

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 31 JANUARY 2006

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*	73.4%	94.4%	74.2%	52.1%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

*As of 23rd January 2006

Key highlights

- i. Final performance for October was 72.7% and November 72.9%.
- ii. We continue to input data for December which was particularly challenging in terms of resource availability. Final performance for December is likely to be circa 72% once all the data is complete.
- iii. The year to date position at time of writing is at 73.4% but given that we are currently some four weeks behind with data entry the true figure is likely to be circa 73.7%
- iv. Emergency responses rose by +3.3% in October and + 4.0% in November. December saw a small reduction in workload compared to last year at - 1.2% .The year to date figure (Apr- Dec) is +3.6 % compared with the same period last year.
- v. The Christmas period was the most challenging as had been predicted and resourcing across the Holiday weekend was poor despite some very attractive enhanced pay packages being made available to staff. It is clear that a combination of AfC back pay and vacancies combined to make it very difficult to encourage the high levels of overtime working that were required.
- vi. I am pleased to report that the first three weeks of January have shown considerable recovery and the month to date is running at circa 76.5%

once all of the data has been entered. This includes several days which will finally reach 80% or better.

- vii. Recovery plans as outlined in the previous Trust Board report continue to be progressed and this report contains an update on these initiatives and on the remaining areas which will add further improvements during the coming nine weeks.
- viii Real time performance management continues to be achieved through the 'GOLD' suite and the hours of this unit have been extended to provide a 24/7 operation.
- ix PCT performance remains challenging and we have now completed recovery plans for the lowest six areas which are under 70% year to date and shared these with local commissioners.
- x We continue to be focussed principally on CAT A performance recovery and detailed discussions with SWLHA continue in order to share our recovery plans and keep them informed as to progress.

1.2 Operational Impact of Agenda for Change

The operational impact of AfC which was discussed at length in the last Trust Board report are beginning to show signs of abating. There are still some staff morale issues but feedback within consultation meetings indicates that these are beginning to recede.

There will be some additional back pay issues as Technicians receive some arrears payments in January. These payments are not of the same magnitude as the paramedic payments made in December and it is hoped that they will have a less pronounced affect on the willingness to work overtime.

1.3 Resourcing

Resourcing remains our biggest challenge in terms of maintaining staffing levels at a sufficient level to achieve performance at or above 75%.The reasons for this were outlined in detail within the last Trust Board report and essentially remain the same.

Ambulance hours produced rose from 4024 per day in October to 4221per day in November but fell back markedly in December as overtime working dropped and ended at an average of 4000 hrs per day. FRU staffing held up better and remained at circa 1300 hrs per day throughout November and December.

As predicted resourcing in December was especially difficult across the Xmas weekend and on Christmas Day and Boxing Day overall resourcing was at circa 73% leading to significant performance difficulties particularly on nights.

Traditionally our overtime budgets are seasonally profiled to make sure that the greatest number of hours are available for use in December. However, over recent years there has been a marked reluctance by staff to work overtime during December and this trend continued this year with a steady decline in overtime working as the month progressed. Obviously this situation was worsened by the fact that many staff had received or were due to receive arrears payments in respect of Agenda for Change, which again reduced the appetite for overtime earnings.

Whilst there are plans in place to recruit more staff to reach full establishment, the lead time involved in recruitment means that we continue to struggle with high vacancies. Some 47 additional staff will be posted to operations prior to end March and then from April onwards new staff become available in larger numbers and we are predicting full establishment by circa end October 06.

Overall sickness rates for the year are broadly on target , however, December saw a high incidence of short term absence. Compared to the average weekly number for the first quarter of the year, during December the number of staff reporting sick each day was between 50% to 75% higher. Clearly these absences of between 2 – 4 days duration are extremely disruptive and difficult to cover at short notice. Sickness in January has continued to be high at circa 8% and Area management teams are now very focussed on addressing these increases by robust local management

In order to manage resourcing within the context of overall performance management the Trust has introduced a revised ‘Capacity Plan’. This Resource Escalatory Action Plan (REAP) plan is designed to be constantly in play and allows the service to declare one of five REAP levels from level 1 Routine through level 3 Severe Pressure to level 5 Potential Service failure.

An assessment is made weekly by the Director of Operations against a broad set of criteria as to which level currently applies and then a number of set actions follows in order to recover the position. These levels and the associated actions are now published throughout the Trust and will allow us to react in a more structured way to both ‘Rising Tide’ type problems and sudden events which then affect performance.

With the activation of the Resource Escalatory Action Plan (REAP plan) in December the service has been operating at Level 3 Severe Pressure and the relevant associated actions have been implemented. This has resulted in an improvement in overall staffing during January to an average of 4236 Ambulance hrs per day and 1323 FRU hrs per day.

1.4 Performance Recovery

As reported at the last Board we are very aware that with some 9 weeks of the year remaining we still have a significant challenge to reach our key performance targets.

Modelling has shown that we need to reach an average of circa 80% for the remainder of the year to achieve the 75% target for the 2005/6 financial year.

I have detailed below in summary form progress against the actions described in detail to the Board at its meeting on 29th November:

- The internal recruitment programme is on track and we expect full establishment by end October 2006.
- New staff are now beginning to be placed on the new weekend relief roster.
- External recruitment of qualified staff is ongoing but to date the number of applicants has been disappointing.
- We continue to maximise the use of Bank Staff
- Enhanced overtime at weekends has now been extended until the end of March subject to being able to maintain the funding.
- Non Essential training has been deferred until the new financial year.
- All non essential staff abstractions have been stopped and those staff returned to operational duties.
- We continue to utilise Team Leaders to staff vehicles for 100% of their working hours.
- Training managers and operational managers continue to be used to staff vehicles as much as possible.
- Improved Call taking procedures continue to produce improvements in activation times for ambulances.
- The Urgent Operations Centre continues to enhance its ability to deal with Green workload by maximising the use of CTA and PTS to support the A&E core fleet.
- We continue to actively deploy vehicles from standby points.
- We continue to improve the utilisation of ECPs .
- The Gold performance management suite has extended its hours of operation to 24/7.

There are a number of additional initiatives which will be introduced over the next few weeks to improve performance still further:

- We are still actively working on revising our control room processes to reduce the number of times that multiple responses are sent to the same call. The technical issues associated with this change are considerable and we now understand that a package of software changes to achieve this will be available for introduction on the 28th February. These

changes will allow us to operate all resources from the current Sector Desks so allowing more balanced judgements to be made about the most appropriate resource to send to each call.

We are still determining how best to utilise these enhancements given that their introduction is now going to be very late in the financial year. There will be an operational judgement to make about how best to balance the risks of disruption due to new working practices against potential performance gain and the A&E Senior Team are considering this issue at the present time.

- We are beginning to target a small number of complexes that exhibit high workload and poor performance. Specific recovery plans for these complexes are being developed and will principally involve providing additional FRU and Ambulance resources to improve these areas by circa 5% from their current base. This will be difficult to achieve as staffing any new vehicles remains a challenge given in post figures and sickness levels. Nevertheless we are convinced that this can be done by adopting some innovative approaches and by staffing these new units from across the service as a whole rather than from the challenged complexes themselves. The new FRUs arriving during January will be used to provide additional vehicles for these complexes.
- We will continue to refine the operation of the GOLD suite in terms of overall performance management . In particular we will develop plans which allow a better real time assessment of hour by hour performance against that which needs to be delivered to achieve an overall full days performance of over 80%. This should allow more proactive steps to be taken when performance is at variance with that expected in each hourly slot.
- We are now compiling a further list of initiatives which may have to be considered in March should we find that performance has not recovered sufficiently.

1.5 Emergency Operations Centre

Recruitment to positions in EOC is on track with the next two courses full. A new advertising campaign will be launched in early February aimed at attracting new staff for 2006/7, to reflect the diverse population we serve.

Work continues on the re-structure documentation. It is envisaged that the process will start late spring 2006. Senior managers in Control Services are aware of the re-structure, and there are development workshops continuing to best prepare the managers for the re-structure process.

The changes to the call taking procedures described in the last report continue to have a beneficial effect on both call answering times and activation times. Call answering times for 999 calls have risen to 85% in 5 secs during January with some individual days at 95%. Call answering times for Urgent calls have also improved to 77% in 30 seconds. There is still much more to be done but these results are encouraging.

New Years Eve presented a significant challenge this year due to a technical failure in the setting up of the back up control at Bow. Our planning for several years has allowed for both the main control room and the back up control room to be used in tandem enabling us to increase significantly the numbers of call taking positions available to us. During the setup process this year problems became apparent and a decision was finally taken by GOLD before midnight to close the Bow control room and run the entire operation from HQ. Whilst this presented a significant operational challenge the service coped well and no major difficulties were experienced.

A number of de-briefs are underway to understand what went wrong with the setup process and lessons learnt will be factored into planning for 2006.

On the 19th of January, Lawrence Dallaglio, opened the new Incident Control Room (formally Gold Control). The ceremony was hosted by the Chairman and the event was attended by staff who were working in EOC during the bombings on the 7th July. Representatives from Heath, St John Ambulance and the London Fire Brigade were also in attendance. After a tour of the new facility, Mr Dallaglio spent time talking to staff and guests, before a visit to the EOC. He was very gracious in his comments and was very impressed by all the EOC staff he met and thanked them for their dedication and professionalism.

1.5 Urgent Care Service

The Urgent Operations Centre was opened on track at the end of November and has been working well . We are already seeing some benefits as a result of the co-location of various staff group and as relationships develop over the coming weeks we are confident that this will continue.

As reported to the Board in November there are a number of EMT1 vacancies at present and it has still been proving difficult to recruit to these posts. The re-design of the EMT 1 role continues and will report early in February.

It is likely that we will then develop a level of training which is more aligned with an enhanced PTS role rather than an EMT1 role. It will be part of the more general review of the overall Urgent Care workforce and once complete will allow us to develop a more focussed recruitment campaign for Urgent Care staff.

We have also taken some 20 PTS staff from the Chase Farm area into Urgent Care following loss of a local PTS contract and these staff will become solely dedicated to Urgent Care workload from the 6th February. In addition we are

working with PTS to potentially absorb further PTS staff from 'at risk' contracts over the coming months.

CTA staff numbers increased as planned to 30 in December and staff are now utilising the new CTA software package to good effect. In the first four weeks of using the new software the number of calls dealt with has risen to over 4000 which compares to an average of 2000 a month on the old TAS system. The non send rate for CTA calls is still at 50% and some 2000 responses were therefore saved in the period 16th December 05 to 16th January 06.

We continue to explore options for adding further GP support to Urgent care and talks are ongoing with various GP Co-ops .

The ECP programme continues to progress and 4 further PCTs areas will be live by the end of January. We are also looking to begin training a further 15 ECPs before the end of the financial year.

1.6 Emergency Planning

The Emergency Planning Unit (EPU) continues to work with our partners in Health and the London Resilience Team to ensure that once a Pan-London FLU plan has been developed and agreed the LAS's plan is fully integrated with this piece of work..

Major Incident training at various levels is continuing and the EPU delivered a Gold Level training package in January for the recently appointed ADOs.

New Years Eve 2005 presented challenges this year due to a technical failure described in detail in 1.4 above. Lessons learned from the NYE Debrief will be factored into the planning for 2006.

Following the events of 7 July '05, five debrief sessions were held, to create a 'knowledge file' of the events, from the perspective of those involved. Following this process, two documents were produced:

- Summary of Lessons Identified – Areas of Best Practice
- Summary of Lessons Identified – Areas for Improvement

The 'Areas for Improvement' document is the subject of an action plan, broken down into Red, Amber and Green actions. Red actions are reviewed monthly, Amber are reviewed quarterly and Green, annually.

One 'quarter' has elapsed since the report was completed (7 September '05).

In total, some 99 Areas for Improvement were identified. These have been developed into 207 'actions required'. A steering group has been established to move forward the actions.

For the first quarter, the primary focus has been on addressing the Areas for Improvement rated as ‘Red’. There were 29 Red items, which have developed into 33 actions. Ten actions have been fully completed, a further nine are underway. Four ‘Amber’ actions have also been completed.

Significant items have been addressed first, including: a rebuild of the Incident Control Room; a reconfiguration of the Gold Command Suite; issuing pagers to managers and the acceleration of the new digital radio system to bring LAS forward in terms of the implementation timetable.

Whilst the ‘Areas for Improvement’ document is the focus of activity at present a communications strategy is being devised to also share the best practice that was apparent on the day.

2. Patient Transport Service

2.1 PTS Trajectory Management

Focus for the last two months has been largely on the provision of training and development for all the control staff with courses held in November and December to help maintain focus and momentum. We have two final courses to be run in January for our Cluster Planners, Central Services Co-ordinators and Site Managers.

Work continues to be 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.

Summary of Impact August to November

Month	August	September	October	November
Arrival Time	74.6	78.2	80.7	82.5
Departure	85.1	85.4	85.3	88.5
Productivity	11.3	11.6	11.6	11.8
Updation	92.0	89.9	95.0	94.0

- Arrival time increase by 7.9% (74.6% to 82.5%)
- Departure time increased by 3.4% (85.1% to 88.5%)
- Productivity (average person) increased by 0.5% (11.3 to 11.8)
- Updating increased by 2.0% (92% to 94.0%)

2.2 PTS Hospital arrival time

Overall performance has **improved** from 74.6 to **82.5%**.

2.3 PTS Hospital Departure time

Overall performance has **improved** from 85% to **88.5%**.

2.4 Patient time on PTS vehicle

Performance in this measure has been maintained at an average of **93%** per month compliance, which is the eighth **consecutive month to hold above 91%**.

2.5 Operations

Implementation of the new AfC 37.5 hour Rotas started in December 2005. This has given us the opportunity to consult with staff and review all contract rotas and introduce staggered rota patterns to match individual contract daily activities to assist in the control and use of overtime.

Central Services control staff successfully moved from Greenwich to the new Urgent Care Control in Waterloo in November with almost immediate benefits with closer integration working leading to significant increase in the number of A&E referrals.

Working closely with the Gold suite on the REAP plan we have been able to support a number of initiatives during December and January offering 3 x Blue Light vehicles and staff providing day cover with a paramedic on each vehicle.

The most notable of these initiatives being the ambulance working in the West End footprint, on Thursday, Friday and Saturday nights through the build up to Christmas and on into New Year, taking intoxicated patients to hospital instead of using front line ambulances. The work of this vehicle was extensively reported by the media over this period.

We have also provided, a Blue Light ambulance manned with one AP to work in the Central London Footprint transporting a DSO and supplies on Thursday, Friday and Saturday nights to improve turnaround at hospital sites and incident scenes.

We also supported the New Years Eve Operation providing five Blue Light PTS ambulances manned by double crews who carried 40 patients of which 34 would have been normally been carried by a front line vehicle. This was run from the new Urgent Care Control Room.

We are currently short listing for the Site Manager post for Kingston and Wandsworth PCT

Sickness was 5.2% YTD (April to November) Sickness for the month of November was up at 5.86%.

2.6 Contracts Update

2.6.1 Queen Elizabeth/Queen Mary Sidcup

There is no more progress on the arbitration issue. We have met with the trust on 3 occasions, with a view to extending the contract for 2 years. The stumbling block remains the marginal invoice charges we apply to the contract and if these issues can be resolved they have indicated that they would be prepared to extend the contract for two years.

2.6.2 Chase Farm Hospital

The contract ended on 31 October 2005 with staff transferring to Urgent Care. We continue to deliver a service to BEH Mental Health Trust which will run till February 2006

2.6.2 BEH

It is still proving difficult to gain any firm commitment from the trust as to their intentions regarding the contract which is due to end on February 28th. There is also an outstanding issue regarding payment for excess activity which is being pursued by Mike Dinan directly with their FD.

2.6.3 Charing Cross & Hammersmith

We have presented a number of late arrival final invoices to the Trust and we continue to work with them to agree and resolve the final financial position.

2.6.4 Hillingdon & Mount Vernon

Hillingdon Hospital has agreed to sign a Service Level Agreement for 2006-07 giving us an extension for a further year. The Trust has also advised that they would like to extend for a further three years but with a different patient activity profile. They will provide details later in year for us to submit a revised costing.

2.6.5. Stanmore

RNO have signed the new Service Level Agreement until mid 2007. The new LAS bus shuttle service started at the beginning of November and we continue to work closely with the Trust on timetables and hours of operation.

2.6.6 Chelsea & Westminster

The current SLA ended at the end of December and we have been in negotiations with the Trust to agree a new SLA to extend for a further six months or for two years. Offers have been presented and we are awaiting the Trusts decision. The Trust is looking to go out to tender in 2006, so the likely outcome may be an extension of six months.

2.6.7 Whipps Cross

Whipps Cross has requested a “**Feasibility Study**” to be undertaken to assess their transport requirements. They have asked the LAS to assist them in looking at a “One Stop Shop” approach to cover all their transport needs. This includes specimen, internal, in house, courier, inter hospital transfers and out of hours cover. This is an excellent opportunity and could be in the region of a £2m contract.

They have asked for the “**Active Demand Management**” to be lifted and have agreed to a contract to the tune of £830k. This price will run to the end of the financial year and will roll over until the feasibility study has been completed. The view then will be to award the contract to LAS, without going to tender.

However all outstanding debts are still liable and await arbitration decision.

2.6.8 Oxleas

Notice was given and contract ends 31st March 2006. We will then support the contract through Central Services as a more cost effective method.

2.6.8 UCLH

UCLH have advised that they will be market testing in 2007 following their move into new hospital building. Presentations have been given by LAS in December on our service and we are in negotiations re increased activity in support of their aim to reduce their number of transport providers. We have developed a good and close working relationship with this trust.

2.7 Tenders & New Business

2.7.1 Wandsworth PCT

A proposal has been submitted for the internal mail services. Tender process is currently in the evaluation stage and a decision should follow shortly.

2.7.2 Lewisham University Hospital

We were not short listed for the second stage of the tender process and are still seeking clarification as to why this. We believe a part award was made to Thames Ambulances.

2.7.3 St Georges NHS Trust

A proposal has been submitted, the tender process is currently in the valuation stage and a decision should follow shortly. We understand that GSL have done a presentation to the Trust and appear to be the favourite to win tender.

2.7.4 Bromley Hospitals

We have just been advised that we have been successful in regaining the Bromley PTS contract . This represents £1.8m of new business.

2.7.5 Expressions of Interest have been submitted for the following upcoming tenders

- Royal Free Hospital
- Kingston Hospital
- North West London Hospitals
- North Wick Park OOH
- Tower Hamlets

3. Complaints update – January 2006

Comparison of complaints received between April and December, 2004/2005

	All Complaints		Written Complaints	
	01/04/05 to 31/12/05	01/04/04 to 31/12/04	01/04/05 to 31/12/05	01/04/04 to 31/12/04
East Sector	101	108	42	49
West Sector	103	84	42	38
South Sector	20	0	11	0
Emergency Operations Centre (EOC)	122	103	71	60
Patient Transport Service (PTS)	32	24	23	19
Unknown	0	0	0	0
Not Our Service (NOS)	20	8	1	0
Non-Operational (NOP)	2	4	1	3
Total	400	331	191	169

The trust received 400 complaints between 1 April and 31 December 2005, an increase of 69 on the previous year. However, there was an increase of 12 complaints that were categorised as ‘not our service’. 361 complaints have now been closed, 8 complaints led to recommendations of disciplinary process and 353 are being dealt with under local resolution. The main cause of complaint remains concerns regarding attitude and behaviour. This category, at present, represents 44% of total complaints received.

Whilst there has been an overall increase in complaints the only category which has shown an actual increase regarding total complaints received is that of ‘non-conveyance’ of patients. This has increased from being the main subject of 9% of complaints last year to 11% of this year.

There were no requests for Independent Review on cases received in the year ending March 05, however since April 05 the Healthcare Commission have requested paperwork for 10 cases following requests for Independent Review though to date no reviews have been undertaken by the Healthcare Commission. Two cases were closed by the Healthcare Commission as already having a complete investigation and we have recently received recommendations from one other case which are being undertaken at present.

The service is currently delivering 66% of written complaints resolved within 20 days (against a target of 80%). It is recognised that there is a need to improve complaint handling and the lessons we learn from complaints and to assist in achieving this we are:

- Reviewing the structure and role of PSU
- Implementing a Managers' 'prompt sheet' to assist sector investigating staff in achieving a timely and methodical investigation.
- Implementing a revised Serious Untoward Incident Procedure (TP/006)
- Having a Complaints Panel meet regularly. This was set up in accordance with Complaints Procedure (TP/004).
- Reviewing the Complaints Procedure (TP/004) following review of PSU
- Reviewing the training delivered to Duty Station Officers and Senior Officers
- A review of the outcome report form for complaints to ensure recommendations are actioned and lessons learnt

4. COMMUNICATIONS

Patient and Public Involvement (PPI)

PPI Manager Margaret Vander and Events, Schools and Media Resources Manager Richard Walker are leading a piece of work on the future of LAS public education activity. Thirty LAS staff who are currently involved in public education attended a workshop recently, to discuss how this activity should be developed for the future. The information collected will be used to produce recommendations and an action plan. This is likely to include ensuring that we make best use of our resources, and that those participating in public education activities give consistent messages which are in line with the organisation's strategy and goals.

The PPI database now lists more than 90 Service activities or pieces of work involving patients. These range from Patients' Forum members being on LAS committees to LAS staff participation in multi-agency training events for children and young people.

At December's PPI Committee there was a discussion about access to the LAS for deaf people. Currently, unless they have TypeTalk equipment and are at home, profoundly deaf people cannot call 999 for an ambulance and communicate with the call-handler. Most deaf people communicate by text, but have been told that it is not possible to use SMS technology in an emergency because of potential delays in their messages being received. The Committee agreed to explore technological solutions to this problem, as well as liaising with the Royal National Institute for Deaf People (RNID) and other organisations.

People within the deaf community have also expressed interest in the use of Visual Translator Cards to help them communicate with ambulance crews. This is being explored jointly between the LAS, the Patients' Forum and RNID.

Patients' Forum members welcome input from LAS managers at their monthly meetings. Director of Operations Martin Flaherty attended in October to give a presentation and answer questions about the July bombings. In November Head of Education and Development Bill O'Neill and Diversity Manager Paul Carswell attended to talk about diversity - both in terms of staff recruitment and educational input. Operational Support Services Manager Gadge Nijjar attended in January to talk about the Make Ready Scheme.

A recent example of some joint work between the LAS and the Patients' Forum has been a survey, sent to people in the Camden area who are known to Asthma UK. The purpose of the survey was to find out if they had ever used the ambulance service and, if so, whether they had any comments about their experience. Although there was only a 10% response rate, all comments made about the ambulance service were very positive. A small number of people said they would be prepared to respond to a more detailed survey. A series of face-to-face interviews is now being planned, to find out more in-depth information about people's experience of the ambulance service, about their asthma, and about the other services they use.

If this exercise is found to be useful, it may lead to similar surveys being carried out in other areas of London, perhaps in areas of high ambulance service demand. It is possible that, where there is high usage of the ambulance service for people with asthma, this might indicate gaps in other (preventative or monitoring) services in the community. Finding out more about this group of patients and the services they use may also be helpful when developing the LAS chronic conditions strategy.

Communications

Service pressures: During December, a communications programme was initiated to help alleviate pressures placed on the Service by increasing demand and resourcing problems. This work supports the Service's revised Capacity Plan, and the need to maintain levels of patient care and recover performance during the winter period.

From an internal perspective, all staff have been made aware of the current pressures and frontline staff have been encouraged to work additional overtime shifts, respond more quickly and try to reduce turnaround times at hospital. The Chief Executive shared these messages in a short video, published on the Service's intranet, which was viewed by over 2,000 staff. He also sent a personal letter to all frontline staff about Service pressures, and this has been supported through a number of operational bulletins.

Externally, the Communications Department focused on raising awareness of a range of issues that have placed pressure on the Service, through a sustained media

campaign. Extensive media coverage has been achieved regarding the impact of alcohol-related calls, increased demand during the festive season and pressures placed on the Service during cold weather.

In late November when the new licensing laws came in, filming with the BBC and Tonight with Trevor McDonald highlighted the demand that alcohol-related calls put on the Service. This was supported by articles in a number of national newspapers. Then, ahead of the traditional office party night (the last Friday before Christmas), the message to revellers to use the ambulance service wisely was widely conveyed through broadcast and print media. It is estimated that interviews with London Today, LBC radio and BBC London reached over 7.5 million viewers/listeners.

Further regional and national coverage on alcohol-related issues was secured with the story that the Service was introducing a new response to alcohol-related calls in central London, dubbed by the media as the 'booze bus'. Coverage on BBC Breakfast News alone, which explained the reasons behind the initiative and also reiterated that the ambulance service's priority is to attend life-threatening and vulnerable patients, reached an estimated 9.53 million viewers. Viewing/readership and listening figures for additional coverage in national/regional papers (e.g. Daily Telegraph, Daily Mail, Evening Standard), radio (Radio 5 Live, BBC London, LBC) and local television (London Tonight) is estimated to be an additional 16 million people.

During the Christmas period, media liaison was undertaken to pre-empt a spell of cold weather, and people were advised how to keep warm and well and how they should use their ambulance service. Coverage was secured on LBC radio, London Tonight, BBC London radio and in the Evening Standard, enabling the Service's messages to reach over three million Londoners.

New Year's Eve once again proved to be the Service's busiest night of the year, and work with the media enabled key messages to be conveyed before and after the event. In the run-up, as well as explaining that this would be the busiest night of the year, national and local media (a reach of 10 million) detailed how cold weather and the anticipated tube strike would put additional pressure on the Service. Post event, coverage from a "ride-out" by Sky News triggered widespread media interest with the focus being on the high number of stabbings attended by crews on New Year's Eve. As well as the extent of the demand placed on the Service that night, media reported the Service's horror that there was such a high level of violence on what was an evening of celebration for most people, and that most calls received were alcohol-related. Audience figures for this coverage were an estimated 18 million.

Communication support will continue to be given to pressure issues as the Service strives to protect patient care and improve performance levels over coming months.

Chief Executive's charities: The Communications Department worked with the Chief Executive's three charities to produce this year's Christmas card. Children from the three hospices were invited to design a Christmas card for the Service, with the winning entry being submitted by three-year-old Ashantia who attends Richard House

Children's Hospice based in the Docklands. The card, featuring Santa with his ambulance sleigh, was sent to 2,000 partner organisations and suppliers.

As the London Marathon approaches, twenty staff who have secured places through the Service have agreed to run for the three children's hospices, and have been encouraged to seek sponsorship for their efforts.

New Year Honours: The news that the Chief Executive received his CBE from the Queen in December and six members of staff were recognised in the New Year Honours' list received widespread media interest.

In recognition of their roles during the tragic events of 7 July, Paramedic William Kilminster, Acting Duty Station Officer Peter Swan, Contract Operations Manager Roy Webb, Paramedic and UNISON trade union representative Jim Underdown were awarded MBEs, and Director of Operations, Martin Flaherty, was awarded an OBE. Awards Manager Trevor Vaughan received an MBE for his 42 years of service with both the LAS and the Metropolitan Police special constabulary.

Coverage of individual's achievements has been achieved in national, regional and local media.

In connection with 7 July, staff attended a special 'thank you' event at City Hall in December which honoured staff from the emergency and transport services for their heroic actions on the day. Chief Executive Peter Bradley, Islington Paramedic Stacy Rixon and her husband Medical Technician Paul Rixon accepted a plaque from the Mayor of London on behalf of the Service.

Other media issues: The sentencing in January of a former member of staff, Nicholas Colclough, for making and possessing indecent photographs of children received some local media attention. A statement issued confirmed that Colclough was dismissed from the Service for gross misconduct in July 2005 following an internal disciplinary investigation.

Interest from the media, including The Times, was triggered following the arrest of a doctor this month on suspicion of manslaughter. The Service confirmed that following a call to a 78-year-old woman in Enfield in December, it had raised concerns about the treatment of the patient prior to the crew's arrival. Crews treated the patient, who was experiencing breathing difficulties, and made efforts to resuscitate her both at the scene and on the way to hospital.

Communication support is being provided to the ongoing inquest into the death of 28-year-old Andrew Jordan from Erith who died in police custody on 7 October 2003. A strategy has been developed for managing internal and external communication following the outcome of the inquest.

Chief Executive consultation meetings

The latest series of Chief Executive consultation meetings ended on January 25 although extra events may be organised for those emergency operations centre (EOC) and urgent operations centre (UOC) staff who were unable to attend any of their three events.

Over 1500 staff and managers attended the 37 meetings and a wide variety of issues were raised and discussed.

As stated in a previous report to the Trust Board, strong views were expressed but always in a professional and courteous manner. It is clear that these events are important and valuable opportunities for staff in all areas of the Service to have direct, open and honest dialogue with the Chief Executive and Medical Director.

Concerns were expressed about the Agenda for Change implementation process; increases in workload; call categorisation; staffing levels; use of the 999 service by the public, other NHS professionals and the police; availability of training and opportunities for career development.

All views are being collated and a plan comprising actions to be taken on many of these issues will be prepared and implemented.

5. HUMAN RESOURCES

5.1 Agenda for Change

Despite the challenges that have impacted on the entire Ambulance sector's AfC assimilation performance, LAS is now well-placed to ensure that all its employed staff are assimilated onto AfC terms and pay not later than March 2006. Emergency Medical Despatch (EMD) staff, because of the nature of their existing employment contracts, will be offered a staged option of transferring to AfC terms. As a result of this option, there may be a small ongoing stream of AfC assimilations running forward into 2006/07.

The Trust's current position is:

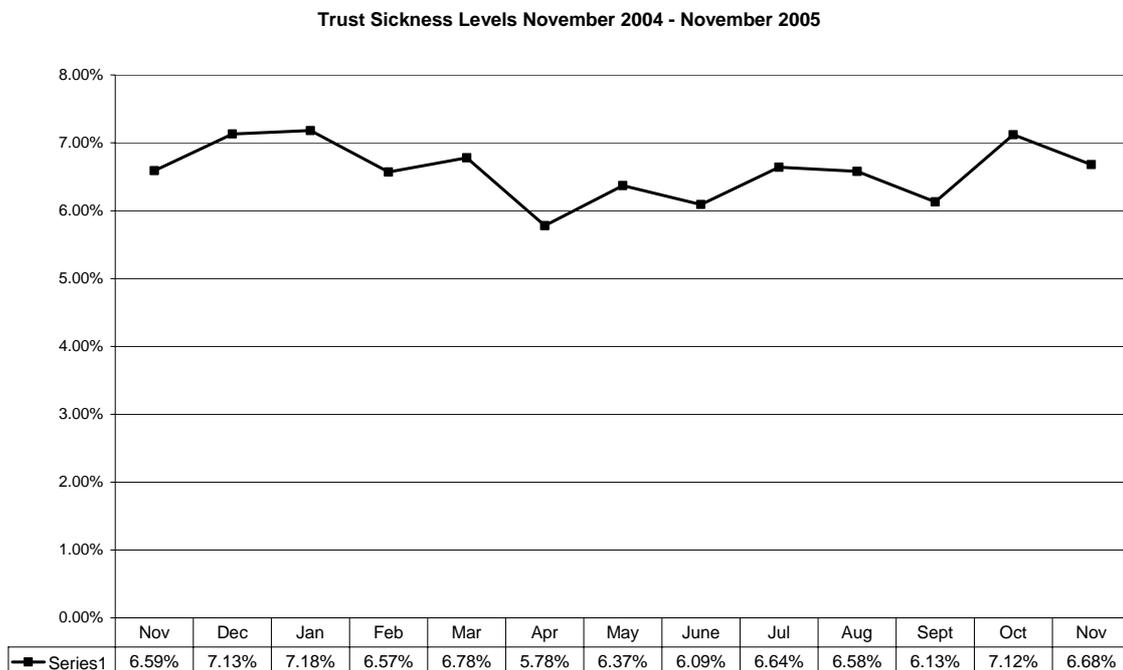
- 3711 posts (98.4% band matched)
- 2919 staff (77.4% of employed staff) assimilated to AfC terms and pay
- 3133 KSF outlines (covering 83.0% of employed staff) now prepared and agreed

A number of staff have appealed their bandings. These currently cover 18 job variants. A further 2 vacant posts were subject to banding appeals by their sponsoring manager and all the EMD grades are subject to a collective appeal submitted by Staffside. Anecdotally, we understand that the level of appeals is considerably below the average for a Trust of this size.

By end-January 2006, the Trust will have paid all arrears (save for a credit due to some staff in compensation for the reduction in working week) to all staff assimilated before 31st December 2005. LAS is well placed, therefore, to meet the DH target of paying all identifiable arrears before 31st March 2006.

5.2 Attendance Management

The sickness levels for the year up to November 2005 are shown below. Whilst overall sickness has reduced in the month of November in relation to that in October, it is slightly above that experienced in November 2004 - demonstrating the need to maintain management focus.



November 2005 Absence	
Staff Group	%
A & E	7.61%
CAC (Watch Staff)	7.34%
PTS	5.86%
A & C	3.24%
SMP	2.38%
Fleet	8.96%
Total (Trust)	6.68%

5.3 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 November 2005. Actual staff in post is slightly below the forecast for November though concerted recruitment activity has been good with high numbers being recruited into training school from the end of October resulting in an increase of 94 operational staff on duty by May 2006 with continued sustained increase thereafter.

(ii) 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 as being on target.

Table 1

2005/06 A&E Crew Staff Numbers

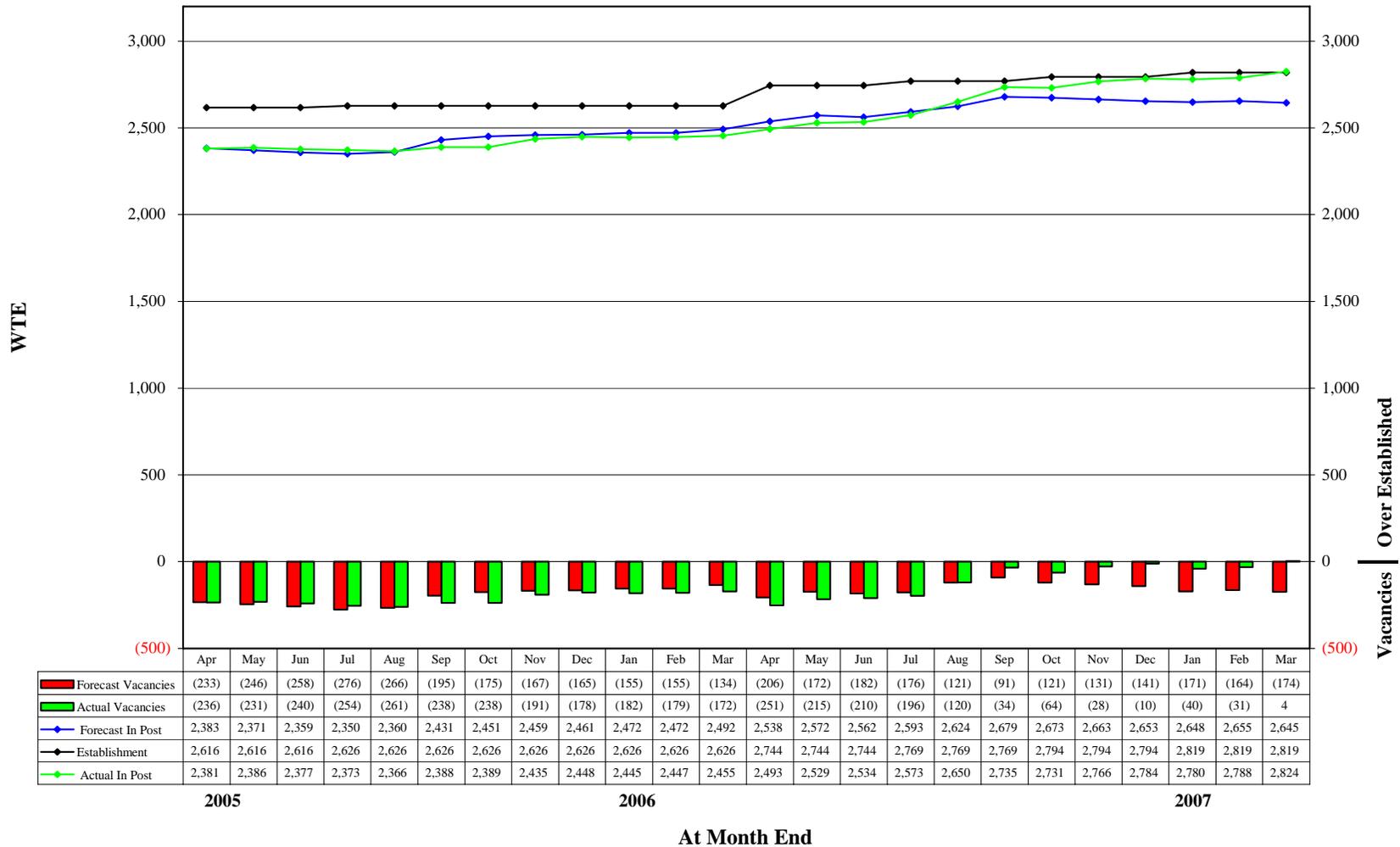
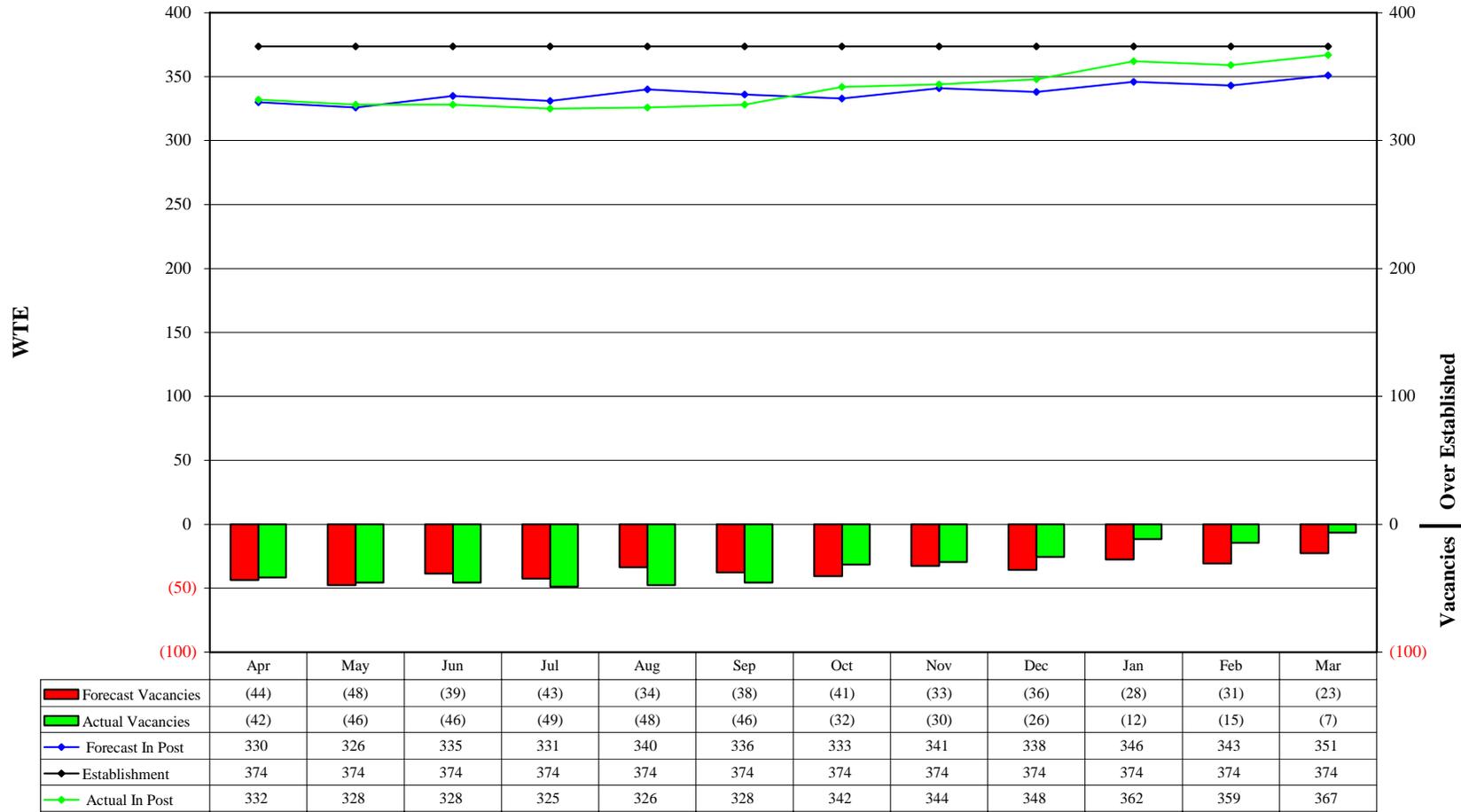


Table 2

2005/06 CAC Staff Numbers



At Month End

6. OVERSEAS TRAVEL

The Board are requested to approve travel outside of the EU for 5 members of staff.

I am pleased that LAS has been invited to participate in a worldwide clinical competition being held at the prestigious JEMS conference in Maryland USA. In addition to participating in the competition our staff will attend conference meetings, lectures and visit operational ambulance facilities whilst abroad. We intend for DSO Alan Payne, Training Officer Stephen Hines and three operational colleagues to participate and report back.

Costs are expected to be in the region of £4,500

Travel is from 19th March and returning from the USA on 26th March.

Manchester Business School, Boston, Massachusetts USA

Formal approval is sought from the Board for Ann Ball, Deputy Director of Human Resources, and Sue Watkins, Superintendent, Control Services, to attend the NHS United States Elective Module, in co-operation with Harvard University's School of Public Health and PricewaterhouseCoopers LLP. 20-24 March 2006. This will form part of their studies towards the MSc – Leadership through Effective HR Management.

The Module enables participants to experience and understand the lessons learned from the US system, and reflect on practice in the UK in light of the US model. The course will focus on the question of “how does this improve patient care?”. The content will be delivered through seminars, syndicate discussions, and field visits.

Costs to the Trust for travel and accommodation are expected to be approximately £1,200 per person. The tutorial costs of the programme (£1,500 per person) are funded by the Department of Health.

Recommendation

The Board is asked to note my report and approve the travel requested under section 6.

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

25 January 2006