

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 29th November 2005

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

Present: Sigurd Reinton Chairman
Peter Bradley Chief Executive

Non Executive Directors
Barry MacDonald Non Executive Director
Sarah Waller Non Executive Director
Beryl Magrath Non Executive Director
Colin Douglas Non Executive Director (arrived 10.05)
Lord Toby Harris Non Executive Director

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

In Attendance:

Malcolm Alexander Chairman, LAS Patients' Forum
David Jervis Director of Communications
Peter Suter Director of Information Management & Technology
Kathy Jones Director of Service Development
Colin Hill Member of the public
John Hopson ACAO CAC
Martin Brand Head of Programmes and Projects
John Trenfield Observer (SPR in emergency medicine)
Chris Vale Acting Head of Operational Support
Ian Pentland Consultant - IT
Christine McMahon Trust Secretary (Minutes)

108/05 Declarations of Interest

There were no declarations of interests.

109/05 Opportunity for Members of the Public to ask Questions

There were no questions.

110/05 Minutes of the Meeting held on 27th September 2005

Agreed:

1. The minutes of the meeting held on 27th September 05 as a correct record of that meeting with the following amendments:
2. Clarification was sought as to 'each year that amount would be increased by reduced in real terms be used when ambulance services are implementing Payment by Results'.
3. The Complaints Panel will meet again on 5th October 2005 not 52005.

111/05 Report of the Chairman

The Chairman referred to the reforms that had been proposed under the recent Department of Health paper 'Commissioning a Patient Led NHS' - though no formal decision has been made it now appears that there will be one Strategic Health Authority for London and thirty two Primary Care Trusts (PCTs). The [roles and responsibilities](#) of PCTs will probably be redefined, [however](#).

Discussions are taking place between the NHS Confederation and the Ambulance Service Association as to how the two organisations can work closer together. The Board will be kept informed of progress.

The Chairman, on behalf of the Trust Board, thanked Lord Toby Harris for his contribution and efforts on behalf of the LAS over the last eight years. The Chairman referred to Lord Harris's long and illustrious career and on behalf of the Trust Board wished him well for the future. The Chairman felt that the Board had been fortunate to have Lord Harris as a member and he was sorry that Lord Harris had declined a third term. Lord Harris's constructive and thoughtful contributions to discussions have been greatly appreciated.

Lord Harris said that he had enjoyed being a member of the Trust Board for eight years, during which time he had seen the organisation transformed. He paid tribute to the Chief Executive and his team for the work they have done. He felt that the Trust Board has been kept well informed which compared favourably with other committees/boards he has been member of.

112/05 Report of the Chief Executive

The Chief Executive highlighted the following from his report to the Trust Board:

Activity remains high, 4% increase in demand on this time last year which meant an additional 60,000 999 calls. The performance year to date is 73% for Category A 8 minute (Department of Health target of 75%) and 95% for Category A 14 minute calls (Department of Health target of 95%).

The Chief Executive referred the Board to Graph 9 of the information pack attached to the report; it showed the performance targets being achieved in August when levels of crewing were higher than the previous two years. The increase in Category A 8 minute calls and the level of cover in terms of front line crews staffing ambulances and cars has had a serious impact on performance. The Trust will seek to address this issue in part by recruiting an [additional 300 plus staff over the next few years](#).

Comment [SER1]: Check with Peter

The Board was informed that there have been intermittent technical issues during the last eight weeks which will be referred to in more detail when the Director of Information Management and Technology spoke about CAD (minute 122).

The Chief Executive expressed confidence that the Trust will be back on target by March 2006 and will achieve the Category A 8 minute target of 75% for the year. The Director of Operations is developing an escalation plan which will include pre-agreed responses to certain levels of activity. The plan may include the possibility that the Trust cease to respond to Category C calls, that training sessions are postponed and that managers crew ambulances.

The Urgent Operations Centre (UOC) is opening on the 30th November; new software has been purchased for the Clinical Telephone Advisers and additional staff are being recruited to deliver clinical advice by telephone; the Emergency Bed Service personnel are moving into the UOC on 30th November 2005.

The Chief Executive said that as a result of the UOC starting to function as planned, he expected to see greater utilisation of Whitework and ECPs with a decrease in Category C calls being responded to by front line A&E crews.

Central Control (CAC) is changing its name and will in future be known as the Emergency Operations Centre (EOC).

The Trust will look to employ a midwife for a year to advise on maternity cases and give telephone advice in a clinically safe way for that group of patients.

The Chief Executive confirmed that he had been advised that the Trust will receive £10m CBRN funding and an additional £5m to support increased resilience due to the terrorist threat. He is working hard with the South West London Strategic Health Authority and the Department of Health to secure the promised funding.

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The Board was informed that PTS is not going to break even this year; in recent months there has been some loss of control regarding the use of third party transport. A new management board for PTS is in place and includes the Director of Operations and the Director of Finance.

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Workforce planning – the Trust is looking to recruit a large number of staff during the next twelve months to fill vacancies and meet the requirements of Agenda for Change. The plan will be presented to the Trust Board in January 2006. It is intended that the additional staff will mean less reliance on overtime. **ACTION: the HR Director & Organisation Development.**

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There has been good progress on Agenda for Change; paramedics and team leaders have been assimilated. Staff retention is high with only 7% turnover of front line crew.

The Board was informed that the Communications Department has been very busy. On the 28th November 2005 'Tonight with Trevor McDonald' featured the LAS in a programme reviewing the impact of the recent change in licensing laws. The Chief Executive said that anecdotal evidence suggested that demand has increased from 11pm to 4am; in the same period of time four staff were assaulted.

The Chief Executive's consultation meetings have been going well and good feedback is being received from front line crews. One of the issues raised by front line crews is the relationship with the Metropolitan Police. There is a view that the Police are not always as responsive as we would like. There were also comments about the way the CAD link is used to prioritise calls and to dispatch ambulances. Senior LAS staff will be meeting with senior officers of the Metropolitan Police within the next ten days to try to address some of the issues raised at the consultation meetings.

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There has been a lot of good work undertaken by the Estates Department. The following works have been recently completed: Rotherhithe Ambulance Station, Streatham Ambulance Station, a purpose built logistics unit at Deptford and the opening of the Urgent Operations Centre. For Streatham, Rotherhithe and the UOC, opening ceremonies will be held and board members will be invited to attend. **ACTION: The Director of Communications.**

Patient Public Involvement Margaret Vander, the Head of PPI, is leading on this work. A large number of staff are involved and working with the LAS Patient Forum.

The Patient Advice & Liaison Service (PALS) has been extremely busy. The Chief Executive suggested that a presentation regarding the Service be given to Trust Board in 2006. **ACTION: Director of Communications**

Professional Standards Unit – a review is being undertaken of the Professional Standards Unit (PSU) and a report will be presented to the January Trust Board. The report will include recommendations on how complaints will be managed in future.

Colin Douglas asked about the 4 assaults on staff and whether there has been an increase over the year. The Chief Executive said that overall the trend has been downward; the recent incidents co-incident with a film crew accompanying front line crew also being assaulted. The situation will continue to be carefully monitored.

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In response to Colin Douglas's question about PTS and the lengthy waiting times that some patients have to endure, the Chief Executive said that management is looking at a new scheduling system for PTS. The Finance Director pointed out that the vehicles are relatively small (capacity 6 people) and consequently there is a lot of shuttling.

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Beryl Magrath asked whether the plan to recruit an additional 300 plus staff included fully trained staff from other parts of the NHS. The HR Director confirmed that a recently placed national advertisement was aimed at recruiting staff to the LAS that are fully trained. Beryl Magrath referred to her recent visit to East Anglia Ambulance Service, who use nurses to deliver Clinical Telephone Advice (CTA) and wondered whether that was something the LAS might investigate. The Director of Service Development said that East Anglia have always used nurses to assist CTA. The Management Team are working on an escalation plan which may include not responding to Category C and may include employing General Practitioners to deliver CTA when appropriate. If the escalation plan is implemented it would be offering a short term solution, not a long term solution, to the challenges that the LAS faces.

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Comment [SER2]: Improve clarity of what was said, please.

The Chairman of the LAS Patients' Forum was assured that the review of PSU will include a review of the internal relationship between PSU and PALS.

The Chairman of the LAS Patients' Forum enquired whether the tender documents for PTS included clinical safety. The Director of Finance confirmed that although clinical safety is included in the tender documentation, he felt the final decision by acute trusts is heavily influenced by cost – the cost per patient per journey. PTS is an expensive service and its competitors are able to provide a cheaper service, in part due to the fact that they have not had to implement AfC terms and conditions. Under Department of Health regulations every contractor in business with the NHS is required to implement AfC terms and conditions; consequently Acute Trusts may find their external contractors may have to increase their price as a result.

Comment [SER3]: Can this really be true? If taken literally it would mean the whole country being on AfC!

Barry McDonald queried the information in the graphs which showed an increase in Category A responses but fewer ambulance hours staffed. The Chief Executive said that the graphs were incorrect and not up to date. The graph for Category A does not include red calls. In November, December and January calls increased by 700 not 50%. The staffing graph does include staff who worked overtime and the additional cost will be due to the double time paid.

Comment [SER4]: Red? Cat A?

The Director of Operations pointed out that on a busy day the Trust responds to 950 Category A 8 minute calls whereas previously it responded to 500 calls. The margin for error is different in terms of the increased number of patients who need to receive care within 8 minutes. In response to a question from Barry McDonald the Director of Operations said that a new team of Assistant Directors of Operations (ADOs) had been appointed (in post from 24th October); part of their role will involve working with Ambulance Operations Managers on the current challenges facing the Trust. To some degree the AOMs have been adversely affected by the

impact of vacancies and the negative impact of AfC. The ADOs will be working with the AOMs to focus on areas they can impact rather than focussing on areas where they cannot i.e. vacancy level.

Sarah Waller was assured that no complaints had been received as a result of the recent CAD failures.

In response to a question from Toby Harris the Director of Information Management and Technology explained that the recent failures were as a result of two separate issues. One concerned the ongoing public interface data base which has experienced 20-30 disruptions. The Trust is working with IBM to address this issue; the latest change was implemented last week and the situation is being carefully monitored. The second matter was due a fundamental upgrade of the CAD system not being transferred correctly in August. The system was down for 5 hours. Now that the reason for failure is known steps have been taken to ensure non-reoccurrence.

Toby Harris thought it was an excellent idea for the high level meetings to take place with the Metropolitan Police. The Chairman endorsed this suggestion and the Chief Executive thought that the ADOs would be the most appropriate people to take forward. **ACTION: The Chief Executive to put this liaison in place.**

Noted: The report

113/05 Month 7 Finance Report

Insurance for CBRN staff: the Director of Finance reported that the Trust has purchased insurance cover as a last resort for CBRN staff so that in the event that staffs' own mortgage companies invalidate their policies as a result of a CBRN incident staff have some protection. The cover is capped at £5m for annual cover and capped at £250,000 per individual. This type of insurance has never been underwritten in the UK insurance market before. Every effort will be made to ensure that the Government take on this responsibility with effect from November 2006 as the CBRN personnel of all the emergency services are potentially affected.

Month 7 Finance Report: the Trust's income was £346k lower than expected in month 7 due to an under recovery on ECP income since there was a delay in the roll out of ECPs in the North West.

The payment of double time was higher than forecasted for October as there were 5 weeks in the month which meant an additional £95,000 on the salary bill. The payment of double time for overtime will cease at the end of December 2005.

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The Trust is forecast to have an end of year surplus of £1.3m.

PTS is forecast to have £700,000 deficit (the worst case scenario); an action plan has been implemented to ameliorate the situation so that the deficit may be £350,000. The Director of Finance reported that, whilst he has provided for bad debts, every effort will be made to recoup any outstanding debts. With regard to the profitability of contracts the East sector has three which are unprofitable and the West has six that are unprofitable. The two contract managers have been tasked with ensuring that contracts are brought back under control. A further report regarding PTS will be presented to the SDC in December. **ACTION: Finance Director.**

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There was a discussion concerning the additional funding the Trust is expecting to receive. (£10m recurrent CBRN funding and £5m additional emergency funding). Every effort is being made to ensure that the additional funds are received as soon

as possible and discussions are being held with the South West London Strategic Health Authority and the Department of Health. The Director of Finance confirmed that the Department of Health has been invoiced for both sets of funding.

In response to a query from Sarah Waller the Finance Director confirmed that the Trust has received confirmation in writing that any monies brokered in March 2006 will be received back in the following financial year.

In response to a question from Beryl Magrath the Director of Finance confirmed that a report regarding accidental damage will be presented to the Trust Board in December. **ACTION: the Finance Director.**

Noted The report

114/05 Report of the Medical Director

The Medical Director reported that the Trust has submitted the draft declaration ~~of compliance with 'Standards for Better Health'~~ to the Healthcare Commission. The declaration was supported by the Internal Auditors, Bentley Jennison who found "a suitable assessment had been made in respect of the degree of compliance with each of the standards". A final declaration on how the Trust meets the Standards for Better Health will be required in April 2006. A number of policies are being presented for approval to the Trust Board in November in support of the declaration and to also meet the requirements of the NHS Litigation Authority Level 3 risk management standard for pre-hospital care.

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Clinical aspects of the Medical Director's report included:

- All Lifepak 12 monitor/defibrillator have been checked and serviced in line with a warning through the Safety Alert Bulletin System (SABs).
- Disposable items of equipment (for example laryngoscope blades and masks) are ~~replacing reusable ones~~ out across the Trust;
- New ambulances will be fitted with the Ferno Pegasus stretcher which is 10kg lighter than existing stretchers.

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The Medical Director is raising clinical issues with staff at the Chief Executive's consultation meetings e.g. a professional approach to the management of the recently introduced morphine. She is also endeavouring to show how complaints can be viewed in a positive light. Feedback from crews included Category A calls being incorrectly over prioritised and concern that some Category C calls were being under prioritised. Emergency Medical Technicians(EMTs) are been assured that the Trust will continue to invest in staff training; some EMTs had expressed concern that the Service intended to recruit paramedics solely through higher education rather than selecting and training existing members of staff.

The Trust Board was informed that the new Resuscitation Guidelines were published on 28th November 2005. The recommended changes will be rolled out across the Trust over the next few months; one of which is the need to reprogram all defibrillators to deliver one not three shocks to patients. A further update will be given to the Trust Board in January 2006. **ACTION: The Medical Director.**

A three month trial is being carried out whereby CTA and ECPs can call on Consultant Physicians at the National Poisons Information Service for advice. The trial is being audited by the Clinical Audit and Research Unit.

The Board's attention was drawn to appendix one which contained two summaries.

Patient Report Form – an audit was conducted of 362 patients who in 2004/05 were diagnosed by LAS crews using a 12-lead ECG as suffering an ST Elevation Myocardial Infarction. The audit found that that documentation was good though it could be improved. Pain Management was found to require more attention; however since the audit was conducted the Service has introduced morphine as an analgesic. The audit found that the LAS has high levels of aspirin administration.

The Trust is under significant pressure in North East London regarding call to door time – average time for call to door is 40 minutes. It is highly unlikely that this figure can be improved. Work is being done with other healthcare colleagues to remind them that the national target is 60 minutes call to needle time and that is a target shared by ambulance services and acute trusts.

Clinical Patient Information Work has been done to improve the process whereby team leaders undertake an audit of Patient Report Forms and feedback information to crews. The procedure will be web-based and simpler to use. In addition staff once they have received feedback from team leaders will be able to access information to support their PDR and developmental profiles.

The Patient Care Conference in September was well attended by patients, staff and other healthcare professionals. The feedback from attendees was that the conference was a success though the venue was unpopular.

Under the 7th domain (public health) the Medical Director reported that she is highlighting public health issues with staff at consultation meetings, in particular the expected flu pandemic and the possible implications for the Service.

Driving Licence Policy The Trust Board was asked to approve the Driving Licence Policy. Sarah Waller raised a number of concerns e.g. are driving licences checked on appointment, if so the policy needs to state this. Are staff going to be informed when their licences are going to be checked and where information is going to be recorded? The Finance Director confirmed that the information is held on PROMIS which is the scheduling system used by the Trust.

Beryl Magrath was informed that team leaders are rostered one week in the office in order to undertake their administrative duties such as audit of PRFs (approximately 30% of their time). The level of completion is currently poor and it is hoped that the new web based process will improve matters.

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The Chairman of the Patients' Forum asked whether the number of defibrillators in public places in London is likely to increase. The Medical Director responded by saying that London currently has approximately 50% of the defibrillators placed in public places around the country. The deployment of defibrillators is based on the cardiac arrest database and the scheme is overseen by the Department of Health.

Approved: 1. The Driving Licence Policy with the amendments suggested by Sarah Waller.

Noted: 2. The Medical Director's report

115/05 Infection Control policy

The Infection Control policy was presented to the Trust Board for approval.

Beryl Magrath enquired whether all equipment in contact with patients were single-use and was informed that only those that have been in contact with bodily fluid. If equipment is not contaminated it is re-used.

Approved: The Infection Control Policy

116/05 **Infection Control Annual Report**

Chris Vale, the Acting Head of Operational Support, presented the Annual Infection Control report to the Trust Board. He outlined the work that has been undertaken in audit; education and communication; make ready; occupational health; products and facilities. Ambulances that are swabbed as part of the Make Ready scheme have shown some excellent results for low levels of infections; there has been no evidence of MRSA. The Infection Control Steering Group meets regularly and monitors the Infection Control risk register.

Beryl Magrath was informed that at the moment PTS vehicles are not part of the Make Ready scheme though that may change in the future. She was also informed that staff are responsible for cleaning their uniforms, if the uniforms are badly stained they can be sent out to be laundered but this is a rare occurrence. There are no plans to change this element of the Infections Control policy.

The Medical Director assured the Chairman of the Patients' Forum that although there is no way of knowing that a patient has an infectious ailment such as MRSA, hospital staff will inform the Service if there is a risk to crews and medical treatment is required.

The Chief Executive said that he was very pleased with the report and felt it showed how the LAS is one of the leading ambulance services in the country in terms of infection control.

Noted: The annual infection control report.

117/05 **Agreement with Metropolitan Police**

The Medical Director outlined the agreement which has been recently reached with the Metropolitan Police. It is a statement of intent and best practice with regard to the transfer of all patients and in particular addresses issues around those patients with mental health problems. It is hoped that the agreement will reinforce with staff that they are effectively advocates for patients who have mental health issues.

Noted: The agreement with Metropolitan Police with regard to the appropriate transportation of patients, Section 136 of the Mental Health Act and emergency treatment of patients without capacity who withhold consent.

118/05 **Incident Reporting Procedure**

The Trust Board was informed that paragraph 2.3 had been amended – the NHS Security Management Service requires the Police be informed of all incidents of physical assaults where there is an intentional application of force without justification, resulting in physical injury or personal discomfort.

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In response to a comment from Barry McDonald the Director of Information Management and Technology said that one of the Senior Management Team's objectives for 2005/06 is that five basic processes be made web-based. It is intended that over the next few years an increasing number of policies and processes will be web-based.

Approved: The Incident Reporting Procedure.

119/05 **Serious Untoward Incident Policy**

The Serious Untoward Incident policy was presented to the Board for approval. Following the recent NSHLA assessment the following appendices have been added to the policy: guidance, process, description of the role of family liaison officer and the National Patient Safety Authority's checklist 'being open' guidance.

A number of grammatical errors were identified and it was suggested that these be addressed prior to the policy's release.

Barry McDonald thought the Serious Untoward Incident policy very thorough but queried the process for deciding when an incident was considered to be a Serious Untoward Incident. The Chief Executive responded that a review of the Professional Standards Unit is to be undertaken which will address this issue as well as how complaints are managed by the Trust.

Agreed: The Serious Untoward Incident Policy

120/05 **Records Management Policy**

The Trust Board considered the policy and had no comments or questions. It was recognised that the policy will provide the Head of Records Management with a framework with which he can proceed.

Agreed: The Records Management Policy

121/05 **Claims Policy and Procedure**

The Trust Board was informed that the Claims policy and procedure had been updated to incorporate the feedback of the NHS Litigation Authority's Assessor. The guidance is required to state when external agencies are involved in the investigation process and not simply informed.

Sarah Waller asked for confirmation that the delegated authority to make special payments does not exceed the delegated authority previously agreed by the Trust Board. **ACTION: Trust Secretary**

Agreed: 1 The amended policy and procedure.

Noted: 2 The factual amendments to the policy and procedure.

122/05 **CAD User Requirements**

The Director of Information Management and Technology (IM&T) outlined the plan for CAD 2010. The report included 'CAD, the way forward', 'user requirements' and 'business options'. The CAD 2010 workshops conducted with end users have resulted in 1452 individual user requirements being collated.

The Board was informed that there is no CAD system in the current market place which would replace the LAS's CAD system without sacrificing important functionality that we have today. Work will be undertaken between now and July 2006 to produce a business case suitable for approach to the SHA. Further research will be done to try and identify suppliers in Europe or the United States that might be suitable for the LAS.

It was recognised that whichever strategy was chosen there would be inherent risks for the Trust. To mitigate the risk for the Trust the Director of IM&T suggested that a modular approach be adopted, whereby different elements of the system were purchased off the shelf and were interfaced. He also suggested that the new CAD system be introduced in stages.

Comment [SER5]: Get Peter Suter to clarify.

Comment [SER6]: We have missed the point about the need, given that the timescale for CAD2010 has been extended, to make the existing system serve us for longer than originally thought, and therefore to be made capable of accepting more modifications as required to meet the service's operational needs.

The Board were reminded that London is in many ways unique because of the complexity, size and diversity of the population and the number of calls it receives every day.

The Board was assured that the lessons of CAD failure in 1992 have not been forgotten. There are a number of senior staff on the CAD 2010 Project Board who have been allocated specific 'lessons' from the Page report which followed the investigation into the 1992 CAD failure. These senior staff [will](#) use the recommendations of the Page report to monitor the project and ensure that lessons are applied and mistakes not repeated.

A Communications Strategy will be drafted to ensure that staff are kept informed of progress over the next few years. **ACTION: the Director of IM&T and Director of Communications.**

The Director of IM&T invited Board Members to contact him if they had any enquires about CAD 2010 or wished to meet with the project team.

- Agreed:**
- 1 The project approach for the period December 2005 to July 2006**
 - 2 The user requirements, noting there is further work to do to refine them**
 - 3 That the project should proceed assuming that its scope will require SHA authority.**
- Noted:**
- 4 The delivery of the project against the plan and the progress to date**
 - 5 The scale and complexity of project (being far greater than first envisaged)**

123/05 Service Improvement Programme

The Head of Programmes and Projects presented an update on the Service Improvement Programme; of the 283 projects 56 are currently live. With regard to the outcomes (patients/people/ performance) it was forecasted that by March 2006 19 will be green, 12 amber and 9 red.

He explained the circumstance for three of the outcomes being red.

- 30 The manual system of Vehicle off Road (VOR) reporting via CAC is not producing reliable information. An interim measure has been introduced to address the issue in the short term. A manual trawling of data by Logistics indicated that actual levels of vehicle related VOR was less than the target of 2%.
- 35 Category B activation are significantly below target of 95%, it is currently approximately 55%. Sector controllers have been focussing on Category A calls and performance is ambulance resource dependent. With the new despatch procedure in place Fast Response Units (FRUs) could be despatched to Category B calls. Arrangements are being made to re-incorporate FRU under the Sector desk.
- 36 The requirement that Doctors' calls are answered in 30 seconds is at risk, however the introduction of new procedures have started to show improvement. Achievement of the 95% target is expected to be achieved in July 2006.

In response to a concern voiced by Sarah Waller regarding Clinical Performance Indicators/information it was suggested that the Head of Research be invited to give

a presentation to the SDC in December. The Medical Director suggested that before implementing any other measures to address the issue the Trust should wait and measure the impact of the recently revised CPI process.

- Noted:**
- 1 The update regarding the Service Improvement Programme.**
 - 2 That a presentation on the changes to the CPI database will be presented to the SDC in December 2005.**

124/05 Progress on Governance Review

Beryl Magrath reported that as part of the governance review the following work has been undertaken: views have been collated from Directors and senior members of staff, supporting paper from external bodies such as the Healthcare Commission have been examined, three other Trusts were visited (two foundation trusts and one three star ambulance service). The agendas and minutes of the Trust Board, its Committees and other groups (2003/04) were also reviewed.

A draft report will be presented to the SDC in December with a final report to the Trust Board in January 2006.

Noted: The report

125/05 Report from the Trust Board Secretary – tenders opened since the previous board meeting.

Register no.	Details of tender:	Tenders Received From
16/05	The provision and supply maintenance of photocopiers	Canon UK Imagistics NRG Group Danwood Group Xerox
17/05	Extension works at Hayes AS	Axis Europe plc Griffiths Construction Diamon Build Ltd Neilcott Special Works Mitie Property Services
18/05	Provision of CRAMM Risk Assessment	Mott McDonald (Vega) Insight Consulting Tribal Yale

Noted: The report

126/05 Draft Minutes of the Service Development Committee

The Finance Director informed the Board that a report, which he has discussed with Barry McDonald, regarding overtime will be presented to the SDC in December.

Sarah Waller asked that a report which outlined a list of key roles and bandings/pay under Agenda for Change be presented to the SDC in December.

Noted: The draft minutes of the Service Development Committee – 25th October 2005.

127/05 Draft Minutes of the Clinical Governance Committee

The Chair of the Clinical Governance Committee referred the Trust Board to the covering paper which highlighted the discussion at the Clinical Governance Committee meeting on 31st October. In particular she referred to the 68% of staff who are currently attending training courses – the Head of Training and Development has been asked to investigate why 32% of staff fail to attend and a report presented at the next Clinical Governance committee meeting in January 2006.

Noted: The draft minutes of the Clinical Governance Committee – 31st October 2005.

128/05 Any Other Business

The Chairman of the Patients' Forum informed the Board that representatives of the Forum met with representatives of the Central London Mosque, who expressed interest in learning resuscitation techniques and offered the use of the Mosque's website for placing recruitment advertisements. Work is also being undertaken with Asthma UK, a survey of asthmas sufferers is being undertaken and their views sought about the LAS and Primary Care Trusts. He welcome the action being taken by the Department of Health to ensure that the LAS livery is not used by private ambulance organisations.

129/05 Opportunity for Members of the Public to ask Questions

Colin Hill asked whether there the Trust will be entering into a similar agreement with the City of London Police as it had with the Metropolitan Police. The Medical Director said that this had not been considered necessary given that relatively few people live in the City but it would be considered. **ACTION: the Medical Director.**

Comment [SER7]: Agreement about what?

130/05 Date and Venue of the next Trust Board Meeting

Tuesday, 31st January 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

The meeting concluded at 12.30pm

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD
Part II**

Summary of discussions held on 29th November 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 29th November 2005 in Part II the Trust Board briefly discussed:

- Potentially commercially sensitive information regarding CAD 2010,
- Patient Forum representation on the Audit and Risk Management Groups (it was agreed that this would be deferred until the completion of the Governance Review currently being undertaken)
- the possible implications for the Trust of a Coroner's inquest scheduled to be held January 2006.