LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 28th November 2006 at 10am

Conference Room, 220 Waterloo Road, SE1

A G E N D A

1.	Declarations of Further Interest.	
2.	Opportunity for Members of the Public to ask Questions.	
3.	Minutes of the Meeting held on 26th September 2006 Part 1 and II	Enclosure 1& 2
4.	Matters arising	
5.	Chairman's remarks	Oral
6.	Report of the Chief Executive	Enclosure 3
7.	Month 7 2006/07 Financial Report.	Enclosure 4
8.	Report of the Medical Director	Enclosure 5
9.	Current issues with NHS London including acute reconfiguration across London	Enclosure 6
10.	Approve risk management policy and supporting procedures	Enclosure 7
11.	Approve procurement of additional Rapid Response Units	Enclosure 8
12.	Approve Disability Equality Scheme	Enclosure 9
13.	Approve Annual report on Complaints 2005/06	Enclosure 10
14.	ECP Update	Presentation
15.	Clinical education and development programme 2006/07	Enclosure 11
16.	Draft Minutes of Service Development Committee – 31st October 2006	Enclosure 12
17.	Draft Minutes of Remuneration Committee – 31st October 2006	Oral
18.	Draft Minutes of Clinical Governance Committee – 23rd October 2006	Enclosure 13
19.	Draft Minutes of the Annual General Meeting – 26th September 2006	Enclosure 14
20.	Report from Trust Secretary on tenders opened since last Board meeting	Enclosure 15
21.	Any Other Business.	
22.	Opportunity for Members of the Public to ask Questions.	
23.	Date and Venue of the Next Trust Board Meeting. 30th January 2007, 10.00am at 220 Waterloo Road, London SE1	

Enclosure 1

LONDON AMBULANCE SERVIC

TRUST BOARD

Tuesday 26th September 2006

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

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Non Executive Directors	
	Barry MacDonald	Non Executive Director
	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 (from 12.00)
	Executive Directors	
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Caron Hitchen	Director of Human Resources & Organisation Development
	Martin Flaherty	Director of Operations

In Attendance:

David Jervis	Director of Communications
Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
Angie Patton	Head of Communications
Ian Todd	Assistant Director of Operations, Urgent Operations
Eric Roberts	Branch Secretary, Unison
Steve Cookson	Project Manager, Operational Model (from 11.20).
Sandy Thompson	Project Manager, LAS
Matthew Brand	Head of Planning & Programme Management
Malcolm Alexander	LAS Patients' Forum Representative
Henry Gillard	LAS Patients' Forum
Alison Buick	LAS Patients' Forum (from 10.15)
Christine McMahon	Trust Secretary (Minutes)

78/06 **Declarations of Interest**

Roy Griffins made the following declaration: that he is no longer Director General of Airports Council International, that he continues to be Head of UK Delegation to the Channel Tunnel Intergovernmental Commission and a member of the Aviation Advisory Board of Macquarie Bank Ltd.

79/06 **Opportunity for Members of the Public to ask Questions**

There were no questions.

80/06 **Minutes of the Meeting held on 25th July 2006**

Agreed: **The minutes of the meeting held on 25th July 2006 as a correct record of that meeting with the correction that it was Beryl Magrath and Sarah Waller who gave their apologies**

for the Service Development Committee meeting in July and not, as stated, Barry McDonald and Sarah Waller.

81/06 Synopsis of the Trust Board's Part II minutes held on 25th July 2006

Noted:

1. **The contents of the synopsis of the Trust Board's Part II minutes.**
2. **In response to a question from the Chairman of the LAS Patients' Forum the Chairman said that the discussion of the Serious Untoward Incidents during the Part II meeting was to enable the Trust Board to be fully briefed about matters that are of a confidential nature. The Chairman assured the Chairman of the LAS Patients' Forum that, where possible, matters of public interest are discussed during the public part of the meeting. However, there are occasions when this is not possible e.g. when investigations are still ongoing. The Medical Director said that the Serious Untoward Incidents will be discussed at the next meeting of the Complaints Panel.**

82/06 Matters Arising from the minutes of the meeting held on 25th July 2006

Noted: That there were no matters arising that were not addressed by the agenda.

83/06 Chairman's remarks

The Chairman reported that Roy Webb, a Senior PTS Manager, who had been ill for some time, recently died. He will be greatly missed. He received a Service funeral.

The Chairman congratulated David Jervis, the Director of Communications, on his recent marriage.

The Chairman said that NHS London (the London Strategic Health Authority) was still in the process of forming itself. He looked forward to the confirmation of permanent appointments and to working closely with NHS London.

The Chairman referred to the NHS London's demand for additional surpluses from London NHS Trusts to address the London Health Sector's deficit. The LAS has made an offer of the maximum amount the Trust feels it can safely offer without impacting on patient care.

Sarah Waller asked about the Primary Care Trust's funding of Emergency Care Practitioners (ECPs). Due to the financial constraints on Primary Care Trusts some were seeking to withdraw funding from the ECP programmes. As a consequence the ECP programme's financial model will need to be reviewed.

The Board was informed that Andrew Lansley (Shadow Health Secretary) is visiting the LAS on the 26th September. Ken Livingston has also been invited, though a date has yet to be finalised. The Chairman said it was important that leading politicians are made aware of the work undertaken by the LAS.

The Chairman reported that he and the Chief Executive had dinner with Sir Nigel Crisp on the 25th September. They expressed their gratitude for the support he had shown the LAS over the years, first as Regional Director for London and then as Chief Executive of the NHS.

Noted: The Chairman's remarks.

8406 **The Chief Executive's report**

The Chief Executive reported that year to date Category A 8 minute performance is 75%. Overall demand is 1.9% above demand on 2005/06. All front line staff have received training on the Revised Resuscitation Guidelines. The Trust's training plan will be presented to the Board in November. **ACTION: HR Director.**

The reporting of Clinical Performance Indicators (CPIs) is improving. Both the Director of Operations and the Medical Director were keen that Team Leader's fully undertake their clinical supervision duties including carrying out CPI checks.

Work is being undertaken to address the downturn in performance when there is a changeover of shifts morning and evening, and at the weekend. The Trust is on track in the recruitment of staff with weekend-heavy rotas which should help address the staff shortages experienced at weekends. To date, 188 additional staff have been recruited and the number is expected to increase to 250 by December.

The Emergency Operations Centre (EOC) experienced high levels of absence due to sickness during the summer. Call answering performance has been disappointing. The level of staffing has also been disappointing; this is in part due to Agenda for Change which has made working overtime at the weekend unattractive. EOC rotas are being revised as part of a general review of the control room. The Chief Executive said he was concerned at the speed of 999 call answering particularly at weekends.

The Urgent Operations Centre (UOC) is functioning well and is now taking 35% of the total Green volume. Following recent technological improvements UOC is now able to see the calls being received in EOC.

Work is continuing to align the assignment of calls to the LAS 'Red' category and the DH 'Category A' better. The LAS treats more calls as 'Red' than fall into the DH 'Category A' and this affects Category A performance negatively. Dr Rachael Donohoe has been leading on this work. To date Red call volume has been reduced by 0.5% of total volume. There is further work in hand which may result in a further 2.5% reduction and it is anticipated that this work will be completed by November. The findings of recent research will be presented to the national group (ECPAG) for approval and further work is planned for later in the year.

EOC has retained its call taking accreditation by NAED[1] as a Centre of Excellence. The Chairman and others attended a demonstration of a new system for prioritising calls and providing clinical telephone advice, 'NSH Pathways', on the 21st October. An evaluation is taking place in North East Ambulance Service to assess its suitability to replace AMPDS[2] and PSIAM. An evaluation is expected by February 2007. The possible advantages of the new system is in its quicker call answering times and the advice that can be given to patients.

The Director of Operations is undertaking a review of the Trust's Emergency Planning Unit and will report back to the Trust Board in due course. **ACTION: Director of Operations.** The Trust will shortly take delivery of 200 digital radios. The Assistant Director of Operations is drafting the Trust's response to the Greater London Assembly's report on the response of the Emergency Services to the bombings on 7th July 2005.

'Hot Zone' – it is anticipated that the 'Hot Zone' trial will take place in December. The trial will provide for a team of specially trained CBRN[3] staff to work closely

[1] NAED: National Academy of Emergency Dispatch/International Academies of Emergency Dispatch
[2] AMPDS: Advanced Medical Priority Despatch System
[3] CBRN: Chemical, Biological, Radioactive & Nuclear

with other emergency services to provide clinical care for contaminated patients inside the 'Hot Zone' of a designated CBRN incident. The trial which is being run in conjunction with the Department of Health will commence in December and run for approximately six months following which there will be a full evaluation and review. A further update on progress will be provided for the Board later in the autumn.

The Department of Health is undertaking a review of Ambulance Services to ensure that they have satisfactory arrangements in place to respond to a terrorist incident. The Department is also undertaking a review of the 32 control rooms across England which is an opportunity to look at the different configurations and resilience. The LAS is the only ambulance service with a fall back control room.

PTS: the Board was informed that PTS lost the Chelsea and Westminster contract. Overall PTS' performance remains good. The Head of Public & Patient Involvement is holding a PPI event focussing on PTS provision in London.

Emergency Care Practitioners (ECPs): a position paper regarding the ECP scheme is being prepared for presentation to the Board in November. **ACTION: Director of Operations.**

Electronic Staff Records will be going live in October 2006. A lot of work has been undertaken to ensure a successful implementation.

Agenda for Change: All staff have been assimilated onto AfC terms and conditions. 90% of staff now have an agreed Knowledge and Skills Framework outline.

Annual Staff Survey: A cross section of staff (850) will be surveyed over the next few weeks. The selection of the random sample is determined by a formulae provided by the Healthcare Commission and is considered to be statistically representative. It is the response of this sample against which the Trust will be measured and benchmarked and the public report is produced. By undertaking a sample size rather than a full staff survey the Trust will save £9,000. The Board will be informed of the issues raised via the survey. **ACTION: HR Director.**

Rest Breaks: work is progressing to implement rest breaks on 5th November 2006. Implementation will be a challenge for the Trust. Although the principle of an allocated rest break for staff is agreed by all parties, the successful implementation with staff will be dependent on the associated detail, effective staff support and strong local commitment. The Trust Board will be kept updated on the progress of implementation.

A Serious Untoward Incident was declared due to problems experienced during the summer with the call taking system which resulted in having to revert to the paper based system. The problems arose due to unforeseen consequences of upgrading the functionality of the present CTAK[4] system. Although extensive testing was carried out beforehand there were unknown bugs in the systems. The upgrades resulted in improved functionality that included the ability to despatch FRUs from sector desks; automatic call transfer between EOC and UOC and improved MDT[5] functionality within the ICR (incident control room). In terms of operational performance tangible business benefits have been realised in the increased management and response to green calls by UOC. The Director of Information Management & Technology stressed that further CTAK enhancements are planned over the coming 12 months, these are vital to continuing to deliver support for operational change.

Extensive testing was undertaken prior to the reconfiguration but what could not be replicated in the testing environment was the effect of several hundred MDTs using

[4] CTAK: call taking database that is used by LAS EOC to log calls and despatch appropriate response.
[5] MDT: Mobile Data Terminal, enabling data to be received electronically in ambulances and FRUs.

the system simultaneously (each with an unknown fault condition). The Board was assured that every precaution is taken when upgrading the system to minimise disruption.

Communications: The Chief Executive highlighted the excellent coverage on the two month trial of the Cycle Response team in the Square Mile.

Patient & Public Involvement – the Board's attention was drawn to the PPI work being undertaken by the PPI Manager and other members of staff.

The death of a teenage girl in Islington after she suffered an epileptic fit was featured in a number of articles in the local newspaper. The focus of the stories has been the attendance of a double Emergency Medical Technician crew on the ambulance and an Emergency Medical Technician staffing the Fast Response Unit. The family is calling for a Paramedic to staff every ambulance. Similar incidents have taken place in other parts of the country. The Board was asked to note that Fast Response Units are staffed by both Emergency Medical Technicians and Paramedics.

Review of Welsh Ambulance Service: The Chief Executive and the Director of Service Development are both involved in the Review of the Welsh Ambulance Service that is currently being undertaken.

Leadership event: a meeting of all the new ambulance service Chairs, Chief Executives and Executive Directors took place on the 19th/20th September. David Nicolson and Lord Warner spoke at the event. There has been positive feedback received from the attendees and it is planned to hold future meetings. The Chief Executive expressed his appreciation for the assistance of the Director of Communications and his team.

Hospital reconfiguration is being undertaken by some London PCTs. A number of LAS staff, including the Medical Director and the Director of Service Development, are participating in various public consultations.

The Healthcare Commission's announcement is expected on the 10th October. A 'good' rating is hoped for (equivalent to the 2 star rating under previous system).

Overseas travel: permission was sought for Chris Hartley-Sharpe to visit Tanzania. Knight Support (the sole provider of public access emergency ambulance services in Tanzania) is funding full travel and accommodation. Chris will be undertaking a consultancy role specifically to identify problems relating to operational, control and logistic issues.

Beryl Magrath asked for clarification regarding 'average monthly utilisation' for vehicles as illustrated by graph 12 in the information pack. The graph showed 50% utilisation for A&E vehicles and 25-30% utilisation for FRU single responder vehicles. The Director of Operations confirmed that 50% utilisation is the level required in order to achieve the Category A8 minute performance target. The 25-30% utilisation of FRU vehicles is similar to that of other Services.

The Director of Finance responded to Beryl Magrath's question regarding the news that PTS had lost the Chelsea & Westminster patient transport contract. The contract, worth £800,000 pa, was awarded to Olympic Cabs. The Director of Finance is meeting with Chelsea and Westminster NHS Hospital Trust to fully understand the basis on which PTS lost the contract.

The Chairman of the LAS Patients' Forum asked what weight is given to clinical competence when PTS contracts were being awarded by the hospitals. The Director of Finance confirmed that Service Level Agreements and tender documentation included clinical and non-clinical criteria. He suggested that PTS could potentially

carve out a niche in the market place by being the transport of choice for high dependency patients.

The Director of Finance said he would welcome a strategic approach being adopted by NHS London with regard to Patient Transport in London. Although in other parts of the country PCTs commission patient transport, in London it is largely commissioned by individual acute trusts. The risk for the LAS is that with the awarding of patient transport contracts to companies with little clinical competence there is likely to be a further increase in demand for 999 A&E ambulances. Work is being undertaken in the Control Room to identify such incidents. The Chief Executive said the Department of Health is currently updating its guidance on the commissioning of Patient Transport Service.

Sarah Waller was informed that the 'Hot Zone' trial will be funded by the Department of Health.

Sarah Waller queried the absence data reported on page 19 (July 06 Absences); the HR Director confirmed that the data reported specifically on sick absence.

Agreed: 1. To grant permission for overseas travel to Tanzania.
Noted 2. That comparative data will be included in future HR reports to the Trust Board.
3. That Fast Response Units are staffed either by Emergency Medical Technicians or Paramedics.

85/06 <u>Month 5 2006/07 Financial Report</u>

The Director of Finance reported an unfavourable year to date figure of £387k. The Trust's income was £663k less than expected. This was due to lower levels of CBRN, Workforce Development Confederation funding and ECP income than had been estimated in the budgets. The Trust's expenditure year to date was £327k less than budget. This is mainly due to non-pay on training, travel and accommodation and vehicle costs. The Finance Director said he was 'reasonably confident' that the Trust will receive £164,000 for defibrillators.

He reported that a number of PCTs have revised their plans to fund ECPs in their areas. Discussions are being held with Newham PCT which, despite signing a SLA with the LAS, has said it no longer wishes to have ECPs. There is an unfavourable variance on ECP income of £99k year to date which reflects the expected shortfall against budgeted income for Sutton, Greenwich and Newham PCTs.

The Board's attention was drawn to the expenses by department which showed a year to date unfavourable position of £386k. There was an overspend on overtime which was due to July and August being busy periods. The Finance Director said that third party usage was higher than he would have liked. The use of agency staff is being closely monitored. Currently agency staff are employed at department level and this is being reviewed. A review of vacancy control is also being undertaken.

Although PTS has had a difficult year, financially it has broken even in the year to date.

ECPS: in response to a question from Sarah Waller the Director of Finance confirmed that six PCTs had signed up to fund ECPS; of these, Hillingdon and Newham had questioned the financial agreement. Hillingdon, Ealing and Sutton have not signed up but no ECPS have been put in place in those PCTs.

CBRN: the Director of Finance was not able to respond to Beryl Magrath's question as to what funding the Fire Brigade or the Metropolitan received as CBRN funding is not discretely identified in those organisations' accounts.

London healthcare sector deficit: The Trust's 2006/07 budget was based on breaking even and using the £1.1m surplus achieved in 2004/05's as part of the Trust's contribution to London healthcare deficit. However NHS London reneged on previous promises that the surpluses of 2005/06 could be brought forward. The revised surplus represents 0.7% of total income. Combined with the unique LAS CBRN top slice of £750k, this equates to an overall contribution of 1% to NHS London.

The Chairman summarised the discussion that took place following the Finance Director's report. Although the Board was concerned with the proposed contribution of £1.3m it accepted that £1.3m had been offered in good faith. The Board asked that no increase on the proposed £1.3m be made without full Board approval. The contribution of £1.3m is dependent on the Trust being able to achieve the planned financial savings without patient care being compromised.

Agreed: That the Trust should continue to work with the new London SHA on the basis of a proposed surplus of £1.3m as part of the collective effort to address the financial deficit in the London Health Sector. Any increase in this arrangement would require full Trust Board approval.

86/06 Report of the Medical Director

The Medical Director highlighted the following from her report to the Board.

NHS Litigation Authority: work is underway to develop the new pre hospital care standards and assessment system for ambulance trusts to be used by the NHS Litigation Authority. The LAS will be piloting the new standard in 2007/08. The Clinical Governance Committee will review developments and existing systems and process for compliance.

Acute Stroke Management: to increase the number of stroke patients eligible for Thrombolysis the Clinical Steering Committee has given support to the concept that a priority call be put through to the nearest Emergency Department for any patient who has suffered a stroke or Transient Ischaemic Attack (TIA) that can arrive in hospital within two hours of the onset of their symptoms or signs. This will facilitate the delivery of thrombolysis for those units currently trialling this form of treatment. Consultants in Emergency Medicine and LAS staff will be informed of this change in policy. The Medical Director will present the Stroke Strategy to the Trust Board in November. **ACTION: Medical Director.**

LAS Reperfusion Strategy: the most recent data obtained from MINAP (Myocardial Infarction National Audit Programme) shows that the average time from call to needle (thrombolysis) time in London is 69 minutes. The average call to balloon (primary angioplasty) time is 97 minutes. Since the introduction of the LAS Reperfusion Strategy 42% of all patients suffering ST elevation myocardial infarction have received primary angioplasty.

National Clinical Practice Guidelines: Version 2006 was introduced at Ambex in June 2006. The revised manual is currently being printed and will be published in October. The revised pocketbook is in its final draft. When the new manuals arrive they will be issued to staff in exchange for the previous edition. A gap analysis which appears in the new manual, detailing the changes, will be supplemented by work undertaken by one of the members of the Department of Education and Development to ensure all the differences are identified.

Continuing Professional Development (CPD) & the EMT4 course: to date 329 members of staff have completed the five day CPD course. Many more have

attended some part of the course. The new EMT 4 course was presented for feedback to the Department of Education and Development and a number of Team Leaders in June. Following feedback and the preparation of a pre learning pack the course went live on 4th September. EMT 4 staff will attend the five day classroom based course after completing the CPD course to allow them to build on the content of this more generic course. The new skill taught on the EMT 4 course is that of the use of the laryngeal mask airway (LMA). It is intended that all staff completing the course successfully will spend two days in an operating theatre to practice this skill under supervision.

Placements: It if becoming increasingly difficult to gain the support of acute Trusts for LAS staff training by undertaking placements in hospital. With the increasing pressures to train medical students, nurses and junior doctors several Trusts have indicated their reluctance to accept LAS staff, whether ECPs undertaking placements, paramedics or EMTs. This issue was exacerbated by a recent paper published by the Association of Anaesthetists on Consent. Despite input from the Chair of JRCALC (a Consultant Anaesthetist) and an explanatory letter from the Association, a number of acute Trusts have withdrawn their support. Several others are requesting that Honorary Contracts are set up for LAS staff, along with CRB checks. These requirements would have major implications, both financially and for the time required to arrange placements. The Chair of BASICS London, a member of the Trust's Clinical Steering Committee, is intending to discuss the issue with the new Chair of the Royal College of Anaesthetists.

Snapshot audit of the management of patients who have taken an overdose. Appendix 1 of the Medical Director's report contained an executive summary of a snapshot audit of the management of patients who have taken an overdose. A number of recommendations were proposed by Clinical Audit & Research to the Clinical Steering Committee which are being implemented.

Palliative Care: The Senior Clinical Adviser has been liaising with the Palliative Care Network in all the previous SHA areas. This has contributed to shared understanding, with sharing of information on contacts, medication and DNAR (Do Not Attempt Resuscitation) or other advanced directives, as well as the introduction of common documentation and common referral pathways.

Pandemic flu. The LAS is represented on a group set up by the Department of Health to consider the response of ambulance services in the event an outbreak of pandemic flu. The group will consider three strands of work; the clinical, strategic and business continuity aspects. This will bring together the practical and day to day management along with linkages with primary and secondary care in an environment where the availability of staff may be markedly reduced. The project board met initially on 1st September and will start drawing up guidelines at a workshop planned for 19th September. The group's remit is to have guidelines drawn up by January 2007.

In response to Sarah Waller's question about the difficulties being experienced with clinical placements the Medical Director explained that there has been an increase in demand for clinical placements (Paramedics, EMT4s, and ECPs) which has led to increased pressure on the hospitals. The HR Director pointed out that there were also difficulties with nursing placements. The placements are not funded but are dependent on goodwill.

Beryl Magrath enquired about the proposal to have vehicle based drug bags. The Medical Director said that a vehicle based drug bag would allow better tracking of drugs and help ensure that drugs are not out of date. She pointed out, however, that there would be an issue with one of the drugs in the paramedics' drugs bag,

diazepam, as EMTs are not legally allowed to use this drug. Further consideration is being given on how this could be managed.

In response to a question regarding the use of charcoal to treat overdoses the Medical Director confirmed that discussions are taking place with St Thomas' on how the study could be relaunched. One reason for the previous study's failure was the lack of accurate documentation by staff.

The Chairman of the Patients' Forum welcomed the work being done on acute stroke. He reported that the Forum's last public meeting, which discussed the care given to stroke victims, was very well attended with 45 members in attendance. The Director of Service Development acknowledged the assistance from the Patients Forum on the research into care for stroke patients in London.

Noted: **1. The Medical Director's report.**
2. The following new policies: Manual Handling; Latex; Internet and Peripheral Devices.

87/06 Presentation on requirements for Foundation Trust status

The Chairman introduced Dr Penny Dash from McKinsey & Co who had been invited to explain the requirements for Foundation Trust status in terms of financial management, and to talk about the pros and cons. Dr Dash was, for two years, a member of the Monitor Board.

Dr Dash's presentation set out the process for becoming a Foundation Trust, the role of Monitor (regulatory body) and the requirements that would need to be met to be a Foundation Trust (FT).

The Director of Finance asked if the suggested benefits of "freedom from Central/SHA dictat" was more apparent than real. Dr Dash said she thought it likely that, as more NHS Trusts became FTs, the associated freedoms might also change. Beryl Magrath referred to the earlier discussion regarding the NHS London deficit which had highlighted that foundation trusts were not expected to make a contribution to the deficit. She also commented that attaining foundation trust status might be a costly exercise.

The Chairman explained that a companion piece, on the subject of governance and patient/public involvement, was being prepared and would be presented in due course, to give the Board a fuller understanding of what exactly foundation trust status might involve. At the moment, there is no timetable or pressure on the LAS to become an FT other than the government's general statement that it wishes to see all NHS provider organisations gain FT status by the end of 2008.

Noted: **The contents of the presentation.**

88/06 Update on Seven Year Plan and Presentation regarding New Operational Regime

The Director of Service Development updated the Trust Board on the progress to date with drafting the Seven Year Plan. The Seven Year Plan contains Five Portfolios: Operation Model (Director of Operations); Access and Connecting the LAS for health (The Director of Information Management & Technology); Organisational Development and People (HR Director); Corporate Processes and Governance (Finance Director) and Partnership and Communications (The Director of Communications).

Although there has been considerable progress work still needs to be finalised on the workforce component (including financials) of the Seven Year plan. The final plan

will be presented to the Trust Board in November. The Board was informed that 'Managing Successful Projects' is being used to manage the programme.

The Director of Operations, as the Senior Responsible Owner for the Operations Model Programme, introduced the plans for the first two years of the programme. The objective of the first year of the programme is to implement high impact changes which will enable the Trust to achieve New Clock Start by April 2008.

The Assistant Director of Operations (UOC) gave a presentation on key elements of the programme. The high impact changes being introduced to achieve the target of reaching 75% of Category A calls within 8 minutes of the call being connected will be good news for patients in that it is equivalent to a 6 minute target on the current basis – i.e., two minutes will need to be 'shaved off' the average response time. The New Front End Model will include action being taken to improve call answering time in EOC, despatch FRUs automatically, implement rest breaks, shorten job cycle times and improve turnaround at hospitals. Work to reduce the proportion of Red calls (to align them more closely with the Department of Health 'Category A') is underway. EOC's despatch capacity will be increased by splitting the current 7 sector desks into 14. Modelling is being undertaken by ORH to reduce the incidence of unnecessary multiple dispatch. A restructure of the management of UOC and EOC is under consideration. Work is also being undertaken to improve management of responses; home responding; counteract the performance drop at shift changeover time and implement individual performance monitoring.

Ambulance Trusts are required to submit their plans of how they are going to achieve Clock Start to the Department of Health by the 14th October 2006. Three tranches of capital funding will be made available as the plan is implemented. NHS London's agreement is required prior to the plan being submitted to the Department of Health. The Director of Operations undertook to share the draft plan with the Trust Board for comment prior to the submission to the London NHS and the Department of Health. **ACTION: Director of Operations.**

The changes being implemented in 2006/07 ('the quick wins') will not require additional funding. Costs have been identified for 2007/08 and a bid will be submitted to secure Department of Health funding. Future updates will be presented to the Service Development Committee in October and to future Trust Boards. **ACTION: Director of Operations.**

The Director of Operations thought that the next six months will be 'quite difficult'. He expressed concern regarding the 'financial envelope' and said that although the plan is ambitious it is something the Trust needs to do.

In answer to a question from Beryl Magrath he confirmed that extensive modelling is taking place with regard to the alignment of red calls and Category A and double despatching.

In reply to a question from the Chairman, Eric Roberts (Unison Branch Secretary) thought there would be some difficult months ahead which both sides will have to resolve together.

Noted:
1. **The progress on the Seven Year Plan.**
2. **The details of the New Front End Model which will enable the Trust to achieve Clock Start in April 2008.**

89/06 <u>Receive and discuss update on workforce plan</u>

Due to time constraints (the AGM had to start on time immediately following the Trust Board) this report was not discussed. A further report on the progress of the

work on the workforce plan will be presented to the Service Development Committee in November 2006.

Noted: The progress to date in developing the Trust's long term workforce plan as outlined in the Board report.

90/06 Terms of reference for the Audit Committee and the Clinical Governance Committee

Agreed:
1. **The terms of reference of the Audit Committee**
2. **In principle the terms of reference of the Clinical Governance Committee. The Chairman wished for some of the language in the terms of reference to be amended.**

91/06 Approve Committee Structure and Membership

Following consultation with the Non-Executive Directors the Chairman proposed that the Non-Executive Directors join the following Board committees:

Audit Committee: Barry McDonald, Roy Griffins, Caroline Silver, Sarah Waller.

Clinical Governance Committee: Beryl Magrath, Sarah Waller, Ingrid Prescod.

Charitable Funds Committee: Barry McDonald, Caroline Silver

All the Non Executive Directors are members of the Remuneration Committee and the Service Development Committee.

Agreed: The proposed Non Executive membership of the Board Committees.

92/06 Smoke Free Policy

The Board considered the Smoke Free Policy presented by the HR Director. The Policy is the Trust's response to the announcement in the public health white paper Choosing Health (2005) that all NHS premises would be smoke-free by the end of 2006.

The policy takes account of the desire to introduce a complete smoking ban (including external premises) incrementally at a date to be decided and in the meantime to provide a specified external smoking area at each LAS building to be determined locally.

Sarah Waller said she was concerned by the message conveyed to the public of uniformed ambulance crews smoking outside A&E departments. She was assured that this would be taken up with staff. In reply to a question from Roy Griffins the HR Director said that Government policy may supersede any future planned timescales for banning smoking on all LAS premises.

Agreed: To approve the Smoke Free Policy

93/06 Approve Park Royal and Willesden Business Case

In December 2006 the Trust Board approved an Outline Business Case for the relocation of Park Royal and Willesden stations to a more suitable, consolidated site. The Finance Director reported that despite an extensive property search the Trust had been unable to identify a suitable property to buy in the required area. Instead a suitable leasehold location has been found in the required service area for the A&E and PTS.

The property consists of two units at Falcon Park, a small industrial unit in Neasden Lane, NW10. The lease runs to 2015 and will cost £135k per annum in lease costs. For the financial year 2006/07 the lease costs are estimated to be £45k which includes a rent free period. These costs have been budgeted and will be treated as operating leases. It is expected that the conversion works will be completed by February 2007. Staff will then transfer to the new station form Park Royal and Willesden. Operational modelling shows that the new site will improve local Category A8 performance by 1.2% and Category B14 by 1%.

The two current sites will be put up sale as per the original business case once the new site is operational. Park Royal has an Open Market Value of £1,250,000 and Willesden has a current Open Market Value of £360,000. It was reported that the valuation could be increased by up to £600,000 subject to planning permission for residential development being obtained.

The original business case included the relocation of the existing Park Royal workshop to the new facility. The Trust is currently undertaking a Trust-wide strategic review of the workshop facilities which may change the requirements for a workshop in the North West sector.

Agreed:
1. **To approve the lease for the identified site in Neasden Lane**
2. **To approve the start and complete the sales process for both the existing Park Royal and the Willesden sites in line with the proposed operating and financial plan.**

Noted:
3. **That a copy of the Full Business Case is available for review.**

94/06 Report from Trust Secretary on tenders opened since the last Board meeting

The tenders opened since the last Trust Board were as follows:

13/06	Tolworth Ambulance Service	Mansell Construction Services Russell Crawberry Neilcotte Special Works Bryen & Langley Ltd

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

Noted: The report of the Trust Secretary on tenders received

95/06 Opportunity for members of the public to ask questions

Henry Gillard, LAS Patients' Forum, asked the Medical Director what progress had been achieved with the Do Not Resuscitate review. She said that an update would be presented at the next Clinical Governance Committee (23rd October 2006).

The Chairman asked Eric Roberts if he had any questions or comments to make regarding the reports considered by the Board. Eric expressed concern that the Board was discussing foundation trust status without any previous discussion with Staff Side representatives and that UNISON did not support the principle. The Chairman assured him that the presentation this morning had been for information only, that a future presentation was planned regarding public involvement and on how future members could be recruited. As yet the Minister concerned, Lord

Warner, has not made any decision as to whether and if so when Ambulance Service might be required to become foundation trusts.

96/06 **Date of next meeting**

Tuesday, 28th November 2006, 10.00, Conference room, LAS headquarters, Waterloo Road.

The meeting concluded at 13.00

Enclosure 3

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 28 NOVEMBER 2006

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The table below sets out the A&E performance against the key standards for the year to date. A detailed position is available in the attached graphs.

New standards with effect from 1 April 2006

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	75.1%	97.5%	83.0%	77.7%

*As of 15th November 2006

Key highlights

i. At the last meeting of the Trust Board a headline summary of performance for the first and second quarters was presented. The Board will note that year to date performance for all four key targets has improved since the September meeting of the Board. This has been achieved whilst absorbing a 1.9% increase in overall demand between April and October 2006 when compared to the same period in 2005.

ii. September proved to be another busy month with the average number of daily responses running at 2400. This compares to an average response rate of 2300 for September 2005 translating to over 4% growth in demand. Despite this increased demand, A8 performance for the month was 77.1%. October saw a lower level of activity with the average daily response rate dropping back to just under 2400 however this still represents marginal growth of 0.7% over October 2005. A8 performance for the month was 73.6% but is expected to rise to circa 74.8 % once all remaining data has been inputted and quality assured.

iii. The Board will be aware that, for the first time in many years, the Trust is now close to full operational establishment. This has brought about a greater level of resilience in staffing of ambulances, especially at weekends, as we are no longer so dependant on staff choosing to work overtime, or not. However, implementing overtime control arrangements also presented a significant operational challenge.

iv. In line with approaching full establishment and in the context of current financial pressures on the Trust, we have significantly reduced the amount of overtime that is offered to staff. Since October, overtime has been reduced to approximately one third of previous levels. Although staff had been advised in advance of this reduction, it has caused discontent in some areas.

v. Overtime hours are being used at times of greatest need and whilst this can vary, we have predominantly targeted evenings and weekends. This has led to some shortfalls particularly midweek during the day when we would have traditionally performed very well and has therefore tended to peg performance back during these times of the day.

vi. Despite this significant reduction in overtime spending, we have generally maintained A8 performance, as staffing of FRUs has been prioritised. Category B however has been hard to improve with the reduced ability to staff ambulances using overtime. Tight control of absence is being used as the key method to maintain our performance in this area, until the High Impact Changes associated with the Operational Response Improvement programme come to fruition in the New Year.

vii. In general, whilst the operational management team remain focussed on the need to maintain A8 performance and deliver B19 performance by year end, it is satisfying to report that performance has been maintained in the context of restoring clinical focus; improving CPI performance; maintaining training programmes; delivering resuscitation training and rolling out PDR to staff.

Actions to Maintain Performance

- Recruitment courses remain full with the programme still on track to deliver full establishment by the end of November.

- Allocation of available overtime is being monitored at ADO level in order to maximise the performance benefit gained from reduced resources.

- All new staff are still being allocated to the new weekend relief roster. The numbers working on this has continued to rise and currently stands at 215 and will rise further to 250 by the end of December.

- A specific workstream has now commenced to drive down overall job cycle times and improve overall availability.

- Another workstream has commenced to mitigate against the performance fall at shift changeover times. This is particularly acute during the evening and some new initiatives, including rostering additional vehicles across this time period and changing shift changeover times to mitigate against this fall, have now commenced.

- We continue to plan for the introduction of the new operational response regime which will progressively increase the numbers of FRUs in line with recent modelling work over the coming 16 months. This work, coupled with the introduction of a range of other 'High Impact Changes' will significantly improve our ability to sustain performance and meet the challenges of the new clock start targets which will now come into force in April 08.

Rest Breaks

- The Board will be aware that the terms of AfC provide the framework for delivering the Trust's long stated goal of allocating rest breaks to operational staff. Discussions about how to implement rest breaks and on what terms have been taking place at Joint Secretary level.
- Negotiations remain at a delicate stage at the time of writing but agreement in principle has been reached. It is expected that final agreement will have been reached by the November Board meeting.
- The implementation date is 27 November 2006. The scale of the challenge faced by EOC in managing the allocation of rest breaks is not to be underestimated. Arrangements will be monitored by ADO John Hopson supported by the ADO Group. The successful management of rest breaks will be the principal focus of the operational management team in December. However some performance impact should be expected and as we have already indicated we do not expect target performance to be maintained during December.

1.2 Emergency Operations Centre (EOC)

- John Hopson is leading on the dispatch projects within the Operational Response Improvement programme. These include increasing the numbers of available despatchers by splitting the existing Sector Desks, introducing automatic dispatch of FRUs and reducing multiple deployments to the same incident.

- The first milestone has been achieved and the West Area despatch desk has now been re-configured to increase the number of despatchers from two to four. It has been challenging to maintain staffing at the required levels but despite this, early results have seen improved activation, improved Cat B response and improved urgent performance.

- It is anticipated that the East area will be re-configured in mid December followed by the South in the new year.

- The pilot for Automatic Dispatch of FRUs is due to commence at the end of November and then roll out to all FRUs service wide in the first week of December. This new system is part of the process of reducing unnecessary multiple sends, as the system will recognise that an ambulance is nearer, and therefore not despatch an FRU under certain conditions.

- We have now received the Centre of Excellence Accreditation for call taking. Formal presentation of the certificate will take place in the New Year. This achievement is a credit to all EOC staff who have continued to work under significant pressure this year.

- New strategies for resourcing EOC have been introduced this month which pay increased attention to skill mix issues and call taking management. Whilst this is not without its challenges, staffing on most days is starting to show improvement. The weekends however remain vulnerable and more must be done to resolve this in coming weeks.

- Call taking performance is improving slowly but it is still well below target and is particularly difficult at weekends. Much more attention is being placed on both resourcing the call taking desks and on real time performance management of the function.

- Continued focus on all aspects of attendance management systems by the EOC SMT continues, and a full independent audit of attendance management procedures will take place before Christmas. Overall sickness levels remain too high and this is the single biggest contributing factor to poor resource levels particularly at weekends.

1.3 Urgent Care Service

- Additional focus has been in placed on ECP utilisation and tasking is now showing some 11% improvement in activity since end October. ECP utilisation rates are now averaging 46% up from 38%. Whilst this still needs to improve the focus will continue and they will be tasked by EOC to all categories of calls in increasing numbers. We are aiming to raise utilisation to 70% by end January 2007.

- Recruitment to both CTA and EMT1 vacancies has been unacceptably slow for a number of reasons and focus will now be brought to bear to achieve full establishment in both areas by the end of the financial year. Courses for the revised EMT1 role commence on 27th January and further course are being planned for January 07.

- The numbers of calls being dealt with by the Urgent care service continues to represent some 33% of incoming Green, Urgent and non-urgent workload and increasing this is now dependant on improving staffing in coming months. The CTA component of this represents some 4000 calls per month and results in not sending ambulance resources to some 2000 patients per month. The CTA establishment is currently 28 wte against an establishment of 50 so there is considerable scope to improve on these figures once these staff are recruited and trained.

1.4 Emergency Planning

Hazardous Area Response Teams (HART)

- The service is now trialling a Hazardous Area Response Team (HART) on behalf of the Department of Health. This is designed to provide triage and treatment of patients inside the contaminated area (Hot Zone) of a CBRN incident.

- The custom built vehicles for the Hazardous Area Response Team are now being delivered and the carefully selected group of 28 staff are undergoing extensive training ready for the launch of the scheme in December

- A Ministerial visit to examine the HART operation is anticipated in December or January.

- The scheme will be evaluated following a six month trial. Subject to a successful evaluation and once any lessons have been incorporated it is anticipated that it will roll out to the whole country during the latter half of 07/08.with

Communications Exercise

- In early December the Service will be carrying out an exercise of its communications facilities. This will involve a simulated multi-sited major incident which will allow us to test the Incident Control Room, the Gold Suite, our Command arrangements and the new Airwave radios being issued to senior managers.

- A further more extensive table-top exercise for managers across the Trust is currently being planned for the New Year.

London Assembly Review of 7/7

- By the time of the Trust Board meeting, Martin Flaherty will have met with the London Assembly 7 July Review Committee, to give an update on our progress since the initial Assembly report. The formal service submission to the GLA was provided for them in September and circulated to Board members. Martin Flaherty will give a further verbal update to the Board at the meeting.

Airwave Radios

- The Trust has received the initial delivery of an advance supply of 200 Airwave radios. These are being allocated to all senior managers who will be managing future major incidents and are also being placed on Duty Station Officer vehicles for use at the scene. Training of managers is currently underway.

1.5 Response time Data Compliance with DH guidelines.

The trust still awaits the full guidance document for 2006/7 from the Department of Health. This guidance document known as the KA34 guidance will be issued imminently and whilst much work has been done to ensure compliance with 05/06 guidance it seems sensible to wait until full current guidance is available.

A full paper on this topic will now be brought to the Board at its January meeting.

1.6 Update on the 'Improving our Operational Response' programme.

- The Board will recall that the Operations Directorate are in the process of implementing a number of High Impact Changes (HICs) to improve performance and provide a stable platform for full implementation of the New Front End Model. These all form part of the 'Improving our Operational Response' Programme which is in turn one strand of our 7yr Strategic Plan.

- Each project is being led by an Assistant Director of operations (ADO) The HICs have been split into Response Projects and Dispatch Projects and are designed to provide a positive performance impact in the final quarter. A description and brief summary of progress against each project is provided below:

- Plans are in hand to provide a more visual update in the form of a table with traffic light ratings for each project . This will be available for the January Board Meeting.

Response Projects Summary

Home Responding

- This project involves establishing arrangements for off duty staff to take FRUs home and make themselves available to respond to Category A calls in their vicinity. This project will be of greatest use in outlying areas where the call volumes are low, meaning that we do not place a permanent resource nearby. Home Responding will in theory enable us to reach the low numbers of calls that occur in those areas hence improving our overall performance.

- Limited trials of the scheme are on track to commence before Christmas. The final challenges to be overcome are finding a sensible and proportionate mechanism for paying staff under AfC conditions and making sufficient FRUs available without damaging vehicle availability for the core fleet. The second problem will be eased somewhat in January as delivery of new FRUs commences.

Reduce Job Cycle Time

- This project entails reducing overall job cycle time principally by focused management attention on time spent at hospital. Hospitals are being processed mapped to ensure that the handover arrangements are as efficient as possible. This project also links closely to the individual performance monitoring project in so much that staff will be asked to account for their turnaround times where they lie outside of the norms set by their peers.

- There is some slippage on this project in terms of mapping handover processes in hospitals across London but plans are now in hand to commence this with circa ten hospitals with the longest or most problematical handover processes from end November onwards. Other aspects of the project include setting standards and communicating them and establishing robust plans for management actions designed to address long handover times. The aim is still to reduce the hospital component of the job cycle time from circa 32 minutes to circa 20 minutes by end March 07.

Reduce Performance Fall at Shift Changeover

- The Trust suffers a daily fall in performance around 0700 hrs and 1900 hrs. These times correspond with period where the majority of ambulance and FRU shifts changeover. This project is principally about adjusting some shift changeover times by a small amount to provide a more staggered changeover period– an action for which the clinical risk argument is overpowering.

- Top level agreement in principle has been gained from the Trade Unions and local discussions about implementing changes have now commenced. A phased approach is being adopted starting with FRU rosters and aiming to complete the ambulance rosters by end January 07.

Individual Performance Monitoring

- A trial of this initiative commenced on track at 3 complexes on 6th November. This project involves the production of performance information at an individual level enabling operational managers to address both good and poor performance with staff. The chosen approach is not to set targets for staff to achieve, but rather to hold those with outlying performance to account against complex norms.

- Data is provided by Management Information over a 3 month period in order to ensure that staff are aware of their overall average performance. The aim eventually will be to provide a mix of both operational and clinical performance measures.

Rest Breaks

As per summary in Section 1.1

Dispatch Project Progress

Reducing Red Call Volume

- This project is designed to align LAS 'Red' calls with DH Category 'A' calls as far as is clinically safe. Following this, to align LAS 'Amber' calls with DH Category 'B' calls as far as is clinically safe. A second strand of the project is to influence the DH categorisation of calls into Categories A,B and C.
- 0.5% reduction in LAS Red volume has already been achieved with possibly up to 2.5% to be delivered by 31st December. Further gains may be realised early in the new year when remaining outlying determinants are examined.
- The DH workstrand is ongoing and on track with the involvement of the CEO.

Increased Dispatch Capacity

- This project involves doubling despatch capacity by doubling the number of available dispatchers in EOC and doubling the number of sector desks to 14. This requires changes in technology together with the promotion and training of additional despatch staff in the control room.

- The project started on time on 18th October with the West Area of London. Formal trial data has not yet been produced but indicatively there has been a performance gain in Cat B19 performance during the period since the project went live. An unintended consequence was that FRU utilisation dropped on the West area but the causes of this have been identified and addressed. The permanent solution will be to move the FRUs onto the new Sector Desks as soon as this is practicable.

Improved Dispatch of FRUs

- The key objective here is to develop and introduce a system where FRU's (Fast Response Units) are automatically dispatched, once an appropriate Chief Complaint is applied. The system will only despatch vehicles to calls within a limited geographical area and will also check to see whether an ambulance is nearer so reducing the numbers of unnecessary multiple dispatches.This will improve both the activation times for FRUs and also the overall utilisation. Careful attention is being paid to the safety aspects of this process and the system will not be used to despatch any call where there is any indication of a crew safety issue.

- The project is on track to commence a limited trial at the end of November followed by a full roll out to all FRUs by mid December.

EOC/UOC Restructuring

- The purpose of this project is to define and implement a new senior management tier covering both EOC and UOC ahead of a full restructure in the next financial year.

- The project remains on track for completion by end March 07.

Improve Urgent Performance

- The objective of this project is to increase Urgent calls performance to 95%. The process redesign work to bring about this improvement has been completed, but the anticipated performance gains have yet to be fully realised. This is due in part to reduced ambulance cover during October and November associated with overtime reduction and in part due to patchy compliance with the new operating regime in EOC and UOC.

- Compliance with the new procedures within UOC and EOC will now be monitored at ADO level to ensure that the benefits realisation targets are achieved.

2. PATIENT TRANSPORT SERVICE

Performance

- Arrival time and Time on vehicle have reached a plateau at 87% (% of patients arriving +/- 45 minutes)and 90% (Time on vehicle > 1 hour) respectively. PTS Management are looking at how cluster working initiative can push this up through better utilisation of staff.
- Cost per journey remains high, currently looking at the effect of Central Services and with its transfer across to A&E we should see a substantial drop in cost per journey in November figures.
- Sickness is currently 0.34% above target in September and there is increasing focus by managers to push this down further.
- Since setting the new trajectories in April we have for the first time exceeded the trajectory for A&E journeys.
- We are looking at the patient survey figures because there appears to be a problem with the calculation this time round.

Chelsea & Westminster - Contract Loss Update

- 2 people who run the Cheyne Children's Centre are transferring to the new provider (OSL) through choice;
- All staff offered 1st choice for redeployment within London Ambulance Service;
- Working with both Trust and OSL for smooth handover;
- Quality of service has remained high with no written complaints received from patients since announcement of loss of contract;

- Exit strategy is being followed and so far there have been no unexpected complications;
- Last day of service will be 30 November 2006.

Commercial update

Bids have been submitted for both Camden PCT (Existing) and the East London Consortium (New).

Over the next couple months, a further nine bids will be submitted. Of these, five are for existing contracts (£3.2m) and four are for new business (£2.7m)

3. HUMAN RESOURCES

Electronic staff records

Following the agreed extended implementation period, ESR successfully "went live" in October. At go-live, Payroll experienced minimal numbers of errors not identified prior to BACS transmission. In addition, Payroll received no significant increase to payroll queries.

The Trust is obviously pleased with these results but recognises that additional resources available for go-live will not continue and the focus is now on ensuring that subsequent payrolls reflect the success in October. Specific difficulties currently being experienced in this respect are the amount of unplanned downtime of the system and the shortfall in ESR/AfC expertise due to an unexpected and potential long term sickness absence of a key member of staff. The Trust is monitoring and reporting downtime and is developing resourcing plans to address the capacity issues.

Whilst the focus on implementation of ESR has quite rightly been the accurate payment of staff salaries, other areas of current attention are associated with the development of the capability to generate appropriate information reports from the single database ie manpower information. This has not progressed as quickly as expected due to the capacity issues within Payroll and Management Information departments.

Work on benefits realisation will be progressed through the processes and governance programme.

Agenda for Change

Assimilation of all eligible staff is now complete, and revised hourly rates have also been agreed for A&E "Bank" staff. These have been implemented with effect from 1 November 2006.

Payment of arrears has also been affected by the implementation of ESR and the absence of key Payroll personnel. The number of outstanding arrears is currently around 200. Resources have been allocated to complete payment of these as soon as practically possible. . Outcomes of banding reviews could however impact on the numbers of arrears if the outcomes result in higher bandings.

To date, 18 out of 75 posts which have been appealed have now been concluded (25%).

Workforce planning

Following the last meeting of the Service Development Committee the senior managers team met to consider the feedback from Board colleagues at its recent away day. A final discussion at the SDC is planned for December prior to seeking approval at the January 2007 Board meeting.

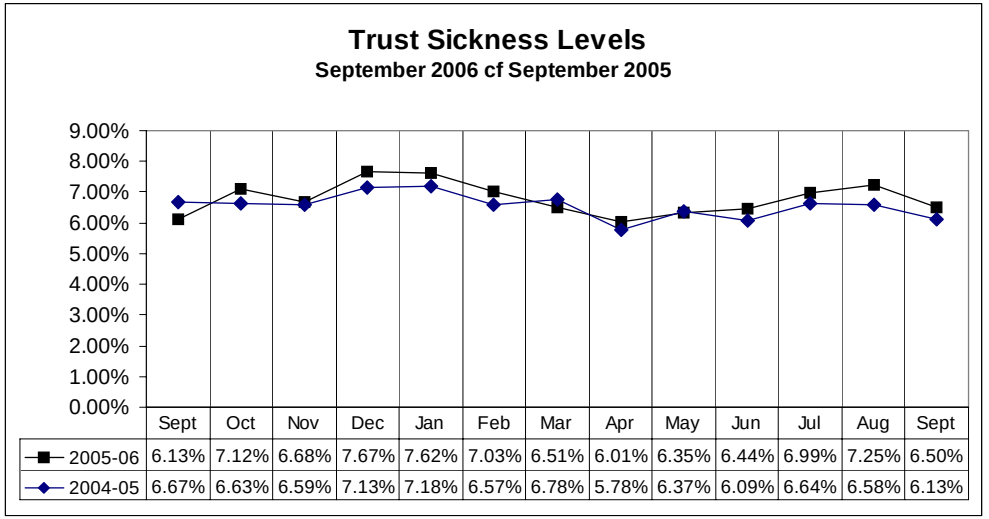
National Partnership Forum

The inaugural national partnership forum was held in London in early November. The forum brought together union and management colleagues from ambulance services in England. Issues discussed included Agenda for Change, Patient Transport Services and workforce planning. The forum provides a unique opportunity to discuss national issues jointly. Representatives from the London Ambulance Service are Eric Roberts and Caron Hitchen.

WORKFORCE INFORMATION

Staff Turnover Nov 05 – Oct 06	
Staff Group	**Turnover %**
A & C	8.46%
A & E	4.20%
CTA	0%
Bank Staff	0%
EOC Watch Staff	9.57%
Fleet	3.39%
PTS	8.87%
Resource Staff	2.08%
SMP	6.52%
Total (Trust Turnover)	**5.22%**

Sept 06 Absence	
Staff Group	**%**
A & E	6.83%
EOC (Watch Staff)	8.59%
PTS	5.34%
A & C	4.48%
SMP	2.05%
Fleet	4.78%
Total (Trust)	**6.50%**



SUSPENSIONS as 17.11.06		Date of Suspension	Reason	Stage in Investigation	Investigating Officer	Hearing Date
East	0					
South	2	01.08.06	Police Investigation	On Police bail, computer equipment removed from his home and St Helier Station. Has been cautioned.	Carole Livett & Police	20.11.06
		20.09.06	Breach of confidentiality.	Investigations.	Adam Crosby	
West	5	24.07.06	Complaints regarding behaviour and patient care.	Investigation almost complete – next steps being considered.	Roger Fox	
		27.06.06	Interviewed under caution for handling NHS equipment.	Police investigation was under way. No internal investigation started (17.11.06) – Police not proceeding with investigation, AOM seeking specific reasons for this.	None appointed.	
		04.10.06	Allegations of abusive behaviour	All interviews conducted, statements prepared and issued, report to be drafted.	Colin Pasey	
		05.10.06	Allegations of abusive behaviour.	As above.	Colin Pasey	
		22.10.06	Allegation of illegal drug use.	Investigation ongoing.	Paul Gibson	
EOC	0					
HQ/Fleet/Others	2	04.08.06	Allegation of harassment	Investigation	Wendy Chalk	05.12.06
		28.09.06	Allegation of Bullying	Investigation complete.	Paul Farrow	20.12.06

4. COMMUNICATIONS

Media issues

Death of teenage girl: The tragic death of a 15-year-old Kayleigh Macilwraith-Christie after she suffered an epileptic fit has received further media coverage. The Evening Standard, Metro, News of the World and The Times have all covered the story, as have BBC London and LBC radio. The focus has remained on the fact that the staff who attended Kayleigh were all emergency medical technicians who were legally unable to administer the drug Diazepam as part of her treatment. In its response, the Service has stated that it is making changes in its control room so that vehicles that have paramedics on are easily identifiable and can be targeted efficiently to patients with life-threatening conditions. It is also in discussions with the Medicines & Healthcare Products Regulatory Agency (MHRA) to change the laws around the use of diazepam so that in the future this can be provided by emergency medical technicians. The findings of an internal investigation have been shared with Kayleigh's family, who are campaigning for there to be a paramedic on every ambulance. A petition understood to contain more than 12,000 names was due to be delivered to Downing Street last Friday (24 November).

Healthcare Commission: A news release was issued in response to the publication of the Healthcare Commission's new annual health check ratings, expressing the Service's disappointment at the 'weak' rating for quality of service. Reference to the Service's performance was made in the Evening Standard, London Lite and the Independent, as well as on Capital Radio.

Operational and funding issues: The Evening Standard ran a story at the beginning of October about the Service having to find £3m in savings to put towards the NHS London financial recovery plan. The paper also covered the development of operational response projects which are currently being introduced as part of the Strategic Plan, focusing on the plan to dispatch staff from home.

Local news stories: The Communications department has managed interest from a number of local newspapers around ambulance cover and response time performance - these include issues in the Barnet, Croydon and Barnehurst areas. The closure of the old Ruislip ambulance station, and the search for permanent new premises, has been featured by the media in the local area.

Other stories: The death of two men following the collapse of a crane in south London attracted media attention at the end of September. One of the officers who attended the scene gave interviews to Sky News and BBC News 24, and the story was covered by newspapers around the country.

The loss of the PTS contract with Chelsea and Westminster Hospital was covered by the Evening Standard, which reported that it included the provision of a service that took Conservative Party leader David Cameron's young son to a day centre at the hospital every week.

An inquest into the death of a patient in a doctor's surgery was covered by The Daily Telegraph, while the Daily Star on Sunday reported on the suspension of a member of staff who was found guilty of drink-driving.

Television filming

City hospital: The Communications department has arranged more filming with Waterloo crews for BBC1's City Hospital programme. The BBC has been very pleased with the range of stories they have been able to cover and has reported that features about Service have been proving very popular with viewers.

Internal communication

Electronic staff records: Internal communication support was provided prior to the introduction of the electronic staff records system to ensure staff were aware of the imminent changes and the impact it would have on their October payslip and future payroll information.

Public awareness initiatives

Promotion of cardiac issues: Positive media coverage has been generated in local press including the South London Press and the Ilford Recorder following reunions between several heart attack patients and the crews who treated them; this has also provided an opportunity to promote the network of hospitals now offering primary angioplasty 24/7. Most recently the Communications department has worked closely with the British Heart Foundation to support their recently launched year-long campaign called 'Doubt Kills' which is aimed at increasing the awareness of cardiac arrest symptoms and encouraging people to call 999 when they experience chest pain. Internally, communications activity ensured frontline A&E and Control Services staff were aware of the campaign and the potential impact it could have on increasing the number of 999 calls from patients reporting chest pain. Externally, ride-outs and interviews were arranged with BBC Breakfast News and also The Evening Standard.

Safe Drive, Stay Alive

The Service has played a major role in a new hard hitting theatre show Safe Drive, Stay Alive, that warns young drivers about the dangers of speeding and bad driving.

Safe Drive, Stay Alive, is based around a filmed reconstruction of a road traffic collision involving a group of young people. It includes dramatic footage of a road crash, and follows the actions of the emergency services dealing with the incident. During the film, members of the emergency services come out of the screen to recount their experiences of dealing with the aftermath of crashes. There are also moving personal accounts from people whose lives have been changed forever by a tragic road traffic collision.

All 16-year-old students - over 3,500 - in the Borough of Havering attended the show which aims to catch young people early just before they start to drive and as they start to be passengers in friends' cars.

Over the last 18 months many members of Service staff have been involved in planning for the event. The Media Resources Department produced the film used in the show in which many frontline staff appear and Paramedic Neil Kendrick and Emergency Medical Technician Mark Heinsen both have starring roles on stage.

Safe Drive, Stay Alive is a partnership programme involving the London Ambulance Service, London Borough of Havering, London Fire Brigade, the Metropolitan Police Service and Transport for London. It is hoped that after the success of this event in Havering, Safe Drive Stay Alive will get funding to be rolled out across the capital.

LAS Awards 2006

The New Connaught Rooms in central London played host to the Service's annual awards ceremony on 6 October. Over 300 people attended the celebration which honoured the work of exceptional members of staff – all of them nominated for commendation by their colleagues. Director of Communications and host for the evening David Jervis was joined on stage by Chief Executive Officer Peter Bradley and, for the first time, seven recent ex-patients of the Service.

The patients were reunited with the crew-staff who had treated them and presented the awards to the winners and runners-up in the following nine categories:

Accident & Emergency Person of the Year (two winners)

Winner: Shaun Rock - Team Leader, Waterloo

Winner: Bob Pritchard - EMT, Barnehurst

Highly commended: John Barrett - Team Leader, Barnehurst

Patient Transport Service Person of the Year

Winner: Kay Robson - PTS administrator, New Malden

Highly commended: Leaann Baker - PTS crew team leader, Camden

Control Services Person of the Year

Winner: Theresa Browring - EMD, Emergency Operations Centre

Highly commended: Craig Fergus - Loggist, Emergency Operations Centre

Support Services Staff Person of the Year

Winner: Cathy Moore - Administrator, City & Hackney

Highly commended: Gurkamal Virdi - Clinical Audit Co-ordinator, Clinical Audit & Research Department

Manager of the Year

Winner: Sue Meehan - Management Information Services, Bow

Highly commended: Sue Watkins - Superintendent , Urgent Operations Centre

Trainer of the Year

Winner: Geoff Rendall - Senior Training Officer, St Helier

Highly commended: Ian Bullamore - Training Officer, Fulham

Innovation of the Year

Winner: Brian Hayes - Paramedic, Waterloo

Highly commended: Michael Pearce - AOM, City & Hackney

The Anthony Baddeley Memorial Award

This special award honours the late Anthony Baddeley, an Emergency Medical Technician who passed away shortly after completing his first year of service. Anthony was a highly effective member of staff who demonstrated all aspects of the Service's Vision and Values. The award was presented to a new recruit that has performed outstandingly during their first twelve months with the Service.

Winner: Claire Anderson - EMT, Islington

The Keith Walker Memorial Award for Patient and Public Involvement

This new special award honours the life and work of the late Keith Walker, a duty station officer at Chase Farm, who died in a road traffic accident in November 2005, aged 44. Keith understood that, for the patient experience to improve, staff needed to involve Service-users and he carried out some excellent work in this area. The award was presented to a member of staff who has recognised the need to engage with Service-users and has involved patients and/or members of the public in the work of the Trust.

Winner: Andrew Humber - Team Leader, Oval

This year's Awards were sponsored by Coniston Construction and WaterJel Technologies, and supported by the Baddeley and Walker families. A collection was held for the Chief Executive Officer's charities: Haven House Foundation, Shooting Star Children's Hospice, and Richard House Children's Hospice.

Patient and Public Involvement

Recent Patient & Public Involvement (PPI) initiatives across London have included:

- An Assistant Director of Operations has addressed the Patient & Public Engagement Group involved in the reconfiguration proposals in Barnet, Enfield and Haringey.
- We have participated in Crime and Safety Awareness days in Bexley and Waltham Forest, and in Junior Citizen Schemes in Sutton and Croydon.
- A Senior Training Officer (Geoff Rendall) attended an Older Person's Wellbeing Day in Sutton to talk about the Service with older people in an informal atmosphere. He also had a stall at a housing association event in the same area.
- Patients told their stories about accessing the Service for the launch event of the Access Programme within the Strategic Plan.
- Patients played a key role in the LAS Awards evening.
- We worked with the London Safety Camera Partnership on an awareness-raising exercise, setting up a mock 'crash' scene (and multi-agency response) in Romford town centre.

There is some concern that the current restrictions on overtime are having a detrimental effect on the Service's ability to participate in PPI events and activities.

Senior LAS managers continue to attend Patients' Forum meetings. In September the Medical Director provided input on the Forum's Stroke campaign, and in October the CBRN Co-ordinator gave a presentation on the Service's CBRN preparedness. The November meeting was dedicated to developments in PTS, and Forum members were addressed by the Head of PTS Modernisation and Performance.

The Service is planning to host a joint Patient Transport Service PPI event with Age Concern in April 2007. This will be an opportunity to involve and consult disabled people, older people and those with long term conditions about PTS developments. It will also be an opportunity to discuss quality standards, and it is hoped that commissioners of PTS and other providers will participate in the event.

A project is also being planned with the Bangladeshi community in Tower Hamlets, with support from the new NHS Resource Centre for PPI. Although at an early stage, this work is likely to focus on health promotion, information about the ambulance service and recruitment opportunities. It will be a chance to act on some of the recent MORI research findings about the perceptions of Bangladeshi people and develop relationships with people in that community.

A six-month trial of Medical Visual Translator cards has commenced with staff from the Cycle Response Unit. If they find the cards useful, whether this is for deaf patients, those who do not speak English, or young children, a larger supply will be ordered and distributed. If the trial indicates the need to make significant changes to the cards, RNID have offered to work with the LAS on developing a more appropriate version for the UK.

Following attendance at an excellent Disability Awareness training course, the PPI Manager has maintained links with the company that provided it. They are now

planning to hold some training sessions with the CBRN team, who are likely to face particular communication challenges in the course of their duties.

The Patient Advice & Liaison Service (PALS) team continues to respond to reports from staff about issues involving external agencies. A number of improvements have been put into place as a result, particularly by care homes, and in one case the evidence provided by LAS has contributed to a GP being requested to attend a 'Fitness to Practice' hearing at the GMC. PALS is now proposing to liaise with the London-wide LMC and Commission for Social Care Inspection (CSCI) about the emerging themes identified.

Ten station complex representatives have been placed as liaison officers with PALS to develop the Frequent Caller initiative. This project was piloted in South East London and has been very successful where full multi-agency participation has been achieved. In one case, the LAS is proposing to invoke a 'no send' policy, with substantial community care arrangements being put into place, for a patient with minimal clinical care needs who has placed 672 emergency calls in the last 12 months.

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

21 November 2006

Enclosure 5

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 28th November 2006

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

Update on Serious Untoward Incidents (SUIs)

There are two Serious Untoward Incidents of a clinical nature where investigations are ongoing. The first involved a two year old child who received fatal head injuries in an accident where an ambulance from the Schools and Events Team rolled backwards during a planned visit to a playgroup in W5. The second involved the death in Police custody of a young man who had been arrested following an incident and was believed to have taken illicit substances. The investigation centred around possible delays in the crew accessing the patient and having essential equipment immediately available.

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 of 13th September – 14th November 2006. In total the trust has three alerts outstanding as follows:

NPSA/2005/10: Being Open when Patients are Harmed

Details of this alert have been forwarded to Ralph Morris (Complaints Department) for action. A policy is currently being drafted.

MDA/2005/069: Blood Pressure Monitors and Sphygmomanometers

This alert continues to be actioned by the Corporate Logistics Manager who is currently investigating possible solutions. Two options are being considered; the purchase and replacement of sphygmomanometers annually, or an annual programme of calibration which would be undertaken by an external medical devices department.

St Georges' Hospital has submitted a costing for this service which is currently under consideration.

DH (2006) 08: Waste Compactor

This alert was circulated on 19th October 2006. It has been confirmed that the trust has a waste compactor at HQ. The trusts Health and Safety Quality Assurance Co-ordinator undertook a risk assessment on 10th November 2006 and will be arranging the provision of information and training to staff as outlined in the alert.

2. Second domain – Clinical and Cost Effectiveness

National Clinical Practice Guidelines for Use in UK Ambulance Services

Version 2006 has now been published as both the manual and the CD ROM. The 18 page summary of changes has been issued in advance to all members of the Department of Education and Development and to the Team Leaders. A number of the changes were discussed at the recent Team Leader Development days.

The Guidelines are now available on www.warwick.ac.uk/go/jrcalcguidelines

Update on Cardiac Care

To put into context the concerns around call to needle times for thrombolysis the Clinical Audit and Research Unit has provided information on both the number of patients being taken to Heart Attack centres and those receiving thrombolysis. Between January and March 2006 42% of all patients suffering ST elevation myocardial infarction (STEMIs) were treated with primary angioplasty. In the same period 43% of patients received thrombolysis within 60 minutes of the 999 call. This equated to 91 patients.

In the period between April and June 72% of STEMI patients were conveyed to Heart Attack centres. 41% of patients received thrombolysis within 60 minutes. This equated to 27 patients. The data on patients taken for angioplasty is gathered from Management Information, the data on thrombolysis is from MINAP. As previously identified we have identified some discrepancies between our data and that provided by MINAP, however it is clear that the number of patients being managed in centres delivering angioplasty is increasing. With much smaller numbers receiving thrombolysis it will be even more difficult to show a 10% increase over a year.

We are arranging a meeting with the Healthcare Commission Targets Team to discuss this issue.

Update on Stroke

The LAS Strategy for Stroke Patients is included under Appendix 1. This document highlights the economic and human burden of this condition and the shortcomings of the current management. Our priorities will be to identify patients who have suffered a stroke; to transport them to hospital, having identified those who could benefit from thrombolysis; and to work with those receiving units which can offer acute stroke care.

As of 1st November our crews have been advised to place a priority call for any patient with a positive FAST (face, arm, speech test) that they can transport to the Emergency Department within two hours of the onset of symptoms. We are also looking to identify those units that are able to offer acute stroke care, as many hospitals can only access acute medical beds for these patients.

Update on Pain Management

To assist crews in the assessment of injured or unwell children we have now received full permission from the publisher Elsevier to use the Wong-Baker faces with a **0 - 10** rating scale. The permission granted includes the use of the faces as part of a pain-related aide-memoir, which will be produced in two formats – an A4 sheet to go into crews' folders and a smaller version to be attached to the pocket books.

An example is included under appendix 2.

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

The paper 'Public perceptions and experiences of myocardial infarction, cardiac arrest and CPR in London' was accepted for publication in the journal 'Resuscitation' in March 2006. The information is particularly timely given the British Heart Foundation campaign 'Doubt Kills' launched on 20th November.

Unfortunately an electronic copy was not available for inclusion with the agenda. You can access an abstract of the article by going to:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16945467&query_hl=1&itool=pubmed_docsum

3. Third Domain – Governance

Updates on risk management are covered elsewhere on the agenda.

4. Fourth Domain – Patient Focus

This area is covered in the Report of the Chief Executive

5. Fifth Domain – Accessible and Responsive Care

Patient Specific Protocols

The Senior Clinical Adviser receives information and oversees the administration of Patient Specific Protocols and Information. The LAS currently holds over 200 such protocols and requests for further protocols are becoming more frequent. The service was introduced some three years ago and the demand is rising exponentially. This is due to our increasing involvement in the Palliative Care Networks and now the End of Life Programme where this service has been identified to the DH as an example of good practice.

6. Sixth Domain – Care Environment and Amenities

Drug Management issues

Drugs Packs

The implementation of new drugs into the Paramedic drugs packs has, in the main, been completed. Any packs coming through the system that do not include the new drugs are being updated during the re-packing process.

The new drugs are: Amiodarone, Epinephrine 1mg in 1ml (to allow administration via the endotrachael tube, should venous access be impossible), chlorphenamine and hydrocortisone. The general drug packs will be updated to include naloxone and hydrocortisone as soon as the re-designed foam inserts are available. At this point the adrenaline 1 in 1000 in 0.5ml will also be replaced by 1 in 1000 in 1ml (same quantity). This has the potential to save a significant amount (£2800 a year)
.
In accordance with Version 2006 of the National Clinical Practice Guidelines Lidocaine (lignocaine – previously used for the treatment of ventricular tachycardia where a pulse is present) is due for removal from the paramedic packs; this will commence as of 1st December 2006.

A photograph of the revised Paramedic pack layout will be distributed to all stations to ensure that staff are familiar with the new lay out of the packs. It is intended to do the same for the General packs when the update takes place.

Station Based Drugs

Ipratropium Bromide (atrovent) has been added to the station based drugs; we are currently experiencing a monthly demand of approximately 200 units across the service. This is encouraging as this new drug was only introduced very recently.

Morphine

We continue to experience a monthly demand of approximately 400-500 units of morphine across the service. We are encouraging Complex Management Teams in

general and AOMs in particular, to provide up to date and accurate lists of authorised signatories for their stations to ensure that the LAS complies fully with Home Office regulations on controlled drugs.

Internal Drug Audits

Bentley Jennison carried out an audit of drug control within the service as part of the approved internal audit periodic plan for 2005/2006 in April 2006. This highlighted several areas of concern around the stations control of drugs and drug packs namely:

a. To ensure that the drug pack issue/return form is completed by staff upon returning drugs packs at the end of shift.
b. To ensure that out of date drugs packs are not issued to staff by mistake as in date and to return out of date packs to the store as soon as possible.
c. To ensure that stock takes are performed on a regular basis at the stations to identify the actual drugs level kept at the station.

We are continuing to encourage Complex Management Teams to undertake the fortnightly drug pack audits to ensure we plan for, or execute, any recovery action that may be necessary to alleviate drug pack shortages across the service.

Paediatric Advanced Life Support (PALS) Kits

There is a service wide shortage of PALS kits because of a rise in the Peak Vehicle Requirement (PVR) across the LAS. The Logistics Department is working with Operations to overcome this.

7. Seventh Domain – Public Health

Pandemic Flu

Work is ongoing to develop the clinical aspects of Pandemic Flu Guidelines for Ambulance Services. A first draft has been written, bringing together advice from DH targeted at both primary and secondary care. The main thrust is around managing the great majority of cases at home, with robust advice around infection control and reducing the potential for spreading the virus. We are looking to develop advice for ambulance staff to enable them to decide which patients they can advise and leave. The next meeting of the group is in late November when the three strands, clinical, business continuity and strategy will be considered together.

Recommendation

THAT the Board notes the report.

Fionna Moore
Medical Director
15th November 2006

Appendix 1

A Strategy for Stroke Patients

Context

Stroke is the third most common cause of death in the UK. It is also the single most common cause of severe disability. Of the 130,000 people in England and Wales who suffer from a stroke each year, about a third are likely to die within the first 10 days, another a third are likely to make a recovery within one month and the remaining third are likely to be left disabled and needing rehabilitation. A quarter of a million people are living with long-term disability as a result of stroke in the UK.

Improved diagnosis of stroke will permit earlier administration of life saving drugs for selected patients, better management and rehabilitation, which in turn will

- improve survival rates
- reduce morbidity
- reduce the average stay in hospital for stroke sufferers

The Department of Health is developing an 18 month programme to coordinate a national strategy for stroke. It is intended that this strategy will deliver

- increased public awareness of stroke symptoms and the need for urgent admission to hospital
- rapid access to sufferers of transient ischaemic attacks (TIAs or "mini strokes") to high quality appropriate diagnostic treatment services
- accelerated emergency response to stroke and improved coordination between agencies via better access to CT scanning
- models of service provision and ways of working within the acute phase of stroke, appropriate to delivering new treatments
- support for stroke survivors after discharge
- workforce developments to enable the strategy's implementation

Assessment, Treatment and Diagnosis

A stroke can lead to a cerebral infarction (occlusion of the blood supply to an area of the brain) or cerebral haemorrhage (bleeding within the brain). Selected patients who have suffered a cerebral infarction may benefit from thrombolytic therapy, if this can be delivered within 3 hours of the onset of symptoms. TIAs present similar symptoms to full strokes but render no permanent damage. However, without further specialist treatment it is likely the patient will go on to suffer a full stroke.

The diagnosis of TIAs and strokes, and whether the patient has suffered a cerebral infarction or cerebral haemorrhage, requires specialised imaging, most usually a CT scan.

FAST (Face, Arms, Speech Test) identifies 70%-80% of brain attacks, but not whether a stroke has actually occurred. An alternative tool ("ROSIER") can identify a higher percentage, but is much more complex to apply and is not yet used by any

ambulance service. FAST is also simple enough to teach to the public, potentially a huge benefit with quick treatment being such a high priority.

Current position in London

During 2004-05, and in order to get quicker access to CT scans, LAS began conveying patients with a positive FAST to Emergency Departments under blue lights. This practice was halted when the receiving departments complained that this did not alter the patient's pathway. A study presented to an LAS Commissioners Meeting in May 2006 (revised in October 2006) reported that few hospitals could prove they had developed the quick referral pathway as set out by DH requirements for Stroke Units. Instead, much of their focus appeared to be targeted at better rehabilitation programmes rather than quicker, more effective treatment.

However, a small number of hospitals are currently trialling thrombolysis for selected patients admitted during working hours, and some are offering rapid admission to a stroke unit.

Recommendations

1. ***The LAS should encourage the use of "brain attack" as a way of describing the patient's condition whilst working to increase the awareness of the public of the dangers and symptoms of stroke.***

The use of the term "brain attack" can be easily explained to the public for education purposes, yet will still alert receiving hospitals to the need for urgent diagnosis.

Having already embarked on a similar scheme to raise awareness of heart attacks around the Heart Start programme, LAS should consider adding the FAST test to current Emergency Life Support and/or First Aid at Work courses currently offered to the public. The revision to the courses could publicised by the LAS via press releases etc.

2. ***The LAS should lead on the development of effective stroke pathways in London by identifying and working with centres which can offer acute stroke care.***

The LAS has already implemented a world class diagnosis and referral system for cardiac patients which has directly improved survival rates. This process was set up by identifying sites with the funds and skills to implement 24-hour catheter labs, involving key stakeholders, supplying relevant equipment and training for our staff, and developing pathways for referral to the centres.

We should therefore use the angioplasty model and focus our energies on delivering

- early identification of stroke patients, and
- conveyance to units which offer acute stroke care.

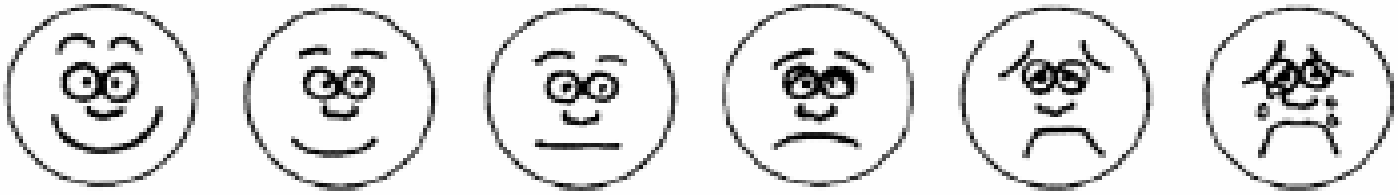
Consolidation of services within London is very likely to happen. By focusing on, and building its service provision around these centres of excellence, LAS will deliver a

strategy according to where 24 hour accelerated access to CT scans *will be* available in future, not simply where they are available currently.

3. ***Guidelines for these pathways should highlight the need to thrombolyse appropriate patients within 3 hours of onset of a stroke.***

Given the need to scan a patient after arrival at hospital, our guidelines should endeavour to convey patients to an appropriate destination within 2 hours of *onset of symptoms* (ie not within 2 hours of receiving call).

Wong-Baker FACES Pain Rating Scale



No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst
0	2	4	6	8	10

Rating scale is recommended for persons age 3 years and older.

Brief word instructions: Point to each face using the words to describe the pain intensity. Ask the child to choose face that best describes own pain and record the appropriate number.

From Hockenberry MJ, Wilson D, Winkelstein ML: Wong's essential of Pediatric Nursing, ed. 7, St. Louis, 2005, p.1259. Used with permission. Copyright , Mosby.

Airway
Breathing
Circulation
Don't
Ever
Forget
Glucose in the sick child
especially post fit or reduced LOC

Things to remember when documenting pain scores:

Provocation
Quality of the pain
Radiation
Severity of the pain
Type of pain

Age	Morphine IV	Oromorph
12 mths	.98ml-2.0ml	98ml
18 mths	1.1ml-2.2ml	1.0ml
2yrs	1.2ml-2.4m	1.2ml
3yrs	1.4ml-2.9ml	1.4ml
4yrs	1.6ml-3.3ml	1.6ml
5yrs	1.9ml-3.7ml	1.9ml
6yrs	2.1ml-4.1ml	2.1ml
7yrs	2.3ml-4.6ml	2.3ml
8yrs	2.6ml-5.2ml	2.6ml
9yrs	2.9ml-5.7ml	2.9ml
10yrs	3.2ml-6.4ml	3.2ml
11yrs	3.6ml-7.1ml	3.6ml

Morphine dosages for children
Ensure the presentation is 10mg in 10ml IV the initial dosage is on the left with the maximum dosage on the right of the column. Oromorph presentation is 10mg in 5ml and is once only administration

Enclosure 6

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 28th November, 2006

Reconfiguration of hospital services: issues and implications for the London Ambulance Service

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For approval

3. Summary

The attached is a proposed policy on reconfiguration of acute hospitals.

4. Recommendation

THAT the Trust Board agree:

1. The LAS should support proposals that lead to better clinical care for patients with serious illness and injury even if that means longer initial transport.

2. The LAS should represent the importance of major incident resilience – ensuring that there is clarity over responsibilities for emergency preparedness and response. This will include ensuring that an appropriate number of hospitals have responsibility for being in a position to mobilise emergency medical response teams.

3. The LAS should encourage PCTs and the SHA to reduce the variability in the types of minor injuries and similar services provided, so that they have a clearly understood range of capabilities that can be easily understood, not least by the public.

4. The LAS should support proposals where the PCTs are committed to providing a simple set of alternative destinations and services for patients, that cater for all patients with non-life threatening conditions for the majority of the 24 hours and commit themselves to assisting ambulance crews to use such services to the maximum.

5. The LAS should support changes that, as well as meeting the above criteria, include a PCT commitment to resourcing the LAS to respond no less quickly to patients who call 999 so that no patient waits longer for an ambulance than they would have done before the change.

LONDON AMBULANCE SERVICE NHS TRUST

Reconfiguration of hospital services: issues and implications for the London Ambulance Service

1. Although not new, the issue of the configuration of hospital services has recently gone up the agenda in London, with most sectors discussing reorganisation of one sort or another. Downgrading, moving, changing or closing services is always controversial, leading to acrimonious debate in the media and within communities. In the past the LAS has often been involved late in the process, the effect of which has been that the Service has only tended to comment on the direct implications for us. We have not had to express a view on the proposals themselves.

2. However, this time around, most PCTs are involving the LAS in discussions at an appropriately early stage. It is therefore appropriate for the LAS to take a position on such changes and to support PCTs in any proposals that are consistent with the LAS' aims of providing an appropriate response to all our patients.

3. This paper sets out proposed criteria for supporting PCTs and NHS London in their aims to rationalise services.

Criterion 1: proposals must be clinically appropriate for seriously ill or injured patients

4. Seriously ill and injured patients need three things from the Ambulance Service:

   - Fast responses
   - Life-saving interventions
   - Transport as quickly as possible to the most appropriate definitive care

5. Public objections to proposals to downgrade services are often based on anxiety about the extra time it will take to get them to an alternative provider of care. However, patients with life threatening conditions are best served by being taken straight to the best facility for their condition.

6. The LAS is already taking patients with myocardial infarction to the nine units in London that can provide 24-hour primary coronary intervention and plans to adopt the same sort of approach for stroke patients. Victims of serious trauma also fall into this category.

7. The alternative is delay while the patient is re-assessed in a facility that cannot provide the sort of service required and then risk while they are transferred to a more appropriate facility.

8. The forthcoming changes to the European Working Time Directive are forcing hospitals and PCTs to consider concentrating many specialists on a smaller number of sites that have the potential to enable expert surgical and medical teams to see enough life threatened patients to ensure the higher success rates associated with "critical mass". [6]

The LAS should support proposals that lead to better clinical care for patients with serious illness and injury even if that means longer initial transport.

The LAS should represent the importance of major incident resilience – ensuring that there is clarity over responsibilities for emergency preparedness and response. This will include ensuring that an appropriate number of hospitals have responsibility for being in a position to mobilise emergency medical response teams.

Criterion 2: LAS should have access to facilities for patients with less serious emergency needs

9. Most minor injuries units and many walk-in centres in London have agreed to accept patients from LAS crews. Good progress is being made in gaining access to all such facilities for ambulance crews.

10. However, such services are currently under-used by ambulance crews. There are several reasons for this, some of which are internal, for example the commonly held view among ambulance crews that they will not be supported by "Management" if they get these decisions wrong.

11. But the key issue is the lack of confidence that crews have in making these decisions. PCTs and the minor treatment services can assist with this by inviting crews to spend sessions at these units and actively providing training and support.

12. It would also be valuable if these services were available for as many of the 24 hours as possible and by ensuring common facilities and services at such places. It is difficult for crews to adjust their decisions by hour of day and by the wide variation of services provided (e.g. do they do x-rays, do they accept children, will they accept older people, do they deal with illness as well as injury?)

13. Joint working should be considered at these sites such as the provision of parking areas for ambulances, standby and administrative facilities. Ambulance staff could be part of the healthcare team at these centres, as already happens in a couple of places in London. Rotation like this can provide training and experience for ambulance staff and enhance the team at the centres.

The LAS should encourage PCTs and the SHA to reduce the variability in the types of services provided, so that they have a clearly understood range of capabilities that can be easily understood, not least by the public.

The LAS should support proposals where the PCTs are committed to providing a simple set of alternative destinations and services for patients, that cater for all patients with non-life threatening conditions for the majority of the 24 hours and commit themselves to assisting ambulance crews to use such services to the maximum.

Criterion 3: Proposals should include a commitment to resourcing the ambulance service so that no patient waits longer for an ambulance than they would have done before the change.

13. The implication of travelling further to take patients to the right facility is longer subsequent journey times to the next call and therefore reduced resource availability. Sometimes these differences are marginal, sometimes significant.

14. The LAS always requests that the PCT(s) concerned fund a study into the resources required to ensure that response times do not deteriorate after a service change. Most times they agree readily. It should be a condition of LAS co-operation in discussions about service charges that such studies are funded by the PCT(s) concerned and that the PCT(s) commit to meeting any resource requirements identified by such studies. The principle of this arrangement should be that no patient should get a slower ambulance response after any change than they would have done before it.

The LAS should support changes that, as well as meeting criteria 1 and 2, include a PCT commitment to resourcing the LAS to respond no less quickly to patients who call 999 so that no patient waits longer for an ambulance than they would have done before the change.

Kathy Jones
Director of Service Development
November 17th, 2006

Enclosure 7

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 28th November 2006

Risk Management Policy and supporting procedure

1. Sponsoring Executive Director: Michael Dinan

2. Purpose: For approval

3. Summary

The Risk Management Policy sets out the framework for risk management that is applied throughout all aspects of the Trust's operations.

It includes details of systems and processes at corporate and operational levels that function to manage and mitigate risk. These systems and processes serve to provide the Trust Board with assurance that controls are in place to evidence compliance with the standards of the Annual Health Check, the Audit Commission and the NHSLA.

These documents have been presented to the Audit Committee and the Risk Compliance and Assurance Group.

4. Recommendation

THAT the Board approve the Risk Management Policy and the Risk Reporting and Assessment Procedure

	London Ambulance Service NHS Trust ***Risk Management Policy*** **For Use By: All staff.**

The purpose of the London Ambulance Service (LAS) is to provide the highest standards of triage, treatment and transport to patients requiring our care. In achieving this aim, the service has a duty to limit the potential risk of harm to patients, potential patients, members of staff and the public.

The management of risk is a key organisational responsibility. All members of staff have a major role to play in identifying and minimising inherent risks, both clinical and non-clinical. This will be achieved within a progressive, honest and open environment, where mistakes and untoward incidents are identified quickly and acted upon in a positive and constructive way.

However, risk management extends much further than solely the prevention of physical harm to patients, staff and the public. The Trust sets out its objectives in its long-range Strategic Plan and the Service Improvement Programme (SIP), and annual service plans which implement it. Risk management concerns itself with managing the threats to the achievement of those objectives. This means that the Policy addresses all kinds of risk across the Trust: clinical, financial and corporate, infrastructure, and health and safety.

Risk Management provides a process which will allow the Service to improve upon the high quality service already being provided. It will achieve this through:

- A proactive, ongoing process of risk assessment,
- Risk evaluation,
- Risk recording (the risk register),
- Risk promotion, and monitoring.

Risk management will link with service planning to help set spending priorities. The outcome will be the improved prevention, control and containment of risk. It will be achieved through the structure of authority and accountability set out in this Policy.

Some external agencies (e.g. NHS Litigation Authority) require NHS Trusts to have a Risk Management Strategy. The Risk Management Policy is the strategy for the LAS.

The overall objectives of the Policy are:

- To ensure organisational well being and make sure that both staff and others can perform their work in a safe and open environment and to raise the quality of care provided by the LAS to patients, through the identification, control and elimination or reduction of all risks to an acceptable level.

- The Risk Management Policy will inform the development of the Trust's clinical and non-clinical operations and support services to facilitate the implementation of the Trust's Strategic Plan and Service Plan.

- To understand the underlying causes of adverse incidents and ensure that lessons are learned from the experience.

- To ensure that managers and staff at all levels in the organisation are clear about their personal responsibilities with regards to risk management.

- To understand the risks the trust faces, their causes and cost and to mitigate risks where unacceptable or unavoidable.

- To provide a safe environment and facilities for patients, employees and visitors.

- To allocate resources appropriately to reduce risks.

- To maximise the resources available for patient services and care.

- To ensure that the Trust meets its mandatory obligations in regard to National performance and quality targets

- To ensure delivery of a quality service and business continuity in the event of a major disaster or system failure.

- To assess specific Health and safety risks, see Health and Safety Risk Assessment guidance on the "Pulse".

In identifying the context in which the LAS manages risk, full consideration is given to stakeholders. The Trust will identify its principal stakeholders, and consult with them about its approach to risk. When there is a problem that threatens the achievement of the principal objectives of the LAS, the Risk management system will communicate with stakeholders to gain their support and engage them in the development of a corrective action plan.

As Risk management within the LAS develops it will enhance its systems for systematically involving patients in risk management. It will also ensure that specific risks to patients are identified and acted upon.

1.0 Definitions

The Chief Executive has overall responsibility for risk management. The LAS Board splits its management of risk into financial, corporate, clinical, and Health and Safety. The definitions and how they are allocated to committees and individuals are set out below:

Financial and Corporate Risk

The LAS has a responsibility to run the Trust in line with Standing Financial Instructions and to ensure corporate risk is reduced by compliance with the Healthcare Commission's Standards for Better Health. The Trust regards as 'corporate' any risks that do not fall under the headings of financial, infrastructure, clinical or health and safety. Corporate risks will include those relating to reputation and things which may adversely affect the views held by stakeholders about the Trust.

The Director of Finance has overall responsibility for financial risk, and for any corporate risks not covered by other directors, attends the Audit Committee and chairs the Standards for Better Health Group. Individual executive directors are responsible for, and manage, the corporate risks that fall into their particular spheres of activity.

Infrastructure Risks

The Director of Information Management and Technology is responsible for all risks arising out of the provision, use, operation and maintenance of the Trust's technology and communication systems.

Clinical Risk

The LAS has a duty of care to ensure its patients receive appropriate care in a safe environment and that everything has been done to minimise the risk of harm to patients. The LAS learns lessons from complaints, claims and clinical incidents reported by staff. The LAS will proactively seek to reduce clinical risks identified in the risk register.

The Medical Director has overall responsibility for clinical risk and Clinical Governance, and is the vice chairman of the Clinical Governance Committee.

Health and Safety Risk

As an employer, the LAS has a specific responsibility to provide a safe working environment for its staff and any other individual (including patients) who are

affected by actions. This is achieved through learning lessons from incidents that are reported by staff and by proactively seeking to reduce identified health and safety risks on the risk register.

The Director of Human Resources and Organisation Development has responsibility for Health and Safety, Ergonomics and Back Care and chairs the (corporate) Health and Safety Group. Individual executive directors are responsible for and manage the Health and Safety risks that fall within their particular spheres of activity

Security and Premises Risk

The LAS also has responsibility for managing the security of premises and property and these risks are managed jointly by the Director of Finance and the Director of Human Resources and Organisational Development. These risks are reported to the (corporate) Health and Safety Group

2.0 Risk Assessment

The Director of Human Resources and Organisational Development will ensure that all risk assessments have been completed and are up to date. This means that the Director of Human Resources and Organisational Development has lead responsibility, through delegated authority to accountable senior managers, for ensuring that risk assessments are conducted by the relevant directorate/department leading the project, or in whose area of work the project is being undertaken; that assistance is provided on how to conduct the risk assessment by the Senior Risk and Safety Advisor; and that risk assessments are reported /considered at the appropriate risk management group.

The Director of Human Resources and Organisational Development routinely reports the risk assessments undertaken /outstanding to the Risk Compliance and Assurance Group. The Director's report also includes presenting related proposed risks for the Group to consider placing on the Trust wide Risk Register.

Risks cannot be managed unless they are first identified by the LAS. This will be achieved by:

- Carrying out annual Trust-wide risk assessments
- Individual risks being identified through risk management groups
- Corporate directorates and support services departments and locally trained manual handling assessors undertaking local risk assessments on a regular basis.
- When new services are proposed risk assessments must be conducted in accordance with legal requirements and the Trust Risk Reporting and Assessment Procedure, to maximise the resources for patient care services and demonstrate risk is being managed effectively
- All new clinical equipment purchased by the LAS being risk assessed for both clinical and non clinical risk to patients and staff prior to purchase

with resulting assessments submitted to the Vehicle and Equipment Working Group for approval.

- All managers (and/or their nominated senior supervisory staff) being trained in risk assessments on the LAS two day Health & Safety Awareness course.
- Any risks identified through self assessment against the Standards for Better Health being assessed by the nominated lead for that standard.
- Serious Adverse Incidents, or other adverse events and near misses identified through the Incident Reporting Procedure or Complaints Procedure should be used to identify risks. Grading of incidents and root cause analysis of adverse incidents will help with this. When the Trust has formally identified a risk this action will be fed back to staff.
- Risks identified by locally trained Manual Handling Assessors and coordinated by Ergonomics and Back Care Adviser on a regular basis.
- Risks identified by locally nominated health and safety representatives and coordinated by the Safety and Risk Team on a regular basis

Further sources of risk identification are given at Appendix 2.

All identified risks will be recorded on the Risk Register, once they have been evaluated.

2.1 Risk Evaluation

The LAS will categorise risks using a common system of evaluation. This will enable widely differing risks to be put into an order of relative priority. The Trust can then determine its priorities for the management of risks and allocate scarce resources according to those priorities. All risks are evaluated using the Risk Matrix as described in the Risk Reporting and Assessment Procedure.

The Matrix requires the impact of a risk to be considered across five different categories: injury, quality, cost, reputation/publicity and litigation. For each of these the level of impact is then rated from none to catastrophic. If the impact of a risk falls into more than one category, then the category with the most serious rating is used. The next step is that the likelihood of the impact of the risk occurring is rated from certain to rare.

Reduction of risk will be considered as part of the evaluation of every risk. The extent to which the risk can be managed by reversing or reducing the risk or threat will be considered in its assessment. Reversibility of risk will always be included as part of the LAS common system of evaluation.

Assessment of both the level of impact and likelihood of impact should be evidence based wherever possible. Once evaluated in this way, risk displayed can then be scored so that the Matrix determines their priority:

- High priority - Not tolerable and high priority
- Medium priority - Not tolerable but less than high priority

- Low priority - Not tolerable but low priority
- Very Low - Tolerable - No action to be taken

All risks categorised as high, medium or low priority will be entered on the Risk Register. High priority risks will be described as 'key' or 'principal' risks.

2.2 Risk Register

The LAS will maintain a single risk register for all types of risk. All risks with a high priority rating will be detailed in it.

When new risks are identified in the Service through the processes described in section 2.1, a risk identification form should be completed which includes the proposed grading (as described in the Risk Reporting and Assessment Procedure). These forms should then be submitted to the Head of Governance or the Senior Safety and Risk Adviser as advised in the Risk Reporting and Assessment Procedure.

If the risk is assessed to be high, medium or low priority the Head of Governance will then submit the risk proposal to the Risk Compliance and Assurance Group who will review and decide whether it should be added to the Risk Register. Each proposal will include an action plan with identified managerial responsibility. The Risk Compliance and Assurance Group will consider each proposal and approve or modify grading and action plans as appropriate. An appropriate risk management panel or an individual will then be identified to take responsibility for the highlighted risk and ensure that the action plan is adhered to.

Summary progress reports on the management of high priority risks on the Risk Register will be received at each Risk Compliance and Assurance Group and Audit Committee with an updated version of the Risk Register for reference. Medium and low priority risks will also be reviewed on a periodic basis at the discretion of the Risk Compliance and Assurance Group. Clinical risks will be reported to the Clinical Governance Committee. All risks will be re-assessed on a six monthly basis. This will coincide with the submission to the Board of a progress report on the Risk Register (see attached flow chart Appendix 3).

As risks are successfully managed their priority ratings are likely to reduce, although some risks may be impossible to reduce. The Risk Compliance and Assurance Group will approve changes in priority ratings and any deletions from the Risk Register.

2.3 Promotion and Implementation of Risk Management

Risk Management will be promoted and implemented by:

- Circulating the Risk Management Policy and the Risk Reporting and Assessment Procedure to all managers and to external stakeholders via internet and other communications media..

- Placing the Policy and Procedure on the internet and intranet, referencing it in the Annual Board Report, and providing a summary version to all staff.

- Updating Senior Executives' key responsibilities under the Health & Safety at Work Act and its subordinate legislation.

- Updating managers' key responsibilities in job descriptions and objectives to include risk management.

- Training identified/key staff, appropriate to their role and responsibility to ensure that they understand their obligations to manage risk. This will include the importance of risk assessment using the Risk Reporting and Assessment Procedure for incident reporting.

- Training staff to undertake risk assessments following the Risk Reporting and Assessment Procedure.

- Including risk management in induction and foundation courses, sector and other management meetings, to enable all staff to recognise and fulfil their responsibilities in risk management.

- Distributing statistics, such as incident reports and complaints investigations to managers and following up to ensure an effective response.

- Identifying and implementing reporting systems which ensure that the Risk Register remains up to date to enable all staff to recognise and fulfil their responsibilities.

- Encouraging local risk management plans at department and sector level.

- Feeding progress with risk issues back to staff so they know that incident reporting has been worthwhile.

- Providing training relevant to known Health and Safety risks including Personal Safety and Manual Handling

- Providing regular training to the Trust's Board on Risk Management awareness, Health and Safety legislation and their responsibilities in terms of compliance with Healthcare commission and NHS Litigation Authority Standards.

2.4 Linking Risk Management to Service Planning

The LAS continuously works to link its Risk management system to service planning. The annual service plan contains reference to the Risk Management system. It makes

clear the principal long-term risks that threaten delivery of the strategic plan year on year. Each of these risks is then allocated either to the Strategic Steering Group or to one of the five programmes for service improvement. These five programme strands make up the overall Service Improvement Programme (SIP 2012) which will implement the transformational change envisaged in the long-term Strategic Plan to realise the objectives of the Trust: the five strands are set out below.

1. Access and Connecting (the LAS) for Health

Scope: Covers not only access to LAS services by patients and the public but also Connecting for Health and access/connectivity within the LAS and between it and partners:

- Development of an access strategy
- Access for people with impairments
- Connecting for Health
- CAD2010
- Internal IT strategy
- Records and Information Strategy
- High Impact changes to EOC/UOC

2. Operational Model: Strategy For Responding

Scope: Covers service portfolio and the ways of delivering provided to patients/healthcare professionals/public once they have made contact with the LAS:

- Develop an operational model for tasking
- Develop implementation plan for new ops. model
- Implement new operational model
- CTA projects
- Care pathway development projects
- New clock start operational performance – High Impact (excl. EOC/UOC)
- Olympic and Para Olympic Games 2012

3. Organisation Development And People

Scope: Covers Organisation development, culture, HR strategy, education and training (clinical and non-clinical), Diversity and workforce skill mix including. recruitment and retention and IR:

- Education and training
- Attitude and behaviour/cultural interventions
- Organisation Development
- Implementation of Diversity Plan
- High Impact changes (workforce)
- Staff engagement

4. Partnership and Communication

Scope: Covers relationships with external stakeholders and their involvement with the LAS especially Patients and the Public but also other healthcare professionals, emergency services, social services, key suppliers etc., most particularly PPI:

Partnership development, involvement and communications projects including:

a. patients;
b. public;
c. NHS partners
d. social services
e. other emergency services

5. *Governance and Corporate Processes*

Scope: Covers Corporate and Clinical Governance and development of all corporate management processes

a. Audit and quality assurance of clinical care
b. Corporate processes
c. Standards for Better Health and NHSLA
d. Productivity and efficiency
e. Foundation Trust status
f. Managing Successful Programmes

Risk assessment will be undertaken in accordance with the principles and methodologies of Managing Successful Programmes, PRINCE2 and the LAS Risk Management methodology (See Strategic Plan section 5.3 for details).

The lead Director (Senior Responsible Owner) for each programme oversees the delivery of a range of projects. The Risk Assessment undertaken for each project will follow the guidance set out in the Risk Reporting and Assessment Procedure. All Risk Assessments with a risk score of 8 or more are reported to the Risk Compliance and Assurance Group with a recommendation on whether the risk should be added to the Trust's Risk register. Risk issues will be considered at each level of business planning ranging from corporate process to individual staff objectives. For example, business cases are produced within the LAS to conform to the requirements from the Office for Government Commerce which include a risk assessment. On completion of the business case, any post project risks transfer to the main trust risk register. At individual level, staff objectives, as part of the LAS Personal Development Review process, will support the management of risks that threaten the achievement of LAS

principal objectives as set out in the Annual Service Plan, which is part of the Trust's Strategic Plan 2006/2007 – 2012/13

The Trust will explain its' most significant risks when bidding for funds from commissioners.

In making its plans and setting financial priorities the Trust will take account of risks as set out in the Risk Register. A bid for funding that demonstrates that a high priority risk on the Register will be mitigated if approved, will be given preference over a bid that cannot demonstrate such a linkage. The Trust will therefore direct funding to reduce risk as far as it is reasonably practicable.

2.5 Monitoring Progress in Risk Management

Incidents including Serious Untoward Incidents, PALS enquiries and concerns, complaints, inquests, claims, and actions taken to demonstrate organisational learning are reported to the Clinical Governance Committee (where there are clinical issues) in the Risk Information Report; and to the (corporate) Health and Safety Group (where there are issues about the working environment/system of work). These reports are linked together with a joint commentary in the Risk Information Report. The Report also includes information relating to risks that threaten the implementation of the Trust's Race Equality Scheme and Diversity Plan.

The Risk Information Report is the Trust's systematic approach to the analysis of incidents, complaints and claims on an aggregated basis. The report gives quantitative and qualitative analysis of incidents, complaints and claims. Trends can be identified as result of the analysis, Action plans and management strategies to control the risks that subsequently arise from them are monitored.

The Report is presented to the Clinical Governance Committee on a quarterly basis.
Key performance indicators will be continually developed and used by the LAS to indicate what progress has been made in the management of risk and the implementation of the Risk Management Policy. The Trust will take particular interest in how well priority risks are being managed through the management assurance documented on the Assurance Framework. Indicators will include:

Key Indicator	**Monitoring Forum**
Year on year progress in meeting the requirements of the Standards for Better Health	Standards for Better Health Group
Achievement of identified actions on high priority risks on the Risk Register	Risk Compliance and Assurance Group (RCAG)
Reductions in priority rating scores	RCAG
Reduction in the level of manual handling incidents and claims	RCAG and (corporate) Health and Safety Group-HSG
Reduction in complaints about attitude and behaviour	Trust Board

Increase in the number of clinical incidents and near misses	Clinical Governance Committee (CGC)
Sickness and Absence statistics	Senior Management Group (SMG)
Performance targets	SM G
Audits	Audit Committee.
Monitoring of the completion of premise inspections	HSG
Monitoring of quarterly industrial incident statistics and industrial injury absence	HSG and Trust Board
An increase in Clinical Performance Indicator (CPI) checks	Clinical Audit and Research Group, CGC
Year on Year progress on percentage completion of CPIs	CGC
Year on Year progress in reducing the priority rating of Risks scored as major or significant	RCAG
90% of the actions agreed for higher and catastrophic risk completed in the planned year	RCAG
75% of the actions agreed for significant and major risks completed in the planned year	RCAG
Risk Assessments completed for all projects in the Strategic Plan/ Service Plan	RCAG
Risk Assessment s completed for all typical manual handling operations involving the lifting of patients and the use of trolley beds and chairs.	HSG
95% of premises quarterly inspection reports completed within one month of the due date.	HSG
A challenging and realistic proportion of the training needs assessment completed in the programme year.	CGC&RCAG, Training Services Committee
The timeliness in which incidents/accidents/RTAs are reported and investigated.	CGC, HSG, Motor Risk Group and RCAG
Demonstrate organisational learning, actions taken to prevent recurrence from SUIs, Complaints, claims and incidents	Complaints Panel
Reducing the number of RTAs and the costs of claims on vehicle damage.	SMG
Monitoring of PALS concerns to measure organisational learning	CGC

Reports on incidents, complaints and claims, produced using the 'Datix' system are received by Clinical Governance Committee and the (corporate) Health and Safety Group. Specific actions are agreed, where appropriate, and trends identified. Reports

produced using 'Datix' are also received by the Clinical Governance Committee and the Risk Compliance and Assurance Group for further action and monitoring purposes where necessary.

Items on the Risk Register are reviewed, as appropriate, by individual managers and groups as appropriate to ensure that identified risks are being actioned and risks minimised.

Having determined risk management objectives for managers, they will be discussed and monitored as part of individual performance review.

Operational staff performance in the completion of Patient Report Forms (clinical record) is currently reviewed by Team Leaders, and information is collected centrally to identify trends. Performance in incident reporting and complaints handling are reviewed by the line manages as incidents occur. As the introduction of appraisal and personal development plans for all staff is rolled out across the Service, risk management performance will be reviewed on a regular basis.

2.6 The Assurance Framework

The Assurance Framework contains systems and processes that are used by the Board to monitor what risk management controls are in place to manage and reduce threats to the organisation achieving its principal objectives. Where feasible, contingency plans will be developed for high priority risks to protect the LAS against significant control failure.

The Assurance Framework takes into account the Trust's Service Plan and the achievement of core and the developmental standards within the core domains of the Annual Healthcheck

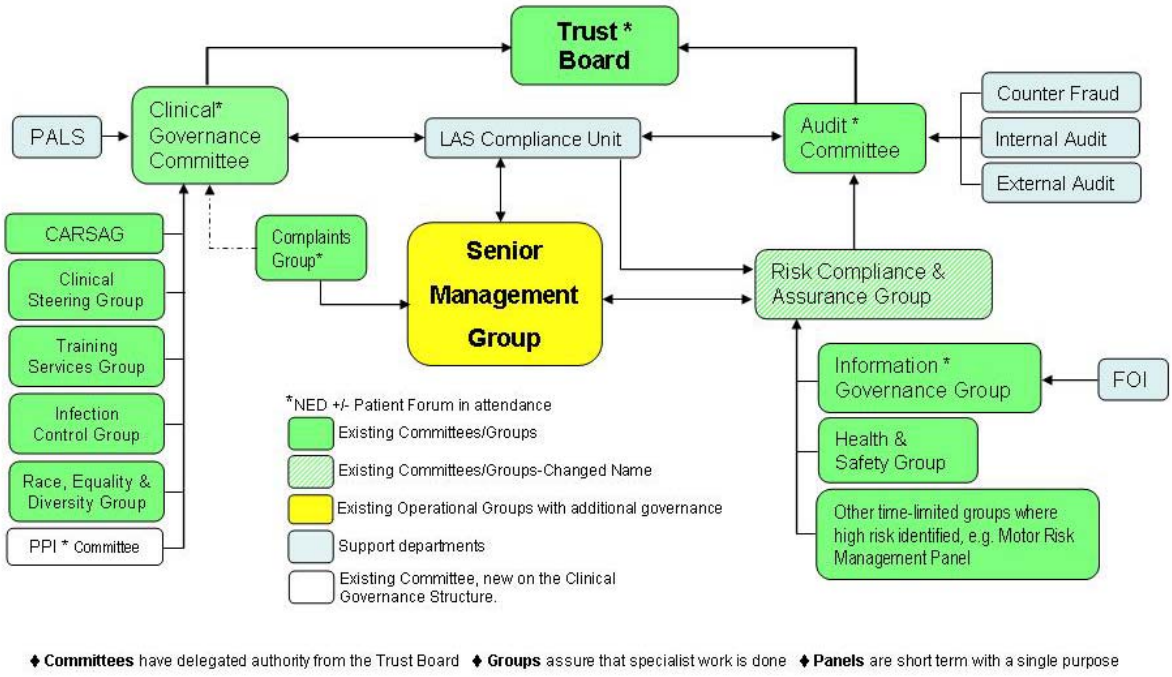
The Assurance Framework also enables the Board to know whether those controls are working, by relying on inspections from external bodies (e.g. Healthcare Commission) and on internal management processes.

3.0 Authority and Accountability for Risk Management

3.1 Committees and Working Groups

The Risk Compliance and Assurance Group has responsibility for the monitoring of all risk management activities within the Trust and ensures that the Trust Board is kept informed on issues which are not covered by existing Committees of the Board. The Risk Compliance and Assurance Group is responsible for the operation of the whole risk management system within the Trust and ensures that the objectives of the Risk Management Policy are achieved

The chart below shows the committees and main working groups that have parts to play in Risk Management.



The Trust Board takes ultimate corporate responsibility for the management of risk in the LAS.

The Clinical Governance Committee has particular responsibility for ensuring the provision of high quality clinical care within the LAS, and managing the risks associated with that. It works closely with the Risk Compliance and Assurance Group to ensure that the management of all significant risks is monitored through one or other of the committees.

The Audit Committee will advise the Board about how well the Trust is operating the Risk Management System. To carry out this responsibility it will receive reports from the Chief Executive and from both internal and external audit review of the risk management systems and processes. The Audit Committee will continue with its existing specialist role of monitoring particular financial risks.

Full details of the membership and functions of these committees and other groups are in Appendix 1.

3.2 Individuals

In addition to the committee structures, certain individuals in the Trust have specific responsibility to manage risk. The Chief Executive and Chief Ambulance Officer, Medical Director, Director of Finance, Director of Human Resources and Organisation Development, and the Director of Information

Management and Technology have already been mentioned. Other key personnel supporting the Chief Executive and Chief Ambulance Officer are:

- Senior Management Group – All members of Senior Management Group (SMG) not identified with specific responsibility for the process of risk management have responsibility for the management of risk in their own areas.

- Director of Communications – Responsible for ensuring that support and advice is provided for the communication of risk management issues when appropriate.

- Head of Governance – Responsible for the overall management and implementation of the Risk Management Policy, the Standards for Better Health and the development and maintenance of the Trust Risk Register, and the Trust's compliance with external assessment requirements (as defined by the Healthcare Commission, Audit Commission, NHS Litigation Authority, and other Concordat Signatories).

- Legal and Risk Services Manager – Responsible for the management of the Legal Services contract and the Trust management of exposure to litigation, advises and assists with the implementation of the Risk Management Framework.

- Senior Risk and Safety Adviser – Responsible for advising on the development of all aspects of Health, Safety and Risk Management, Health and Safety Training and compliance with the Health & Safety at Work Act 1974 and its supporting legislation.

- Ergonomics Adviser – responsible for advising on and development of all aspects of an Ergonomics and Back Care Advisory service, and compliance with appropriate legislation and standards.

- Head of Diversity – Responsible for advising on the development and management of the Trust's approach to diversity including compliance with inspection and performance requirements of the Commission for Racial Equality, Disability Rights Commission, Equal Opportunities Commission and Equality and Human Rights Commission.

- Violence Prevention and Security Manager – Responsible for advising on personal staff safety, premises and property security, and assisting staff in respect of police liaison, the collation of all Incident reports, the analysis of statistical information, the maintenance of the Staff Safety Policy and Incident reporting procedure.

- Complaints Manager – Responsible for the investigation of external complaints, ensuring complaints are handled effectively and that issues

identified are brought to the attention of the Complaints Panel and Clinical Governance Committee by relevant individuals undertaking high priority investigations.

- Head of Records Management – Responsible for co-ordinating, publicising and monitoring of the Trust's Records Management Strategy and reporting on a regular basis to the Board.

- Head of Planning and Programme Management – Responsible for co-ordinating the project management approach to the delivery of the Trust's Seven year Strategic Plan and the annual service plan.

- Head of Operational Support – Responsible for the provision of logistical support to A&E Operations, principally the provision of equipment, supplies and as Chair of the Vehicle & Equipment Working Group responsible for ensuring that all new equipment is risk assessed prior to procurement.

3.3 General Responsibilities of Managers

All managers must fulfil their statutory obligations for the management of foreseeable risk within the workplace; conduct assessments for all work based activity where appropriate, and foster a culture of risk awareness throughout their sector or department. Specific responsibilities will be identified for the roles of Assistant Directors of Operations, Ambulance Operations Managers, Duty Station Officers, Team Leaders and Complex Trainers and for local nominated manual handling assessors with objectives .

A risk management audit tool will be identified which incorporates mandatory requirements and can be used in all departments.

Managers must ensure that all staff have access to the relevant policies, procedures and protocols to facilitate safe practice and minimise risk, and that they receive feedback on reported risks.

3.4 General Responsibilities of all Staff

All staff have a duty of care to manage where possible foreseeable risks, bringing those that cannot be managed to the attention of their line manager using the appropriate reporting system. Staff will get involved as required in setting up mechanisms, systems and procedures to minimise identified risks to an agreed and acceptable level.

All staff must comply with the Risk Management Policy, Risk Reporting and Assessment Procedure, LAS Health and Safety Policy and procedures, and professional guidelines and standards set by the relevant professional bodies and associations.

References:
Assurance Framework
Incident Reporting Procedure

Claims Policy
Complaints Procedure
Being Open Policy
Whistle blowing Policy
SUI Policy
Driving and care of Service Vehicles
Risk Reporting and Assessment Procedure
Health and Safety Policy
Disciplinary Procedure
Trust's Strategic Plan 2006/07 – 2012/13
Trust Service Plan 2006/07
Standards for Better Health (Department of Health July 21 2004)
NHSLA Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service
The annual health check in 2006/7 Assessing and rating the NHS (Healthcare Commission September 2006)

Signature: 

Peter Bradley, Chief Executive

Appendix 1

Membership and terms of reference of the Risk Management Committees and Groups

1. The Risk Compliance and Assurance Group

Terms of Reference

Introduction

This Group has delegated responsibility from the Trust Board for taking an overview of all risk management activities within the Trust.

It will:

- Be responsible for the provision of a systematic and focussed approach to the management of all foreseeable risks within LAS
- Monitor the implementation of the Risk Management Framework
- Oversee the annual work programme necessary to achieve compliance with the NHSLA Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service.
- Accept risks onto the Risk Register and agreeing their priority rating together with a proposed risk reduction plan
- Ensure that any changes in legislation are incorporated into the risk management policies and practices of the Trust to assist in evidencing compliance with the healthcare standards of the Annual Healthcheck.
- Test assurance and controls relating to risks so that the Assurance Framework can be updated by the Audit Committee on behalf of the Board.

It will review the grading of risks and agree the grading of them before accepting them onto the Trust's Risk Register. It will ensure that there are action plans set up to reduce these risks, as a standing agenda item. The Audit Committee will monitor the action plans

The Risk Compliance and Assurance Group will define and develop Key Performance Indicators which provide quantitative and qualitative information to be collated in the format of an annual risk management report to the Trust Board.

- The Risk Compliance and Assurance Group has delegated responsibility from the Trust Board for ensuring the provision of an effective trust wide risk management system within the LAS. This will be achieved through monitoring and making appropriate recommendations on performance in risk management based on the standards within the NHSLA Risk Management Standard for the Provisions of Pre Hospital Care in the Ambulance Service.

  (monitored by the NHSLA) and the standards within the Annual Healthcheck (monitored by the Healthcare Commission).

Functions

- Monitoring progress with all risks on the Risk Register and on agreed Key Performance Indicators
- Receiving an annual progress report on trust wide risk management arrangements
- Monitoring take up and effectiveness of training courses relating to clinical and non-clinical risk management as set out in the Training Needs Analysis
- Reviewing the new risks identified by the annual trust wide risk assessment for acceptance onto the Risk Register
- Achievement of risk treatment plans on high priority risks on the Risk Register that deliver reductions in priority rating scores for those risks
- Reduction in the level of manual handling, incidents and claims
- Monitoring the implementation of the Risk Management Policy
- Monitoring and review of the Trust's exposure to litigation claims
- Ensuring there is an effective process to learn from claims
- Provision of advice concerning risk management throughout the Trust to the Audit Committee and the Trust Board
- Ensuring that external communication and consultation takes place with other NHS Ambulance trusts to promote sharing of good practice and lessons learned from effective risk management.

The Risk Compliance and Assurance Group will meet monthly before the Senior Management Group and be supported by the LAS Compliance Unit. The Committee will be chaired by the Chief Executive Officer. The Group's minutes will be reported to, and considered by, the Trust Board.

Membership (*deputies to be proposed unless already stated)*
Chief Executive (chair)
Director of Finance
Medical Director
Director of Operations
Director of Human Resources
Non Executive Director (1)
Director of Information and Technology
Chair of Clinical Governance Committee (Non Executive Director)
Director of Communications
Director of Service Improvement

Head of Governance
Head of Legal Services
The Risk Compliance and Assurance Group receive regular reports related to its functions (as described above) from:

- (corporate) Health and Safety Group
- Standards for Better Health Group

- Complaints Group
- Clinical Governance Committee
- Information Governance Panel
- Training Services Committee
- Vehicle and Equipment working groups
- Motor Risk Group

Recommendations and feedback will be made to these groups as appropriate.

SMG will feedback to the Risk Compliance and Assurance Group strategic development plans for risk management throughout the Trust as they are revised and updated over time.

The Group will take particular responsibility for:

- All Risks on the Risk Register
- Approving and monitoring progress with the management of risk including feedback from the Audit Committee on risk treatment or action plans related to risks
- Monitoring the implementation of the Risk Management Policy and Risk Reporting and Assessment Procedure
- Ensuring the promotion of an awareness of risk management amongst all staff groups.

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2. The Clinical Governance Committee

Terms of Reference for Clinical Governance Committee

Constitution

- The Committee is established by the Board. Its terms of reference, membership, delegated powers and reporting arrangements are determined by the Board. It will normally meet six times a year with three of those meetings set aside for core work.

- The Committee will be chaired by a non-executive director or an executive vice-chairman in the absence of the chairman.

- A quorum shall be one non-executive director and one executive director.

- The Committee's minutes will be reported to, and considered by, the Trust Board.

- The functions of the Clinical Governance Committee

Functions and how these will be achieved

The Committee's prime purpose is to ensure that high quality patient care is delivered throughout the London Ambulance Service. To this end, the Committee will, inter alia:

- Oversee the clinical guidelines and protocols that members of staff are expected to follow during their working lives at LAS (Note: these are based principally on those published by the Joint Royal College Ambulance Liaison Committee).
- Require evidence that procedures and protocols are reviewed and further training is given (where appropriate) in response to the reporting and investigation of clinical incidents and complaints.
- Monitor progress in implementing the Clinical Governance Strategy and the Clinical Governance Development Plan.

The Committee will establish and monitor adherence to standards for good practice, and will recommend remedial actions where necessary. In so doing, it will use the framework of Standards for Better Health issued by the Healthcare commission and the standards within the NHSLA Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service. To this end, the committee will work with the Risk Compliance and Assurance Group

- Receive and review regular reports from feeder Groups, in particular Standards for Better Health Group, the Risk Information Report (which combines data from risks complaints, claims and clinical incidents), the Complaints Group, the Infection Control Group and the Area Governance Groups.
- Receive and review evidence of compliance and collated information for the final declaration of the Annual Healthcheck and for any submission to the NHSLA

The Committee will review the risks associated with the LAS' clinical practice and will ensure that appropriate action plans have been put in hand to reduce the number of untoward clinical events. To this end, it will:

- Work with the Risk, Compliance and Assurance Group, which will grade risks and place them on the Risk register in accordance with the LAS Risk Scoring Matrix.
- Use aggregated data from the Risk information Report and other sources as it sees fit to ensure that clinical risk reduction programmes of a high standard are in place.
- Monitor the implementation of risk reduction programmes to ensure that identified risks are reduced, and that adverse events are detected early, investigated speedily and openly and that the lessons learned are promptly applied.

The Committee will ensure that quality improvement processes (e.g. clinical audit) are in place and integrated with the quality programme for the organisation as a whole. It will do this, inter alia, by requesting reports from the Clinical Audit and

Research Steering Group in, for example, the extent to which day-to-day practice is evidence-based and is supported by research and development.

The Committee will satisfy itself that all personnel working for the London Ambulance Service receive education, training, continuing personal and professional development. It will do this by, inter alia:

- Requesting the relevant information from The Training Services Group and the Area Governance Groups, and other feeder Groups as appropriate
- Monitoring the Trust wide Training Needs Assessment.

The Committee will define and develop Key Performance Indicators which provide quantitative and qualitative information to be collated in the form of an annual clinical governance report to the Board. These will be changed annually and will contribute to a Trust-wide scoring system.

The Committee may recommend policy, as appropriate, to the Trust Board for formal approval. They may also commend further training or clinical service development as a result of evidence produce to the Committee.

The Committee is responsible for providing the Audit Committee with evidence that there is a reliable clinical risk management system in place; that action plans have been agreed to manage those risks and that these have been appropriately followed up in order to manage/reduce the level of risk.

Membership (*deputies to be proposed unless already stated)*
*1 Non Executive Director (chair) **Indicates member of core committee*
*2 NED
*Medical Director (vice chair)
*Director of Communications
*Director of Service Development
Head of Education and Development
Head of Clinical Audit & Research
*Head of Legal Services
*Head of Governance
Safety & Risk Advisor
*Deputy Director Operations
PPI Manager
*Head of Records Management
Diversity Manager
*Head of Complaints
Head of Operational Support
*Assistant Director of Operations EOC (deputy -Senior Operations Officer – Planning & Risk)
*Director of Communications (deputy -Head of Communications)
Area Governance representative
*User Representative(s)/

A&E Consultant
Head of Employment Services

Regular Reports will be received from:

- Standards for Better Health Group
- Complaints Group
- Clinical Audit and Research Steering Group
- Risk Compliance and Assurance Group
- Area Governance Groups
- PPI Committee
- Race Equality Strategic Group
- Infection Control Group
- Six month update on NICE Guidance applicable to LAS

3. Audit Committee

1. Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Membership

The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Authority/Trust/PCT and shall consist of not less than three members. A quorum shall be two members. One of the members will be appointed Chair of the Committee by the Board. The Chairman of the organisation shall not be a member of the Committee.

3. Attendance

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year the Committee should meet privately with the External and Internal Auditors.

The Chief Executive and other executive directors should be invited to attend, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The Chief Executive should normally attend all Audit Committee meetings and must attend annually to discuss with the Audit Committee the process for assurance that supports the Statement on Internal Control.

The Trust Secretary, or whoever covers these duties, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members.

4. Frequency

Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Duties

The duties of the Committee can be categorised as follows:

7. Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Standards for Better Health), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements

- the policies and procedures for all work related to fraud and corruption as set out in
  Secretary of State Directions and as required by the Counter Fraud and Security

Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

8. Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal

- review and approval of the Internal Audit strategy, operational plan and more detailed
  programme of work, ensuring that this is consistent with the audit needs of the organization as identified in the Assurance Framework

- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources

- ensuring that the Internal Audit function is adequately resourced and has appropriate
  standing within the organisation

- annual review of the effectiveness of internal audit

9. External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit

- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy

- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Authority/Trust/PCT and associated impact on the audit fee

- review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses

10. Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Healthcare Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee and any Risk Management committees that are established.

In reviewing the work of the Clinical Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance that can be gained from the clinical audit function.

11. Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

12. Financial Reporting

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Statement on Internal Control and other disclosures relevant to the
  Terms of Reference of the Committee

- changes in, and compliance with, accounting policies and practices

- unadjusted mis-statements in the financial statements

- major judgemental areas

- significant adjustments resulting from the audit

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

13. Reporting

The minutes of Audit Committee meetings shall be formally recorded by the Trust Secretary and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board annually on its work in support of the Statement on Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Standards for Better Health.

14. Other Matters

The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- Agreement of agenda with Chairman and attendees and collation of papers

- Taking the minutes & keeping a record of matters arising and issues to be carried forward

- Advising the Committee on pertinent areas

4. The (corporate) Health and Safety Group

Membership

Director of Human Resources and Organisation Development – Chair (1)
Director of Operations (1)
Regional Operations Manager (PTS) (1)
Head of Fleet (1)
Head of Estates (1)
Safety & Risk Advisers (2)
Ergonomics Adviser
Violence Prevention and Security Manager (1)
Head of Employee Services (1)
Assistant Director of Operations (1)
Head of Education and Development (1)
Logistics Manager (1)
Occupational Health Representative (1)
Health & Safety Representative (as determined through local agreement)

The (corporate) Health & Safety Group has a vital role in ensuring that the Health & Safety Policy is acted upon.

Terms of Reference

The (corporate) Health & Safety Group structure provides access from local and Area levels to the Strategic Health & Safety Committee which is responsible for the co-ordination and implementation of the Health and Safety Plan on behalf of the Risk Compliance and Assurance Group.

Its responsibilities are:

- To oversee the development of an overall strategy to promote a positive Health and Safety culture Service wide and actively promote best practice.
- Monitor the progress of the actions taken to reduce Health & Safety Risk on the Trust Risk Register
- Monitor the timeliness of conducting premises inspections and Risk Assessments.
- To ratify Health and Safety Policies and procedures.
- To approve the planned implementation of Health and Safety Policies and procedures.
- To monitor the organisation's overall performance in relation to Health, Safety and Risk Management, and where appropriate, recommend actions to be taken.
- To review and monitor the effectiveness of Health and Safety training.
- To receive reports from the Area and HQ committees
- To provide regular reports to the Trust Board and Risk Compliance and Assurance Group on Health and Safety issues.
- To review quarterly Health and Safety statistics and to recommend appropriate action.

- Oversee and monitor the progress of equipment trials specifically related to Health and Safety.
- To co-ordinate all relevant information on Health Safety and Risk issues and promote effective communications.

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5. The Standards for Better Health Group

Membership

Director of Finance (Chair)
Director of Information Management and Technology
Director of Operations
Director of Human Resources and Organisation Development
Medical Director
Head of Operational Support
Head of Governance
Governance Manager
Standard Leads and Internal Audit as required.

Terms of Reference

Core Functions

- The group has the responsibility for ensuring that the Healthcare Commission assessment to produce the annual review and rating is co-ordinated so that core standards are met and progress with developmental standards is made. This will be achieved through self-assessment to gain a baseline from which action can be planned.
- The Standards for Better Health Group is responsible for overseeing that the Assurance Framework is developed in line with the Standards for Better Health to ensure that the principal objectives of the organisation are achieved and provide the evidence base for the Statement of Internal Control.
- The Standards for Better Health Group is responsible for preparing the SIC (Statement of Internal Control) so that it is supported by the required evidence as defined by the Department of Health. The Group will ensure that this work is completed so that the SIC can be signed by the chief executive. This task is the core component of the group's role as it will be based on the assurances we receive on the systems that we have put in place to achieve compliance with core standards.
- The Standards for Better Health Group will be directly accountable to the Risk Compliance and Assurance Group and ensure that risk assessment mechanisms as defined in the Risk Management Framework are included on the Trust Risk Register as appropriate.

Responsibilities of Group

A manager should be appointed to take the lead on the implementation of each Healthcare Standard.

These managers will have the initial responsibility of reviewing the standards to achieve a baseline of compliance. Evidence of the means of compliance with these standards should also be documented. From there managers will produce a series of action plans that will establish how each non compliant or partially compliant standard will be progressed. This will include a description of what is to be achieved along with how it will be achieved. The group will review these action plans with each manager as there may be policy decisions along the way to their finalisation.

Resource implications and target dates for all identified actions need to be agreed. Other Board Members or Directors will be consulted as appropriate.

Resource and support implications for the Standards for Better Health also need to be identified for discussions at Risk Compliance and Assurance Group.

To ensure that self-assessment and action planning is undertaken.

To monitor the implementation of action plans and, where these are not being achieved, determining the necessary remedial action.

Accountability

The Standards for Better Health Group will be accountable to the Risk Compliance and Assurance Group and provide regular updates for monitoring purposes.

Managers will come to meetings in an 'attendance' capacity when their standard is being discussed.

Each standard will also be 'sponsored' by a Director in the Senior Management Group.

Frequency of Meetings

The group will meet on a quarterly basis, and additionally, as necessary to complete the Annual review and ratings return and the SIC in alignment with performance management requirements (internal and external).

6. Vehicle & Equipment Working Group

Membership

Head of Operational Support (Chair)
Safety & Risk Advisor (2)
Ergonomics Adviser
Fleet Manager
Principal Project Manager
Logistics Manager
Training Manager – Fulham
Chase Farm Ambulance Station (Rep)
Support Services Officer, Sector Centre Bow
Communications Manager
Station Officer, Barnehurst Ambulance Station
Duty Station Officer, Heathrow
Union Branch Secretary, HQ Waterloo
Workshop Supervisor, Whipps Cross Ambulance Station
Hillingdon Ambulance Station (Rep)
Park Royal Ambulance Station (Rep)
Rotherhithe Ambulance Station (Rep)
Head of Procurement
Team Leader, Oval Ambulance Station
Senior Representative, NE Sector
Staffside Representative, Islington Ambulance Station
Staffside Representative, Woolwich Ambulance Station
Team Leader, Waterloo

Terms of Reference

- Appropriate procurement of operational vehicles and equipment by means of assessment, evaluation and trial, both in response to, and in anticipation of operational needs
- Structured evaluation of new market products and developments aiming for improvements to service delivery, as well as ensuring patient and staff safety
- Corporate consistency in the procurement of operational vehicles and equipment in accordance with the new protocol for acquisition, trial and purchase of ambulance aid equipment, medical treatments or devices.

7. Motor Risk Group

Membership
Director of Finance (Chair)
Assistant Director of Operations
Ambulance Operations Manager
Duty Station Officer
PTS Site Manager

PTS Contracts Operations Manager
Fleet Engineer
Educational Standards Manager
Head of Operational Support
Head of Legal Services
RTA Claims Assessor / Administrator Incidents / Claims
Safety and Risk Advisor
Ergonomics Adviser
Staff side representative

Terms of Reference

The Motor Risk Group has a key role in the management of motor risk in the LAS. Supported by the Vehicle and Equipment Working Group and Training Services Committee and performance management structures in Operations the responsibilities of the Motor Risk Group are to:

- Monitor the progress of the actions to reduce the motor risks on the Trust's Risk Register.
- Consider new motor risk assessments to be recommended to Risk Compliance and Assurance Group to be placed on the Trust's Risk Register.
- Report on the action to reduce the incidence of liable motor incidents to the Risk Compliance and Assurance Group.
- Make recommendations to the Risk Compliance and Assurance Group about the efficacy of the mechanisms for reducing the incidence of liable motor incidents.
- Communicate the actions and progress to reduce the motor risks on the Trust's Risk Register.
- Set and review the policies and procedures on driving and the care of Trust vehicles.
- Set and review the auditing arrangements for the reporting and investigation of road traffic incidents.
- Monitor the compliance with the policies and procedures on driving and the care of Trust vehicles.

8. Training Services Committee

Membership
Director of Ambulance Services
Director of Human Resources and Organisation Development
Head of Education and Development
Medical Director

The Training Services Committee has a key role in the management of risk and development of clinical governance within the LAS.

Terms of Reference

The terms of reference proposed for the Training Services Committee are:

- To set the strategic direction for learning and development within not only operations but the wider organisation also, influenced by organisational objectives and national priorities as appropriate.
- To support the Education & Development Strategy by interpreting organisational requirements into plans for implementation.
- To support the Head of Education & Development in meeting the organisation's learning and development objectives for these plans.
- To prioritise the training programme and determine what training gets delivered in a context of competing pressures. Decisions will be based on managing the organisation's principal risks and improving patient care.
- To sponsor requests for the services of the Department of Education and Development from all parts of the organisation and define what resources are required to fulfil requirements.
- To advise and seek provision of additional resources required from the organisation to enable training and education to take place to fulfil objectives.
- To predict future organisational training and development needs by communicating with key internal stakeholders and feed these requirements into plans as appropriate.
- To report to Clinical Governance Committee decisions and progress with learning and development to support the management of clinical risks and highlight any concerns which threaten risk management objectives when these arise.

Appendix 2

Risk Identification
The systematic identification of risks will be undertaken using the following sources:

Source	Management responsibility	Facilitation / co-ordination
Incidents -Reporting -Investigation - Monitoring trends	 - All staff and managers - Line managers, Safety and Risk, PSU - Line manages, Safety and Risk	 Safety and Risk, training Safety and Risk, training, Complaints Safety and Risk Ergonomics and Back Care Training
Musculoskeletal Disorders	Ergonomics and Back Care Adviser Accredited Assessors/Trainers	Ergonomics and back care adviser Ergonomics and back care training for Key accredited trainers/assessors
Inquests	Staff and managers, training, Legal Services	Legal Services
Claims	Staff and managers, training, Legal Services	Legal Services
Complaints	Staff and managers, training, Complaints	Complaints
Risk assessments	- All managers and trained nominated risk assessor (health and safety) - Safety and Risk Ergonomics and Back Care Trained Assessors and Trainers - Governance Development Unit	Safety and Risk Ergonomics and Back Care Trained Assessors and Trainers Legal Services Governance Development Unit
Health and Safety Executive assessment findings	All staff and managers Safety and Risk Ergonomics and Back Care	Human Resources Operational Development
Internal Audit findings	All managers	Finance
Clinical Audit	Operational staff, team leaders and other managers, training	Clinical Audit
Sickness absence data	Managers, training, ergonomics and back care adviser	Human Resources
Staff surveys	All staff and managers	Human Resources
Infection control audits	Team leaders and other managers, training	GDU, Training
Analysis of vacancies	Managers, Management Information	Human Resources
Assessment of training needs	All staff and managers, training	Human Resources, Head of Education and Development
SWOT analysis	Managers	

Healthcare Commission reviews	All staff, managers, training All staff, managers, training	Chief Executive, Medical Director
Standards for Better Health	All staff, managers, training	Governance Development Unit
Exit interviews with staff	Human Resources	
Patient report forms	All operational staff, team leaders, Operational managers, training	Clinical Audit, Management Information

Appendix 3

Flow Chart for Strategic Risk Register

Risk identified

(*To assess specific health and safety risks see guidance on Health and Safety Assessment on the Pulse*)

Risk identification form completed with proposed grading

Proposal submitted to Risk Compliance and Assurance Group with action plan identifying managerial responsibility

Proposal accepted or grading modified – this will include approval of timescales for action

Appropriate group/department identified to take responsibility for ensuring action plan adhered to

Summary reports on progress received at each Risk Compliance and Assurance Group (High Priority risks)

Complete risk register submitted to each Risk Compliance and Assurance Group as a reference document (High Priority Risks)

All risks re-graded every six months to coincide with board receiving a risk update report

	**London Ambulance Service NHS Trust** RISK REPORTING & ASSESSMENT PROCEDURE **Circulated to:** **For Use By:**

1. Introduction

The management of risk is a key organisational responsibility. All members of staff have a major role to play in identifying and minimising inherent risks, both clinical and non-clinical. This will be achieved within a progressive, open and honest environment, where mistakes and untoward incidents are identified quickly and acted upon in a positive and constructive way.

There is one approach in the London Ambulance Service NHS Trust (LAS) to identifying and reporting risks arising out of work and producing a suitable and sufficient risk assessment. Trivial risks can usually be ignored, as can risks arising from routine activities associated with life in general. The assessment should aim to enable the employer to identify and prioritise the requirement to establish short, medium and long term control measures.

Assessments are required to be reviewed and revised at appropriate intervals.

This Procedure applies to all LAS staff and all those working on behalf of the Trust

2. Objectives

The objective of the Procedure is to ensure that assessments of all foreseeable risks arising out of work activities are undertaken, and to identify the requirements to be taken to establish short, medium and long term control measures.

3. Definition of Risk

Risk is defined as either an uncertainty of outcome due to either a positive opportunity or negative threat, or the likelihood that the harm from a particular event is realised reflecting both the likelihood that the harm will occur, and its impact. To manage risk is to make practical judgement on what action needs to be taken to limit threats or the occurrence of harm.

4. Reporting & Assessment Requirements

To comply with the requirements to the Healthcare Commission and the National Health Service Litigation Authority (NHSLA) Risk Management Standards for Ambulance Trusts, the LAS encourages all staff to report risks and requires all managers to control the significant risks in their workplace and work activities.

Where risks exist, control measures presently in operation will need to be reviewed periodically and up dated on the Trust – wide Risk Register as detailed in the Risk Management Policy (TP/005) Section 2.2.

Risk Reporting and Assessment applies to all aspects of the Trust's services.

5 Responsibilities

The Chief Executive together with Directors who form the Senior Management Group (SMG) have overall responsibility for the management of all risks including Health and Safety risks.

The Risk Management Policy describes how the Board manages risks and states that the Chief Executive has overall responsibility for risk management in the LAS. It sets out in more detail specific responsibilities of senior managers relating to Risk Management and its implementation Trust-wide.

All other foreseeable risks should be assessed by managers and staff who have responsibility or have prior knowledge of the existence of a risk.

6 Risk Reporting and Assessment Procedure

6.1 Health and Safety (H&S) Risks

To comply with the Management (Health and Safety) Regulations 1999 the LAS requires all managers to control the significant risks in their workplace by first identifying the hazards, i.e. those aspects of the work, substances or equipment used, work process or work organisation that have the potential to cause harm. Contact Details for Safety and risk managers are routinely updated on the PULSE.

A Health and Safety Risk assessment should include risks involving people, place, plant/equipment, or risks associated with policies and procedures; for example not having a suitable procedure in place.

To assess specific health and safety risks, there is a section which provides detailed guidance entitled "Health and Safety Risk Assessment" on the Pulse.

6.1.1 Generic H&S Risks

Where a H&S risk has been identified that is, or may be, generic or common across the LAS, contact should be made with the Safety and Risk Department, to identify

whether previous similar assessments have been undertaken. If there has not been an assessment carried out for the risk the Safety and Risk Department will advise on the further action that should be taken.
Generic risk assessments are required to identify risks relating to such areas as work equipment, manual handling, violence and security, hazardous substances and infection control.

6.1.2 Local H&S Risks

Local risk assessments should be undertaken by managers for any risks that have the potential to cause harm to LAS staff or any other persons that are not covered by a generic assessment. Examples include Station open days; LAS attendance at pre-planned external events or venues where there is a potential risk to LAS staff or the public; individual staff members with known medical conditions; and specific communities or groups of staff.

6.1.3 H&S Risk Assessment Reporting

Assessments of multiple risks, whether generic or local, must be made on a Risk Assessment Reporting Form (Health and Safety/Multiple Risk Reporting Form) as at Appendix 1. An example of this is the assessment of risks associated with an event. All single H&S risks must be made on a LA167 Risk Reporting and Assessment Form (Appendix 2). Both forms, when completed must be forwarded to the Health and Safety Advisor

6.2 Other Risks

All other risks such as Corporate, Financial, Operational, and Clinical risks must be reported by using a Risk Reporting and Assessment form (LA167) which is split into three discrete parts, each of which must be completed for every risk that is to be assessed. Part one must be completed by the person reporting the risk who must then forward the form to their Line Manager. The Line Manager / Risk Assessor will complete Part two of the form and must then forward it to the Head of Governance.

6.3 Guidelines for Completing Health and Safety /Multiple Risk Reporting form

Section 1
A brief description of the issue that is to be assessed should be recorded including, date of the event, name of the individual or other descriptor as appropriate.

Section 2
Each risk should be recorded in section 2. Consideration should be given to the people, place, plant/equipment and policy/procedures that are linked to the risk that is being assessed.

Section 3
This section is to be used to identify who might be affected by the described risk

Section 4
The risk impact description that forms part of the LAS risk matrix is set out in Appendix 4. It should be used for assessing the potential impact of each of the identified aspects associated with the risk. The impact category, e.g. moderate, should be entered in the column headed risk impact. Where more than one category is identified the highest is entered in the box.

Section 5
The risk likelihood is defined either as: frequency or how often the occurrence of the risk is or probability of the risk occurring or recurring. The likelihood descriptor e.g. possible (in Appendix 4), should be entered in the column headed risk likelihood.

Section 6
The risk grading uses the matrix set out in Appendix 4. The grade band (colour) is identified at the point where the Impact category and Likelihood descriptor dissect a box.

Section 7
The risk score is identified at the point where the Impact category and Likelihood descriptor dissect a box.

Section 8
In this section the assessor needs to consider, and record the existing controls that are in place. Controls may include existing procedures and guidance, equipment, safety measures, shared responsibilities, and training.

Section 9
In this section the assessor needs to consider other recommended controls that could reduce the risk to an acceptable level. This should include an action plan to upgrade existing control measures or introduce new measures.

6.4 Guidelines for Completing LA167

The following are guidelines for completing each section of the form:

Part One
Risk Identification

Name and Dept/Station
This is required to assist the Line Manager/Risk Assessor to contact the individual raising the risk should further information be required in order to complete the form. The person reporting must sign and enter the date reported at the end of Part One.

Risk Decription
A brief description of the key risk that is to be assessed should be recorded including, date of the event, name of the individual or other descriptor as appropriate.

Underlying cause/ evidence
Each aspect that is associated with the risk should be recorded in this box to describe ther factors that would lead to, or have led to, the risk occurring. Consideration should be given to the people, place, plant/equipment and policy/procedures that are linked to the risk that is being reported.

Part Two

Risk Evaluation
In order to undertake a risk assessment there is a need to assess both the impact and the likelihood of the risk recurring giving an overall graded assessment of the severity of the risk to the LAS.

Risk Impact
The risk impact description that forms part of the LAS risk matrix is set out in Appendix 3. It should be used for assessing the potential impact of each of the identified aspects associated with the risk. The impact category, e.g. moderate, should be entered in the box headed Impact. Where more than one category is identified the highest is entered in the box.

Risk Likelihood

The risk likelihood is defined either as: frequency or how often the occurrence of the risk is or probability of the risk occurring or recurring. The likelihood descriptor e.g. possible, should be entered in the box headed likelihood. Once the Impact and Likelihood have been defined in the risk evaluation boxes (Part 2 of Appendix 2) the assessment can be graded.

Risk Grading
The risk grading uses the matrix set out in Appendix Four. The grade band (colour) and score are identified at the point where the Impact category and Likelihood descriptor dissect a box. The risk grade is entered into the box headed Risk Grading and the number is entered into the box headed Risk Score.

Risk Treatment

Existing Controls
In this section the assessor needs to consider, and record, the existing controls that are in place. Controls may include existing policy/procedures, guidance, equipment, safety measures, shared responsibilities, and training.

Recommended upgrade/action plan
In this section the assessor needs to consider other recommended controls that could reduce the risk to an acceptable level e.g. upgrading existing control measures or introducing new measures.

The assessor must sign and date Part Two so that there is a point of contact should further information be required.

Part Three

This part is completed by the Health and Safety Advisor or the Head of Governance.

References: **Risk Management Policy (TP/005)**
Assurance Framework (TP/021)
Management of Health and Safety at Work Regulations (1999)
NHSLA Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service
Health & Safety at Work Act 1974

Appendix 1 Health and Safety/Multiple Risk Reporting From

Section 1 **RISK ASSESSMENT FOR:**

Section 2 **RISK DESCRIPTION**	Section 3 **WHO MIGHT BE AFFECTED**	Section 4 **RISK IMPACT**	Section 5 **RISK LIKELIHOOD**	Section 6 **RISK GRADING**	Section 7 **RISK SCORE**	Section 8 **EXISTING CONTROLS**	Section 9 **RECOMMENDED UPGRADE OF CONTROLS AND TIMESCALE (ACTION PLAN)**

Dated: ……. Assessors Name/s: ……... Assessors Signature/s:

Appendix Two
LA 167

LONDON AMBULANCE SERVICE NHS TRUST

Risk Reporting and Assessment Form

PART 1 RISK IDENTIFICATION

This form is designed to help identify and assess risks that may affect the Trust

We can then prioritise actions so as to minimise the risks to staff, patients and the Trust itself. It is intended to be a positive way for you to contribute to the prevention, containment and control of risk and ultimately maximise the resources available for services and patient care. This form will be considered by the Risk Compliance and Assurance Group

Name of Individual completing the Form

Dept / Station

Risk Description	**Underlying cause / evidence**

Signature of person reporting: _____Date: _____

PART 2 RISK EVALUATION

LAS Risk Scoring Matrix (as per Risk Management Framework-Policy and Procedure Manual)

RISK IMPACT	RISK LIKELIHOOD	RISK GRADING	RISK SCORE

RISK TREATMENT

Existing controls – Including any contingency arrangements

Recommended upgrade of controls and timescale (action plan)
(Continue on another sheet if necessary)

Signature of Assessor / Manager _____Date_____

Print Name_____

FOR OFFICE USE ONLY

PART 3

Cost
(If appropriate/ known)

Reversibility
(The extent to which the risk can be reduced)

Does this impact on principal objectives?
(See Assurance Framework)

YES	NO

Appendix Three

LAS Ambulance Service NHS Trust
Risk Scoring System
(This should be read in conjunction with 'TP 005' for full explanation of its use)

Risk Impact Description

	1	2	3	4	5
Descriptor	**Catastrophic**	**Major**	**Moderate**	**Minor**	**Insignificant**
Injury (To anyone)	Death or major permanent incapacity	Major injuries, or long term incapacity / disability (loss of limb)	Reportable to external agencies / statutory bodies (e.g. RIDDOR, HSE, NPSA, etc	Minor injury or illness, first and treatment needed	Minor injury not requiring first aid
Patient Experience	Totally unsatisfactory patient care / working practices	Serious mismanagement of patient care – major permanent harm / breach of working practices	Mismanagement of patient care requiring more than first aid treatment and is likely to take more than one month to recover / breach of working practices	Unsatisfactory patient experience involving first aid treatment – readily resolvable	Unsatisfactory patient experience no injury
Complaint / Claim Potential	Claims of large value	Multiple justifiable complaints. Claim above excess or significant value	Justifiable complaint involving lack of appropriate care / management. Claim below excess or smaller value claim	Justifiable complaint peripheral to clinical care / management	Locally resolved complaint
Objectives / Projects	>25% over budget / schedule slippage. Does not meet primary objectives	10 – 25% over budget / schedule slippage. Does not meet secondary objective(s)	5 – 10% over budget / schedule slippage. Reduction in scope or quality requiring approval	<5% over budget / schedule slippage. Minor reduction in quality / scope	Insignificant cost increase / schedule slippage. Barely noticeable reduction in scope or quality
Service / Business Interruption	Loss / interruption > 24 hours	Loss / interruption > 8 hours and < 24 hours	Loss / interruption >1 hour and < 8 hours	Loss / interruption > 1/2 hour and < 1 hour	Loss / interruption < 1/2 hour
Human Resources / Organisational Development	Non delivery of key objective / service due to lack of staff. Very high turnover. Critical error due to insufficient training	Uncertain delivery of key objective / service due to lack of staff (recruitment, retention or sickness). Serious error due to insufficient training.	Late delivery of key objective / service due to lack of staff (recruitment, retention or sickness). Minor error due to insufficient training. Ongoing unsafe staffing level(s)	Ongoing low staffing level reduces service quality	Short term low staffing level temporarily reduces service quality (<1day)
Financial	> £5M	> £1M<£5M	>£20k<£1M	>£2k<£20k	>£2k
Inspection / Audit	Prosecution Zero rating. Severely critical reports.	Enforcement action. Low rating. Critical report Multiple challenging recommendations. Major non-compliance with standards	Reduced rating. Challenging recommendations. Non-compliance with core standards. Reportable to associated external/statutory agencies.	Recommendations given. Non-compliance with standards	Minor recommendations. Minor non-compliance with standards
Adverse Publicity / Reputation	Public inquiry National meeting	National Media < 3 days. Local MP concern	Local Media – Long term	Local Media – short term	Rumors

Appendix Four

LAS RISK GRADING MATRIX

Risk Scoring					
Impact					
Catastrophic	**5**	**10**	**15**	**20**	25
Major	**4**	8	**12**	**16**	20
Moderate	**3**	**6**	**9**	**12**	**15**
Minor	**2**	**4**	**6**		10
None / Insignificant	**1**		**3**	**4**	**5**
Descriptor	Rare	**Unlikely**	**Possible**	**Likely**	**Certain**
Frequency	**Not expected to occur annually**	**Expected to occur at least annually**	**Expected to occur at least every 6 months**	**Expected to occur at least monthly**	**Expected to occur at least weekly**
Probability	**< 1%**	**1 – 5%**	**6 – 25%**	**26 – 60 %**	**>60%**
	Will only occur in exceptional circumstances	**Unlikely to occur**	**Reasonable chance of occurring**	**Likely to occur**	**More likely to occur than not**
Likelihood of Recurrence					
Grading Bands	**1-3 = LOW**	**4-6 = MODERATE**	**8-12 = SIGNIFICANT**	**15-25 = HIGH**	

Enclosure 8

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD – 28th November 2006

Procurement of Additional Rapid Response Units

1. Sponsoring Director Michael Dinan

2. Purpose For approval.

3. Summary

This paper seeks approval to completing the Procurement of Additional Rapid Response Units originally discussed at the Trust Board on 31 January 2006.

4. Background

The original business case was submitted for approval at the January 2006 meeting of the Trust Board. It covered a 3-year programme from 2006/07. However, Minute 07/06, reproduced below as Figure 1, states only the procurement of the first years tranche was approved with the balance to be agreed once ORH had produced their report confirming the need.

Figure 1

Business Case for Rapid Response Vehicles: The Board was asked to give its approval to the purchase of 29 vehicles in 2006/07 and outline approval for 140 cars in subsequent years. The business case was based on the work undertaken by ORH with regard to the optimum mix of ambulances and cars to deliver an improved service to London. The Chief Executive commented that discussions will be taking place with the Trade Unions on proposals regarding future working arrangements.

In reply to a question from the Chairman of the Patients' Forum the Finance Director confirmed that work has been done nationally to standardise vehicle procurement for the ambulance service with two-three types of chassis being agreed. Discussions are ongoing to obtain the agreement of Medical Directors and operational staff as to what internal fittings and fixtures are needed.

Agreed:

1. The transfer of Tottenham AS ……..
2. To the purchase of 29 vehicles in 2006/07. Full Board approval for the balance of the vehicles required will be sought once both ORH analysis and the Trust budget have been agreed.

The Budget for 2006/07 included a capital plan to procure 114 RRUs.

Proposal

The preferred option within the business case envisaged the 172 RRUs would be purchased over the three-year period covered by the business case, as follows:

Figure 2

Year	RRU Numbers	Status
Year 1	29	Approved
Year 2	114	Budget
Year 3	29	
Total	**172**	

ORH have now finalised their report on the way forward to meet the new national performance targets. This includes the use of circa 250 RRUs. The procurement of the vehicles in Figure 2, together with the existing vehicles will bring to total up to the number required. The analysis formed part of the 'Clock Start' Operating Plan submitted to the Department of Health in October 2006. This plan has now been approved by the Department.

The first 29, approved in January, were delivered at the end of 2005/06 and went into operation early in the current financial year. It is proposed to purchase up to 114 RRUs in 2006/07 as per capital budget.

Financial Implications

The unit costs proposed by the suppliers are still those included in the business case. Consequently, the overall economic and affordability analyses remain valid with little revenue impact in the current year. The impact in future years will be included in the 2007/08 plan.

5. Recommendations

THAT the Trust Board approve the procurement of up to 114 RRUs in 2006/07 as per both the approved capital budget and the business case submitted to the January 2006 Trust Board meeting. A copy will be available at the meeting on 28th November 2006.

Enclosure 9

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD – 28 November 2006

Disability Equality Scheme

1. Sponsoring Director Caron Hitchen

2. Purpose For approval.

3. Summary

All public authorities are required to publish a Disability Equality Scheme (DES) by 4 December 2006, in line with the latest legislative amendments to the Disability Discrimination Act 1995.

The concept is similar to the Race Equality Scheme, which the LAS, in common with other public authorities, has had in place since 2002. The DES is intended to be a working document insofar as the inspection authority, currently the Disability Rights Commission, expects it to be actively applied and updated on a regular basis.

In April 2007 there will also be a requirement to publish a Gender Equality Scheme. The Trust's Diversity Team is working with the Department of Health's Equality and Human Rights Group to develop a Single Equality Scheme. This will pull together the three statutory schemes – race, disability and gender plus other disability 'strands' – sexual orientation, age and religion and belief.

4. Recommendation

THAT the Trust Board approve the Disability Equality Scheme, as drafted, and delegates the approval of updates to the Clinical Governance Committee in line with similar arrangements for the Trust's Race Equality Scheme.

London Ambulance Service NHS
NHS Trust

Disability Equality Scheme

(2006 - 2009)

This document is also available in other languages, large print, and audio format upon request.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

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این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

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ئەم بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەویت

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ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

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Waxaa kale oo lagu heli karaa dokumentigaan luqado kale, daabacaad ballaaran, iyo cajal duuban haddii la soo waydiisto.

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Hati hii vile vile inapatikana katika lugha nyingine, kwa maandishi makubwa na katika sauti kwa maombi.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Bu belge çeşitli dillere çevrilmiş olup, isterseniz iri harflerle basılmış şeklini ve kasetini de size gönderebiliriz.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Tài liệu này cũng có sẵn bằng các ngôn ngữ khác, bản in chữ to, và băng ghi âm khi được yêu cầu.

020 7921 5100

Disability Equality Scheme

1. Introduction

"Disabled people form a significant part of London's working age population. Using the broad Labour Force Survey definition, around 17% of working age Londoners are disabled – this equates to around 810,000 people. Of these, almost two thirds are disabled on both 'DDA' and 'work-limiting' disability definitions." (Greater London Authority, 2003).

There are also a significant number of other people outside the working age bracket who are disabled.

1.1 The Disability Discrimination Act 1995 has been amended to include new duties for public sector organisations, including the London Ambulance Service, to promote equality of opportunity for disabled people. Two of the key features of this in comparison with other equalities legislation is that disabled people must be actively involved in all aspects of producing the Disability Equality Scheme; and that favourable treatment is allowed.

2. Public Authority Duties

2.1 General Duty. The law introduces a new "General Duty", that says a public authority when carrying out their functions is to have due regard to do the following:

- promote equality of opportunity between disabled people and other people;
- eliminate discrimination that is unlawful under the Disability Discrimination Act;
- eliminate harassment of disabled people that is related to their disability;
- promote positive attitudes towards disabled people;
- encourage participation by disabled people in public life;
- take steps to meet disabled people's needs, even if this requires more favourable treatment.

2.2 'Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.

2.3 Specific Duty. There is also a duty on public authorities to produce and publish a Disability Equality Scheme outlining arrangements for involvement, assessment, monitoring and actions, and to publish regular updates on progress towards achieving the General Duty.

2.4 This Disability Equality Scheme sets out how the London Ambulance Service will go about meeting this duty. We have used the Department of Health's document, Creating a Disability Equality Scheme: A Practical Guide for the NHS, (DH, 2006) as guidance during the drafting of this scheme.

3. About the London Ambulance Service NHS Trust

3.1 The London Ambulance Service is in the frontline of the NHS in the Capital and provides healthcare to around one and a half million emergency and non-emergency patients throughout Greater London area each year. Demand on our service in growing - during 2004-05, 1.1 million emergency calls were received and the Service responded to a total of 827,000 incidents, up from 768,500 in 2003 -04

3.2 The core functions of the Trust are to respond to 999 calls, providing the most appropriate response to patients, be that by sending an emergency response vehicle, providing telephone advice, or referring elsewhere; to work with GPs and acute Trusts in allocating hospital beds; and providing patient transport services to acute, mental health and primary care trusts across London. The Service also works closely with the fire and police services and local authorities in matters of emergency planning and major incidents.

3.3 The Service is managed by a Trust Board comprising a non-executive chairperson, five executive directors (including the chief executive) and five non-executive directors. A representative from the Patients' Forum has observer status on the Trust Board.

4. LAS Vision and Values

4.1 The London Ambulance Service has a vision statement and a set of values which set out the organisation's approach to its staff, to the communities it serves, and to all of its stakeholders.

4.2 The LAS Vision is:
A world class ambulance service for London, staffed by well trained, enthusiastic and proud people who are all recognised for contributing to the provision of high quality patient care

4.3 The LAS Values are:

Clinical Excellence
• We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to the patient's needs

Respect and Courtesy
• We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

Integrity
• We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

Teamwork
• We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

Innovation and Flexibility
• We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

Communication
• We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

Accept Responsibility
• We will be responsible for our own decisions and actions as we strive to constantly improve.

Leadership and Direction
• We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

5. Equality and Diversity Policy Statement

5.1 The Trust's vision and values are supported by the following Equality and Diversity Policy Statement:

'The London Ambulance Service is committed to equality and diversity. One of our values states:

'We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.'

In practical terms this means:
• Everyone, including patients, colleagues and health and social care partners, will be treated as they would wish to be treated, with respect and courtesy.
• At recruitment and throughout their employment we will treat all individuals fairly. This will include ensuring staff receive equal treatment regardless of ethnic origin, gender, disability, sexual orientation, age, religion or belief.
• We recognise that the diversity of our staff benefits the organisation – we aim to have a workforce that is reflective of, and

knowledgeable about the communities in which we work.
• We will seek to treat patients to the highest possible standards and according to their individual need.

It is the responsibility of all staff to support this commitment in all aspects of their work.'

6. Social Model of Disability

6.1 The social model of disability says that people who have impairments or medical conditions are disabled by physical and social barriers. The difference between impairment and disability is that impairment limits what someone can do physically or mentally, whereas disability limits their ability to take part in the normal life of the community on an equal basis.

6.2 The social model was developed by disabled people in opposition to what came to be known as the individual or medical model of disability. The key difference between these two models is the location of the 'problem'.

6.3 In the medical model, disabled people are unable to participate in the community as a direct result of their impairment; impairment *causes* disability. So in the medical model it is a disabled person's personal tragedy that they are excluded and this is 'incurable', but in the social model exclusion is a social problem and it can be rectified by society removing its barriers.

6.4 Barriers that typically prevent disabled people participating fully in society and which need to be removed can be considered in a range of ways:

- Information and communication barriers
- Physical barriers
- Policy or procedural barriers
- Attitudinal barriers

6.5 The London Ambulance Service publicly subscribed to the social model, together with our partner organisations across London, as the London Emergency Planning Seminar, held in March 2006

7. Disability symbol – Two Ticks scheme

Positive about Disabled People

7.1 The Two Ticks symbol is used by employers to indicate a positive commitment both to people who are disabled and to potential customers. Any organisation using the symbol must make these five commitments:

- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities;
- To ask disabled employees at least once a year what you can be done to make sure that employees can develop and use their abilities at work;
- To make every effort when employees become disabled to ensure that they stay in employment;
- To take action to ensure that key employees are aware of the needs of disabled people;
- Each year, to ensure they review achievements towards making the workplace welcoming and accessible for disabled people; to plan ways to improve and let all employees and customers know about this progress and future plans.

8. Involvement

8.1 This Disability Equality Scheme describes how the London Ambulance Service intends to promote equality for disabled people. For a healthcare provider, that means improving the health of disabled people, through access to services, appropriate treatments, and employment. We will also show how we have involved disabled people, those who support disabled people, in the development of the scheme. However, this is not something that we have only just begun in recent months. The Trust has a strong record of involving disabled people as we develop our services. We intend to continue with and improve this record into the future.

These are some of the involvement initiatives to date:

8.2 Service Improvement Programme. The Trust carried out a stakeholder consultation process prior to launching our Service Improvement Programme. In 2005 we identified eight key stakeholder groups: Patient and Public; Greater London Authority/London Boroughs; Staff; Primary Care Trusts; Strategic Suppliers; NHS Partners; Blue Light Emergency Services; and Department of Health/Strategic Health Authority. In September of that year the Patient and Public stakeholder event took place, which brought together a range of people from across London. A number of disabled and deaf people were explicitly invited to contribute their perspectives and suggestions to the event. Participants were asked to define what the Trust's vision meant to them:

> *LAS Vision: A world-class ambulance service for London staffed by well-trained, enthusiastic and proud people who are all recognised for contributing to the provision of high-quality patient care.*

8.2.1 The final product was a stakeholder goal statement as follows:

An organisation which provides the right response, in the right place, at the right time to satisfy patients' needs, balancing response time targets with what patients really want and need. This requires:

- The LAS to work collaboratively in partnership with other providers across the health and social care system, thereby creating a shared responsibility for the health and wellbeing of our citizens;

- Easy and patient centred access routes, responses (be that treatment, conveyance, referral, etc.) in and outside of the home based on their diverse needs, conditions and cultural characteristics;

- Continuous engagement, two way communication and feedback from the many communities of London to ensure that patients and their carers drive continuous service improvement;

- Staff treating all patients and public according to the LAS Values, sensitively and with awareness of diversity in cultural norms.

8.2.2 Once all the stakeholders had been consulted, a final set of stakeholder goals was established:

- An accessible service…
  Accessible to Patients and Partners: Easy to contact; recognising diversity; responding to partners with right level of authority

- that responds appropriately…
  Responding Appropriately: Right response, right place, right time; timely, reliable (for patients and professionals); measured in terms that mean something to patients; appropriate priority to blue light colleagues; responding to major emergencies.

- engages the public, its patients and partners…
  Engaging Patients, Partners and the Public: Collaborative – use of pathways; health & social care (shared information, responsibility, & facilities; joint planning [identifying gaps in provision]; demand management); listens & responds; informed, forward thinking customers.

- provides greater options for patients…
  New Outcomes for Patients: Fewer go to hospital Accident and Emergency departments; staff skilled & confident to use alternative care pathways; career pathways in place

- continues to focus on delivery…
  Delivery Focused: National targets; Government frameworks; Standards & guidance; cost effectiveness.

- and has a culture built around our CRITICAL values
  Culture & Behaviour: Consistent with the values; respecting diversity; taking accountability, challenging each other; empowering; good management; skilled people (technical & inter-personal); consistent.

8.2.3 The Trust's Diversity Manager is the specialist lead for all equality and diversity related matters, including disability issues. Each of the five programme boards includes the Diversity Manager.

8.3 Patients' Forum. The London Ambulance Service Patients' Forum has a number of disabled and deaf members. The Forum provides regular valuable feedback on the Trust's performance from a patients' perspective. They take a keen interest in equality and diversity issues in particular, and receive regular briefings on developments in this area.

8.4 Projects. Some deaf members of the Patient's Forum have been involved in developing a project trialling the use of a visual translator card, for the purpose of improving communication with patients who have difficulty speaking.

8.5 Mental Health. The LAS Mental Health Strategy, which was approved by the Trust Board in 2005, included mental health patients at the planning and development event from which the final strategy was devised.

8.6 Chronic Conditions/Long-term Conditions. The Trust involved patients with chronic and long-term clinical conditions in the development of our service for these patient groups. As part of our improved service, we trained and deployed an enhanced group of clinicians, known as Emergency Care Practitioners. These clinical professionals have enhanced assessment, diagnostic and treatment skills, which are particularly suited to these patients.

8.7 Emergency Planning. The Trust took part in the multi-agency London Emergency Planning Seminar in March 2006. The was specifically aimed at seeking the input of disabled people as the emergency services and other pan-London agencies developed their respective plans for major incidents and emergencies. The work arising from this seminar is ongoing.

8.8 Patients' and Public Perceptions. During 2006 the Trust commissioned a major piece of research into patients' and the public's perceptions of the London Ambulance Service. The research, which included disabled people, forms part of the evidence base for evaluating our current service, and for developing our service for the future.

8.9 Access and Connecting for Health. In November 2006, the Trust launched its Access and Connecting for Health programme, a central component of the wider Service Improvement Programme which covers the period 2006 - 2013. One of the main features of the programme is developing access to our services for patients. To assist in highlighting the obstacles to overcome, disabled patients and staff, and carers of disabled people participated in a video which was used during the event, as well in the event

itself. The outcome of this event, and similar events for the other programmes, set the priorities for tackling the various projects needed to realise the benefits identified by stakeholders.

8.10 Miscellaneous. Over the past year, the London Ambulance Service has worked with and involved deaf and disabled people, and representatives from support organisations, in the development of services. These include "Sign", RNID, British Dyslexia Association, British Heart Foundation, RADAR, Employers'' Forum on Disability.

8.11 Local Events. As well as centrally organised events, local managers and staff organise community involvement and engagement events at Borough level. These include deaf and disabled people as part of a wider group, and also include events specifically for particular groups of disabled people, for example, people with learning disabilities. We keep records of these events on the Patient and Public Involvement (PPI) database, which is maintained by the PPI Manager.

8.12 The future. This record of involvement, engagement and consultation will continue into the future. There will be a considerable number of projects beginning over the coming year and beyond involving access issues, as part of the Access and Connecting for Health programme. Stakeholder involvement, including deaf and disabled people, is a central part of the programme and project methodology in use within the Trust.

8.12.1 A major involvement event is being planned for the middle of 2007 aimed specifically at patients who use the London Ambulance Service Patient Transport Service. This patient group includes a large number of disabled people, and patients with chronic and long-term conditions.

8.12.2 These initiatives, and others that will develop later, will enable deaf and disabled people (including those who provide support) to have a real influence on the development of the Trust's policies, procedures, and more importantly our practice, as we work through our Disability Equality Scheme. We see this scheme as a live document that will evolve and improve throughout its term of existence.

9. Mapping

9.1 Government Data. In order to demonstrate that the Trust is promoting equality for disabled people, both staff and service users, we need to have access to reliable data from which to measure progress. The Greater London Authority has produced helpful analysis from the Labour Force Survey using data specifically relating to the London region.

9.2 Employer's Forum on Disability. The LAS is a member of the Employer's Forum on Disability. The Forum produces regular updates on employment and service delivery matters related to disability, as well as arranging useful briefing meetings and seminars where the latest disability related information can be accessed. The Diversity Team members attend

these, and other national, regional and sector seminars on behalf of the Trust, and feedback relevant information into the organisation via Diversity Training, the Diversity Reference folder on the intranet system, input to strategic planning, and updates to the Trust Board and Board committees.

9.3 Patient Surveys. Using national as well as locally commissioned surveys we will ask our patients and the public at large what they expect from our services. We will ensure that disabled people are included in all generic surveys, and we will include questions specifically aimed at assessing the needs of disabled people. We will also arrange periodic surveys and focus groups specifically for disabled people. We will ensure that any patient or public feedback mechanisms we develop includes monitoring to enable the specific needs of disabled people to be identified.

9.4 Research. The Trust's Clinical Audit and Research Team uses patient data recorded by our own staff, as well as data from other healthcare organisations, questionnaires, focus groups and other published research data to gauge the effectiveness of clinical and organisational procedures, equipment and other inputs. Their work results in recommendations for changes and improvements to clinical practice. We will ensure that disabled people are involved in this research, where appropriate. We will also ensure that we develop effective methods for assessing the impact of our services on the health of disabled people.

9.5 Workforce Data. The Trust's workforce data also contains information about disabled staff. We need to ensure that all staff are fully aware of the current definitions of disability so that any reasonable adjustments that may be needed to ensure the full participation of all staff are accessible. Disabled staff should also feel free, if they choose, to disclose their disability, both for their own reasons and if they need to access reasonable adjustments within the workplace, confident that they will not be subjected to discrimination, harassment or victimisation.

10. Impact Assessment

10.1 A list will be compiled of the Trust's functions, policies, and practices that are relevant to promoting equality for disabled people. The list will be prioritised, highlighting those functions that are likely to have the highest impact. Each service head will nominate a manager to carry out an impact assessment on those high priority functions. The list will be published alongside this document.

10.2 All new and proposed policies and procedures will be assessed for relevance, and an impact assessment carried out, if necessary, by a manager nominated by the person responsible for producing the policy or procedure.

10.3 The impact assessments will use available evidence to determine whether the function, policy, procedure or practice is likely to have a disproportionately negative impact on disabled people. If the evidence shows

that this is the case, then an action plan will be produced with the aim of eliminating or mitigating the negative impact.

10.4 The impact assessment will include a plan for involvement and consultation of disabled people, and those who provide support for disabled people, together with a process for monitoring the effectiveness of the action plan.

10.5 The Trust's impact assessment process will be published alongside this document.

11. The Action Plan

11.1 An action plan will be produced detailing specific outcomes required, and the tasks put in place to achieve them. The actions will indicate who is responsible for completing them, and the timeframe for completion.

12. Monitoring

12.1 Once the impact assessment have taken place, and any action plans identified, these actions will be incorporated into the overall DES action plan and monitored together with the Trust's wider service plan. The updates on the DES will be reported quarterly to the Trust Board, via the Clinical Governance Committee.

13. Engagement

13.1 Public Patient Involvement. We will continue, as outlined above, to involve deaf and disabled people as we develop our policies and services. Involvement will be generic, as well as specific to the particular needs of deaf and disabled people.

13.2 Partnerships. Each London Borough has a senior manager, and Ambulance Operational Manager, who has the responsibility for engaging in partnerships with the local authority, other agencies and community groups. All public sector organisations will share the duty to promote equality for disabled people. The London Ambulance Service will ensure that we play a leading and meaningful role in working with our partners to improve the health of disabled people in London.

13.2.1 The London Ambulance Service is working at a strategic level to develop partnership links with the other pan-London agencies, such as the Greater London Authority, the Metropolitan Police Service, the London Fire Brigade, Transport for London, and others, to coordinate and cooperate on key involvement and consultation events, to enable deaf and disabled people the opportunity of meeting all those who deliver services in the Capital at one time.

13.3 Staff Involvement. The London Ambulance Service has a Partnership Agreement with the Trade Unions. We will continue to work within this

agreement to ensure the full participation of disabled staff in the development and delivery of our services.

13.3.1 We will actively work with deaf and disabled staff to ensure that they have access to the full range of facilities and services in the workplace to enable them to carry out their work, free from discrimination, harassment and victimisation.

14. Publication

14.1 The DES, together with the action plan, and impact assessment results will be published on the London Ambulance Service website, and intranet site. Copies will be available on request in other formats, such as audio, large print etc.

15. Comments, complaints or enquiries regarding our services

15.1 Wherever possible, we encourage patients, their carers and families, and members of the public to raise any concerns or issues they may have with the relevant staff at local level. We aim to be responsive to concerns expressed by patients, their carers and families or members of the general public. Our Patient Advice and Liaison Service (PALS) can act as a facilitator in relation to any concerns or issues by negotiating solutions or resolution as speedily as possible. PALS is responsible for acting as first point of contact for formal complaints, records of appreciation, and enquiries about the services we provide. We take steps to ensure that compliments and records of appreciation are fed back to the relevant staff. Complaints will be investigated with the aim of providing a response within 20 days.

You can write to them at:

Patient Advice and Liaison Service (PALS)
London Ambulance NHS Trust
St Andrews House
St Andrews Way
London E3 3PA

Telephone: 020 7887 6678
Fax: 020 7887 6655, Email: pals@lond-amb.nhs.uk

16 Disability Equality Scheme

16.1 Specific queries in relation to the Disability Equality Scheme should be addressed to:

Caron Hitchen, Director of Human Resources
London Ambulance Service
Headquarters
220 Waterloo Road
London, SE1 8SD

Telephone: 020 7921 5223

17. Acknowledgements

17.1 We wish to express our thanks and appreciation to both the disabled people, and those individuals and organisations who provide support and care for disabled people, who contributed to aims outlined in this document. We look forward to widening and deepening our involvement in the coming years.

Enclosure 10

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD - 28 November 2006

Annual Report regarding Complaints 2005/6

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For approval

3. Summary

The report provides a summary of activities of the Professional Standards Unit (now Complaints Department) in the period from 1st April 2005 to 31st March 2006.

The report provides an analysis of the different categories of complaints, emerging trends and comparisons with previous years data.

Information on Serious Untoward Incidents, of necessity limited, due to the ongoing status of several, is also included.

4. Recommendation:

THAT the Trust Board approve the annual report.

Complaints Department Annual Report
01-04-05 to 31-03-06

1. Purpose

The purpose of this paper is to update the Trust Board on the activities of the Complaints Department (PSU) during 2005/2006 and to provide an analysis of complaints received by the department over the same period.

2. A change from Professional Standards to a Complaints Department

2.1 A review of the Professional Standards Unit was conducted in the first quarter of 2006 and, following Trust Board approval, implementation commenced in the second quarter of the year. The financial year of 2005/6 proved to be a difficult and challenging year with considerable uncertainty amongst the staff who were aware that the unit had become increasingly unpopular amongst staff and that the CEO had stated early in 2005 that a review had become necessary. Among the recommendations of the review, the following represent a fundamental change in the complaints handling process.

2.1.1 The centralised office at HQ was closed in June 2006 and staff moved to the operational areas. The title of the unit was changed to a Complaints Department. A small office was opened at Bow to act as the central hub of the department, to receive and process complaints, communicate with the public and administer the complaints database. The office also dealt with a total of 9 Child Protection chronologies and/or requests for information for Case Reviews which were collated and passed to Social Service Officials (2005/6).

2.1.2 PSU staff were given the opportunity to express their preference for role and location under the new arrangements. The desired outcome was that each area would end up with one Complaints Officer and one Investigations Officer. The change from PSU meant that disciplinary matters would in future be dealt with by Investigations Officers who had no connection with complaints handling. West and East Areas received an Investigations Officer from the disbanded PSU whilst West and South Areas received a Complaints Officer. Therefore one Investigations Officer (South) and one Complaints Officer (East) vacancy exists and a recruitment process has commenced. The Bow office is staffed by an Administrator and one Assistant (currently filled by a Temp). Complaints that are sent to EOC are dealt with by existing EOC staff. Staff that had been seconded to the PSU (for considerable time-frames) chose to end their secondment and return to their substantive positions.

2.1.3 Assistant Directors of Operations and Performance Improvement Managers in each operational area are now responsible for the management of the ex PSU staff, for all aspects of complaints management and disciplinary investigations in their area.

2.1.4 A total of 245 driving related incidents were dealt with in 2005/6, including speeding fines, parking tickets, bus lane and red traffic light contraventions. Traffic Incidents have, since June 2006, been investigated and dealt with by operational managers within areas and alleged traffic violations are now dealt with by the Fleet department. Investigations Officers no longer operate an on-call rota nor deal with out of hours traffic incidents.

2.1.5 The Unit has given numerous presentations to staff and managers, explaining the complaints process and the work that should be carried out to ensure that matters are resolved and, where necessary, the appropriate action taken. Complaints staff attend CPD training courses to explain current issues in complaints handling. The CEO talks to staff on current issues, emerging trends etc. at consultation meetings held throughout the service on an annual basis.

2.1.6 Following a gap of 12 months, the Complaints Panel has been re-convened with a meeting in October 2006. The next meeting is scheduled to take place in the first week of December.

2.1.7 Complaints manager attends Clinical Governance Committee meeting and provides updates on progress on complaints handling.

2.1.8 A process for the consideration of potential Serious Untoward Incident cases has been devised. This requires the attendance of the Medical Director, Director of Operations and Complaints Manager. All available documentation is considered and reviewed to determine the status of incidents against the Trust risk Matrix. Reasons for the decision are recorded in a dedicated database.

2.1.9 The Complaints Manager oversees the management of all SUI investigations to ensure that they are conducted in compliance with policy.

2.1.10 Work is underway to establish a system that will ensure that recommendations are converted into actions and that these are recorded and completed within strict timeframes.

2.2 NHS Complaints Procedure

2.2.1 The NHS Complaints Procedure was introduced in 2004 and revised on 1st September 2006.

2.2.2 The revisions to this procedure include less reliance on the achievement of targets as a measure of successful complaints handling. The 20 working day target for closure of complaints was increased to 25 working days with a provision for longer targets to be negotiated and mutually agreed with complainants in difficult or complicated cases. In this case, the new agreed date, when complied with counts as if the complaint had been concluded within the basic 25 day target.

3. Analysis of complaints received during 2005/2006

3.1 Update on complaints for 2005/2006

3.1.1 The total number of complaints received from 1 April 2005 to 31 March 2006 was 544 (an increase of 100 on the previous year), of these 259 were written complaints (an increase of 33 on the previous year). Of the 544 complaints received in the year, 540 are closed leaving 4 still open. The 544 complaints were dealt with in the following way, 12 involved in disciplinary action, leaving the remaining 519 dealt with under local resolution. There were 9 requests for Independent Review on cases received in 2005/2006. 2 of these requests required the service to take no further action, 5 are still outstanding and a decision is awaited from the Healthcare Commission. The final 2 complaints sent to the Healthcare Commission for review were returned with recommendations to be carried out by the service.

3.1.2 Comparison with 2004/5 and 2003/4 data.

Year	Complaints Received	% Change	Ratio
2005/6	544	22.5% increase	1 complaint for each 3298 patients conveyed
2004/5	444	17.9% decrease	1 complaint for each 3856 patients conveyed
2003/4	541	8.4% increase	1 complaint for each 3004 patients conveyed
2002/3	499		

3.2 Comparison of total complaints received in 2004/2005 with 2005/2006

	All Complaints		Written Complaints	
	01/04/05 to 31/03/06	**01/04/04 to 31/03/05**	**01/04/05 to 31/03/06**	**01/04/04 to 31/03/05**
Accident & Emergency (A&E)	309	259	136	120
Central Ambulance Control (CAC)	165	136	95	80
Patient Transport Service (PTS)	41	32	27	23
Unknown	0	0	0	0
Not Our Service (NOS)	27	11	0	0
Non-Operational (NOP)	2	6	1	3
Total	544	444	259	226

The table above indicates that the overall volume of complaints received in 2005/2006 has increased by 18% compared to 2004/2005. The only area of decrease was under the Non-Operational (NOP) subject heading which fell from 6 to 1. A&E complaints increased by 16%, EOC complaints rose by

18% and PTS complaints increased by 22%. Written complaints have increased in volume by 13% compared with 2004/5.

3.3 Complaints by subject area for 2003/2004 and 2004/2005

3.3.1 Aggravating Factors (AF) is the main subject heading for the sub subjects, victimisation of disabled people, homophobia, racism and sexism. In 2005/2006 the Service received 6 complaints under this subject heading, which is a 33% increase compared to the figure received in 2004/2005. Again these complaints were put into the sub subject heading of racism as were those received in 2004/2005.

3.3.2 Non Physical Abuse (NPA) which is the subject heading for attitude and behaviour complaints is again the highest field that people complain about (247 received). NPA is split into attitude and behaviour headings and this year 140 were recorded as attitude complaints and 107 were behavioural issues. In 2002/2003 NPA amounted to 47% of overall complaints. 2004/2005 showed a decrease in this figure to 43% - in 2004/5 this category increased to 44% and further increased to 45% in the 2005/6 financial year.

3.3.3 Complaints regarding delays have fallen this year to 21% of the total complaints received; this figure tends to rise and fall as follows:

22% in 2002/3
26% in 2003/4
22% in 2004/5
21% in 2005/6

3.3.4 Treatment complaints have fallen slightly to 12% of the total complaints received, compared to 13% in 2004/2005.

3.3.5 Road Handling complaints decreased in 2005/6 to 5% of total complaints received compared to 7% in 2004/5.

3.3.6 Non-Conveyance complaints continued to rise, from 9% of the total complaints in 2003/2004 to 11% this year.

3.3.7 Overall complaints increased in the 2005/6 period compared to the 2004/5 period. It is also pleasing to note that there has been no major increase in any of the subject areas.

3.3.8 The interface between PALS and Complaints has been strengthened, the position of the centralised complaints office at Bow and a close working relationship between the Complaints and PALS Managers.

3.4 Potential emerging issues

3.4.1 Non-Conveyance complaints have had a rise in the sub subject headings of 'No Send – LAS Refuses' and 'Ambulance not sent because of CTA'. These

sub subjects made up 12% of complaints received against Non-Conveyance in 2004/2005 compared to a rise of 29% in 2005/2006. The figures for 2005/6 compared to 2004/5 in each of these subsets of non-conveyance is as follows:

	2004/5	**2005/6**
No Send (CTA decision)	1	14
No Send (Policy)	4	3

3.4.2 There is also an increase in the amount of complaints under the sub subject heading of 'No/inappropriate clinical assessment' and 'Non-immobilisation'. These come under the main subject heading of Treatment. There has been a 23% increase in no/inappropriate clinical assessment compared to those received in 2004/2005 and a 50% rise in non-immobilisation complaints compared to 2004/2005.

3.5 Serious Untoward Incidents (SUI's)

3.5.1 Potential SUI's are reviewed by a panel, normally comprising the Medical Director, Director of Operations, Complaints Manager and, when required, Head of Legal Services. In the absence of any of the above, other Directors undertake the review.

3.5.2 The panel review all paperwork available and grade the incident against the Risk Grading Matrix to determine if the incident should be classed an SUI.

3.5.3 The decisions of the panel are recorded by the Complaints Manager together with the reasons for each decision. The Complaints Manager oversees all SUI investigations to ensure that the SUI Policy is adhered to.

3.5.3 In the period of November 2005 to October 2006, eleven incidents were reviewed. Of these, three were identified and dealt with as SUI's. The attached table (Incidents Considered as Potential SUI's) contains a summary of the eleven cases. In addition one further case was declared an SUI although it remains unclear what process was followed.

3.5.4 One further incident had been declared an SUI earlier in 2005 and was the subject of an intense investigation prior to and immediately following a problematic Inquest that took place in January 2006 (Andrew Jordan).

3.5.5 The second attached table (Serious Untoward Incidents Summary – November 2005 to October 2006) provides more detail on each of the Sui's declared in the twelve month period.

3.5.6 Reports have been received (both on 08-11-06) relating to the the Paul Coker and Child Latwa SUI's.

3.5.7 The attached table summarises the declared SUI's.

3.6 Performance against 20 day target.

3.6.1 The Service reached 69% for year ending March 2006, which meant the Service did not achieve the minimum 80% of resolving written complaints within 20 working days. This was disappointing as the Service achieved 81% in 2004/2005 and 73% in 2003/2004.

3.6.2 The target has been increased to 25 working days from 01-09-06 with provision for extended target dates to be agreed with complainant in appropriate cases.

3.6.3 100% compliance is achieved in sending an acknowledgement in applicable complaints within 2 working days.

3.7 PALS

3.7.1 The interface between PALS and Complaints has been strengthened, particularly through a robust working relationship of the managers involved and also through the opening of the central complaints office at Bow where the PALS office is located. Since the PALS office was established, the number of enquiries has continued to increase although there is some indication that the rise may be starting to plateau.

Year	**Number of PALS Enquiries**
2005/6	4269
2004/5	3747
2003/4	2844
2002/3	773

3.8 Litigation

3.8.1 There is a differentiation between ACTUAL claims and POTENTIAL claims – actual claims are ones where the service receives a letter of claim, potential are ones where a solicitor states that they are investigating a possible claim against us. Potential claims are treated in the same manner as actual claims, but experience shows that many of these frequently amount to nothing and a formal claim is never made.

ALL POTENTIAL CLAIMS	**ACTUAL PATIENT CLAIMS**
02/03 - 19	**02/03** - 6
03/04 - 18	**03/04** - 4
04/05 - 8	**04/05** - 2
05/06 - 19	**05/06** - 8

4. Lessons Learnt

4.1 One of the principle reasons for the change from Professional Standards to a dedicated Complaints Department in 2006 was the need to adopt a new

approach to complaints which focused on understanding the cause of complaints and learning lessons from complaints. It has been difficult in the period covered by this report, to establish lessons that have been learnt as a result of complaints. In many cases lessons were learnt but were not recorded – the emphasis on this element of complaints handling was not in place at this time. It is anticipated that more robust reporting of lessons learnt will be possible in future with the implantation of a new complaints procedure and complaints management process.

Some examples of lessons learnt from complaints are as follows:

4.2 12 year old girl was conveyed by ambulance to a London Hospital with 'classic' history of diabetes. At hospital she was found to have a severe ketoacidosis following 3 days of vomiting and 'chest pains'.

The ambulance crew did not appear aware of the patients clinical condition and seemed to assume that the signs and symptoms she was displaying indicated that she was argumentative and misbehaving.

The LAS Medical Director acknowledged that the service tended to focus on hypoglycaemia and were not so good at recognising hyperglycaemic emergencies.

An anonymised version of the incident was produced for the LAS News which focused on Hyperglycaemic emergencies, signs and symptoms and treatment, and some retraining was provided for the attendant.

4.3 A patient was being transferred from a London Hospital, accompanied by a doctor. En Route, the patient experienced ventricular tachycardia. The FR2 defibrillator advised no shock in automatic mode and the doctor wished to deliver shocks in manual mode to stabilise the patient. The crew were not familiar with switching to manual mode and, for some reason, did not think of using the LifePac 12, which only operates in manual mode.

A Medical Directors bulletin has been produced advising all staff of the method to be followed should the need arise to switch an automatic defibrillator to manual mode. Additionally, training officers have been asked to reinforce this information both in-service and in formal classroom sessions.

4.4 A patient, suffering from psychological illness, died following a struggle with police whilst being restrained at his home address, taken to an ambulance and commencing the journey to hospital. An inquest found that he died as a result of cardio-respiratory arrest caused by positional asphyxia. This condition, related to restraint or postural asphyxia, can rapidly lead to unconsciousness and subsequent death.

Following the inquest into this tragic death, the service published articles in the LAS News that covered the subject of Positional Asphyxia – risk factors, signs and symptoms and treatment. Other articles followed which dealt with the associated condition of Excited Delirium and Acute Behavioural Disorder.

Complaints by Subject 2005/6								
	EOC	E	S	W	PTS	NOP	NOS	Total
05/06 Q1	**36**	**35**	**0**	**36**	**13**	**0**	**13**	**133**
Clinical Incident	0	0	0	2	0	0	0	2
Delay	19	0	0	1	4	0	0	24
Non-conveyance	9	1	0	3	1	0	0	14
Not our service	0	0	0	0	0	0	13	13
Non-physical abuse	8	23	0	19	6	0	0	56
Road handling	0	4	0	2	1	0	0	7
Treatment	0	7	0	9	1	0	0	17
05/06 Q2	**41**	**38**	**0**	**37**	**9**	**1**	**1**	**127**
Aggravating Factors	0	1	0	1	0	0	0	2
Clinical Incident	0	1	0	0	0	0	0	1
Delay	19	0	0	0	5	0	0	24
Non-conveyance	8	4	0	3	1	0	0	16
Not our service	0	0	0	0	0	0	1	1
Non-physical abuse	14	22	0	23	2	1	0	62
Road handling	0	2	0	4	1	0	0	7
Treatment	0	8	0	6	0	0	0	14
05/06 Q3	**45**	**27**	**21**	**30**	**10**	**1**	**6**	**140**
Aggravating Factors	0	1	1	1	0	0	0	3
Clinical Incident	0	1	0	0	0	0	0	1
Delay	30	1	0	2	4	0	0	37
Non-conveyance	7	3	0	2	1	0	1	14
Not our service	0	0	0	0	0	0	5	5
Non-physical abuse	8	11	12	20	5	1	0	57
Road handling	0	2	1	1	0	0	0	4
Treatment	0	8	7	4	0	0	0	19
05/06 Q4	**43**	**27**	**32**	**26**	**9**	**0**	**7**	**144**
Aggravating Factors	0	1	0	0	0	0	0	1
Delay	26	0	0	0	2	0	0	28
Non-conveyance	10	1	2	1	1	0	0	15
Not our service	0	0	0	0	0	0	7	7
Non-physical abuse	7	20	22	17	6	0	0	72
Road handling	0	2	3	3	0	0	0	8
Treatment	0	3	5	5	0	0	0	13
Totals:	165	127	53	129	41	2	27	544

Complaints by Service and Subject 2004/5										
	Aggravating Factors	**Clinical Equipment**	**Clinical Incident**	**Delay**	**Non-Conveyance**	**Not Our Service**	**Non Physical Abuse**	**Road Handling**	**Treatment**	**Total**
04/05 Q1	**0**	**0**	**2**	**26**	**8**	**2**	**53**	**13**	**15**	**119**
Central Ambulance Control	0	0	0	21	4	0	13	0	0	38
A&E East	0	0	1	0	1	0	26	5	5	38
Not our service	0	0	0	0	0	2	0	0	0	2
Patient Transport Service	0	0	1	4	1	0	2	2	0	10
A&E West	0	0	0	1	2	0	12	6	10	31
04/05 Q2	**0**	**1**	**0**	**23**	**12**	**4**	**42**	**3**	**12**	**97**
Central Ambulance Control	0	0	0	16	7	0	5	0	0	28
A&E East	0	0	0	3	1	0	19	2	6	31
Non - Operational Services	0	0	0	0	0	0	1	0	0	1
Not our service	0	0	0	0	0	4	0	0	0	4
Patient Transport Service	0	0	0	4	2	0	2	0	0	8
A&E West	0	1	0	0	2	0	15	1	6	25
04/05 Q3	**3**	**0**	**1**	**29**	**10**	**2**	**54**	**4**	**12**	**115**
Central Ambulance Control	0	0	0	25	3	0	9	0	0	37
A&E East	3	0	1	0	3	0	25	1	6	39
Non - Operational Services	0	0	0	0	0	0	3	0	0	3
Not our service	0	0	0	0	0	2	0	0	0	2
Patient Transport Service	0	0	0	3	0	0	3	0	0	6
A&E West	0	0	0	1	4	0	14	3	6	28
04/05 Q4	**1**	**0**	**1**	**19**	**12**	**3**	**48**	**12**	**17**	**113**
Central Ambulance Control	0	0	0	19	5	0	9	0	0	33
A&E East	1	0	0	0	4	0	19	3	10	37
Non - Operational Services	0	0	0	0	0	0	2	0	0	2
Not our service	0	0	0	0	0	3	0	0	0	3
Patient Transport Service	0	0	1	0	0	0	3	4	0	8
A&E West	0	0	0	0	3	0	15	5	7	30
Totals:	4	1	4	97	42	11	197	32	56	444

Complaints by Service and Subject 2006 (01/04/06-30/09/06)										
	Aggravating Factors	Clinical Incident	Conveyance	Delay	Non Conveyance	Not Our Service	Non Physical Abuse	Road Handling	Treatment	Total
EOC	0	0	0	70	25	0	10	0	0	105
A&E East	1	0	1	0	2	0	25	4	7	40
Non - Operational Services	0	0	0	1	0	0	1	0	0	2
Not our service	0	0	0	0	1	10	0	0	0	11
Patient Transport Service	0	1	0	6	2	0	6	2	0	17
A&E South	0	2	2	0	1	0	33	4	8	50
A&E West	0	0	1	2	1	0	27	1	5	37
Totals:	1	3	4	79	32	10	102	11	20	262

Complaints by Subject and Service 2006 (01/04/06-30/06/06)								
	EOC	E	NOP	NOS	PTS	S	W	Total
06/07 Q1	**51**	**24**	**1**	**6**	**10**	**26**	**15**	**133**
Aggravating Factors	0	1	0	0	0	0	0	1
Conveyance	0	1	0	0	0	1	0	2
Delay	32	0	1	0	5	0	0	38
Non-conveyance	13	0	0	1	1	1	0	16
Not our service	0	0	0	5	0	0	0	5
Non-physical abuse	6	16	0	0	3	19	12	56
Road handling	0	1	0	0	1	0	1	3
Treatment	0	5	0	0	0	5	2	12
Complaints by Subject and Service 2006 (01/07/06-30/09/06)								
06/07 Q2	**54**	**16**	**1**	**5**	**7**	**24**	**22**	**129**
Clinical Incident	0	0	0	0	1	2	0	3
Conveyance	0	0	0	0	0	1	1	2
Delay	38	0	0	0	1	0	2	41
Non-conveyance	12	2	0	0	1	0	1	16
Not our service	0	0	0	5	0	0	0	5
Non-physical abuse	4	9	1	0	3	14	15	46
Road handling	0	3	0	0	1	4	0	8
Treatment	0	2	0	0	0	3	3	8
Totals:	105	40	2	11	17	50	37	262

Serious Untoward Incident Summary – November 2005 to October 2006

Origin/Reference	Brief Outline	Recommendations	Action Taken	Outstanding Actions
Andrew Jordan December 2005	28 year old suffering from schizophrenia & diabetes. Patient was 6 ft tall & obese. Involved in violent struggle at his house. Placed on LAS equipment in a face down position. Patient suffered cardiac arrest in ambulance from which he did not recover. Inquest held between 10th – 27th January 2006.	See attached summary - 40 recommendations and actions taken.	Please see separate report.	Please see separate report.
Deborah Miller January 2006	Patient called for an ambulance claiming to be calling on behalf of a friend. Ambulance sent to incorrect address – patient not found. Ambulance called to correct address next day – patient deceased.	6 Internal EOC specific recommendations made.	SUI Report completed 26th July 2006 Matter with Capsticks and acting on legal advice. Meeting to take place on 9th November 2006 with patients mother. Formal complaint may be made. Inquest to be held.	To be ascertained. Report arrived with Complaints Manager on 08-11-06
Paul Coker 20th April 2006	Held as prisoner at Plumstead Police station – found in a collapsed state.	Disciplinary:	I member of crew already transferred to East Anglia Amb Service. That service	Report arrived with Complaints Manager on 08-11-06

	Crew slow to get to patient. Treatment issues.		has been advised. 1 member of crew disciplined – final written warning. Inquest to be held.	

Origin/Reference	Brief Outline	Recommendations	Action Taken	Outstanding Actions
Child Ladwa 8th June 2006	Ambulance used by schools and events team parked at Church in Pittshanger Lane W5. One member of scools team and one 14 year old work experience boy in attendance. Staff and helpers assisting with supervision of children. Ambulance rolled backwards and rolled over a young child causing a fatal injuries.	Vehicle impounded by police. No mechanical faults found that contributed to the incident.	No vehicles currently being used at displays. Schools and Events team visiting schools but staging classroom displays only. Inquest not yet taken place. Health & Safety Executive may become involved following the Inquest.	Awaiting receipt of report - not completed at this time
Internal systems crash 8th August 2006 SUI declared on 9th August 2006	CAD system in EOC "crashed" unexpectedly. Between 8-10th August a series of crashes occurred. Control Room had to return to paper based system. Severe delay in answering calls.	Internal IM&T recommendations made. Mainly technical.	Report completed.	To be ascertained.

Enclosure 11

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD November 2006

Clinical Education & Development Programme 2006/2007

1. Sponsoring Executive Director: Caron Hitchen,

2. Summary

The attached paper provides an update of the internal activity against the Clinical Education and Development plan up to October 2006.

It highlights the delay in commencing the EMT4 programme resulting from the development and introduction of a pre learning package to support the programme. The report also shows areas of difficulty in achieving full attendance at the CPD and paramedic recertification courses. Follow up with the relevant managers has been undertaken and future monitoring will focus on these two courses.

The Trust has maintained its commitment to date not to cancel any planned training as a result of operational pressures.

Details of Higher Education programmes will be presented to the Trust Board members in December 2006.

Activity will continue to be monitored through the Training Services Group and any possible remedial action identified.

3. Recommendation

THAT the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING November 2006

Clinical Education & Development Programme 2006/2007

The following sets out the progress against the training plan for 2006/07:

1. RECRUITMENT-TRAINING

1.1 Emergency Medical Technician 2 (EMT 2)

19 Emergency Medical Technician Grade 2 (A&E) courses have been planned for this year, providing a total of 194 places for new recruits to A&E. To date we have trained 151 which represents a deficit of 15 due to losses at the recruitment stage. There is capacity on subsequent courses planned for this financial year to make up this shortfall.

1.2 Emergency Medical Technician 1 (EMT1)

No specific Emergency Medical Technician Grade 1 (Urgent Care) courses were planned for this year. We are however currently developing an A&E Support programme (3 weeks) which aims to enhance the skill level of PTS staff which will commence in November 2006. A period of evaluation of the course and operational impact will be undertaken by the Department of Education & Development and the Urgent Care Team.

1.3 Emergency Medical Dispatcher (EMD) Call Taking/Dispatch

Five courses are planned for 2006/2007, providing a total of 60 places for new call taking recruits to EOC. Currently 36 places have been filled with 5 places being lost (due to attrition) A further 24 places are available during this financial year.

1.4 Ambulance Person/Patient Transport Services

This is covered under 1.2.

2. STAFF DEVELOPMENT

2.1 Emergency Medical Technician 4 (EMT 4)

The start of this programme was delayed to ensure the quality of the training and associated development of pre course learning material. This has resulted in a reduction in the number of places available in year. To date 47 places have been filled out of 49 places offered. The Department will be planning

places for the next financial year in discussion through the Training Services Group

34 of the original EMT4 places were converted to CPD Courses.

2.2 Continuing Professional Development (CPD)

This CPD programme will continue this year with the department providing 620 places. To date 336 places have offered and 277 have been filled with 22 places being lost to late cancellations and 37 places lost to students not attending. This information has been fed back to the complex management teams concerned. 15 of the students who attended however have not completed the entire course. The resource centres have records detailing the aspect of the course which needs to be completed and will allocate students accordingly.

2.3 Paramedic Courses

The paramedic training programme continues this year with the provision of 5 residential courses, and 1 modular course, providing 92 places for EMTs to train as paramedics. To date we have provided 50 places on residential courses of which 44 have been filled. 6 places have been lost due to difficulty in releasing staff from operations. The remaining planned courses this year have already been allocated students and will run to capacity (including those deferred from previous dates). In addition, 9 staff will undertake the modular course

2.4 Team Leader Courses

Two Team Leader Courses have been planned for this year providing 24 places. One course has been completed with 13 students and the next course has 12 places.

2.5 ECP Courses

From April to October of this year 11 students in two cohorts have entered the ECP programme at St George's Medical School. Six of the students have completed the first two modules, enabling them to commence clinical practice as a solo responder, and the other five students have completed four modules of the education pathway.

2.6 Instructional Methods / Instructor Qualifying Courses

Plans for the IM programme have not yet been finalised, but it is likely that 1 intake will take place later in 2006 / 2007 providing places for 18 staff. The focus this year will be on providing a means for staff with existing teaching/training qualifications to be inducted into training roles within the service.

2.7 PTS Work Based Trainer Courses

We will be providing 1 PTS work based trainer course this year for 5 students.

3. REFRESHER AND UPDATE TRAINING

3.1 Paramedic Recertification

To date year the department has provided 280 places of which 203 have been filled. 15 people did not attend and 67 cancelled at short notice (5 of these places were filled with other staff members). This information has been fed back to the complex management teams concerned.

3.2 Resuscitation Guidelines update training

All front line staff have attended (excepting long term absence) a 3 hour update on changes to national resuscitation guidelines.

3.3 Complex Based Refresher/Update Training & Development

Complex based training is planned locally around the following key areas:

Pre CPD update training package (including Infection Control)
Morphine
Rapid Response Unit (RRU) Training
Small Handling Aids
Hand Hygiene
National Clinical Guidelines update

4. SUMMARY OF INTERNAL PROVISION OF CLINICAL EDUCATION AND DEVELOPMENT TO OCTOBER 2006

	No of Places	**No completed**
EMT 2	151	132
EMD Call Taking/Dispatch	36	31
EMT4	49	47
CPD	336	277
Paramedic	44	38
Team Leader	13	13
Paramedic recertification	280	203

Complex based training is not included in the above figures

The figures in the table above represent actual activity to the end of October 2006.

This was acknowledged at the outset as an extremely ambitious training programme for the current year. The Senior Management Group remains fully committed to supporting the delivery of this plan and as such training programmes have not been

cancelled due to operational demands. The Training Services group will continue to monitor the level of non attendance and respond where possible to improve those areas experiencing difficulty.

Enclosure 12

LONDON AMBULANCE SERVICE NHS TRUST

DRAFT MINUTES

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 31st October 2006 at 10:00 a.m.

Held in the Conference Room, LAS HQ

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Beryl Magrath	Non Executive
	Ingrid Prescod	Non Executive
	Caroline Silver	Non Executive (until 1pm)
In attendance:	Caron Hitchen	Director of Human Resources & Organisation Development
	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations
	David Jervis	Director of Communications
	Kathy Jones	Director of Service Development
	Peter Suter	Director of Information Management & Technology
	Angie Patton	Head of Communication
	Margaret Vander	Patient & Public Involvement Manager
	Ian Todd	Assistant Director of Operations, UOC
	Christine McMahon	Trust Secretary (minutes)
Apologies:	Roy Griffins	Non Executive
	Fionna Moore	Medical Director

33/06 Minutes of the 27th June 2006.

The Chairman **signed** the Minutes as a correct record of the meeting held on 27th June 2006.

34/06 Matters Arising

Minute 23/6: The Chief Executive undertook to report back on the findings of the review of the control rooms currently being undertaken by the Department of Health in December/January. **ACTION: Chief Executive**

Minute 24/6: The Director of Finance confirmed that the money awarded to the LAS for PTS services following arbitration has been received.

Minute 31/6: The HR Director reported that there has been no change in the tax status of subsistence payments. The Inland Revenue has deferred the planned audit until 2007.

35/06 Chairman's Update

The Chairman asked that SDC colleagues be mindful that the SDC is not a board meeting and that the updates presented regarding performance and finances are for information and brief discussion.

The Chairman recently attended a breakfast meeting at the Kings Fund where Ruth Carnall (newly appointed interim Chief Executive of NHS London) gave a presentation on her immediate plans for the SHA. Whilst there was general support for the direction she is taking, there had been widespread unhappiness with the approach being adopted by the SHA in its efforts to address the London Health Sector's £170m deficit. In particular, PCTs were complaining that they were being forced to cut funding for many important developmental initiatives.

The acute reconfigurations that are likely to take place in London in the very near future are in part driven by the need to deliver savings. Some of the trusts undertaking reconfiguration have asked the LAS to provide calculations as to ambulance running times to hospitals.

On the 2nd November the Chairman will be attending a seminar workshop at the Kings fund at which Dr George Greener will be speaking.

Due to the 'fitness for purpose' reviews, the fate of London PCT Chairs and their Non-Executive Directors will not be known until January or February 2007.

On 17th October the the chairman, in his capacity as London lead on the NHS Confederation Council hosted a lunch at the House of Commons with Liberal Democrat MPs. The NHS Confederation invites each of the three main political parties in turn to lunch to discuss issues relating to the NHS. The Liberal Democrats are in the process of re-thinking their policy with regard to the NHS and so were not (yet) able to say what it might be. Their Shadow Chancellor of the Exchequer, Dr Vincent Cable, appeared to accept the necessity for independent treatment centres so as to introduce the extra capacity needed to ensure there would be choice and competition into the NHS.

The Chairman recently lunched with Phil Thompson who is the UNISON's Regional Officer for London and discussed partnership working and how it could be developed further.

36/06 Chief Executive Update

Andrew Cash, Director of Provider Development (Department of Health) is visiting the LAS on 9th November.

Lord Warner is expected to make a decision shortly as to whether Ambulance Trusts should be allowed to become Foundation Trusts.

The Chief Executive is meeting with Ruth Carnall on 13th November to discuss amongst other things emergency preparedness in London.

The LAS has responded to the GLA's report, published in the summer, which was critical of some aspects of the response of the emergency services to the London bombings on 7th July 2005. The GLA review team will be meeting in public at the end of the November and the LAS will be represented. **ACTION: Director of Operations.**

Andrew Lansley, Conservative Shadow Health Minister, visited the LAS on 26th September.

The Department of Heath has invited response to a document setting out the proposed Direction of Travel for Urgent Care. The deadline for consultation is January 2007.

The first meeting of the National Ambulance Partnership Forum is to take place on 7th November; it will be attended by representatives of 11 Ambulance Trusts including five HR Directors and six Chief Executives and Union representatives.

The Chief Executive thought it was potentially a good forum where progress can be achieved on various issues.

37/06 Performance & Rest Break update

Performance: The Director of Operations reported that Category A8 minute performance for September was 77.1%; October is likely to be 74% with the year to date performance being 75.1%. Category A8 minute performance by PCT has improved with only two PCTs experiencing less than 70% (Barnet 69.9% and Tower Hamlets 69%). The responsible Assistant Directors of Operations have action plans in place to recover performance.

A major issue in October has been the decrease in available overtime by two-thirds which has caused some difficulties in cover. The overtime that is available is being focussed on FRU cover, nights and weekends. In general weekends have being difficult due to poor front line staffing levels and poor call taking capacity which has had an impact on performance.

The Trust's Plan of how it will achieve 'Clock Start' by April 2008 has been approved by Helen Cameron (NHS London) and has been submitted to the Department of Health. The Plan will be shared with the Commissioners and a further update will be given at the Trust Board in November. **ACTION: Director of Operations.**

Action is being taken to improve the despatch of ambulances within EOC by increasing the numbers of dispatchers and reducing queuing times. This will begin on the West Sector on October 18th and will roll out to East before Christmas and South in the new year.

In addition we will be introducing automatic despatch for FRUs on a trial basis in a limited geographical area by end November. Subject to this being successful it is planned to roll this out service-wide to FRUs in December.

The Director of Operations said that there has been good progress achieved with the other elements of the 'Clock Start' programme and there has been a good dialogue with Staff Side representatives.

The Committee was informed that performance in November is expected to fall and that every possible mitigating action is being undertaken.

Rest Breaks: the HR Director reported that talks are ongoing with staff side representatives on the implementation of rest breaks in mid-November. The slippage of two weeks will cost the Trust £250k. It was important to see the discussions regarding rest break in the context of the various initiatives being implemented to achieve 'Clock Start'. Staff side representatives have been adamant that crews have the option of returning to base to take the rest breaks, in practice many crews may elect to take their breaks at hospitals.

In parallel with the discussions with Staff side representatives, consideration has been given to the actual management of the implementation and training sessions held for ECO staff. The Chief Executive was very clear that there needs to be an impeccable management of the process. An update on progress will be reported to the November Trust Board. **ACTION: HR Director**

As part of the implementation process salaries for the last 12 months will be tracked to identify what impact the introduction of rest breaks will have on front line crews' salaries. Initially the operation of rest breaks will be a manual process, in due course a technological solution will be implemented.

Noted: That Category A8 minute performance is broadly on target but poor performance at the weekends is damaging Category B19 performance.

38/06 Finance report – Month 6

The Director of Finance reported that Month 6 had been a good month with the Trust achieving a surplus of £111,000; year to date the Trust has an unfavourable variance of £400,000. The £8m CBRN funding has not yet been received but the Director of Finance has been assured by the Department of Health that it will be received.

The Committee's attention was drawn to the new trends report on pages 18 and 19 which included information on movement in budgets. The continued decrease in overtime and the introduction of rest breaks in November will be challenging. The Director of Finance said that third party usage was higher than he would have liked, due in part to not filling vacancies. He expected PTS' vacancy level to fall.

Beryl Magrath asked about the £320,000 Workforce Confederation funding. The figure in the budget reflected known funding levels, the Trust may receive additional funding but this is uncertain.

In reply to a question from Sarah Waller the Director of Finance confirmed that an invoice for CBRN funding was submitted to the Department of Health in April 2006. Both the Director of Finance and the Chief Executive have been assured that funding will be forthcoming. The £164,000 funding for defibrillators in public places is still under discussion with the SHA.

Beryl Magrath found the income and expenditure analysis (page 19) very informative as it highlighted what needs to be achieved in terms of overtime and subsistence payments.

The Finance Director agreed to a request from Barry MacDonald that future reports contain more information on trends. **ACTION: Finance Director.**

Noted: That a business case for FRU vehicles will be presented to the Trust Board in November.

39/06 Healthcare Commission Report

Following the recent publication of the first annual national 'health check' the Healthcare Commission rated the Service as 'good' for its use of resources and 'excellent' for meeting new national targets, but gave it the lowest rating for its quality of services. The 'weak' rating was made automatically because, despite achieving the two top targets concerning its most seriously-ill patients, the Service did not meet the target of responding within 9 minutes in 95 per cent of cases to less-ill, Category B, patients. The Chairman invited any further comment to that expressed in the email exchanges that followed the publication of the ratings.

In reply to a question from Beryl Magrath about what impact the negative rating would have on the Trust the Finance Director said that there may be a consequence in terms of authorisation to spend over £1m which is at odds with the rating of 'good' for use of resources. Clarification is being sought and an answer is expected by the November Trust Board.

The Chief Executive said that the data submitted by hospitals to the Royal College of Physicians' Myocardial Infarction National Audit Project (MINAP) were not always accurate. Work is being undertaken for the LAS to submit the data directly. Category B performance was a key factor in the weak rating. The Trust will

endeavour to achieve all four performance targets by March 2007 which will achieve a rating of fair if the current ratings remain the same as this year. The Director of Operations is visiting the West Midlands Ambulance Trust to see how they have achieved their excellent results for Category B. It was recognised that from 2009 the Department of Health will not be measuring Category B.

Noted: 1. That the Trust will continue to advocate angioplasty when appropriate for patients that suffer myocardial infarction.
2. That the Trust's reputation amongst its peers has not been affected by the findings of the Healthcare Commission.

40/06 Update on CAD 2010 progress

The Director of Information Management & Technology presented a progress report on the CAD2010 project. The Strategic Outline Case (SOC) has been completed; the Outline Business Case (OBC) is being progressed and will be presented to the January Trust Board for approval. He has been reassured by the very positive conversations that have taken place with potential suppliers as to how they could meet the Trust's requirements. In terms of implementation it is possible that a full third control room will not be necessary, this will significantly lower the cost of the project. Preparations are in place for a second Gateway Review which is scheduled to take place from 22nd January 2007.

One area of potential difficulty is the time that it will take to obtain SHA approval of the OBC. The SHA's Capital Investment Unit reviewed the SOC; the resulting queries have been addressed.

In reply to a question from Beryl Magrath the IM&T Director said that although the market soundings were very positive the 'devil will be in the detail' when it comes to actually tendering the contract. The dialogue with potential suppliers has been carefully undertaken by representatives of the Trust. The IM&T Director said that although there may be 'off the shelf' products available it should be remembered that there may be an issued regarding the sheer volume of calls the LAS deals with.

Barry McDonald said he felt assured given the possibility of procuring an 'off the shelf' products as it will lessen the risk for the Trust.

The Director of Finance said that where possible an 'off the shelf' will be procured whereby most of the desired functionality can be obtained; whatever customisation is necessary will need to demonstrate added value to the process. Capacity will be a key issue in the procurement process.

Noted: The report on the progress with the CAD2010 project and that future updates will be provided to the Trust Board and the SDC.

41/06 <u>Workforce plan</u>

The HR Director introduced her report by reminding Board colleagues of previous discussions concerning the Service Delivery Model, the list of interventions and decision making both of which inform the direction of travel in terms of the Trust's long term workforce plan.

The report included two scenarios in detail with a third scenario outlined in the accompanying front sheet. The HR Director was asked to further develop the third scenario and a further report is to be presented to the SDC in December.
ACTION: HR Director.

Following discussion further work will be undertaken on the role of the Emergency Care Practitioners and reducing Category A call categorisation to 25% rather the 15% shown.

The Chairman identified two possible risks for the Trust; firstly that the level of clinical risks will rise as conveyance rates fall. Secondly there is the risk that front line crews will 'play it safe' and conveyance rates will not fall, which with the despatch of FRUs and ambulances, will mean the Trust incurring higher costs.

Sarah Waller welcomed a future workforce that is registered and regulated. As professionals individuals will be expected to undertake risk assessments and to take responsibility for their decisions. The Chairman did not agree that the LAS' need to satisfy itself about the safety of clinical practice carried out in its name would be removed by the introduction of registration. Beryl Magrath said that what is currently lacking is a senior clinician for front line crews to call upon when further guidance is needed. The Chairman said that it is for that very reason that the Trust is considering employing General Practitioners at some point in the future.

Noted: The progress to date of the Trust's long term workforce plan and that a further report will be presented to the SDC in December. ACTION: HR Director.

42/06 Acute Reconfiguration: issues and implications for the LAS.

The Director of Service Development presented a paper on what the issues and implications of the acute reconfiguration currently taking place in London are for the LAS. Unlike previous reconfigurations the LAS is taking an active involvement in discussions on what impact the reconfigurations will have on patient care. Three criteria were proposed for LAS supporting reconfiguration proposals.

Noted: That the Trust Board in November will be asked to agree the recommendations set out in the paper discussed at SDC.

43/06 Feedback from MORI survey

The Director of Communications introduced the Head of Communications who presented the findings of the recently commissioned MORI survey. The purpose of the survey was to find out what Londoners thought of the Service and to identify issues that could be addressed through the Trust's Seven Year Plan (SIP 2012).

Generally the Service has high recognition, is trusted and respondents understood what the role of the Service is. It was also clear that there is less approval and less trust amongst Black Minority Ethnic (BME) groups which needs to be addressed. It was recognised that in general public bodies tend to have lower approval ratings and high levels of dissatisfaction from BME respondents than White respondents.

The findings of the survey have been shared with staff at the recent conferences; they have also informed the Public Education Strategy and will be used to inform the recruitment strategy.

Research has shown that the overall level of trust is a function of the amount of diversity and not necessarily the percentage in that there are some Trusts with one or two large BME communities that have a high level of trust whereas some Trusts that have many BME communities have a low level of trust. The Director of Service Development said that there is a strong link to the level of deprivation experienced by a community. The Chairman thought it was more than just the level of deprivation it was also the degree to which there was a fragmentation of

society. Research has shown that lots of small groups of BME communities are a significant factor in decreasing levels of trust as opposed to the existence of a large coherent community or a minority population.

Noted: The findings of the MORI Survey and that the Head of Communications would email the full survey to the Committee Members for information. ACTION: Head of Communications.

44/06 Presentation: Public Education Strategy

The Public and Patient Involvement (PPI) Manager presented the Public Education Strategy to the Committee. The strategy outlined what public education is currently being undertaken and measures that are being proposed to improve its scope and value. A well co-ordinated, resourced public education strategy could have manifold benefits for the Trust: educating the public as to what is an appropriate use of the Service; targeting individual BME communities to improve the service delivered to them and improve recruitment of BME staff; it will help address health inequalities as more outreach work is undertaken regarding CPR etc.

The PPI Manager reported that an important piece of work involving the Bangladeshi community is currently being scoped and further work is planned with other BME communities.

In respect to recruitment the HR Director said that a lot of recruitment by the LAS is via word of mouth and it rarely has to advertise. The Trust will be undertaking targeted outreach work to improve the number of BME applicants in order to increase the number of BME members of staff so that the organisation reflects the communities that live in London.

The Director of Finance suggested that one way of resourcing the public education strategy might be for operational staff and managers, with the right training and assessment, to dedicate time each year to public education as part of the their normal work responsibilities.

Noted:
1. **That regular reports on Public & Patient Involvement are received by the Clinical Governance Committee.**
2. **That the Board receives regular updates on Public & Patient Involvement via the Chief Executive's report.**

45/06 Review arrangements for New Year's Eve

The Assistant Director of Operations, UOC who will be Gold on New Year's Eve outlined how the Trust will be managing demand on 31st December. It is intended that Bow will not be used in conjunction with EOC but will continue to be the fall back control room should the need arise. Staffing levels on 31st December has been identified as a risk and a mitigating action plan has been drafted.

The Chairman asked what arrangements have been put in place with British Telecom, should the call taking function become overwhelmed as it did last year. Talks are being held with British Telecom about the provision to callers of information regarding their place in the queue, and to agree that BT should use a separate line to enquire of EOC about delays in picking up calls. BT should not put up calls waiting to be answered on a second 999 line, as this compounds the problem. **ACTION: ADO, UOC**

Noted: **The arrangements being put in place to manage demand on 31st December 2006.**

46/06 Any Other Business

The Chief Executive reported that the HR Director had successfully introduced Electronic Staff Records (ESR) in October; this had entailed a lot of work including negotiating an extension of the implementation date.

47/06 Date of future meetings:

The next meeting of the Trust Board is the 28th November 2006, conference room, LAS HQ.

The next meeting of the Service Development Committee will be 19th December 2006, conference room, LAS HQ.

The meeting concluded at 13.21pm

Enclosure 13

LONDON AMBULANCE SERVICE NHS TRUST

Clinical Governance Committee - 23rd October 2006

1.	**Chairman**	**Beryl Magrath**
2.	**Purpose of the summary:**	**To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC). To highlight items of interest, what has been agreed and what needs to be noted by the Trust Board.**

3. **The Committee AGREED:**

1. Revised terms of reference & amended membership
2. The proposed 2007 meeting dates.
3. That alternate meetings will be attended by all members. Three meetings will be attended by a core membership, whose main tasks will be to review the Risk Information Report, the Assurance Framework and the requirements for the Annual Healthcheck.
4. Clinical risks for amendment or deletion
5. That a workplan for the CGC will be drawn up
6. That matters arising from the CRG will be followed up by the CGC.

The Committee NOTED:

1. The work undertaken by the Senior Clinical Adviser & Henry Gillard from LAS Patients' Forum on the provision of appropriate care for dying patients which is being undertaken in South East London,.as a pilot
2. First Responder governance arrangements are being reviewed.
3. That the format of the Risk Information Report will change to enable the CGC to understand emerging trends. It will evidence what action is being taken in response to the complaints, incidents, claims and concerns. A draft version will be considered in December.
4. Annual Healthcheck:

   a) All Trusts are required to draft an action plan to address areas identified as 'weak' (B19 for LAS).

   b) Complaints handling arrangements will be reviewed in every NHS Trust. LAS can expect a HCC visit before February 07 to review these.
5. That the NHSLA risk management standards for ambulance trusts are currently being developed. All ambulance trusts will be invited to pilot these. There are 5 key standards, with 10 underlying

criteria. A progress report against one key standard will be presented at each future meeting. The CGC will advise the RCAG on which level is achievable for LAS

7. Actions responding to the six Safety Alert Bulletins received June-Oct 2006 relevant to LAS, were noted.

The Committee received the following minutes:

- Standards for Better Health - 21st June 2006
- Training Services Committee – 28th June 2006. Noted that:
  Training & Education Plan aligned with Trust 7 Year Plan
  657 staff had completed CPD training with 900 still outstanding
  3 EMTs training as ECPs had failed paramedic module G
- Information Governance Panel – 22nd September 2006.Noted:
  work done by the NetServices Group on the ePRF
  These minutes will in future report directly to RCAG.
- Risk Compliance & Assurance Group – 16th August 06 Noted that:
  Recommendations & actions as a result of risks identified will be audited
- Complaints Panel – 16th October 06
- Area Governance Groups -EOC, UOC, East, West, South
  ADOs will take it in turn to attend the CGC and report on the governance issues put in place in their respective areas.
- PPI Committee – 22nd September 06. Noted :
  The collaborative work to be undertaken with The National Centre for Involvement with the Bangladeshi community in Tower Hamlets
- Clinical Steering Committee –12th September 06
- Clinical Audit & Research Steering Group – 16th June 06.Noted:
  AMPDS audit examining the appropriateness of response categories CPI audits indicated that only 38% of documentation indicated patient ethnicity
  Removal of the research module from paramedic science degree course because of time constraints & workload involved in obtaining R&D and ethical approval
- Race Equality Strategic Group – 21st October 2006. Noted:
  Recruitment & Selection Review into barriers with recruitment of BME staff
- Infection Control Group – 10th August 2006. Noted:
  2-3% AEU vehicles not made available to Make Ready for cleaning

4. Recommendation **That the Trust Board NOTE the update regarding the Clinical Governance Committee.**

LONDON AMBULANCE SERVICE NHS TRUST

DRAFT Minutes of the Clinical Governance Committee
23rd October 2006, Committee Room, LAS HQ

Present:

Beryl Magrath (Chair)	Non-Executive Director
Sarah Waller	Non-Executive Director (left at 5pm)
Fionna Moore	Medical Director
David Jervis	Director of Communications
Russell Smith	Deputy Director of Operations
John Wilkins	Head of Governance
Paul Carswell	Diversity Manager
Malcolm Alexander	Patients' Forum Chairman
Margaret Vander	PPI Manager
Gary Bassett	PALS Manager
Dipak Chauchan	Ergonomics Manager (deputy for Claire Thomas)
David Selwood	Acting/Corporate Logistics Manager
Rachael Donohoe	Head of Audit & Clinical Research
Keith Miller	Acting/Head of Education & Development
Nicola Foad	Head of Legal Services.
Ralph Morris	Head of Complaints
Lynn Sugg	Senior Operations Officer, Planning & Risk
Chris Vale	Head of Operational Support
Christine McMahon	Trust Secretary (minutes)

Apologies

Ingrid Prescod	Non-Executive Director
Kathy Jones	Director of Service Development
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington
Tony Crabtree	Head of Employee Services
Claire Thomas	Health & Safety Adviser
Lavern Harris	Governance Manager

38 Minutes of the Clinical Governance meeting held on Monday 15th May 2006

AGREED **The minutes of the Clinical Governance Committee meeting held on 15th May 2006**

39 Matters Arising

NOTED:

1. **Minute 24: The Medical Director confirmed that a system of peer review has been introduced for the ECPs which includes documentation on assessment of competencies**
2. **Minute 24: At a recent meeting the Consultants at the National Poisons Information Service (NPIS) gave an excellent teaching seminar on ingestion and drug overdoes and reviewed the use of the general telephone advice available to ECPs and CTA. A further report will be presented in December ACTION: ADO UOC**
3. **Minute 24: Senior Operations Officer for Planning and Risk confirmed that a Quality Assurance system for AMPDS should be in place by April 2007.**
4. **Minute 25: The Medical Director confirmed that the Clinical Governance Strategy has been superseded by the Trust's Seven Year Plan. It was recognised that the Strategy had been a useful tool but as the performance indicators were measured in a relatively ad hoc manner it had become very subjective when used to assess progress with clinical governance across the Trust. The strands of the**

Strategy will be included in the Trust's Seven Year Plan which is a general workplan for the organisation.

5. **Minute 32: The Head of Records Management will be reporting to the Information Governance Panel on policies that were not of a clinical nature. The minutes of the Information Panel will in future be considered by the Risk Compliance & Assurance Group and in turn by the Audit Committee.**

40 Minutes of the Clinical Risk Group meeting held on 19th June 2006.

AGREED **The minutes of the Clinical Risk Group meeting held on 19th June 2006**

NOTED: **The matters arising**

1. **The Chair commended the matters arising report drafted for the Clinical Risk Group which will allow tracking of outstanding actions. She suggested that the report should be continued until all the actions have been undertaken. ACTION: Trust Secretary.**
2. **Minute 18: Sarah Waller asked about infection control in other ambulance services and was informed that no Ambulance Trust had a full time infection control officer. The Medical Director agreed that although the Trust could benefit from having an infection control officer, in the current financial climate it was not something the Trust could undertake. The Infection Control Group, chaired by Chris Vale, has a senior nurse who advises on infection control. The Head of Operational Support was asked to ascertain what measures other Ambulance Trusts had in place regarding the coordination of infection control. ACTION: Head of Operational Support. The Medical Director suggested approaching the Ambulance Service Association.**
3. **Minute 23: A general bulletin regarding the single use equipment has yet to be issued. ACTION: Head of Education & Development.**
4. **Minute 33: Policy re. 'Being Open' will be presented to the Trust Board in November 2006.**
5. **Minute 35.2: Senior Operations Officer for Planning & Risk confirmed that the procedure for 'No trace/no reply calls' has been issued.**
6. **Minute 4: The Acting/Head of Education & Development confirmed that a bulletin on the process and procedure to check tube placements when patients are intubated had been issued.**
7. **Minute 15 (risks): Risk 9 *(delay in activating vehicles due to human error in EOC when call taking and allocating vehicles)* will be considered for regrading at the Committee's December meeting.**
8. **Minute 15 (closed claims): The Senior Clinical Adviser has written a case study, that highlighted the lessons learnt from INQ/569/05 and this was published in the LAS News.**
9. **Minute 15(complaints). Senior Operations Officer for Planning & Risk Lynn Sugg said that the Trust has received only a few complaints regarding CTA.**
10. **Minute 16 (new risk): the restraining of children in ambulance. A proposal was submitted for consideration in the 2005/06 budget process to develop an in-house product was rejected by the Senior Management Group. Crews are expected to undertake a dynamic risk assessment when transporting these patients. The Committee was informed that there have been no serious incidents involving the transport of children although there have been two incidents where crews were nervous about transporting children and the journeys were delayed.**
11. **Minute 19 (sphygmanometres)omanometer): the Corporate Logistics Manager reported that the SABS alert regarding the servicing of blood pressure monitors will be addressed by the purchase of a replacement monitor on an annual basis as it is more cost effective to replace existing monitors at a cost of £5-7 each than pay £15 for servicing each monitor. A process is being drawn up by which the old monitors can be withdrawn from use and be replaced by the new monitor. The**

Committee will be kept informed of progress. ACTION: Corporate Logistics Manager.

12. **Minute 22: The trial of a single response handover form is being undertaken and the Committee will receive a report in December. ACTION: ADO, East.**

41 Terms of reference & membership

The Committee considered the revised terms of reference which had been agreed in principle by the Trust Board.

AGREED:

1. **The terms of reference, including that the Medical Director be appointed as Vice Chair of the Clinical Governance Committee.**

NOTED:

2. **That the Membership should include those outlined in the circulated report plus Director of Service Development and the Head of Records Management.**
3. **That the full committee will meet in April, August and December 2007 and the core group will meet February, June and October. The meeting in December 2006 will be attended by all members.**
4. **That if a member is unable to attend, a properly briefed deputy should attend in their stead.**
5. **That the core group will focus on risk assurance, Healthcare Commission and the Assurance Framework.**
6. **The agenda and minutes for both the core and full meetings will be circulated to all members for information. ACTION: Trust Secretary.**
7. **That a future work plan for the Committee will be drafted and will include a report from the Ergnomics Adviser; development of KPIs (JW) and report concerning protection of children and vulnerable adults (FM/LS)**
8. **That the Information Governance Panel minutes will be presented to the Audit Committee with the proviso that any Caldicott issues will be raised at the Clinical Governance Committee. The Medical Director is joint chair with the Director of Information Management and Technology.**
9. **That the Committee will receive the minutes of the Training Services Group meeting.**
10. **The minutes of the PPI Committee with an accompanying front sheet are to be presented to the Committee.**
11. **That the revised terms of reference will be re-circulated between meetings. ACTION: Trust Secretary**
12. **The proposed meeting dates in 2007.**

42 End of Life Care

Following the work undertaken by the Senior Clinical Adviser and Henry Gillard of the LAS Patients' Forum a trial is taking place in South East London to establish a system of Advance Directives for individuals who are very ill. Information is held on the Medic Alert System and front line crews should be informed of any Advance Directives prior to their arrival at the patient's address. This is a work in progress and is linked to the CAD 2010 project. The protocol is drawn up following a request from the terminally ill patient or their carer, which is agreed by their consultant or General Practitioner which leads to a care plan being agreed. Essentially the LAS is agreeing to the request rather than being proactive and ensuring that the information can be made available to crews in an emergency situation.

NOTED: The report

43 Update regarding First Responders

The Medical Director highlighted some of the difficulties inherent in utilising the Fairst Responder system. Work is taking place to ensure that proper governance arrangements are

put in place including having an Memorandum of Understanding with the Red Cross and St Johns Ambulance.

NOTED: The report

44 Risk Information Report

The Head of Governance introduced the report. He explained that that the format of the report will be revised before the next meeting in consultation with the main contributors to the report. From these discussions the Head of Governance will propose a new format in a report to the next meeting of the Committee. The revised format will enhance the information included in the Risk Information Report so that the Committee gains greater insight into risk management, outcomes reporting, and evidence of change/lessons learnt and what action is being taken

Contributors highlighted their individual reports concerning: incidents; claims: complaints: EOC quality assurance: serious untoward incidents: PALS and Training & Education.

Action: Head of Governance to produce proposal for template of the Risk Information Report at the next meeting of the Committee

The Chair of the LAS Patients Forum asked about Rule 43 issued by Coroners. The Head of Legal Services confirmed that Rule 43 can either require a response from an individual or an organisation. Although it is not a legal requirement to report back to the Coroners when a Rule 43 is issued the Trust considers it good practice to do so. To ensure that actions have been implemented throughout the organisation spot checks will be undertaken by the Clinical Audit Department; e.g. maternity case. Of concern at the moment is the assessment of Spinal injuries and Neurological damage. There have been two cases recently that have highlighted the risks faced by the Trust, both of which involved crew's assessment of the case. Through the new paramedic course, the recertification course and team leader conferences the importance of patient assessment continues to be highlighted.

NOTED:

1. **The report**
2. **That the LA52s data would be related to different incident statistics and be fed into all area governance meetings. The Chair of the Clinical Governance Committee thought it was crucial that the area governance meetings consider and respond to the clinical data available.**
3. **That Round Table discussions are attended by representatives of legal services, education and development, control services and operational colleagues to consider what happened and help inform recommendations for learning and action to be taken to prevent recurrence. Feedback is provided to front line crews with deadlines for action agreed and monitored. An outcome report is completed identifying what action has been completed; a copy of which is placed on staff personal file as appropriate. A report will be presented to the Clinical Governance Committee on actions taken and outstanding actions. ACTION: Head of Legal Services**
4. **That there were 3 cases involving forced entry**
5. **That of the 292 complaints, 124 concerned attitude and behaviour and 85 concerned delays in response. These delays were in part due to the incidents in the summer when CTAK broke down and EOC reverted to a paper based system. 75% of complaints are being responded to within the Healthcare Commission's deadline of 20 day period (target 80%) which has now been changed to 25 days by the Healthcare Commission. The Chairman asked for more information regarding the complaints concerning attitude and behaviour. A report concerning complaints will**

be presented to the Trust Board in November which will include a complaints policy and procedure. ACTION: Head of Complaints.

6. **That when an incident is considered a Serious Untoward Incident the Trust's risk matrix is referred to and it is graded high/medium/low. During the summer the failure of CTAK which resulted in EOC reverting to a paper based system was declared a SUI and was closely monitored.**
7. **The Diversity Manger suggested that there was a possibility that BME was over-represented on the 'at risk' register'; that more hard data was required. The Deputy Director of Operations undertook to look into the matter. ACTION: Deputy Director of Operations.**
8. **Following an incident where a crew failed to use overshoes when called to a mosque, the PPI Manager will liaise with the Deputy Director of Operations regarding AOMs liaising working with their local mosques to organise the delivery of overshoes.**
9. **The Frequent Callers Initiative outlined in the PALS report; a Vexatious Inquiry Policy will be presented to the Trust Board in November.**

45 Risks proposed for re-grading and deletion

The Committee considered the clinical risks that are on the Trust's risk register which were proposed for regrading and deletion.

AGREED: Risk 138 – this risk was not to be deleted but to remain on the Risk Register (16/high).

Risk 168 – this was not a clinical risk and that its deletion should be considered by the RCAG

Risk 214 – that it would be more appropriate for the Director of IM&T to be asked to recommend whether this risk should be deleted. Noted that the first 200 airwave radios have been received by the Trust.

Risk 231 – that this risk would be more appropriately considered by the Motor Risk Group.

Risk 192 – that this risk should be deleted and that it should be proposed to the RCAG group for removal from the Risk Register.

Risk 236 – that this should remain as 9/significant.

Risk 26 – to be regraded as moderate/6; regrading will be proposed to RCAG.

Risk 71 –to be regraded to significant/12; regrading will be proposed to RCAG.

Risk 267 – to be regraded from 16 to 20; regrading will be proposed to RCAG.

Risk 21 – that this should remain at 12; regrading will be proposed to RCAG.

46 Clinical Risks on Risk Register

NOTED: That the Clinical Risk Register will be followed up with the nominated individuals responsible for the various risks. ACTION: Governance Manager

47 Standards for Better Health/annual health check

An action plan has been drawn up to address the weak rating awarded by the Healthcare Commission as a result of Category B performance.

It is likely that the Trust will receive a visit from the Healthcare Commission before February 2007 to review local complaints handling arrangements. The Healthcare Commission has received an increased number of complaints and this has prompted a review of complaints handling policies and procedures that Trusts have in place. The Head of Governance said that

although the Trust's complaints handling process is much improved further work is needed to ensure that all aspects of Standard C14 are met

The Deputy Director of Operations undertook to ensure that complaints requirements are shared with the Area Governance Groups. **ACTION: Deputy Director of Operations**

NOTED:

1. **The report**
2. **That the lessons learnt from complaints and outcomes from them are shared with staff via the Pulse, LAS News and at the Chief Executive's annual consultation meetings**

48 NHSLA update

The NHSLA is undertaking a trial of the new evaluation system in 2008. An assessor is visiting the Trust in March 2007 to assess the Trust against the new 5 standards, each of which has 10 criteria. There are three levels of assessment; the higher the level of compliance the greater the percentage reduction in the Trust's annual NHSLA fee. The assessment will review the strategies in place, proof of implementation and evidence that monitoring systems are in place to test effectiveness and evidence for achieving compliance with the NHSLA criteria.

Future reports to the Committee will outline what progress is being achieved in meeting each of the standards/criteria and what evidence is available to demonstrate adherence. The evaluation will also identify any gaps in attaining the standards. The Head of Governance said that the NHSLA Standards will cross-referenced against the Healthcare Commission's core and developmental standards to avoid duplication of effort; Datix will be used as a database for evidence whenever possible. This will be reported through the regular Risk Information Report.

NOTED: **The report.**

49 Update re. Safety Alert Bulletins & NICE Guidance

NOTED:

1. **The 20 of the 26 Safety Alert Bulletins received June-October 2006 required no further action.**
2. **The action taken to address the six alerts relevant to an Ambulance Service.**
3. **That there were no NICE guidance relevant to the clinical care services provided by the Trust.**

50 Reports from Committees/Groups

Standards for Better Health Group (SfBH)

NOTED: **That the SfBH Group is reviewing the Assurance Framework, updating the risks and the controls that mitigate them.**

Training Services Committee

The Medical Director reported that there had been concern at the poor assessment skills demonstrated by staff being examined for paramedic pre-assessment.

EMT3s wanting to be EMT 4s will be scheduled to attend CPD course prior to attending EMT4 course. The course concludes with a pass/fail exam prior candidates attending a 2 day hospital placement.

NOTED: **The Report.**

Information Governance Panel

The Medical Director reported that the Panel's terms of reference and membership have been revised and the Panel has been streamlined.

A label is being placed on Satellite Navigation equipment in ambulances to warn that it cannot be used to function as a computer which will hopefully reduce the number of thefts.

Work is being undertaken to remove old clinical documents on the Pulse and 'X 'Drive which will be replaced by a single source of clinical information, the JRCALC guidelines

The Panel considered a Blogging Policy which has been reviewed by the Senior Management Group and will be presented to the Trust Board in due course for approval.

NOTED: **The work being undertaken to introduce Electronic Patient Record Forms (EPRFs).**

Risk Compliance & Assurance Group

The Group will have overarching responsibility for managing the Trust's risks and will report to the Audit Committee.

NOTED: **That the Risk Management Policy will be reported to the Trust Board in November.**

Complaints Panel

The Panel meet on 16th October and is scheduled to meet again in November 2006 (date to be confirmed). A lot of progress has been made with implementing the recommendations from the PSU review, which was outlined in part in the complaints section of the Risk Information Report. The Trust Board in November will receive the annual complaints report. A progress report on the PSU review will also be presented to the Trust Board.

NOTED: **The report.**

Area Governance Group

NOTED: **That a formal report will be presented to the Committee in future. It was recognised that staff needed to be involved in local clinical governance as outlined in the Governance Review undertaken in 2005. LA52s should be raised at station/area level. PDR almost finished – most stations there.**

PPI Committee

The PPI report was circulated for information. The PPI Manager highlighted PPI actions taking place across the Trust. Concern was voiced that the decreasing amount of overtime has meant a fall in PPI activity as staff are not being released to undertake local PPI activity.

That the National Centre for Involvement is launching a project in Tower Hamlets next month and the LAS is participating. The PPI Manager undertook to keep the Committee informed

The LAS Patient Forum is attracting more and more people to its meetings; the most recent meeting which discussed the review of care given to stroke patients was very well attended.

NOTED: **The report.**

Clinical Steering Committee

The Medical Director highlighted that an issue has arisen regarding hospital placements in theatres for EMT4s and Paramedics as an increasing number of hospitals are withdrawing their co-operation. The matter is being taken up with the Chairman of Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and with the President of the Royal College of

Anaesthetists. In answer to a question from the Chairman, the Medical Director confirmed that the hospital placements were at present cost free to LAS

NOTED: **The report.**

Clinical Audit & Research Steering Group (CARSG)

The Head of Clinical Audit and Research highlighted the following audits that have been undertaken:

AMPDS Audit (which involves comparing the AMPDS determinant code and the response given to calls, with outcome factors (including the condition of the patient) as documented by the attending LAS crew on PRFs.

Clinical Performance Indicator Audits (currently achieving 31%.The, objective is to reach 100% by March 2007). The completion rate, although it has improved with the introduction of the computer package, is still disappointing given that the Team leaders have not been on the road.

Obstetrics Audit – all l six hospitals have now agreed to participate in the project.

NOTED: **The report.**

Race Equality Strategic Group

The Equality Manager reported that the Trust's Recruitment and Selection procedure has been completed but not fully implemented

The Race Equality Scheme has been published and by 4th December the Trust will need to publish its Disability Equality Scheme. Work is being undertaken with the Department of Health on producing a single equality scheme which will be part of the Trust's Seven Year Plan.

NOTED: **The report.**

Infection Control Group

That an Infection Control Audit has been completed, and all 25 complexes have participated. Audit Data is currently being analysed for dissemination to the Area Governance Committees. The swabbing results undertaken as part of the Make Ready scheme have been good

That there has been little progress made on the inclusion of infection and control element in the CPD module and a small group were identified to take this forward. It was recognised

that there is a need for local champions to participate, possibly at Team Leader or Duty Station Officer level.

That the Annual report on Infection Control will be presented at the next Clinical Governance Meeting and will be presented to the Trust Board in January.

That not all vehicle AEUs are included in the Make Ready scheme duebecause to a very small number (2-3%) crews are are not releasing vehicles for cleaning.

NOTED: **The report**

51 Dates of next meeting:

Monday, 11th December 2006 at 9.30 in the Conference Room, HQ.

Meeting concluded at 17.45

Enclosure 14

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD

DRAFT MINUTES OF THE ANNUAL GENERAL MEETING

Tuesday 26th September 2006 at 2.10pm

Held in the Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD.

Present:	
Sigurd Reinton	Chairman
Peter Bradley	Chief Executive
Non Executive Directors	
Caroline Silver	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director
Roy Griffins	Non Executive Director
Barry McDonald	Non Executive Director
Ingrid Prescod	Non Executive Director
Executive Directors	
Caron Hitchen	Director of Human Resources & Organisation Development
Mike Dinan	Director of Finance
Fionna Moore	Medical Director
Martin Flaherty	Director of Operations
In Attendance:	
Kathy Jones	Director of Service Development
Peter Suter	Director of Information Management & Technology
David Jervis	Director of Communications
John Wilkins	Head of Governance
Christine McMahon	Trust Secretary (Minutes)
Malcolm Alexander	Chairman of the LAS Patients' Forum
Sr Josephine Udie	Member of the LAS Patients' Forum
Henry Gillard	Member of the LAS Patients' Forum
Mark Mitten	Member of the LAS Patients' Forum
Saleha Joffer	Member of the LAS Patients' Forum
George Shaw	Member of the LAS Patients' Forum
Alison Buick	Transport for All
Bridie McDonagh	Transport for All
Dr Joseph Healy	Transport for All
Isobel Lane	Member of the Public
Collette Whitehead	Member of the Public
Pascale Maroney	Just Communication (British Sign Language Interpreter)

The Chairman apologised for any inconvenience for the late start - caused by the Trust Board meeting finishing later than expected.

1/06 Minutes of Annual General Meeting held on 3rd October 2005

The minutes were **agreed** as a correct record and **signed** by the Chairman.

2/06 Chairman's Introduction

The Chairman welcomed the audience to the tenth annual general meeting of the London Ambulance Service NHS Trust. He introduced the main speakers, Peter Bradley (Chief Executive), Mike Dinan (Director of Finance) and Kathy Jones (Director of Service Development).

In reviewing the previous year (April 2005 - March 2006) the Chairman referred to the London bombings that took place on 7th July 2005. He paid tribute to the members of staff who responded to the four separate bombing incidents that took place that day. The criticisms and the recommendations contained within the report published by the Greater London Assembly have been considered and a response is being prepared. Although some of the criticism was felt to be unwarranted it was acknowledged there are always lessons that can be learnt and these have been implemented.

During 2005/06 Agenda for Change was implemented throughout the NHS. The new arrangements caused a number of difficulties which hopefully have now been laid to rest and the Trust can move forward.

The Five Year Service Improvement Programme, which was essentially a turnaround programme, was successfully completed. The next Strategic Plan (entitled SIP 2012) is being finalised and will be presented to the Trust Board for approval in November 2006.

The Chairman referred to the dissolving of the five Strategic Health Authorities and the establishment of a single London Strategic Health Authority. A single London Strategic Health Authority is potentially very exciting for the LAS in terms of being able to work with a single strategic partner in London. The uncertainty concerning the senior appointment of the London SHA has been unfortunate.

In closing, the Chairman paid tribute to Lord Toby Harris and Colin Douglas, both of whom retired from the Board during 2005/06. They both served their full term as a Non Executive Members of the Board and were therefore ineligible for reappointment

3/06 Report of the Chief Executive

The Chief Executive reported that in 2005/06 the Trust had answered 77,000 more 999 calls and responded to 30,000 more calls than in 2004/05. 2005/06 had been a record year for calls responded to and calls answered. He highlighted the following events that occurred in 2005/06:

- The London bombings and the subsequent near misses which resulted in London being put on high alert for 6-8 weeks.
- The Trust retaining its status as a two star NHS Trust.
- London's successful bid to stage the Olympics in 2012; essential preparatory work has already commenced.

- The development of the Thames Gateway which will present a challenge for the Trust given the anticipated increase in calls from this part of London.
- The opening of two new ambulance stations built in Rotherhithe and Streatham. Efforts are continuing to ensure that the Trust's stations are situated in the right places of the capital to enable the Trust to respond quickly to current and future demand.
- Improved patient care as demonstrated by the improved cardiac survival rates, 8.6% in 2005/06 compared with 4.2% in 2000.
- Make Ready has been fully rolled out with the result that vehicles are fully equipment and cleaned on a daily basis as part of the Trust's Infection Control processes.
- The Urgent Operations Centre was opened; the single room includes PTS, Emergency Bed Service (EBS), Clinical Telephone Advisers (CTA) and Urgent Care.
- Margaret Vander was appointed Patient Public Involvement Manager and has been actively engaged in working with the LAS Patient's Forum and community groups across London. During the year the Patients Advice Liaison Service (PALS) responded to 4,000 enquires from the public.
- The Trust delivered Cardio Pulmonary Resuscitation (CPR) training to members of the public.

The Trust is well placed in 2006/07 to move forward in its objective of providing the best possible care to patients. The Chief Executive felt it was crucial that the Trust work with other parts of the NHS to ensure it can achieve that objective.

The Chief Executive concluded by thanking the Chairman, the Trust Board and colleagues for their support during 2005/06.

4/06 Finance Director's Report

The Director of Finance presented the accounts to the meeting and referred the meeting to pages 30-35 of the Trust's 2005/06 Annual Report.

On income and expenditure the Trust reported a surplus of £1,258,000 for the year, and therefore did better than the break even target set by the Department of Health for 2005/06.

The Trust achieved its EFL (external financing limit) for the year.

A return on assets (the capital cost absorption duty) of 4.1% was achieved. This was 0.1% higher than the permitted range of 3.0% to 4.0%. The variance from 3.5% is due to slippage in the capital programme relating to a number of estate projects.

The Trust was able to pay 79% of its invoices within 30 days, which was below the 95% target set by the Department of Health.

He confirmed that since the end of the financial year, 3 April 2006, there were no impact events occurring after the year end that had a material effect on the 2005/06 accounts.

Noted: 1. That the 2005/06 Financial Statements were presented to the AGM by the Director of Finance.

2. **That the Trust had received £5m anti-terrorist funding following the bombings on 7th July 2005.**

5/06 Presentation of the Trust's draft Seven Year Plan

Kathy Jones, the Director of Service Development outlined the Trust's draft seven year plan. The plan had been drafted in consultation with stakeholders including patients, public, NHS colleagues and suppliers. MORI had recently been asked to poll Londoners and the essence of their findings was that the public want the ambulances to respond quickly and get them to a hospital.

The objective of the Seven Year Plan is to transform the LAS into a service that responds appropriately to all patients and 'looks, feels and behaves differently'. It may be that when responding to life threatening situations the ambulance will transport patients to the right place for their treatment rather than necessarily the nearest place e.g. to receive angioplasty treatment. Work is being undertaken to understand what treatment stroke patients in London currently receive; the Patients Forum has made a very useful contribution to this research.

Further work is being undertaken to finalise the plan which will be presented to the Trust Board in November. Talks are taking place with the Primary Care Trusts concerning funding for the proposed changes outlined in the plan.

6/06 Questions from the audience

Call answering. The Chairman of the Patients Forum asked about what work was being undertaken to make the Service more accessible to all members of the community particularly those who are deaf or do not speak English. The Director of Service Development explained that the Access Portfolio includes those identified communication issues but also included a host of other aspects of communication. The focus on speed, on identifying what calls require 8 minute response times, is crucial in that it will literally save lives. There is no time pressure on call takers to complete a call more quickly than it is safe to do so. When necessary, interpretation services such as Language Line will be used to understand the requirements of callers who do not speak English.

Clinical Telephone Advice. In response to a question about whether there was an overlap between Clinical Telephone Advice (CTA) and the advice that can be received from NHS Direct, the Director of Service Development agreed that the service offered was very similar except that when calls are deemed to be suitable for CTA they can be re-triaged if the patient's condition changes and so is a form of risk management by the Trust. CTA is not accessed directly, instead when a caller dials 999, triage is undertaken and if identified as suitable for telephone advice the caller is telephoned by the Clinical Telephone Adviser.

Emergency Care Practitioners. In response to a question regarding the Emergency Care Practitioners (ECPs) the Director of Finance explained that the Trust received £182m in funding for the accident and emergency service and £1.5m in separate agreements with individual Primary Care Trusts for the provision of Emergency Care Practitioners. The funding of the ECPs is discretionary expenditure by the Primary Care Trusts and can therefore be

withdrawn when they are under financial pressure (as there has been recently) except when there is a Service Level Agreement in place.

Diversity. The HR Director was asked about the report on diversity undertaken by Ruth Valentine. The HR Director said that the Service and the Ambulance Service Association had jointly commissioned a review of the barriers to black and minority ethnic recruitment in the Ambulance Service. In addition, an internal review was undertaken in 2005/06 of the Trust's recruitment processes; its recommendations have been implemented. The Trust has introduced two key policies to encourage diversity. The first is the utilisation of existing members of BME staff to be advocates of the Trust to specific communities so as to encourage applications from those communities. The second is the completion of a life skills questionnaire by a successful applicant. The questionnaire identifies life skills which could be a useful resource to the Trust e.g. language skills or membership of an ethnic group. The success of this initiative has yet to be assessed. In May 2006 the Trust published its Revised Race Equality Scheme. There has been a slight improvement in the ratio of BME staff, from 8.47% in 2005 to 8.7% in 2006.

In reply to a supplementary question it was confirmed that the Trust Board, including the three new members had not yet received diversity training though this is one of the requirements of Race Equality Scheme. The Trust takes seriously its responsibility for encouraging diversity throughout the organisation. The HR Director is the lead on diversity for the Trust. Beryl Magrath, Non Executive Director, as Chairman of the Clinical Governance Committee receives official updates on diversity issues and takes a focus on diversity issues on behalf of the Non Executive Directors.

Post meeting note: the Executive Directors undertook diversity training in 15th November 2004. The three new Non-Executive Directors (Caroline Silver, Ingrid Prescod and Roy Griffins) received diversity training as part of their corporate induction in October 2006.

National Standards Framework for Older People. It was asked what progress had been made with implementing the 36 National Standards Framework for Older People. The Director of Service Development said that progress has been made but with the recent appointment of a Policy, Evaluation and Development Manager the Trust's Older People Strategy will be relaunched.

London acute hospital's reconfiguration. The Board was asked about what impact the 'major convulsions' being experienced by the acute hospitals in London will have on the Service's ability to provide a first class ambulance service. The Director of Service Development agreed that the proposed closure of A&E departments and acute hospitals will be a major challenge for the Service. In the past the Trust would have been involved at a late stage in the process but some Trusts are involving the Service in the early stages of the consultation process. The Medical Director said that there are occasions when the local hospital would not necessarily be the most appropriate destination for a patient e.g. a patient that suffered a Myocardial Infarction would be taken to a specialist unit in a hospital to receive angioplasty which may not be available at the nearest hospital. The Trust will continue to work

with Primary Care Trusts to provide quality patient care. An underlying factor is the infrastructure of the community services and the necessity of ensuring that the basic structure is in place to provide alternative pathways of care for patients other than the hospital. Work is being undertaken to identify and to use alternative pathways.

Patient Transport Service. The Finance Director said that the Trust intended to continue to provide Patient Transport Service. It is a very competitive sector which is predominantly price driven. London is unusual in that the Acute hospitals commission Patient Transport Service. In the rest of the country where Primary Care Trusts do it.

Misuse of Taxi Cards. A member of the public reported that she had been encouraged by the hospital she attends to use her taxi card to travel to and from the hospital. The Director of Service Development agreed with her that this was not the proper use of a patient's taxi card. She said that she was aware of a report that indicated that many people were using their taxi cards in this way and that she believed that Local Authorities and the GLA would be making representation to the Department of Health about this issue.

The meeting closed at 15.10 hours.

Enclosure 15

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 28th November 2006

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

Register no.	Details of tender:	Tenders Received From
14/06	Motor Insurance Tender	Zurich Municipal
		JLT Group
		Risk Management Partners
		DAS Legal Expenses Insurance
		Brian Johnson & Co.
		Turnamms Claims Adjuster
15/06	Uninsured Loss Recovery	Motor Accident Protection Services Ltd.
		Turnamms Claims Adjuster
		DAS Legal Expenses Insurance
		Jardine Lloyd Thompson corporate risks Ltd
		Risk Management Partners
16/06	Provision of conversion of Vauxhall Zafiras for RRU & ECP	MacNellie Wilker Papworth

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

3. Recommendations

THAT the Board note this report regarding tenders received.

Christine McMahon
Trust Secretary