

# London Ambulance Services NHS Trust

## Assurance Framework

Principal Objectives		Principal Risks			Domains and Standards	Key Controls	Assurances on Controls	Board Assurance	Compliance		
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person			Positive Assurance	Gaps in Control		
<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
1) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:- (a) Restbreaks (b) Individual Performance Monitoring (c) Home responding (d) Improved standby and area cover arrangements (e) Reduced job cycle times (f) Shift Change over (roster changes).	7	Failure to reduce reported incident risks through incident information not being shared with all relevant depts & committees.	HS	9	Director of Human Resources	1. Safety - C1 (a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experiences and information derived from the analysis of incidents	Adverse incidents and near misses are reported, analysed and acted upon/incidents graded for severity using the Risk Grading Matrix. Policy and Protocol on incident investigation and Root Cause Analysis/ systematic identification, recording, assessment and analysis of risks - All red/high risk incidents are forwarded to the Complaints Unit, who deal with all Serious Untoward Incident and Complaints using Root Cause Analysis. All Health and Safety incidents are investigated reflecting the level of grading. Incidents are reported externally to the NPSA. <ul style="list-style-type: none"> <li>• Incident Reporting Procedures</li> <li>• Issuing of Bulletins &amp; H&amp;S Minutes</li> <li>• LA52s copied to Estates and Fleet as appropriate.</li> <li>• Training and Clinical Updates produced by Management Information and put on intranet</li> <li>• Sector H&amp;S meetings on a quarterly basis.</li> <li>• Risk Reporting and Assessment Procedure</li> <li>• Notification of Local Police</li> <li>• Industrial injury absence statistics produced on a quarterly basis and considered by Strategic Committee</li> <li>• Internal Audits of Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Current CPD cycle in EOC includes a session on risk management that emphasises the Continuous Quality Improvement cycle and the importance of the Incident Report Form in the Process.</li> <li>• Incident Reporting Procedure (references reporting to MHRA, NPSA reporting high priority risks to Complaints Department and Serious Untoward Incidents Policy).</li> <li>• Staff updated about the importance of investigations by ongoing H&amp;S, Operations bulletins, RIB, The Pulse and LAS news as appropriate.</li> <li>• Quarterly Incidents Statistics are reviewed by the Corporate Health and Safety Group and Clinical Governance Committee which feeds into the Risk Compliance and Assurance Group. Local action is determined at complex meetings led by H&amp;S representatives.</li> <li>• Incidents are graded according to severity of impact and likelihood of re occurrence.</li> <li>• Incident procedure training provided to Managers (including grading)</li> <li>• Incidents are reported externally to the NPSA.</li> <li>• Incident Reporting Procedures</li> <li>• Issuing of Bulletins &amp; H&amp;S Minutes</li> <li>• LA52s copied to Estates and Fleet as appropriate.</li> </ul>	Risk Information Report. Trend analysis to inform decision and evidence risks is presented at Corporate Health and Safety Group	Recommendation needs to be time limited and implementation to be audited.	✓

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2) (a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt (b) To meet Accident and Emergency targets and prepare for new ones, as follows:- (1) 75% category A 8 minute (for the year as a whole), (2) 95% Category A 19 minute (for the year as a whole), ( 3) 95% Category B 19 minute by March 2007, (4) Doctors Urgent (15 minute) by March 2007.		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4 •Manager appointed to review NICE guidelines and report to Clinical Governance Committee.		✓
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2) (a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt (b) To meet Accident and Emergency targets and prepare for new ones, as follows:- (1) 75% category A 8 minute (for the year as a whole), (2) 95% Category A 19 minute (for the year as a whole), ( 3) 95% Category B 19 minute by March 2007, (4) Doctors Urgent (15 minute) by March 2007.	20	Failure to fully complete the Patient Report Form.	CLINICAL	15	Medical Director	2. Clinical and Cost Effectiveness -C5 (d) - Health care organisations ensure that clinicians participate in regular clinical audits and reviews of clinical services	<ul style="list-style-type: none"> <li>•NHSLA Risk Management Standard</li> <li>•Clinical supervision in place across the service (Team Leaders/Sectors Trainers)</li> <li>•Electronic KPIs introduced by Head of Clinical Audit and Research</li> </ul>	<ul style="list-style-type: none"> <li>•Boxes provided on station for the storage of PRFs to ensure all forms are collected for recording purposes</li> <li>•TP 017 Procedure for any Patient Identifiable Form Used, Generated or Stored by the LAS</li> <li>•Trainees have 2 hour training sessions on PRF completion</li> <li>•Training Supervisor role course</li> <li>•Supervised Ops. Training</li> <li>•All training courses discuss the importance of good documentation</li> <li>•Procedure for the use of the PRF reviewed</li> <li>•Treatment Protocols</li> <li>•Medical Directors Bulletin to emphasise the need of good documentation</li> <li>•CPI checks</li> <li>•EPRF development programme started</li> </ul>	Forms re-designed to include CAD number and date.	PRFs are still not fully completed. Ethnic box on the form has not been filled in for 94.5% of the PRF documentation audited	√

## London Ambulance Services NHS Trust

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# London Ambulance Services NHS Trust

## Assurance Framework

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### Assurance Framework

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Principal Objectives	Principal Risks				Domains and Standards	Key Controls	Assurances on Controls	Board Assurance	Compliance	
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person			Positive Assurance	Gaps in Control	
<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>
3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard. (b) Implement Actions from diversity plan. (c) Disability Equality Scheme. (d) Review and changes to recruitment practice and policy (including life skills). (e) Gender Equality Scheme prepared for publication in April 2007. (f) Work with DH to prepare a single Equality Scheme. (g) Introduce summary level SMG balanced scorecard. (h) Complete key supplier review. (i) Replace EROS purchasing system. (j) Revise Trust Standing Orders. (k) Implement ESR.		No risk currently on the Trust Wide Risk Register				3. Governance - C8 (a) - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of the service delivery, treatment and or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> <li>•LINC Scheme</li> <li>•Consultation visit programme</li> <li>•Development of new Service Plan with staff input. Whistle Blowing Policy approved by TB.</li> </ul>	<ul style="list-style-type: none"> <li>•25 trained support workers underpinning the LINC scheme</li> <li>•Employee Assistance Programme (EAPS)</li> <li>•Whistleblowing Policy</li> <li>•Counselling Service</li> <li>•Senior Management Review of Services by Head of Employment Services.</li> <li>•Support for staff reporting concerns raised by care provided by other Healthcare Professionals. Vulnerable Adults and Children Policy approved by TB.</li> </ul>		√
3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard. (b) Implement Actions from diversity plan. (c) Disability Equality Scheme. (d) Review and changes to recruitment practice and policy (including life skills). (e) Gender Equality Scheme prepared for publication in April 2007. (f) Work with DH to prepare a single Equality Scheme. (g) Introduce summary level SMG balanced scorecard. (h) Complete key supplier review. (i) Replace EROS purchasing system. (j) Revise Trust Standing Orders. (k) Implement ESR.	174	Staff expectations not met due to inability to sustain implementation of PDR service-wide.	HS	9	HR and OD Director	3. Governance - C8 (b) - Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	<ul style="list-style-type: none"> <li>•Resource Centre role in planning training using a formula that takes into context the relief factor, winter pressures, targets etc.</li> <li>•Training Resource Group.</li> <li>•Training Services Committee.</li> <li>•Training sub-group (with unions).</li> <li>•PTS Training Group.</li> <li>•Mechanisms to release staff for allocated training.</li> <li>• Monitoring roll-out to all staff of the PDR process.</li> <li>•Sponsored study budget.</li> <li>• Breaking through programme.</li> <li>•Positive statements on adverts</li> <li>• Support for staff networks</li> <li>•Bursary applications Scheme.</li> </ul>	<ul style="list-style-type: none"> <li>•Race and other Equalities legislation.</li> <li>• 80% KSF outlines in place.</li> </ul>		√

## London Ambulance Services NHS Trust

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3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard. (b) Implement Actions from diversity plan. (c) Disability Equality Scheme. (d) Review and changes to recruitment practice and policy (including life skills). (e) Gender Equality Scheme prepared for publication in April 2007. (f) Work with DH to prepare a single Equality Scheme. (g) Introduce summary level SMG balanced scorecard. (h) Complete key supplier review. (i) Replace EROS purchasing system. (j) Revise Trust Standing Orders. (k) Implement ESR.		No risk currently on the Trust Wide Risk Register				3. Governance -C10(a) - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	•NHSLA Risk Management Standard Review (Jan-05). •We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks.	•90% of new staff are checked (A&E staff and intermediate tier) • Compliance with CRB disclosures in the NHS (NHS Employers 2004)		√

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<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
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3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard. (b) Implement Actions from diversity plan. (c) Disability Equality Scheme. (d) Review and changes to recruitment practice and policy (including life skills). (e) Gender Equality Scheme prepared for publication in April 2007. (f) Work with DH to prepare a single Equality Scheme. (g) Introduce summary level SMG balanced scorecard. (h) Complete key supplier review. (i) Replace EROS purchasing system. (j) Revise Trust Standing Orders. (k) Implement ESR.	34	Risk of technicians failing to meet requirements for mandatory refresher and update elements of risk management training.			<b>Medical Director</b>	3. Governance -C11 (b) - Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in mandatory training programmes	•IHCD Inspection of training October 2003 (3-yearly) • Training Services Committee •Processes now in place to ensure that staff who do not attend mandatory training are re-booked and that an audit will take place to ensure that they attend and that their managers are informed. •Successful IHCD inspection of Education and Development completed in February 2006. PDR process introduced in February 2006.	•Discrete packages to update skills are delivered to EMTs on a continuous rolling basis. •Training Records. •All operational staff will attend a 5 day CPD course over the next two years (from April 2005). •Any EMT3 who wishes to progress to EMT 4 is required to have the evidence of having attended all mandatory training •Training Service Committee Minutes			√

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C13 (a) - Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	New complaints Policy and Guidance. Vision and Values. HR Policies and Procedures. Operational Policies and procedures. Training for operational staff specifically diversity CPD training. Being Open Policy.	RIB article on not photographing patients receiving care. Race Equality Scheme Implementation plan currently monitored by the Strategic Race Equality Scheme Steering Group.	Monitoring of complaints handling including matters aggravated by bias factors.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information		Consent Policy has been issued Trust-wide. Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		√

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13( c ) - Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary		AS ABOVE. Data Protection Policy in place. Access to patient data strictly controlled. Written requests required on official LAS form to facilitate release of such information to specific authorities. Locally, database views are employed to restrict access to specific fields of patient data on a per individual / role basis. Policy for Access to Health Records - TP009 Feed into staff induction: patient confidentiality / legislative requirements through presentation and handouts. Further ongoing training to be incorporated into current staff training to equip staff handling such data with (at least) yearly best practice advice / guidance through training.	Information Governance Panel and Management of IG Toolkit to set future IG initiatives and strategy.	√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. New Complaint PALS leaflet. Being Open Policy. Complaints Panel.	Advice on trust website about how to make a complaint. Routine complaints reporting to the Board.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	Race Equality Scheme and related policy documents embedded Trust wide Complaints Policy and Procedure	Complaints Policy, Diversity team reports. 1990 Trust Report to Board. Patient Surveys.		√

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.	71	Risk of not learning and changing practice, as a result of complaints.	CLINICAL	20	Medical Director	4. Patient Focus - C14 (c) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate make changes to ensure improvements in service delivery	Serious complaints are investigated by Complaints Officers using Root Analysis techniques Roundtables are then used to draw out lessons learnt and determine actions to prevent recurrence. Significant review of complaints handling arrangements in each of the three areas. Complaints are used in the Corporate Induction, DSO and EMT course for discussion regarding how the situation could have been dealt with better and to learn from each complaint received by the LAS Complaints Review Panel Complaints Procedure with revised flow chart Local outcome reports	Complaints Internal Audit (Feb-07) NHSLA Risk Management Standard (Jan-06) - Added Statement and Summary Writing Guidance to the Complaints procedure as an appendix, actioned through the Complaints Review Panel. Complaints trend analysis. Illustrative cases in LAS Patient Care News to share lessons and experience.	Significant review of complaints handling been undertaken by service. Complaints now dealt with at local level. Complaints Handling Manual for Managers circulated Trust Wide.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.	71	Risk of not learning and changing practice, as a result of complaints.	CLINICAL	20	Medical Director	4. Patient Focus - C14 (c) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate make changes to ensure improvements in service delivery	As part of CPD complaints will be included in the training for all operational staff. Monitoring and reporting of compliance with 25 day and 48 hour targets by Complaints Panel. As part of CPD complaints will be included in the training for all Operational staff. Monitoring and reporting of compliance with 25 day and 48 hour targets by Complaints Panel.				

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register			<b>Director of Communications</b>	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	PALS team Patients' Forum monitors the effectiveness of local PALS PPI Strategy A formal protocol has been drawn up between PALS and Complaints Department. Public Education Strategy under development. Over 40 referral pathways agreed with Minor Injury Units, Walking Centres and District Nursing Services. Policy for Consent to examination or treatment implemented (July 2006). Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.	PALS enquiries trend monitoring PALS report to Clinical Governance Committee.		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register			<b>Director of Communications</b>	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Resuscitation Training Team who provide free training to community groups. The Community Defibrillation Programme. Defibrillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.				

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5) (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services). (b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.		No risk currently on the Trust Wide Risk Register			<b>Director of Service Development and Director of Communications</b>	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	PPI Strategy Delivery plan. PPI Committee, Patient forum member on CARSAG. Patient representation on Clinical Audits. Stakeholder Workshops as part of development of Annual Service Plan. New Service Improvement Programme.	Patients Forum represented on Senior Governance Committees. Informal approval of compliance for this standard given by Healthcare Commission during February 2006. Assurance to be taken from evidence shown to the Healthcare Commission informal review of 5 Healthcare Standards in February 2006.		✓
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<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>
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6) (a) Implementation of the Department of Health/NHS "Essential steps to safe, clean care" framework. Complete self assessment process and produce/implement action plan to respond to issues identified. (b) Establish local ownership of infection control issues by creation of "champions" on each station complex. Lead person to coordinate issues relating to audits and resulting actions plans and monitoring of standards. Also this person can assist in local swabbing programmes if required. (c) Establish business case for the Nurse Specialist in Infection Control (full time).	66	Risk to patients and staff due to contamination of equip.and vehicle	Logistics	2	Director of Operations	6. Care Environments and Amenities - C21 - Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Infection Control Manual and the pre-learning material for new recruits now contains a large section on Infection Control.	Established members of PTS staff will be trained through the new programme of Work Based trainer activity. The concept involves the introduction of themed training activity at local level, which will subsequently change on a monthly basis (to include Infection Control).	Make Ready currently rolled out to A& E vehicles. Future plans to also roll out to RRU vehicles and planning to extend to PTS in next financial year.	✓



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7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processes.		No risk currently on the Trust Wide Risk Register			<b>Directors : Medical Operations and Service Development Service</b>	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.	PPI Policy PPI Committee PALS reports Race Equality Scheme and Development Plan quality assured with Strategic Health Authority who gave it best practice status. Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group			√
7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processes.		No risk currently on the Trust Wide Risk Register			<b>Medical Director</b>	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November 05 . Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above			

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7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processes.	163	Not being able to instigate an affective response to either an int. or ext incident due to lack of contingency planning	Operational	12	<b>Director of Operations</b>	7. Public Health - C24 - Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services	Business Continuity Steering Group chaired by the Director of Finance. Exercises with operational managers and crews Major Incident Plan, EPU, Business Continuity Plan London Emergency Services Liaison panel membership Major incident management training annually for senior managers Secondments of senior managers to London Resilience Team International Emergency Planning Exercise London wide Police, Fire and Ambulance Services rehearsal exercise.	Business Continuity Plan. Business Continuity Policy. Major Incident plan. Mass Casualty Plan. Heatwave Plan. Mutual aid Agreements with other emergency services. Agreements with private sector ambulance services. Business Continuity Planning internal Audit - 06/07	Business Continuity Plan in place and is currently being reviewed.	

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