

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 27<sup>th</sup> September 2005 at 10am**

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

**A G E N D A**

1. Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the Meeting held on 26<sup>th</sup> July 05. Part 1 and II Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks
6. Report of the Chief Executive Enclosure 3
7. Month 5 Financial Report. Enclosure 4
8. Report of the Medical Director Enclosure 5
9. Standards for Better Health – draft statement of compliance Enclosure 6
10. For approval: Consent Policy Enclosure 7
11. Electronic Staff Records project plan Enclosure 8
12. Progress report governance review Verbal
13. Update Urgent Care Presentation
14. Update CAD Enclosure 9
15. Update on Service Improvement Plan Enclosure 10
16. Update on Seven Year Plan Presentation
17. Report from Trust Secretary on tenders opened since last board meeting and the use of the Trust seal. Enclosure 11
18. Draft Minutes of the Clinical Governance Committee – 15<sup>th</sup> August 2005 Enclosure 12
19. Any Other Business.
20. Opportunity for Members of the Public to ask Questions.
21. Date and Venue of the Next Trust Board Meeting.  
29<sup>th</sup> November 2005, 10.00am at 220 Waterloo Road, London SE1

**LONDON AMBULANCE SERVICE  
TRUST BOARD**

**Tuesday 26<sup>th</sup> July 2005**

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

<b>Present:</b>	Sigurd Reinton Peter Bradley	Chairman Chief Executive
	<u>Non Executive Directors</u>	
	Barry MacDonald Sarah Waller Beryl McGrath Toby Harris	Non Executive Director Non Executive Director (from 10.20) Non Executive Director Non Executive Director
	<u>Executive Directors</u>	
	Mike Dinan Fionna Moore Caron Hichen Martin Flaherty	Director of Finance Medical Director Director of Human Resources & Organisation Director of Operations
<b>Apologies:</b>	Colin Douglas	Non Executive Director
<b>In Attendance:</b>	Mairead Doyle David Jervis Mike Boyne Kathy Jones Vishy Harihara Henry Gillard John Wilkins Colin Hill Jonathan Lofthouse Ian Mabe Nicola Foad Martin Brand Christine McMahon	Director of PTS (Acting) Director of Communications Head of Operational Support Director of Service Development Patients' Forum Representative Member of Patients' Forum Head of Governance Member of the public Member of the public Member of the public Head of Legal Services SIP manager Trust Secretary (Minutes)

**65/05 Declarations of Interest**

**The Chairman declared that he has accepted a position on the advisory board of The Foundation, a strategy consultancy.**

**66/05 Opportunity for Members of the Public to ask Questions**

**There were no questions.**

**67/05 Minutes of the Meeting held on 31<sup>st</sup> May 2005**

**Agreed: The minutes of the meeting held on 31<sup>st</sup> May 05 as a correct record of that meeting.**

**68/05 Matters Arising**

*Minute 49.05* – Barry McDonald queried whether there had been a further analysis undertaken of Category A and Category B and was assured this was contained within the Chief Executive's report.

## **69/05 Report of the Chairman**

The Chairman reported that London First had recently produced a report for Transport for London (“Driving Business – what business wants from London’s road network”) which included recommendations for road traffic calming schemes on page 10.

The Board considered whether the Trust should continue to be a member of London First as the hoped for benefits from joining the group (mentoring scheme and lobbying) have not been realised. Toby Harris suggested that the LAS should approach the London teaching hospitals who are also members of London First and work with them to raise the profile of health with London First. This approach has been successfully used by London High, which represents the interests of Higher Education institutions in London. **ACTION: The Chairman**

At a recent meeting of London First the leader of the London Borough of Camden had criticised the LAS for not being actively engaged with her Council’s officers. The Chairman has written informing the Councillor that Camden Ambulance Station has good relations with Camden’s Environment Department and Street Policy Traffic Strategy Manager.

The final report of the Steering Group for Integrated Urgent and Emergency Care across London has been published and contains recommendations for the implementation of integrated care. There will be a meeting of the Steering Group to consider how the recommendations will be implemented.

**Agreed: That the LAS should approach the London Teaching hospitals, who are also members of London First, and suggest working together to ensure that London First gives more priority to healthcare in the capital.**

## **70/05 Report of the Chief Executive**

*Urgent Care:* By 30<sup>th</sup> November 2005 the Urgent Operations Centre will be open and will incorporate the existing Greenbase, CTA, EBS and the PTS central services. By 30<sup>th</sup> April there will be a full technical integration of services. In September 2005 the recently appointed Head of Urgent Care will make a presentation to the Board outlining how the Urgent Care Control Room will work and how it will interact with the Strategic Health Authority.

*Patient Transport Service:* the Chief Executive wished to recognise the professional manner in which PTS staff worked at Hammersmith until the contract was handed over to the private contractor on the 30<sup>th</sup> June 2005. The Board was informed that due to pricing PTS has lost the Barnet and Chase Farm contract; this was rather unexpected as PTS had a good relationship with that Trust.

*Staffing:* the presentation of the workforce plan has been revised and Members comments were invited. It was explained that the additional 120 A&E staff included in the workforce plan were due to Agenda for Change. It was requested that the graph be extended to March 2006.

*Agenda for Change:* to date 10% of staff have been assimilated and job descriptions have been completed for all staff. The Trust is required to have 95% of staff ready for assimilation by October 2005.

The job matching panel had failed to agree on the banding for EMTs and Paramedics; a process has been agreed with staff side representation on the procedure for managing this and both sides are working towards a resolution.

*Sickness absence:* the sickness level for May 2005 was 6.4%; this is an increase on the April figure of 5.7%. The Central Ambulance Control room (CAC) continues to be of concern; CAC's managers and the HR team, including Occupational Health, are working together to actively manage the issue. It was commented that the London Fire Brigade experience a similar level of sickness in their control room.

*The Ambulance Review* was launched at Ambex in June 2005; it contained 70 recommendations for the implementation of integrated care across the ambulance service in England.

*Performance:* The Director of Operations reported that May and June were very difficult months in terms of meeting performance targets in particular for Category A – May 74%, June 72%, with July expected to be 73/74%. The performance for the year to date is 73.2%. To date in 2005 the overall demand has increased by 4%.

As previously reported the overall increases in demand have been triggered in part by periods of very hot weather. During the hot weather experienced in May and June there were some days that Category A demand was over 50% above historic levels. Analysis has shown that 30% of the increased Category A demand was due to the software changes i.e. when the Trust moved from AMPDS 11.1 to AMPDS 11.2 and also to the changes in Categories, as required by the Department of Health in April 2005. The software's sensitivity to the hot weather may be due to the high temperatures exacerbating chronic conditions such as asthma, plus there is an inevitable rise in incidents involving excess alcohol due to more social events taking place.

August will also be a particularly challenging month as A&E is currently carrying a greater number of vacancies than is desirable plus there is a general reluctance by crews to work overtime at the weekend. Work is being done to improve performance in August and to improve A&E's resilience – details of the action plan were outlined in the Chief Executive's report.

*CAC:* During recent months call answering within 5 seconds has fallen dramatically due to a combination of rise in demand, the hot weather and high sickness levels experienced in CAC (11.3% for May). During June there were some days that were as busy as 31<sup>st</sup> December. On a positive note, call answering in July has improved, with 70% of calls being answered within 5 seconds.

Barry McDonald wondered whether it would be possible to end multiple response units now rather than in a phased fashion as set out in the Chief Executive's report. The Director of Information Management & Technology explained that there were significant technical difficulties to overcome as the system required reconfiguration; code needs to be written to enable Fast Response Units (FRUs) to be managed by the main sector desk. The Board was assured that the use of multiple responders would be phased out as quickly as possible.

Beryl McGrath asked whether it would be possible to make greater use of Emergency Care Practitioners (ECPs). It was accepted that improvements needed to be made in the utilisation of ECPs and this work is part of the Urgent Care service developments.

The Board was advised that the current FRU cars are being steadily being replaced by Zafira vehicles which will enable some patients to be transported and thus avoid the need for an additional ambulance to attend.

It was confirmed that there is no financial incentive in 2005/06 to achieve 75% performance levels for Category A; in 2004/05 the Trust received additional capital funds each month that 75% performance target was achieved. It was recognised that with performance to date being 73% the Trust will need to achieve an average of 77-78% in order to achieve the overall target of 75% for the year.

In response to Barry McDonald comments on the current poor A&E staffing levels outlined in Chief Executive's report; the Director of Operations explained that 115 new members of staff are expected to join the Service by mid to end November. The Trust is continuing to pay double time for overtime worked at weekends until the end of September. The Board was informed that due to difficulties in staffing levels at the beginning of this week double time was authorised for the first time for midweek (25<sup>th</sup> and 26<sup>th</sup> July). Board members expressed concern that this will create expectations amongst staff. The Director of HR confirmed that staff side representatives understood that the payment of double time for weekend working will cease in September. It was emphasised that these were extraordinary circumstances as the Trust was facing a number of challenges not least of which was the high level terrorism threat.

Barry McDonald requested that the graphs for overtime show whole time equivalent; the Director of Finance undertook to ensure that this was included in future Board reports. **ACTION: the Director of Finance.**

The Chairman wished to record the Board's immense appreciation to the Executive Directors and all staff throughout the Service for their efforts on 7<sup>th</sup> July. The Service distinguished itself in its ability to respond to the incidents and for its collaboration with other services; a number of letters have been received thanking the Service for its contribution.

*7<sup>th</sup> July 2005* The Director of Operations briefly outlined the events of the 7<sup>th</sup> July and the steps taken by the LAS Gold Control to respond to the incidents. There was some confusion initially as at first it was being reported that the Underground had experienced a power surge, then it was thought that there were up to 8 separate incidents – later it became clear that there were 4 main sites which had been attacked.

The LAS invoked its mutual aid agreements and received support from St Johns Ambulance, the Red Cross and the surrounding county services. Overall 120 vehicles and circa 250 staff were deployed. The terrorist attack resulted in over 52 people being killed, 45 being critically injured and 700 injured. As part of its response to the incidents the Trust temporarily stopped responding to amber and green calls; these were reinstated in the afternoon. It was reported that despite the terrorist attacks the Trust achieved a 71% response to Category A calls on the 7<sup>th</sup> July.

The terrorist threat levels remain at critical and work is being done to improve the Service's resilience. In the afternoon of the 7<sup>th</sup> July 70 vehicles were sent to Millwall so that staff who had been working at the 4 sites could be debriefed. The Make Ready teams were in place to re-equip and clean the vehicles so that they could be redeployed as quickly as possible. Lessons will be learnt from the incidents on the 7<sup>th</sup> July and there will be comprehensive debrief arrangements.

On the 21<sup>st</sup> July the Service was again at high alert when there were further attempts to carry out attacks on the underground. As the bombers have not yet been caught and the threat level remains high a comprehensive daily plan has been put in place to respond to any further incidents.

The Director of Communications summarised the response of the Communications team to the events on the 7<sup>th</sup> July – a detailed report was contained in the Chief Executive's report. He felt that the Trust had responded to the Media's enquires in a professional manner and praised the willingness of front line staff to be interviewed by radio and press journalists. The Chairman said he had seen some of the interviews and thought staff had handled themselves with great dignity. The Director of Communications commended Russell Smith for his excellent work as the Trust's senior spokesperson to the media.

The Chief Executive expressed his thanks to local services such as Thai Silk, Tesco and Millwall football stadium for the support they offered to the Service on the 7<sup>th</sup>

July. He also wished to acknowledge the role played by the Director of Operations, who had been deputising for him whilst he was on leave, for showing fantastic leadership qualities during a very difficult time.

In response to questions from Toby Harris the Director of Operations confirmed that the effect of the appeal to only call the LAS for life threatening emergencies had a notable effect with a 30% decrease in calls; that the issue of insurance would be followed up (this was in response to the police drivers relocating ambulances so as to enable crews to focus on patients) and the issues surrounding mobile phone communications are being addressed by the London Resilience team.

**Noted: The Chief Executive's report**

### **71/05 Month 3 Finance Report**

The Finance Director reported that the Trust was currently forecasted to break even at the end of the year with income on target for the year to date and expenditure is 0.8% less than target for the first quarter of 2005/06.

He highlighted the following:

- The payment of double time to staff to work weekends,
- That the finance team are tracking the costs incurred as a result of the recent incidents for internal management purposes.
- That some of the budget will be rephased to reflect the pattern of spending expected later in 2005/06.
- That expenditure on fuel is up (negative variance of £66k) due to higher consumption than planned.
- That due to a member of staff retiring on grounds of ill health a provision has been made for £175k against a quarterly budget for legal expenses of £78k. There has also been an increase in provision for legal expenses by £40k.

*PTS:* Managers have been instructed not to use third parties unless authorised by senior managers. The Finance Director praised the contribution of PTS colleagues on the 7<sup>th</sup> July both at the scenes and in assisting other members of staff with transport in the evening. Expenditure by PTS on overtime is being kept under review. The Director of Finance commented that the figure of 15 additional staff for PTS was incorrect and a correct figure would be presented in the next Trust Board report. **ACTION: The Director of Finance.**

*ECPs:* The Finance Director confirmed that as Croydon Primary Care Trust (PCT) are unwilling to fund Emergency Care Practitioners (ECP) there will no extension of the ECP programme operating in Croydon. A review may be undertaken regarding the provision of ECPs in Croydon.

*Debtors:* A&E debtors increased to £502k in June due to a delay in the payment of High Cost Area Supplement from the PCTs; this has meant that A&E debtors for 1-60 days rose from 1% to 12%. There was good news for PTS as its debtors fell from £1.7m to £1m in June; the debtors exceeding 60 days (£495k) are the remaining disputed sums under arbitration.

*Cash reserves* are currently £5m, this is due to AfC. When staff are assimilated onto the new AfC terms and conditions cash reserves will return to normal levels.

In response to a question from Barry McDonald the acting head of PTS confirmed that following her departure in the Autumn authorisation will be required from the Regional Operations Manager's regarding the use of third parties.

A breakdown of the consultancy costs was requested and the Finance Director undertook to provide the necessary detail. **ACTION: the Director of Finance.**

The Board was informed that a letter has recently been received from the South West London Strategic Health Authority (SWLSHA) requesting that, in addition to the £3m savings already required of the Trust, a further £2m surplus is achieved in 2005/06. There was some uncertainty as to whether the money will be brokered or not. The Chief Executive reported that the SWLSHA is under financial pressure. Work will be undertaken to ascertain whether the LAS can realistically save an additional £2m. **ACTION: The Board will be asked at its September meeting to decide whether the LAS can agree to the SWLSHA's request that a further £2m surplus be achieved in 2005/06.**

**Noted: The report**

## **72/05 Report of the Medical Director**

The Medical Director reported that following the events of 7<sup>th</sup> July she has received numerous letters of support from other Ambulance Services. In particular she received a letter from Professor McGowan, the President of the Faculty for A&E medicine, expressing his admiration for the manner in which the LAS responded to the events of 7<sup>th</sup> July 05. She wished to record her thanks to David Whitmore, the Senior Clinical Advisor, for his efforts whilst she was on leave. The Medical Director highlighted the following items from her report:

*First domain:* the LAS take the Safety Alert Bulletins issued by the MHRA seriously; to date only one in fourteen of the bulletins have been relevant for the Trust. The bulletins are reported on a regular basis by the Health & Safety Manger to the Clinical Risk Group.

*Second domain:* survival cardiac arrest has risen to 8.1% in 2003/04 which is a noteworthy achievement (previously 6.4% in 2002/03); the details of the research were set out in appendix 2 of the Medical Director's report. A note of caution was sounded as the research was restricted to a limited number of patients in order to ensure comparability of the reported numbers and there still remains a lot of work to be done to come up with a way of reporting performance for all patients suffering cardiac arrest of a cardiac origin.

The Board was informed that 3 audits are being undertaken:

- A clinical audit of the care of obstetric patients transported by the LAS
- A re-audit of the care of anaphylactic patients by the LAS
- A snapshot audit examining the care of hyperglycaemic patients by the LAS

*Fifth domain:* Since June 2005 the Medical Director and two of her staff are providing telephone clinical advice on a rota basis to support front line crews. To date there have been ten calls received. The majority of calls reflected crews' concern regarding the administration of pain relief and issues around obtaining consent.

There was a brief discussion regarding the Utstein template and recognition that the audit excludes a significant number of LAS patients who have suffered heart attacks. The Medical Director confirmed that the study does only include a limited number of patients in accordance with international standards; this enables survival rates to be compared nationally and internationally.

The Director for Service Development confirmed that the Trust's database contains information regarding all patients who suffer cardiac arrest.

Barry McDonald queried why the "unknown" hospital outcomes were 28%. It was explained that this was due to a number of factors – hospital staff not having time to help with requests for information or some hospital staff invoking the Data Protection Act. However there are hospitals where staff have been very co-operative. The LAS is unusual in that it liaises with 32 A&E departments.

It was anticipated that once the National Patient Record Data Base goes live research will become easier.

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

**73/05 Five Year Plan**

The Director of Service Development gave a brief presentation outlining progress to date on drafting the five year plan which will succeed the Service Improvement Programme. Following consultations with stakeholders (PCTs, Strategic Health Authorities, Medical Community, Staff, other emergency services and suppliers) 6 aspirations have been drafted to serve as a framework for the five year plan. A major challenge for the Trust will be changing the culture of the organisation, in particular how staff are managed.

A draft will be initially presented to the Service Development Committee in October with a final draft being presented to the Trust Board in January 2006.

It has been suggested that the Five Year plan be a web based document – a 'living' tool to plan our work. A four page leaflet will be produced setting out what is included in the Five Year plan and how the web based document can be accessed.

The Director of Service Development confirmed that anything unfinished in the SIP will be included in the Five Year Plan.

**Noted: The progress to date in drafting the Five Year Plan.**

**74/05 Policy on Intellectual Property Rights**

The Finance Director presented the policy on Intellectual Property Rights which outlined how the Trust will seek to protect and where possible exploit its intellectual property rights. Work will be undertaken to check legal agreements etc. to ensure that the Trust protects its intellectual property rights.

Beryl McGrath was assured that, in appropriate circumstances, intellectual property rights may be shared with employees who demonstrate that they have developed intellectual property in their own time and not just during their hours of employment.

The Finance Director wished to record his thanks to the Head of Legal Services for her efforts in drafting the policy.

**Agreed: To approve the policy on intellectual property rights.**

**75/05 Standards for Better Health**

The Head of Governance outlined the requirements of the Standard for Better Health (SfBH) which is replacing the star ratings system. The Healthcare Commission's intention is that the new system will be responsive, involve local players etc. One issue for the LAS will be identifying which of the 32 scrutiny committees to approach to review its draft compliance statement in the autumn.

A draft compliance statement will be presented to the Trust Board in September 2005 which will outline the degree to which the Trust complies with the core standards. An action plan will be included on how the Trust will address the areas of non-compliance by April 2006. Clarification is awaited from the Healthcare Commission on who the required signatures to the draft statement will be.

The SfBH will be a risk based approach and will be reliant on self-assessment. The Head of Governance reported that the internal auditors will be asked to review the work identified as necessary for the Trust to evidence that it is fully compliant by April 2006.



The Trust will be expected to focus on the developmental standards in 2006/07 and progress will be expected year on year

The Director of Finance observed that a number of issues remain to be clarified and that the Board will be kept informed through regular updates. He thanked the Head of Governance for his efforts with this matter.

The Director of Service Development reported that the SFBH was required pre-reading for the senior managers attending the 2 day conference being held on 28/29<sup>th</sup> July which will be working on the details of the Five Year Plan.

**Noted: The report regarding Standards for Better Health.**

**76/05 CAD 2010**

The Director of Information Management and Technology (IM&T) informed the Board of progress to date in developing the new CAD system.

The Board was informed that the Department of Health's Gateway Review Team have reviewed the processes and were satisfied that the project was on track. An update will be presented in September with a full business case presented to the Trust Board in January 2006.

Sarah Waller observed that 25 internal groups were involved in developing the new CAD system and wondered whether there were plans to include external stakeholders. The Director of IM&T confirmed that no work has been actively undertaken with external stakeholders but reiterated that the Gateway Review Team had reviewed the process; a communications exercise will take place in due course.

In response to a question from Vishy Harihara the Director of IM&T confirmed that the Trust was unlikely to update to the forthcoming Window application, known as Vista.

**Noted: The update on CAD**

**77/05 Update on Freedom of Information Policy**

The Director of Information Management and Technology (IM&T) reminded the Board that when the Freedom of Information (FoI) policy was approved in January 2005 there was an undertaking that it would be reviewed after six months.

The Policy is being re-presented as it has been amended to reflect the experience of the last six months e.g. the requirement for information manuals has been dropped as they did not prove to be useful and it now includes an explicit statement with regard to maintaining patient confidentiality.

The Board was informed that to date the Trust has received 57 FoI enquires; only 3 were deemed to be true FoI requests, these were from the BBC and commercial companies. Exemptions were applied as necessary by the PALS unit. The Director of IM&T praised the PALS unit for the manner in which they have implemented the policy.

**Agreed: To approve the amended Freedom of Information Policy.**

**78/05 Estates Review**

The Director of Finance highlighted the following from the Head of Estate's report:

- Brixton – the identification of suitable premises for a new Ambulance Station (AS) continues to be challenging for the Estates team.
- Streatham – there has been a delay to the refurbishment due to the need to underpin adjoining premises, the project is due for completion in September

- Isleworth – there has been good progress. Following an evaluation of the tenders it was proposed that the Trust accept the Housing Association’s proposal as it offers best value.
- Poplar – legal negotiations are ongoing and it is anticipated that a draft agreement for the development of the new Ambulance Station will be in place by September.
- Park Royal and Willesden – the Estates team are endeavouring to identify a new AS site but were experiencing difficulties in finding a suitable site.
- Rotherhithe – the new AS is expected to be completed at the end of August.
- Estates are introducing a maintenance system on the intranet to log maintenance calls, allocate order numbers etc – it is anticipated that it will improve customer service and improve control of authorisation and payments.
- The Trust is reviewing its arrangements for emergency space.

The Director of Finance assured Beryl McGrath that Area Operations Managers are kept informed of progress with regard to negotiations, applications for planning permission etc.

**Noted: The report**

**79/05 Update on Service Improvement Programme**

The Head of Planning and Programme Management informed the Board of progress to date.

Of the 40 outcomes 5 are unlikely to be achieved by March 2006 (the exceptions report outlined reasons for their red status), 16 (green status) are forecasted to be achieved and 19 (amber) are at risk but are deemed to be achievable by March 2006.

In response to a question from Sarah Waller concerning Outcome 30 (reduce non-staff [vehicle] related downtime) it was explained that tracking has been difficult because of the poor quality of data. Measures are being taken to address this issue but at the moment it is ambiguous which is why it has an amber status.

**Noted: The update regarding the Service Improvement Programme**

**80/05 Annual Risk Management Report**

The Director of Finance presented the report which outlined work that had been undertaken by the Trust to manage risk. For example, following the inspection by the National Health Service Litigation Authority the Trust attained Level 2 for the provision of pre hospital care which has meant some reduction in fees the LAS pays to Clinical Negligence Scheme for Trust (CNST). The inspection was an important learning experience for the Trust; work is being undertaken to implement the lessons learnt to ensure the Trust successfully attains Level 3 in 2005/06.

**Noted: The report**

**81/05 Report from the Trust Board Secretary – tenders opened since the previous board meeting**

Three tenders have been received since the May Trust Board meeting regarding:

09/05 – provision of a managed laundry service	Central Laundry Synergy Healthcare Ltd East Sussex Hospital Sunlight Services Group
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10/05 - Provision of clinical waste and special waste disposal services

Total Contract Maintenance Ltd  
Polkacrest  
Grundon Waste Management  
Indigo Waste Solutions  
Cliniserve Ltd  
Canon Hygiene  
White Rose Environment  
Rentokil Initial Med Services  
PHS Group plc  
AMT Services

11/05 – replacement of roof at Barnehurst

Advanced Roofing  
Weatherproof Maguire Brothers Russell  
Trew Ltd

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

**Noted: The report**

**82/05 Draft Minutes of the Service Development Committee**

The Board considered the draft minutes of the Service Development Committee which met on 28<sup>th</sup> June 2005.

**Agreed: 1. That the minutes should have included reference to the important change in clock starting rules – the Department of Health have instructed that all Ambulance Services are to start the clock when the call is received by CAC.**

**Noted: 2. The draft minutes of the Service Development Committee of 28<sup>th</sup> June 2005.**

**83/05 Draft Minutes of the Audit Committee**

The Chair of the Audit Committee, Barry McDonald felt that the reports from the Auditors provided reassurance on the Trust's processes and procedures.

Bentley Jennison, the internal auditors, highlighted two areas of concern. Following their visit to 5 stations, the internal auditors found that 3 stations had sufficient processes/procedures in place for adequate assurance whilst 2 were found to have limited assurance with regard to their processes/procedures. A second area of concern highlighted by the internal auditors was the implementation of the processes/procedures for the control of drugs which led to 1 fundamental recommendation and 4 significant recommendations being issued.

Sarah Waller added that she and Barry McDonald had a private meeting with the External and Internal Auditors prior to the Audit Committee meeting; there were no concerns raised by the Auditors.

**Noted: The draft minutes of the Audit Committee – 4<sup>th</sup> July 2005.**

**84/05 Draft Minutes of the Risk Management Committee – 4<sup>th</sup> July 2005.**

The Board considered the minutes of the Risk Management Committee.

**Noted: The draft minutes of the Risk Management Committee held on 4<sup>th</sup> July 2005.**

**85/05 Draft Minutes of the Charitable Funds Committee**

The Chairman of the Charitable Funds Committee, Barry McDonald, reported that the Committee had decided that the funds should be managed by one Fund Manager, Investec Investment.

**Noted: The draft minutes of the Charitable Funds Committee held on 4<sup>th</sup> July 2005**

**86/05 Opportunity for Members of the Public to ask Questions**

Henry Gillard of the Patients' Forum informed the Board that due to the Forum's increasing membership it is hoped that there would be regular representation from the Forum at meetings of the Trust Board and its Committees.

Henry Gillard reported that he had recently attended the South West London Strategic Health Authority's Board meeting on 19<sup>th</sup> July 2005 at which the Chairman expressed his admiration for the LAS and the other emergency services for the manner in which they had responded to the events of 7<sup>th</sup> July. John Pullin of the London Emergency Organisation expressed his admiration for the impeccable performance of the LAS and thought the inter-relations between the different emergency services had been exemplary.

Colin Hill asked when would the LAS be planning for the Olympic Games in 2012. The Director of Operations responded that as the LAS had been involved in preparing London's bid to the Olympic Committee planning has already begun; detailed planning will begin in earnest in 2006.

**87/05 Date and Venue of the next Trust Board Meeting**

Tuesday, 27<sup>th</sup> September 2005 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

The meeting concluded at 12.40pm

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD**

**Part II**

**Summary of discussions held on 26<sup>th</sup> July 2005**

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

Part II of the Trust Board's meeting is not open to the Public as matters of a sensitive and confidential nature are discussed. 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> July 2005 in Part II the Trust Board briefly discussed the events of 7<sup>th</sup> July, the restructuring of A&E, the National Ambulance Review and CAD 2010.

**LONDON AMBULANCE SERVICE NHS TRUST**  
**TRUST BOARD MEETING 27 SEPTEMBER 2005**  
**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.

	CAT A 8	CAT A 14	CAT B 14	Urgent within 15 mins of STA
Standard	75%	95%	95%	95%
YTD*	73.8%	94.7%	76.2%	57.3%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

\*As of 12<sup>th</sup> September 05

Key highlights

- i. During August, action was taken to increase operational resilience including managing leave; cancelling non-essential meetings and training and putting all Team Leaders on ambulances which succeeded in reversing the downward trend in CAT A since May.
- ii. Analysis of recent poor performance revealed sub optimal resourcing and continued high workload as primary causes, in conjunction with a lengthening in Job Cycle Time on ambulances of 1 minute and FRUs of 2 minutes.
- iii. Some minor areas of concern in the AMPDS software have been resolved, where on occasions the wrong determinant was being assigned.
- iv. AMPDS software is still under scrutiny on the determinants that cover maternities, and has been referred to the American producers to investigate unexpected increases in CAT A volume from this group.
- v. July saw unexpected and sustained pressure on staff and managers alike. Dealing with the events of the 7<sup>th</sup> and 21<sup>st</sup> created ongoing uncertainty, which absorbed resources from across London to provide an immediately available resource group.
- vi. PCT targets remain a challenge, July and August saw differing levels of achievement, with between 10 and 6 PCTs per month not achieving the 72% standard. YTD sees us with 10 PCT areas that are below standard, comprising of; Brent, Ealing, Richmond & Twickenham, Hillingdon, Barnet, City & Hackney, Tower Hamlets, Havering, Croydon and Greenwich.
- vii. The year to the 12<sup>th</sup> September, total call volume has increased by 2.5% when compared to the same period last year.

## 1.2 Resourcing

Resourcing has continued to be difficult in July, August and the early part of September. In order to improve operational resilience during August a number of exceptional measures were put in place; these and the issues that have impacted upon resourcing are explored in detail below.

- August resilience: Because of the threat of further terrorist action and periods of high workload, over the peak summer leave period. Action was taken to defer planned training and routine meetings that removed operational staff from their normal duties, annual leave was restricted and Team Leaders and ECP's suspended development and other duties to totally focus on undertaking operational duties. These measures assisted with maintaining core cover and when appropriate deploying additional resources.
- Vacancies: There remain more operational vacancies than we would normally want at this stage of the year. The expected recruitment position by year end is in the table below.

August	11
September	28 + 26 Paramedics
October	38
November	12
December	10
Total	125

- Overtime: Because of vacancies, the Service continues to be heavily reliant on overtime and this has led to crews being increasingly selective as to when they work it, preferring to work on a weekday instead of a weekend. To address this problem, from the 10 June enhanced overtime from 15.00 hrs on Friday until 03.00 hrs Monday morning, paid at double time, was introduced. This has had a dramatic and sustained impact upon weekend overtime working, but as expected has had a negative impact upon certain days of the week, in particular Mondays.

## 1.3 Central Ambulance Control

Call taking in dispatch and ETA for call takers has now been introduced into CAC. At the time of writing, the performance effects have yet to be analysed, however staff in CAC have welcomed the developments.

Improved servers have now been introduced on to the computer system in CAC. During the load up, the control room reverted to a paper system, which has had a negative effect on 999 call taking performance in August.

ACAO John Hopson has introduced a recruitment plan, and is in the process of reviewing the information sent out to prospective employees. There are also plans to review the job advert and to hold an open evening so those people who wish to join CAC can see the room in operation. There are 10 new entrants in training, and plans for 18 to start training in October. As part of the

future leadership and management requirements, work has started to review the management structure. Further information will be available on this at a future board meeting.

Work continues to develop a safe and reliable way of despatching ambulances and FRUs from sector desks.

## 1.4 Urgent Care Service

The following timescales for the opening of the *Urgent Operations Centre (UOC)* have been agreed by the Project Board, chaired by Peter Suter:

30 November 2005 – co-location of the existing Greenbase, Clinical Telephone Advice (CTA), EBS and PTS Central Services resources into a single control room function

30 April 2006 – full technical integration of services

Good progress is being made against this challenging first target and the opening of the UOC remains on target.

Current service provision remains challenging based on staff levels in EMT1, Whitework and CTA posts.

Changes in process mean that CTA recruitment has improved with a number of staff now awaiting training, which will proceed as soon as the procurement of new clinical decision support software is complete. This will bring CTA close to full establishment for the first time.

## 1.5 Emergency Planning

Since the last report, the Emergency Planning Unit have been involved predominantly with the bombings on 7 July and the subsequent events in late July. The debrief for the events of 7 July is now complete and an action plan is being prepared for SMG. The action plan will be subjected to regular review.

In tandem with the events of July, the unit has been busy providing the planning support for numerous large events which characterise the ‘summer season’ in London (i.e. Live 8 and Notting Hill Carnival). The unit has also had initial discussions with the Olympic 2012 team as a result of the successful bid to host the Olympics in 2012. In addition, unit members have begun to attend Local Resilience Forum meetings to comply with the requirements of the Civil Contingencies Act 2004 (CCA).

## 1.6 Professional Standards Unit

*Comparison of complaints received between April and August, 2004/2005*

	All Complaints		Written Complaints	
	01/04/05 to 31/08/05	01/04/04 to 31/08/04	01/04/05 to 31/08/05	01/04/04 to 31/08/04
East Sector	58	54	23	22



West Sector	58	49	21	21
Central Ambulance Control (CAC)	59	61	35	33
Patient Transport Service (PTS)	20	17	15	13
Unknown	0	0	0	0
Not Our Service (NOS)	14	3	0	0
Non-Operational (NOP)	1	1	0	1
<b>Total</b>	<b>210</b>	<b>185</b>	<b>94</b>	<b>90</b>

The Trust received 210 complaints between 1 April and 31 August 2005, an increase of 25 on the previous year. An increase of 11 complaints categorised as 'not our service' makes up a significant proportion. 188 complaints have now been closed, 3 complaints led to recommendations of disciplinary process and 207 are being dealt with under local resolution. The main cause of complaint remains concerns regarding attitude and behaviour.

There were no requests for Independent Review on cases received in the year ending March 05, however since April the Healthcare Commission have requested paperwork for 8 cases following requests for Independent Review.

The Trust is currently delivering 62% of written complaints resolved within 20 days (against a target of 80%). To improve complaint handling performance and the learning cycle for the Trust the following have been implemented:

- A review of the structure and role of PSU which will be presented to Trust Board in November
- Instigation of a Complaints Panel set up in accordance with Complaints Procedure (TP/004), the inaugural meeting was held on 19 August 2005 and next meets on 5 October 2005.
- Implementation of a manager's 'Prompt Sheet' to further enable a methodical and timely investigation
- A review of the training programme for Duty Station Officers and Senior Officers
- A review of the outcome report form for complaints to ensure recommendations are actioned and lessons learnt

## **2. PATIENT TRANSPORT SERVICE**

### **2.1 PTS Performance Management**

Research has been undertaken to identify the issues surrounding the current arrival and departure times for each contract and the factors that may affect these times locally. Once complete an action plan will be created and implemented. Site visits have taken place with each Site Operational Manager to discuss their local issues and to agree actions to improve the standards currently being achieved.

## **2.2 PTS Hospital arrival time**

Overall performance has lowered slightly at 71%.

## **2.3 PTS Hospital Departure time**

Percentages continue around 82%, with a slight lowering in performance in July 2005.

## **2.4 Patient time on PTS vehicle**

Performance in this measure has improved. July 2005 showed 93% compliance, which is the fifth consecutive month to hold above 91%.

Work is being undertaken by PTS operational managers to work more closely with commissioning trusts in an effort to improve arrival, departure and time on vehicle performance. Initiatives such as, flexible appointment times, appointment staggering and defined drop off and ready times should provide improved performance in the coming months.

## **2.5 Operations**

### **July Bombings**

PTS were fully involved in the LAS response to the bombings and attempted bombings in July 2005. PTS provided transport for the wounded from the bomb sites and also from various London hospitals. PTS also assisted with:

- Transportation of LAS and other staff
- Presence at hot de-brief
- Clearing of hospital A&Es regardless of PTS contract
- Assistance in transportation of other vulnerable citizens (e.g. stranded school-children and elderly people)

## **2.6 Contracts Update**

### **Queen Elizabeth**

Arbitration on aged debt has not yet been resolved due to delays at SE London SHA end.

### **Chase Farm Hospital**

We have been advised that we were unsuccessful in the tender for the above contract. Current contract ends on 31 October 2005. We are working with staff to ensure that we retain as many as possible.

### **Charing Cross & Hammersmith**

The Trust has since followed up with a number of closure issues related to activity figures for the final month to enable them to validate final invoice. We continue to work with the Trust to resolve the final financial situation.

### **Hillingdon & Mount Vernon**

Hillingdon Hospital has signed the Service Level Agreement for 2005-06.

## **Stanmore**

RNO have signed the new Service Level Agreement.

## **2.7 Tenders & New Business**

### **Camden PCT**

A proposal has been submitted for internal mail services, decision to follow.

### **St Mary's NHS Trust**

A proposal has been submitted, the tender process is currently in the evaluation stage and a decision should follow shortly.

### **Lewisham University Hospital**

A proposal has been submitted, the tender process is currently in the evaluation stage, an unofficial communication has suggested the LAS has not been short listed for the second stage of this tender. Confirmation to follow.

### **Expressions of Interest have been submitted for the following upcoming tenders**

Royal Free Hospital

Royal Brompton and Harefield

Kingston Hospital

Bromley Hospitals

## **3. COMMUNICATIONS**

The Service has continued to be the subject of media interest in relation to the events of 7 July.

At the end of that month, three members of staff featured in a special edition of the BBC Trauma programme in which they recounted their personal experiences of the day. The programme attracted 4.8 million viewers, which represented a 25 per cent share of the total television audience at that time.

Other coverage has included features in a number of ambulance publications both here and in the United States, as well as pieces about individual members of staff in Marie Claire and the Gay Times magazines. Issues around difficulties with communications between the four scenes and the control room were covered by both The Times and The Guardian newspapers.

A special edition of the Service's internal magazine, LAS News, was also produced, drawing together a comprehensive round-up of what happened on the day, and the Communications Directorate also contributed to the Service's presentation to the Ambulance Service Association and the internal debrief process.

For the future, filming has been taking place for a special one-hour BBC documentary about the bombings. Interviews have been recorded with both frontline and control room staff for the programme, scheduled to be screened in October.

The new series of BBC Trauma, featuring the work of the Service and the Royal London Hospital, has continued to prove to be popular with viewers, with BBC1 episodes attracting average audiences of five million people. Additional episodes have also been broadcast on BBC3.

Other work undertaken by the Communications Department includes an interview given to the London Tonight news programme in response to a UNISON press release regarding the risks of MRSA being carried in ambulances; arranging an editorial feature to accompany a recruitment advert in The Voice newspaper; and local press coverage of charity fundraising by staff at Chase Farm ambulance station.

### **3.1 Patient and Public Involvement (PPI)**

The PPI Manager, Margaret Vander, came into post at the end of July and is leading on the implementation of the PPI Strategy. Margaret is currently developing a database of all PPI activity within the LAS, and building links for future collaboration with patients, community groups and other public service organisations across London.

A number of ambulance operations managers and other staff across the LAS are involved in PPI and community activities, including projects for young people, with the Chinese community, and with the homeless community in Westminster. There are plans to develop current 'outreach' activities (e.g. the work of the Schools & Events and Community Resuscitation Training teams) into opportunities for full engagement, as these provide vital links into different communities on an ongoing basis.

Peter Bradley attended the September meeting of the Patients' Forum to talk about the national review of ambulance services, performance targets, and other issues in which Forum members had expressed a particular interest. The Patients' Forum has also expressed an interest in BME recruitment and our role in reducing the numbers of patients contracting MRSA. These topics are to be discussed at a future meeting.

The Patient Advice and Liaison Service (PALS) team continue to provide information and resolve a wide range of patients' and carers' concerns; many opportunities for further PPI work come through the PALS office. The PALS team is also responsible for answering enquiries under the Freedom of Information Act and has recently assumed responsibility for managing LAS staff concerns about external agencies.

## **4. HUMAN RESOURCES**

### **4.1 Agenda for Change**

Work on job matching/evaluation continues, Paramedics and Team Leaders having been successfully banded in August with anticipated assimilation in October. The process for banding Emergency Medical Technician 3 (EMT3) staff has been referred to the South West London Strategic Health Authority for national consideration. Development of KSF (Knowledge and Skills Framework) outlines is on track for the revised target date of December 2005.

### **4.2 Staff Survey**

The LAS is again taking part in the annual NHS staff survey. The Trust has elected to canvass all staff, and questionnaires are to be circulated in October with results expected in the New Year. A small set of local questions will be circulated alongside the standard NHS survey. This is to enable us to track back to certain specific issues that are not included nationally but were previously addressed through the local survey.

### **4.3 Flu Jabs**

All staff will be given the opportunity of receiving a flu jab at one of several (eight) clinics arranged at venues around the Service in the autumn.

### **4.4 Smoke free Premises**

In line with NHS policy, all smoking rooms and enclosed designated smoking areas will be withdrawn from 1<sup>st</sup> October 2005, including the 3<sup>rd</sup> floor smoking room at HQ. A steering group, including staff representatives, has been established to consult upon a formal policy statement, support and advice for staff and the arrangements for a total ban on smoking anywhere on Trust premises to be introduced in 2006.

### **4.5 Improving Working Lives (IWL) Validation of Kingston Hospital**

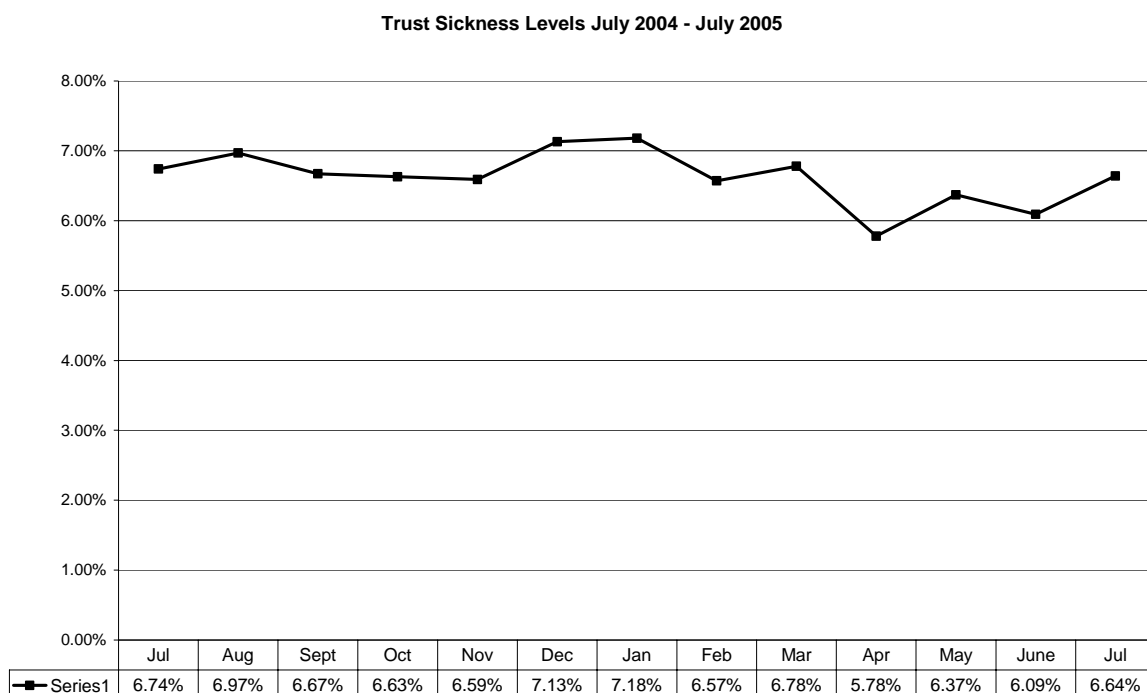
During October, a member of the HR Directorate will be leading a team validating Kingston Hospital's progress towards achieving the IWL Practice Plus standard.

### **4.6 Insurance cover for CBRN first responders**

The LAS has recently purchased additional insurance cover to ensure existing personal accident cover for staff is not compromised by attending CBRN incidents. We are actively investigating how to cover CBRN staff whose existing mortgage repayment insurance arrangements are potentially invalidated by attending CBRN incidents.

## 4.7 Attendance Management

The sickness levels for the year up to July 2005 are shown below.



<b>July 2005 Absence</b>	
<b>Staff Group</b>	<b>%</b>
A & E	6.81%
CAC (Watch Staff)	11.87%
PTS	4.10%
A & C	2.11%
SMP	2.62%
Fleet	6.06%
<b>Total (Trust)</b>	<b>6.64%</b>

## 4.7 Workforce Information

### (i) A&E Staff Numbers – Progress against Trajectory for 2005/2006 by Month

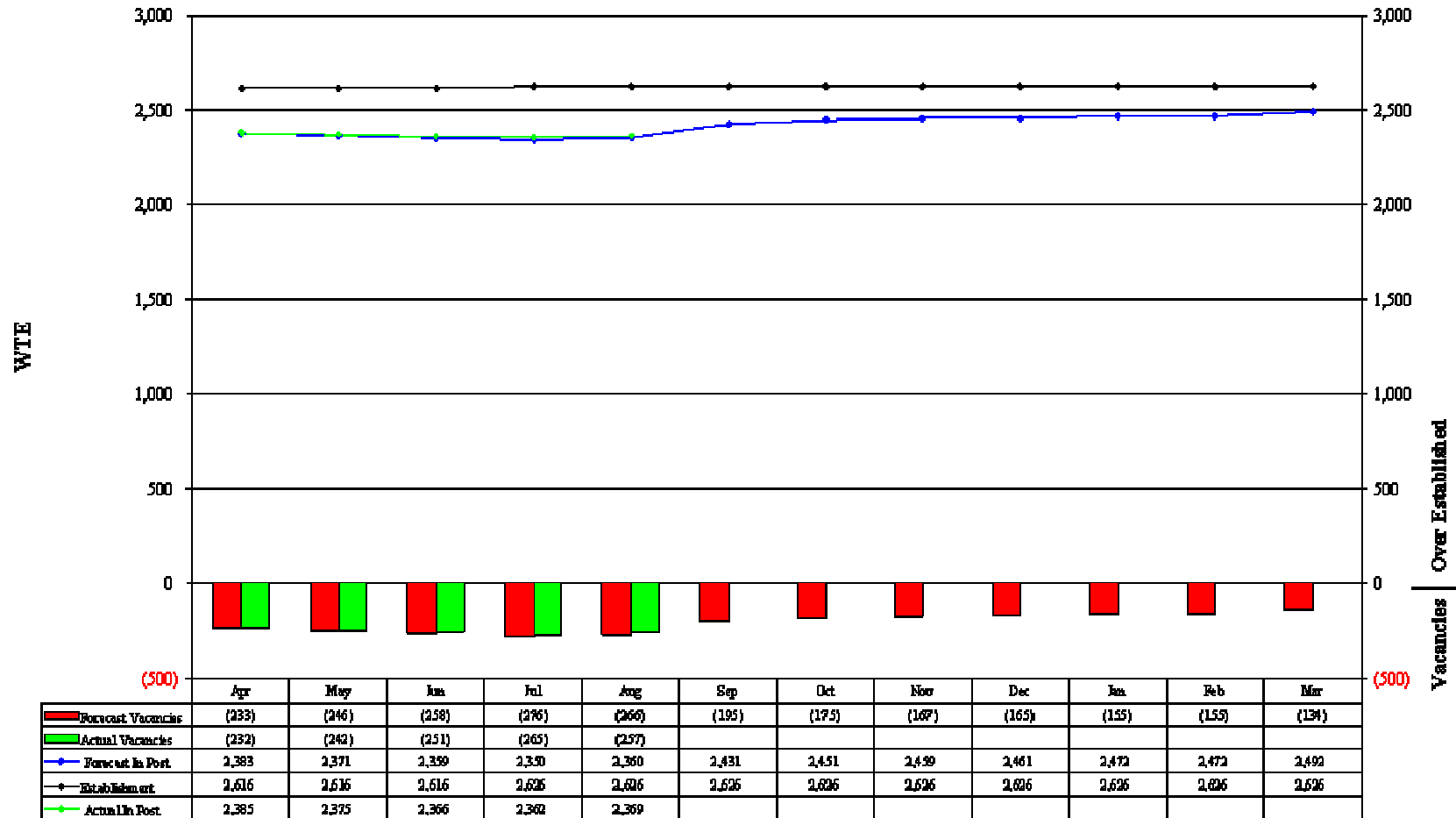
Table 1 shows progress against the trajectory for staff in-post as at August 2005. Staff in-post is on target for this period.

### 1. CAC Staff Numbers – Progress against Trajectory for 2005/2006 by Month

Table 2 shows progress against the trajectory for staff in-post against agreed establishment. Staff in-post in August is slightly below target but is recovering. Targeted measures to improve the recruitment position are under way.

Table 1

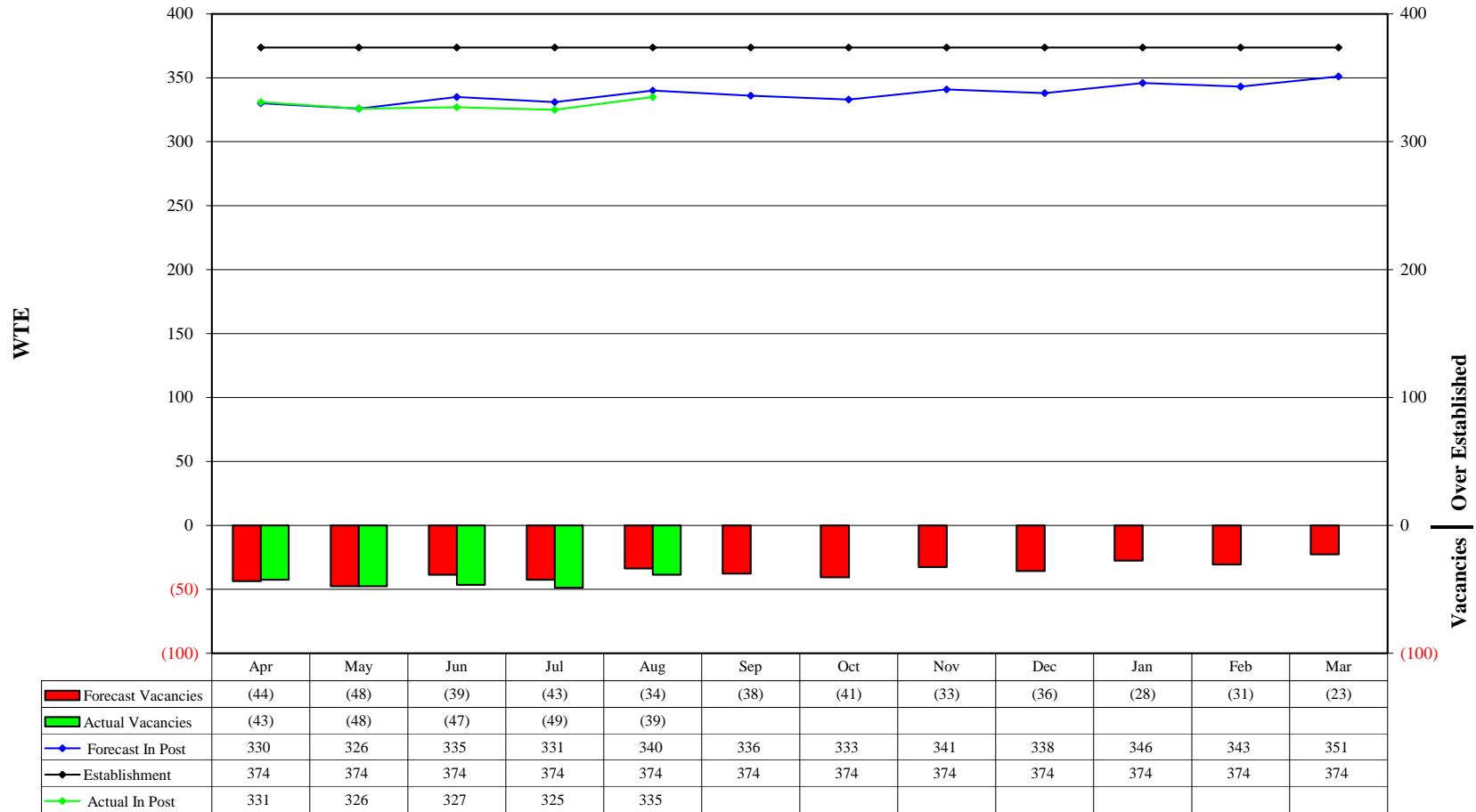
2005/06 A&E Crew Staff Numbers



At Month End

**Table 2**

**2005/06 & 2006/07 CAC Staff Numbers**



**At Month End**



## **5. OVERSEAS TRAVEL**

### **5.1 Richmond Ambulance Authority, Virginia, USA**

Formal approval is sought from the Board for a visit by two members of Central Ambulance Control staff to the Richmond Ambulance Authority in Richmond, Virginia, USA in November 2005.

The two Emergency Medical Dispatchers, who have yet to be chosen from a shortlist of suitable candidates, will be accompanied by Senior Training Officer Amanda Cahill on the visit, which forms part of an exchange program between the RAA and the LAS. They will spend two weeks working with the Service in Richmond, and two Emergency Medical Dispatchers will come to London.

Costs to the Trust for travel are expected to be approximately £1200

### **5.2 Australian Ambulance Service Visit**

I have been invited to speak at the Convention of Australian Ambulance Services Conference in Canberra on 14<sup>th</sup> October 2005. I have also been invited to visit Ambulance Services in New South Wales, Adelaide, Melbourne and South Australia. All the travel costs and accommodation are being met by the Australian Ambulance Service.

**Peter Bradley CBE**  
**CHIEF EXECUTIVE OFFICER**

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD 27<sup>TH</sup> SEPTEMBER 2005****REPORT OF THE MEDICAL DIRECTOR****Standards for Better Health****1. First Domain – Safety**

None of the Safety Alert Broadcasting System (SABS) received since June 2005 raise concerns relevant to the Service. These bulletins are monitored by the Safety and Risk Department who consult the Medical Directorate as appropriate. Previous relevant SABS include the management of neck breathing patients, securing wheel chairs within ambulance vehicles and the wider availability of latex free kits on all vehicles (to include Urgent Care and Patient Transport Vehicles). The Clinical Risk Group continues to monitor SABS reports as a standing item at its quarterly meetings.

**2. Second domain – Clinical and Cost Effectiveness****2.1 Clinical Practice Guidelines for use in UK Ambulance Services**

Work is ongoing to prepare the 2006 version of the Guidelines. The LAS contributes to this through involvement in the National Consensus Group, a subcommittee of JRCALC which currently meets quarterly to review the existing guidelines and prepare new ones.

All front line staff are using Version 3 (2004) and have been issued with both a manual and a pocket book. A small number of staff, including some bank staff, who have not yet undertaken the Guidelines training will be attending a series of one day courses in September and October 2005.

**2.2 Areas of non compliance with Version 3**

There are a small number of areas where the LAS is not fully compliant with the existing Guidelines. These are as follows:

- Use of high flow oxygen for patients suffering acute coronary syndrome or stroke. The existing evidence is largely based on animal studies and the evidence that high flow oxygen is beneficial is equivocal. An extensive review of the literature is being undertaken by the International Liaison Committee on Resuscitation (ILCOR) who will be publishing new evidence based guidance in December 2005. The LAS will review its policy on the basis of this information.

- Use of rescue boards for transportation: The LAS advocates the use of rescue boards for extrication and uses the Orthopaedic Scoop stretcher for transportation where the journey time is anticipated to be less than 20 minutes.
- Use of cervical collars: The Guidelines advocate that cervical collars may be loosened or removed once the patient is secured in the ambulance with head blocks and straps applied. In view of the potential for unrestricted flexion and extension of the neck the LAS continues to use cervical collars during transportation and until handover to the A&E Department.
- There are three drugs advocated in the Guidelines which are not currently available to LAS staff. All three, Ipratropium, hydrocortisone and chlorphenamine will be introduced, depending on the availability of space in the drug bags
- Pre hospital thrombolysis: the LAS has addressed the need for early reperfusion of ischaemic myocardium through crew staff acquiring and interpreting 12 lead ECGs and either pre warning the receiving A&E Department, or conveying the patient direct to a unit undertaking primary coronary angioplasty.

### 2.3 New drugs

- **Naloxone** has finally been added to the Schedule 7 list of drugs and is therefore available to be used by EMTs as well as paramedics.
- **Amiodarone** has been added to the list of drugs available for use by paramedics under the Prescriptions Only Act, but only for shock resistant ventricular fibrillation or tachycardia. Both drugs will be introduced.
- **Morphine.** The necessary policies and procedures are in place for the use of morphine. The introduction of the drug is awaiting its delivery from the manufacturer.

### 2.4 Cardiac Care update

Small cards giving guidance to staff on primary angioplasty (PCI) about have been designed and issued to staff. 10 units are currently providing primary angioplasty, 7 of which offer a 24/7 service. Over 800 patients have now been referred for PCI since the service was introduced.

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

This is included in Appendix 1

### **3 Third Domain – Governance**

#### **3.1 Standards for Better Health**

Following a meeting with the Head of Strategic Performance at the SWL SHA the LAS is confident that we can report no significant lapses against the core standards.

#### **3.2 Risk Management**

A meeting has been arranged with the NHSLA to review our progress against the standard for level 3 assessment in early October. This will be dealt with in more detail elsewhere on the agenda.

#### **3.3 Complaints**

3.3.1 The Complaints Panel held its first meeting on August 19<sup>th</sup> 2005. The terms of reference were agreed. The group will have representation from the Patients' Forum and also from front line staff who have been recruited through advertisements in the Routine Information Bulletin. Initial areas of work include updating the Serious Untoward Incident (SUI) Policy and auditing the outcomes and action plans from SUIs declared in the past year.

3.3.2. An Independent Review panel was convened as a result of a complaint regarding the care of Mr DW, a 77 year old brittle asthmatic who suffered a cardiac arrest while in the care of the LAS in January 2003. The patient's wife had called for an ambulance for her husband, who suffered from chronic asthma. On this occasion, the reason for the call was a pain in his side, rather than an asthma attack. The ambulance crew gave him oxygen therapy in the ambulance. He had a cardiac arrest and, despite emergency treatment in the ambulance and at hospital, he died in hospital. Mrs W complained that he did not need or want oxygen, and would not have collapsed and died if oxygen had not been forced on him. She also complained about the way the LAS had dealt with her complaint.

The panel's summary of findings was as follows:

- Although it is normal practice to check symptoms and treatment on arrival at the patient's home, in the circumstances the crew found on arrival on this particular occasion, it was reasonable to get the patient to the ambulance first.
- The crew followed protocols regarding the administration of oxygen, but by failing to check whether Mr DW had asthma, COPD or other serious medical problems they caused additional stress which may have precipitated Mr DW's cardiac arrest.
- The initial complaint was adequately investigated in accordance with the LAS complaints procedure, but the complaint was not adequately addressed in the subsequent response to the complainant.

The panel made a total of 15 recommendations, all of which the LAS have fully accepted. Those of a clinical nature have been passed to the Head of Education and Development, to ensure that the points are addressed both

in EMT and paramedic training and in the Continuing Professional Development course. The recommendations pertaining to the handling of the complaint will be considered by the Complaints panel and will be considered in the review of the operating arrangements of the Professional Standards Unit. To ensure the clinical lessons are learned throughout the LAS, an anonymised case history will be prepared for the Patient Care section of the LAS News.

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

A number of LAS staff, including the Director of Communications attended the launch of the DVD ‘Cardiac Arrest’ at the London Sikh temple on 10<sup>th</sup> August 2005.. Initial feedback on the presentation, which was prepared by the Press and Public Affairs Department, working in conjunction with the Community Resuscitation Team was very positive. Formal evaluation of the event is being undertaken.

A ‘Planning for Patients’ day was held in May 2005, to give some patients and their representatives an opportunity to contribute to the development of the seven year plan.

#### **5. Fifth Domain – Accessible and Responsive Care**

There is no new information to report under this domain.

#### **6. Sixth Domain – Care environment and Amenities**

The ‘Make Ready’ scheme is now operating at 15 complexes.

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

By the end of September the LAS will have introduced single use items for airway management.

#### **8. Recommendations**

That the Board

- Approve the adoption of the current version of the Clinical Practice Guidelines for use in UK Ambulance Services and notes the areas where the LAS is not fully compliant.
- Approves the actions taken following the Independent Review of Mr DW
- Notes the remainder of the report

Fionna Moore  
15<sup>th</sup> September 2005

## Appendix 1

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

#### A summary of a regional clinical audit of the care and treatment of patients with asthma

Author: Dr. Rachael Donohoe

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#### Aim

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

- Measure compliance to JRCALC Pre-hospital National Clinical Guidelines
- Produce a regional benchmark to inform clinical practice amongst Ambulance Services
- Develop recommendations for use at local and regional level.

#### Methods

- Eight of the ten SEACAG Member Trusts participated in this audit: Bedfordshire & Hertfordshire; East Anglian; Essex; Kent; London; Oxford; Royal Berkshire, and Sussex.
- Data were collected from Patient Report Forms (PRFs) relating to the first 100 patients in April 2004 who presented with asthma as their chief complaint.

#### Key findings

- There was significant variation between Trusts in the documentation of patient assessment and treatment. The London Ambulance Service's (LAS) level of documentation with regard to primary survey, pulse rates, respiratory rates and oxygen saturation levels was higher than the average of all participating Trusts. The LAS scored lower than the average of all participating Trusts for documenting details of the current event. In the vast majority of cases the LAS treated patients with both oxygen and nebulised salbutamol in accordance with the guidelines and local protocols.
- The use of peak flow monitoring prior to the administration of salbutamol by LAS staff was recorded in 37% of cases (compared with an average of 25% for all participating Trusts). Of note, the LAS reported the highest number of valid exceptions for this aspect of care (29% versus 10.5% for all Trusts). It is likely that this is a result of increased awareness of the importance of documenting exceptions achieved through

the LAS Clinical Performance Indicators and the recommendations of the previous LAS asthma clinical audits.

- A notable area of concern for all Trusts was the lack of ECG monitoring to help staff exclude cardiac causes of breathing difficulties.

#### **Recommendations for the LAS**

- The above findings regarding the high level of assessment and treatment provided should be fed back to staff. Particular emphasis should be placed on the good practice displayed with reporting valid exceptions to care.
- Team Leaders should be encouraged and supported to continue undertaking the Clinical Performance Indicators and provide feedback on these activities to staff.
- Crews should be encouraged to undertake ECG monitoring where possible and clearly document their reasons for not undertaking an ECG on the PRF.

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD 27<sup>TH</sup> SEPTEMBER 2005****STANDARDS FOR BETTER HEALTH  
DRAFT STATEMENT OF COMPLIANCE**

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

The Healthcare Commission's new system of assessment, the annual health check will replace the star ratings from 2006. This new approach requires the Trust to make a declaration about our compliance with 24 core standards that constitute this year's requirement for the annual health check.

For this year only a draft declaration is required to be submitted to the Healthcare Commission by the end of October by electronic template (not yet provided by the Healthcare Commission at time of writing). The draft covers the period from April 1st 2005 to 30<sup>th</sup> September 2005. This draft is based on the fact that the Trust has received reasonable assurance that the organisation has complied with the core standards without significant lapses. The Trust is not required to comment on compliance against each individual element.

The assurance to the Board of compliance with the standards is provided using the Assurance Framework which is routinely reported. The Framework is the core evidence of our compliance with the core standards. This is because each of our strategic Trust objectives has been mapped to a domain/or domains of the annual health check which group the standards. The principal risks are cross referenced to the individual standards and the Framework sets out the controls and assurances that mitigate and manage these risks.

In the light of the detailed evidence presented by the full Assurance Framework to the Board it is asked to sign off the draft declaration as being fully compliant with all core standards. Comments from the stakeholders (including the South West London Strategic Health Authority) identified by the Health Care Commission will be attached verbatim to the submission at the end of October.

4. Recommendations
  - 1 That the Board **note** that the Assurance Framework presented to the Board as evidence of compliance
  - 2 That the Board **agree** that the draft declaration should state that the Trust is fully compliant with the core standards and that the template provided by the Healthcare Commission will be completed to reflect this when available.
  - 3 That the Board **note** that the statements from the required stakeholders concerning compliance will be pasted onto the template verbatim



- 4 That members of the Board **agree** to sign their agreement with compliance in accordance with the final guidance to be issued by the Healthcare Commission before the end of October when the statement is to be submitted.
- 5 That the Board **agree** that the Assurance Framework becomes a routine board agenda item that monitors the sustained compliance with the requirements of the annual health check including all elements of the core standards for the period covered by the draft declaration and the final declaration to be agreed in April 2006. The Governance review will also provide recommendations on the effective mechanisms for reporting assurance and risks that threaten achievement of the criteria within the Annual Health Check.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD 27<sup>TH</sup> SEPTEMBER 2005**

**REVISED CONSENT POLICY**

1. Sponsoring Executive Director: Fionna Moore

2. Purpose: For approval

3. Summary

In May 2005 the Trust Board approved the Consent Policy with the understanding that the policy would be reviewed by the Trust's solicitors Capsticks.

The Policy has been revised in line with the advice received and is attached (separately from the agenda). The changes are within the wording of the Advance Directives and Assessment of Capacity section. The section on information sharing with others has been removed.

The document's presentation has also been revised so that it resembles the DoH/NHS model document, and now includes 3 types of LAS consent forms which were based on the DoH model.

4. Recommendation That the Trust Board approve the revised Consent Policy

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD 27 SEPTEMBER 2005**

**ELECTRONIC STAFF RECORDS (ESR) PROJECT**

1. Sponsoring Executive Director: Caron Hitchen

2. Purpose: For noting

3. Summary

The report provides a summary of the key aspects of the Electronic Staff Records (ESR) project to implement the new national integrated Human Resources and Payroll system by July 2006.

4. Recommendation That the Trust Board note the contents of the report.

# **Electronic Staff Records Project**

## **1. BACKGROUND**

The National Health Service (NHS) is undertaking the implementation of an integrated Human Resource and Payroll System for all NHS employees. The new service is based around the Oracle Human Resources Management System and will provide a centralized data store with integrated systems and employee and management self service functionality. The implementation has been split into waves across the NHS, The London Ambulance Service has been allocated wave 3 implementation which means, the project commenced on August 1st 2005 and will go live on July 1st 2006. These dates are immovable.

## **2. ESR BUSINESS MODULES**

The core business areas of ESR that are required by the LAS to go live with are;

- Core HR
- Payroll
- Recruitment (Links with E recruitment)

With the following business modules being optional at go live but required to be included within the long term implementation strategy;

- Training Administration
- Career Management
- Bank Administration
- Manager Self Service
- Employee Self Service

The LAS day 1 vision will determine which modules are implemented on day one.

## **3. PROJECT STREAMS**

The ESR Project streams for the London Ambulance Service are broken into three main areas;

### **Pre-requisite Phase (1<sup>st</sup> August – 28<sup>th</sup> October 2005)**

- Project Initiation- formally recognising and establishing the project;
- Establishing a project board and project team members
- Determining the LAS specific terms of local data sets and values;
- Agreeing a vision as to how ESR will be implemented across the London Ambulance Service,
- Introducing the change management for new ways of working/ mapping processes;
- Mapping the existing data sets to national Payroll and HR fields;

- Establishing the IT infrastructure requirements;
- Identifying the training needs of all staff;
- Carry out scope data cleansing and data extracts on HR, Payroll and training datasets and systems;
- Ensure sufficient resourcing and capacity to complete the pre-requisite activities.

### **Implementation Phase (28<sup>th</sup> October – 1<sup>st</sup> July 2006)**

- Implementing ESR within the London Ambulance Service;
- Clarifying user roles and responsibilities;
- Cleansing existing employee payroll and HR data and presenting it for migration to the new system, except where it is agreed that some data should not be transferred but removed to an archive system;
- Testing the solution in terms of integration, data conversion and end user localisations, to ensure that it is fit for purpose and for example, can interpret cumulative information correctly and provide correct payments to staff;
- Testing the interfaces to other systems e.g. general ledger, NHS pensions, BACS etc
- Providing training resources including venues and releasing appropriate staff for training in accordance with the training strategy;
- Ensure staff have completed all necessary prerequisites before attending training;
- Developing a Benefits Realisation Plan which will identify and enable Trusts to track benefits.

### **Operational Review Phase (1<sup>st</sup> July – 1<sup>st</sup> September 2006)**

- To conduct a Post Implementation Project review, which will involve the Local Project Board members and our ESR Account Manager;
- To conduct a Benefits Realisation review to establish to what extent the expected benefits have been delivered and what, if any, action is required to ensure those benefits not yet achieved are reached.

## **4. READINESS ASSESSMENTS**

The London Ambulance Service ESR project will need to pass through four Readiness Assessment checkpoints within ESR. These measure whether the identified deliverables have been reached and therefore enable the LAS to proceed into the next stage of the project.

- RA1 is at the end of the Pre-Requisite stage (28/10/05)
- RA2 is at the end of month 3 within Implementation stage (27/01/06)
- RA3 is prior to user testing(14/04/06)
- RA4 or 'Cut-over checklist' is prior to go-live (26/05/06)

### **Project Management**

ESR implementation is supported within the LAS by a dedicated project manager and support and guidance is available via a sector project lead.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 27<sup>TH</sup> SEPTEMBER 2005

CAD 2010 UPDATE.

1. Sponsoring Director: Peter Bradley

2. Purpose: For noting

3. Summary

The objective of this paper is to update the Trust Board on the progress of the CAD 2010 Phase 2 Project. Overall the project is on track.

The work to date has identified that the requirements are far larger than first envisaged. This would suggest a phased implementation, potentially over a number of years. It has also been identified that there are no obvious solutions from the small market-place of current Ambulance Service CAD suppliers.

At the Trust Board on the 29<sup>th</sup> November, an analysis of user requirements and a Business Options Report will be presented. This report will take account of the scale and complexity that is now being revealed, and will make recommendations about how the new environment can best be provided. This will include an initial high-level proposed implementation plan, available options for development of the solution(s) and the extent of research to be undertaken within the potential supplier base.

The Trust Board are reminded that as part of work for this project stage of the project, a Gateway review is planned that will provide an essential independent assurance function.

From the work to date, it is clear that the requirements identified are far more complex than originally envisaged. Therefore the original concept of being able to recommend a procurement option in January must be reviewed.

4. Recommendation That the Trust Board:  
1. Note the work done to date and the progress achieved  
2. Note that at this stage it is not clear if it will be possible to recommend a procurement option in January.

## **CAD 2010 Phase 2 Project Progress**

### **1. Purpose**

- 1.1 To update the Trust Board on the progress of the CAD 2010 Phase 2 Project. The last update was at the Trust Board on July 26<sup>th</sup> 2005.

### **2. Progress Against Plan**

- 2.1 Work to capture the user requirements is almost complete and is revealing the scale and complexity of the needs and that of the resultant implementation. This is further compounded by the initial brief market research through visits to AMBEX and to selected Ambulance Services. It is clear that the scale of operation within the LAS is second to no other ambulance service and satisfying the aspirations and demands of LAS into the next decade will require a significant jump in the IT support and infrastructure to the Control Room services.
- 2.2 The Requirement Workshops have been the major input for defining the user requirements, probing into almost every corner of the LAS. There has been particular emphasis upon those directly associated with A&E Operations, both CAC and Sectors. The output from these workshops is being refined and catalogued in preparation for merging with other key sources, including the Current Operational Control Capabilities and the "User Specification for Windows CAD" document (also know as Windows CTAK). While this is being done, thought is being given to a means of prioritisation and then considerations of how the catalogue of 'User Speak' requirements can best be presented to the Trust Board in a manner that aids understanding and supports them in the making of procurement decisions.
- 2.3 The requirements include many areas of technology over and above just a simple, isolated, 'command & control' system. The scale of potential change and the enormity of overall risk involved points firmly towards a phased implementation. This is further supported by the spread of 'component' technologies involved. The desire for change within the LAS points strongly towards the 'core CAD components' as being the ideal (if not essential) candidates for the first tranche of implementation. Several steps of process change / reconfiguration are likely to follow the initial implementation of new technology. Subsequent tranches may add further 'layers' of functionality, for example, Mapping, EPRF, Predictive Technology etc. and may need separate approval, planning, tendering, etc.
- 2.4 The picture evolving is one of a rolling and coherent programme of implementation over a number of years. Each phase will require a degree of refresh to ensure that it takes proper account of changes in requirement and available technologies. Whilst the detail of the requirements catalogue and subsequent options are still being assessed it is already clear that that the delivery of a solution acceptable to LAS is unlikely to be simple, cheap or quick.

### **3. Initial Market Research**

- 3.1 The plan provides for two elements of Market Research. The first, summarised below, was intended to identify any additional opportunities for change through contact with key suppliers and other ambulance services. The second, which is still to be conducted,

is consistent with industry best practice and will open a dialogue with the supplier base to test the viability of the requirement, identify potential costs and discuss the approach to implementation

- 3.2 To fulfill the first element members of the Project Team visited the AMBEX where products were examined and potential suppliers engaged in initial discussions. Two members of the Project Team then visited several Ambulance Services to see some of the products in use and talk to users about their impressions of the products and the suppliers.
- 3.3 The outcome was not encouraging and has further heightened the awareness of the Project Team to the scale and complexity of the challenges facing LAS and the likelihood of needing a rolling programme of phased implementation. It also revealed the importance of developing a sufficiently mature but high-level implementation plan comprising component deliverables that are within realistic capabilities of the supplier base, before seeking funding approval from the LAS Trust Board.
- 3.4 The team came to the conclusion that all of the Ambulance Service CAD suppliers concerned with this research, no single supplier currently had a system that provided everything considered essential for LAS requirements. The team were also concerned that some companies seemed uninterested in working with LAS to meet specific requirements. This left an impression of, 'this is what you get, take it or leave it'
- 3.5 It was the opinion of the LAS visiting team that procurement of any of the exhibited systems would provide only limited areas of advantage over the current LAS CAD facilities but would result in a very high risk of losing key (and in some cases, extensive) areas of existing essential capability. The visiting team also expressed serious doubt about whether the suppliers viewed were able to provide the scale of support necessary to ensure adequate maintenance and on-going development of an LAS system.

#### **4. Stakeholder Analysis & Communications Plan**

- 4.1 The identification of stakeholders to the project is an essential pre-requisite to the definition of a strategy ensuring the timely and effective delivery of appropriate communication throughout the stakeholder community. Following extensive analysis an initial list of stakeholders, both internal and external to the LAS, was established and accepted by the Project Board. This list was instrumental in the identification of attendees at the Requirements Workshops which, in themselves, have been a very useful channel of communication with the user and stakeholder communities.
- 4.2 Key stakeholders to the project include the Trust Board, LAS Senior Management Group and the Project Board. Channels of communication about project progress are already established with these groups through regular briefing papers such as this, Highlight Reports and Project Board meetings. A further specific channel of communication has been established between the Project Board and Staff Side representatives. A detailed Communications Strategy will be defined later within this stage.

#### **5. Lessons Learnt from 1992**

- 5.1 The previous progress report drew attention to the high level of importance that the Project Board have placed upon the lessons drawn from the 'Page Report' which followed the events of 1992. A total of fifty five project related lessons have been drawn for that report and are tabulated within a separate document through which the



Project Board are proactively managing activities to ensure the points are addressed. Using an objective evaluation method the priority of each lesson has been assessed as at the start point of the project. Whilst not an exact science this tool is useful to quickly and consistently identify high priority lessons against which to focus effort.

- 5.2 Twenty four high priority lessons were identified by this method. Three have been assigned to each of the eight members of the Project Board for individual scrutiny and attention, consistent with the Board's responsibility for Project Assurance. The topic of 'Lessons' is now a standing agenda item at all Project Board meetings.

## 6. The Next Steps

- 6.1 **Security Risk Assessment:** In line with LAS security policy and industry best practice (tested during the Gateway Review) a security risk analysis will be carried out. The Project Board have provided approval for this work to be carried out by an external agency. The outcome from this assessment will influence the requirements included within any subsequent Invitation to Tender (ITT).

- 6.2 **Project Team Resources:** The project is funded and staffed to the conclusion of the current stage only. The current team comprises three LAS employees seconded from operational duties, an external consultant Project Manager and an agency employee undertaking the Project Support role. Lead times necessary for the recruitment and satisfactory briefing of new staff would cause a significant hiatus to project progress in the event that the Trust Board authorise it to proceed. In order to minimise this risk the Project Board are seeking funding approval and direction from the SMG to establish a team on the assumption that the project will continue.

- 6.3 **Trust board meeting – 29<sup>th</sup> November:** As previously specified the following outputs will be delivered to the Trust Board for the meeting on 29<sup>th</sup> November:

- Analysis of user requirements
- Business Options Report

- 6.4 The Business Options Report will take account of the scale and complexity that is now being revealed and will make recommendations about how the new environment can best be provided. This will include an initial high-level proposed implementation plan, available options for development of the solution(s) and the extent of research to be undertaken within the potential supplier base.

- 6.5 Direction on these recommendations will be requested from the Trust Board and their decision will shape the scale and scope of the subsequent work to develop the Combined Business Case and outline plans for the next stage of the project.

- 6.6 **Future Trust Board Meetings:** From this report, it will be clear that the requirements identified are far more complex than originally envisaged. Therefore the original concept of being able to recommend a procurement option in January must be reviewed. The project team are currently investigating the business options and implications for providing:

- The means of managing risk associated with the initial physical implementation
- The high level implementation plan for the overall solution
- Appropriate market research to ensure suitable engagement with the supply base.
- The combined business case

- 6.7 The Gateway Review that must follow this work will provide an essential assurance function for the Trust Board. The timescale for this work and the dates for presentation to the Trust Board will be set out within the papers presented on the 29th November.

**7. Recommendation**

The Trust Board is asked to note the contents of this report, particularly section 6, detailing the key issues for the Trust Board's next meetings.

**Peter Suter**  
**Director of Information Management and Technology.**

**London Ambulance Service NHS TRUST**

**TRUST BOARD 27<sup>th</sup> SEPTEMBER 2005**

**UPDATE- SERVICE IMPROVEMENT PROGRAMME**

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For noting

3. Summary

The attached report presents a progress report to date of the Service Improvement Programme.

4. Recommendation That the Trust Board note the work done to date.

## LONDON AMBULANCE SERVICE

### TRUST BOARD MEETING, 27 September 2005

#### SERVICE IMPROVEMENT PROGRAMME UPDATE

##### 1. Purpose

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

##### 2. Overall progress

Currently there are 283 items within the SIP of which 58 are live. Since the last Trust Board report in July the implementation of 999 call taking in the Despatch part of CAC has gone live (see page 3).

Overall sixteen Outcomes are green, eighteen amber and six red to be achieved at the end of the SIP in March 2006.

##### 3. SIP Outcomes

Assessment of the effectiveness of the SIP is demonstrated through progress in achieving the 40 Outcomes identified for People, Patients and Performance. The Senior Management Group review progress towards achieving these Outcomes on a monthly basis using a traffic lights reporting system where red indicates significant risk to target achievement at the end of March 2006, amber indicates a lower level risk to target achievement and green indicates being on track. The report for September 2005 can be found at Annex 1 (Part A) with an exceptions report for the six Outcomes identified as being of red status (Part B) of which number 32 is at greatest risk. These six Outcomes are:

- No. 21 Regular availability of information about the delivery of patient care throughout the Service
- No. 26 Category B14 minute performance target achieved;
- No. 27 AS2 – Doctors’ urgent performance at 95% within 15 minutes of agreed arrival time;
- No. 29 Percentage of the week when utilisation rates exceed 70%
- No. 32 Resource demand/match compliance significantly improved on sectors;
- No. 36 95% of Doctors calls answered in 30 seconds.

Since the last Trust Board meeting one Outcome has changed colour from amber to red:

*Outcome 21* – There are four dimensions to the target for this Outcome (see table attached) and while three of them are green a fourth important one, 60% completion of Clinical Performance Indicators every month by Team leaders, is red. It was necessary to suspend office based work by Team Leaders during August due to performance pressures in the context of the national security situation and this means

that there is not likely to be an improvement over the summer from the 40% CPI check completion rate achieved in June.

#### **4. Progress on significant improvement programme initiatives**

##### **4.1 Patients**

*Urgent Care Service* - The Urgent Operations Centre will be live by the end of November 2005 incorporating Greenbase, Clinical Telephone Advice, the Emergency Bed Service and PTS Central Services. A major project of integration combined with modernisation will take place between November and the end of April 2006 to ensure that the existing service operates to maximum effectiveness whilst expanding to meet the changing needs of our patient base, particularly in supporting primary care through Emergency Care Practitioners. Recruitment to the EMT1 grade remains difficult and negotiations are underway to revise the training package for this role to enable us to retain staff from lost PTS contracts such as Chase Farm.

*Patient and Public involvement (PPI)*- the PPI Manager came into post at the end of July and is leading on the implementation of the PPI Strategy. A database of all LAS patient & public involvement activity is being developed, along with a list of staff within the Service who have a particular interest in this work. A public launch of the LAS DVD 'Cardiac Arrest' took place at the Brent Sikh Centre in August; this event was very successful. A number of Ambulance Operations Managers and other staff across the LAS are undertaking PPI work, including projects in Camden and 'Chinatown' and one with the homeless community in Westminster. There is a positive link between the LAS and its Patients' Forum, and Peter Bradley attended the September Patients' Forum meeting to discuss the national review of ambulance services, performance targets and how the service would deal with a possible 'flu pandemic.

##### **4.2 People**

*Electronic Staff Records (ESR)*: The Trust currently uses Healthpay and IPS to manage all the payroll and HR data. The Electronic Staff Records project is a National NHS project to integrate data into one centrally managed payroll and HR system using Oracle. The ESR project will provide a web based interface for all Payroll and HR staff into the centrally managed database, with self service web based options for all managers and staff. ESR will also provide interfaces to existing systems such as Integra, ProMis, BACS, NHS pension's agency, E recruitment etc. The project is currently in phase one or the pre requisite phase, which commenced on the 1<sup>st</sup> August and will be completed on 28 October 2005. There are a series of business modules within ESR, with the core modules being Payroll, HR and Recruitment. The pre requisite phase enables the LAS to determine which core and optional modules will be selected for operational go live, and the processes and organisational change that is required to deliver these business modules. To move to the next phase the project will need to pass readiness assessment 1 (28 October) – a checkpoint to ensure all the deliverables have successfully been met. This is the first in a series of checkpoints throughout the project to ensure LAS compliance with the national project deliverables.

*Agenda for Change (AfC)*- Although the focus of AfC implementation remains for the time being on finalising terms and conditions, review and agreement of Job Descriptions, banding and assimilation, a Benefits Realisation paper has been prepared. Benefits Realisation remains a standing item on the AfC Project Board agenda and links closely with other SIP items as does the development of the EMT4 role and the rollout of Personal Development Reviews and Personal Development Plans as outlined below.

*Personal Development Review and Knowledge and Skills Framework (PDR and KSF)* - The Personal Development Review workshop programme will be completed by the 21<sup>st</sup> of September. The original number of managers identified as requiring this training was 258, however this increased to 281 as new and additional managers have been included by the lead managers for each Directorate or department. The final 23 managers will receive their training this month, however it will be necessary to run ad hoc workshops as new managers are appointed and provisional dates have been scheduled in October and November at this time.

The NHS Knowledge and Skills Framework strand of Agenda for Change underpins the PDR process and requires each member of staff to have a KSF outline for the post they hold and also a Personal Development Plan. The original targets set were July and October 2005 for KSF outlines and PDP's respectively. The Department of Health AfC project board have however extended the target dates to the 31<sup>st</sup> of December for KSF outlines and the 31<sup>st</sup> of March 2006 for PDP's. KSF outline workshops are underway within all directorates and thus far 47% of all posts now have a KSF outline (August target was 60% of posts). There has been some delay with operational posts as the focus has been on Job Matching against Pay Bands; however it is expected that all posts will have an outline ahead of the December deadline.

#### 4.3 Performance

*Implement 999 call taking in dispatch part of CAC* - Call taking in dispatch was implemented within CAC as part of a multiple software release on 16<sup>th</sup> August 2005 and in Fall Back Control on 17<sup>th</sup> August 2005. The dispatchers, under the direction of the on watch Senior Operations Officer, have the ability to instantly switch between their dispatch and call taking functions through their PC drop down menu selection. To complete the functionality change-over, the dispatchers also enable (through two push buttons) the appropriate telephone function by disabling the normal dispatch function and enabling pick-up from the call taking queue or vice-versa. The function has been used successfully at various times since its implementation.

*Implement Windows Ctak* - The purpose of the Windows Ctak Project is to migrate the existing Ctak functionality to a Windows-based application. The project is in preparing to move into initiation, and is scheduled to deliver in the second quarter of 2006. Project resourcing is currently being addressed through the recruitment of additional software developers. Stakeholders have been identified and brought into the scoping and planning processes. The move to Initiation is planned for end of September.

*Acquire 65 New Ambulance (05/06)* - Delivery of the Daimler Chrysler Mercedes 416 auto chassis to the converter starts in the week beginning 12 September 2005. The vehicle conversion order has been placed with MacNeillie and is initially for aluminium bodies as the evaluation of the carbon fibre bodied ambulance is still in progress. Depending upon the evaluation results there is an opportunity to either change the body to Carbon Fibre part way through this current build or wait for the

following year's procurement. There are a few minor design changes to be incorporated from the last batch of 65 vehicles. These changes have arisen either from user comments on the vehicles or from some equipment suppliers to MacNeillie improving their design options. The final delivery and vehicle replacement programme is still to be agreed.

*New Motorcycles* - Two new Honda motorcycles have been accepted by the staff post conversion. They are currently with Honda having up rated high performance (emergency services only) suspension fitted. They are expected to be in-service in late September 2005.

## **5. Communication**

The September Senior Managers Conference, October Patient Care Conference and autumn 2005 round of Chief Executive's consultation meetings provide the platform for communicating progress with key initiatives and messages to a broad range of stakeholder groups and receiving their feedback.

**Martin Brand**  
**Head of Planning and Programme Management**  
**15 September 2005**

## London Ambulance Service NHS Trust Board

27<sup>th</sup> September 2005

### Report of the Trust Secretary Tenders Received & the Register of Sealings

#### 1. Purpose of Report

1. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.
2. 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

Register no.	Details of tender:	Tenders Received From
12/05	Refurbishment of Croydon AS	Griffiths Construction Axis Europe Plc Wyatt Wright Builders & Decorators Lakehouse Contracts TCL Granby Ltd
13/05	Replacement of boiler at Camden AS	AV Services LKF  Mac Mech (Longbroke) Beckhenham & Bromley
14/05	Provision of clinical telephone advice software	Plain software Priority dispatch corporation
15/05	Replacement of Edmonton AS's roof	Maguire Brothers Harvey (London) Ltd Weatherproof Advance Roofing Russell Trew Ltd

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



**3. Register of Sealings**

There has been 1 entry, reference 90, since the last Trust Board meeting. The entry related to:

Lease of Hillingdon Fire Station between London Fire and Emergency Planning Authority and the LAS.

**4. Recommendations**

THAT the Board note this report regarding tenders received and the use of the Trust's seal.

**Christine McMahon**  
**Trust Secretary**

LONDON AMBULANCE SERVICE NHS TRUST

**Draft Minutes of the Clinical Governance Committee**  
15<sup>th</sup> August 2005 LAS HQ

**Present:**

Beryl Magrath (Chair)	Non-Executive Director
Barry Mc Donald	Non-Executive Director
Sarah Waller	Non-Executive Director (from 10.00am)
Fionna Moore	Medical Director
John Wilkins	Head of Governance
Claire Glover	Governance Manager
Jason Challen	Senior Training Officer-PTS
Kathy Jones	Head of A&E Development
Paul Carswell	Diversity Manager
Josef Kane	PSU Manager
Ian Todd	Head of Urgent Care and Clinical Development
Margaret Vander	PPI Manager

*In attendance*

Malcolm Alexander	Patients' Forum (Chairman)
Henry Gillard	Patients' Forum
John Hailstone	Senior Training Officer (for BoN)
Christine McMahon	Trust Secretary (minutes)

**Apologies**

Martin Flaherty	Director of Operations
Bill O'Neill	Head of Education and Development
Tony Crabtree	HR Manager
Gary Bassett	PALS Manager
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington

Ian Todd (Head of Urgent Care) and Margaret Vander (PPI manager) were welcomed to the meeting.

**24 Minutes of the meeting held on Monday**

**Agreed The minutes of the Clinical Governance Committee meeting held on 16<sup>th</sup> May 2005 with the following amendment - Minute 21.4 Camden's Team Leader and Patient Forum members have been having discussions with Asthma UK not the National Asthma Campaign.**

**25 Matters Arising**

Minute 13 (minute 21) – there have been further discussions with various community groups and other services such as the Police and the consensus is that overshoes should be worn when entering mosques. A solution was suggested whereby the LAS should approach individual mosques and arrange for the mosques to store the overshoes for the use by LAS personnel.

**ACTION: PPI Manager**

Minute 13 (minute 32.2) – the Medical Director reported that links are being made between the LAS and Kings College Hospital to facilitate training of ECPs. The Governance Manager reported that work is taking place at St John's Wood on receiving feedback from local hospitals.

Minute 14 – the Medical Director reported that National Guidelines Consensus will meet on Wednesday. The LAS will be recommending that the final version of the Consent Policy be included in the guidelines. The Consent Policy will be presented to the LAS Trust Board for ratification in September; the Consent Policy presented in July has been amended following advice from the Trust's legal advisers.

Minute 15 – the Head of Governance reported that he has not received any communication from the Strategic Health Authority regarding the CHI Action Plan report.

He is seeking a meeting with the Strategic Health Authority to discuss the Standards for Better Health; to ensure that the Strategic Health Authority is confident in the robustness of the Trust's evidence of compliance with the Standards for Better Health.

Minute 20 - The Director of Communication gave a brief update on the Trust's induction programme. A two day induction programme takes place twice a month with approximately 50 people attending. The programme includes: the Trust's vision and values (which is usually presented by the Chief Executive); policies and procedures, infection control, lifting and handling, diversity, staff support, a presentation from PSU and PALS, health and safety and basic life support training by the resuscitation team. The programme's contents are regularly reviewed.

**Noted: The matters arising**

## **26 Draft statement of compliance**

The Head of Governance has met with executive leads regarding the extent of what evidence is available for compliance with the Standards for Better Health. The Trust appears to be compliant with the majority of the standards; a summary report will be presented to the Senior Management Group in August. The template for the declaration is still awaited from the Health Commission. A draft statement of compliance will be presented to the Trust Board in September 2005 in conjunction with an action plan on how the Trust will be fully compliant by April 2006.

To support the Trust's self assessment on compliance the Internal Auditors will be undertaking an audit to ensure that the necessary policies and procedures are in place. Work is being done to identify an overview and scrutiny committee (there are 32 in London) to provide comments on the declaration. The views of the Patients' Forum will be sought in September when the report is ready for comment.

**Noted: The report**

## **27 Clinical Governance Development Plan**

The Governance Manager presented the clinical governance development plan. The following items were highlighted:

*Continuing Professional Development* – the programme has been deferred for operational reasons until September. It was reported that the module on 'complaints' had been re-titled 'professional standards'.

*Clinical Performance Indicators (CPI)* – completion rates continue to be of concern. Although targets for completion were revised they are still not been met. The overall completion level for the LAS decreased from 20% in May to 16% in June. It is planned to refocus efforts in October.

*Governance* – a governance review is being undertaken by Beryl Magrath; a report will be presented to the Trust Board in the New Year.

*Safety* – the Trust is using a self-assessment tool developed by Manchester University and National Patient Safety Agency. Policies such as the Child and Vulnerable Adult will be reviewed in the Autumn.

In reply to a query raised by the Chair of the Patients' Forum the Diversity Manager reported that he has had discussions with colleagues on how different non-English speaking communities access the services of the LAS, including people who are deaf. The Head of the Communications is drafting a paper for consideration by SMG in September. The Clinical Governance Committee will receive a further report at its next meeting. The Chair of the

Patients' Forum asked that the report be presented to a future meeting of the Patients' Forum, which he thought will be of particular interest to the Forum's 3 deaf members.

The Chairman of the Patients' Forum reported that he has had difficulties accessing the Trust's intranet and in particular performance data.

The Director of Communications thought that there were security reasons why members of the public were not given access to the intranet but will make enquiries as to what further information could be made available on the LAS web site. **ACTION: The Director of Communications.**

The Chairman of the Patients' Forum enquired whether the Patient Report Form (PRF) was the equivalent of the discharge letter that patients are expected to receive when they are discharged from hospitals. The Medical Director outlined what happens with the PRF form, she did not think it was an equivalent of the hospital discharge letter. When patients are taken to A&E departments a copy of the PRF form is given to the nurse receiving handover.

The Medical Director suggested that information regarding the Make Ready Scheme should be included in the section 'Care Environment and Amenities'.

The Committee was informed that there is an evaluation of the Emergency Care Practitioner scheme taking place which is out for consultation at the moment. The Committee will receive a presentation on the findings of the evaluation at its next meeting. **ACTION: Director of Service Development.**

The Committee discussed the low completion rate of CPIs. The Medical Director reported that the low completion rate has been compounded by Team Leaders being required to focus on operational matters during the summer months. It was recognised that this is a risk for the Service; there are plans to refocus crews and team leaders on the need for CPI checks in the Autumn. The procedure is being reviewed; one suggestion that is being considered is to have the CPI check as a web based activity which will make the task less onerous. It was recognised that at the moment the attainment of performance targets is the Trust's priority.

**Noted: The report.**

## **28 Update on Standards for Better Health**

The Clinical Governance Co-ordinator gave a brief presentation regarding the Standards for Better Health that outlined what the 7 domains were and the process for ascertaining the Trust's level of compliance. As of 12<sup>th</sup> August the results grid showed that of the 47 elements of the core standards the Trust was deemed to be compliant with 35; partially compliant on 3, non compliant on 1 and 8 had as yet to be determined.

The Diversity Manager disagreed with the view that the Trust was fully compliant with C7e (The healthcare organisation challenges discrimination, promotes equality and respects human rights, in accordance with current legislation and guidance). The Governance Manager explained that from her reading of the guidelines published by the Healthcare Commission on what constituted compliance/non-compliance for each of the core standards the Trust is fully compliant. Work will continue on implementing the actions to make systems more robust where necessary. The Head of Governance confirmed that SMG leads will be asked to confirm how confident they are regarding the robustness of the evidence for compliance plus the internal auditors will be asked to conduct an audit so as to offer further assurance.

**Noted: The report**

## **29 Clinical governance annual report**

The Governance Manager explained that following the recommendation from the last Clinical Governance Committee the Clinical Governance Annual Report was being prepared in a much simpler format for publication on the Trust's website. Progress with the Clinical Governance Development Plan was being distilled under each of the seven domains and examples of good

practice would be included where we have them. In addition to this a patient's section will appear in the Trust Annual Report. As the Strategic Health Authority's deadline is September the Clinical Governance Committee were asked to agree to the final document being circulated by e-mail for comment.

**Agreed: The Committee will review the final document before it is submitted to the Strategic Health Authority.**

### **30 PALS annual report**

The PALS Annual Report was presented by the PPI manager. An issue regarding patient tracking was highlighted in the report. This is an issue for both the PALS office and the Press Office when they experience difficulty retrieving information 6 hours after the event (occurs due to the information being held on back up tapes between CAC and Management Information). This is being reviewed and hopefully a solution can be found.

The PALS report highlighted how busy the unit has been (the total number of enquiries received in 2004/05 was 3478 which represented a 22.3% increase in demand), the initiatives that have been introduced and the work that has been done with patients and members of the public. The report included 20 examples of the types of cases that the unit has dealt with in recent months. The Chairman commented that the unit appear to offer the best value for money in the whole NHS.

The Medical Director reported that when crews complain about General Practitioners or poorly managed retirement homes the Trust writes explaining our position. Where appropriate these letters are copied to local social services, General Practitioners, the local PCT or Strategic Health Authority.

Following some discussion on how the Trust could improve its links with the 32 Overview and Scrutiny committees in London it was suggested that the Trust should seek to forge some links with the Chairs of the committees. **ACTION: PPI Manager**

Barry McDonald suggested that the report should make it explicit that the rise in enquires has been due to the process being made more user friendly and that the Trust actively encourages enquiries/complaints.

Freedom of Information (FoI): the PALS unit manages the FoI enquires received by the Trust. Since the introduction of the Freedom of Information Act in January 2005 there have relatively few FoI enquiries; the majority of the FoI enquires have been from the commercial sector and the necessary exemptions applied.

**Noted: The report.**

### **31 Diversity report**

The Diversity report presented to the Committee was in the format of a printout from the new management information tool (CIRIS). The Head of Governance explained that the electronic performance management system will store key documents in a central evidence store. The system will provide routine key reports for Diversity, the Service Improvement Plan, the Assurance Framework and the Risk Register. The format of the reports is being refined; it is intended that the reports will be in the form of exception reports which will be regularly reviewed by the Senior Management Group and relevant committees.

The Diversity Manager reported that the Trust has published its Race Equality Scheme on both the LAS website and on the intranet. He highlighted that a review is to be undertaken of the recruitment and selection process from a diversity perspective; currently the Trust is at its lowest point of minority recruitment for the last 5 years. In response to a question from the Chairman of the Patients' Forum the Diversity Manager confirmed that he will be meeting with the Assistant Head of HR to discuss the issue. He will report back to the Committee on what actions have been taken to address this issue. **ACTION: Diversity Manager**

The Chairman of the Patients' Forum commented that he found the format of the report very useful.

The Committee discussed the difficulty of ethnic monitoring; although the Patient Report Form has a section to record the information, crews continue to be reluctant to ask the question. Unless crews can be convinced that it has clinical relevance for patients the gathering of information on ethnicity grounds will continue to be problematical. Work is ongoing to reinforce the need, that it provides useful data for analysis and research. The Committee will be kept informed of progress. **ACTION: Director of Service Development**

**Noted: The report**

### **32 Governance review**

The Chairman reported that the Trust is undertaking a governance review; a structured questionnaire has been designed and is being used for interviews of Executive and Non-Executive Directors. She drew the Committee's attention to the work plan and thought that the review would be completed early in the new year.

Sarah Waller referred to reports in the media which suggested that Ambulance Trusts would soon be required to become Foundation Trusts. She was assured that the Review would encompass relevant external bodies but that its initial focus was to conduct an internal review.

**Noted: The report**

### **33 Reports from Groups/Committees**

#### **1 Clinical Risk Group – 7<sup>th</sup> June 2005**

The Governance Manager highlighted the following from the draft minutes of the Clinical Risk Group:

- Fast Response Units – this is a long standing item as regular FRU drivers should have their driving assessed. A progress report is expected for the next Clinical Risk Group meeting in September.
- Gazetteer –this was referred to in the PALS Annual Report; there is a long standing issue with the upgrading of the Gazetteer which needs to be resolved.
- Drug Management Scheme – the Internal Auditors reported that although there are systems and procedures in place there is an issue of compliance. The drug management scheme is being reviewed so as to simplify the process and improve compliance. The Internal Auditors will be undertaking a re-audit later this year to ascertain whether matters have been resolved.
- The Governance Manager reported that CAC staff participated in a pilot for using a patient safety culture tool devised by Manchester University in conjunction with the National Patient Safety Agency (NPSA). The session generated a good discussion amongst CAC staff. It was suggested that it should be used as a pilot to look at patient safety culture with other operational groups which could result in action plans being drawn up to improve the safety environment.
- Urgent Operations Centre will be opening in November 2005; a report will be presented to the next Clinical Governance Committee. **ACTION: Head of Urgent Care**
- Two new risks were proposed for the risk register – (1) risk to patients after handover and to the viability of research projects due to poor/no documentation kept by staff and (2) delay in treatment and potential adverse outcome for patient when police attendance has been requested but there are no available units to respond due to their operational pressures.

- The research risk has been added to the risk register and will be monitored by the Clinical Risk Group. The other risk is being reconsidered as the Medical Director did not feel it was properly worded.

The Medical Director added that:

- The issue of ensuring that there is documentary evidence that staff have read updates is being taken forward by the AOM member of the Clinical Risk Group.
- The Complaints Panel will be meeting on 19<sup>th</sup> August and the Medical Director felt that the Trust would benefit from having the lessons to be learnt from complaints being discussed in one forum.
- With regard to reference to the single use items which would be introduced at the end of July – the Medical Director was keen to see evidence that this has happened.
- The Committee was informed that risk number 16 (Inconsistent action relating to the maintenance and repair of trolley beds due to inadequate record keeping) has been re-graded to a medium risk.
- The Clinical Risk Group requested further information on the serious untoward incidents investigated by the Professional Standards Unit.

Sarah Waller was concerned that record keeping as highlighted by the NHSLA assessment was not as good as it should be within the Trust. She suggested that an action plan be presented to the next Clinical Governance Committee on how the issue is being managed.

The Medical Director felt that the issue was across the Trust and was not just an issue for operational staff. The Head of Governance reported that the recently appointed Head of Records is reviewing the records management process. With the new management tool, CIRIS, there will be systems in place to access general evidence quite quickly.

The Diversity Manager pointed out that staff, as part of their personal development, record will be expected to take personal accountability for record keeping and that this will be audited.

In reply to a query from the Chairman of the Patients' Forum the Medical Director outlined the issues connected with drug management; the risk for the Trust is that technicians and paramedics through not returning their drug bags at the end of their shift may use out of date drugs or drugs that have not been stored appropriately.

John Hailstone reported that local audits are taking place on stations and efforts are being made to manage the issue through team management systems. The Medical Director confirmed that there have been no clinical incidents due to the use of out of date drugs and added that operational staff are conscientious in reporting out of date drugs or faulty equipment.

Barry McDonald suggested that the Trust Board should discuss the issues raised at this meeting (better record keeping, drug management, CPI completion) which suggests that there is pressure on managers and operational staff to perform other tasks when their primary focus at the moment is on meeting targets. He suggested that there needs to be a discussion as to the level of risk this represents for the Trust. **ACTION: Medical Director to include in her report to the Trust Board.**

- Noted:**
- 1. The report**
  - 2. That the Committee will receive a report from the Head of Records Management in due course**
  - 3. That a report will be presented to the Trust Board regarding the risks that the Trust is managing due to the pressures of meeting performance targets.**

2 *Clinical Audit and Research Steering Group – 10<sup>th</sup> June 2005*

The summary from the Clinical Audit and Research Group reported that work with St Thomas' had been abandoned. However, the Medical Director reported that the liaison for the charcoal

study attended a recent meeting of the Clinical Audit and Research Steering Group; it has been proposed that discussions take place on how the study might be resumed.

The Medical Director informed the Committee that a Toxicologist at New Cross Hospital has been offering ongoing advice to crews.

**Noted: The report.**

3 *Patient Public Involvement (PPI)*

The Director of Communications introduced Margaret Vander who took up her current post as PPI Manager on 25<sup>th</sup> July 2005.

The PPI Manager reported that she has spent her first weeks in post pulling together the various strands of PPI work that is taking place throughout the Trust. She is planning to meet PPI leads at the 5 strategic health authorities and in the PCTs.

The Director of Communications reported that the PPI Committee will resume in the Autumn. It has been suggested that the Patients' Forum receive presentations regarding the National Ambulance review and the Trust's performance figures. Future presentations will include MRSA and BME recruitment. The Chairman of the Patients' Forum suggested a presentation regarding the PTS service and core standards.

**Noted: The report.**

22 **Any Other Business**

The Chairman of the Patients' Forum raised the issue of acronyms being used in the reports (Clinical Risk Group minutes). The Trust Secretary undertook to forward an updated version of the acronyms used by the LAS; every effort will be made to avoid their use in reports to Committees. **ACTION: Trust Secretary**

23 **Dates of next meeting:**

Monday, 31<sup>st</sup> October 2005 at 9.30 in the Conference Room, HQ.