

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 27th November 2007 at 10am

Conference Room, 220 Waterloo Road, SE1

A G E N D A

1. Apologies & Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the meeting held on 25th September 2007 Part 1 and synopsis of the Part II meeting held on 25th September 2007. Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Financial Report, Month 7 2007/08, Enclosure 4
8. Report of the Medical Director Enclosure 5
9. Receive Infection Control Report Enclosure 6
10. Approve Interim Assurance Framework Enclosure 7
11. Receive update Workforce Strategy Enclosure 8
12. Approve Alternative Response Policy Enclosure 9
13. Cardiac Arrest Annual Report – Sarah Mawson Presentation
14. Receive update re Healthcare for London Oral
15. Receive Annual Clinical Governance Report Enclosure 10
16. Receive Annual Report of the Charitable Funds Enclosure 11
17. Receive update on the Service Improvement Programme 2012 Enclosure 12
18. Draft Minutes of the Annual Public Meeting held 25th September 2007 To follow
19. Draft Minutes of the Audit Committee, 10th September and 19th November 2007 Enclosure 13
Enclosure 14
Annual Audit & Inspection letter 2006/07 Enclosure 15

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| 20. Draft Minutes of Clinical Governance Committee, 15 th October 2007 | Enclosure 16 |
| 21. Draft minutes of the Charitable Funds Committee, 30 th October 2007. | To follow |
| 22. Report from Trust Secretary on tenders opened since the last Board meeting | Enclosure 17 |
| 23. Opportunity for members of the public to ask question | Oral |
| 24. Date of next meeting: 10.00am on 29 th January 2008, conference room, LAS HQ, Waterloo Road. | |

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 25th September 2007

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

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	<u>Non Executive Directors</u>	
	Ingrid Prescod	Non Executive Director
	Roy Griffins	Non Executive Director
	Sarah Waller	Non Executive Director
	Beryl Magrath	Non Executive Director
	Caroline Silver	Non Executive Director
	Barry MacDonald	Non Executive Director
	<u>Executive Directors</u>	
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Martin Flaherty	Director of Operations
	Caron Hitchen	Director of Human Resources & Organisation Development
In Attendance:		
	Angie Patton	Head of Communications
	Peter Suter	Director of Information Management & Technology
	Martin Brand	Head of Planning and Programme Management
	Richard Webber	Assistant Director of Operations, Control Services
	Mark Somerville	Staff Officer, East Area
	Andrew Bland	Acting Director of Commissioning, Harrow, PCT
	Mark Mitten	LAS Patients' Forum
	Robin Standing	LAS Patients' Forum
	George Shaw	LAS Patients' Forum
	Kim Mead	Call Vision Technology
	Kate Outhwaite	British Sign Language Interpreter
	Maria Munro	British Sign Language Interpreter
	Christine McMahan	Trust Secretary (Minutes)

96/07 Declarations of Further Interest

There were no declarations of further interest.

97/07 Opportunity for Members of the Public to ask Questions

There were no questions from members of the public.

98/07 Minutes of the Meeting held on 31st July 2007

- Agreed:**
- 1. The minutes of the meeting held on 31st July 2007 with the following corrections:**
 - 2. Minute 82/07: Olympics. The funding application submitted to the first Comprehensive Spending Review amounted to £16m and not as stated £7.4.**

3. **Minute 77/07: The Director of Finance said that the LAS had received £50,000 from Bromley Hospital and not as stated £500,000.**
4. **Minute 78/07: In terms of the Audit Commission's Auditors Local Evaluation (ALE), the Finance Director said that the Trust scored an overall score of 'good' and not as stated 'adequate'.**

99/07 Synopsis of the Trust Board's Part II minutes held on 31st July 2007

- Noted:**
1. **The contents of the synopsis of the Trust Board's Part II minutes.**
 2. **That Roy Griffins and the Director of Information Management & Technology would be interviewing candidates to act as an independent consultant to advise the Board, via Roy Griffins, in regard to CAD 2010.**

100/07 Matters arising from the minutes of the meeting held on 31st July 2007

- Noted: That since August 2007 the Trust received the increased Call Connect funding (£6.8m) on a monthly basis from a majority of the 31 PCTs. The Director of Finance said he was confident that the outstanding funding would be shortly received from the remaining PCTs.**

101/07 Chairman's remarks

Following two terms of service, Barry MacDonald would be retiring from the Board in November 2007. Advertisements for a replacement Non Executive Director would appear in the Sunday Times (a copy of which was circulated amongst the Board for information) and the Financial Times. Interviews for a new Non Executive Director would be held on 11th December 2007. The Appointments Commission would be asked to ratify the Interviewing Panel's decision at its meeting in January 2008.

The Chairman of NHS London's acceptance of Lord Darzi's 'Strategy for London' had been accompanied by the recognition of the Trust's potential contribution to the implementation of the strategy. The Trust was engaged in a number of initiatives associated with the strategy: the transport of patients with specific illnesses to specialised centres; the delivery of an integrated response for urgent and emergency care and possibly being involved in one of the pilots of the polyclinic pilots. The Chairman said that at a recent Kings Fund meeting concerning 'Driving improvement in Londoners' NHS – the role of commissioning', Paul Corrigan (Director of Strategy & Commissioning, NHS London) made some very positive comments about the LAS.

Recent visitors to the Trust included Ben Bradshaw (Junior Minister for Health, whose brief includes the Ambulance Service) and the Shadow Minister for Health, Mike Penning

The Chairman said that his second term of office would expire at the end of October 2007. He was in discussion with the Appointments Commission and the Provider Agency as to whether he would continue as Chairman of the Board for a further 18 months.

The Ambulance Service Association (ASA) would be holding an Extraordinary General Meeting on 18th October 2007; a motion would be put to the membership

in regard to merging with the NHS Confederation. A guarantee had been received from the NHS Confederation that the ASA's assets would be ring-fenced for the benefit of the Ambulance Services. If the motion is approved, there would be an Ambulance Service Network established within the NHS Confederation.

102/07 The Chief Executive's report

The Chief Executive said that he wished to highlight firstly, the good news; secondly, forthcoming challenges and thirdly, items that were for information.

- Category A¹ 8 minute performance was the best it had ever been, with performance year to date being nearly 80%.
- Call handling, as illustrated by the graphs included in the Chief Executive's report, was also the best it had ever been, and the high levels of performance had been maintained for the last two months.
- Category B² 19 minute performance was also the best it had ever been, with 84.2% being achieved for the year to date. Achieving the Category B 19 minute performance target of 90% for the year to date and 95% in the last quarter remained a considerable challenge for the Trust.
- The number of complaints received had significantly fallen in the last few weeks; of those that were received, 90% were resolved within 25 days. Outcome reports were being routinely produced following the resolution of complaints. The report demonstrated what lessons had been learnt from the complaint and, where applicable, how it had changed practices.
- The cardiac survival rate for 2006/07 had shown a significant improvement on the previous years' figures.
- The informal feedback received from the Independent Emergency Planning Audit was very positive. An action plan had been drawn up to implement the recommendations of the Audit. A final report would be presented in due course to the Trust Board. **ACTION: Director of Operations.**
- Following the annual review undertaken by the Audit Commission (ALE) (which contributes to the annual declaration to the Healthcare Commission) the LAS was the only Ambulance Service to receive a rating of 'good' for use of resources
- The Trust's financial position was good.
- The Patient Transport Service (PTS) was performing well against targets.

The challenges facing the Trust include:

- The continuing concern regarding funding of HART and the Olympics;
- Achieving the Call Connect target of 66% within 8 minutes for Category A in September. The Trust had forecast it would achieve 64%. One of the main reasons for not achieving the target was poor manning and increased demand at the weekends. This could be seen clearly in the 'utilisation' graph, included in the Chief Executive's report that showed the ambulance fleet having an average utilisation rate of 62-63% and long periods when it was much higher. The Chief Executive said that the LAS was the highest utilised ambulance service in England. The Chairman said that the graph showed an unacceptable level of utilisation and commented that this had a direct impact on the ability to hit performance targets.
- Allocation of rest breaks was currently 55%; efforts were continuing to improve allocation levels.

¹ Category A: presenting conditions which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

² Category B: presenting conditions which though serious are not immediately life threatening and must receive

- Discussions were being held with Commissioners in respect of the Category B performance targets, in particular the financial penalty clause in the agreement. The argument would be made that the Commissioners should recognise the significant progress being made in achieving the Category B target. The current agreement contained a penalty of £2m if 90% were not achieved for the year as a whole and £1m if 95% were not achieved in the final quarter. The Trust was aiming to achieve 90% for the year as a whole. The Director of Operations said that the Commissioners had indicated that they want the Trust to spend the money to achieve the very best performance, and that they recognise the improvements in Category B performance achieved to date.
- Transport for London has changed the definition of ‘private hire vehicle’ and this may have serious implications for PTS. The Trust would be seeking an exemption under the new regulations.
- The Chief Executive said that although it was good news that the Trust was closely involved in discussions on the implementation of Lord Darzi’s ‘Strategy for London’, it must also be recognised that there was only a limited resource available in terms of management capacity. The Chief Executive was urged not to hesitate to call upon the Non Executive Directors to provide additional senior level capacity in order to implement the multiple initiatives.
- Ensuring that the Cost Improvement Programme (CIP) was successfully completed and the savings target achieved.

The items for information were:

- When the Mayor of London visited the Trust in the summer, funding for the Emergency Life Support (ELS) initiative was discussed. The Trust has been asked to submit a bid for delivering emergency life support training to the public over the next two-three years.
- Following the appointment of a new Director of Public Health for London the LAS would no longer be taking responsibility for emergency planning in London. This would remain the responsibility of the Director of Public Health.
- The Board’s attention was drawn to the ‘Communications’ section of the Chief Executive’s report; it included details of various media stories that involved the Trust and members of staff.

It was Noted that:

A number of initiatives had contributed to the improving performances as outlined in the Chief Executive’s report. The initiatives undertaken in the Emergency Control Room demonstrated there were performance gains to be achieved by improving individual performance within Control Services.

The Director of Operations said it was proving a significant challenge to achieve both the ‘Call Connect’ and Category B performance targets. He said that focussing on driving up Category B performance would need to be carefully managed if the Trust was not to see a fall in ‘Call Connect’ performance as a result.

Efforts were being made to do things differently, with shorter turnaround times at hospitals and with front line managers expected to be fully engaged in implementing the new operating model. It was recognised that if the improvements were to be sustainable the Trust would need to do things differently. The Director of Operations said a conference would be held with Staff Side on 15th October to discuss how the Trust would take forward further modernisation in working practices.

In respect of weekend working, the Chief Executive said this had been a problem for the Trust over the last 15 years. With staff side agreement a new rota had been introduced a couple of years ago, the 'B relief rota', which required new members of staff to work seven weekends in ten. The existing core rotas required staff to work either four or five weekends in ten. When the 'B relief' rota was first introduced the expectation was that there would be a continuous recruitment of Technicians. This year, due to a combination of the financial pressures associated with the Cost Improvement Programme and the need to recruit A&E Support Staff, this was no longer been the case. Discussions would be held with Trade Unions and staff concerning changing rotas to ensure that adequate resourcing at the weekend.

The Chairman, referring to the list of suspensions included in the Chief Executive's report, asked about a member of staff who had been suspended for two months. The HR Director said that this was unusual and that, generally, there had been a 'huge' improvement in achieving much shorter timescales in resolving matters.

Agreed: That in recognition of the collective effort involved, an expression of thanks be expressed to everybody in the organisation in achieving the good performance as reported by the Chief Executive. In particular, to the Emergency Operations Centre, where performance had improved by 20% since last year.

103/07 Month 5 Finance Report

The Director of Finance said that for the year to date the Trust had a surplus of £1,560k and was forecasting a surplus of £151k at year end.

Income

The revenue forecast included: Category B income (£3m) without any deduction of penalties, funding for the preparations for the Olympics (£650k), and CBRN (£8m) without any top slicing by NHS London. There were risks associated with not receiving this funding and this would be kept under review. To date there had been no definite assurance as to who would be funding the Trust in respect of preparing for the Olympics, it had however been made very clear that additional funding must be forthcoming.

The Director of Finance said that he was in discussion with NHS London concerning the proposed top slicing of the CBRN funding by £750,000; an invoice would be raised for the remainder of the funding (£7,550k). An update on the discussions would be given at the next Trust Board. **ACTION: Director of Finance.**

The Trust received £167,000 from NHS London in respect of Infection Control (further details of this were included in the Medical Director's report).

The Trust received £390,000 from the Workforce Development Confederation (WDC). Efforts were continuing to obtain additional funding as the Trust had received approximately £750,000 in previous years.

Expenditure

On page 5 of the finance report the Director of Finance outlined how the additional funding received to achieve 'Call Connect' was been spent. An element of the 'Call Connect' funding was being spent on 'Managing Frequent Callers' project.

The Trust's monthly average expenditure would increase from £18.5m to £19.5 for the remainder of the year.

The Director of Finance highlighted the following from the financial report: payroll expenditure was down; overtime was in line with the forecast; non pay was higher than Month 4 due to additional expenditure on medical consumables and estates and the purchase of mapping software. PTS' profit was less than forecast due to the use of additional third party transport; this would be kept under review and closely monitored. A year end surplus of £420,000 was being forecast for PTS.

The Director of Operations said that the Trust had been unsuccessful in obtaining additional funding from Transport for London in connection with the Tour de France.

A forecast showing the estimated recurrent position would be presented to the SDC in October for 2008/09. **ACTION: Director of Finance.**

It was Noted that:

The Trust was assuming that it would meet the Category B performance target or get close and be able to reach a compromise regarding the penalty charges with the Commissioners; accordingly, no reserves were being held back to fund potential penalties. The Chairman said that this was in line with the discussion at the July Trust Board. The Director of Finance said that a range of options would be presented for consideration to the Service Development Committee in October in respect of the achievement of Category B performance targets, and the possible penalty incurred by the Trust should the agreed targets not be achieved. **ACTION: Director of Finance**

The Finance Team were reviewing the invoicing process to ensure more accurate and timely cross-charging was taking place between A&E and PTS. In respect of possible fuel and oil price increases, the Director of Finance said he was confident in the forecast budget but the matter would be kept under review.

104/07 The Medical Director's report

The Medical Director highlighted the following from her report to the Trust Board:

Obstetrics: a themed report was presented to the Clinical Governance Committee in August 2007 in respect of Obstetrics. The review highlighted that, although there were relatively few obstetric incidents, they were potentially financially and reputationally damaging for the Trust, and the cause of much distress to members of staff. Of the obstetric cases reviewed it was apparent that relatively few had been highlighted as an incident prior to a claim being received. A Consultant Midwife would be recruited to work with the Medical Director.

Stroke: there has been upsurge of interest in the provision of stroke units in the London area. Since August 2007, UCLH had provided a 24 hours service for patients in its own catchments area and that of the Whittington hospital. In South London acute stroke services were provided at King's College Hospital, St Thomas's and most recently at St George's. St George's was working closely with their local District General Hospitals (Mayday, St Helier and Kingston), with the intention that all the sites provide Thrombolysis to appropriate patients 'in hours' and St George's provides cover out of hours and at weekends. The LAS was working closely with representatives from the local PCTs to ensure that the necessary funding follows the patient flows. In regard to scanning, it was generally available in all hospitals during office hours; the difficulty arose in accessing scanning for patients suspected of suffering a stroke within the window of three

hours from the onset of symptoms. A number of hospitals have extended the window to six hours and would provide thrombolysis treatment if it is safe to do so.

Modular training: the five day Continuing Professional Development (CPD) course has been replaced by modular training courses. Since the Trust introduced modular training courses in May 2007; 466 staff attended a 'Patient Assessment' course and 308 Paramedics attended the 'Advanced Life Support' courses. Plans were underway for a course updating staff on manual handling techniques.

Drugs: Following the acquisition of foam inserts Hydrocortisone and Naloxone have been added to the Technician bag. Chlorphenamine and Oramorph would be included in the Paramedic Bag.

Trials: Two potential drug trials were currently being explored in conjunction with cardiologists from the London Chest Hospital and Barts and the London NHS Trust. The first trial would explore the benefits of ambulance crews administering clopidogrel to STEMI patients. The second would trial the use of Adenosine in patients with specific abnormally fast heart rhythm (narrow complex tachycardia). This drug was not currently used outside hospital in the United Kingdom, although it was widely used by Emergency Medical Services in the United States.

Healthcare Commission: it was anticipated that the Trust would achieve a score of 'good' for quality of clinical care this year as it was exempt from the Thrombolysis target due to the low numbers of patients taken for Thrombolysis treatment. The Medical Director said it was unfortunate that the Healthcare Commission does not recognise the significant improvement in the standard of care possible due to Primary Angioplasty.

Infection Control: the Trust had been successful in its bid to NHS London for additional funding in respect of infection control. The funding was accompanied by a number of conditions, one of which was that work be undertaken around infection control issues connected to cannulation.³ The Medical Director said this was a very low risk for the Trust as very few patients are cannulated.

Although the new safety cannulae has not been popular with some members of staff, there have been fewer needle stick injuries since its introduction. Incidents that have been reported were considered to be low or insignificant. A recent incident involving a needle stick injury by a member of staff was due to the use of a needle sourced from a hospital.

Cardiac Survival Rates: the Medical Director said the recently published Utstein⁴ figures for patients treated in 2006/07, were very encouraging, with a 5.1% improvement on the 2005/06 figures, giving an Utstein survival rate of 15.8%. In 1998/99 the comparable rate had been approximately 4%. The Medical Director praised the efforts of Dr Rachael Donohoe and the Clinical Audit Research Unit (CARU) for their work in liaising with the London hospitals to obtain the data.

It was Noted that:

CARU provide feedback on a monthly basis regarding cardiac care at a complex basis. Two areas of concern for the Trust are obstetrics and non-conveyance, both of which were high risk areas. It was recognised that although information was disseminated to stations it was not known how that information was subsequently shared with staff, i.e. notice boards, copies distributed in pigeon holes etc. So as to

³ Cannulation: the insertion of a small plastic tube into a vein to allow the administration of intravenous drugs

⁴ The internationally agreed Utstein calculation is based on patients suffering a witnessed cardiac arrest with the initial rhythm being diagnosed as either ventricular fibrillation (VF) or ventricular tachycardia (VT).

ensure that members of staff were kept aware of clinical developments the Medical Director's Clinical Update would be posted on a monthly basis on the Pulse. The Director of Operations said that the dissemination of information was recognised as being variable across the Trust.

Fifteen alerts were received from the Medicines and Healthcare products Regulatory Agency between 4th July 2007 and 10th September.

105/07 Service Improvement Programme 2012

Martin Brand, Head of Service Planning and Programme Management, introduced the report on behalf of the Director of Service Development. The Service Improvement Programme (SIP) 2012 had been divided into five programmes, each led by a Director. He reminded the Board that a 'Managing Successful Programmes' (MSP) approach had been adopted to manage SIP 2102, with an emphasis on achieving benefits and milestones rather than just carrying out activity. A pragmatic approach had been adopted and it was accepted that, in practice, we would do well to complete 80% of the annual work programme. The Head of Planning & Programme Management said that although the 20% leeway might appear too generous it would become clear as the programme matures if this was the case – in which case the tolerance level would be amended.

Of the 60 projects planned for 2007-08: 27 were live, none of which were reported as 'red', 5 have been flagged as 'at risk' of not being completed by March 2008 and 22 were on track.

It was Noted that:

The monthly progress reports, presented to the Strategic Services Group, would be circulated to Board Members. **ACTION: Head of Planning & Programme Management.**

A rota would be drawn up for more detailed presentation of individual programmes to the SDC. **ACTION: Head of Planning & Programme Management.**

Operational Programme: the reduction of job cycle time was a project undertaken as part of Tranche 1 of the Operation Model where the expected benefits have not been realised. Consideration was given as to whether to have this as a new project as part of Tranche 2 or 3, or whether the desired benefits could be achieved via the front line management taking responsibility for fully implementing the initiatives. The Chairman said that the Board wished to receive a further update on this matter. **ACTION: Director of Operations**

Access Programme: in respect of the London Airwave Radio Programme the Director of IM&T said that very little of that programme was within the control of the Trust. It was a national programme, managed by the Department of Health in partnership with Airwave.

Agreed: That an update on overall progress would be provided to the Board at every meeting and that at each SDC meeting there would be an in-depth review of one of the programmes.

106/07 Management of Change Policy and Procedure

The HR Director presented the new management of Change Policy and Procedure, drafted in advance of potential restructuring being undertaken by the Trust. The policy included the legal requirements placed upon the Trust in terms of staff changes and good practice as advocated by ACAS. The HR Director said that the purpose of the documents was to ensure that any re-organisation would be undertaken in an efficient manner with disruption to service delivery kept to a

minimum. In addition, it would ensure that managers and staff were aware of how the process should be managed and that a consistent, transparent approach adopted across the Trust. The policy set out the requirement for staff to be consulted and the procedure by which assimilation would be undertaken. The Policy and Procedure were agreed with Staff Side representatives at the recent meeting of the Staff Council.

The HR Director said that the 'ring fencing of a post' meant existing staff would be given first consideration but the appointments panel would be free to reject an unsuitable candidate. Direct assimilation would usually be considered when 70% of the duties were to remain the same. There was discussion about the inclusion of the percentage of 70%; the HR Director said it was recommended good practice to include a percentage as guidance for managers considering the question of assimilation. The Chairman said that this should be kept under review and, if necessary, amended.

It was Noted that:

The title of the Policy would be reviewed so as to indicate it was staff related and reference should be included concerning performance reviews and personal development plans as these may be material to discussions around redeployment.

ACTION: HR Director

Approved: The Management of Change Policy and Procedure.

107/07 Training and Development Plan, July 2007-April 2009

The HR Director presented the training and development plan; the plan had been drawn up following discussion by the Training Services Group and in liaison with the Resource Centre. A key element in the plan would be the recruitment of 144 A&E support members of staff. The plan included up to 34 EMT1s converting to full technician status, and 200 paramedic placements.

Contact time with Trainers has been expanded by 40% through the introduction of 10 hour shift based training days, which was an improved and cost effective approach to the delivery of training. The target for attendance at training courses was 85%. This would be monitored via the Trust's Balanced Scorecard which was regularly reviewed by the Senior Management Group and the Training Services Group. The recurring complaints concerning 'attitude and behaviour' would be addressed through the training module 'excellence in patient care'.

The plan included placements at University and non-clinical training and development. It did not include training and development time for CBRN⁵, LARP⁶, CAD 2010 or professional qualifications being undertaken by members of staff. In due course it is hoped that the Trusts' training and development plan would include all of these elements. The Emergency Bed Service (EBS) was also not included in the training plan as a review was been undertaken of that function and EBS did not represent a specific training requirement provided corporately.

It was Noted that:

Further updates to the Board would include a schedule of provision of training courses over the year and what training individual members of staff receive per annum. **ACTION: HR Director.**

⁵ CBRN: Chemical, Biological, Radioactive and Nuclear incidents

⁶ LARP: London Airwave Radio Project

In response to a question about leadership training the HR Director said this was included in specific role development i.e. for Team Leaders, Duty Station Officers, and Ambulance Operation Managers etc.

When the further update is presented to the Trust Board the relationship of the Training and Development Plan to the Workforce Development Plan would be clearly demonstrated. **ACTION: HR Director.**

108/07 Supplementary Equality Report

The HR Director presented the supplementary report to the Equalities Report presented to the Board in May 2007. The following data was included in the supplementary report: recruitment and profile of staff leaving the trust.

In 2006-07 26.4% of applications to the Trust were from Black and Minority Ethnic (BME) people; this included both internal and external applicants. 16% of successful candidates were from a BME background. 47% of all applications were from women and 53% of the successful candidates were women. One person with disability was appointed in 2006-07. During the year, 112 applicants declared a disability when applying for a post; of which 75% failed at short listing and assessment with the remainder failing at interview.

The HR Director said that the Trust was continuing to work with CITE; an organisation that offers pre application training to unemployed people, which will include a high proportion of people from BME communities.

It was Noted that:

The HR Director said the percentage of applicants according to ethnic background and gender was available for each stage of the recruitment process.

109/07 Major Incident Plan

The Director of Operations presented the Major Incident Plan to the Board for information, which would be reviewed on an annual basis. He said that the unique identifiers used by the London Underground were now the same as those used by the London Fire Brigade.

The Director of Operations said that a major exercise is undertaken annually; the most recent exercise took place in July 2007 and involved 65 managers as well as external agencies. The recent Independent Reviewers of Emergency Preparedness recommended that such exercises be undertaken on a routine basis.

The Chairman said that in the event of a major incident there would inevitably be gaps in the information available which was a major challenge in co-ordinating a response. He said he had been very impressed with the leadership displayed by the Director of Operations on the 7th July 2005. Pre-planning and improvising creatively on the day, with the information available, enabled the Trust to provide a very good response to those injured by the London Bombings.

It was Noted that:

There were extensive contingency plans in place should there be a 'dirty' incident which would necessitate the deployment of the CBRN team.

110/07 Managing Sickness

The HR Director presented a report concerning the management of sickness in the Trust. A number of initiatives have been implemented to support staff including

LINC (a peer support scheme), access to counselling services, to the Employee Assistance Programme and to manual handling training and equipment.

The Trust introduced a new Management of Attendance policy in January 2007 to support Managers in managing all aspects of sickness absence, including long term sickness. The report stated that there had been a slight increase in the level of absence in the last two months and this underscored the need for a constant focus on attendance by management at a local level.

The HR Director said that the Occupation Health Service was tendered, and with effect from November 2007, Atos Origin would be the new provider with contract details being finalised. One of the reasons for choosing Atos Origin was that it had a number of sites that could be accessed by the Trust's dispersed workforce.

It was Noted that:

A review would be undertaken of the short and long term absences in the control room in comparison to the rest of the Service. **ACTION: HR Director.**

Work being undertaken nationally to create benchmarks for the ambulance services would include sickness levels to enable comparisons to be undertaken.

111/07 Presentation: Emergency Operations Centre

Richard Webber, Assistant Director of Operations, Control Services, outlined a number of developments that have taken place in EOC over recent months in terms of staffing and the management of absences.

Fast Response Electronic Dispatch (FRED) identified a possible Category A call and excluded certain categories e.g. high risk addresses; it sourced eligible vehicles and sent a call to the MDT⁷ and a SMS message if staff were away from their vehicle. It was dispatching 80% of all FRU calls; activation time was down to 12 seconds and 90% of Category A calls were being reached in 8 minutes. The evidence of the clinical benefit being derived from the introduction of FRED was clear from the data presented regarding patients with cardiac problems (arrest, arrhythmia, chest pains etc.). In June 2007, 80.4% of FRUs dispatched manually to such calls arrived within 8 minutes while 95.1% of those dispatched by FRED arrived within that time.

Phase one of the EOC restructure had been implemented; it included the appointment of an AOM leading each watch and Operations Centre Managers responsible for call taking and for despatch. The second part of the restructure would be implemented over the forthcoming months and would include: automated ambulance dispatch (FREDA); auto-reporting and analysis and re-engineering of call handling.

Performance: this was broken down between call processing and call handling. The Board viewed anonymous individual performance management data for the last 6 months. The data showed the time taken by the call taker to get an address and to get to the purpose of the call i.e. the chief complaint.

There was recently a strong focus on call answering which resulted in long waiting times being dramatically reduced. In the last two months, 90% of calls were answered within 5 secs. There was a reduction in ETA⁸ calls, a general

⁷ MDT: Mobile Data Terminal that enable data to be received electronically in ambulances and FRUs.

⁸ ETA: Estimate time of arrival, when EOC receives further calls from patients/carers enquiring when an ambulance would arrive on scene

improvement in the quality of service in the room, and a decrease in the number of complaints received.

The following initiatives have also been implemented:

- The introduction of formal rest breaks allocation has proved popular with members of staff and improved call takers' availability by 6-8%.
- Since April 2007, 80 of 300 members of EOC staff have done a ride out with operational colleagues.
- GMT Planet, a dynamic workforce management tool, was recently introduced. It assisted performance management by ensuring resources were matched to forecasted demand and had benefits for both staff and managers alike. In time, it would enable staff to view their rota, request annual leave and change shifts.

112/07 Draft minutes of Charitable Funds Committee

Noted: The draft minutes of the Charitable Funds Committee of 31st July 2007.

113/07 Draft minutes of Clinical Governance Committee – 13th July 2007

Beryl Magrath, Chairman of the Clinical Governance Committee, highlighted the following from the minutes:

- Two representatives from the National Patient Safety Agency (NPSA) attended the meeting; the Medical Director would appoint a suitable representative from the Trust to attend the London-wide obstetrics forum.
- the Finance Director had agreed that a further small trial be undertaken of the lost property bags.
- CTAK⁹ was able to provide information on the number of times a Paramedic was requested and despatched; this was been monitored and would be included in the routine Area Governance report.

Noted: The draft minutes of the Clinical Governance Committee, 13th July 2007

114/07 Report from Trust Secretary on tenders opened since the last Board meeting

Three tenders have been opened since the last Trust Board:

Window and roof replacement, Kenton AS	Fairhurst Ward Abbot Expert Property Solutions Coniston Ltd Diamond Build W. C. Evans & Son
CAD 2010 (company appraisal)	Integrgraph Fortek Northrop Grummon EADS (incl. Integrgraph) BAE Systems (incl. Asset Co Team) BAE Systems (incl. Fortek)

⁹ CTAK: Call taking database that is used by the LAS Emergency Operations Centre to log and despatch an appropriate response.

First floor extension, Tolworth AS Kilby & Gayford
Russell Crawberry
GB Group
Eugena Ltd.

Following analysis of the above tenders by the appropriate department a report would be presented to the Board on the awarding of the tenders.

Noted: **1. The report of the Trust Secretary on tenders received**
2. That the Trust's seal has not been used since the last Trust Board meeting.

115/07 Any Other Business

The Committee AGREED the 2009 dates for Trust Board and SDC meetings.

The Chief Executive said that a review was being undertaken of the Resource Centre and a number of options were being considered; a report would be presented to the Board in due course.

The Head of Communications reported that following the accidental death of a two year old boy which occurred during a school visit, a ban was imposed on all Trust vehicles being taken to public events. A procedure had recently been introduced for managing attendance at public events. It included the requirement for members of staff to undertake a comprehensive risk assessment each time a public event was attended.

116/07 Opportunity for members of the public to ask questions

There were no questions asked by members of the public.

117/07 Date of next meeting

Tuesday, 27th November 2007, 10.00, Conference Room, LAS headquarters, Waterloo Road.

Meeting concluded 13.00

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD

Part II

**Summary of discussions held on 25th September 2007
held in the Conference Room, LAS HQ, London SE1**

Part II of the Trust Board's meeting is not open to the Public as matters of a sensitive and confidential nature are discussed. Nevertheless, as the LAS wishes to be as open an organisation as possible, the nature of the business discussed in Part II and where possible a summary of the discussions (but not the full minutes) will be published together with the minutes of Part I.

On the 25th September 2007 in Part II the Trust Board had a brief discussion concerning working practices and the need for further discussion with Staff Representatives regarding the review of core rotas.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 27 NOVEMBER 2007

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The tables below set out the A&E performance against the key standards for September and October of 2007 and for the year to date. Please note that call connect is not a cumulative target and has therefore been omitted.

	CAT A8 (current)	CAT A8 (call connect)**	CAT B19
Standard	75.0%	75.0%	90.0%
September 2007	80.8%	63.8%	86.2%
October 2007	80.5%	64.4%	86.5%
YTD*	79.9%	n/a	84.8%

* Accurate as at 1000, 20th November 2007

** Applicable from April 2008

Key highlights

- i. I am pleased to report that the Trust is continuing to perform well above the current Category A target of 75%. The year to date position is 79.9% and the Trust is now regularly performing at over 80% on the current measure, including for the full 3 month period August to October.
- ii. We are also continuing to make progress towards the new call connect target, delivering 63.8% performance in September and 64.4% performance in October. We are however, behind our trajectory targets for each of these months of 66% and 68% respectively. The plateauing of performance we are seeing has been replicated in many ambulance trusts across the early autumn and illustrates the challenges associated with meeting the new targets. Category A volumes have risen steadily over the last three months but we have still managed to improve call connect performance albeit slowly. To give some perspective here Cat A volumes for October are broadly on par with those seen in July but call connect performance is 3.5% better.
- iii. Category B performance whilst improving slowly is proving more challenging. We are currently at 84.8% ytd and the best in month performance has been 86.5% in October with many days at 89% and 90%. Weekends are still difficult due to the lower number of rostered ambulance hours and B performance has consequently been falling to the low 80s across most weekends Whilst in overall terms current Cat B performance

is the best the Trust has ever achieved it is clear that there is still much improvement required. Good ambulance staffing and fast activation is the key to this improvement and we are concentrating on improving both in the coming weeks.

- iv. Call answering performance continues to improve steadily and reached 91.3% in 5 secs for the month of October. This is a 20% improvement over the same period last year and represents a step change in performance. Long waits for callers dialling 999 are now negligible.
- v. The Trust has remained at REAP level 2 'Concern' throughout the period since the last Trust Board report although there will be pressure to upgrade to level 3 'Severe Pressure' if workload continues to rise and call connect performance remains off trajectory.

1.2 Activity

- The number of incidents attended in October 07 rose 3.9% compared to the same month last year.
- Overall workload, year to date, is up 2.5% on the same period in 2006/7
- The proportion of Category A workload increased marginally from 31% in August to 32% and 33% of total incidents in September and October respectively however the Trust responded to 37% and 38% as 'Red' calls respectively.

1.3 Resourcing

- Resourcing has improved over the same period last year, with FRU cover 11% higher and ambulance cover 0.3% higher. However, resourcing continues to be an area of intense daily scrutiny. Due to the high number of unfunded secondments (HART, FRUs etc) we are reliant on overtime to cover many shifts. Recently, the appetite for overtime has diminished and the Trust is currently under-spending by approximately 10,000 hours of overtime a month.
- The LAS-wide training plan has been finalised which identifies all training commitments and other abstractions through to March 09. This will allow us to profile the training across this period to find a 'best fit' with operational demand whilst allowing staff to access the development training which they need. The new modular one day training package continues to be successful and more effective now that the day has been extended to 10 hours.
- Every complex management team has recently been provided with a new 'ideal' staffing picture for their complex. Recognising that current rotas do not accurately match demand, it is our intention to deliberately under-staff against the few shifts which overprovide whilst putting on extra vehicles on other shifts where there is currently underprovision in order to more accurately match demand. This important piece of work will allow managers to make informed decisions on flexible and 'family friendly' rosters, allocate relief staff more effectively and get the most benefit from overtime spending.

- An extensive review of the Resourcing function has been carried out to determine the best configuration which allows for both optimal resourcing and best value for money. This resulted in a comprehensive discussion paper which was circulated to all staff. Following feedback, various changes have been made to the initial proposal and a formal consultation paper was then submitted to SMG on 14th November for a decision on the way forward. In essence, the paper proposed the following:
 - a. An immediate reduction to two Resource Centres followed by a period of no further change for two years.
 - b. That we should ultimately move to a single resource centre but that during the next two years we should take time to revisit this intention and take into account the effect of planned changes to technical and administrative procedures on station and within the resourcing environment and also to the proposed changes to ambulance complexes designed to deliver enhanced levels of clinical leadership.
 - c. A gradual reduction in the number of managers and Resource Centre staff, mainly through ‘natural wastage’ and introduces a new administrative role into the Resource Centres.

The SMG approved the paper and formal consultation has now started with staff.

- A new facility called Promis Web is now available via *the Pulse*. This facility allows relief staff to check their shift patterns without contacting the Resource Centre. Ultimately all staff will be able to check shift patterns, see with whom they will be working and book annual leave, *remotely*.

1.4 Emergency Operations Centre (EOC)

- The second phase of the EOC reorganisation has now been scoped and is being actively considered by EOC managers. It is intended that discussions will commence with staff later this month and a final document will be produced by late December. The preliminary work undertaken by the national group, who are currently reviewing the roles and competencies across Control Services, has assisted in the formation of the document and will ensure our staff more closely match their colleagues in other services. The new structure will ensure that the EOC structure in dispatch more closely mirrors the operational structure across the areas. It will also enhance the managerial overview of call taking as well as providing a career structure for staff who wish to remain in call-taking.
- The Automatic Dispatching of Ambulances is being implemented in late November. It is believed that this will result in a step change in dispatch times for Ambulances which will produce an uplift in performance for Category A and Category B calls. The planning has also indicated that it

will reduce the number of dual assignments to calls. The resultant increased capacity in the FRU fleet will further support an increase in performance under Call Connect.

- There are a number of further improvements that are to be implemented in November. Amongst them are changes to the information provided by the Met Police via the CAD Link. This will allow the crews to automatically receive updates as to police actions in cases where they have been requested; such as whether or not Police are en route and their estimated time of arrival.
- Caller Line identity for Cable and Wireless calls (20% of incoming call volume) will also be introduced before Xmas albeit later now than originally planned. This system which is already in place for BT calls will speed up the time required to take these calls and ensure that there is a greater degree of accuracy in locating addresses which will in turn speed up despatch.
- The effects of relatively low levels of sickness and absences coupled with additional overtime from the clock-start funding has seen a sustained improvement in the level of staffing within EOC. The staffing levels for the first 7 months of the year are 100.1%. The new workforce management solution, GMT Planet, is helping to ensure better staffing at times of greatest weakness and will assist in further improvements. It is also influencing responses to further requests for flexible working. Discussions are currently underway with staffside concerning an amendment to the current relief rota, which will allay staff concerns, whilst maintaining cover within call taking. Amendments to the core rota which will greatly improve our weekend cover within control services are also under consideration.
- Call taking has seen a sustained improvement in performance since July; with the last 2 months exceeding 90% of calls being answered in under 5 seconds. September came in at 90.7% with October attaining 91.3%. The number of calls with a long wait has continued to fall. In order to put the percentage achieved into context it is worth noting that there has been a relatively significant increase in the volume of calls received. In October 2006 there were 93,508 calls received by EOC with 68,398 answered within 5 seconds. In October 2007 the number of calls increased to 105,409 and 96,257 were answered within 5 seconds; more than the total number received for the same period one year ago. As well as more consistent staffing levels, the implementation of the rest break arrangements within EOC have produced a greater availability of call takers.
- In terms of the quality of call handling, the level of compliance within AMPDS has further improved with 2 watches, A and E, attaining compliance levels of over 98% - levels not seen over the last 10 months. In addition all members of staff are currently being reviewed by the Quality Assurance Team. This is already highlighting some differing practices

which are being changed and is contributing to the improvements in the quality of call handling.

- Activations on Emergency calls have continued to improve. Category A activations within 2 minutes were greater than 93% for the last 2 months. Activations on category B calls within 2 minutes have improved to attain 65.8% in October; 5% better than last October.

1.5 Urgent Operations Centre (UOC)

- CTA staffing is currently 49 WTE with an establishment target set at 50 members of staff by Christmas 2007. A recruitment campaign by the UOC Management Team and the Recruitment Centre is in progress, with the objective of reaching this establishment target. 7 new starters are booked for the course starting Monday 19th November 2007. An additional external advert was placed in November to attract ambulance personnel from other services to the role of Clinical Telephone Advisor within the LAS. It is still envisaged that we will achieve full establishment of 70 WTE by March 2008.
- CTA call volumes are steadily increasing in line with the target of 1600 calls per month set for March next year. Over the last seven weeks we have seen an average of nearly 1300 calls a week, the highest to date being 1375.
- The recruitment campaign continues for A&E Support Crews for Urgent care and we currently have 81.9 WTE in place with a target of 162 by March 2008. Training courses are being progressively filled and a further external recruitment campaign is planned for November using the Evening Standard. Additional application forms are also being received through ‘‘NHS Jobs’’ Given the fact that we are still recruiting to the new establishment, we are at present supplementing the Urgent care fleet with additional vehicles from St.John and Red Cross
- There is continued focus on all aspects of managing attendance due to high absence levels. A detailed and structured approach to attendance management has now been adopted by the UOC management team in line with the Service’s Managing Attendance Procedure (MAP). It is envisaged that this will result in significant reductions in absence rates over the coming weeks.
- The vast majority of UOC staff have now had Personal Development Reviews (PDRs) with their managers.
- The Control Services Resource Centre now takes overall responsibility for staffing both EOC and UOC. An increasing number of EOC staff now routinely work in UOC assisting in both resourcing the desk and also encouraging the transfer of knowledge between the two Operations Centres.

1.6 Emergency Preparedness

- At the beginning of September the Trust underwent an extensive audit of its emergency preparedness by a team from the Department of Health. The team were with the Trust for a period of 4 days. During this period they had the opportunity to examine all our documentation, visit operational sites and interview external partners and Trust staff.
- An extremely positive interim report has been received and verbal feedback is that the LAS is well prepared. The full report is expected in the new year.
- Following extensive consultation, the new Major Incident Plan and action cards have now gone to print. The plans will be issued shortly to all stations. The action cards will be a personal issue to all uniformed staff.
- In October the service declared a major incident on the M1 motorway. This was a coach overturned with multiple casualties some of whom were trapped. The incident was dealt with effectively using the service's major incident procedures.
- In October the service carried out a successful test of its fallback control at Bow. The call taking and despatch functions were successfully switched to Bow and then following the test, the control system was migrated back to HQ with minimal disruption to operational service delivery. There were however a number of issues identified which will be explored within a full debrief process. It is planned to hold a regular series of fallback tests with the next one scheduled for February 08.
- Planning is well under way for the service response to the New Year celebrations in central London, which will be led by ADO Killens this year.
- Two points of note are that on 31st October Emergency Planning Advisor Laurie Strugnell retired from the service after 37 years service. Laurie based in west London was the initial designer and implementer of all our Heathrow airport procedures. He also set up the first LAS response to the Notting Hill Carnival.

On a more sombre note it is with regret that the Emergency Planning Unit reports the death of Emergency Planning Advisor Christine Shea who had recently retired due to ill health. Christine will be particularly remembered as the LAS representative in the design and operation of all our stadia procedures throughout London.

2. PATIENT TRANSPORT SERVICES

Commercial

Following the re-tender for the non-emergency patient transport contract at UCLH (existing business) we have been advised that we have been unsuccessful in our bid

with the work being split between M&L and Door 2 Door Ambulance Services. The LAS is currently awaiting feedback from UCLH with regard the award and will consider whether to submit a further appeal. Any appeal will need to be lodged by Friday 23rd November 2007.

A presentation was made to Kingston Hospital (existing) on 27 September 2007 for core and out of hours PTS provision. We have subsequently been invited back to answer further clarification questions and it is expected that an announcement will be made by 1st January 2008.

We have presented our tender for Whipps Cross University Hospital (existing) on 15th November 2007 and have asked to attend a further clarification meeting on 20th November 2007. This service includes the core contract currently supplied by the LAS and also out of hours and courier services.

Darrent Valley Hospital (new) are still to announce the decision following our presentation in August. There has been further dialogue surrounding our tender and additional work undertaken on our costings. There has been no indication of when a result will be announced.

Following a period of negotiation we are now undertaking a number of journeys each day for Croydon PCT which is providing additional income. We are hoping that this will lead to growth of further business with the PCT in the new year.

Expressions of interest have been made to:

- Richmond and Twickenham PCT;
- Lewisham PCT; and
- Tower Hamlets PCT.

In each case we are awaiting the tender specification so that we can bid for this new business.

HR

With the exception of 1 PTS Co-ordinator who chose to transfer to OSL following the loss of Camden PCT contract; the other 6 staff were redeployed within the LAS. This included 2 Ambulance Persons who were successful in their applications to join A&E Support staff.

The loss of the UCLH will affect a total of 22 people. TUPE arrangements for these staff will be complicated by the fact that the current contract has been divided into three areas which will be serviced by 2 different providers.

The first 18 Ambulance Persons to complete their NVQ 2 in Road Transportation will attend a presentation ceremony in December to receive their certificates. Further NVQ courses will be provided for Ambulance Persons, PTS Coordinators and Crew Team Leaders in February 2008.

Performance

Performance for Arrival Time, Departure Time and Time on Vehicle remained static in October at 88%, 89% and 93% respectively.

The new planning system is due to go live at the end of January 2008 with the new Transport Operations Centre (TOC) at New Malden due to open at the same time. The TOC planned for Becontree Ambulance Station is unlikely to be operational until April 2008. Each of these measures should have a positive effect on the performance statistics.

The LAS has responded to the Department of Transport consultation document with regard the changes to the Road Traffic Act 2006 and subsequent belief that PTS will have to become licensed. It is expected that the DfT will produce definitive guidance by the end of November and we will review the position at this time.

3. HUMAN RESOURCES

National pay award

Confirmation of the agreed pay award for 2007/2008 has now been received. This provides a staged increase in pay, with a 1.5% uplift back-dated to 1 April and a further 1% increase payable from 1 November. New rates are being included in salaries for November, as are any arrears due. As part of the deal, staff required to maintain a clinical professional registration are also entitled to an allowance of £38 per year, and clarification is being sought on the eligibility criteria. National discussions on a multi-year pay deal effective from April 2008 will commence in due course.

Partnership

A revised Partnership Agreement has been agreed with the recognised Trade Unions, and will be circulated once appendices, including an agreed programme of initial priority work, have been finalised. A Partnership Conference was held on 15 October at Millwall; and local events, including joint management and staff side presentations, are being held to promote the principles of partnership working at local level.

Occupational Health Services

After a formal consultation and tendering process, the contract for provision of occupational health and counselling services will transfer to Atos Healthcare on 1 December 2007. Atos Healthcare is a leading supplier of occupational health, counselling and health screening services in the United Kingdom. Nationally, the company employs over 400 full time doctors and nurses, and manages a further 2,000 contract doctors and nurses. It also governs a national physiotherapy network of 500 clinics, and employs corporate occupational therapists.

Sickness Absence

The Trust Board received a full report on the management of sickness absence in September. Current levels of absence (September) show a slight reduction though slightly higher than the same period last year.

Workforce/establishment

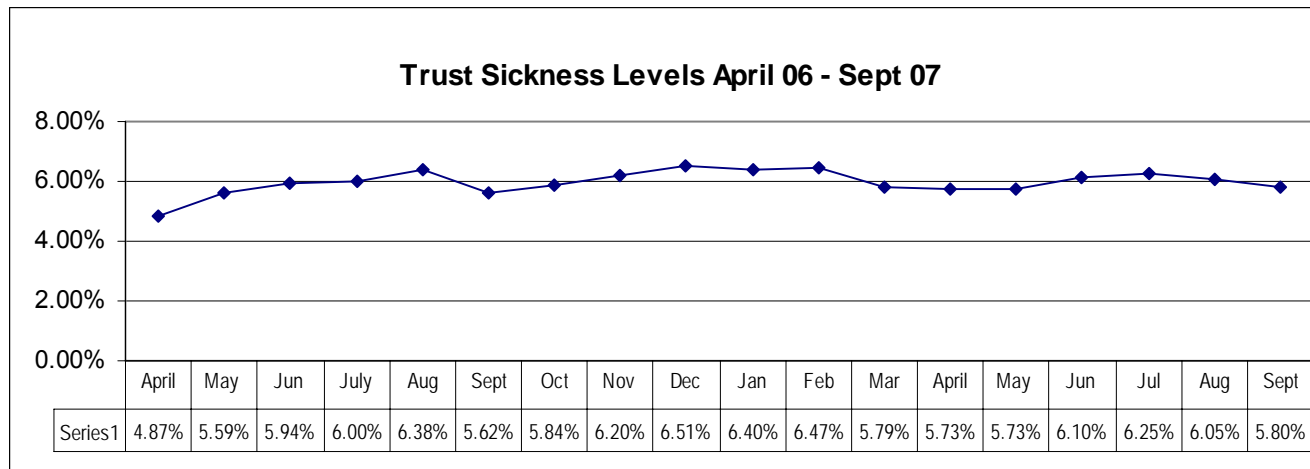
The figures presented show staff in post against establishment for A & E staff (not including urgent care at this stage), and show a vacancy rate of only 1%. Work is progressing to reconcile true establishment figures within ESR to enable future reporting across the Trust as a whole. It should be noted that the vacancy rate shown is “true” vacancies and does not therefore account for gaps in resources created by abstractions such as secondments and maternity leave etc.

INTERIM WORKFORCE INFORMATION

Absence 2007	Jul	Aug	Sept
A & E Ops East	6.43%	5.76%	5.31%
A&E Ops South	6.56%	5.76%	6.35%
A&E Ops West	6.40%	7.34%	6.12%
Control Services	6.73%	6.53%	7.25%
PTS	8.07%	7.79%	6.76%
Trust Total	6.25%	6.05%	5.80%

Staff Turnover Oct 2006/Sept 2007	
Staff Group	Turnover %
A & C	12.54%
A & E	4.59%
CTA	8.82%
EOC Watch Staff	12.42%
Fleet	14.55%
PTS	8.24%
Resource Staff	0.00%
SMP	5.87%
Grand Total	6.32%

A&E ESTABLISHMENT REPORT - October 2007			
Position	Funded Establishment	Staff in Post	Variance
Team Leader	169.50	163.23	6.27
ECP	56.00	50.56	5.44
Paramedic	910.89	808.64	102.25
EMT4	713.48	865.40	-151.92
EMT3	682.75	437.41	245.34
EMT2	0.00	173.61	-173.61
EMT1	30.00	35.00	-5.00
Total	2562.62	2533.85	28.77



SUSPENSIONS as at 16.11.07		Date of Suspension	Reason	Stage in Investigation	Investigating Officer	Hearing Date
East	1	11.09.07. Reviewed by letter 28.09.07 stating suspension will remain in place while police investigation in progress. Further review letter sent 13.11.07 in view of being rebailed.	Police investigation. [Seen by Police 12.11.07 and rebailed until January 2008.]		To be confirmed	
South	1	17.07.07	3 attitude and behaviour related incidents	Report completed and submitted 12.11.07. Hearing date to be confirmed.	Ruth Williams	
West	1	13.09.07	Failure to provide a specimen.		Paul Smith	13.11.07
EOC	1	12.10.07	Not following protocols whilst call taking	Preliminary investigation. Interview undertaken. Suspension reviewed 26.10.07 and 08.11.07.	Andy Heward	
HQ/Fleet/Others	0					

4. COMMUNICATIONS

Media issues

Healthcare Commission: The Service's achievement of the highest ambulance trust rating in the country received widespread media coverage in the capital, including items on radio stations LBC and Heart 106.2, BBC London television, the BBC website and an article in the London Paper. The Director of Operations was also interviewed on LBC on the morning of the report's publication.

Cardiac care: This excellent publicity was followed the next week with coverage of the Service's improved cardiac arrest survival rates.

It was arranged for London Tonight to meet and interview two patients who had been successfully resuscitated, and the resulting three and a half minute feature was very positive in describing the improvements that have been made in the care and treatment of cardiac patients in recent years. LBC radio also covered the story, including a live interview with the Service's Community Defibrillation Officer.

The reunions between the two patients and the staff who treated them were also featured in a number of local newspapers, including a full page article in one Bromley paper.

Television feature: BBC London followed up their Healthcare Commission coverage with a feature about the future direction of the Service. As well as interviewing the Chief Executive, the reporter also spent some time filming with a Waterloo crew and in the Emergency Operations Centre. The story ran throughout the day in their breakfast, lunchtime and evening bulletins.

Evening Standard vehicle story: An article about the Service's plans to buy a 'fleet' of bariatric ambulances for very heavy patients appeared in the Evening Standard and was picked up by a number of newspapers and radio stations. The original story – which was published following a previous meeting between the Chief Executive and the paper's Health Editor – wasn't considered to have accurately reflected the Service's position, and it was clarified in response to further media enquiries that consideration was being given to purchasing just a small number of these specialist vehicles.

Successful resuscitation of a premature baby: Arrangements were made for a paramedic and emergency medical technician to be reunited with the family of a baby born 14 weeks prematurely who they successfully resuscitated in February this year. The family had previously been featured in the local paper after the baby had been allowed home from hospital a number of months later, and the same paper ran an article about the reunion. The story later also appeared in the Daily Mirror, and then as a feature on London Tonight.

Serious incidents: An early morning crash on the M1 left 18 people injured, one of whom sadly later died in hospital. The on-call communications officer liaised with the on duty ambulance operations manager who attended the scene and later gave radio interviews to explain the Service's role in the rescue operation.

A couple of weeks later, an ammonia leak at the O2 Arena left nearly 30 people needing hospital treatment. Enquiries were received from a wide range of national media, and Assistant Director of Operations Jason Killens later gave telephone interviews to both BBC News 24 and Independent Radio News.

A fire in a disused warehouse close to where the main stadium for the London Olympics will be built led to significant regional and national media interest in the Service's response, although thankfully no one was hurt.

A media statement was also issued following the tragic death of a two-year-old girl at a nursery in Essex, and the story was covered by all the national press.

Other media stories: A few newspapers and radio stations covered a story about calls from the Association of Professional Ambulance Personnel (APAP) for all ambulance staff across the country to be issued with stab vests. Unfortunately, some of this coverage failed to mention that the Service has already issued crews with this equipment, and clarification of this fact was subsequently provided to the appropriate media organisations.

Other coverage has included articles about meeting performance targets in Enfield, a piece in the same paper about the skills and training of ambulance staff, and features about the motorcycle response unit in two motorcycling publications.

Additionally, as part of Channel 4's National Book Week, an East area duty station officer appeared in a three-minute film of a short story written and narrated by a collection of members of the public and celebrities.

On a less positive note, a north east London newspaper ran two stories – about a child taken to hospital by his family because there was no ambulance immediately available, and a delay in attending a call to a patient fallen over at home – on two consecutive weeks. A delay in arrival at a patient who collapsed in the street and who later died in hospital in July was also covered by the Ham and High newspaper.

Recruitment: A case study was provided run alongside an advert for A&E Support and emergency medical dispatcher positions. The resulting positive half-page article in the Evening Standard was closely based on the feature provided to the paper by the Communications department.

Station opening: Communications support was given to the opening of the new Silvertown station by HRH The Duke of Gloucester. Local journalists were supplied with information both before and after the opening, with subsequent coverage in a number of newspapers.

Internal communication

Brand and visual identity guidelines: Guidelines on the use of the Service's brand and visual identity were published at the end of September. They cover a full range of potential uses and issues – including signage, stationery and templates and vehicle livery – and are available on the intranet for all staff to refer to and follow. The guidelines also include a number of downloadable templates, and the

Communications Department will be encouraging their use in the coming months to ensure that there is more consistency in the use of the Service's brand and visual identity.

Fallback test: A Communications Officer was on duty throughout the night of the test of the fallback control room at Bow, both to deal with any potential media interest and to report back to staff on the test.

Patient and Public Involvement (PPI)

PPI activity during September and October included:

- a number of recruitment events, including a successful one at Brent Town Hall, where a large number of packs for EMD and A&E Support roles were given out
- a safety day at Fulham, which was attended by 77 young people
- a visit to Westminster Ambulance Station by a group of Rainbows and Guiders (5-7 year olds)

At the beginning of November staff from Romford ambulance station worked with the Events & Schools Team and Transport for London on a crash reconstruction scene in Chingford Town Centre, to raise awareness of road safety and the role of the emergency services. The Assistant Director of Operations (East) also attended the 2007 VIP day for Safe Drive Stay Alive in Hornchurch.

In September the Deputy Director of Operations (Control Services) attended a joint Scrutiny meeting for Barnet, Enfield and Haringey to discuss the implications of the proposed hospital reconfigurations in that area. In October the Director of Service Development attended a meeting of the Hounslow PCT and West Middlesex University Hospital joint PPI Forum to discuss the implications of Professor Darzi's report on the London Ambulance Service.

Six members of the Patients' Forum attended a Public Education Workshop in early November, working with LAS staff involved in public education activity to develop appropriate messages, materials and deciding priority audiences for this work.

The Director of IM&T addressed the October Patients' Forum meeting to talk about CAD2010 and access for deaf people, and in November the meeting focused on the work of HEMS.

The PPI Committee met in early October and discussed membership of the Committee, Terms of Reference, and the first draft of the revised PPI Strategy.

The PPI Manager attended a Strategic Steering Group meeting in October to emphasise the importance of involving patients and the public in projects within the Strategic Plan, in order to meet the organisation's legal obligations and to ensure the Plan benefits from patient involvement. The Programme & Project Management Team is now devising a system to establish what level of involvement is appropriate for each of the projects.

In Tower Hamlets, three pilot training sessions have been held to evaluate the Health Education Packs which have been jointly developed between the LAS, the PCT and Dr Foster. The Events, Schools and Media Resources Manager scripted and produced the DVD which forms a key part of the sessions. Part of one of the events was filmed for a forthcoming NHS Confederation conference. Once the pilot sessions have been evaluated, arrangements will be made to roll them out across Tower Hamlets over the next 18 months.

The PPI Manager worked with Picker Europe to identify patients who recently received a Category C response, so they could be invited to focus groups to discuss their experiences. The findings from the focus groups will be used to inform a national survey of Category C patients next year.

The PPI Manager addressed a national conference organised by the NHS Centre for Involvement (NCI) at the beginning of October, to inform PPI colleagues in other Trusts about the Tower Hamlets project. She also led a discussion group about involving minority groups in PPI activities. The main points from this workshop have been published on the NCI website.

The Chief Executive of the NCI attended the Service Development Committee in October to discuss the findings of the report into how PPI activity is embedded in the Service. A number of recommendations have been made, which will be incorporated into the new PPI Strategy. These include ensuring that PPI activity takes place throughout the organisation, and that a wider range of patients and the public are involved in the Trust's PPI activities.

The Local Government and Public Involvement in Health Bill received Royal Assent at the end of October. This means that, during 2008, Patients' Forums will be replaced by Local Involvement Networks, or LINKs. LINKs will be established in each local authority area and will work across health and social care services rather than being attached to one NHS Trust. Consideration is currently being given to how best the Service can maximise the benefits of working with LINKs. With 32 LINKs being established across London, it is likely that the most effective model will be a local one, with local management teams getting involved with the LINK in their area and feeding their learning into a central point so that it can be used across the Trust.

The PPI leads for all ambulance services in England met at the beginning of October to discuss LINKs and other issues affecting all ambulance Trusts. A national network of PPI leads has now been established and will meet quarterly in London.

Peter Bradley CBE
Chief Executive Officer
21 November 2007

LONDON AMBULANCE SERVICE NHS TRUST**Trust Board 27th November 2007****REPORT OF THE MEDICAL DIRECTOR****Standards for Better Health****1. First Domain – Safety****Update on Serious Untoward Incidents (SUIs)**

A robust system has been implemented whereby any event flagged up as a potential SUI is reported to the Assistant Chief Ambulance Officer who then convenes a discussion of the case with the Director of Operations and the Medical Director. These cases include those where the LAS cooperates with other Trusts who have declared an SUI. The outcome of the discussions along with the outcome of the investigation and any lessons learned, are recorded on Datix. Since implementing this process in January 2007, 42 cases have been discussed and 3 SUIs declared

In the past two months one SUI has been declared. This involved a patient at an address flagged as high risk on the Metropolitan Police register where a significant delay arose while the ambulance crew awaited the attendance of the police.

Safety Alert Broadcasting System:

The Safety Alert Broadcasting System (SABS) is run by the Medicines and Healthcare products Regulatory Agency (MHRA). When a SAB is issued the LAS is required to inform the MHRA of the actions that it has taken to comply with the alert. If no action is deemed necessary a “nil” return is still required.

Sixteen alerts were received during the period from 10th September until 7th November 2007. Three alerts were deemed to be of relevance to the Trust as detailed below.

Date issued: 07/11/2007 MDA/2007/085:**Automatic External Defibrillator - Welch Allyn AED 20.****Action: Under investigation****Date issued: 31/10/2007 DH (2007) 09: Window restrictors (DH Estates and Facilities)****Action: Under investigation**

Date issued: 24/10/2007 MDA/2007/080:

EMS ventilator circuits,

(these are breathing systems for use with Smiths Medical emergency and transport ventilators including: parapac, ventipac, rescupac and transpac models.)

(Medicines & Healthcare products Regulatory Agency): Acknowledged; action is on going.

2. Second domain – Clinical and Cost Effectiveness

Update on Cardiac Care

i) Feasibility study into the provision of therapeutic hypothermia

Cooling obtunded patients who have a return of spontaneous circulation following resuscitation from cardiac arrest is evidence based, producing improved neurological outcome and practiced widely in Scandinavia and, increasingly, in the USA. Few Emergency Departments in the UK routinely provide this intervention
A feasibility study in providing therapeutic hypothermia will commence in February 2008. This study will involve patients in the catchment areas of Hammersmith and Charing Cross Emergency Departments and LAS crews from Fulham and Hanwell Complexes.

ii) Pilot of emergency transfers for non STEMI patients

The London Chest Hospital has commenced a pilot whereby non STEMI patients presenting to Newham and the Royal London Emergency Departments with ongoing chest pain will be booked into the next available slot for angiography. These patients will be transferred as an emergency, for further intervention, rather than waiting as in patients, for a routine appointment to become available.

Update on Stroke Care:

Representatives from the Service Development and Medical Directorates met with Mr Chris Streater, Medical Director of St George's Healthcare NHS Trust, the NHS London lead on Stroke, to agree a potential way forward to coordinate the increasing enthusiasm for thrombolysis. We plan to implement bypass protocols from 1st April 2008, to ensure that FAST positive patients are expedited to units offering acute stroke care either 12 or 24 hours a day.

Clinical Update Newsletter

The Medical Directorate now publishes a monthly 'Clinical Update' on the Pulse. This brings attention to topical issues such as national guidance, (eg the rising incidence of measles), trends in clinical incidents and any changes to protocols or procedures. It includes an 'ECG of the month' reinforcing the need to capture, and file, ECG records and demonstrating some of the more interesting and challenging examples.

Copies of past updates will be available at the meeting.

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

The LAS Cardiac Arrest Report is presented as a separate item on the agenda. Our survival figures to hospital discharge, for patients who present in a shockable rhythm, have trebled in the past four years. This is a fantastic achievement.

3. Third Domain – Governance

Annual Health Check

To consolidate the achievement of the scores for the 2006/7 Annual Health Check, work is underway to meet the criteria for 2007/8. The assurance for the Board is being collated through the Assurance Framework which is featured elsewhere on the agenda.

Balanced Scorecard

Progress is reported to the Senior Management Group (SMG) on the principal objectives, targets and milestones that the Trust is required to achieve. Monthly updates are now received from the majority of stakeholders and more sophisticated reporting systems are under development as part of the Corporate Governance work stream of the Service Improvement Programme.

Policies update

The Infection Control Policy has been reviewed and updated as part of our routine governance system; this policy was agreed at the Clinical Governance Committee. The revision takes into account the recommendations from the Healthcare Commission's report of their investigations into the outbreak of Clostridium difficile infection at Maidstone and Tunbridge Wells NHS Trust. The policy and action plan relating to this report are included elsewhere on the agenda. In my role as Director of Infection Prevention and Control (DIPC), I am in the process of appointing the Infection Control Manager to lead this work.

The Alternative Response Procedure was approved by the Clinical Governance Committee on 13th August 2007, subject to a diversity impact assessment.

TP1018 Suspected Cases of Child Abuse Procedure and **TP1019 Suspected Abuse of Vulnerable Adults Procedure** have been revised and approved by the Clinical Governance Committee on 15th October 2007 and the Board is asked to ratify this decision.

Quality Impact Assessment

The Diversity Manager is leading the development and application of the Trust's equality impact assessment procedures and these three procedures will be assessed as the Training and Awareness programme for staff is implemented.

4. Fourth Domain – Patient Focus

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

5. Fifth Domain – Accessible and Responsive Care

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

6. Sixth Domain – Care Environment and Amenities

Infection Control

This item will be reported separately, including both the Infection Control Policy and the LAS response to the concerns expressed by the SHA, over Infection Control issues raised at Maidstone and Tunbridge Wells NHS Trust.

7. Seventh Domain – Public Health

Pandemic Flu

The DH document giving guidance on the ambulance response in the event of a pandemic influenza epidemic is still out for consultation. As part of the LAS internal plan Flu Coordinator has been appointed and a working group set up. The next print of the PRF will include a 'suspected flu' diagnostic code.

Recommendation

THAT the Board:

1. Note the Medical Directors report;
2. Approve the revised procedures relating to Suspected Cases of Child Abuse and Suspected Abuse of Vulnerable Adults which have been agreed by the Clinical Governance Committee.

Fionna Moore,
Medical Director

18th November 2007



London Ambulance Service **NHS**
NHS Trust

Suspected Cases of Child Abuse Procedure

Introduction

All children have the right to be safeguarded from harm and their safety and welfare is paramount.

Social Services and the Metropolitan Police have statutory authority and responsibility to investigate allegations or suspicions about child abuse. The London Ambulance Service (LAS) will refer all such concerns to Social Services. However, in circumstances which could be described as an emergency, cases should be referred immediately to the Police. To help staff recognise cases of child abuse a set of Recognition of Abuse notes are attached at Appendix 3.

The LAS has responsibilities under the Children Act (1989), which states:

"All those working in the field of health have a commitment to protect children, and their participation in inter-agency support to Social Service departments is essential if the interests of children are to be safeguarded."

Each borough has protocols which subscribe to an Area Child Protection Committee, thereby complying with the guidelines under the Children Act. In addition staff have a responsibility to inform Social Services of children who fall within the definition of a child in need. These are situations where, although the child is not being subjected to abuse, they are not receiving the care and support all children need.

Objectives

1. To ensure all LAS staff are aware of, and can recognise, cases of suspected child abuse and where a child and/or their family need support.
2. To provide guidance enabling operational, PTS and EOC staff to assess and report on cases of suspected children at risk and in need.
3. To ensure that all LAS staff involved in a case of reported abuse are aware of the possible outcome of any subsequent actions.

Procedure

1.0 Principles of Safeguarding the Child

- 1.1 All health professionals may seek advice from a designated nurse or doctor for Child Protection in their area during normal working hours. LAS staff may obtain contact information from the Ambulance Operations Manager (AOM) in the Emergency Operations Centre (EOC).
- 1.2 In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to work in partnership with the child and family, taking into consideration their race, culture, gender, language and experience of disability.
- 1.3 Although parents/carers should generally be kept informed of the actions required in the interest of child protection, this may not always be practicable for LAS staff. It is particularly important that parents should not be informed of an ambulance crew's concerns in circumstances when this may result in a refusal to attend hospital, or in any situation where a child may be placed at further risk.

2.0 Action when abuse or risk of harm is suspected

- 2.1 There are a number of ways in which LAS staff may receive information or make observations which suggest that a child has been abused or is at risk of harm. For example, the nature of an injury to a child might suggest that the child has been abused (e.g. the story given for an injury may be inconsistent with what is observed).
- 2.2 Observations about the condition of other children or adults in the household might suggest risk (e.g. a child living in an environment where domestic violence has taken place). Staff may observe hazards in the home, or find that children have been locked in a room. Signs of distress shown by other children in the home should be recorded.
- 2.3 An ambulance crew will often be the first professional on scene and their actions and recording of information may be crucial to subsequent enquiries.

3.0 Patient Assessment

- 3.1 LAS staff should follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in calling for assistance. They should limit any questions to those of routine history-taking, asking questions only in relation to the injury or for clarification of what is being said. It is important to stop questioning when their suspicions are clarified. They should not question the child, but should listen and react appropriately to instil confidence. They should avoid unnecessary questioning or probing, as this may affect

the credibility of subsequent evidence. They should write down exactly what they have been told.

- 3.2 LAS staff should accept the explanations given, and not make any suggestions to the child as to how an injury or incident may have happened. Similarly, if they are told of abuse, they should not question the child, but should accept what they are being told and act appropriately.
- 3.3 Remember the LAS is not there to investigate suspicions. The task for LAS staff is to be aware of the issues of child abuse (see Appendix 3), but not to be experts in this area. They should ensure that any suspicion is passed to the appropriate agency, i.e. staff in the A&E department, social services or the police. This should be achieved by following the guidelines in Section 4.0.
- 3.4 Where the concern is regarding a child's general welfare, but there is no suggestion of abuse, it is helpful to try and gather information regarding the child's care, social and family support networks and document these, along with contact numbers, to facilitate subsequent Social Services contact. This should include GP details.

4.0 Actions to be taken by LAS staff

- 4.1 If LAS staff attend/speak to a child and are concerned that the child may have been either physically, sexually, emotionally abused, or neglected, they should take the following actions:
 - 4.1.1 If the child is the patient, and the parents/carers agree that he/she is to be conveyed to hospital, they should not let the parents/carers know they are suspicious if this may result in refusal to go to hospital. They should speak to the most senior member of nursing staff on duty and ensure that the white copy of the Patient Report Form (PRF) is handed over and a LA279 completed, with a copy provided to the hospital. This should be done away from a public area and in private if possible. Full details of their concerns or suspicions should be relayed to the receiving nurse, with a recommendation that the Child Protection Register should be consulted if available. Although individual A&E Departments have access to the Child Protection Register for their area, they may need to ask for police assistance if the central register needs to be consulted. PTS crews should complete a copy of the LA279 and provide a copy to the ward/clinic staff. They should also inform their site manager, as the LAS is acting as a contractor for these services on behalf of the Acute/Primary Trust.
 - 4.1.2 The staff should inform EOC about the situation so that they can report it. As soon as reasonably possible the staff should fax a copy of the LA279 with an aim of ensuring all referrals are made within 24 hours (see Appendix 1) to EOC.

- 4.1.3 If the child is the patient and the parents/carers refuse to allow them to be conveyed to hospital, the staff should inform EOC and complete an LA279. EOC will call the police and contact Social Services on the 24-hour emergency number, and will also arrange for an LAS officer to attend the scene. PTS crews should follow the same procedure, also informing their site manager of the circumstances.
- 4.1.4 If the child is not the patient but the circumstances are suspicious, staff should consider the implications of leaving the child. If the child is accompanying another person (e.g. a parent) who is being conveyed, staff should inform A&E staff of their concerns. If no-one is conveyed to hospital, and the crew leave the scene, they should contact EOC and inform them of the incident. At the earliest opportunity they should complete the report form LA279 and fax it to EOC.
- 4.2 In all cases where abuse of a child is suspected an LA279 must be completed and, where the child is conveyed to hospital, a copy provided to the A&E or other relevant hospital department. In all cases a copy must be faxed to EOC. The original form should be sent to the Management Information department for recording and archiving.

5.0 Action to be taken by EOC Staff

- 5.1. On receiving details about a potential case of child abuse/child in need from LAS staff the AOM or Operational Control Manager (OCM) should contact the 24-hour Social Services number in that area to start the referral process. They should also consider if the staff require support either at scene, at hospital, or immediately afterwards and dispatch a Duty Station Officer/Team Leader if appropriate.
- 5.2 The Social Services staff may ask for details of the incident and what the staff consider to be the level of risk. This will include whether the child is at risk of 'significant harm'.
- 5.3 When the AOM or OCM receives the completed form from staff, they should forward a copy to the relevant Social Services Department. An entry should be logged on the Patient Advice & Liaison service (PALS) component of Datix case management system and the LA279 scanned and included within the electronic case record. A record of this will be made within the electronic case record. The referring crew's Ambulance Operations Manager (or Site Manager for PTS crews) must be informed that the crew have made a referral so that any need for support of the crew by managers can be identified and provided. EOC must facilitate crews to complete and fax the LA279 as soon as practicable, utilising LAS Officers and Team Leaders to provide access to fax machines where that is difficult out of hours.

6.0 Police Assistance

- 6.1 The police have a number of legal powers to protect children. These

include the power to gain entry into a building in some circumstances and the power to remove a child into police protection for up to 72 hours. Any Police Constable may effect this if he/she considers that a child is at risk of 'significant harm'. The child should have a clinical assessment before being taken into police protection.

- 6.2 In urgent circumstances where an ambulance crew think that a child is at immediate risk of significant harm, they should inform EOC, who will request police attendance.
- 6.3 There may be circumstances where there are concerns for an unborn child, e.g. when a pregnant woman has been physically assaulted. In a situation of this type, advice should be sought initially from Social Services, although the advice given may include reporting the incident to the police.

7.0 Actions to be taken by PALS

- 7.1 PALS will check for any referrals that have been entered on a daily basis and ascertain if the child has come to the attention of the service before. PALS will ensure follow up with the relevant Social Services/Police/PCT department to ensure that information has reached the appropriate persons and to establish what action is planned.

8.0 Subsequent Action

- 8.1 Child protection concerns notified by the LAS will be subject to enquiries by Social Services departments and will be investigated by Social Services and/or the Police. PALS will act as the coordinating unit for the LAS, save where there is an immediate request out of office hours when EOC will assume this role until PALS can assume responsibility. In these circumstances, all action undertaken will be recorded in the electronic case record. Ambulance crews may be required to assist by giving a statement to clarify their observations in more detail. LAS staff may be requested to attend a case conference, accompanied by an LAS manager and supported by other designated professionals for Child Protection.

9.0 PALS and Senior Management Responsibilities

- 9.1 PALS will furnish Social Services and/or the police with copies of the PRF or any other information, on request, save where the circumstances in para 8.1 apply or where an approach for documentary records is made by a relevant agency under child protection auspices, where Operational Information and Archives Department will respond to that but advise PALS accordingly. PALS will also enlist the assistance of Senior Managers to ensure that any request from a statutory agency for a statement or other information will be

communicated through the crew's line manager. They will also ensure that any member of LAS staff instructed to attend court to give evidence will receive appropriate support and advice from the Trust. This will include ensuring the documentation is available in good time, allowing time for brief / debrief before and after a court appearance or case conference, and that the member of staff will be accompanied by an LAS Officer.

References: Children Act 1989/2004
 Data Protection Act 1998
 Department of Health (1999) "Working Together to Safeguard Children: guide to inter-agency working to safeguard and promote the welfare of children"

Signature:

Peter Bradley CBE
 Chief Executive Officer

**Appendix 1
 LA279**

LONDON AMBULANCE SERVICE NHS TRUST
 CHILD AT RISK/IN NEED REPORT FORM

Child's name(s)	Address
Age / DOB Next of kin (give name & relationship)	School / Nursery
GP(inc. address/tel no)	Child's/parents Tel number
Details of significant family members, members of staff, friends or other people who are with the child, e.g. childminder: <div style="text-align: center; font-size: 4em; opacity: 0.5;">SAMPLE</div>	

Home circumstances - is the child: Fostered Yes No With a childminder Yes No Living with parents Yes No Living with other relatives Yes No	
Date Time CAD no.	Crew 1. 2. Call sign
Concerns (please tick): Physical abuse Sexual abuse Emotional abuse Neglect Parental incapacity	Reason for concern (please tick): Physical signs Inconsistent story Behavioural / developmental signs Environment Disclosure by victim/other person
Please give a written description of your concerns, including the general appearance, state of health, demeanour and behaviour of the child: 	
Version of events given by the child: Child too young to speak Child does not speak English Not possible to speak to child alone If child able to speak, what he / she says happened:	
Is the child a resident of a residential care home / hostel? Yes No <i>If Yes, please state name and address of the home / hostel</i> Do you have concerns about the standard of care received by the child at home or in a residential home/hostel? Yes No Do you have concerns about the welfare of other people there? Yes No <i>If Yes, please include in 'Details of the Environment' below.</i>	

List your concerns about the environment or home (including residential care homes / hostels):

General level of care Safety

Other (please give details)

Has an adult on scene been aggressive towards the child (or the crew)? Yes No

Is there evidence of family / domestic violence? Yes No

Do you think the child has suffered / is likely to suffer significant harm if he/she remains in this environment? Yes No

Are the parents aware of your concerns? Yes No

Please give a description of your findings. If the child has a physical injury, please mark it below using the front and back figure :

Obs (as appropriate)
 BP –
 Pulse
 BM
 Temp

S A W V I P L E

Injury = X ?*Fracture* = #
Burns = ••••• *Pain* = ●

Child conveyed to hospital	Parent / carer conveyed to hospital
Not conveyed to hospital	Accompanied by other person
Hospital	Reported to: EOC
Hospital staff signature	Social Services Police
Hospital Staff Name.....	In person By telephone
... ..	Form sent to
LAS signature	By e-mail Fax
Date / Time	

CONSENT (where applicable to be completed by parent/guardian or child)

The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.

Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.

Name: **Signature:**

For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager ; during office hours advice may also be sought from PALS – 020-7887-6678.

When completed this form must be faxed to the Operational Control Manager in charge of the Emergency Operations Centre on: 020 7921 5231

The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.

SAMPLE

London Ambulance Service NHS Trust
Protection of Children & Vulnerable Adults

Guidelines for Staff

These guidelines summarise what you need to be aware of if someone tells you they have been abused, or if you suspect that someone has been abused.

The guidelines should be used in conjunction with the Protection of Children and Vulnerable Adults Operational Procedures, Recognition of Abuse booklet and Report Form LA279.

It is your role and responsibility:

- to listen to the person telling you about the abuse
- to ensure their safety and your own safety
- to report the abuse via the appropriate channels
- to keep a detailed record of your observations and / or what you have been told

If someone tells you they have been abused

If the person is an adult, move to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this. (This will give them the chance to stop talking if they are not happy for this to happen.)

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser, for example, you may be later accused of "corrupting evidence" or "alerting."

Reporting

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Complete the Report Form LA279 in as much detail as possible and follow the *Operational Procedure* for reporting the abuse.

Remember: As a health care worker who may come into contact with children and vulnerable adults, you have a duty to report concerns about abuse. If you do not report the abuse you may be putting the victim at greater risk. You may

also discourage them from disclosing again, as they may feel they were not believed. This may put other people at risk.

INTRODUCTION

For the purposes of child protection procedures, a child is anyone under the age of 18. All children deserve the opportunity to achieve their full potential. They should be enabled to be as physically and mentally healthy as possible, receive maximum benefit from educational opportunities, live in a safe environment, experience emotional well-being, feel loved and valued, become competent in looking after themselves, have a positive image of themselves and have opportunities to develop good interpersonal skills and confidence. If they are denied the opportunity to achieve their potential in this way they are at risk, not only of an impoverished childhood, but of experiencing disadvantage and social exclusion in adulthood.

SIGNIFICANT HARM

The Children Act (1989) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the degree of threat and/or coercion.

Some children may be suffering, or at risk of suffering, significant harm, either as a result of a deliberate act, of a failure on the part of a parent or carer to act or to provide proper care, of the child being beyond parental control, or all of these factors. These children need to be made safe from harm, as well as their other needs being met. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Examples of abuse are:

- | | |
|------------------------|--|
| Physical abuse | Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill-health to, a child they are looking after. This situation is commonly described using terms such as 'factitious illness by proxy' or 'Munchausen syndrome by proxy.' |
| Emotional abuse | Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. |
| Sexual abuse | Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve |

physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

WHO IS VULNERABLE TO ABUSE?

Although any child can potentially be a victim of abuse, there are some groups of children who may be particularly vulnerable. These include children with learning disabilities, severe physical illnesses or sensory impairments. Sources of stress within families may have a negative impact on a child's health, development or well-being, either directly or because they affect the capacity of parents to respond to their child's needs. Sources of stress may include social exclusion, domestic violence, the unstable mental illness of a parent or carer, or drug and alcohol misuse. Parents who appear over-anxious about their child when there is no sign of illness or injury may be a sign of their inability to cope.

Children with special needs

This group of children have particular needs because of a psychological or medical difficulty. For example, deaf or autistic children may demonstrate challenging behaviour, which may or may not be as a result of abuse. Children with special needs are more likely to be abused than children in the general population.

RECOGNITION OF CHILD ABUSE

Non-accidental injury

For an injury to be accidental it should have a clear, credible and acceptable history and the findings should be consistent with the history and with the development and abilities of the child. When looking at injuries in children you should be aware of the possibility of the injury being non-accidental and consider it in every case, even if you promptly dismiss the idea.

Examples of abuse indicators may be:

- any injury in a non-mobile baby
- frequent accidents in unlikely places, e.g. the buttocks, trunk, inner thighs
- soft tissue injuries under clothing
- bruises of the same age on both sides of the body or of varying ages
- small deep burns in unlikely places or repeated burns and scalds, or 'glove and stocking' burns
- poor state of clothing, cleanliness and/or nutrition
- late reporting of the injury or delay in seeking help

When assessing an injured child, you should use your judgement regarding what level of accidental injury would be appropriate for their stage of development. Although stages of development vary (e.g. children may crawl or walk at different ages), injuries can broadly be divided between mobile and non-mobile children.

Non-mobile babies

Any injury in a non-mobile baby must be considered carefully and have a credible explanation if it is to be considered accidental.

Healthy babies do not bruise or break their bones easily. They do not bruise themselves with their fists or toys, bruise themselves by lying against the bars of a cot, or acquire bruises on the feet when they are held for a nappy change.

Bruising on the ears, face, neck, trunk and buttocks is particularly suspect. Petechial spots (tiny blood spots under the skin) which disappear very rapidly, may indicate attempted smothering. A torn frenulum (behind the upper lip) is rarely accidental in babies, and bleeding from the mouth of a baby should always be regarded as suspicious.

Fractures

Fractures in babies are seldom caused by 'rough handling' or putting their legs through the bars of the cot. Babies rarely fracture their skull after a fall from a bed or a chair. After a difficult delivery the clavicle (collar bone), humerus or femur may be broken and not noticed until a lump appears about 2-3 weeks later. In this case the baby would require paediatric assessment to confirm any suspicions of non-accidental injury.

Shaking injuries

When small babies are shaken violently their head and limb movements cannot be controlled, and this results in severe brain damage from haemorrhage inside the skull. It may also cause metaphyseal fractures of the limbs as a result of the rotary movement. Finger bruising on the chest may indicate that a baby has been held tightly and shaken.

Burns and scalds

Accidental burns and scalds are fairly common in older babies (over six months). Burns from grabbing hot objects (e.g. hair tongs, irons etc.) are found on the palms of the hands, and not the back of the hands. Scalds caused by pulling over hot liquids are usually on the front of the face, neck, chest and legs, with multiple splash marks.

Mobile babies and toddlers

A torn frenulum at this age may occur when the child falls flat on a carpet while running, but there are usually friction burns of the nose and chin at the same time. Non-accidental fractures are uncommon after the age of two years. Once the child can talk he/she is more able to tell how the injury was sustained.

Bruising

Bruises are collections of blood under the skin or in the tissues. They are a bluish-red in the beginning, then turn purple and brown, and finally to yellow. The exact dating of bruising is difficult as it depends on the individual, the depth of the bruise and the tissues affected.

It is normal for toddlers to have accidental bruises on the shins, elbows and forehead. They usually fall forward, so bruises on the back or buttocks are suspect. They do not bruise both sides of the body at the same time and the bruise cannot be round a curved surface.

Two black eyes may appear 2-3 days after an accidental blow in the middle of the forehead when the bruise begins to resolve. This sign is significant, however, if it occurs without forehead swelling.

Bruising caused by a hand slap leaves a characteristic pattern of 'stripes' representing the imprint of fingers. Forceful gripping leaves small round bruises corresponding to the position of the fingertips. 'Tramline' bruising is caused by a belt or stick and shows as lines of bruising with a white patch in between. Bites result in small bruises forming part or all of a circle.

Burns and Scalds

Burns are caused by the application to the skin of dry heat and the depth of the burn will depend on the temperature of the object and the length of time it is in contact with the skin.

Abusive burns are frequently small and deep, and may show the outline of the object, whereas accidental burns rarely do so because the child will pull away. For example, a burn reflecting the shape of the soleplate of an iron cannot be accidentally caused.

Flame burns are usually less deep, have a less definite outline and may be fan-shaped. Friction burns may look similar to a flame burn and are usually seen on the prominent areas of the body such as the nose and chin, the heels or the shoulders.

Cigarette burns are not common. They are round, deep and have a red flare round a flat brown crust. The burns usually leave a scar and should not be confused with chickenpox scars or impetigo.

Scalds are caused by steam or hot liquids. Accidental scalds may be extensive but show splash marks, unlike the sharp edges of damage done when the child is dunked in hot water (although splash marks may also feature in a non-accidental burn, indicating that the child had tried to escape hot water). The head, face, neck, shoulders and front of the chest are the areas affected when a child pulls over a kettle. If the child turns on the hot water in the bath, the soles of the feet are in contact with the bath and will be less affected than the tops.

Fractures

Children's bones bend rather than break, and require considerable force to damage them. There are various kinds of fractures, depending on the direction and strength of the force which caused them.

Greenstick The bones bend rather than break. This is a very common accidental injury in children.

Transverse The break goes across the bone and occurs when there is a direct blow or a direct force on the end of the bone, e.g. a fall on the hand will break the forearm bones or the lower end of the humerus.

Spiral or is Oblique injuries. A fracture line which goes right around the bone or obliquely across it due to a twisting force, which is often a feature in non-accidental injuries.

Metaphyseal Occur at the extreme ends of the bone and are not seen accidentally. Caused by a strong twisting force.

Skull fractures These must be consistent with the history and explanation given, as babies and small children do not fracture their skulls from falls of only a few feet. Complex (branched), depressed or fractures at the back of the skull are suspect.

Rib fractures These do not occur accidentally, except in a severe crushing injury. Any other cause is highly suspicious of non-accidental injury.

Deliberate poisoning and attempted suffocation

These are very difficult to assess and may need a period of close observation in hospital. Deliberate poisoning, such as might be found in a case of a child in whom illness is fabricated or induced by carers with parenting responsibilities (Munchausen syndrome by proxy), may be suspected when a child has repeated puzzling illnesses, usually of sudden onset. The signs include unusual drowsiness, apnoeic attacks, vomiting, diarrhoea and fits.

Older children and adolescents

If the injury is accidental, older children will give a very clear and detailed account of how it happened. The detail will be missing if they have been told what to say.

Overdosing and other self-harm injuries must be taken seriously in this age-group, as they may indicate sexual or other abuse (such as exploitation).

NEGLECT

Neglect is more difficult to recognise and define than physical abuse, but its effects can be life-long. When a child is neglected this means his or her basic needs are not met. Neglect comprises both lack of physical care and supervision and a failure to encourage the child in terms of their emotional, physical and educational development. Impairment of growth, intelligence, physical ability and life-expectancy are only a few of the effects of neglect in childhood.

A neglected or abused infant may show signs of poor attachment. They may lack the sense of security to explore, and appear unhappy and whining. There may be little sign of attachment behaviour, and the child may move aimlessly round a room or creep quietly into corners.

In pre-school and school-age children, indicators of neglect include poor attention span, aggressive behaviour and poor co-operative play. Indiscriminate friendly behaviour to unknown adults is often a feature of children who are deprived of emotional affection. Other signs include repetitive rocking or other self-stimulating behaviour. Personal hygiene may be poor because of physical neglect, and this may lead to rejection by peers.

EMOTIONAL ABUSE

Emotional damage occurs as a result of all forms of abuse, but emotional abuse alone can be difficult to recognise as the child may be physically well cared-for and the home in good condition. Some factors which may indicate emotional abuse are:

- If the child is constantly denigrated before others
- If the child is constantly given the impression that the parents are disappointed in them
- If the child is blamed for things that go wrong or is told they may be unloved / sent away
- If the parent does not offer any love or attention, e.g. leaves them alone for a long time
- If the parent is obsessive about cleanliness, tidiness etc.
- If the parent has unrealistic expectations of the child, e.g. educational achievement / toilet training
- If the child is either bullying others or being bullied him / herself

Children can be at risk of emotional abuse because of the circumstances of adults in their immediate surroundings, e.g. if there is an atmosphere of domestic violence, adults with mental health problems or a history of drug or alcohol abuse. It cannot be assumed that a child is safe in a care setting, as children in this environment can be subject to exploitation, e.g. for prostitution.

Sexual abuse

Although some children are abused by strangers, most are abused by someone known to them. Some are abused by other children, including siblings, who may also be at risk of abuse. The majority of abusers are male, although occasionally women abuse children sexually or co-operate with men in the abusing behaviour.

Both girls and boys of all age groups are at risk. The sexual abuse of a child is often planned and chronic. A large proportion of sexually abused children have no physical signs, and it is therefore necessary to be alert to behavioural and emotional factors that may indicate abuse.

Allegation of abuse by the child

Any allegation of abuse by a child is an important indicator and should always be taken seriously. It is important to note that children may only tell a small part of their experience initially. Adult responses can influence how able a child feels to reveal the full extent of the abuse. If abuse is alleged, the adult being told about the abuse must be careful not to ask probing questions (*see Guidelines and Operational Procedures*).

Physical signs and symptoms

The following symptoms should give cause for concern and further assessment:

- soreness, discharge or unexplained bleeding in the genital area
- chronic urinary and vaginal infections
- bruising, grazes or bites to the genital or breast area
- sexually transmitted diseases
- pregnancy, especially when the identity of the father is vague
- a change in bowel habit, such as soiling or constipation

Behavioural and emotional indicators

- inappropriate sexual knowledge for the child's age
- overt sexual approaches to other children or adults
- fear of particular people or situations, e.g. bath time or bedtime
- drug and alcohol abuse (older children)
- suicide attempts and self-injury
- running away and fire-setting
- environmental factors and situation of parents (e.g. domestic violence, drug or alcohol abuse, learning disabilities)

These notes have been developed for training purposes and should be read in conjunction with The London Ambulance Service's procedure Suspected Cases of Child Abuse (TP/018) and report forms for the Protection of Children and Vulnerable Adults.



London Ambulance Service **NHS**
NHS Trust

Suspected Abuse of Vulnerable Adults Procedure

Introduction

All vulnerable adults have the right to be protected from harm and the London Ambulance Service (LAS) will refer all cases of suspected abuse to the appropriate Social Services Department. Where there are concerns about the standard of care provided in a nursing or residential home, or by a domiciliary care agency, the case will also be referred to the Regional Office of the Commission for Social Care Inspection (CSCI). In circumstances which could be described as an emergency, cases will be referred to the Police.

In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to meet the needs of the vulnerable person, taking into consideration their race, culture, gender, language and level of disability. To help staff recognise cases of abuse a set of notes are attached at Appendix 3.

Objectives

1. To ensure all LAS staff are aware of, and can recognise, cases of suspected abuse of a vulnerable adult and where a vulnerable adult is in need.
2. To provide guidance enabling operational and control staff to assess and report on cases of suspected abuse/ concern of a vulnerable adult.
3. To ensure that all LAS staff involved in a case of reported abuse are aware of the possible outcome and of any subsequent actions.

Procedure

1.0 Principles of Adult Protection

- 1.1 The principles of adult protection differ from those of child protection, in that adults have the right to take risks and may choose to live at risk if they have the capacity to make such a decision. Their wishes should not be overruled lightly. For example, most older people are not 'confused.' Similarly, people with learning disabilities or mental health

problems may have the capacity to make some decisions about their lives, but not others. Guidance about assessing patients' capacity is available in OPO/31 Procedure on Patient consent for examination, and treatment

- 1.2 All local authorities should have Interagency Adult Protection Procedures which comply with the "*No Secrets*" guidance (Department of Health / Home Office 2000) and many authorities will also have an Interagency Adult Protection Committee/Safeguarding Adults Board. In addition, the Commission for Social Care Inspection is responsible for inspecting the standard of care provided in nursing homes, residential care homes and by domiciliary care agencies.

2.0 Actions when abuse or risk of harm is suspected

- 2.1 There are a number of ways in which LAS staff may receive information or make observations which suggest that a vulnerable adult has been abused or is at risk of harm. LAS staff will often be the first professional on scene and their actions and recording of information may be crucial to subsequent enquiries. It is particularly important that other people who may be present should not be informed of staffs' concerns in circumstances when this may result in a refusal to attend hospital, or in any situation where a vulnerable adult may be placed at further risk.

3.0 Patient Assessment

- 3.1 LAS staff should follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in calling for assistance. If necessary, they should ask appropriate questions of those present to clarify what they are saying.
- 3.2 LAS staff should be aware that someone who is frightened may be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present. It may be helpful to make a note of the person's body language. It is important to stop questioning when suspicions are clarified. Avoid unnecessary questioning or probing, as this may affect the credibility of subsequent evidence.

Remember: The LAS is not there to investigate suspicions. The task for ambulance staff is to ensure that any suspicion is passed to the appropriate agency, i.e. staff in the A&E Department, the appropriate local Social Services Department, the London Regional Office of the CSCI or the Police. This should be achieved by following the guidelines in Section 4.0.

4.0 Actions to be taken by LAS staff

- 4.1 If LAS staff come into contact with a vulnerable adult (see Appendix 3) and are concerned that they may have been abused or are at risk of abuse:
 - 4.1.1 If there is another person present and the staff are concerned that they may be the abuser, they should not let the person know they are suspicious. If the patient is conveyed to hospital, the staff should inform a senior member of the A&E staff or nursing staff if conveying to another department, of their concerns about possible abuse. They should ensure that the white copy of the Patient Report Form (PRF) is handed over and a LA280 completed, with a copy left with the A&E staff. They should be careful not to do this in a way that would alert the alleged abuser or place the vulnerable adult at risk of further abuse or intimidation. EOC should be informed of the incident and a copy of the LA280 faxed to EOC at the earliest opportunity, with an aim of ensuring all referrals are made within 24 hours. PTS crews should also inform their Site Manager as the LAS is acting as a contractor for these services on behalf of the Acute/Primary Trust.
 - 4.1.2 It is important to ascertain the wishes of the patient and to take into account whether or not they want to be conveyed to hospital. However, the decision not to convey a patient to hospital is one that must not be taken lightly. In some cases staff may assess that the patient clearly does not have the capacity to make a judgement with respect to their need for medical care, and may decide to act under OPO/31 Procedure on Patient consent for examination, and treatment or make alternative arrangements for the patient if their condition requires less immediate treatment (e.g. a GP visit the following day).
 - 4.1.3 If the patient needs to be conveyed to hospital and another person tries to prevent this, staff may need to consider whether to involve the police. The staff should inform EOC about the situation and complete a reporting form LA280. EOC will take any further action (see below). The LA280 should be faxed to EOC at the earliest opportunity
 - 4.1.4 If the patient is not conveyed to hospital, or if the staff have concerns about someone else in the household or on the premises, they should contact EOC and inform them of their concerns. If the vulnerable person is not the patient but is accompanying someone else to hospital, the staff should inform A&E, or other hospital nursing staff of their concerns. At the earliest opportunity they should complete a report form LA280, leaving a copy at the hospital and faxing it to EOC.
 - 4.1.5 In all cases where abuse of a vulnerable adult is suspected an LA280 must be completed and, where the vulnerable adult is conveyed to hospital, a copy provided to the department. In all cases a copy must be faxed to EOC. The original form should be sent to the Management Information Department for recording and archiving.

5.0 Actions to be taken by EOC staff

- 5.1 On receiving details about a potential case of abuse of a vulnerable adult, the Ambulance Operations Manager (AOM) or Operational Control Manager (OCM) will contact the appropriate Local Authority Social Service Department.
- 5.2 If the patient needs to be conveyed to hospital and another person tries to prevent this, the AOM/OCM may need to request police attendance and / or contact Social Services. The AOM/OCM will also arrange for an LAS officer to attend the scene. In some circumstances, they should also inform the London Regional Office of the Commission for Social Care Inspection.
- 5.3 As well as reporting the matter to the appropriate Social Service Department, it should also be reported to the London Regional Office of the Commission for Social Care Inspection if either of the following conditions apply:
 - The alleged abuse has taken place in a nursing or residential care home.
 - The alleged abuser is employed by a domiciliary care agency (including domiciliary care provided directly by the local authority).
- 5.4 Any observations / concerns about the standards of care provided by any of these services should also be reported to the London Regional Office of the Commission for Social Care Inspection, even if this did not directly contribute to the condition of the patient, as other people may be at risk.
- 5.5 The AOM/OCM should make a decision whether to also report the incident to the police and/or ask the LAS Duty Officer to attend the scene, based on the information received from the crew.
- 5.6 When the AOM/OCM receives the completed form from the crew, they should forward a copy to the relevant Social Services Department. An entry should be logged on the Patient Advice & Liaison Service (PALS) component of Datix case management system and the LA280 scanned and included within the electronic case record. If there are concerns about the standards of care in a nursing or residential care home, or the service provided by a domiciliary care agency, a copy should also be sent to the London Regional Office of the Commission for Social Care Inspection. The referring crew's Ambulance Operations Manager (or Site Manager for PTS crews) must be informed that the crew have made a referral so that any need for support of the crew by managers can be identified and provided. A record of this and all action taken will be made within the Datix electronic case record. EOC must facilitate crews to complete and fax the LA280 as soon as possible, utilising LAS

Officers and Team Leaders to provide access to fax machines where that is difficult out of hours.

6.0 Subsequent Action

- 6.1 Adult protection concerns notified by the LAS will be subject to enquiries by Social Services departments, who will co-ordinate an investigation. Investigations may be carried out jointly between Social Services, the police and healthcare professionals, depending on the circumstances. All cases of institutional abuse will also be referred to the London Regional Office of the Commission for Social Care Inspection. PALS will act as the coordinating unit for the LAS, save where there is an immediate request out of office hours when EOC will assume this role until PALS can assume responsibility. In these circumstances, all action undertaken will be recorded in the electronic case record.

PALS will check for any referrals that have been entered on a daily basis and ascertain if the patient has come to the attention of the service before. PALS will ensure follow up with the relevant Social Services/Police/PCT department to ensure that information has reached the appropriate persons and to establish what action is planned.

- 6.2 Ambulance crews may be required to assist by giving a statement to clarify their observations in more detail. LAS staff may be requested to attend a case conference or to provide information.

7.0 Actions to be taken by PALS

- 7.1 PALS will furnish Social Services and/or the police with copies of the PRF or any other information, on request, save where the circumstances in 6.0 above apply or where an approach for documentary records is made by the police under adult protection auspices, where Operational Information and Archives Department will respond to that but advise PALS accordingly.

8.0 PALS and Senior Management Responsibilities

- 8.1 PALS will also enlist the assistance of Senior Managers to ensure that any request from a statutory agency for a statement or other information will be communicated through the crew's line manager. They will also ensure that any member of LAS staff instructed to attend court to give evidence will receive appropriate support and advice from the Trust. This will include ensuring the documentation is available in good time, allowing time for brief / debrief before and after a Court appearance or case conference, and that the member of staff will be accompanied by an LAS Officer.

References: Procedure on Patient consent for examination, treatment or care.

'No Secrets' guidance by DoH / Home Office 2000

Medical Director's Bulletin No. 1/2001

Doctrine of Necessity

Procedure for the Maintenance of the High Risk Address

Register

and Notification of High Risk Addresses.

Signature:

Peter Bradley

Chief Executive Officer.

LONDON AMBULANCE SERVICE NHS TRUST
VULNERABLE ADULT IN NEED/AT RISK FORM

REPORT FORM

Patient's name	Address	
Age / DOB	
GP (inc address/tel no)	Patient's Telephone Number/other contact nos	
Details of significant family members, members of staff, friends or other people who are with the patient: 		
Date	Crew 1.	
Time	Crew 2.	
CAD / ref no	Call sign	
Concerns (please tick): Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Financial abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Discriminatory abuse <input type="checkbox"/>	In your opinion, why is the person vulnerable? (please tick): Older person <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health problem <input type="checkbox"/> Other <input type="checkbox"/>	Reason for concern (please tick): Physical signs <input type="checkbox"/> Inconsistent story <input type="checkbox"/> Behavioural signs <input type="checkbox"/> Environment <input type="checkbox"/> Disclosure by victim/other person <input type="checkbox"/>
Is the patient a resident of a nursing / residential care home / hostel? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick): If Yes, please state name and address of the home / hostel:		
Do you have concerns about the standard of care received by the patient at the home / hostel? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have concerns about the welfare of other residents? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please include in 'Details of the Environment' below.		

Does the patient use a Day Care Service? (please tick): Yes No

If Yes, please state address where the service is based (if known):

.....

Do you have concerns about the standard of care received by the patient at the Day Care Service?

Yes No

Do you have concerns about the welfare of other service users?

Yes No

If Yes, please include in 'Details of the Environment' below.

Does the patient receive a service in their home from a domiciliary care agency? Yes No

If Yes, please state name and address of the agency (if known):

.....

Local Authority area:

Do you have any concerns about the standard of service provided by that agency? Yes No

If Yes, please include in 'Details of the Environment' below.

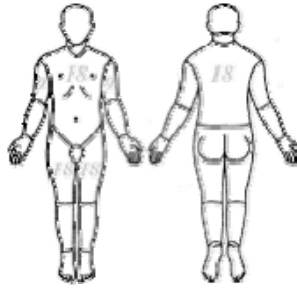
Details of the Environment (including concerns about nursing / residential care homes / hostels / Day Care Services / Domiciliary Care Agencies):

SAMPLE

Please give a written description of your concerns, including the general appearance, condition and behaviour of the patient - give an example if possible: (include circumstances of call if relevant)

Version of events given by the victim (and what they want to be done about the situation):

Please give a description of your findings. If the patient has a physical injury, please mark it below using the front and back figure :



Injury = X ?Fracture = #
 Burns = [dotted pattern] Pain = ●

Obs (as appropriate)

BP –
 Pulse
 BM
 Temp

Is the patient adequately hydrated?

Yes/No

If no – give evidence:-

Patient conveyed to hospital

Not conveyed to hospital

Accompanied by

Reported to:

Hospital

Social Services

Hospital staff signature

In person

Hospital Staff Name

Form sent to

LAS signature

By e-mail

Fax

Post

Date / Time

CONSENT (where applicable to be completed by patient)

The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.

Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.

Name: Signature:

For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager, or (during office hours) PALS, Tel 020-7887-6678

When completed this form must be faxed to the Operational Control Manager in charge of the Emergency Operations Centre on: 020 7921 5231

The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.

London Ambulance Service NHS Trust
Protection of Children & Vulnerable Adults

Guidelines for Staff

These guidelines summarise what you need to be aware of if someone tells you they have been abused, or if you suspect that someone has been abused. The guidelines should be used in conjunction with the Protection of Children and Suspected Abuse of Vulnerable Adults Operational Procedures, Recognition of Abuse booklet (Appendix 3) and Report Form LA280.

It is your role and responsibility:

- to listen to the person telling you about the abuse
- to ensure their safety and your own safety
- to report the abuse via the appropriate channels
- to keep a detailed record of your observations and / or what you have been told

If someone tells you they have been abused

If the person is an adult, move to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this. (This will give them the chance to stop talking if they are not happy for this to happen.)

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser, for example, you may be later accused of "corrupting evidence" or "alerting."

Reporting

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Complete the Report Form LA280 in as much detail as possible and follow the appropriate Operational Procedure for reporting the abuse.

Remember: As a health care worker who may come into contact with children and vulnerable adults, you have a duty to report concerns about abuse. If you do not report the abuse you may be putting the victim at greater risk. You may also discourage them from disclosing again, as they may feel they were not believed. This may put other people at risk.

RECOGNITION OF ABUSE

INTRODUCTION

Abuse is the violation of an individual's human and civil rights by any other person. It can vary from the seemingly trivial act of not treating someone with proper respect to extreme punishment or torture. In the context of vulnerable adults, the recognised forms of abuse include:

- **Physical abuse**
- **Sexual abuse**
- **Emotional or psychological abuse**
- **Financial or material abuse**
- **Neglect and acts of omission**
- **Discriminatory abuse**

A person may be subject to one or a combination of these.

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with someone else. It may occur in the vulnerable adult's own home, either when they receive a service there or when the abuser either lives with them or visits them. It may also occur within nursing, residential or day care settings, in hospitals, or in public places.

Causes of abuse

A person may be vulnerable to abuse if they are unable to protect themselves from the actions of others. They may live or come into contact with people who inflict harm upon them or take advantage of their vulnerability to exploit them. In some cases, the place where they live or the services they receive may be of a poor quality. The nature of a person's disability, ability to communicate or mental capacity may increase the likelihood of abuse remaining undiscovered.

Who abuses?

All types of abuse may be inflicted deliberately; some may be as the result of negligence, ignorance, or lack of understanding. The person responsible for the abuse is often known to the person being abused. They may be:

- a family member, friend or neighbour
- someone providing health or social care services
- a volunteer
- another resident or service user
- an occasional visitor or service provider
- a stranger

The person responsible for the abuse may be misusing alcohol or substances, or may be dependent on the vulnerable adult for housing or emotional support, or may have other special needs themselves.

Who is vulnerable to abuse?

Particular groups of people may be more vulnerable to abuse. These include people from minority ethnic groups, people with physical disabilities, people with learning disabilities, mental health problems, severe physical illnesses, older people, the homeless, people with sensory impairments or those diagnosed as HIV positive.

Some people with special needs (e.g. sensory impairment or learning disabilities) may demonstrate challenging behaviour, which may or may not be as a result of abuse.

Abuse within personal relationships

A carer is a person who looks after an ill, disabled or frail relative, friend or neighbour at home. Some vulnerable people are themselves carers, and may find themselves being abused by the person they care for. The risk of abuse may increase if a vulnerable person is living or in contact with someone who has a history of violence, including domestic violence, or a history of sexual offences. The abuse of alcohol or other substances may also be a factor. Older people, people with disabilities and people with mental health needs often find themselves in unequal power relationships and this may lead to a situation where there is exploitation and abuse.

Institutional abuse

Abuse can take place in hospitals, day care, residential homes, nursing homes, hostels and sheltered housing. People living in their own homes may also be abused by staff employed to provide support to them. Abusive behaviour may be part of the accepted custom within an organisation, or it may be carried out by an individual member of staff or a particular staff group. It may be difficult to draw a line between poor quality care and abuse, and it is important that the London Regional Office of the Commission for Social Care Inspection is informed of any concerns about poor standards of care.

Institutional abuse is more likely to occur if staff are inadequately trained, poorly supervised or work where there are inadequate staffing levels. It is also more likely to occur if staff feel powerless to influence practice and feel afraid of losing their job if they report any concerns.

Is abuse a crime?

Statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse, in that the responsibility for initiating the action rests with the state in the form of the police and the Crown Prosecution Service. This is usually done by working in partnership with health and social care colleagues. When a complaint about alleged abuse suggests that a criminal offence may have been committed, it is imperative that reference should be made urgently to the police by the person receiving the complaint. In the LAS, this will be undertaken by Central Ambulance Control on behalf of the ambulance crew.

What degree of abuse justifies intervention?

The law, as it stands, does not give a definition of the degree of abuse of a vulnerable adult that requires intervention. However, in determining how serious or extensive abuse must be to justify intervention, *"No Secrets"* suggests that a useful starting point can be found in *"Who Decides?"* Building on the concept of 'significant harm' introduced in the Children Act (1989), the Law Commission suggested that: *"'harm' should be taken to include not only ill-treatment (including sexual abuse and*

forms of ill-treatment which are not physical), but also the impairment of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development."

The seriousness or extent of abuse is often not clear when anxiety is first expressed. Once reported, Social Services will take the lead in co-ordinating an investigation, including making a judgement on the level of intervention required, based on the details of the case. In making any assessment of seriousness they consider the following factors:

- the vulnerability of the individual
- the nature and extent of the abuse
- the length of time it has been occurring
- the impact on the individual and
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults

ABUSE OF VULNERABLE ADULTS

In *No Secrets* and *Who Decides?*, a 'vulnerable adult' is defined as any person over the age of 18 who is, or may be, in need of community care services by reason of mental or other disability, age or illness. Vulnerable adults may be unable to take care of themselves and are therefore unable to protect themselves against significant harm or exploitation.

Types of abuse

Abuse may consist of a single act or repeated acts. It may be an act of neglect or a failure to act. It may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical abuse

Physical abuse is non-accidental harm to the body, for example:

- being hit, slapped, pushed, shaken, kicked, bitten, burned or scalded
- purposely under- or over-medicating or other misuse of medication
- deliberately being underfed, being given alcohol or a substance that is known to cause harm (e.g. sugar for diabetic)
- being confined, locked up or otherwise physically restrained

Some indicators of physical abuse are:

- any injury not explained by the history given
- different versions of the cause of an injury given to different people
- any self-inflicted injury
- unexplained fractures, lacerations, bruises or burns
- weight loss, dehydration, complaints of hunger
- untreated medical problems
- poor personal hygiene including incontinence

Sexual abuse

Sexual abuse is the involvement of someone in sexual activities which they do not have the capacity to understand, have not consented to, or to which they were pressurised into consenting. It can also include the involvement of people in sexual activities where one party is in a position of trust, power or authority, or where a sexual relationship is outside law and custom. Sexual abuse can include:

- rape or sexual assault
- unwanted touching or being forced to touch another person in a sexual manner
- being subject to sexual innuendoes and harassment
- not having a choice about someone of the same sex to undertake intimate personal care

Indicators of sexual abuse include:

- full or partial disclosure, or hints, about sexual abuse
- inappropriate sexualised behaviour
- torn, stained or blood-stained underclothing or bedding
- pain, itching or bruising in the genital area, thighs and/or upper arms
- sexually transmitted disease, urinary tract infection and vaginal infection
- obsession with washing
- pregnancy in a person who is unable to give consent to sexual relations.

Emotional or psychological abuse

Emotional or psychological abuse is any action which has an adverse effect on an individual's mental well-being, causing suffering and affecting their quality of life. This may include the threat that other types of abuse could take place. Psychological abuse can include:

- living in a culture of fear and coercion
- being bullied, controlled or intimidated
- being humiliated, ridiculed or blamed
- being threatened with harm or abandonment
- being isolated or deprived of contact
- being withdrawn from services or supportive networks
- having no choice about who to live with or spend time with
- being consistently ignored

Abuse occurs where there is a power imbalance and a person may be reacting to living in fear because of threats and coercion.

Indicators of psychological abuse include:

- self harm
- emotional withdrawal and symptoms of depression
- unexplained fear or defensiveness
- severe lack of concentration

Financial abuse

Financial abuse is the theft or misuse of money or personal possessions, and can include:

- money being withheld or stolen

- goods or services purchased in someone's name without their consent
- being deliberately overcharged for goods or services
- misuse or misappropriation of property, possessions or benefits
- money being borrowed by someone who is providing a service to the vulnerable adult

Indicators of financial abuse include:

- someone being dependent on the vulnerable adult for the provision of accommodation (this may also apply to other forms of abuse)
- a person lacking goods or services which they can afford
- a person living in poorer circumstances than other members of a household
- a person being encouraged to spend their money on items intended for communal use in a residential home
- benefits being absorbed into the household income and not being used for the vulnerable person

Neglect and acts of omission

A person will suffer if his or her physical and/or emotional needs are being neglected.

Examples of neglect can include:

- failing to respond to a person's needs or preventing someone else from meeting their needs
- ignoring someone's medical or physical care needs
- failing to provide access to appropriate health, social care or educational services
- withholding necessities of life such as medication, adequate hygiene, nutrition or heating
- preventing someone from interacting with others

When a professional or paid care provider does not ensure that the appropriate care, environment or services are provided to those in their care, they may be open to a charge of 'wilful neglect.' It should be noted, however, that adults have the right to choose their own lifestyle in their own home (including self-neglect) if they have the capacity to make such a decision.

Indicators of neglect can include:

- neglect of accommodation, including inadequate heating and lighting
- failure to provide basic personal care needs
- inadequate or unsuitable food
- failure to give medication or giving too much medication
- failure to ensure appropriate privacy and dignity

Discriminatory abuse

Discriminatory abuse includes ill-treatment motivated by racism, sexism, homophobia or on the basis of religion or disability. This can include:

- harassment
- denying people their rights
- belittling or humiliating people
- not providing appropriate food
- preventing access to places of worship
- preventing people from carrying out cultural or religious practices
- regarding someone as being intrinsically different from other human beings

Indicators of discriminatory abuse include:

- lack of self-esteem
- emotional withdrawal and symptoms of depression
- self harm

These notes have been developed for training purposes and should be read in conjunction with The London Ambulance Service's procedure Suspected Abuse of Vulnerable Adults(TP/ 019) and reporting forms for the Protection of Vulnerable Adults.

London Ambulance Service NHS Trust

TRUST BOARD 27th November 2007

INFECTION CONTROL POLICY

1. Sponsoring Executive Director: Fionna Moore

2. Purpose:

To approve the Infection Control Policy and note the action plan attached as appendix one to the policy

3. Summary

The Infection Control Policy has been revised and updated to reflect the requirements of the Code of Hygiene. It was approved by the Clinical Governance Committee held on 15th October and the Board is asked to ratify that decision.

This Policy provides the Trust Board with assurance that the organisation is compliant with the core standards (C1a, C1b) relating to patient safety for the period from 1st April 2007 to 31st March 2008. Appendix one to the Infection Control Policy is the action plan drafted in response to the recommendations set out in the Healthcare Commission's report of the Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust. This plan will be taken forward by the Infection Control lead and has been sent by the Chief Executive to the SHA (NHS London) in response to the letter dated 15th October 2007 from the NHS Chief Executive, David Nicholson.

When the Final Declaration is submitted to the Healthcare Commission in accordance with their deadlines in April 2008 it will record our compliance with these standards when the work plan attached as appendix one to the policy will have been fully implemented.

4. Recommendation

THAT the Board

1. Approve the Infection Control Policy.
2. Note that the action plan attached to the Policy as appendix one will be progressed and updates provided by the Medical Director as part of her routine report to the Board.



London Ambulance Service **NHS**
NHS Trust

INFECTION CONTROL POLICY

DOCUMENT PROFILE and CONTROL.

Purpose of the document: Provides a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

Sponsor Department: Medical Directorate

Author/Reviewer: Medical Director: To be reviewed by October 2010.

Document Status: Final / Draft

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
10/05	1		
11/10/07	1.1	Stephen Moore	Major Revision

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Clinical Governance Committee		2.0
Ratified by:		
Trust Board		2.0

Published on:	Date	By	Dept
The Pulse		Bob Whittington	GDU
LAS Website			Comms

Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Control Procedures	
	Health Act 2006	
	ICSG Terms of Reference	
	Specification for the Cleaning of Trust Vehicles and Premises	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

This policy has been developed as part of the London Ambulance Service NHS Trust's (LAS) ongoing commitment to promote high standards of infection control throughout the organisation and to ensure that it complies with the Health Act 2006 and its associated Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAI). It aims to minimise the risks of healthcare associated infection to all patients and members of our staff and ensures that so far as

reasonably practicable patients, staff and other persons are protected against risks of acquiring HCAI through the provision of appropriate care, in suitable facilities, consistent with good clinical practice. The Policy aims to ensure that patients with an infection, or who acquire an infection during treatment, are identified promptly and managed according to good clinical practice for the purpose of treatment and to reduce the risk of transmission.

The LAS sets out to achieve this by the continual review of its practices, utilising both audit and compliance monitoring processes to identify areas for further improvement. By analysing the resultant outcomes, the LAS seeks to constantly develop safer systems of work to maximise the wellbeing and safety of patients, as well as all of those involved in the delivery of our Service.

2. Scope

This Policy covers arrangements to ensure effective infection control in all aspects of the Trust's operations.

3. Objectives

To provide a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

4. Organisational Framework

Infection control will be monitored through the Infection Control Steering Group (ICSG) which ***'aims to provide a robust mechanism for assuring infection control arrangements, providing advice on infection control matters and establishing a framework for developing improvements in order to optimise patient care and staff safety'***.

The ICSG will be chaired by a senior manager nominated by the Medical Director and will meet on a quarterly basis. It reports through to the Trust Board via the Clinical Governance Committee and Group membership will comprise of appropriate management representation, staff representation and an external advisor in Infection Control (see Terms of Reference).

5. Infection Control Programme

To assess the compliance of the Service with the Code of Practice for the Prevention and Control of Health Care Associated Infections a Department of Health self assessment tool, 'Essential Steps to Safe, Clean Care' has been utilised by the ICSG to develop an Infection Control Programme Action Plan to improve infection control arrangements. This will ensure that the LAS meets the requirements of the Safety standard domain and related Healthcare Standards that form part of the Healthcare Commission's requirements for NHS Trusts. The Programme's implementation and progress will be monitored by the ICSG and reported to the Clinical Governance Committee on a quarterly basis.

6. Infection Control Procedures

The Trust has developed Infection Control procedures to ensure that staff are clear about their personal responsibilities for controlling infection and to provide underpinning information relating to the mechanisms involved in the spread of infection; personal hygiene; personal protective equipment; authorised cleaning materials; cleaning of vehicles and equipment and other issues such as the management of clinical waste and linen. The Trust will regularly review its Infection Control procedures to ensure that they continue to reflect best practice.

7. Duties and Responsibilities

Infection Control is the direct responsibility of operational staff who have contact with patients, and all staff throughout the Trust are responsible for minimising the risk of infection. Specific responsibilities are as follows:-

The Trust Board has overall responsibility for monitoring the effectiveness of infection control measures. It will monitor using the Assurance Framework, the Annual Infection Control report and Infection Control updates contained within the Medical Director's reports.

The Chief Executive is ultimately responsible for Infection Control measures, a responsibility which is discharged through the Medical Director.

The Medical Director has overall day to day responsibility as Director of Infection Prevention and Control, accountable directly to the Board for the management of infection control issues within the Trust.

The Head of Operational Support is Chair of the ICSG with day to day responsibility for monitoring the implementation of the Infection Control Programme and related action plans.

AOMs are accountable for infection control at Complex level and, in effect, are the Trust's operational Infection Control team.

A Practice Learning Manager acts as clinical lead supporting the Head of Operational Support.

The Head of Governance will advise whether or not the LAS complies with external requirements, identifying gaps in compliance, and report to the ICSG and the Trust Board as appropriate. The Head of Governance will also monitor Infection Control related risks and report them to the Risk Compliance and Assurance Group, including them on the Trust's assurance Framework as appropriate.

The Head of Education & Development has responsibility for ensuring that an Infection Control Training programme, including updates, is in place and

delivered to all staff as required by Infection Control legislation (Code of Hygiene, Healthcare Core Standards).

The Governance Development Unit Audit Manager is responsible for developing, in partnership with the Clinical Audit and Research Unit, appropriate audits and enabling operational staff at Complex level to carry these out on a regular basis and report through to the ICSG.

Area Infection Control leads will be appointed as Infection Control champions to support the GDU Audit Manager and local H&S Representatives on all Infection Control issues including audits, and will report on these to their Area Governance Committees, the ICSG, and the Clinical Governance Committee regarding the mitigation of Infection Control risks.

Local H&S representatives are the Complex Infection Control leads and are responsible for carrying out local audits in their Complexes, including the Infection Control aspects of Workplace Inspections.

8. Education and Development

The Infection Control Training Programme will ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection. They will be shown where to access this information as a follow up reference source for use as necessary.

Training records of infection control instruction given will be kept to offer evidence to internal and external agencies (i.e. National Health Service Litigation Authority) that all clinical staff are routinely educated in current infection control practice.

All new staff will receive instruction in the importance of good hand hygiene and basic infection control awareness through the corporate induction programme.

As an integral part of personal development, all members of operational staff will receive ongoing guidance and support in the control of infection from Complex Training Officers, Duty Station Officers, as well as via the Team Leader interface with operational staff and these will be recorded in individual staff training portfolios.

The Trust will explore opportunities for increasing the level of expertise in respect of infection control with the view to create improved arrangements for the provision of advice, guidance and education relating to infection control practice.

9. Audit

The LAS will ensure that every Complex conducts regular and routine audits and this will be monitored for consistency by the ICSG. Audits will be undertaken quarterly led by the local Health & Safety representatives who are

the Complex infection control leads overseen by AOMs. Audit data will be collated by the Audit Manager for reporting to the ICSG and placing on the Trust's Intranet. These quarterly audits will be expected to demonstrate continuous improvement of infection control at station level, maintain compliance with the Safety standard domain of the Healthcare standards, and ensure that all clinical staff are aware of the LAS Infection Control procedures. The results of these audits will be reported to the ICSG by the Area Infection Control leads and form a major part of the annual infection control report to the Trust Board. The ICSG will feedback their response through the Area Governance Committees.

10. Cleaning products and contracts

Only cleaning products approved by the ICSG are to be used to clean and disinfect Trust premises and vehicles. Any sub - contracted work will include the requirement that only approved products are to be used.

An agreed Specification for the Cleaning of Trust Vehicles and Premises has been developed and is to be adhered to when employing sub - contractors for any cleaning related work. The Trust will offer advice and guidance in respect of infection control arrangements where appropriate and monitor that the LAS Infection Control procedures are complied with.

11. Equipment

Any clinical equipment proposed to improve infection control arrangements will be evaluated through the Trust trial and acquisition processes. Staff side engagement will be secured through the ICSG and/or the Vehicle and Equipment Working Group as appropriate. The Education and Development Department will provide the lead on clinical advice.

12. Make Ready Scheme

The Make Ready Scheme has been introduced to ensure that ambulances are clean, fully equipped and ready for action. Whilst daily routine cleaning of ambulances and regular deep cleaning of ambulances is a significant component of the scheme, the scheme is not a substitute for clinical staff being accountable for the consistent achievement of best infection control practice.

Performance of the Make Ready Contractors is monitored through the Make Ready Contract Group which oversees Key Performance Indicators as determined by the contract. The components of the Make Ready contract or any subsequent cleaning contract relating to Infection Control will be reported quarterly, using Key Performance Indicators, to the ICSG to monitor compliance to Infection Control standards.

IMPLEMENTATION & MONITORING PLAN	
Intended Audience	All LAS staff
Dissemination	Available to all staff on the Pulse and to the public on the LAS Website
Communications	Revised Policy to be announced in the RIB and a link provided to the document
Training	Training to be carried out as outlined in Section 8 of this Policy
Monitoring*	<p>To ensure adherence to this Procedure Audit Manager to develop annual programme of audits to take place in a sample of stations.</p> <p>Monitoring of Audits and Checks to be carried out by the ICSG on receipt of reports from local Infection Control leads.</p>

* A detailed audit form to monitor compliance with this policy will be developed as an appendix.

APPENDIX ONE - Analysis of key recommendations from Healthcare Commission:
Investigation into outbreaks of clostridium difficile at Maidstone and Tunbridge Wells NHS Trust

FINDING	RECOMMENDATION	CURRENT	ADVISED
<p>The Trust Board and Infection Control.</p> <p>The board stated that infection control had always been a priority.</p> <p>Until recently the board considered the annual report on control of infection solely as a retrospective document rather than a prospective plan for the coming year where the board could influence and agree priorities.</p> <p>Information presented to the board was often incomplete and inaccurate leaving Non Executives at a disadvantage in being able to perform their role.</p>	<p>Boards must understand the role of the Director of Infection prevention and control and receive information on incidents and trends in healthcare associated infections.</p>	<p>Annual Infection Control Report presented to the Board.</p> <p>Infection Control mentioned 'as and when in Medical Directors Report.</p>	<p>Clinical Leadership of Infection Control is strengthened by</p> <ul style="list-style-type: none"> ▪ introducing Medical Director's direct report to membership of Infection Control Steering Group ▪ Clinical Leadership model to support/nominate Infection Control champions on every station ▪ AOMs to have generic infection control objective for complying with Code of Hygiene and ensuring Infection Control Audits take place quarterly on every station and results are discussed at Area Governance meetings and forwarded to Clinical Governance Committee.

<p>The Trust's board paid insufficient attention to its responsibilities to protect patients against infections.</p>			<p>See appendix 1 reporting</p>
<p>GOVERNANCE</p>			
<p>The Trust's system for handling serious untoward incidents was poor, with little evidence of adequate investigation and very few reports being provided</p> <p>A new structure of Governance was introduced in January 2007. It aimed to increase the involvement of senior clinical staff in making decisions and taking responsibility.</p> <p>Infection Control incidents (page 6) required considerations and resolution at a strategic level but were rarely considered by the board whether as a whole board or at its governance and risk sub-committees. There was no systematic mechanism to</p>	<p>Compliance with SUI policy is monitored in particular implementation of recommendations.</p> <p>Senior clinical staff make decisions and take responsibility.</p>	<p>SUI Policy in place as requested by SHA and reports provided for electronic system.</p> <p>2 Non Clinical Managers lead the Infection Control Group.</p>	<ul style="list-style-type: none"> ▪ All SUI reports monitored by SMG and Infection Control actions implemented ▪ Senior Clinical manager(s) join ICSG and monitor findings of clinical audits of infection control ▪ Infection Control co-ordinator post becomes permanent in next financial year ▪ Compliance with Infection Control Standard of the Annual Health Check becomes routine part of Business Plan via Assurance Framework

follow up any actions required to share lessons			
ARRANGEMENTS FOR THE CONTROL OF INFECTION			
<p>The DIPC had no real understanding of the role at the outset and failed to find out procedures and processes such as surveillance and feedback.</p> <p>Management of the Infection Control team was inadequate There was no strategic direction and there was confusion over who actually managed the team.</p> <p>Policies for the control of infection were on the Trust's intranet, but they were nearly all out of date and not all staff could gain access to the intranet.</p> <p>The Trust did not have several key policies that the Healthcare Commission expected to see. Updated training in infection</p>	<p>Surveillance and feedback should be tightened with appropriate guidelines for C difficile prevention and Infection Control management.</p> <p>Visible line management for Infection Control by DIPC</p> <p>Policies are accessible and up to date</p> <p>Mandatory attendance on infection control update training and follow up system in place to monitor attendance</p>	<p>Incident reporting system Infection control risks monitored by ICSG. Surveillance and feedback by clinical team leaders</p> <p>No designated infection control staff. Confirmation awaited from Paramedic to lead and develop team, (6 months funding provided by SHA bid)</p> <p>Infection control manual requires updating and availability on every station assured</p> <p>TNA and Training Services Group needs to monitor and provide Infection Control update training</p>	<p>Review of procedures and process with interim report by December to be done by Infection Control lead.</p> <p>Infection control team to be devised (see appendix 2) Utilising £156K for months + plan beyond.</p> <p>Action plan to update from gap analysis of current manual to include issue of procedures on PULSE in a prominent visible place</p> <p>Training sessions on stations to provide updates on infection control cannulating etc documented in central training record held on database by Infection Control Co-ordinator</p>

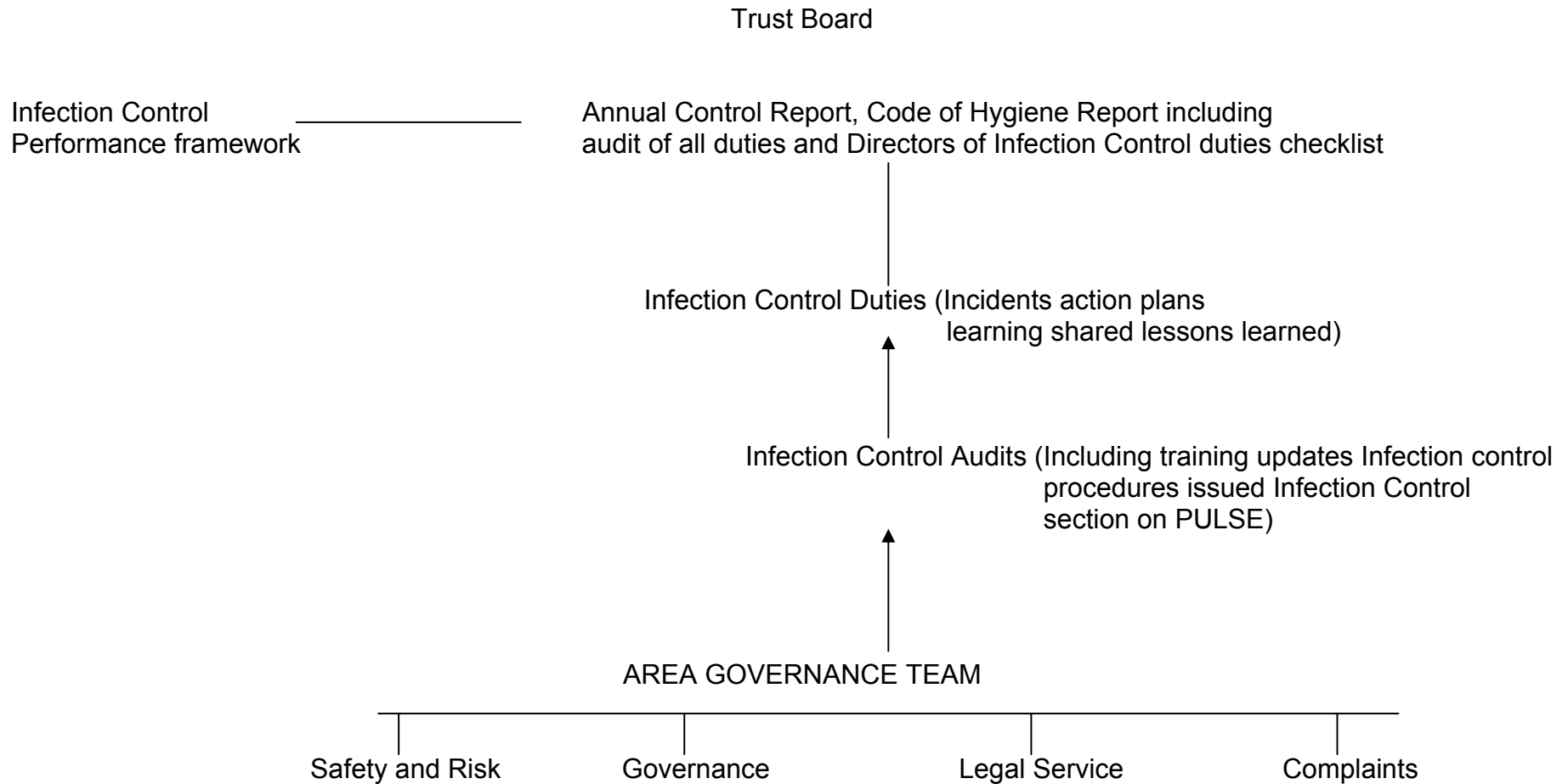
<p>control was mandatory in the trust but in 11 months only 51% of clinical staff had attended this.</p> <p>In the National Staff Survey of the Trust's staff only 38% agreed with the statement "infection control applies to me in my role – typical acute score was 79%</p>	<p>Message given out that infection control is a responsibility to be owned by all</p>	<p>Staff survey question to be checked to provide insight into LAS staff perception</p>	<p>Infection control being the responsibility of all transferred into generic statement for all job descriptions and emphasised at consultation meetings</p>
<p>PREVENTION AND CONTROL</p>			
<p>Role of the DIPC</p> <ul style="list-style-type: none"> ▪ Oversee Infection Control ▪ Be responsible for infection control team ▪ Report directly to Chief Executive and Board ▪ Challenge inappropriate Clinical hygiene practice ▪ Assess the impact of all existing and new plans and policies on infection control and make recommendations for change ▪ Be an integral member of clinical governance 	<ul style="list-style-type: none"> ▪ Paper to the Board as an interim report for health check 07/8 about the Code of Hygiene ▪ Training as a special interest area for Non Executive director(s) in infection control ▪ Changes to infection control reporting ▪ Improved attendance by senior clinical managers at Infection Control meetings 	<p>Annual Infection Control Report has tended to be retrospective the next report will include updates from local infection control champions.</p>	<ul style="list-style-type: none"> ▪ Paper to Board on Code of Hygiene including as an appendix role of DIPC, Code of Hygiene '12 duties' ▪ Training of a lead NED to become a member of the Infection Control steering group ▪ Improvement in prioritising clinical risk reporting to the Board ▪ Prospective planning framework to go to the Board. Should include update on audits, mandatory infection control

<p>and patient safety teams and structures</p> <ul style="list-style-type: none"> ▪ Produce an annual report on the state of healthcare associated infection in the organisation and release it publicly <p>It had never been proposed as an area of special interest for Non Executives</p> <ul style="list-style-type: none"> ▪ The Board has received no paper on the role of the DIPC ▪ None of the Non Executive Directors had any training and guidance 			<p>updates from each area and proposal for including infection control as a priority in Area Governance Group activity</p> <ul style="list-style-type: none"> ▪ Observational audits of clinical infection control practice ▪ Develop infection control teams
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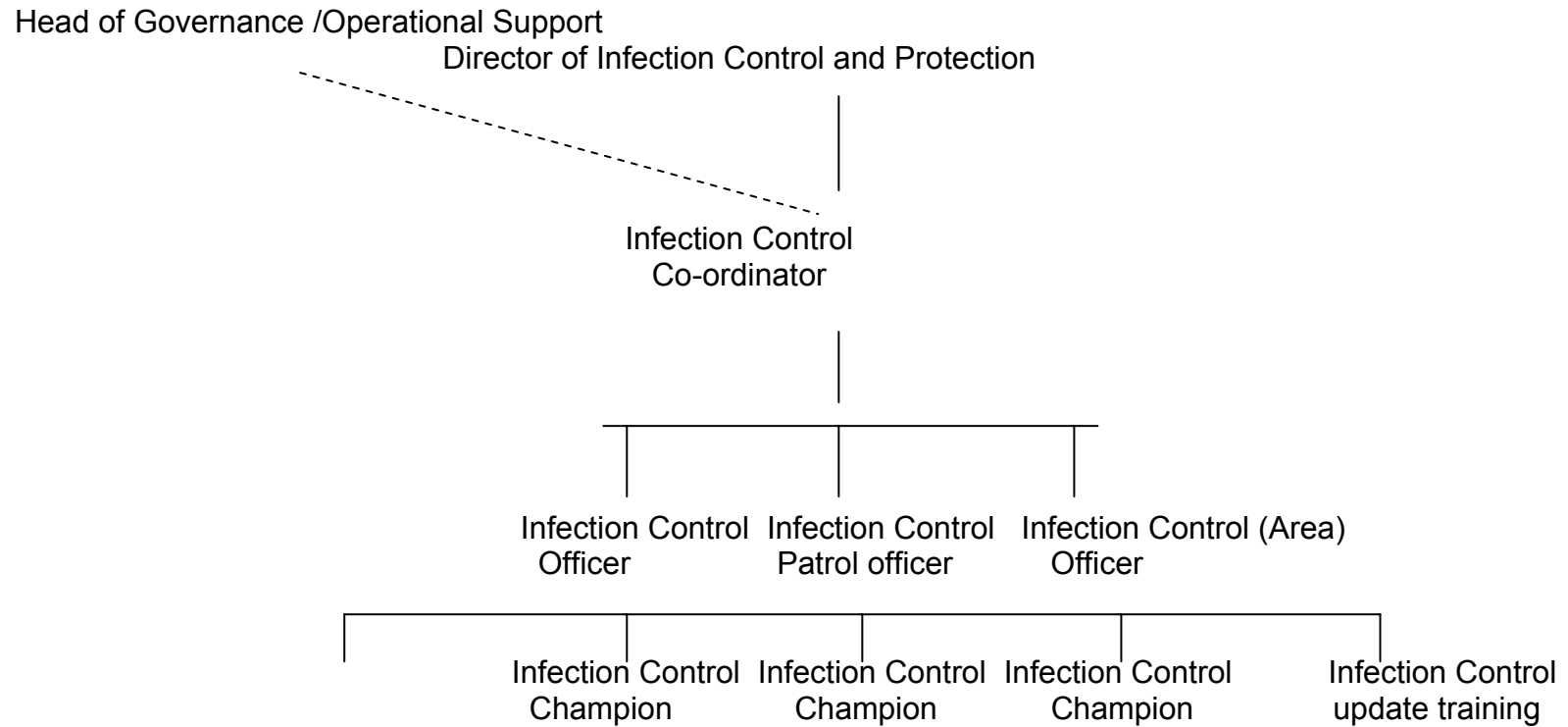
Key points from David Nicholson's letter

- While infection control is everyone's concern, ultimate accountability lies with the Trust Board.
- Trust Boards are expected to drive local improvements
- Follow the "comprehensive guidance on infection control and ensure that there is good practice in infection prevention and infection control is day to day core business
- Consider how to demonstrate progress on introducing the number of MRSA blood stream infections (clinically relevant to ambulance services ?) i: reduction in clostridium difficile infection
- Ensure that recommendations laid out in this report *are fully understood by your Board and that any local actions necessary are implemented with immediate effect.

Infection Control Reporting Arrangements



Proposed Infection Control Infrastructure



Infection Control Team

- Interim appointment of Co-ordinator (Six month appointment)
- Area Co-ordinator
- Clinical Leadership scheme
- Infection Control Champions
- AOMs – clinically accountable for infection control on every station
- Team leaders/training officers accountable for infection control updates

London Ambulance Service NHS Trust

TRUST BOARD 27th November 2007

INTERIM ASSURANCE FRAMEWORK

1. Sponsoring Executive Director: Michael Dinan

2. Purpose:

To approve the Interim Assurance Framework as a mid term report on compliance with the core standards for the Annual Health Check 07/08

3. Summary

The Assurance Framework is the process that links clinical governance, controls assurance and risk management systems so that they provide support to enable the Board to meet the challenge of Governance. In preparation for the next Statement of Internal Control and the Final Declaration of the Annual Health Check 2007/8 this Interim Assurance Framework has now been produced from the previous Assurance Framework and includes the twenty five most serious (risks with the highest risk score) risks currently held on the Trust's Risk Register. The Strategic Development Committee received an early draft of the Interim Assurance Framework as part of the Board training programme on risk management on 30th October. The Audit Committee considered the governance and approach of the Interim Assurance Framework on 19th November. The Committee agreed the governance and approach but made proposals to change the format of the Framework changes to the format so that the information it contains is more accessible.

The Framework is reported in the attachments to this front sheet as follows:

Appendix one:

- a. Analysis sheet illustrating the risks mapped on the framework to the Healthcare Standards and principal objectives of the Trust
- b. Principal Objectives of the Trust
- c. Interim Assurance Framework

Appendix two:

Core standards that are not included on the Interim Assurance Framework (because there are no risks currently on the Risk Register relating to these standards), but are currently held under review by the Standards for Better Health Group who update the controls.

4. Recommendations

THAT the Board

1. Approve the Interim Assurance Framework as the first part of compliance evidence with the core standards of the annual health check for 2007/8.
2. Note that this Framework and the Trust Wide Risk Register will be updated and presented to the Board in March 2008 as evidence of compliance supporting the Final Declaration of the Annual Health Check, the Statement of Internal Control for 2007/8.

Analysis illustrating the risks mapped on the framework to the Healthcare Standards and principal objectives of the Trust

Chart 1 – Shows % of standards with risks against them, and % of standards without risks but with controls in place, [N/A = standards for which we are not assessed (c3, c15, c22b)].

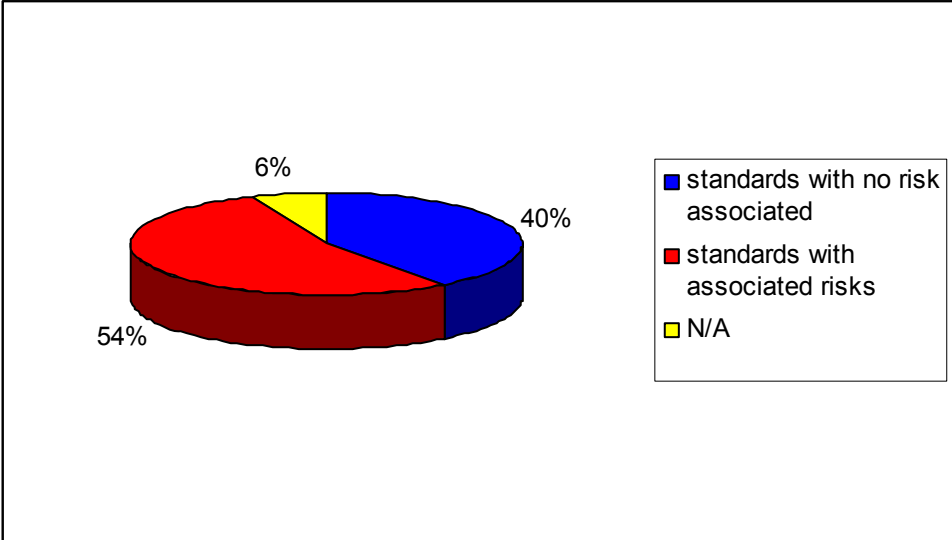
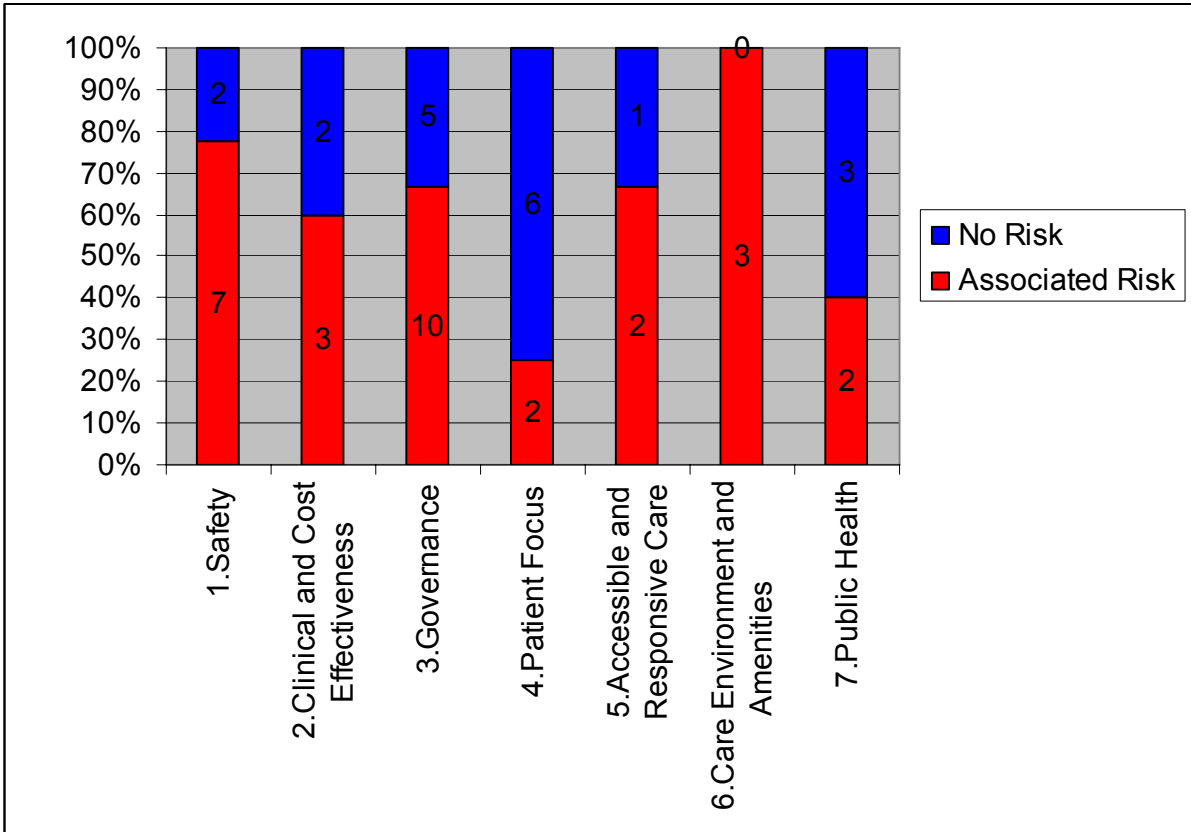


Chart 2 - Shows which domains have the most standards complied with.



The numbers represent how many standards there are in each domain. Those in red have associated risks and controls in place as set out in the Assurance Framework. Those in blue have no associated risk.

London Ambulance Service NHS Trust
Trust's Principal Objectives

Appendix 1b

Interim Assurance Framework

Top 25 risks on the risk register cross-referenced to the Trust's principal objectives, with the highest scoring risks at the start of the document. These risks and their controls have been mapped against the domains and healthcare standards of the Annual Health Check.

Where there is no principal objective listed there are no risks currently identified among the highest scoring 25 risks that threaten the achievement of these objectives

- 1) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:-
- (a) Rest breaks,
 - (b) Individual Performance Monitoring,
 - (c) Home responding,
 - (d) Improved standby and area cover arrangements,
 - (e) Reduced job cycle times,
 - (f) Shift Change over (roster changes).
- 2) (a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt,
- (b) To meet Accident and Emergency targets and prepare for new ones, as follows:-
- (1) 75% category A 8 minute (for the year as a whole),
 - (2) 95% Category A 19 minute (for the year as a whole),
 - (3) 95% Category B 19 minute by March 2007,
 - (4) Doctors Urgent (15 minute) by March 2007.
- 3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard,
- (b) Implement Actions from diversity plan,
 - (c) Disability Equality Scheme,
 - (d) Review and changes to recruitment practice and policy (including life skills),
 - (e) Gender Equality Scheme prepared for publication in April 2007,
 - (f) Work with DH to prepare a single Equality Scheme,
 - (g) Introduce summary level SMG balanced scorecard,
 - (h) Complete key supplier review,
 - (i) Replace EROS purchasing system,
 - (j) Revise Trust Standing Orders,
 - (k) Implement ESR.

4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.

5) (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services),

(b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.

7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews,

(b) Processes with DH to prepare Single Equality Scheme for publication in 2007,

(c) Improve Trust administrative and five management processes.

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the organisati on aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisati on this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
1		No risk currently on the Trust Wide Risk Register				1. Safety - C3 - Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) Interventional Procedures guidance	<ul style="list-style-type: none"> • Designated Manager reports to Clinical Governance Committee. • Medical Director reports to the Board. • Medical Director and Director of Development review relevance of international procedures guidance to ambulance services and recommend action as appropriate to designated manager 	The number of NICE Guidelines that affect Ambulance Services is low, however the Trust is following the 'How to put NICE Guidance into action' (published Dec 2005)			√
1		No risk currently on the Trust Wide Risk Register				1. Safety - C4 (e) Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety to the staff, patients, the public and the safety of the environment	<ul style="list-style-type: none"> •Clinical Waste Audit•Infection Control Audit (Nov06) . •Infection Control Policy •Premises Inspections monitored at Corporate Health and Safety Group . •LA52 reports. Waste Policy. 	<ul style="list-style-type: none"> •Operational bulletin to remind staff of the infection control guidance and their responsibility surrounding infection control issues. Ongoing Infection Control training. Routine premises inspections. Infection Control manual section on clinical waste being updated Waste procedure under development 			√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4•Manager appointed to review NICE guidelines and report to Clinical Governance Committee.			√
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost Effectiveness -C6 - Health care organisations co-operate with each other and Social Care organisations to ensure that patients individual needs are properly managed and met.	<ul style="list-style-type: none"> •The reporting of suspected abuse of children and vulnerable adults by ambulance staff which is then referred on to Social Services initiating the process of securing the protection, safety and welfare of that individual. •Patient specific protocols/information: Referrals regarding specific patients are accepted from other healthcare organisations and a protocol is drawn up with the input of the specialist healthcare professional to ensure the most appropriate care or most appropriate place of care for that individual. •ST elevation myocardial infarction patients being taken directly to a 'Heart Attack Centre' •Concerns about other Healthcare Professionals reported by Staff and processed by PALS. Cardiac care audit 	Use of FAST to identify and fast track Stroke patients. Primary angioplasty arrangements London – wide, individual patient protocols, recent work by D Whitmore on living wills, memorandum of understanding with Police from recent board meeting. LA279 and LA280 available on ' The Pulse' Anonymised patient specific protocol/information. High Risk Address Register held in EOC. Handover form for patients with specialist palliative care needs. Case Conferences –PALS records.		Development of systematic joint clinical audit between the LAS and A&E Departments on the outcomes of clinical care provided by LAS.	√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Compliance
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C7 (c) - Healthcare organisations undertake systematic risk assessment and risk management	<ul style="list-style-type: none"> •Risk Register •Risk Compliance and Assurance Group and other groups regularly review progress against risks on the Risk Register. •Clinical Governance Committee monitor clinical risks. Risk Information Report. Annual Trust Wide Risk Assessment. 	<ul style="list-style-type: none"> •Annual Risk Management Report •Statement of Internal Control •Trust Annual Report. Trust Wide Risk Assessment. Assurance on Controls. 			√
3		No risk currently on the Trust Wide Risk Register				3. Governance - C8 (a) - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of the service delivery, treatment and or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> •LINC Scheme •Consultation visit programme •Development of new Service Plan with staff input. Whistle Blowing Policy approved by Trust Board. •Employee Assistance Programme (EAPS) 	<ul style="list-style-type: none"> •25 trained support workers underpinning the LINC scheme •Senior Management Review of Services by Head of Employment Services. •Support for staff reporting concerns raised by care provided by other Healthcare Professionals. 			√
3		No risk currently on the Trust Wide Risk Register				3. Governance -C10(a) - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<ul style="list-style-type: none"> •NHSLA Risk Management Standard Review (Jan-05). •We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks. 	<ul style="list-style-type: none"> •90% of new staff are checked (A&E staff and intermediate tier) • Compliance with CRB disclosures in the NHS (NHS Employers 2004) 			√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (a) - Healthcare organisations require that all employed professionals are appropriately recruited, trained and qualified for the work that they undertake.	•Recruitment policy, workforce recruitment and turnover plans routinely reported to the Board	<ul style="list-style-type: none"> • Disciplinary policy and other related HR Policies and Procedures. • Capability Policy • PDR 	Board Minutes	Causes for concern addressed via additional training/ capability policy.	✓
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (c) - Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	Well Person Medicals available. IWL standards compliant. KSF rolled out. 5 Day CPD course EMT 4 course ECP programme. Use of New Resuscitation guidelines DSO training programme AOM development programme AMPDS course for EOC staff PSIAM training PDR ELSA	KSF implementation IWL Practice plus			✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Consent Policy has been Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Information Governance Group	Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13(c) - Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary		AS ABOVE. Data Protection Policy in place. Access to patient data strictly controlled. Written requests required on official LAS form to facilitate release of such information to specific authorities. Locally, database views are employed to restrict access to specific fields of patient data on a per individual / role basis. Policy for Access to Health Records - TP009 Feed into staff induction: patient confidentiality / legislative requirements through presentation and handouts.	Information Governance Panel and Management of IG Toolkit have produced positive scores using national performance indicators		√
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. Advice on trust website about how to make a complaint. Routine complaints reporting to the Board. PPI Committee Public Education Strategic Steering Group	New Complaint PALS leaflet. Being Open Policy. Complaints Panel. Bangladeshi project in Tower Hamlets			√
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made		Complaints Policy, Public Education Strategy PPI Strategy			√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register			Director of Communications	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	<p>Patients' Forum monitors the effectiveness of local PALS PPI Strategy</p> <p>Public Education Strategy under development. Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.</p> <p>PPI Committee AOM objective to build community link</p> <p>Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Resuscitation Training Team who provide free training to community groups. The Community Defibrillation Programme. Defibrillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.</p>	<p>PALS enquiries trend monitoring</p> <p>PALS report to Clinical Governance Committee.</p> <p>Public Education Strategy</p> <p>PPI Strategy update</p> <p>NHS Centre for Innovation baseline audit community involvement officer project under development</p>		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	✓
5		No risk currently on the Trust Wide Risk Register			Director of Service Development and Director of Communications	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	<p>PPI Strategy Delivery plan.</p> <p>PPI Committee, Patient forum member on CARSAG.</p> <p>Patient representation on Clinical Audits.</p> <p>Stakeholder Workshops as part of development of Annual Service Plan.</p> <p>Service Improvement Programme involvement</p> <p>Access Programme</p> <p>Project management Board</p>	<p>Patients Forum represented on Senior Governance Committees.</p> <p>Access Programme papers</p>			✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			Directors : Medical Operations and Service Development Service	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	PPI Policy PPI Committee PALS reports	Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.			√
7		No risk currently on the Trust Wide Risk Register			Medical Director	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November 05.			

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person			Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			Director of Human Resources	7. Public Health - C22 (c) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction partnerships		Evidence provided for Healthcare Commission visit (Feb06) Patient Specific Protocols LAS Protocol for use of Whitechapel WIC Stakeholder goals from NHS Partners workshop to develop 7 year strategic plan PPI strategy LESLEPNICE Manager identified and reporting in to Clinical Governance Committee Mental Health Strategy		
7		No risk currently on the Trust Wide Risk Register			Director of Service Development	7. Public Health -C23 - Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Infection Control Steering Group	Mental Health Strategy approved by Board November 2005 Annual Clinical Audit Programme Infection Control Annual Report NSFs, Patient education programmes see above Compliance with new national target indicators for ambulance trusts NICE Guidelines applicable to Ambulance Trusts (NICE Guideline 16) and application of JRCALC guidelines will be assessed for compliance using an audit co-ordinated by the Clinical Effectiveness dept Make Ready Scheme NICE Manager identified and reporting in to Clinical Governance Committee. Training provided by LAS in First Aid and Basic Life Support. Schools and Event Team carry out numerous visits to schools and community settings.		

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation on this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
1		No risk currently on the Trust Wide Risk Register				1. Safety - C3 - Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) Interventional Procedures guidance	<ul style="list-style-type: none"> • Designated Manager reports to Clinical Governance Committee. • Medical Director reports to the Board. • Medical Director and Director of Development review relevance of international procedures guidance to ambulance services and recommend action as appropriate to designated manager 	The number of NICE Guidelines that affect Ambulance Services is low, however the Trust is following the 'How to put NICE Guidance into action' (published Dec 2005)			✓
1		No risk currently on the Trust Wide Risk Register				1. Safety - C4 (e) Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety to the staff, patients, the public and the safety of the environment	<ul style="list-style-type: none"> •Clinical Waste Audit•Infection Control Audit (Nov06) . •Infection Control Policy •Premises Inspections monitored at Corporate Health and Safety Group . •LA52 reports. Waste Policy. 	<ul style="list-style-type: none"> •Operational bulletin to remind staff of the infection control guidance and their responsibility surrounding infection control issues. Ongoing Infection Control training. Routine premises inspections. Infection Control manual section on clinical waste being updated Waste procedure under development 			✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4•Manager appointed to review NICE guidelines and report to Clinical Governance Committee.			√
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost Effectiveness -C6 - Health care organisations co-operate with each other and Social Care organisations to ensure that patients individual needs are properly managed and met.	<ul style="list-style-type: none"> •The reporting of suspected abuse of children and vulnerable adults by ambulance staff which is then referred on to Social Services initiating the process of securing the protection, safety and welfare of that individual. •Patient specific protocols/information: Referrals regarding specific patients are accepted from other healthcare organisations and a protocol is drawn up with the input of the specialist healthcare professional to ensure the most appropriate care or most appropriate place of care for that individual. •ST elevation myocardial infarction patients being taken directly to a 'Heart Attack Centre' •Concerns about other Healthcare Professionals reported by Staff and processed by PALS. Cardiac care audit 	Use of FAST to identify and fast track Stroke patients. Primary angioplasty arrangements London – wide, individual patient protocols, recent work by D Whitmore on living wills, memorandum of understanding with Police from recent board meeting. LA279 and LA280 available on ' The Pulse' Anonymised patient specific protocol/information. High Risk Address Register held in EOC. Handover form for patients with specialist palliative care needs. Case Conferences –PALS records.		Development of systematic joint clinical audit between the LAS and A&E Departments on the outcomes of clinical care provided by LAS.	√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C7 (c) - Healthcare organisations undertake systematic risk assessment and risk management	<ul style="list-style-type: none"> •Risk Register •Risk Compliance and Assurance Group and other groups regularly review progress against risks on the Risk Register. •Clinical Governance Committee monitor clinical risks. Risk Information Report. Annual Trust Wide Risk Assessment. 	<ul style="list-style-type: none"> •Annual Risk Management Report •Statement of Internal Control •Trust Annual Report. Trust Wide Risk Assessment. Assurance on Controls. 			√
3		No risk currently on the Trust Wide Risk Register				3. Governance - C8 (a) - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of the service delivery, treatment and or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> •LINC Scheme •Consultation visit programme •Development of new Service Plan with staff input. Whistle Blowing Policy approved by Trust Board. •Employee Assistance Programme (EAPS) 	<ul style="list-style-type: none"> •25 trained support workers underpinning the LINC scheme •Senior Management Review of Services by Head of Employment Services. •Support for staff reporting concerns raised by care provided by other Healthcare Professionals. 			√
3		No risk currently on the Trust Wide Risk Register				3. Governance -C10(a) - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<ul style="list-style-type: none"> •NHSLA Risk Management Standard Review (Jan-05). •We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks. 	<ul style="list-style-type: none"> •90% of new staff are checked (A&E staff and intermediate tier) • Compliance with CRB disclosures in the NHS (NHS Employers 2004) 			√

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (a) - Healthcare organisations require that all employed professionals are appropriately recruited, trained and qualified for the work that they undertake.	•Recruitment policy, workforce recruitment and turnover plans routinely reported to the Board	<ul style="list-style-type: none"> • Disciplinary policy and other related HR Policies and Procedures. • Capability Policy • PDR 	Board Minutes	Causes for concern addressed via additional training/ capability policy.	✓
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (c) - Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	Well Person Medicals available. IWL standards compliant. KSF rolled out. 5 Day CPD course EMT 4 course ECP programme. Use of New Resuscitation guidelines DSO training programme AOM development programme AMPDS course for EOC staff PSIAM training PDR ELSA	KSF implementation IWL Practice plus			✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Consent Policy has been Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Information Governance Group	Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13(c) - Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary		AS ABOVE. Data Protection Policy in place. Access to patient data strictly controlled. Written requests required on official LAS form to facilitate release of such information to specific authorities. Locally, database views are employed to restrict access to specific fields of patient data on a per individual / role basis. Policy for Access to Health Records - TP009 Feed into staff induction: patient confidentiality / legislative requirements through presentation and handouts.	Information Governance Panel and Management of IG Toolkit have produced positive scores using national performance indicators		√
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. Advice on trust website about how to make a complaint. Routine complaints reporting to the Board. PPI Committee Public Education Strategic Steering Group	New Complaint PALS leaflet. Being Open Policy. Complaints Panel. Bangladeshi project in Tower Hamlets			√
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made		Complaints Policy, Public Education Strategy PPI Strategy			√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register			Director of Communications	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	<p>Patients' Forum monitors the effectiveness of local PALS PPI Strategy</p> <p>Public Education Strategy under development. Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.</p> <p>PPI Committee AOM objective to build community link</p> <p>Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Resuscitation Training Team who provide free training to community groups. The Community Defibrillation Programme. Defibrillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.</p>	PALS enquiries trend monitoring PALS report to Clinical Governance Committee. Public Education Strategy PPI Strategy update NHS Centre for Innovation baseline audit community involvement officer project under development		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	✓
5		No risk currently on the Trust Wide Risk Register			Director of Service Development and Director of Communications	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	<p>PPI Strategy Delivery plan.</p> <p>PPI Committee, Patient forum member on CARSAG.</p> <p>Patient representation on Clinical Audits.</p> <p>Stakeholder Workshops as part of development of Annual Service Plan.</p> <p>Service Improvement Programme involvement</p> <p>Access Programme</p> <p>Project management Board</p>	Patients Forum represented on Senior Governance Committees. Access Programme papers			✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			Directors : Medical Operations and Service Development Service	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	PPI Policy PPI Committee PALS reports	Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.			√
7		No risk currently on the Trust Wide Risk Register			Medical Director	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November 05.			

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			Director of Human Resources	7. Public Health - C22 (c) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction partnerships		Evidence provided for Healthcare Commission visit (Feb06)Patient Specific Protocols LAS Protocol for use of Whitechapel WICStakeholder goals from NHS Partners workshop to develop 7 year strategic plan PPI strategyLESLEPNICE Manager identified and reporting in to Clinical Governance CommitteeMental Health Strategy			
7		No risk currently on the Trust Wide Risk Register			Director of Service Development	7. Public Health -C23 - Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Infection Control Steering Group	Mental Health Strategy approved by Board November 2005Annual Clinical Audit ProgrammeInfection Control Annual Report NSFs, Patient education programmes see above Compliance with new national target indicators for ambulance trustsNICE Guidelines applicable to Ambulance Trusts (NICE Guideline 16) and application of JRCALC guidelines will be assessed for compliance using an audit co-ordinated by the Clinical Effectiveness deptMake Ready SchemeNICE Manager identified and reporting in to Clinical Governance Committee. Training provided by LAS in First Aid and Basic Life Support. Schools and Event Team carry out numerous visits to schools and community settings.			

London Ambulance Service NHS TRUST

TRUST BOARD 27 November 2007

WORKFORCE STRATEGY UPDATE

1. Sponsoring Executive Director: Caron Hitchen, Director HR-OD

2. Purpose: For noting

3. Summary

A presentation to update the Trust Board on the development of a Workforce Strategy setting the direction of travel and key strategic aims for Human Resources within London Ambulance Service to 2012.

4. Recommendation

THAT the Board note the Workforce Strategy will be brought to the Trust Board for approval in January 2008.

London Ambulance Service NHS TRUST

TRUST BOARD 27th November 2007

ALTERNATIVE RESPONSE PROCEDURE

1. Sponsoring Executive Director: Fionna Moore
2. Purpose: The Board to approve the Alternative Response Procedure
3. Summary

A 'no send policy' has been in operation in the Trust since November 2003, but although approved in principle by the Trust Board, has not been formally adopted. Recent developments have led to this 'policy' being revisited and following review and approval by the Clinical Governance Committee on 13th August and the Senior Management Group on 12th September it is now presented for approval by the Trust Board as the Alternative Response Procedure.

The Trust Board is requested to note that an Equality Impact Assessment will be carried out on this Procedure as soon as the necessary training and awareness programme has been implemented across the Trust.

4. Recommendation

THAT the Board approve the Alternative Response Procedure.



Alternative Response Procedure

Introduction

The London Ambulance Service NHS Trust aims to provide the most appropriate pre-hospital care to the patients it serves. However, the routine dispatch of an emergency ambulance does not always achieve this. Low priority calls may often be better managed by enabling an alternative care pathway, e.g. utilizing Minor Injury Clinics, NHS Walk-in-Centres or self care advice, as opposed to the routine conveyance of the patient by emergency ambulance to an Acute Trust Accident & Emergency department. Similarly, this enables dispatch to patients with immediately life threatening conditions which may be otherwise be potentially compromised through the lack of available resources.

Objective

To enable consideration of alternative pathways when managing an emergency call categorised as a low priority, including the option to decline to dispatch an emergency resource.

Procedure

- 1.1 The incoming emergency call must be triaged through the Medical Priority Dispatch System (MPDS) by a qualified Emergency Medical Dispatcher (EMT).
- 1.2 The determinant allocated to the emergency call by MPDS is allocated a priority level agreed by the Medical Director.
- 1.3 Those calls identified via MPDS as suitable for telephone advice are passed to a Clinical Telephone Adviser (CTA) to call back and undertake a further assessment; where appropriate, advice and guidance as to an alternative care pathway will be provided.
- 1.4 When carrying out an assessment, the CTA must, wherever possible, speak directly to the patient in order to make a full clinical assessment using Clinical Decision Support Software.

1.5 The CTA must be satisfied that the patient has capacity to make competent decisions and that they have consented to the care management proposed.

1.6 'Capacity' is assessed by consideration of all of the following:

- Is the patient able to communicate a decision effectively?
- Does the patient understand in simple language what is proposed and why it is being proposed?
- Is the patient able to understand the principal risks and benefits of what is proposed?
- Does the patient understand the consequences of not receiving the proposed treatment?
- Can the patient retain the information long enough to make an effective decision?

If the answers to all of the above are in the affirmative, CTA may presume the patient has capacity and is able to make competent decisions.

1.7 'Consent' for the purposes of this procedure is a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally, orally, or in writing. For the consent to be valid, the patient must be competent to take the particular decision, have received sufficient information to take it and not be acting under duress. Gaining the consent of a patient to examination and treatment will most often happen as a natural progression of the interaction of staff with their patient. For CTA, consent is very likely to be implied through entering into the discussion for the assessment to take place. It is rarely a legal requirement to seek written consent.

See also 'Policy for Consent to Examination or Treatment' (OP/031).

1.8 A telephone consultation or assessment with or through a third party (other than Language Line) is not sufficient for a patient to be declined an ambulance response. In keeping with OP/031 (section 30), it is recommended that no one other than the Language Line facility is used to translate. This will ensure patient confidentiality and confidence in the nature of the translation.

1.9 Wherever possible a mutual agreement should take place between the CTA and the patient as to the best course of action based upon the information available at that time.

NB: Even where a patient may need to undergo further hospital assessment, it is often appropriate for the patient to travel by

independent means although the CTA must ensure s/he is satisfied that it is safe for the patient to do so.

- 1.10 If, after CTA have assessed and triaged the call and the end disposition is 'General Practitioner 1-3 days' or lower, then the patient must be given appropriate advice accordingly.
- 1.11 If a patient insists on receiving an emergency ambulance response a CTA may where this is not judged to be an appropriate response, exercise a decision to decline to dispatch. In this event the patient should be advised of their right to express any concerns they may have to PALS and/or to pursue a formal complaint under the NHS Complaints Procedure.
- 1.12 The CTA must conclude a telephone consultation with the patient by advising the patient to call 999 again if their condition deteriorates in any way.
- 1.13 Once the telephone consultation is complete, the CTA must advise the Sector Allocator of the outcome of the patient consultation and update the electronic log accordingly.
- 1.14 Any calls that appear to be inappropriately coded must be brought to the attention of the Priority Dispatch Quality Assurance Unit (PDQAU) at the earliest possible opportunity.
- 1.15 The CTA should endeavour to contact another health or social care provider, or enact the Trust's vulnerable adult or child protection procedures, where they consider they have cause to do so. See TP / 018 and TP/ 019.
- 1.16 The CTA must take regard of any care plan information that has been made available via the Care Management component on the LAS Computer Aided Dispatch System (CTAK) and advise the relevant department lead of any patient encounter where such information was enacted.
- 1.17 Quarterly reports on CTA activity will be provided to the Deputy Director of Operations and Clinical Governance Committee.

References:

Policy and Procedure for Consent to Examination or Treatment (OP/031)

Management of Frequent Callers (OP / 0XX)

Procedure for the Maintenance of the High Risk Address Register and Notification of High Risk Addresses (OP/010).

Suspected Cases of Child Abuse Procedure (TP/018)

Suspected Abuse of Vulnerable Adults Procedure (TP/019)

Signature:

Peter Bradley CBE
Chief Executive Officer.

London Ambulance Service NHS Trust

TRUST BOARD 27th November 2007

ANNUAL CLINICAL GOVERNANCE REPORT 2006/7

1. Sponsoring Executive Director: Fionna Moore

2. Purpose:

To approve the Annual Clinical Governance Report 06/7, as evidence of compliance with the core standards for the Annual Health Check 07/08

3. Summary

The Annual Clinical Governance Report 06/07 is compiled by the Governance Development Unit. It provides a record of clinical governance activity trust-wide for the period October 2006 –October 2007. The activity has been classified using the domains of the Annual Health Check and highlights the achievements in clinical governance that have been reported to the Board via Clinical Governance Committee Minutes and the Medical Director's Reports.

The Report provides evidence to corroborate compliance with the healthcare standards included as part of the Final Declaration of the Annual Health Check 2007/8. The Clinical Governance Committee considered the Report on 15th October and approved it subject to some minor amendments being made.

4. Recommendations

THAT the Board approve:

1. The Annual Clinical Governance Report 06/7 which evidences compliance with the core standards of the annual health check for 2007/8.
2. The Report's presentation to the SHA lead for clinical governance as the Trust's formal record of clinical governance achievements for the period from October 06-October 2007.

London Ambulance Service NHS TRUST

TRUST BOARD 27th November 2007

**ANNUAL REPORT OF THE TRUSTEES OF THE
LAS CHARITABLE FUND**

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

Charitable funds received by the Charity are accepted and held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Act 1990 and these funds are held on trust by the corporate body.

Annual Report of the LAS Charitable Funds for the year ended 31st March 2007 are attached for the Board's attention.

4. Recommendation

THAT the Trust Board note the contents of the Annual Report of the LAS Charitable Funds for the year ended 31st March 2007.

LONDON AMBULANCE SERVICE CHARITABLE FUND
ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED
31 MARCH 2007

FOREWORD

The Charity's annual report and accounts for the year ended 31 March 2007 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

The Charity has a Corporate Trustee, the London Ambulance Service NHS Trust. The members of the Trust Board who served during the financial year were as follows:

Board Member	Designation within the Trust
Sigurd Reinton	Chairman
Peter Bradley	Chief Executive
Barry MacDonald	Non Executive Director
Sarah Waller	Non Executive Director
Beryl McGrath	Non Executive Director
Roy Griffiths	Non Executive Director
Ingrid Prescod	Non Executive Director
Caroline Silver	Non Executive Director
Fionna Moore	Medical Director
Michael Dinan	Director of Finance
Martin Flaherty	Director of Operations
Caron Hitchen	Director of Human Resources and Organisation Development

The Charity is registered (No 1061191) in accordance with the Charities Act 1993.

Reference and Administrative Details

The London Ambulance Service Charitable Fund (No 1061191) was entered on the Central Register of Charities on 7 March 1997. It is an NHS Special Purpose Charity.

Charitable funds received by the Charity are accepted and held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990, and these funds are held on trust by the corporate body.

Trustee

The London Ambulance Service NHS Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and also the law applicable to Charities which is governed by the Charities Act 1993.

The Board has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

This committee was formed on 7 March 1997 and the names of the people who served during the year as agent for the Corporate Trustee, as permitted under regulation 16 of the NHS Trust (Membership and Procedures) Regulations 1990 and reports to the Board Members, were as follows:

Barry MacDonald (Non Executive Director)
Caron Hitchen (Director of Human Resources and Organisation Development)
Michael John (Financial Controller)
Eric Roberts (UNISON representative)
Tony Crabtree (Head of Employee Services)
Christine McMahon (Trust Secretary)

The Charitable Funds Committee normally meets once a year and the minutes of the meeting are received by the Trust Board in the public agenda. In addition, a sub group of the Charitable Funds Committee meets on a quarterly basis to review grant applications for the quarter and financial performance of the fund.

Principle Charitable Fund Adviser to the Board

Caron Hitchen, Director of Human Resources and Organisation Development, is the budget holder who, under a scheme of delegated authority approved by the corporate trustee, has day to day responsibility for the management of the Charitable Fund, and must personally approve, on behalf of the corporate trustee, all expenditure over £1,000 with an upper limit of £5,000 using her delegated authority.

Michael John, Financial Controller, acted as the principal officer overseeing the day to day financial management and accounting for the charitable funds during the year.

Principal Office

The principal office for the charity is:

Finance Department
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

Principal Professional Advisers

Bankers

Lloyds Bank plc
South Bank Branch
2 York Road
London SE 1 7LZ

Auditors

Audit Commission
1st Floor Millbank Tower
Millbank
London
SW1P 4HQ

Investment Managers

Investec Investment Management Limited
2 Gresham Street
London
EC2V 7QP

Structure, Governance and Management

The majority of the charity's funds are held in an unrestricted fund, which was established using the model declaration of trust, and all the funds held on trust as at the date of registration were part of this fund. Almost all the subsequent donations and gifts received by the charity have been attributable to that fund and have been added to the existing balance.

At the start of the year, the charity had one restricted fund relating to support and training of staff in the cycle response unit. This was spent in full during the year.

Members of the Trust Board and The Charitable Funds Committee are not individual trustees under Charity Law but act as agents on behalf of the corporate trustee. Non Executive members of the Trust Board are appointed by the NHS Appointments Commission and Executive members of the Board are subject to recruitment by the NHS Trust Board. The NHS Trust, as corporate trustee, appoints a Charitable Funds Committee to manage the charitable funds under delegated authority.

Newly appointed Trustees receive copies of the standing orders, which include the terms of reference for the Charitable Funds Committee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Control, manage and monitor the use of the fund's resources;
- Manage and monitor the receipt of income and support/guide any fundraising activities;
- Ensure that best practice is followed in the conduct of its affairs fulfilling all its legal responsibilities;

- Ensure that the Investment Policy approved by the NHS Trust Board as Corporate Trustee is adhered to - performance is continually reviewed whilst being aware of ethical considerations;
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The financial record and day to day administration of the funds are dealt with by the Finance Department whose address is given above.

Risk Management

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified was possible losses from the fall in the value of investments and the level of reserves available to mitigate the impact of such losses. This has been carefully considered and there are procedures in place to review the investment policy and also to ensure that both spending and firm financial commitments remain in line with income.

Partnership working and networks

London Ambulance Service NHS Trust and its staff are the main beneficiaries of the charity; and it is a related party by virtue of being a corporate trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect and so, when deciding on the most beneficial way to use charitable funds; the corporate trustee has regard to the main activities and plans of the Trust. The corporate trustee fulfills its legal duty by ensuring that funds are spent in accordance with the objects of the fund.

Objectives and strategy

The Charity has the following objective:

"the trustee shall hold the trust fund upon trust to apply the income and, at its discretion so far as may be permissible, the capital for any charitable purpose or purposes relating to the National Health Service"

The Charitable Funds Committee has agreed that the main purpose of the fund is to fund projects for the benefit of all employees

Annual review

The majority of donations received by the fund in the past and currently are specifically given to thank ambulance staff. Hence the main charitable activities undertaken by the fund are those which will benefit staff by providing goods and services that the NHS is unable to provide. Typical examples are grants towards improved facilities for staff at ambulance stations, long service awards and contributions towards retirement, and Christmas parties.

The funds in the Cycle Response Unit Restricted Fund were specifically given to provide training and support to the staff in this unit and were spent in full during the financial year.

Grant Making policy

Each year, applications are invited from any member of the London Ambulance Service. Based on their knowledge of the Service, the Charitable Funds Committee agrees funding priorities and reviews the applications for quality and value for money.

Reserves Policy

Reserves are needed to provide funds, which can be designated to specific projects to enable these projects to be undertaken at short notice.

The policy of the Trustees is to maintain expenditure at its current level for as long as possible. The level of expenditure has exceeded income in recent periods. The strategy of the Trustee is to continue to utilise reserves to fund the level and type of expenditure experienced in the current and recent periods.

The level of reserves are monitored and reviewed by the Trustee, usually once every 5 years.

Our future plans

The future plans for the Charity are to continue to fund projects for the benefit of staff in line with the current level of funding.

A Review of Finances, Achievements and Performance

The net assets of the Charity as at 31st March 2007 were £421,000 (2006 £429,000). Overall net assets decreased by £8,000 due to the net expenditure of £40,000 exceeding the gain on the value of investments of £32,000.

The main sources of income of the charity are donations and investment income. Total incoming resources for the year were £15,000.

Expenditure totalled £55,000 during the year, with the largest items of expenditure being Christmas grants of £27,380 and £20,431 on other amenities.

The charity has no employees so relies on the London Ambulance Service NHS Trust to review the appropriateness of grant applications. Each year the Charity Funds

Committee sets a budget and reviews income and expenditure against this budget on a quarterly basis. In addition, the Charity Funds Committee reviews and manages the performance of the Charity's investments in accordance with the investment policy.

Investments

The Corporate Trustee invests the charitable funds with Investec Investment Management.

The funds are managed in accordance with an investment policy which is set by the Charity Funds Committee. Currently the investments are split approximately 83%/17% by value between pooled funds and interest bearing bonds and cash. The performance of the pooled funds is monitored against the performance of similar funds.

The Trustees operate an ethical investment policy. Investments are not made in companies dealing predominantly in the tobacco trade or in the manufacture and sale of arms.

Signed:

Peter Bradley, Chief Executive of the Trust Board
on behalf of the Corporate Trustee

Date:.....

London Ambulance Service NHS TRUST

TRUST BOARD 27th November 2007

SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For noting.

3. Summary

The report provides an update on progress in implementing the Service Improvement Programme (SIP2012).

The following reporting procedure to Trust Board and SDC was approved by the Board in September:

- a. Trust Board – every meeting;
- b. SDC – one (or more) of the five sub-programmes which make up the Service Improvement Programme will be presented to each of the five SDC meetings which take place during the year in rotation.

4. Recommendation

THAT the Trust Board note the progress made with the Service Improvement Programme 2012 outlined in the report.

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 27 November 2007

Service Improvement Programme 2012 update

1. Purpose

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP2012). The Office of Government Commerce “Managing Successful Programmes” (MSP) methodology requires emphasis not just on performance managing delivery of project progress and outputs but also on realising the benefits that these outputs are intended to deliver by enabling business change. Inevitably however Trust Board update reports on SIP2012 can initially only cover project progress.

2. Approach to Performance Management of SIP 2012

At the September 2007 meeting the Trust Board discussed the approach to performance managing the service improvement programme based on tracking achievement of planned milestones. It was accepted that in principle there will not be 100% planned milestone achievement in any given year as the practical reality is that operational requirements and resource constraints will inevitably re-shape project scheduling as the year progresses.

In recognition of this it was accepted that at the start of the year a tolerance level should be set for milestone achievement. Over time the average level of within year milestone achievement will be established, however for 2007 a best guess tolerance level was set at 80% achievement against the baseline of planned milestones (i.e. a tolerance of 20% slippage). The Trust Board asked for consideration to be given as to whether the 80% target was sufficiently stretching which is the subject of review.

3. Overall Progress

The service improvement programme is made up of five sub-programmes:

- *Access and Connecting (the LAS) for Health* led by the Director of Information Management and Technology);
- *Improving our Response* (known as the “Operational Model”) led by the Director of Operations;
- *Organisation Development and People* led by the Director of Human Resources and Organisation Development;
- *Preparing for the Olympics* led by the Director of Operations;
- *Corporate Processes and Governance* led by the Director of Finance.

There is also a supporting *Stakeholder Engagement and Communications Strategy* led by the Director of Communications. Currently there are 34 live projects and another 55 being scoped within SIP2012. A progress summary follows and schematic Gantt Charts are appended giving an overview of progress against planned milestones for the formally scoped programmes.

4. Access and Connecting (the LAS) for Health Programme

Due to resource pressures to support other programmes in SIP2012, the Access programme has not been able to formally commence. It has therefore been decided to delay formal scoping work until the start of Financial Year 2008/09. However, the programme has been able to focus on the following five main projects, and will report on each, in-line with the overall programme reporting structure.

- Project Progress

CAD 2010 - The Project is currently in Stage 3 (Procurement) and approximately half of the stage is completed. Suppliers short-listed via the Pre Qualification Questionnaire (PQQ) have provided an initial response to the tender. The results are positive and encouraging and the Procurement Team has started an 'Initial Engagement' with the suppliers. The technical solutions are currently being discussed which includes presentations of the proposed systems.

CTAK Enhancements - The November release of CTAK enhancements is proceeding and will facilitate a number of important enhancements, for example Automated Despatch of Ambulances and calling line identity data from Cable & Wireless (BT facility has been available for some time). Work is progressing to plan for future updates, for example Dynamic Deployment, Mapping and LARP.

Data Warehousing - In the LAS data is stored in many different databases that are not connected to each other and that have many different access interfaces presenting interrogation and access difficulties. A data warehouse will be developed that stores LAS data which eventually will encompass the whole of the LAS, including A&E and PTS data, resources, fleet, finance, estates, staff, recruitment and more. This project is the first step towards that goal and will limit the scope of its data to A&E data and vehicle manning and availability. A Project Initiation Document was prepared for first project board meeting in early November and other preparatory work has been undertaken.

LARP - Due to various issues witnessed nationally during testing of the ICCS (Integrated Communications and Control System), the touch screen radio system in the control rooms, the DH have paused Airwave implementation and testing of the ICCS nationally. The DH have made it clear that the programme is not stopping and that project resources will continue at current levels. The LAS project will continue with activities such as network testing and implementation, vehicle installations, generation of working practices, support processes and training packages etc. The DH, Airwave and one Trust IM&T lead are working at strategic,

tactical and work-stream levels to identify the way forward nationally (See Issues and Risks).

Text Emergency Access for Speech or Hearing Impaired People - A method tried in a number of independent schemes piloted by several U.K. police services is to use texting from mobile telephones and at present this would appear to offer the most promising solution to meet users' needs to summon assistance or seek advice. The intention is to adopt this solution for call taking and this will be achieved by proactive engagement and alignment with a national trial of SMS texting technology to be set up next year. This proposed scheme uses an intermediary bureau to relay the text messages from the caller verbally to EOC / UOC, and vice versa to facilitate triage. A meeting of the Department for Communities and Local Government '999' sub-committee was attended in October at which a draft Memorandum of Understanding was agreed between the various network operators. LAS is the only ambulance service represented on the group which is made up principally of network service providers plus representatives from RNID, OfCom and three emergency services.

- Programme Issues, Risks and Actions of Interest to Trust Board

CAD 2010 - This stage has been seeking to deliver the Full Business Case for the March 2008 Trust Board meeting. However, scheduling the necessary visits to, and meetings with, the competing suppliers is presenting a major challenge to that timescale. Robust discussions are underway to examine the current plans and approach. This is in order to identify an appropriate balance between the extent of supplier investigation and the degree of confidence provided to the selection of the most suitable supplier.

LARP - The full roll-out and go live target of September 2008 is now in doubt due to the national programme outside control of the LAS nevertheless presenting risk to reputation. The project team believe that Airwave have a significant problem in managing capacity for the LAS (and other customers) at major events and incidents and there is a risk to the Trust's performance at such incidents. There is no clear message from DH as to when issues around Control Room software will be resolved.

Text Emergency Access for Speech or Hearing Impaired People - There is a risk that triaging emergency calls using text, a time-consuming iterative process, in addition to the detrimental effect on patient care, will adversely affect overall call handling performance targets. There is a risk that the national initiative is inadequately resourced to adequately project manage the planned user trail in mid-2008. Delay in achieving the project completion date, which has been shared with LAS's stakeholders, would adversely affect LAS reputation and give rise to pressure to pursue a London-only solution.

Access Project Scope - Recently more resource has become available. Work is currently underway to establish additional Access projects, based upon existing IM&T activities, and these will be reported accordingly.

5. Improving Our Response (the Operational Model) Programme

The Operational Model programme comprises two portfolios of projects, one focused on changes in Area Operations consisting of six projects and one focused on changes in Control Services also comprising six projects. Of the twelve live projects ten are on track and one (Paperless Control) is on hold pending decision in January as to whether it will be progressed. The Additional Complex Response project has delivered the specified capability for DSOs and Team Leader provision to staff FRUs, however there is an issue with compliance and this now becomes an issue for ADOs to deliver operationally.

- Project Progress

A&E Project Portfolio

Increasing Solo Response Capacity –Seven FRUs are ready to be placed where they will give maximum benefit. Current delivery dates for both the MRU and CRU initiatives are expected to fall around the end of December 2007, but there is a need to recruit additional MRU riders.

Mobile Fleet - As a result of an internal evaluation meeting on the 25th October to review the tenders for software, a decision was made to shortlist two suppliers one of which has been subsequently selected. The project is on track to deliver functionality in the Control Room mid February (see Issues and Risks below).

Referral Pathways - Work is ongoing to rescope this project to focus on the operational effectiveness of existing referral pathways rather than expansion of numbers for the sake of it. A one day stand down for staff to train on the new referral pathways process has been advised by the training department (see issues and Risks).

First and Co-Responder Schemes – A tasking regime has now been tested in EOC on two occasions and lessons are being learnt for future development. A bid to the British Heart Foundation for circa 200 defibrillators is currently being prepared and a detailed Project Plan will be available imminently.

Managing Frequent Callers –Milestones for this project have now been revised and agreed and following recruitment to establishment in the PALS unit it is anticipated that the project will resolve 50 cases by March 2008 and 120 by September 2008.

Control Services Project Portfolio

Automated Ambulance Despatch – Delivery of a technical capability in CTAK has been delayed by one week to 21st November. At a meeting with

Unison Health and Safety representatives the proposal met with a positive response. Staff took the proposal away and their comments are awaited.

Automated Data Reporting and Analysis - There is concern regarding the capacity to upgrade MDTs to match with the rate of CTAK developments. Work is expected to begin mid-November and to be completed by the end of February 2008. Implementation of the new gazetteer is expected in the latter half of January 2008 although this is dependent on a number of other factors. (See Risks and Issues)

Control Services Management Restructure - The formal consultation process will begin this month and will be completed by the end of December. There will be no need for further staff recruitment.

Re-engineering Call Handling - Consistent answering of calls (95%) within 5 seconds with capture of Location and Brief Description within 50 seconds and completion of the call within 2 minutes is anticipated by the end of January. The Individual Performance Management pilot implementation is continuing, GMT Planet resource planning software is live and the Stage 2 'E'-watch study was completed at the end of October.

Urgent Care Workload – It is expected that the number of Clinical Telephone Advice staff will be increased to 50 wte by late December. PTS Central Services have been relocated to new office accommodation and a proposal paper on skill mix, white work and skilling up has been with staff side for consultation since 20th September awaiting comment.

- Programme Issues, Risks and Actions of Interest to Trust Board

Mobile Fleet - The use of this tool is hugely dependant on staff and union engagement and the agreement of a new partnership and consultation agreement going forward. Lack of progress in this area could significantly delay the use of this tool which is being addressed through the Staff and Union Engagement project led through the OD and People Programme (see section 6).

Referral Pathways - Delivering a suitable training package across the service given the training restrictions imposed between January and March 2008 presents a problem if staff are required to stand down for a days training, this need is being reviewed.

Automated Data Reporting and Analysis - There is a risk that automatic status data will be misleading or inaccurate. With the current gazetteer the notional location is the geographical centre of the road. This will result in some responses apparently “arriving” significantly earlier than the real time, thus inadvertently extending the time before treatment commences. Conversely some responses will apparently never “arrive”. The countermeasure is a replacement of the existing gazetteer to provided finer resolution of locations, which is now expected to be implemented in January 2008.

A second risk is that not all MDTs have received updated software to provide automatic status functionality. Approximately 20% of incidents attended by MDT-equipped vehicles are not reporting automatic status. The countermeasure is software upgrades via the CTAK Enhancement project – indicative dates are mid-October continuing through to end of February.

Control Services Management Restructure - There are two risks associated with this project:

- Control room staff may be reluctant to engage with further changes to processes and changes in working practices. The countermeasure is further engagement by staff in these organisational developments facilitated by the additional management resource at AOM level now in place;
- Radical change to established working practice may lead to a transitional drop in performance. The countermeasure is again greater engagement with staff through individual and group meetings.

6. Organisation Development and People Programme

The Organisation Development and People Programme has developed apace since the project portfolio manager took up post and a lot of work has been undertaken since the last Trust Board meeting.

Particular areas of activity have been staff and union engagement and shaping the embryonic cross-programme “New Ways of Working: Clinical Leadership on Complexes”. This envisages development of “exemplar complexes” both in terms of the way front-line services are delivered through the New Front-End Model and organisation development regarding how staff work in teams and the associated clinical leadership.

In addition to New Ways of Working the current position of the project portfolio is as follows.

- Project Progress

The following projects are currently live:

- Workforce Reconfiguration;
- Staff & Union Engagement;
- Training Restructure;
- Training Plan;

The following projects are being planned, although some work has already started with the Leadership Development and Modularised Training projects:

- Leadership Development Programme;
- Modularised Training;
- Recruitment & Induction;
- Performance Management Framework.

The following projects will be planned in the next period:

- Talent Management;
- Learning Management Systems;
- Team Briefings.

Recent communication activity includes the launch of ELSA6 announced in October, the Partnership Conference on 15th October (see also section 9) and subsequent follow up meeting to prepare for disseminating the partnership agenda on 2nd November. Additionally a formal consultation on the training restructure took place during October.

- Programme Issues, Risks and Actions of Interest to Trust Board

New Ways of Working - There is a potential risk for slippage of the agreed timescales during November and December in regard to consultation and publication of the information pack. Every effort is being made to ensure that this does not happen.

Workforce Configuration - Delay in final agreement of the workforce model could result in staffing gaps of trained staff. All necessary steps are being taken to achieve agreement through discussion with staff and unions.

Staff and Union Engagement - A number of operational initiatives to address the new clock start targets are underway with some being implemented in quick time and other implementation plans being well advanced prior to communicating with Staff and Unions. The speed of implementation potentially gives rise to a risk of staff believing that they are not part of the overall discussion on modernisation and therefore not able to contribute in partnership. This is being addressed through the discussions with relevant parties.

7. Preparing for the Olympics Programme

The Olympics programme is at the stage of being scoped to identify the portfolio of projects which will comprise it. Scoping progressed at pace from the beginning of October when the project portfolio manager took up post. A Programme Brief has been produced and a Business Case is in production.

- Project Progress

The Programme Brief envisages that planning for 2012 is split into four Tranches reflecting the phases being used by the Olympic Games authorities as follows:

Tranche 1 – Foundation, where further work is undertaken in scoping out the effect of 2012 on the Trust activities and the resources required to plan and deliver services during Games Time. There are seven areas of work in this Tranche covering 31 projects;

Tranche 2 – Operational Planning and Readiness, where activities will revolve around the building of the capacity, skills and knowledge required for the Games. Some 59 initiatives have been identified for this Tranche;

Tranche 3 – Testing, where activities will revolve around testing and exercising the plans and capabilities of the LAS to ensure that there is no compromise to the service provided during the Games. To date four high level areas of activity have been identified but this will without doubt expand in number as further analysis and planning is undertaken.

Tranche 4 – Games Time and Transfer of Knowledge, where activities will revolve around gaining information advantage from the 2012 Olympics and undertaking effective knowledge transfer. Definition of activity within this Tranche will be dependant on the work undertaken in the earlier Tranches.

The next step will be to initiate the Tranche 1 projects with identified leads and to allocate project teams with some products planned for delivery this financial year.

Other ongoing work has continued including working with ODA/LOCOGT on design principals and with their onsite First Aid provider, addressing security issues with OSD and as part of the Safety Advisory Groups covering the Stadia Licensing process. The Trust has also continued to act as National Coordinator for UK Ambulance Services including submissions on finance to the Home Office and Department of Health.

- Programme Issues, Risks and Actions of Interest to Trust Board

There are no significant issues or risks for the programme to draw to Trust Board attention at this time other than the need to flag to NHS London that the London health economy as a whole is not adequately engaging with the challenges presented in preparing for the Olympics.

8. Corporate Processes and Governance Programme

Tranche 1 of the Corporate Processes and Governance Programme is well underway and the programme manager has returned from long-term sick absence. The Fleet Strategy and Workshop Review project has produced a

draft initial report which is currently the subject of consultation in preparation for a submission to SMG. This is a key enabler of the New Ways of Working initiative (see section 6) along with the Staff Administration and Flexible Fleet Management projects both of which are progressing satisfactorily although project definition work needs completion in regard to the latter.

- Project Progress

The seven projects listed below have been initiated and although there has been some minor slippage all are on track:

- FISC (e-Series) Rollout (Running over)
- Fleet Strategy & Workshop Review (At closure)
- Staff Administration
- Meeting Room Booking System (Running over)
- Re-engineer Income Collection
- Payment by Results Pilot
- Inventory Management

The following two projects are proceeding but re-definition in terms of milestones is in progress:

- Asset Management
- Flexible Fleet Management

Two additional projects are being started up (project briefs drafted and approved by the Senior Responsible Owner) and plans are being developed:

- Performance Measurement (Phase 1)
- Incident Data Recording

- Programme Issues, Risks and Actions of Interest to Trust Board

There are no significant issues or risks for the programme to draw to Trust Board attention at this time.

9. Stakeholder Engagement and Communications

A draft Communication and Engagement Strategy to support the Strategic Plan was created in the late summer and a further draft is nearing completion. The strategy focuses on delivering the Service's strategic aspirations.

There are four communication objectives outlined in the Strategy document. They are:

- To increase Londoners' understanding of our role and future plans;
- To involve the public and patients in shaping the way we deliver our service;

- To build relations with those people who are key stakeholders in our Strategic Plan;
- To develop an environment where members of staff feel valued, feel proud to work for the Service, and actively contribute to improving patient care.

The first draft of the Strategy document has been presented to SMG and feedback sought, the next draft will be shared with the Trust Board before Christmas.

- Key Communication Activity

Key communication activity since the last Trust Board meeting includes:

Partnership Conference – A Partnership Conference was held with managers and union representatives in early October to share and discuss envisaged operational changes and how they should be communicated to staff and actioned. A follow up meeting was subsequently held as described in section 6.

Operational Model communication plan – a proposed communication schedule related to the Operational Model programme project roll-out has been drafted for approval by the Senior Responsible Owner;

Automated Despatch of Ambulances - Communication support was provided ahead of changes to CTAK mid-November to enable the automated despatch of ambulances along the lines of the automated despatch of FRUs earlier in the year.

10. Recommendation

THAT the Trust Board notes the progress made with the Service Improvement Programme 2012.

Kathy Jones
Director of Service Development

London Ambulance Service NHS TRUST

Trust Board 27th November 2007

SUMMARY OF THE MINUTES
Audit Committee 10th September 2007.

1. **Chairman of the Committee** **Barry MacDonald**
2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Audit Committee**
3. **Agreed:**
 - That the recommendations in the Action Plan from the Audit Commission concerning the Trust's ALE scores be added to the 'Audit Recommendations' report so as to enable the Committee to monitor progress.
 - That future presentations of the Trust's Risk Register will have the most significant risks identified as 'red' at the front of the report. Future summaries of the RCAG minutes will highlight any changes in regard to the Risk Register, in particular those risks identified as 'red'.
 - That, in November, the Audit Committee will hold an informal meeting with senior members of the finance team which will include lessons that have been learnt in respect of the 2007/08 budget.
- Noted:**
 - the contents of a number of reports from the Audit Commission, including the external audit plan progress report, the annual audit and inspection letter 2006/07 etc
 - that the National Audit Office is undertaking a national review of the benefits of the new workforce contract.
 - The Internal Auditor's audit plan for 2007/08 and the client briefings concerning 'Foundation Trust update' and 'Towards Safer Recruitment'.
 - The progress in implementing the Auditors' Recommendations.
 - The contents of the Local Counter Fraud Specialist's report
 - The update received regarding NHSLA and the Healthcare Commission.
- Standing items:**
 - Hospitality declared by the Director of IM&T.
 - That there were no waivers of standing orders since the last Audit Committee meeting held on 18th June 2007.
- Minutes Received:**
 - Minutes of the Clinical Governance Committee (13//08/07); RCAG (3/07/07).
4. **Recommendation** **That the Trust Board NOTE the minutes of the Audit Committee**

LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE
2.30pm, Conference Room, LAS HQ

Monday 10th September 2007

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Caroline Silver	Non-Executive Director
	Roy Griffins	Non-Executive Director
Apologies:	Sarah Waller	Non-Executive Director
In Attendance:	Peter Bradley	Chief Executive
	Mike Dinan	Director of Finance
	John Wilkins	Head of Governance
	Michelle Johnson	Financial Controller
	Chris Rising	Bentley Jennison
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist
	Sue Exton	Audit Commission
	Dominic Bradley	Audit Commission
	Christine McMahon	Trust Secretary (Minutes)

Before the start of the meeting the Committee held their annual private meeting with the Internal and External Auditors.

32/07 Minutes of the last Audit Committee meeting 18th June 2007

Agreed: The minutes of the last audit committee meeting held on 18th June 2007 with the following corrections:

Minute 23/07: it was clarified that the income figures shown under 6.4 (management costs) excludes income from NMET which is why the income figures are not the same as those show on Page 2 or 15 compared to page 21.

Minute 25/07 (3): Sue Exton, Audit Commission, said that the compound indicator assessment would not be included in the Healthcare Commission's overall assessment of Trusts. Although it will not be part of the 2007/08 ALE the score achieved as part of the compound indicator assessment will be part of the evaluation as part of looking at the Trust's overall arrangements.

33/07 Audit Commission

Sue Exton, Audit Commission, presented the Annual Audit and Inspection Letter 2006/07 to the Committee prior to its presentation to the Trust Board in November 2007.

Sue Exton said that the Trust had good financial stewardship as evidenced by the findings of the ALE. There were some areas for improvement and an action plan was in place to address them.

Tax Liability relating to staff subsistence payments to staff: the Finance Director said that in regard to this issue quotes are being sought from a number of financial advisers including PriceWaterhouseCooper; following the appointment of a consultant work will be undertaken to resolve this matter and discussions will be undertaken with the Inland Revenue. Although PriceWaterhouseCooper had previously advised the Trust the Director of Finance had deemed it advisable to get a number of quotes for the next stage of the work to be undertaken. The Finance Director said subsistence payments that are currently being

paid by the Trust are being taxed. If the Trust is found to have a liability for outstanding tax it will need to call upon the back to back agreement in place with the Primary Care Trusts. A prudent provision of £7m has been made should the Inland Revenue decide that the Trust has liability.

Auditors Local Evaluation (ALE): the Chairman asked why the Trust had received a low score for internal control (2). It was explained that this was due to inadequate training in risk awareness, lack of review of procedure manuals, and no review of the effectiveness of the audit committee there being no evidence that the Trust Board regularly reviews the Trust's risks and its risk management procedures. It was reported that the Board will shortly receive a report concerning the recent civil contingency audit..

The Committee requested the Auditors to provide examples from other Trusts of reports to the Board from the Audit Committee that would meet their criteria for a review of the committee's effectiveness. the Trust with examples of what is required in order that this weakness can be addressed, as demonstrated by other organisations.

ACTION: Audit Commission to liaise with Head of Governance.

Agenda for Change (AfC): this review was undertaken as part of the Audit Commission's 2006/07 annual audit plan. It was undertaken as it was recognised that the LAS had particular issues with the new workforce contract which might present a risk to the organisation. The review had looked at how the Trust had embedded the changes introduced by AfC. The Finance Director said that the key people in the Trust had participated in the review.

The Committee suggested that there was little evidence that AfC had delivered any major benefits to the Trust; initiatives that have been introduced would probably have been implemented regardless of AfC. Only one aspect of AfC may deliver benefits, if it is done correctly, and that is Key Skills Framework. The Chief Executive said that the introduction of a 37½ hour week and rest breaks have been broadly welcomed.

In regard to the national reference costs for ambulances, the Director of Finance said that data for the last three/four years has been collated to provide a benchmark for reference costs. A report will be presented to the Board this financial year. **ACTION: Director of Finance**

The Chairman thanked the Audit Commission for their reports and said that the Trust is determined to improve performance so as to increase the scores achieved by the ALE.

Agreed: 1. That the recommendations in the Action plan from the Audit Commission relating to the ALE scores be added to the 'Audit Recommendations' and be kept under review by the Committee.

Noted: 2. The contents of the following reports:

- the external audit plan progress report;
- the ALE action plan;
- the annual audit and inspection letter 2006/07;
- the final accounts memorandum;
- the report regarding Agenda for Change.

3. That the National Audit Office is undertaking a national review of the benefits of the new workforce contract.

34/07 Internal Audit

Chris Rising, Bentley Jennison, presented the Internal Auditor's progress report. One audit has been finalised since the last meeting, Asset Register. This area received significant assurance with no recommendations being made by the Auditors. A draft report concerning Annual Leave Management has been circulated to management for a response;

seven significant recommendations have been made by the Auditors. The Director of Finance said that the report will be considered by the Senior Management Group and Assistant Director of Operations when they meet on 12th September.

- Noted:**
- 1. The audit plan for 2007/08; the majority of audits will be undertaken between September and December 2007.**
 - 2. The client briefings concerning ‘Foundation Trust update’ and ‘Towards safer recruitment’. The Finance Director undertook to share the latter with the HR Director. ACTION: Finance Director.**
 - 3. That Bentley Jennison is now part of Europe wide organisation and its new name is RSM Bentley Jennison. The management structure will remain unchanged.**

35/07 Audit Recommendations

The Chairman commended the presentation of the ‘Audit Recommendations’ report which he said provided a clear picture of what progress had been made in implementing the recommendations. He said he was pleased that the items relating to IT had been reworded to reflect the work that had taken place; a test of the fall back control room is scheduled to take place on 16th October 2007.

In response to a question from the Chairman, as to whether there had been any progress in introducing bar coding and hand held scanners to address the concerns relating to drug control and medical devices, the Finance Director said that this is work in progress. The Internal Auditors will be asked as part of the 2008/09 audit plan to revisit these two areas.

Complaints: in July 2007 the Trust Board received an annual report regarding complaints, which included what lessons had been learnt and how practice had changed as a result of complaints. The Head of Governance said that outcome sheets are now being produced for all complaints which will enable the Trust to evidence how practice has changed as a result of complaints. With effect from 1st October, Gary Basset (currently the PALS Manager), will also be responsible for managing complaints.

The Head of Governance said that when the NHSLA recently undertook a level one assessment of the Trust as part of the pilot of the new approach, the Trust received 8/10 in for the standard “Learning from Experience” which assessed arrangements for complaints management, incident reporting and claims handling.

Noted: The progress in implementing the auditors’ recommendations.

36/07 Report of the Local Counter Fraud Specialist

Robert Brooker, the Local Counter Fraud Specialist, said that he and the Director of Finance had met with the London Regulatory Team of the Counter Fraud and Security Management Service, (CFSMS); following which the compound indicators had been strengthened.

The CFSMS, in response to feedback it had received concerning the compound indicators (which were introduced at the end of the year), were proposing an amended format for 2007/08. The new format will take account of both strategic and operational levels and reflect both reactive and proactive work undertaken in respect of counter fraud. The CFSMS has stated that it is not interested in the scores achieved by Trusts but in the counter fraud activity undertaken by the organisation.

The Chairman asked about the score of ‘O’ given for ‘undertaking fraud proofing on a sample of procedures and policies’ and ‘ensure there is an effective link between the Risk Register and counter fraud work’. There was some discussion about developing a process to ensure that risks identified by the Counterfraud service can be submitted to the Risk Compliance and Assurance Group to be entered onto the Trust’s Risk Register.

The self assessment for 2007/08 will reflect the following: that the LCFS will be giving

presentations to Assistant Director of Operations and Ambulance Operations Managers during 2007/08, and that the Trust's fraud policy is being reviewed and will be presented to the Trust Board in due course.

The LCFS said that in terms of the Local Risk Measurement Exercise, focus this year will be on procurement. The LCFS is currently reviewing documentation and will be submitting his report at the end of January. The Director of Finance said that the cross matching exercise undertaken in 2006/07, identified three possible LAS employees who might be working elsewhere in the NHS.

Noted: The contents of the Local Counter Fraud Specialist's report.

37/07 Risk Register

The Head of Governance presented the Risk Register to the Committee. Two risk assessment workshops have been undertaken and a further three are planned. The participants at the workshops were introduced to the risk reporting form, the Trust's risk matrix to enable them to identify the severity of the risk and the Trust's risk management procedures. Ten new risks were identified by the participants at the workshops and these will be considered by the Risk Compliance and Assurance Group (RCAG) on 30th October 2007.

Agreed:

- 1. That future reports of the Risk Register will have the most significant risks identified as 'red' at the front of the report.**
- 2. That the summary of the minutes of the RCAG will highlight what risks have become red, which have ceased to be red and what has changes have been made to the Register since the Committee's last meeting.**

Noted:

- 3. The progress in managing the risk register**
- 4. That the wording of the risks on the Register were being reviewed so as to ensure they properly described the risk.**

38/07 External Accreditation Reports

NHSLA: the Head of Governance said that the Trust is participating in the piloting of the new assessment approach by the NHSLA. In August the Trust was assessed at Level One of the new system. This focused on ensuring that the Trust had policies and procedures in place for managing risk. An action plan has been drawn up to address the areas where administrative processes need more detailed documentation and this will be presented to the Senior Management Group on 12th September. A further assessment will be undertaken in the Autumn in respect of Level Two; this will involve reviewing the evidence for the implementation of policies, procedures etc. The new system will be introduced in April 2008. The Head of Governance is liaising with the assessor to clarify the guidance issued by the NHSLA. An update on the Trust's preparation for compliance with the new system and a forecast of the level to be applied for will be presented to the Audit Committee in March 2008. **ACTION: Head of Governance.**

Healthcare Commission: the Head of Governance said that the Healthcare Commission is undertaking a data collection exercise in October. The Trust is expected to achieve 'good' for the Use of Resources and 'fair' for Quality of Care components of the Annual Healthcheck for 2006-7. Although the low numbers rule will apply in respect to achieving the Thrombolysis target, the Trust's rating will be adversely affected by its failure to achieve Category B performance targets.

Noted: The update regarding the NHSLA and the Healthcare Commission.

39/07 Standing Committee Items

Noted: 1. The two declarations of hospitality by the Director of IM&T.

2. **That there has been no waiving of the Trust's Standing Orders since the last Committee meeting.**

40/07 Charitable Fund Accounts

Noted: The Charitable Funds annual report; the annual accounts and the Governance report for 2006/07.

41/07 Draft minutes of the Clinical Governance Committee, 13th August 2007

The draft minutes of the Clinical Governance Committee were considered by the Committee.

Roy Griffins asked about the 'alternative response policy'; it was explained that this was a revision of the previous 'no send' procedure following the introduction of the recent Mental Health Act and the introduction of Clinical Telephone Advice in the Control Room.

Noted: The draft minutes of the Clinical Governance Committee, 13th August 2007.

42/07 Draft minutes of the RCAG, 3rd July 2007

The draft minutes of the RCAG were considered by the Committee.

RCAG briefly discussed the risks flagged up by the Audit Committee in July: responsible leads have been asked to investigate and report back to the RCAG when it meets in October. The risks in question concerned internal communication; the checking of logs in EOC which the Committee suggested had been prematurely deleted and the risk surrounding the shift that requires newly recruited members of front line staff to work 7/10 weekend shifts. Peter Bradley said that at its recent Awayday the SMG had considered a report in respect of that rota.

Noted:

1. **That RCAG will review the risks flagged up by the Committee when it meets on 30th October 2007.**
2. **The draft minutes of the RCAG.**

43/07 Audit Committee work plan and timetable for meetings 2007 and 2008.

The Committee considered a list of topics that the November meeting might wish to have on its agenda.

Agreed:

1. **That the first part of the meeting in November will be an informal meeting between the Committee and the senior members of the finance team. The meeting is intended to be a forum for an informal, interactive discussion between the Committee and the members of the finance team about what lessons have been learnt in regard to the 2007/08 budget and any 'near misses'. The Director of Finance will circulate a draft agenda in the interim to the Committee for comment. ACTION: Director of Finance.**
2. **That in terms of 'routine business' the Committee will receive the minutes of the previous meeting; matters arising; standing committee items and draft minutes.**
3. **That the meeting will commence at 12.00, will be held in the large committee room at Loman Street with a sandwich lunch being provided.**

**Noted: 4. The suggested dates for the Audit Committee's meetings in 2008.
3rd March; 16th June; 8th September and 10th November.**

Meeting finished at 4.00pm

London Ambulance Service NHS TRUST

Trust Board 27th November 2007SUMMARY OF THE MINUTES
Audit Committee 19th November 2007.

3. **Chairman of the Committee** Barry MacDonald
4. **Purpose:** To provide the Trust Board with a summary of the proceedings of the Audit Committee
3. **Agreed:**
1. That the Interim Assurance Framework, incorporating amendments suggested by the Committee, be presented to the Trust Board on 27th November as mid term assurance for the Annual Health Check
 2. That the Finance Director would circulate a draft specification and evaluation criteria to the Committee in preparation for a mini-tender of the internal audit function.
- Noted:**
3. The presentations given by the senior members of the finance team which outlined the different activities undertaken and the interaction with other parts of the Trust, in particular A&E and the projects that were being taken forward as part of the Corporate Processes & Governance Programme (SIP 2012).
 4. That preparations were in hand for the 2008/09 budget, a draft of which would be presented to the SDC in December 2007.
 5. That the current timeline for the initial submission of the 2008/09 budget to the SHA is mid January. This deadline would be prior to the Trust Board's approval of the budget at its meeting on 29th January and the Board would discuss the governance implications.
 6. That a number of items were identified for future internal audit review.
 7. That the RCAG was asked to further consider the concerns raised by the Audit Committee in respect of what assurance there was in respect of crews receiving and implementing disseminated clinical information and what processes were in place for the management of calls being passed from EOC to UOC.
 8. That this was Barry MacDonald's last meeting; the Committee thanked him for his stewardship of the Audit Committee over the last eight years.
- Standing items:**
9. Hospitality declared by the Chairman, the Director of IM&T and the Medical Director.
 10. That there were no waivers of standing orders since the last Audit Committee meeting held 10th September 2007.
- Minutes Received:**
11. Minutes of the Clinical Governance Committee (15/10/07) and Risk Compliance & Assurance Group (30/10/07)
4. **Recommendation** That the Trust Board NOTE the minutes of the Audit Committee

**LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE**

Noon, large meeting room, Loman Street.

Monday 19th November 2007

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Caroline Silver	Non-Executive Director
	Roy Griffins	Non-Executive Director
	Sarah Waller	Non-Executive Director
In Attendance:	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations (12.30-1.40)
	John Wilkins	Head of Governance
	Michael John	Financial Controller
	Helen Berry	Financial Manager (Corporate Services)
	Andy Bell	Senior Financial Analyst
	Michelle Johnson	Capital Accountant
	Meena Shah	Finance Systems Manager
	Ken Thompson	Cashier
	Victoria Hastings	NHS Finance Trainee
	Kevin Canavan	Resource Manager (Control Services)
	Christine McMahon	Trust Secretary (Minutes)

Circulated at the meeting: handout of the presentations given by the finance team; list of accruals and daily cashflow forecast September 2007

44/07 Minutes of the last Audit Committee meeting , 10th September 07

Agreed: **The minutes of the last audit committee meeting held on 10th September 2007 with the suggestion that the following paragraph be amended:** Although it would not be part of the 2007/08 ALE, the compound indicator score would be part of the Audit Commission's review of the Trust's overall arrangements.

45/07 Senior Finance Team Review

The Director of Finance introduced senior members of the Finance Team: Michael John (Finance Controller); Helen Berry (Finance Manager, Corporate Services); Andy Bell (Senior Financial Analyst); Meena Shah (Finance Systems Manager); Ken Thompson (Cashier) and outlined their areas of responsibility. Vicky Clark, who was responsible for A&E Finance, was unable to be at the meeting due to personal commitments and Chizoba Okoli was attending a CAD 2010 meeting.

Current structure: the presentations set out the different activities undertaken by the finance team, how the team interacts with other parts of the Trust, in particular A&E; and how the information provided by PROMIS, ESR and Management Information was used to identify trends and forecast future expenditure. Though the reconciliation between the different systems was not perfect, significant improvements had been achieved with the process. The Director of Finance said that as part of the SIP 2012's Corporate Processes Programme work would be undertaken in respect of quick data capture and validation.

A&E: Kevin Canavan (Resource Manager, Control Services) said that a reconciliation was undertaken on a weekly basis to ensure that budgeted and actual staffing was correct. Though it was hoped that there would be closer integration between PROMIS and ESR in the future, at present the Trust had to work with both systems.

In response to a question about what flexibility there was in the system; the Director of Operations said that although the budget was drawn up on a corporate basis there was some flexibility within that for local initiatives. AOMS were expected to work within the allocated establishment figure but how they deployed their resources was up to them to some extent. The Director of Operations cited the example of Silvertown Ambulance Station. It was established to address a shortfall in performance in that area; the station was staffed by 68 staff that had been transferred from surrounding stations with the overall establishment figure for the area remaining unchanged.

In regard to overtime and subsistence payments, the Director of Finance hoped that the information would eventually be available on a daily basis. Information regarding overtime was currently available on a weekly basis and subsistence payments on a monthly basis. Analysis was undertaken to identify trends in regards to the payment of subsistence and the allocation of rest breaks.

A spreadsheet was currently used to record data relating to the fleet, such as the expiry of the lease and depreciation; this was an additional control brought in 2006. The future introduction of technology into the workshop operations would be an important development.

The Senior Finance team regularly meet with the Director of Operations, the Assistant Directors of Operations and Area Operations Managers. The bulk of the A&E budget was concerned with staffing; staffing levels were determined by the Director of Operations and the AOMs. The Committee was assured that there was a good level of interaction between the A&E and the Finance Team; monthly budget statements were issued electronically to budget holders and management accountants attend Area meetings.

Income project: the Director of Finance said that work was being undertaken in respect of Stadia income to improve income collection; it currently takes approximately six weeks for an invoice to be produced following stadia work. A similar approach was being taken in respect of paying third party invoices with purchase orders being raised as/when other organisations were utilised. This work was part of the Corporate Processes Programme.

Corporate Support: Helen Berry said that an arrangement was in place to ensure that the Finance Team were kept informed of the use of agency staff and contractors e.g. there was a shared drive used by IM&T that held information on agency staff and contractors employed by the Trust. A management accountant and senior financial analyst meets with the Director of IM&T and his senior team to discuss that department's financial performance and resolve any issues that might have arisen. The Finance Team were also in close contact with the training department so as to ensure that people were accounted for correctly as they moved through training to their permanent post. This information was also used for forecasting expenditure relating to training and general business planning.

Strategic Planning Project Profile, SPPPs, (formerly known as Initial Statement of Need - ISON) were introduced in 2006; the SPPP is used to make a bid for development funding that must support the Trust's strategic objectives. A deadline of 30th November has been given for SPPPs relating to 2008/09 and following an initial screening by the Senior Finance Team and the Head of Programme Planning, the Senior Management Team will review, approving some, rejecting others. There is a second stage, AFA, which also has to be approved, when actual costs have been ascertained and further detail is available. Prior to the Strategic Steering Group meeting an email is circulated, with hyperlinks to supporting paperwork for individual SPPPs or AFAs.

2008/09 business planning: The Trust began its planning for 2008/09 in October 2007. Helen Berry circulated the timeframe for 2008/09 business planning which included submission of a draft 2008/09 budget to NHS London by mid January. The Director of Finance said that the same deadline would have been given to the London Primary Care Trusts. NHS London was aware that the Trust Board was not due to meet until

29th January 2008; the Director of Finance was in discussion with the Chief Executive and the Chairman on how to proceed. The Chairman expressed concern that the 2008/09 budget would be submitted to the NHS London prior its approval by the Trust Board. The Director of Finance said that by January the Trust's income for 2008/09 should be known and discussions would have been held internally as to departmental expenditure. The Chairman was assured that discussions were taking place to ensure that the final budget was acceptable to the different departments. A draft 2008/09 budget would be presented to the Service Development Committee in December 2007. ACTION: Director of Finance.

The Director of Finance said that in 2008/09 there would be a change in how the Trust was allocated capital; funding will be based on anticipated depreciated, anything over that will be required to be bid for and will effectively be a loan to the Trust. Traditionally the Trust has under spent its capital allocation.

Integrated Supply Chain: Meena Shah explained how the new web based ordering system, Integra, worked; the aim is to have 80% of non-pay expenditure being undertaken via this system. In time the system will link with asset tracking. The system will enable the Trust to have a good oversight of its committed expenditure.

General Ledger: financial accounting has taken over responsibility for preparing the accruals and prepayments for non-pay expenditure and the handover was expected to be completed by March 2007. The major accruals performed each month are for: goods or services received in month but not receipted and the invoices arrive after the month-end date; ambulance lease costs; vehicle accident damage. The major prepayments made each month are for: insurance premiums, rent and rates and annual maintenance contract. Checks are carried out on the significant accruals and prepayments made by financial accounts and management accounts on a monthly basis. Internal audit undertake an annual review and the External Auditors review as part of the year-end audit process.

In response to a question about purchase orders, Michael John said that a strong line was being taken with Suppliers and Managers about the use of purchase orders. The Director of Finance said that as it was fairly easy to set up new Suppliers on the system there was no excuse for managers not to use it. Purchase cards have been issued to 55 managers with controls in place in respect of expenditure type; statements were received from the Bank on the 27th of each month.

Michael John explained the system now in place to ensure that the expiration of vehicle leases was captured to avoid any recurrence of the error that occurred in 2006.

Cashflow: Ken Thompson, Cashier, said that he aimed to ensure that the Trust had sufficient cash flow and maximised its return on investment. Since April 2001 NHS Trusts were required to invest their surplus funds with the National Loan Fund which was managed by the Treasury; the rate of return was less than on the open market. One of the restrictions the Trust operates under was the requirement of having .3% of its annual turnover in cash on 31st March 2007. The Trust's cashflow was carefully monitored in the lead up to 31st March to ensure that this target was achieved.

The Finance Director said that should the Trust decide to apply for Foundation Trust status there would be a need to improve financial understanding across the Trust e.g. to change the existing culture that considers capital as being 'free.'

Cost Improvement Programme: the Director of Finance said that the 2006/07 cost improvement programme would be taken forward in 2008/09 as part of the Corporate Processes Programme. He believed that there were substantial savings to be made in reviewing processes across the Trust whereby costs can be lowered and quality improved.

Helen Berry said that one aspect of the closer working relationship was that other departments were coming to Finance before and not after the event to discuss costings.

- Noted:**
- 1. That the Trust was required to provide two reports with the same information to the Department of Health via the SHA (FIMS) and the LPA return to the PCTs.**
 - 2. That the following were identified for future internal audit review: the reconciliation undertaken between the different systems; assessment of benefits realisation for projects to ascertain whether they delivered the planned performance improvements or savings, e.g. Integra; the use of the Trust's purchase cards; the Trust's cashflow management system;**

46/07 Update on the tendering of Internal Audit

The Director of Finance said following further consideration of the audit options open to the Trust; given the current workload, the fact that other ambulance services are not as open to audit collaboration at this stage as expected and the need to intensify our financial audit activity in preparing for a Foundation Trust application, he recommended re-tendering for an outsourced internal audit provider in line with the current arrangement.

An additional operational auditor would join John Wilkins team to strengthen the Trust's existing internal resource. This should significantly improve our 'internal' internal audit capacity.

As there were existing internal audit providers on the Office of Government Commerce framework this should allow the LAS to run a competitive tender with these suppliers without going through a full OJEU process. The plan at this stage would be to have a choice of three providers at the final stage of the process. The final selection could be linked to the Audit Committee meeting planned for 3rd March 2008 with appropriate Audit Committee involvement.

Roy Griffins said he hoped that the Finance Director would explore further the option of bringing the internal audit function in-house.

- Agreed:**
- 1. That the Director of Finance would circulate a draft specification and evaluation criteria for comment by the Committee prior to running the tender. ACTION: Director of Finance**
 - 2. That a mini-tender would be held in respect of the Internal Audit function.**

- Noted:**
- 3. The allocation of 200 days for the 2006/07 internal audit.**

47/07 Interim Assurance Framework

The Committee considered the Interim Assurance Framework prior to its presentation to the Trust Board on 27th November 2007. The Assurance Framework was a process that links clinical governance, control assurance and risk management systems so that they provide support to enable the Board to meet the challenge of Governance.

In preparation for the next Statement of Internal Control and the Final declaration of the Annual Health Check 2007/08, this interim Assurance Framework has been produced from the previous Assurance Framework and included the twenty-five most serious (risks with the highest risk score) risks held on the Trust's Risk Register. It will be updated to include controls/assurance for healthcare standards which do not have risks that currently threaten compliance.

A number of suggestions were made in regards to the presentation and the contents of the Assurance Framework; these included:

- that the Trust's objectives be listed at the start of the document and the column 'principle objectives' be amended so that it simply referred to which ever objective

was threatened by a particular risk rather than the objective be written in full each time;

- that the contents of the two columns (key controls and assurance on controls) be reviewed as there appeared to be an overlap between the two;
- that risk 221 be removed as RCAG had agreed on 21st October that the risk should be removed from the Risk Register and instead Risk 283(Business Continuity) be added in its stead;
- additional assurance regarding weekend working to be included in the relevant column and the processes in place to ensure that calls passed from EOC to UOC were regularly screened. ACTION: Head of Governance.

Agreed: 1. That the interim Assurance Framework be presented to the Trust Board as mid-term assurance for the Annual Health Check.

Noted: 2. That the Trust Board would receive the final Assurance Framework to evidence compliance with the core standards for the 2007/08 Health Check on 18th March 2008.

48/07 Standing Committee Items

- Noted:**
- 1. The declarations of hospitality by the Chairman, the Director of IM&T and the Medical Director.**
 - 2. That there had been no waivers of Standing Orders since the Committee met in September 2007.**
 - 3. That the Director of Finance would be undertaking an audit of senior managers' expenses before the next Audit Committee.**
- ACTION: Director of Finance.**

49/07 Draft minutes of the Clinical Governance Committee

Sarah Waller said that it was important that an infection control co-ordinator be recruited as soon as possible.

Noted: The draft minutes of the Clinical Governance Committee, 15th October 2007.

50/07 Draft minutes of the RCAG, 30th October 2007

Lost property bags: the Director of Finance said that a more extensive trial was being undertaken of lost property bags so as to demonstrate how the process would be implemented on a trust wide basis.

The Committee were pleased that a test of the fall back control room had been undertaken in October. The Finance Director said that the lessons learnt were being analysed and would be implemented prior to the next test, which was expected to take place in early 2008.

A Trust Wide Risk Assessment was undertaken in the summer; participation from local Area groups was encouraged.

NHSLA: the decision has been taken not to go for Level two; this would not have a financial impact on the Trust. Software would be purchased that would facilitate the collation of evidence to demonstrate compliance with the NHSLA's criteria for Level 1 and Level 2.

The Committee considered RCAG's response to the areas of concern that had been raised by the Committee.

- Sarah Waller said her concern was not communication generally but how the Trust could demonstrate that the clinical information disseminated to front line crews had been received and was being implemented. This would be further considered by RCAG and reported back at the next Audit Committee. ACTION: Medical Director
- In respect of the deletion of the risk 248, the Chairman said he would like assurance that there were proper processes in place for managing calls passed from EOC to UOC to ensure that all calls received a response. ACTION: Director of Operations
- The issue of staffing available at weekend was recognised as being part of Risk 265 (*Inability to match resources to demand. Rosters do not match current demand. Weak at weekends*) and was included in the Assurance Framework. The Finance Director said that the measures being taken to review core rotas to ensure that there was sufficient staffing at weekends would be outlined in the framework. ACTION: Head of Governance.

Noted: The draft minutes of the RCAG meeting, 30th October 2007.

51/07 Audit Committee work plan and timetable for meetings 2007 and 2008.

Noted: The contents of the 2008 workplan

52/07 In conclusion, the Chairman asked members of the Committee if the objective of holding the meeting with the senior finance team had been accomplished. Caroline Silver said she had found the meeting very helpful and now understood more of the substance of the business.

Sarah Waller thanked the Chairman for his stewardship of the Audit Committee over the last eight years; this was Barry MacDonald's last meeting as he would be retiring from the Board in early December 2007.

Date of next meeting : 3rd March 2008

Meeting finished at 3.40pm

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD 27th November 30th January 20067

Audit Commission's Annual Audit Letter

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: To inform the Trust Board of the findings of the Audit Commission

3. Summary

The purpose of this Annual Letter is to summarise the key issues arising from the work that the Audit Commission has carried out during the year. The key messages are set out on page 54.

The details of the Auditor's Local Evaluation (ALE) are set out on page 7.8; the Trust received an overall rating of 'Good' for the Trust's use of resources within the Healthcare Commission's Annual Health Check.

4. Recommendation

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

London Ambulance Service NHS TRUST
SUMMARY OF THE MINUTES
 Clinical Governance Committee - 15th October 2007

1. **Chairman of the Committee** **Dr Beryl Magrath**
2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC).**
3. **Agreed:**
 1. The Infection Control Policy, subject to SMG approval of local clinical responsibility for infection control being devolved to Ambulance Operations Managers.
 2. The trust procedures, TP/018 (suspected cases of child abuse procedure) and TP/019, (suspected abuse of vulnerable adults procedure), both of which had been revised to reflect organisational changes in the Trust. An Equality Impact Assessment will be undertaken of these two procedures.

Noted:

3. The good progress being made in treating patients who have suffered an out of hospital cardiac arrest and who meet the Utstein criteria; the survival rate has increased from 10.9% in 2005/6 to 15.8% in 2006/07.
4. That the Trust has reasonable systems in place to manage infection control and the policy is being revised and updated.
5. That, in December, the Committee will receive reports concerning: Lost Property Bags; on the procedure adopted for dealing with an adverse incident that is not declared a Serious Untoward Incident; the revised procedure regarding forced entry; an update on the work concerning the care received by Older People and the how infection control is being managed for those vehicles not currently included in the Make Ready Scheme.
6. The Annual Clinical Governance report, that will be presented to the Trust Board in November and to the Governance Lead at NHS London.
7. The oral update regarding the training needs assessment, which was reviewed by the NHSLA against their pilot criteria and informed the Trust's two year training plan.
8. The progress in managing the clinical risks on the Trust's Risk Register. A number will be proposed to the RCAG for deletion e.g. 194 and 63 or for the risk to be re-worded , 188 and 179.
9. The contents of the pan London Governance report, that included updates on Clinical Performance Indicators; Complaints, Clinical Telephone Advice and Rest Breaks.
10. That the Medical Director's Bulletin and the Medical Director's Monthly Clinical Update will inform front line crews of recent guidelines issued by NICE in respect of treating children with a fever; head injury, intrapartum care and acute coronary syndrome.

Minutes/oral reports received from:

Infection Control Group (30th August 2007); Standards for Better Health (27th July 2007); Training Services Group (22nd August 2007) and the Clinical Audit & Research Steering Group (14th September 2007).

Recommendation: THAT the Trust Board note the minutes of the Clinical Governance Committee, 15/10/07.

LONDON AMBULANCE SERVICE NHS TRUST

**DRAFT Minutes of the Clinical Governance Committee
9.30am, 15th October 2007, Committee Room, LAS HQ**

Present:

Beryl Magrath (Chair)	Non-Executive Director
Sarah Waller	Non-Executive Director
Fionna Moore (Vice chair)	Medical Director
David Jervis	Director of Communications (until 11.45)
Richard Webber	Deputy Director of Operations, Control Services
John Wilkins	Head of Governance (from 9.40)
Jason Killen	Assistant Director of Operations, East
Chris Vale	Head of Operational Support
Nicola Foad	Head of Legal Services
Stephen Moore	Head of Records Management
Paul Tattam	Ambulance Operations Manager - D Watch
Pat Billups	Education Standards Manager (for Keith Miller)
Malcolm Alexander	Chairman, LAS Patients' Forum
Christine McMahan	Trust Secretary (minutes)

In attendance:

Sajjad Iqbal	Diversity Manager (until 11.05)
Jasjit Dhaliwal	Compliance Officer (from 9.40 – 11.05)

Apologies

Ingrid Prescod	Non-Executive Director
Kathy Jones	Director of Service Development
John Selby	Head of Safety & Risk
Russell Smith	Deputy Director of Operations

58/07 Minutes of the Clinical Governance meeting held on Monday 13th August 2007

Agreed The minutes of the Clinical Governance Committee meeting held 13th August 2007.

59/07 Matters Arising

Noted: Minute 40/06(2): Lost Property bags, it was recognised that this is quite a time consuming administrative task for the PALS office as well as having a negative impact on the Trust's reputation. Thus far a suitable solution has not been achieved. ACTION: PALS Manager to provide an update to the Committee in December.

Minute 63/06(1): that between 1 August -23 September, Control received 119 requests for a paramedic to attend a scene because their specific skill levels were required. 114 requests were complied with; on three occasions the request was cancelled or not required. There were therefore only two occasions when a paramedic was not available; one of which involved a patient being conveyed to hospital.

The Medical Director said that front line crews were informed via a Medical Director's Bulletin that Technicians are empowered, when necessary, to administer patient's own drugs. It was recognised that where possible patients should be encouraged to self-administer medication, but that this is not always possible. A recent case involving the administration of buccal midazolam is being written up as a case history for inclusion in the next Medical Director's Clinical Update (accessible via the Pulse).

Minute 41/07: Dr Paul Dargan (GTPU) attended a meeting of SMG in September 2007 to speak about the Trust continuing to use the clinical advice service piloted through the ECP scheme. SMG agreed that a trial be undertaken that would make available clinical support to staff; this would be co-ordinated by the EOC Clinical Support Desk.

Minute 41/07: The Deputy Director of Operations, Control, said that the Trust has obtained the training pack used by NHS Direct to enable call takers to ask patients/callers their ethnicity. The training pack will be shared with Sajjad Iqbal, the Trust's newly appointed Diversity Manager. ACTION: Deputy Director of Operations, Control Services

Minute 42/07: the Medical Director said that the recently appointed Consultant Midwife, Andrew Stallard, will represent the LAS on the NPSA's pan London obstetrics forum.

Minute 42/07: The Head of Legal Services said that the Head of Safety & Risk is liaising with the NPSA as to how Datix is used to analyse information about incidents.

Post meeting update: Minute 47/07: the PPI Manager said that an application for lottery funding to finance public education activities would be made following the holding of workshops in the Autumn and would be discussed at the next Public Education Strategy Group meeting at the end of November.

Minute 43/07: the Medical Director said currently the LA214 (form used by Paramedics to record the grade of intubation encountered, and why it was missed, if it was missed) does not have a carbon copy and therefore cannot currently be shared with CARU. Once members of staff are using the form on a regular basis, a carbon copy may be introduced

Minute 44/07: when the Alternate Response Policy was presented to the SMG it was noted that an equality impact assessment must be undertaken. It is hoped that the policy will be presented to the Trust Board in November.

Minute 45/07: the Head of Governance presented a list of 'quick wins' to the SMG following the NHSLA visit in August and in preparation for the second visit from the assessors in November.

Minute 46/07: the Medical Director said that discussions are on-going in respect of the ECP CPIs, as presented to the Committee in July 2007.

It was not possible to publish an article in the LAS News reminding crews to document any concerns they have regarding child protection issues on PRFs; an update will be included in a Medical Director's Clinical Update. ACTION: Medical Director

Minute 48/07: the Head of Records Management said that four stations were audited by the Internal Auditors concerning PRF completion and transportation. A meeting will be held between the Head of Records Management, the Management Information Manager and the Internal Auditors to discuss the findings of the audit. The findings of the audit will be reported at the next meeting. ACTION: Head of Records Management.

Minute 49/07: a short paper will be presented to the Committee in December outlining what action is taken following an adverse incident that is not declared a Serious Untoward Incident. In particular, what are the possible gaps in ensuring that good practice and learning is achieved. ACTION: PALS Manager

Minute 50/07: the agreement regarding the transportation of patients is still with the Metropolitan Police. ACTION: Medical Director to ask the Senior Clinical Adviser to check on progress with the Metropolitan Police.

Minute 50/07: a revised draft on the procedure in the case of forced entry will be presented to the Committee in December. ACTION: Deputy Director of Operations

Minute 50/07: The Consultant Midwife will take forward the work identified at the last Committee meeting i.e. working with PCTs on the use of ambulances by pregnant women. A follow up report regarding obstetrics will be presented to the Committee in April 2008. ACTION: Medical Director

Minute 56/07: that an Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT) and Paramedic will attend the full meeting of the Committee on 18th December 2007.

60/07 **Update: cardiac survival rate**

The Medical Director said that the cardiac arrest survival to discharge was 15.8% (Utstein figure) for 2006/07; it was 10.9% in 2005/06. The Medical Director commended the work undertaken by the Head of Clinical Audit & Research and her team in producing the data and liaising with the hospitals. Work is being undertaken to ascertain the reasons for the improved performance; this will undoubtedly include improved response times and the introduction of new resuscitation guidelines.

Noted: **The improved cardiac arrest survival to discharge figure of 15.8% for 2006/07.**

61/07 **Infection Control Policy**

The Head of Governance presented the Infection Control Policy which had been revised take more fully into account the Code of Hygiene.

The LAS received £150k non recurrent funding from NHS London to implement an infection control programme over a six month period. Work is in hand to roll out a programme and consideration is being given to employing a full time infection control co-ordinator in the next financial year.

Sarah Waller said that speed was of the essence and she was concerned that awaiting the recruitment of staff would delay the programme. She was assured that discussions are being held with SMG to ensure that the work commenced this year. The Head of Operational Support said that discussions are taking place with the Clean Hospital Team. The Team has been very supportive and there is a possibility of secondments from the Team to work with the LAS.

The Head of Operational Support said that FRUs and the PTS vehicles are not currently included in the Make Ready Scheme but from 1st November will receive deep cleaning at regular intervals.

- Agreed:** 1. **The Infection Control Policy subject to SMG approval of clinical responsibility for local infection control being held by AOMs. ACTION: Head of Governance**
- Noted:** 2. **That the LAS has reasonable systems in place to manage infection control.**
3. **That, in December, the Head of Operational Support will outline how infection control is being managed for those vehicles not included in the Make Ready Scheme. ACTION: Head of Operational Support.**

62/07 **TP/018 suspected cases of child abuse procedure and TP/019 – suspected abuse of vulnerable adults procedure.**

The Head of Records Management presented TP/018 and TP/019, both of which have been revised to reflect organisational changes in the Trust e.g. the role of PALS.

TP/018: The Medical Director said that some corrections were needed, e.g. page 3 (4.1.1) the copy of the PRF is white not as stated pink, and many Emergency Medical departments do not have access to child protection register, this should be amended to state ‘ if available’. All departments should have procedures in place to follow up queries the next day.

The Chairman of the Patients’ Forum was assured by the Medical Director that the LAS is not seeking to duplicate the Child Protection Register in regard to the information the Trust holds. In reference to a child being assessed prior to being taken into police protection the Medical Director said that the assessment would, as a matter of course, be undertaken by a Paediatrician.

In response to a question from the Chairman as to whether LA279 form are kept on every ambulance it was stated that the form is available on the Pulse and that most complexes will have a set of forms printed off and readily available. If a crew is sent to a call where the patient is left at home and there is cause for concern they would return to base to complete their paperwork, faxing it to the relevant department.

TP/019: the procedure was reviewed to reflect the changes made in the organisation since it was originally drafted.

- Agreed :**
- 1. TP/018 suspected cases of child abuse procedure**
 - 2. TP/019 – suspected abuse of vulnerable adults procedure.**
- Noted:**
- 3. That an equality impact assessment must be undertaken of the two procedures.**

63/07 **Annual Clinical Governance Report**

The Head of Governance presented the annual clinical governance report that is an overarching document outlining the work being undertaken across the organisation in regard to clinical governance. The presentation of the document reflects the domains used by the Annual Health Check and demonstrates the Trust's progress in meeting the different criteria. It included a summary of the activities reported from local Area governance reports; the Medical Director's report to the Trust Board and reports from the Clinical Audit and Research Unit. Next year, the report will include the single equality scheme and more detailed reports from the Area groups.

The Chairman said the graph on page 6 should be amended so as to make it more understandable. ACTION: Head of Governance to liaise with the Head of Safety & Risk. Sarah Waller said the annual clinical governance report was very comprehensive.

- Noted:**
- The Annual Clinical Governance Report, which will be amended to reflect the Committee's comments, and submitted to the Trust Board and the Governance Lead at NHS London.**

64/07 **Progress with training needs assessment/analysis**

The Education Standards Manager said that the training needs assessment had been completed and reviewed by the NHSLA against their pilot criteria. The assessment formed the basis for the Trust's two year training plan presented to the Trust Board in September 2007.

The Chairman said that the issue of training had been raised at the Chief Executive's consultation meetings. The Education Standards Manager said that modular training courses have been well attended since their introduction in May 2007; Patient Assessment module (484 members of staff) and Advanced Life Support (335 paramedics).

Sarah Waller said that when the Training Plan was presented to the Trust Board, it was noted that the plan did not include all the non-clinical training undertaken by members of staff. Future reports regarding the training plan will address this omission.

- Noted:**
- 1. The update on the training needs assessment.**
 - 2. That a progress report will be presented to the Committee in the April 2008 that will include information on attendance.**

65/07 **Risk Information Report update**

- Noted:**
- 1. The update.**
 - 2. That a full risk information report will be presented to the Committee in December 2007.**

66/07 **Clinical risks on the Risk Register**

The Committee considered the high clinical risks held on the Trust's Risk Register.

269 – The Deputy Director of Operations said that changes had been made to the FRU rota to stagger start/finish times. Work is being undertaken as part of SIP 2012 to make changes to the ambulance rotas across the Trust. Although there has been progress there have not been substantial changes and, therefore, the risk rating of 20 should remain unchanged.

138 – There has been little progress made in this area, it will be addressed through the introduction of a CPD module in 2008/09.

The Chairman of the Patients' Forum said that the forum had facilitated a meeting at which representatives of the South London & Maudsley NHS Foundation Trust (SLMFT) and the LAS met and discussed how the LAS could respond in a more appropriate manner to patients with mental health issues.

The Deputy Director of Operations said that a trial is being undertaken by Camden Ambulance Station with the local mental health services on how that station could respond differently to calls involving patients with mental health issues. ACTION: Education Standards Manager to suggest that Head of Policy, Evaluation and Development and the Acting Clinical Educations & Training Manager liaise regarding the offer of support from the SLMFT.

31 – The Medical Director said that AMPDS had been updated and that there was more detailed advice available to front line crew from EOC. The Consultant Midwife is now in post.

The Committee's attention was drawn to the recent article in The Guardian (15/09/07) which had a very positive account of the journalist receiving advice from EOC whilst awaiting an ambulance and a district nurse to attend his pregnant wife. There was an issue surrounding the fact that although the journalist had signed an undertaking that he would not use the transcript for publication which he subsequently did. The Medical Director said it was a Caldicott Guardianship matter. The Head of Legal Services is obtaining advice on how the agreement concerning the disclosure of tapes and transcripts can be enforced.

207 – CARU has provided ADOs with its estimate of the number of downloads should be received and the issue is being followed up by the Area Clinical Governance meetings. ACTION: Responsible lead to be changed from DW and RS to RD & RS.

22 – It was noted that the deadline for an action plan for this risk is 30th October 07. The Education Standards Manager said that comprehensive assessment is reinforced regularly when staff attends training sessions. The risk level of 15 was considered to be reasonable.

20 – The simplified handover form for FRUs will be introduced from the beginning of November.

71 – The Chairman of the Patients' Forum said he was not confident that the Trust had moved forward in ensuring that lessons learnt from complaints changed practices in the Trust. The Director of Communications said that the Trust had completely changed how complaints were handled, e.g. with the Head of PALS taking responsibility for the management of complaints. In July 2007, the Head of Complaints presented a comprehensive report to the Trust Board that included the lessons learnt from a variety of complaints. The Director of Communications said that although complaints continues to be a challenging area for the Trust, there have been improvements and the Trust is moving in the right direction.

211 – Drug errors are reported via LA52s and reported in the clinical incidence report contained within the Risk Information Report. The number of reported incidences is low and staff continue to be encouraged to report drug incidents.

194 – It was suggested that the Head of CARU be asked whether this risk could be deleted from the Register as there is evidence to suggest that the policies/procedures in place mitigate this risk. The Medical Director said that current research projects are been undertaken to a high standard. ACTION: Head of CARU to confirm that this risk should be deleted from the Risk Register

188 – ACTION: this risk to be reworded by Deputy Director of Operations as the risk is now concerning re-registering not recertifying. It was suggested that this is a small risk for the Trust.

179 – ACTION: Diversity Manager to review this risk (responsibilities under the Race Relations Act) and possibly suggest new wording.

165 – The Medical Director said that work has been taking place in regard to the care received by Older People. ACTION: Director of Services to provide an update on this area of work to the Committee.

133 – A revised procedures was agreed by the Committee (minute 62/07). ACTION: Senior Manager to be changed from LS to GB and SM.

46 – ACTION: Head of Operational Support to reword risk as the risk was not just about needle stick injury.

Noted: That RCAG will be asked to agree that the Risk 63 (single use devices) be deleted from the risk register. ACTION: Head of Operational Support

67/07 Operation's pan London Governance Report

The report was presented by the Deputy Director of Operations, Control Services; the Assistant Director of Operations, East and Ambulance Operations Manager, D Watch. The following was highlighted from the report:

CPI (Clinical Performance Indicators): since August 2007 the overall completion rate for CPIs has remained at 61%. It was suggested that the high number of team leader vacancies and the participation of team leaders in undertaking PDRs was partly responsible. It was noted that there were marked differences in the level of CPIs undertaken across London. The Deputy Director of Operations, Control, said that the number of feedback sessions is a more meaningful measure as it is this that brings about improvements in performance and change in practice; 80% of front line staff have received feedback.

Complaints: the Trust is meeting the target of 25 days for the majority of complaints; the bulk of complaints have timely and appropriate outcome reports attached. Members of staff received feedback on the complaint and consideration is given as to whether there are lessons to be learnt for the Trust that should be shared via the LAS News. In response to a question from the Chairman of the Patients Forum, the Assistant Director of Operations, East, said that as/when necessary an extension of the 25 day deadline is negotiated with complainants at the outset of the process.

Clinical Development: the Committee's attention was drawn to the training being delivered to staff at complex level e.g. in respect of maternity, paediatrics and 12 Lead ECG.

No *Serious Untoward Incident* has been declared since the Committee met in July 2007.

Rest Breaks: In September 72% of staff received a rest break, either during their shift or at the end. A review of the Rest Break Agreement by staff side and management is ongoing. Sarah Waller asked that the information presented to the Board give the breakdown according to FRU, Urgent Care and Ambulance. ACTION: Deputy Director of Operations.

PDR (Personal Development Reviews): it is expected that the majority of front line staff will have had a PDR by the end of October. Progress across the Trust has been uneven, with none being undertaken at stations while others have undertaken 60% of the one:one meetings.

Chief Executive's Consultation Meeting: the lessons learnt from the consultation meetings were shared with the Assistant Director of Operations and an action plan drawn up to address many of the issues identified. These will be cascaded down through the organisation.

In response to a question from the Chairman, it was confirmed that, where appropriate, members of staff who have either received complaints concerning attitude and behaviour or who receive abuse from members of the public, are encouraged to attend courses designed to help them manage difficult incidents.

East: the Assistant Director of Operations, East, said that a trial is being undertaken with FRUs involving FR2s and the use of different software (Smart CPR). To date there has been very positive feedback received

Control Services: during the last quarter AMPDS completion trend was very positive, achieving above target performance. Call Line Identification (CLI) should be in place from 9th November. CLI for mobiles is still not available.

CTA (Clinical Telephone Advice): Recruitment of quality assessor is being undertaken following the resignation of the quality assessor. Approximately 2% of calls are currently being quality assured. There has been an increase in the number of calls deemed suitable for CTA. In May 2007, approximately 1,000 calls per week received clinical telephone advice and this has increased, with 1,375 calls receiving clinical telephone advice. The target is 1,500 per week by the end of the year.

Complaints: 81% of complains are responded to within 25 days, currently there are only 2 outstanding. Outcome reports are being produced for the majority of complains and staff receive feedback on the complaints.

Clinical development: AMPDS 11.3 is being tested. Work is taking place on the quality assurance tool PSIAM and is expected to be implemented in early 2008.

A Control Services Bulletin is being issued on a monthly basis and contains a section on complaints, risks, language line. ACTION: Deputy Director of Operations, Control, to forward copy to Trust Secretary, who will circulate it to the Committee for information

The Deputy Director of Operations, Control, said that work is taking place at a national level in respect of job specification for control room staff, i.e. roles and competencies for control services that will include NVQs. In addition, a performance management network is meeting to agree a balanced scorecard that will enable benchmarking across the ambulance services.

Noted: The contents of the report.

68/07 Update re. NICE

The Medical Director said that the Clinical Practices Manager monitors the NICE website for guidelines relevant to the LAS.

Noted: That the Medical Directors Bulletin and the Medical Directors Update would inform front line crews of guidelines issued by NICE in respect of children with fever, head injury, intrapartum care and acute coronary syndrome.

69/07 Reports from Groups/Committees

1 Infection Control Steering Group – 30th August 2007

Head of Operational Support highlighted the following:

- Needle stick injuries have decreased by 50% since the introduction of Braun safety caunulas.
- The Infection Control Manual is being revised and updated
- The Infection Control Programme is in place
- That work is taking place in respect of education & communications on a local basis, working with health & safety representatives and endeavouring to identify local infection control 'champions'.
- Subject to VEWG's agreement 2 maternity towels will be placed in the maternity packs. In response to a question from Medical Director the Head of Operational Support said that the Ferno Pack used to have two but were repackaged with only one.
- The new FRU vehicles has different cloth seat cover fitted. There will be a programme of retro fitting existing vehicles with the new design, which is more readily cleaned, with the intention of improving infection control.

Noted:

- 1. The minutes of the Infection Control Group – 30th August 2007.**
- 2. That there is currently a shortfall of infection control manuals on stations.
ACTION: Education Standards Manager to circulate spare manuals to all Duty Station Officers.**
- 3. That the revision of the Infection Control Manual will include document control and the revised manual will be made available electronically.**
- 4. That although the Infection Control Manual not available via MDT, support will be available to front line crews via the EOC Clinical Support Desk.**

2 Standards for better health – 27th July 07

The Head of Governance said that at the meeting on 27th July discussion took place regarding the Annual Health Check for 2008/09, and the updating of the Trust's Assurance Framework that the Trust Board will consider in November.

Noted:

The oral report concerning the Standards for Better Health meeting held 27th July 2007.

3 Training Services Group – 22nd August 2007

The Medical Director highlighted the following from the minutes:

There was considerable focus concerning the training plan and on the content of the modules. The Group recognised that the difficulties trainee paramedics experienced with some of the courses indicated the need for pre course support for individual trainees.

Urgent Care Staff (a.k.a A&E Support Staff): a review of the national model for Urgent Care Assistant is being undertaken. The two roles are very similar though there is as yet no NVQ. It was recognised that there is little or no career path for people recruited to this role. It was accepted that the Service will introduce a selection procedure whereby individuals with potential can progress to becoming paramedics. Entry to the new paramedic course will eventually be at a higher education level. The first year of the current foundation degree is essentially unpaid, though bursaries may be available for a limited number of candidates to enable ECAs to progress up the career ladder. There is general agreement concerning the principle, though the practicalities have yet to be agreed.

Noted:

The minutes of the Training Services Group – 22nd August 2007

4 Clinical Audit & Research Steering Group – 14th September 2007

The Medical Director highlighted the following from the CARSG minutes in regard to a number of studies that are being undertaken:

- with the Royal London and Homerton Hospitals to improve stroke recognition by adding an aspect to the FAST test which will include visual fields defect.
- with the London Chest Hospital on the pre-hospital use of clopidogrel for STEMI patients.
- on the safety and efficacy of Paramedics treatment of regular Supraventricular Tachycardia.

All participants in a study are required to attend a one day research course run by Barts and London NHS Trusts.

In response to a question concerning the availability of research funding, the Medical Director said that following the Department of Health changing its processes there is less funding available for research. The way forward will be for the LAS to work with other Trusts on collaborative projects. The Medical Director said the Trust was unsuccessful in its bid for research funding to Diabetes UK.

The Medical Director outlined the changes that have occurred in the treatment of stroke in London with an increase in access to treatment centres. There continues to be concern

regarding patients' access to acute stroke rehabilitation. The Chairman acknowledged the efforts of the Patients' Forum in regard to the treatment of stroke in London.

Noted: The minutes of the Clinical Audit & Research Steering Group, 14th September 2007.

Noted: That the following groups have not met since the last CGC meeting: Risk Compliance & Assurance Group; PPI Committee; Complaints Panel; the Clinical Steering Group, Race Equality and Diversity Strategy Group.

70/07 Dates of next meeting:

Full: Tuesday, 18th December 2007 at 2.00pm in the Conference Room, HQ

Core: Monday, 4th February 2008, at 9.30am in the Conference Room, HQ

Meeting concluded at 12.10

LONDON AMBULANCE SERVICE NHS TRUST BOARD**TRUST BOARD 27th November 2007****Report of the Trust Secretary
TENDERS RECEIVED****1. Purpose of Report**

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

ii. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

2. Tenders Received

There have been 3 tenders received since the last Trust Board meeting.

Real Time Software

EADS Defence & Security Systems Ltd
Northgate
The Optima Corporation

Conversion of Vauxhall Zafiras for
Rapid Response Units and ECPs

Wilker
Papworth
MacNellie
Bluelite
AES

3. Recommendations

THAT the Board note this report regarding the receipt of tenders.

Christine McMahon
Trust Secretary