 1. That the report from East be commended to the Senior Operational team as to how clinical governance can be implemented to ensure there is good governance.
- Noted:** 2. That the Head of Legal Services will raise the issue of driving licence checks at the Motor Risk Group. **ACTION: Head of Legal Services**
3. The operational governance reports from East, South, West and Control Services (EOC & UOC).
4. That the ADOs will take turns to attend the Clinical Governance Committee to report on what clinical governance activity has been undertaken in their respective sector.
5. That the Committee will receive a regular report from each sector on governance activity in their sector.

**62** **Presentation: revised template for the risk information report**

The Head of Governance circulated a suggestion for the revised template of the risk information report. The meeting in February will receive a draft risk information report that contains KPI information and data on trends and outcomes.

**Noted:** **The revised template.**

**63** **Clinical risks on the risk register**

The clinical risks on the Risk Register were considered; it was suggested that the completion of the CPD course would address some of the risks currently on the register.

- Agreed:** 1. That the sending of an ambulance staffed by technicians is a risk for the Trust. The Medical Director to propose adding this to the Risk Register when RCAG meets in March 2007. **ACTION: Medical Director**
2. That the grading of the following risks should remain unchanged until the new complaints policy and guidance is issued: 71, 26, 7, and 138.
3. That the grading of the following risks remain unchanged: 202, 64
4. That risks 46 and 63 will be considered for regrading at the next meeting



- Noted:**
5. **Risk 34 (technicians failing to meet the IHCD requirements). That this risk is unlikely to change until the rotas are changed and time can be ring fenced for training.**
  6. **Risk 31(adverse outcome in maternity cases): the Trust is actively seeking to recruit a new midwife. The risk level has not decreased.**
  7. **Risk 207 (not being able to download information from defibrillators) evidence to be presented in February for the downgrading of this risk. ACTION: A/Head of Education & Development**
  8. **Risk 22 (failure to undertake comprehensive clinical assessments which may result in the inappropriate non-conveyance or treatment of patients) there was still some progress to be achieved as only 85/799 staff have been trained.**
  9. **Risk 221 (drug errors and adverse events not being reported) infrequently reported; one of the biggest issues is drug management.**
  10. **Risk 194 (risk of patients and to viability of research projects with financial, ethical and reputational impact): work has been undertaken (resus guidelines with input into CPD course, technician course and paramedic recert course) but the risk remains.**
  11. **Risk 188 (paramedics failing to qualify for registration): information is disseminated to AOMs.**
  12. **Risk 179 (failure to meet responsibility under the Race Relations Act) diversity training has been incorporated within the CPD course and is included in leadership and management development programme**

#### **64 Presentation: standards for better health/annual health check**

The Committee considered the Standards for Better Health target that involves Thrombolysis as the Trust will have difficulty demonstrating compliance with this target. April to June 2006, 72% of confirmed ST-elevation Myocardial Infarction (STEMI) patients were transported by the LAS directly to Cardiac Catheter lab. During the same period, so far only one of the STEMI patients taken to A&E was confirmed as receiving thrombolytic treatment and this patient received thrombolysis 56 minutes after calling the LAS (calculated from LAS orcon time).<sup>5</sup>

Discussions have been held with the Healthcare Agency and although sympathetic the Trust's representative was told that the standard was based on DH guidance. It was noted that in recent months the DH has accepted the clinical arguments in favour of angioplasty being undertaken for STEMI patients. The LAS is encouraging a 'call for help to reperfusion time'.

**Noted      The update on thrombolysis target.**

#### **65 NHSLA assessment level**

The Head of Governance reported that the NSHLA assessor will be visiting the LAS in March 2007 to undertake an informal assessment of the evidence of compliance. He/she will then advise as to what level the Trust should be reviewed when the formal assessment takes place in April 2007.

He said that if the Trust attains Level 2 it will receive 20% discount on its subscription and if it attains Level 3 it will receive 30% discount. The intention is to prepare for assessment at Level 2 when the assessor visits in March.

Work will be undertaken to identify major gaps and an action plan will be presented to the Committee in February the report will be presented using 'traffic lights' to denote achieved,

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<sup>5</sup> CARU are still tracing patient outcomes for this period and therefore the calculation of average calls to Thrombolysis is likely to change.

not achieved and partly achieved. This action plan will be presented to the Clinical Governance in February 2006. **ACTION: Head of Governance.**

*Board training session on safety and risk:* Head of Employee Services said that the Executive Team and Senior Managers received training on safety and risk on 16<sup>th</sup> May 2006. The Head of Governance was asked to confirm whether the NHSLA will find it acceptable that the Executive Directors have received training on safety and risk or whether NEDs will also be required to receive training. **ACTION: Head of Governance to ask NHSLA assessor.**

**Agreed: That the Trust ask to be assessed at Level 2 when the assessor visits in March 2007.**

66

### **Update on safety alert bulletins and NICE**

**Noted:**

1. That SAB NPSA/2005/10 will be addressed by the 'Being Open' policy being presented to the Trust Board in January 2007;
2. That SAB (MDA/2005/069) has been addressed by the decision to replace blood pressure monitors on an annual basis;
3. That there were no NICE guidelines issued since the last meeting that were of relevance to ambulance trusts.

67

### **Report from groups/committees**

*Risk Assurance and Compliance Group: 6<sup>th</sup> November 2006*

**Noted:**

1. That RCAG had agreed that the following risks be regraded (26, 43, 226, 10 and 181); deleted (192); remain unchanged (182, 173, 35, 267, 71;
2. That two new risks were added to the risk register: (1) the delay in fully implementing the action plan devised following the London bombing of July 2005 and (2) the implementation of rest breaks;
3. That RCAG considered the risk management policy and procedure prior to them being approved by the Trust Board in November 06;
4. That RCAG had reviewed the Annual Complaints Report, which included an update on the implementation of the PSU Review's recommendations. This report was subsequently presented to the Trust Board in November 2006.

*Complaints panel: 5<sup>th</sup> December 2006*

The Head of Complaints reported that the Trust's complaints policy and procedure is being revised and will be presented to the Trust Board in January 2007; they were recently considered by the Complaints Panel which met on 5<sup>th</sup> December. Comprehensive Guidance notes are to be produced to accompany the policy and procedure. Work is being undertaken to ensure there is consistency across the Trust as to how complaints are investigated and managed; under the new arrangements Performance Improvement Managers (PMPs) are responsible for managing complaints in each of the areas.

As part of the revised policy/procedure there will be a change in how complaints are handled i.e. they will not be handled in an adversarial manner and there will be a greater focus on learning lessons from individual complaints and what themes can be identified.

*Infection Control Group – 10<sup>th</sup> November 2006*

**Noted:**

1. That 'flu jabs' were undertaken by ECPs this year and a 'walk in' approach adopted. The new arrangements appeared to work better than previous years when the Trust used Occupation Health who insisted on pre-arranged appointments;

2. That the Department of Health recently published 'Essential Steps to Safe Clean Care' framework which will be considered at a workshop to be held in early January;
3. That an audit is being undertaken of cannulas to ensure that the old style cannulas have been taken out of use. Head of Governance & Head of Clinical Audit & Research are liaising on the design of a new auditing tool to measure this. **ACTION: Head of Governance & Head of Clinical Research & Audit Unit;**
4. That from April 2007 PTS and Single Responders will be issued with latex free gloves;
5. That the Group is considering issuing personal hand gel containers to all operational staff.

Noted: The report

**68** **Dates of next meeting:**

Core: Monday, 12<sup>th</sup> February 2006 at 9.30 in the Conference Room, HQ.

Full: Monday, 16<sup>th</sup> April 2006 at 9.30 in the Conference Room, HQ.

Meeting concluded at 1pm

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD 23<sup>rd</sup> January 2007****Review of the Trust Wide Risk Register  
and details of progress.**

1. **Sponsoring Executive Director:** Mike Dinan
2. **Purpose:** For noting
3. **Summary**

This paper updates the Trust Board on the current Risk Register and highlights progress, controls and actions taken.

The Risk Register lists risks, and assesses their impact using the Risk Management Matrix, according to the detailed guidance set out in the Risk Reporting and Assessment Procedure. Risks are ranked and prioritised according to severity and are grouped using the following seven categories:-

1. Clinical –including infection control
3. Operational
2. Health and Safety – including education and development
4. Logistics
5. Finance
6. IM&T
7. Corporate

4. **Recommendations**

THAT the Trust Board note:

1. The progress which is being made to manage the risks described in the Trust Wide Risk Register Progress Report (First Level).
2. That the top 5 risks from the seven categories will be presented to the Trust Board twice a year to enable the Board to monitor progress.

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD 30<sup>th</sup> January 2006****Charitable Funds Annual Report**

1. **Sponsoring Executive Director:** Caron Hitchen
2. **Purpose:** For noting
3. **Summary**

The London Ambulance Service NHS Trust is the Corporate Trustee of the Charitable Funds. The Board devolved responsibility for the on going management of the funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

Attached are the audited accounts for the London Ambulance Service NHS Trust Charitable fund and the Annual Report for the year ending 31<sup>st</sup> March 2006 which have to be submitted to the Charity Commission.

Key points in the audited accounts are:

- Actual Income for 2005/06 was £17,382; this was £1,382 more than planned.
- Actual Expenditure for 2005/06 was £45,291; this was £3,529 less than planned.
- The value of investments increased by £17,000 during the year.

Also enclosed is the Annual Governance report for the London Ambulance Service NHS Trust Charitable fund for the year-ending 31<sup>st</sup> March 2006.

4. **Recommendation**

THAT the Trust Board note the contents of the Charitable Funds Annual Audit Report.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD 30<sup>th</sup> January 2006**

**Audit Commission's Annual Audit Letter**

**1. Sponsoring Executive Director:** Peter Bradley

**2. Purpose:** For noting

**3. Summary**

The purpose of this Annual Letter is to summarise the key issues arising from the work that the Audit Commission has carried out during the year. The key messages are set out on page 5.

The details of the Auditor's Local Evaluation (ALE) are set out on page 8; the Trust received an overall rating of 'Good' for the Trust's use of resources within the Healthcare Commission's Annual Health Check.

**4. Recommendation**

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

**LONDON AMBULANCE SERVICE NHS TRUST BOARD**

**TRUST BOARD 30<sup>th</sup> January 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 has been 1 tender received since the last Trust Board meeting.

17/06 Crooked Billet Fixed Satellite Point	Mitie Property Services Russell Crowberry TCL Granby Ltd. Coniston Ltd.
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**3. Use of the Seal**

There have been 5 entries, reference 99, 100, 101, 102 and 103 since the last Trust Board meeting. The entries related to:

No. 99	Assignment of Unite 2 and 3, Falcon Park, Neasden Lane, London.
No. 100	Lease of ground floor, Unit 2, Shacklewell Studios, 18/24 Shacklewell Lane, London E8 2EZ.
No. 101	Lease of land at Crooked Billet Roundabout, Wadham Road Walthamstow.
No. 102	Counterpart lease of Unit 24, Bessemer Park, 250 Milkwood Road, Herne Hill, London SE24 0HG.
No. 103	Deed of release of restrictive covenant noted on leasehold title No. TGL63890 (Unit 24, Bessemer Park)

**4. Recommendations**

THAT the Board note this report regarding the use of the seal.

Christine McMahon  
Trust Secretary

