

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 31st May 2005 at 10am

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

A G E N D A

1. Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the Meeting held on 29th March 2005. Part 1 and II Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks
6. Report of the Chief Executive Enclosure 3
7. HR Director's Report Enclosure 4
 - Disciplinary Policy (*please see Annex 1*)
 - Revised Race Equality Scheme
8. Month 12 2004/2005 Financial Report and draft end of year accounts Enclosure 5
9. Month 1 2005/2006 Financial Report. Enclosure 6
10. Report of the Medical Director Enclosure 7
11. Mental Health Policy (presentation) Enclosure 8
12. Risk Management Framework (*please see Annex 2*) Enclosure 9
13. Update on Service Improvement Programme Enclosure 10
14. Consent Policy (*please see Annex 3*) Enclosure 11
15. Professional Standards Unit Annual Review Enclosure 12
16. Report of the Trust Secretary – Tenders opened since last board meeting. Enclosure 13
17. Draft Minutes of the Audit Committee – 21st March 05 Enclosure 14
18. Draft Minutes of the Risk Management Committee - 21st March 05 Enclosure 15
19. Any Other Business.
20. Opportunity for Members of the Public to ask Questions.
21. Date and Venue of the Next Trust Board Meeting.
26th July 2005, 10.00am at 220 Waterloo Road, London SE1

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 29th March 2005

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

Present: Sigurd Reinton Chairman
Peter Bradley Chief Executive

Non Executive Directors

Barry MacDonald	Non Executive Director (departed 12.30)
Toby Harris	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director

Executive Directors

Mike Dinan	Director of Finance
Fionna Moore	Medical Director
Wendy Foers	Director of Human Resources & Organisation Development
Martin Flaherty	Director of Operations

Apologies:

Colin Douglas	Non Executive Director
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In Attendance:

Peter Suter	Director of Information Management & Technology
Keith Andrews	Director of PTS
Mairead Doyle	Business Manager, PTS
David Jervis	Director of Communications
Mike Boyne	Head of Operational Support
Kathy Jones	Director of Service Development
John Hopson	Assistant Chief Ambulance Officer - CAC
Vishy Harihara	Patients' Forum Representative
John Wilkins	Head of Governance
Malcolm Alexander	Chairman, LAS Patients' Forum
Henry Gillard	Member of the LAS Patients' Forum
Colin Hill	Member of the public
Martyn Salter	Deputy Director of Finance
Alison Kerry	Communications Officer
Barbara Mackel	LAS member of staff
Claire Worsley	Conference and Induction Course Co-ordinator
Christine McMahon	Trust Secretary (Minutes)

22/05

Declarations of Interest

Toby Harris declared that he had recently been appointed a member of Anite's Public Sector Advisory Council, Anite is a public sector consultancy firm. **ACTION: Trust Secretary to enquire if the Trust has employed Anite as a consultancy firm.**

23/05 **Opportunity for Members of the Public to ask Questions**

There were no questions.

24/05 **Minutes of the Meeting held on 24th January 2005**

Agreed: **The minutes of the meeting held on 24th January 2005.**

25/05 **Matters Arising**

Minute 09/05: The Director of Information Management & Technology has received advice concerning the status of deleted emails from the Trust's Freedom of Information Consultant. The advice is that once an email has been deleted it is considered to have been deleted for the purposes of the Act even if it is possible to retrieve it from a back up system.

26/05 **Report of the Chairman**

The Chairman paid tribute to Keith Andrews, Director of PTS, who is leaving the Trust to be the Managing Director of East Anglian Division of First Bus. He wished him well and thanked him for all his hard work with PTS over the last six years.

The Chairman reported that the Ambulance Service Association had adopted a new constitution and will be holding elections for a Chairman and a board of directors. The Chairman will be standing as a candidate for the board. Jane Barnes (Chief Executive of Teesside and North Yorkshire Ambulance Service) is the sole candidate to be chairman.

The Chairman recently represented the NHS Confederation at a meeting with a working group composed of members of the Greater London Authority (GLA) and the Association of London Government (ALG). The group is reviewing the governance arrangements for the NHS in London and gave the impression of wanting to see the GLA and local authorities take over responsibility from the Department of Health. The Group is expected to publish a report in late May.

The Chairman received a 'holding reply' from the Chief Executive of Hillingdon Borough Council in which he has undertaken to look into the protracted negotiations regarding Ruislip Ambulance Station.

27/05 **Report of the Chief Executive**

Performance: for the year to date the Trust has achieved 76% (up to 28 February 05). March's performance is expected to be 74-75%. The Chief Executive was pleased to report that the Trust was able to achieve 70% performance in Newham PCT. Further work is being undertaken to address the Trust's performance in the three PCTs which continue to be of concern; Barnet, Havering and Bromley.

Changes to the reporting arrangements on Category A calls are being implemented from 11th April This includes the decision to no longer automatically include children under two as a Category A response. The LAS is implementing the latest version of AMPDS (version 11.2) in early April. The Trust will be closely monitoring Category A volumes during April and May.

Emergency Planning: the Trust is taking part in one of the world's largest emergency planning exercise, entitled Atlantic Blue, which will be played out between the UK, Canada and USA. The LAS will not be involved in any 'live play' but will be fully participating at Strategic and Tactical levels in a complex table top scenario. This will be an exacting test of the Trust's ability, both to respond to and resource a catastrophic incident.

Patient Transport Service: PTS were not awarded the Epsom & St Helier contract which would have been new business for the organisation. PTS are still awaiting decisions by Hammersmith Hospital NHS Trust and by Chase Farm and Barnet NHS Trust.

Patient & Public Involvement: a Public & Patient Involvement Manager has been appointed; the Director of Communications expressed his thanks to Malcolm Alexander, Chairman of the LAS Patients' Forum who was a member of the interviewing panel.

National staff survey: the Trust performed well in most areas and was top in the survey for leadership, senior management and staff retention. The following issues were highlighted: harassment and bullying, and health and safety training. The results of the survey will be reviewed in greater detail by the Senior Management Group.

Staffing: sickness for February was reported to be 6.5%. The Chief Executive was concerned to note a discernable upward trend during 2004/05.

Agenda for Change: Progress was reported in a number of areas. Agreement had been reached with the trade unions on the payment of allowances in high cost areas, previously known as London Weighting. It has been agreed to pay the new annual leave allowances and a payment was made on account to front line staff in the March salary. This progress means that some staff groups can now be assimilated onto Agenda for Change terms and conditions. The key issues that remain outstanding are the Ambulance Practitioner profiles and the management of meal breaks.

Overseas travel: the Board was asked to approve overseas travel for the Priority Dispatch Development Officer (Andy Heward) and the Quality Assurance Officer (James Gummett). They wish to attend the Annual International Academy of Emergency Dispatch Educational Summit and Conference in the USA, April 2005. Andy Heward has also been invited to visit Richmond EMS in Virginia USA.

Clinical Telephone Advisers: Beryl Magrath asked about the arrangements for Clinical Telephone Advisers (CTA) as she understood staffing continues to be an issue. She asked what incentives were in place to retain staff once they have been recruited as telephone advisers. The Assistant Chief Ambulance Officer (ACAO) Central Ambulance Control (CAC) reported that a salary supplement of 10% had been applied with effect from December 2004. Interviews were recently held and four out of the seven vacancies were filled. Further interviews are planned for late April 2005.

In response to a question from the Chairman the ACAO CAC felt that the location of the CTA function in central London made the post less attractive. The necessity of CTA being sited in central London is being reviewed; it may be possible for the work to be carried out in dispersed locations which may aid recruitment.

In terms of integrating the CTA team with the rest of CAC the ACAO CAC reported that there is now one co-ordinator which should improve utilisation. The CTA training programme has been revised. At the end of February there was a 4 hour training session held regarding assessment of abdominal pain. In addition medical books have been purchased to enable CTA staff to study during downtime.

Urgent care – Beryl Magrath also asked about the 12 non urgent care vehicles that do not have MDT. She was assured that this was not because of cost but rather a technology issue. The Director of Information Management & Technology (IM&T) clarified that the current CTAK system is unable to be modified to provide the functionality required for Urgent Care vehicles. This will be addressed in the upgrade known as 'Windows CTAK' that will be completed in March 2006. The new Urgent

Care Control Room will open later this year using existing technology. The Chief Executive did not feel the matter was a major concern in terms of operational performance.

The Patients' Forum Representative queried the way the "Doctors' Urgent" line is answered. He had been informed by North London GPs that when they rang the Doctor's Line they had to wait for 10-20 minutes before their call was answered. The ACAO CAC replied that the Doctors' Line now had dedicated staff to answer the telephone, that the message has been changed to advise the Doctors ringing that if their patient is in a life threatening situation they should ring 999. The system is being changed so that callers on the Doctor Line will automatically be transferred to 999s when there is spare capacity. **ACTION: The Patients' Forum Representative to provide the ACAO CAC with the names of the North London GPs so that they can be contacted and informed of the new arrangement.**

The Chief Executive reported that he had contacted Barnet, Enfield and Harringey Mental Health Trust on 24th March 2005 to help progress the discussions regarding PTS continuing as a service provider. He spoke to the Trust's HR Director who assured him that PTS would hear something by 29th March 05. If the Trust rejects the submitted tender then the transport service will cease from April 2005.

Agreed: 1. To approve the overseas travel for the Priority Dispatch Development Officer and the Quality Assurance Officer to attend conference in the USA in April 2005.

Noted: 2. The report

28/05 Report of the Director of Finance and Business Planning – Month 11 Financial Report

The Director of Finance presented the Month 11 financial report. The year end forecast is that the Trust will have a surplus of £585,000.

The overspends in A&E (year to date adverse variance of £1,025K) and PTS (adverse year to date position of £306k) were offset by favourable variances within HR, IM&T and Centrally Held Funds which have continued to report under spends, due mainly to vacancies.

Barry McDonald queried overtime hours which have risen by 21% compared to previous three months average. The data on page 9 of the Finance Report doesn't show an increase. **ACTION: The Finance Director to investigate anomaly.**

The management team are reviewing what additional resources or structural changes are necessary to meet performance targets at a more acceptable cost.

Barry McDonald queried the reported income under-recovery for CAC journeys of £133,027. The ACAO CAC explained that the long distance journeys were either chargeable journeys or if the LAS could not undertake them they were contracted out to third parties. The cost of using third parties is recovered. The Finance Director felt that the issue was primarily slow payment rather than under-recovery.

Beryl Magrath asked about brokerage. The Finance Director confirmed that £500,000 would be brokered this month and that the money would be returned to the LAS in April 05. It was commented that few NHS bodies were in a position to broker any monies. The Finance Director hoped that when the NHS bank was fully constituted it would clarify revenue and capital brokerage.

- Noted:**
- 1. The report**
 - 2. That it has been provisionally agreed with the South West London SHA that £500,000 of the Trust's year-end underspend back to Health Authority.**
 - 3. That a positive variance of £585,000 has been forecasted for end of the year.**

29/05 **Report of the Medical Director**

As reported at the last Trust Board Meeting, the LAS underwent assessment against the NHSLA Risk Management Standard for Ambulance Services. As a result, the Trust has received a three month improvement notice. Upon completion of the items in it the Trust should achieve Level 2. The Trust will be pursuing Level 3 assessment in 2005/06. The Medical Director assured Toby Harris that the improvement items covered mainly 'box ticking' – e.g. actions that are completed but the Trust does not necessarily demonstrate a paper trail. For example, if a member of staff fails to attend a training course there needs to be a paper trail that his/her manager has been informed, that a new training date has been booked and their subsequent attendance recorded.

Progress in Cardiac Care: the Coronary Heart Disease National Service Framework has recently published Chapter 8 which relates to Arrhythmias and Sudden Cardiac Death. This is a major issue for the NHS as there are approximately 700,000 cases of atrial fibrillation per year; approximately 1% of the NHS' resources are allocated to this particular condition. The implication for the Ambulance Services is that when patients suffer a transient loss of consciousness or collapse they will require the acquisition and interpretation of a 12 lead ECG. Where relevant this information will be passed to the patients' GP.

A number of further Interventional Cardiology Units have expressed interest in direct admission of patients shown to have a ST elevation myocardial infarction (STEMI). From April the London Chest Hospital and King's College Hospital will be open 24/7. St George's is also offering primary angioplasty, initially on a 9-5 basis. The Medical Director is working very closely with St George's regarding door to needle times.

Staff development – the Trust Board was informed that over the next two years all front line staff will undertake a five day continuing professional development course. The training course will cover: patient assessment, 12 lead ECG refresher, mental health, protection of children and vulnerable adults, diversity, manual handling, major incident management, Personal Development Review (PDR) updating CBRN and complaint management. The training will be delivered initially to Training Officers and Team Leaders prior to it being rolled out to front line staff. Staff will be assessed by the local Training Officers to ensure that their core knowledge/skills are updated before they attend the course.

Drugs: The Medical Director paid tribute to David Whitmore and the Logistics Department who have worked very hard on the practical question of how the Trust could use morphine safely and within Home Office guidelines. From April/May 2005 registered paramedics will be able to draw pre-filled syringes of morphine sulphate for the duration of their shift. The drugs will be signed in and out at the start/end of every shift and will be stored on stations in drug safes accessed by a digital keypad.

Amiodarone is an anti-arrhythmic agent that has recently been added to the drugs on the Prescriptions Only Medications list. It is now the preferred drug in the management of patients with shock resistant ventricular fibrillation as well as ventricular tachycardia. The LAS considering its introduction for use by paramedics.

Beryl Magrath commented that the STEMI work would improve the availability of patient information which would enable useful data to be obtained.

Noted: The Medical Director's report

30/05 2005/06 Service Plan and Budget

2005/06 Budget

The Finance Director presented the 2005/06 budget to the Board for approval; he gave a brief presentation which summarised the changes.

Income was budgeted to rise by 10.2% to £191.6m which included a generic increase of £15.1m; activity/growth income of £1m (£600k is currently on offer from the Commissioners) and additional CBRN funding of £1.1m (which is based on SWLSHA bid of £10m of which the LAS is expecting £8m).

Expenditure: The following recruitment is planned for 2005/06:

- 46 staff to crew Fast Response Units
- 45 staff to ensure that meal breaks (AfC) can be managed
- 25 Emergency Care Practitioners
- 29 Emergency Medical Dispatchers
- 5 Clinical Telephone Advisers

PTS's income has been budgeted for £150k. There will be continuing focus on decreasing usage of third party activity and increasing central planning to ensure that operating margins improve from 0.6% to 1.3%.

Capital Plan - £11m has been budgeted for 2005/06. The following key projects have been identified for 2005/06: Streatham, Bow and Brixton. The ISON process is currently prioritising £5.4m of uncommitted capital.

Vehicle Acquisition Programme: there will be a rolling programme for vehicle acquisition which will enable the ECP programme to be rolled out quickly if the extra funding is forthcoming during the year. The vehicles for both ECP and FRUs will have similar specifications so that if there is no funding for the extra ECPs, the vehicles can be used as FRUs.

Emergency Care Practitioners: PCTs will be expected to fund 75% of the cost of ECPs while the Trust will bear 25% of the cost. Barry McDonald commented that although the 25% being borne by the Trust is currently negligible figure would become significant if and when the programme is substantially expanded. The Finance Director pointed out that, once the number of ECPs in a particular complex reaches a certain level, savings would be realised by being able to withdraw more than the corresponding number of conventional ambulances. It was confirmed that ECPs were being treated as part of the A&E Directorate in the budgetary and planning process.

Chemical, Biological, Radiological and Nuclear response funding – Sarah Waller was assured by the Finance Director that efforts were being made to ensure CBRN funding was received by the Trust as a matter of routine and on a recurring basis, given that there is no end in sight to the current state of high alert.

Fuel: in response to a question from Beryl Magrath the Finance Director confirmed that further work would be done on fuel; it was felt to be an area where there might be possible costs savings.

The cost savings that had been expected from the new Mercedes ambulances have failed to fully materialise, this was probably due to the high fuel usage per mile in London as compared to rural areas. The new Mercedes in the North East sector were

achieving 18miles per gallon compared to 16.5 miles per gallon in other sectors. The contract with BP would be reviewed and the Trust would seek to benchmark its use of fuel with other public service bodies.

Overtime: Barry McDonald queried the overtime figure and felt that the assumptions needed to be made explicit in order that the Board can monitor progress. The Board was told that measures were being put in place to ensure that overtime was managed efficiently in 2005/6. 138 additional staff were being recruited, PROMIS would be used to monitor overtime and the Resources Centre would have responsibility for allocating overtime.

The Chief Executive asked that the Board be patient in 2005/06 as the A&E Directorate have been charged with breaking even and the work that was being in 2005/06 will ensure that the picture for 2006/07 was clearer. The A&E Directorate will have a number of challenges in 2005/06: managing the release of front line staff for 5 days training, the roll out of Urgent Care green base and ECPs, plus the implementation of Agenda for Change (meal breaks). He felt that the reports will be more transparent than perhaps they have been in the past.

CAC: Sarah Waller was informed that capital had been made available to improve CAC working environment and the CAC mess room was currently being upgraded.

2005/06 Service Plan

The Trust Board were asked to approve the 2005/06 Service Plan prior to its submission to the South West London Strategic Health Authority. Members requested further details on how the objectives for 2005/06 were going to be achieved.

In reply to a question from Sarah Waller it was confirmed that in 2005/06 the Trust will be applying for Level 3 of the NHS Litigation Authority Risk Management Standard for Ambulance Trusts.

There was some discussion as to why the identified risks included in the Service Plan did not include a risk identified in the assurance framework (lack of crewed ambulance on Saturday/Sunday nights). The Director of Service Development explained that the risks included in the Service Plan had been drawn from the risk register as possible inhibitors of the achievement of the stated objectives for 2005/06. The Chairman felt that, though this was understandable, the lack of crewed ambulance on Saturday/Sunday nights was a fundamental risk to the Trust and should be included in the list of risks.

- Agreed:**
- 1. The 2005/06 budget**
 - 2. The 2005/06 service plan with the proviso that the Trust Board would receive further detail on the objectives for 2005/06.**
- Noted:**
- 3. That CNST contribution of £225k will be further reviewed by Finance Director**
 - 4. That in future a cashflow report would be part of the routine financial reports.**
 - 5. That the EBS budget was contained within the Urgent Care Services budget.**
 - 6. That at the request of the Chairman the budget in future would include positive numbers to denote income and negative numbers to denote costs/losses.**

31/05

Assurance Framework

The Finance Director presented the Assurance Framework report to the Board for information. It was reported that work is currently underway to format the document so that it supports the Standards for Better Health which will be launched by the Healthcare Commission in April 2005.

A number of risks on the Framework have been highlighted as being a priority and a number of mitigation actions have been identified.

Records Management –interviews for a Records Manager are due to take place in April 2005.

Lack of crewed ambulances on Saturday/Sunday nights – this risk was discussed earlier in the meeting. The Director of Operations did not feel that the risk was currently the major issue that it had been earlier in the year. The risk has remained on the risk register because under Agenda for Change the Trust will not be able to pay double time for Saturday/Sunday nights. He anticipated that with additional recruitment 95% would be achieved by the end of 2006.

Delay in activating vehicles due to inability to answer calls promptly: the ACAO CAC reported that CAC were not holding large number of calls due to improvements in staffing plus there is a further planned increase in establishment of circa 29 staff in 2005/06.

Delays in responding to urgent calls- high utilisation rates 60% most of the time. It is expected that the new operating regimes which are being introduced in April 2005 will ensure more rapid dispatch of urgent calls.

Noted:

- 1. The report and endorsed the actions highlighted by the Assurance Framework process.**
- 2. That the Board would receive further updates as part of its continuous risk management function.**

32/05

Registration of Professional Clinical staff

The HR Director presented the Registration of Professional Clinical staff policy for Board approval. It is a requirement of the NHS Litigation Authority that the Trust Board approve the Trust's policy on the Registration of Professional Clinical Staff. The policy sets out the management arrangements for ensuring that staff hold and maintain their professional registration.

Sarah Waller suggested that the paramedic's personal responsibility for ensuring their registration should be made more explicit in the policy.

Sarah Waller felt that the Trust needed to discuss the principle of what happens when paramedics no longer wish to be registered and want to be re-graded to another job which but might inadvertently practice beyond their competencies. The HR Director felt this would be part of the workforce planning discussions that were currently taking place.

The HR Director confirmed that an audit of the policy for the registration of professional clinical staff would be undertaken to ensure it was fully implemented.

Agreed: **To approve the policy for registration of professional clinical staff with the proviso that the paramedic's responsibility for registration was strengthened.**

33/05

Report on risk data sharing project.

The Director of Service Development presented an update to the Board on the Risk Data Sharing Project. The project was set up in response to the Dixon inquiry recommendations on better information sharing between agencies who might attend patients with mental health emergencies. Between April and September 2004 the Metropolitan Police, London Probation, Mental Health Services in Camden, Islington and Westminster and the LAS NHS Trust jointly piloted a method of sharing risk-related information about mental health service users in urgent circumstances.

The project was evaluated and it was felt that the model worked. However the evaluation exposed a number of limitations relating to the limited geographical coverage and the quality of information held by mental health teams.

It has been decided to expand the project to cover the whole of London. The service will provide 24 hour access to risk and crisis plan information about mental health users who pose a significant risk to themselves or to others. It was felt that a London-wide service will potentially contribute to multi-agency working arrangements and enhance out-of-hours and emergency services. The Senior Management Group felt that it was important that the LAS continue to be involved.

There was some discussion regarding the expected contribution of £11,000 to the roll-out. The Director of Service Development proposed that funding be agreed on a non-recurrent basis with further funding being dependent on evidence of progress with the project. Beryl Magrath observed that training courses on mental health were being provided as part of the project. The Director of Service Development confirmed that the courses on mental health have proved very popular with front line crews.

Toby Harris reported that the Police Authority was undertaking work with the various Mental Health Trusts in London whereby they were working to have similar Users' Policy and Health Service response. **ACTION: Toby Harris to liaise with the Director of Service Development.**

It was confirmed that, in addition, the Trust continues to hold a dangerous addresses database to safeguard crew's safety; this is now being managed by the Management Information team.

Agreed: To endorse the Trust continuing to be involved in the Risk Data Sharing Steering Group and contribute funding to the roll out of the project on a non-recurrent basis.

34/05

Service Improvement Programme Update

The Director of Service Development presented the update on the progress of implementing the Service Improvement Programme (SIP).

It was proposed that nine of the SIP items, which will not be completed by March 2006, be rolled forward to succeeding years. Four of the SIP items that are to be rolled over are dependent on external agencies such as the National Programme for IT for implementation. The items will be dropped to the bottom of the SIP gantt chart to ensure that they are not forgotten.

Agreed: 1. The reporting arrangements as outlined in the report.
Noted: 2. The progress made with the SIP
3. That the initiatives identified will not be completed by March 2006 and will be rolled forward into the successor of modernisation programme. These items are: 48, 97, 113ea, 117,118, 186i, 186j, 244/244a

Emergency Care Practitioners Update

The Board received an update on the current progress of the Emergency Care Practitioners (ECP) scheme. The Director of Operations highlighted the following from the report:

Current deployment – there are currently 34 ECPs. Teams are Primary Care Trust based and are responding to 999 calls in Bromley, Havering, Wandsworth, Croydon and Hounslow. From April 2005 the scheme will be manning the Physician Response Car at the Royal London. There is also a small pilot in Bromley where ECPs are responding to GP out-of-hours calls on Saturday and Sunday.

Activity levels – in January and February 2005 ECPs were dispatched to 1,527 calls, of which 153 were cancelled. Of the calls that the ECPs attended: 16% were categorised as red, 38% as amber and 46% green.

Education – this is continuing with St George's Hospital Medical School. All trainee ECPs are working towards a Diploma which takes an average of two years on a day release basis. The first fully qualified ECPs will emerge in the Autumn of 2005.

Governance arrangements – the ECPs have a Clinical Development Group which is co-chaired by Dr Daryl Mohammed and Emma Williams (ECP Co-ordinator – Hounslow). All sites have a representative on the Group. The Group reports to Dr Fionna Moore, the Trust's Medical Director. Clinical review sessions, led by Dr Mohammed and Dr Moore, are held every 2-3 weeks.

There has been widespread interest from PCTs and Strategic Health Authorities in the ECPs scheme, particularly from North East and North West London.

The ECPs have been brought into the mainstream of the Trust's operations as ECP Co-ordinators now report directly to Ambulance Operations Managers.

The Trust has budgeted for 25 additional ECPs for 2005/06 based on PCTs funding between 50-75% of the cost.

Sarah Waller asked if any work was being done to advertise the new role to the public. The reply was that it may be too early, since ECPs are still developing the role.

The Director of Operations commented that there was a national debate taking place regarding ECPs; he felt this had led to a wider understanding from hospital staff on what the role of the ECP was.

The Chairman pointed out that there is considerable differences between the twelve Ambulance Service Trusts which have ECPs. It was likely that the Health Professions Council and the Ambulance Service Association would in due course make recommendations as to a national definition of the role.

Beryl Magrath commented that she had been out with ECPs on a number of occasions and been impressed with their professionalism. She was pleased that co-ordinators had been appointed and hoped that the integration of ECPs into the mainstream would improve utilisation.

Beryl Magrath wondered about the feedback on appropriate clinical care that the ECPs receive which would be helpful to them in terms of professional development. Although feedback is received from GPs it is not always possible from the Acute Trusts. The Medical Director commented that the lack of feedback applied to all staff. Though a clinical review session has been held subsequent sessions have become more educational in content. In terms of closing the feedback loop it was suggested that a meeting might be held at the Acute Trusts concerned in an effort to improve feedback.

The ECP Project Co-ordinator confirmed that if funding were available it would be possible for an additional 35 ECPs to join the scheme. The Chairman felt that it is important to gain critical mass and would like to see the next six months used to obtain the funding for the full 60 additional ECPs this year. It is only when a sufficient number of ECPs operate in a complex that we will see the benefit in terms of core fleet requirements and overall A&E attendances. The ECP Project Co-ordinator confirmed that the training scheme was flexible enough to enable senior managers or paramedics to have accelerated training.

The Chief Executive reported that he had had meetings with the Chief Executive of Wandsworth PCT and St George's; though they both expressed their satisfaction with the ECPs they were not able to fund the programme. However, their neighbour, Hammersmith and Fulham PCT, has expressed interest in the ECP programme and is willing to fund the programme.

Noted: The report

36/05 Presentation – Fleet Review

The Head of Operational Support presented a review of the Trust's fleet to the Board. He reported that flexible fleet arrangements were being rolled out with the implementation of Make Ready. A review of the fleet found that the establishment is correct for the Trust's existing operations. The review identified some misalignment which led to resources been reallocated; primarily to the North East Sector.

There are plans to expand the number of Rapid Response Units (RRUs) as there is currently no spare capacity – the plan is to increase the number from 59 to 70. The current RRU vehicles (Vauxhall Astras) will be replaced with Zafiras similar to those used by the ECPs.

In conclusion, the Head of Operational Support reported that the Trust's fleet strategy has been successfully implemented, with the old, tired fleet having been replaced with modern, high quality vehicles.

Noted: The report

37/05 Report from the Trust Board Secretary – tenders opened since the previous board meeting

Six tenders have been received since the January Trust Board meeting regarding:

- Patient monitoring devices,
- Refurbishment of Croydon Ambulance Station,
- A&E ambulance conversion tender,
- Refurbishment of Barnehurst Ambulance Station,
- Refurbishment of Edmonton Ambulance Station
- PTS vehicle lease tender.

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

Noted: The report

38/05 **Report from the Trust Board Secretary – sealings that have taken place since the previous board meeting**

Three sealings have been undertaken since the January Trust Board meeting concerning:

- extension of Whipps Cross Ambulance Station
- the lease of premises for Rotherhithe Ambulance Station
- the provision of additional office space and other associated works at St Andrew's House, Bow.

Noted: The report

39/05 **Minutes of the Clinical Governance Committee – 31st January 2005**

Minute 2: The acting Chair (Beryl Magrath) reported that the issue of paper overshoes appears to have been resolved.

Minute 9: a meeting of the complaints panel is scheduled for the afternoon of 29th March 2005 between Beryl Magrath, the Medical Director and the Head of Governance.

Noted: The minutes of the December Clinical Governance Committee held on 31st January 2005.

40/05 **Minutes of the Services Development Committee held on 22nd February 2005.**

Noted: The minutes of the Service Development Committee held on 22nd February 2005.

41/05 **Any Other Business**

Presentation by Malcolm Alexander, Chairman of the LAS Patients' Forum ,

The Chairman of the Patients' Forum gave a brief presentation to the Board. He reported that the Forum, which has 12 members, may be abolished if the Government proceeds with the plan to have the patients' forums based on PCTs rather than Trusts.

The Patients' Forum will be making representation to the Minister, Rosie Winterton, that the work currently being undertaken by the Forum will be lost if the plan goes ahead. The Patients' Forums associated with the various Mental Health Trusts will also be disadvantaged by the proposal.

He requested that in future the Patients' Forum be involved in the drafting of the Service Plan. The Director of Communications said that the Trust was drafting a five year strategy prior to consultation with key stakeholders; the Patients' Forum was felt to be a key stakeholder.

Mr Alexander reported that the Patients' Forum was endeavouring to set up a network of links to the local forums around London in order to better represent patients' views to the LAS Trust. Its initial title is "Ambulance Watch".

Toby Harris asked Mr Alexander in what way the Patients' Forum has added value. Mr Alexander said that the Forum has been learning how the Trust operates and gradually develop processes to challenge the LAS.

The pilot scheme for Patient Public Involvement that is operating in Camden has been very successful.

The Forum's representative to the Trust Board, Vishy Harihara, asked permission to approach Dr Jacobson of the London Health Observatory. The Chairman did not feel permission was necessary as Dr Jacobson is a public servant.

Noted: The update from the Chairman of the LAS Patient's Forum

42/05 Opportunity for Members of the Public to ask Questions

Noted: That there were no questions from the Members of the Public.

43/05 Date and Venue of the next Trust Board Meeting

Tuesday 31st May 2005 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

The meeting concluded at 12.50pm

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD
Part II**

Summary of discussions held on 29th March 2005

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

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

On the 29th March 2005 in Part II the Trust Board discussed the ongoing Agenda for Change negotiations.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 31 May 2005

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

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

	CAT A 8	CAT A 14	CAT B 14	Urgent within 15 mins of STA
Standard	75%	95%	95%	95%
YTD*	74.3%	95%	77.4%	57.3%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

*As of 18th May 05

Key highlights

- Recent staffing levels, especially around weekends has caused some overall performance issues
- Revision of AMPDS has been implemented reflecting DoH and AMPDS version Changes. As a result Red call volume has fallen slightly and CAT A volume has increased substantially.
- 04/05 saw an overall volume increase of 8.3%, comprising A 5.8%, B&C 7.9% and Urgent 21.3% when compared to 03/04.
- As predicted, the B14 performance drop did occur following AMPDS changes.
- For a comparison March through to May has been looked at. CAT A Volume for March increased 9%, April 36% and May to 17th 33.9% year on year. It would appear that the changes have led to a 20 to 25% increase in A volume, though this is less noticeable due to previous B calls being responded to as Red.
- PCT performance has been adjusted up for reporting this year with a minimum target now set at 72% for each in the final quarter of 05/06. 10 Areas are currently causing concern but sufficient time is ahead to bring these back safely.
- B14 and Urgents will be the most difficult to improve by year end, and they are heavily reliant on plans under development and then implementation to provide the necessary improvements.
- ORH have been commissioned to identify how available resources can be best utilised to provide equity of performance across the Service
- Daily CAT C Volumes are very stable. Since October averaging 135 to 150 per day.

1.2 Central Ambulance Control

In the last report, I was pleased to say that CAC had completed training in 11.2 AMPDS. This has now been successfully introduced into the control room. We are now monitoring the effects of the change, in line with the new DOH CAT A guidelines.

Work continues on attendance management issues, but they are still a challenge for us. ACAO John Hopson and his management team continues to be focused on this important issue for CAC.

Training continues with 12 new staff in CAC. Once their worked based training is complete in a few weeks, we will start to see the full benefit of their employment. The training plan continues to be developed for 2005/6 so we can more closely match resources to demand

ACAO John Hopson continues to work closely with Peter Suter to ensure the changes required to enhance the current system happen in a timely way. Some of the changes planned include increasing the capacity to answer 999 calls this year, allow call takers to have access to the call log for ETA enquires and up date the gazetteer.

CAC calltakers have now received training for the GP Urgent Call triage system and the system will be introduced imminently.

1.3 Urgent Care Service

The Trust has recently appointed Ian Todd to the role of Head of Urgent Care and Clinical Development, who will take up his post in June. In addition, an Urgent Care Service Development Co-ordinator will also be recruited to replace the current UCS leadership and project management arrangements, and build on the progress achieved to date.

Recruitment efforts continue to ensure that the current vacancy factor of 22% (twenty-eight operational EMT1 and whitework staff) is resolved by November 2005. Similarly, increased attention is being paid to thirteen Clinical Telephone Advice vacancies (37%). The delivery of performance from the UCS is limited by these issues and, also, due to a delay in the provision of technology that would allow effective tasking and management of calls. However, on average, around one hundred and fifty calls are removed from CAC each day by the UCS. No further growth in establishment is planned for this year, apart from the additional five posts for Clinical Telephone Advisors, which will allow the systems and processes of the UCS infrastructure to be consolidated.

1.4 Atlantic Blue Exercise

An international multi-agency event over a week was successfully run and concluded, this involved a wide range of Staff from the LAS in key positions. A number of debriefings have so far been held and lessons learnt will be incorporated into future plans, as necessary.

1.5 Sector Operating Model Evaluation

The Trust has undertaken a comprehensive review of the Sector Operating Model. This is currently being developed as a single document and will be shared at a later date. Findings from the report will be used to address areas of concern and where necessary make changes.

1.6 Community Responder

Philip deBruyn (AOM Bromley), as part of his plans to improve performance within the Biggin Hill area is investigating the feasibility of working with the community to develop a co-responder / community responder scheme as part of his medium to long term plans for the area.

1.7 Continuing Professional Development

CPD courses have commenced, providing five days of training over two years for all operational staff. The course covers areas such as 12 lead ECG, manual handling, best practice and personal development plans.

1.8 Operational Support

At the time of writing the Make Ready Scheme is in operation on 10 complexes. The scheme continues to perform well against all key performance indicators and feedback from staff remains positive. The results of bacterial swab tests continues to be encouraging with no MRSA detected and significant reductions in overall bacterial counts following the introduction of the scheme. A further 10 complexes will be included in the scheme this year with the first complex (Barnehurst) going live on 31st May 2005.

28 new MacNeillie ambulances have now been accepted into service. Ambulances are arriving at a rate of 4 per week with the expected end date for the delivery of this batch of 65 ambulances being 31st July 2005. Disappointingly a range of minor quality errors have been discovered on many of the ambulances but have been rectified by the project team before their issue to Operations. Following feedback MacNeillie eradicated these errors on the last few ambulances delivered and a meeting with the Managing Director has been fixed to gain assurances about future performance. It is expected that the next batch of 65 ambulances will arrive from September 2005.

A review of Fleet Support Services is underway and is expected to be completed within the next 2 months. ORH have been commissioned to help model optimal Fleet Support Services configuration and working practices for the future to include questions such as workshop numbers, size, location and hours of operation. More immediately ORH, with the support of LAS managers, are modelling options for extending or changing current hours of Operation for Fleet in order to establish improved support for Operations and PTS.

As a result of this study the Trust for the first time has access to Fleet performance information outlining time taken to complete various repairs, percentage of the fleet available to Operations and a range of other activity data. This data system will now be extended and developed into a KPI reporting system for Fleet.

2. PATIENT TRANSPORT SERVICE

2.1 PTS Complaints

	Feb 05	Mar 05	Apr 05
Total	1	1	2

PTS complaints currently average at only 0.4 complaints per 10,000 journeys in April 2005

2.2 PTS Hospital arrival time

Overall performance has remained stable at 73.07%.

The arrivals time project group has considered what possible next steps could be taken to achieve transformational change in arrival times in the coming financial year. PTS objective is to achieve 90% compliance with the arrival time quality standard before March 2006, and the actions taken to date have only improved our performance from 73% to 74%.

It was decided to concentrate on the highest priority item which was poor planning. Actions have been agreed to ensure cluster planners are allowed to fully perform their duties without distraction, an analysis of the effectiveness of this change will be produced.

2.3 PTS Hospital Departure time

Percentages continue around 83%, with a slight improvement in performance in April 2005.

The beginning of a new financial year requires continued focus on the part of operational managers and performance will continue to be monitored to ensure budgetary compliance.

2.4 Patient time on PTS vehicle

Performance in this measure continues to hold steady. April 2005 showed 91.41% compliance, which is the fourth consecutive month to hold above 91%.

2.5 PTS vehicles

Operational managers have completed a questionnaire on preferred vehicle mix on their contracts, this is for the PTS Fleet replacement strategy to be updated in respect of the recent loss of contracts. This will enable a redistribution of vehicles across the whole fleet.

Eight new yellow stretcher vehicles have been delivered to the LAS.

2.6 Contracts Update

Hammersmith Hospitals NHS Trust

Further to our recent loss of this contract the Staff at Hammersmith have now been given the initial list of vacancies within the LAS for consideration. In addition to the PTS vacancies approximately 11 individuals took applications for EMT1 vacancies. PTS HR and training will provide support with advice on filling out application forms to practice for the practical assessments. A meeting with Medical Services has been arranged to discuss implications of the current employment contract and other staff management issues.

Wandsworth PCT

Although LAS lost the overall PTS contract for Wandsworth PCT earlier this year, we continue to provide their non-local patient transport. All invoices have been paid to date and our new revised contract was agreed and signed on Friday 15th April 2005. This will now increase the contract by a further £40,000 per annum. It was also agreed to split the contract between Wandsworth and Richmond & Twickenham PCT.

2.7 Tenders & New Business

Epsom And St Helier

This contract has been awarded to GSL (Group 4) Mar 05.

Northwick Park

A proposal for the Limb Fitting unit has been produced, a decision is to follow.

Royal Free

Awaiting tender specification.

Chase Farm/Barnet/Enfield.

The contract has been extended by 6 months on the understanding that the Trust pay all the excess invoices for 2004/05. We have been invited for interview regards their new tender.

3. COMMUNICATIONS

3.1 Events and schools

During the year 2004-2005 the LAS events and school department spoke with over 44,000 young people aged between four years and 18. The two-man team, supported by secondments and volunteers, were involved in 55 external and 20 internal events.

The department's extensive work with children and young people included visits to nursery, primary and secondary schools as part of the PHSE (Personal Health and Social Education) curriculum; involvement in Junior Citizen schemes held in all London boroughs and in the Crime and Citizenship scheme.

Work was also carried out with youth clubs, police cadets, school careers events, the careers service, business education partnerships and colleges.

The department has also been deeply involved in a trial Pupil Mentoring scheme and, so far, 23 LAS staff have successfully completed the training programme. Other initiatives in which they have been involved includes the NHS Ambassador scheme and the planning for Skill City, the largest skills and careers event to be held in the UK. This takes place in London in July and the LAS will feature on a NHS stand sponsored by the London strategic health authorities.

3.2 Media

The achievement of the 75 per cent Category A performance standard for 2004-05 was featured in the Evening Standard and on LBC Radio. Both focused on the large increase in the number of emergency responses associated with alcohol, but the Standard also detailed the overall increase in demand and developments in the way that the Service is now responding to calls. Localised news releases were also issued, resulting in positive coverage in a number of local newspapers across the capital.

Another issue reported on by the Evening Standard was that of ambulance equipment – including items of LAS uniform – being sold on the internet site eBay. The story was also covered by a few national newspapers the following day.

The shooting of a teenager outside a community event attended by David Lammy MP received extensive coverage in the local and national press, as well as on BBC London News.

More positive local news coverage included articles about the Children's 999 Awards ceremony held at headquarters at the end of March, the rescue of a family from a gas leak by a Friern Barnet complex crew, and a charity pedalo challenge on the River Thames.

The Service featured in two episodes of the BBC series Airport, one of which included the launch of the Cycle Response Unit at Heathrow and the successful resuscitation of a passenger who collapsed and stopped breathing in Terminal Four.

Filming also took place with Granada Television for the satellite TV programme *Booze Britain*. A film crew went out with ambulance staff from Waterloo to try find out more about the demands placed on the Service by alcohol-related calls on a Saturday night in central London.

A third filming project managed by the Communications Department involved a visit to CAC by the BBC programme *See Hear* for a feature on how deaf people access the emergency services.

3.3 Internal communications

A number of new features were added to the Service's intranet, *the pulse*, in April. These included the addition of a dedicated 'Patients' section and new station complex pages displaying maps of the complexes, local performance statistics, names of local management team members and a section where local information can be displayed.

Performance statistics for the Service's four key targets are now displayed on the home, complex and station pages, and the site's search facility has been refined to allow for more accurate search results. During the coming year work will focus on introducing more business processes on to the site.

3.4 Patient and Public Involvement (PPI)

The LAS held a "Planning with Patients" day at Church House, Westminster, on May 10th. Attendees included members of the Patients Forum for the LAS and representatives from a number of community and patient representative organisations. Harry Cayton, the NHS national director for patients and the public, and Murad Qureshi, member of the Greater London Assembly, also attended.

The event featured presentations from the LAS chief executive Peter Bradley, LAS director of service development Kathy Jones and LAS Patients Forum chairman Malcolm Alexander.

The overall aim of the day was to seek the views of patients and their representatives on what should be priorities in the LAS five-year strategy to be launched next year. Feedback was also sought on the draft national review of ambulance services and the event also gave the LAS an opportunity to re-iterate its commitment to developing more extensive patient and public involvement in the Service.

The event was "chaired" by director of communications David Jervis (supported by a number of LAS colleagues) and facilitated by NHSU PPI lead David Gilbert, and a commissioner with the Commission for Patient and Public Involvement in Health (CPPIH) Barrie Taylor, who is also chair of Westminster Council's health scrutiny committee.

The event received much positive feedback with an important rider that to give credibility to the process the LAS must demonstrate that it has listened and is taking into account, and acting upon, the views expressed when planning for the future.

Feedback and information received during the day is currently being collated and will be shared with participants and a wider audience.

4. OVERSEAS TRAVEL

Overseas Travel Outside of the European Union

The Trust Board is requested to approve the overseas travel of two members of staff during May. A short notice invitation was received by the Chief Executive to attend the inauguration of Ziqitza Healthcare's ambulance service in Mumbai India. Trust Board will recall that LAS and Ziqitza entered an agreement of mutual support last year to assist in the provision of ambulance services in Mumbai. In addition to official representation at the formal launch in Mumbai on May 21st, a request was made for unspecified staff training and general system and process advice to managers. To fulfil this remit, I requested that ACAO Russell Smith and EO Steve Irving represent the LAS. Approval for travel was obtained by Chairman's action on May 9th 2005.

Recommendation:

THAT the TRUST BOARD:

1. Approve overseas travel by Steve Irving and Russell Smith.
2. Note my report

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

London Ambulance Service NHS TRUST

TRUST BOARD DATE 31st May 2005

Report of the Director of Human Resources

1. Sponsoring Executive Director: Wendy Foers
2. Purpose: To inform the Trust Board of developments in Human Resources and to get approval for a number of policies.
3. Summary

The report includes details on work recently undertaken by the Human Resources Directorate:

- Discipline Policy
- Equality and Diversity Policy Statement and Employment Policy
- Review of the LAS Race Equality Scheme
- Improving Working Lives Practice Plus Status
- Progress report on Agenda for Change
- Update on the Personal Development Review Process and the Knowledge and Skills Framework
- Attendance Management
- Home Computer Initiative
- Changes to pay date
- Workforce Information

NB: the Disciplinary Policy is presented in a separate pack – please see Annex 1

4. Recommendation
 1. That the Trust Board approves the revised Disciplinary Policy and provides feedback on the appeals procedure.
 2. That the Trust Board notes that the Equality and Diversity Policy Statement and Employment policy have been revised.
 3. That the Bullying and Harassment Policy has been updated
 4. The Trust Board is asked to approve the revised Race Equality Scheme.

London Ambulance Service NHS Trust

Trust Board Meeting

31st May 2005

The Report of the Director of Human Resources

Human resource matters are normally included in the Chief Executive's report, however, given the number of items for inclusion this month, it was considered more appropriate to have a stand alone report.

1. Policy Update

(a) The Disciplinary Policy

The revised Disciplinary Policy is attached at appendix 1. This has been the subject of negotiation with the trade unions for many months. The main changes to the policy include:-

- The introduction of a section on 'standards of conduct and performance'.
- Clarification in respect of summary dismissal.
- Guidance on differentiating between capability and conduct issues.
- The Policy has been amended to give those at Director level the right to dismiss members of staff. Previously this was restricted to the Chief Executive.
- Changes relating to the point at which a disciplinary warning takes effect, from the date of 'offence' to the date that a disciplinary sanction is awarded.

The revised policy reflects the ACAS code and guidance on disciplinary policies.

The arrangements for the management of appeals against dismissal remain unchanged for the present time but the comments of Trust Board members, particularly Non Executive Directors, are welcomed in respect of how this process currently works. Any changes will be made in the light of those comments.

Action Required: That the Trust Board approves the revised Disciplinary Policy and provides feedback on the appeals procedure.

(b) Equality and Diversity Policy Statement and Employment Policy

These Trust documents have also been revised. The Policy Statement now addresses service delivery issues in addition to employment matters, and reads as follows:

The London Ambulance Service NHS Trust 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.

The policy and statement will be available on the ‘Pulse’

Action Required: That the Trust Board notes that the statement and policy have been revised.

(c) Bullying and Harassment Policy

This policy has been updated and can be viewed on the ‘Pulse’. The revised policy is more directional in terms of providing advice to those who may be involved in any alleged incidents of bullying or harassment and to those who may be subsequently responsible for investigating such allegations.

Action Required: That the Trust Board note that the policy has been updated.

2. Review of the LAS Race Equality Scheme

The Race Relations (Amendment) Act requires all public sector organisations to review and update their Race Equality Schemes (RES) by the end of May 2005. Set out below is how the Trust has reviewed its Scheme and Action Plan and identifies the key learning points arising out of the review. The revised RES is attached at appendix 2.

The Trust’s original Race Equality Scheme (RES) was published in May 2002. This Scheme was developed in line with the legislative requirements of the Race Relations (Amendment) Act 2000.

It is intended that such schemes, together with an action plan, should be an effective management tool for an organisation to:

- Eliminate unlawful racial discrimination;
- Promote equality of opportunity; and
- Promote good relations between people of different racial groups.

In terms of the LAS responsibilities this means, aside from our duties as an employer, identifying and addressing any health inequalities in the services that we provide.

The RES builds on previous work and is supported by a number of other strategies. Sir Nigel Crisp has highlighted the need to give greater prominence to race equality through a ten point plan. This plan includes ensuring that race equality is tackled in a systematic and professional way and that it is explicitly acknowledged and integral to all corporate NHS strategies.

The LAS participated in a review of Race Equality Schemes carried out on behalf of the South West London Strategic Health Authority. This required us to provide a copy of our scheme and action plan and to report on its implementation.

Further to this review, two reports were produced; one relating to all of the trusts covered by the SHA; and one specifically in respect of the LAS's own scheme. The Trust welcomed this review as an opportunity to receive independent feedback on our work.

This feedback was encouraging and described our scheme as 'exemplary'. It praised a number of areas where there had been progress, but also highlighted areas for improvement such as the monitoring of employment data and the collection and analysis of the ethnicity data of patients.

The review of all of SW London sector schemes highlighted the following points:

- That the RES should be perceived and supported in the manner, identical to that of clinical governance, which relates to all departments, policies, practices and staff;
- Strategic collection, analysis and use of ethnic monitoring data should be used to support and reinforce the link between ethnic group and specific health issues and existing inequalities;
- The fact that many organisations were unable to supply employment data that met the legislative requirements and through this they are putting themselves at substantial risk of enforcement action or of greater external audit and scrutiny.

These points have been incorporated into the review together with the guidance produced by the Commission for Racial Equality on evaluating Race Equality Schemes.

The RES actions have been included in the Race Equality and Diversity Implementation Plan; this is aimed at ensuring that we have a cohesive approach to issues such as gender, disability and sexual orientation as well as to race. Similarly, diversity will be included as one of the strands of the Trust's strategic plan as a means of ensuring that the relevant parts of the organisation address equality and diversity issues as part of their ongoing work.

The revised RES takes on the above learning, reflects some of the activity since the scheme was first published and sets out, in broad terms, the race equality agenda for the next three years.

Action Required : Trust Board is asked to approve the revised Race Equality Scheme.

3. Improving Working Lives Practice Plus Status

In April the Trust received confirmation that it had been awarded Improving Working Lives Practice Plus status. This is a major achievement for the Trust.

Setting aside the pilot sites, it is of note that the LAS was only the fourth NHS Trust in London to be awarded Practice Plus status, and, nationally, was the second ambulance service.

The Improving Working Lives (IWL) standard covers areas which include HR plans, staff involvement and communication; opportunities to work flexibly, staff support arrangements, the working environment and equality and diversity issues.

The process for achieving the award involved undertaking a self assessment by the Trust against set criteria which was then tested by the external validation team during their visit in February. This visit involved discussions and focus groups with a range of staff from across the Trust.

Both the self assessment and the external validation reports identified many strengths, in particular the validation team were impressed by staff's commitment to patient care and the pride they show in their work. As expected both reports highlight areas for improvement both Trust-wide and in specific work areas. These will be considered in the first instance by the IWL Steering Group, and will be addressed as necessary.

Copies of both the self assessment report and that of the external validation team are available on the 'Pulse'.

4. Progress Report on Agenda for Change

In late April, the three *Ambulance Practitioner* profiles were published by the National Job Evaluation Working Party. Discussions are now taking place to agree the process for matching Emergency Medical Technicians, Paramedics and Emergency Care Practitioners against these profiles.

The time taken to agree these profiles has to some extent delayed progress with regard to the implementation of agenda for change. The Trust Board is, however, asked to note the following key statistics:-

- Job Descriptions have been agreed for 2780 posts
- 331 posts are now 'banded' under agenda for change (AfC)

- 240 staff PTS staff (Ambulance Persons) will be assimilated onto AfC rates in May 2005

The posts which have been 'banded' include PTS APs, Workshop Technicians and Workshop Managers, the majority of the Finance Directorate and much of Operational Support. The immediate priorities are to now complete the assimilation of the remaining staff within the PTS Directorate (particularly in view of the potential TUPE-out of Hammersmith PTS staff) and the remainder of finance and workshop staff.

The preparations for the assimilation of the first group of LAS staff have included the development of a full audit process to corroborate and verify the data at every point from consistency of banding outcome to final assimilation.

It should be noted that from 1st April, all LAS staff were granted AfC terms for the purpose of annual leave, sick pay and maternity leave.

The intended migration to a 37½ hour working week (excluding meal breaks) remains an, as yet, unresolved challenge. However, progress is being made to develop a management system that will allow the majority of vehicle crew staff to take meal breaks without a major impact on service delivery. There is funding for an additional 93 staff to help address the reduction of staff availability arising out of the changes to the working week.

5. Update on the Personal Development Review Process and the Knowledge and Skills Framework

Personal Development Review (PDR) 'Reviewer' workshops commenced at the beginning of March 2005. A total of 252 managers, as identified by the executive team, will be required to undertake PDR reviews and as such will need to be trained in the process. To date fifteen workshops have taken place providing training for 150 managers. There are another 8 workshops planned for May providing 96 places. Training for the remaining managers will take place in June.

Knowledge and Skills Framework (KSF) outlines have yet to be completed for much of the organisation, the first milestone was passed at the end of February and the national target (20% of staff to have a KSF outline) was missed leading to a red traffic light being reported to the South West London SHA. A number of other Trusts within the South West London group also reported red for February.

Whilst the next milestone is due to be reported at the end of May, the traffic light system has been abandoned in favour of a trajectory plan, the target is for 40% of staff to have an agreed outline. The Trust is projecting a figure of 47.5% by May 31st and this figure is dependent on an agreed outline for Emergency Medical Technician being produced. Further milestones are 60% for August, 80% for October with a new date for completion of December 2005. It is, however, our intention to complete the KSF process by the original target date of 31st of October.

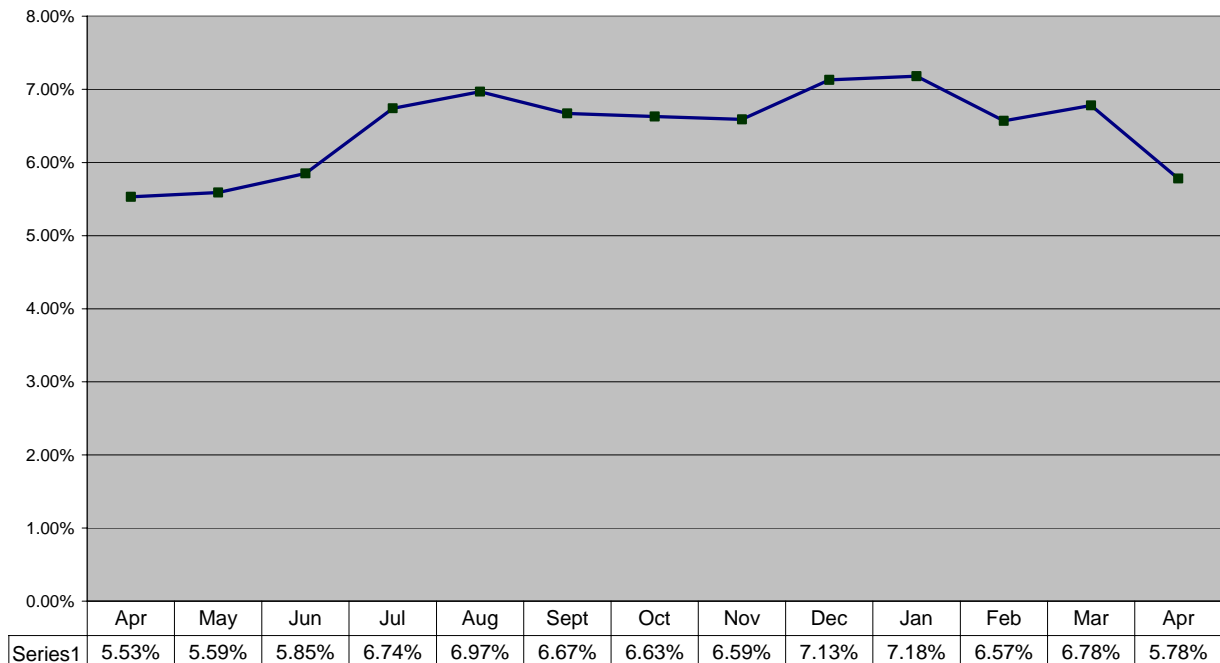
The KSF outlining process has been slow to date with PTS and Finance Directorates leading the way. The PTS KSF outlines are in draft for the Ambulance Person grade; the Finance directorate are producing KSF outlines for all staff and are close to completion.

A risk assessment has been produced relating to PRD/KSF. The risks of most concern relate to management capacity and the impact of PDR on operational performance. Steve Sale is chairing a small group of senior A&E managers to address both of these issues on behalf of the Director of Operations. This group will identify the methodology for conducting the review process at complex level which gives consideration to a consistent approach throughout A&E Services.

6. Attendance Management

The sickness levels for the year up to April 2005 are shown below. April 2005 figures show a reduction in absence but attendance management will remain a challenge in the current year.

Trust Sickness Levels April 2004 - April 2005



April '05 Absence	
Staff Group	%
A & E	5.53%
CAC (Watch Staff)	10.48%
PTS	5.14%
A & C	3.09%
SMP	3.24%
Fleet	9.99%
Total (Trust)	5.78%

7. Home Computer Initiative

Staff are to be given the opportunity to participate in the Government's Home Computer Initiative, aimed at improving access to computers in the home by making these available at a favourable price and by spreading the cost over a three year period. Presentations were received from five potential providers, and discussions are to be held with Dell with a view to making this facility available to staff in the late summer/early autumn. Typically, such schemes offer staff an opportunity to order home computers or laptops and some accessories on two or three occasions each year. Payment is by monthly deductions under a salary sacrifice scheme, and even if the goods are leased there is likely to be the possibility of a one-off payment and transfer of ownership at the end of the three year period. Full details will be publicised to staff via LAS News and the Routine Information Bulletin.

8. Change to Pay Date

The Trust Board is asked to note that, following feedback from staff, it has been agreed that, with effect from June, staff will be paid on the 27th day of each month or, if this falls on a weekend, the preceding Friday. This is a change from the current arrangement where staff are paid on the last Wednesday of the month which means that five weeks sometimes elapse between pay dates.

9. Linc Peer Support Scheme

The Linc peer support scheme is now being implemented service wide. Twenty four new Linc workers have recently completed their training making a total of thirty nine people available to support their colleagues. Linc – Listening, Informal, Non-judgemental, Confidential – provides a confidential listening service to promote the physical, psychological and emotional well-being of all staff, enabling them to share their worries with specially selected and trained colleagues. They have the knowledge and skills to help get the best support when it is needed and access to appropriate professional help. Linc workers are from a variety of different roles and locations providing a range of choices for those who access their support. Recruitment will continue aiming to encourage a greater representative ethnic mix.

10. Workforce Information

At the last meeting of the Trust Board, it was agreed that the workforce report for the new financial year would be presented differently to give a more comprehensive picture of workforce activity.

(i) A&E Summary

Table 1 provides a summary of the projected activity for the period March 2005 to March 2006. The planning assumptions include the estimated number of people leaving the service by grade, the planned promotions, the number of staff that will be trained plus any other ad hoc appointments and transfers to other grades. It should be noted that with effect from 1st April 2005 the establishment has been increased by 166 WTEs as follows:

Agenda for Change	93
FRU	42
ECP	<u>31</u>
Total	166

The training capacity has been reviewed with 261 staff being trained in 2005/2006

(ii) Projection of A&E Staff Numbers for 2005/2006 by Month

Table 2 is a breakdown, by grade, of the A&E establishment with projections of the in- post figures and vacancies for the financial year. It should be noted that the high level of vacancies shown in the early part of the year include the increased establishment of 166 WTE, as shown above. These posts will be filled throughout the year.

For comparative purposes the vacancies in January, February and March 2005 were 71,76 and 86 WTEs respectively.

(iii) CAC Summary

Table 3 provides a summary of the projected activity for the period March 2005 to March 2006. The planning assumptions include the estimated number of people leaving the Service, by grade, the number of promotions and the level of training activity.

(iv) Projection of CAC Staff Numbers for 2005/2006 by Month

Table 4 is a breakdown, by grade, of the CAC establishment with projections of the in-post numbers and vacancies.

Workforce Planning

A&E Summary

	Mar-05						Mar-06		
	In Post	Leavers	Promoted	LAS Training	Univ Training	Other	In Post	Establishment	Vacancies
ECP	31	0	0	0	23	2	56	56	0
Team Leader	145	0	-10	7	0	0	142	175	-33
Paramedic	741	-29	-9	76	26	-30	775	807	-32
EMT3	1,414	-72	-76	111	45	0	1,422	1,503	-81
EMT1	62	-12	0	67	0	-42	75	86	-11
	2,393	-113	-95	261	94	-70	2,470	2,627	-157

Table 1

Workforce Planning

A&E - Month

	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06
In-Post												
ECP	33	46	46	56	56	56	56	56	56	56	56	56
Team Leader	144	150	149	148	147	146	145	144	144	144	143	142
Paramedic	739	715	728	715	737	754	770	767	785	782	779	775
EMT3	1,408	1,399	1,377	1,375	1,368	1,429	1,438	1,444	1,417	1,421	1,427	1,444
EMT1	61	60	59	57	52	47	42	49	60	68	67	75
Subtotal	2,385	2,370	2,359	2,350	2,360	2,432	2,451	2,460	2,461	2,471	2,471	2,492
Establishment												
ECP	46	46	46	56	56	56	56	56	56	56	56	56
Team Leader	175	175	175	175	175	175	175	175	175	175	175	175
Paramedic	807	807	807	807	807	807	807	807	807	807	807	807
EMT3	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503
EMT1	86	86	86	86	86	86	86	86	86	86	86	86
Subtotal	2,616	2,616	2,616	2,626	2,626	2,626	2,626	2,626	2,626	2,626	2,626	2,626
Vacancies												
ECP	-13	-0	-0	-0	-0	-0	-0	-0	-0	-0	-0	-0
Team Leader	-32	-26	-27	-28	-29	-30	-31	-32	-32	-32	-33	-34
Paramedic	-68	-91	-79	-92	-69	-53	-36	-40	-22	-25	-28	-31
EMT3	-94	-103	-125	-127	-134	-73	-64	-58	-85	-81	-75	-58
EMT1	-25	-26	-27	-29	-34	-39	-44	-37	-26	-18	-19	-11
Subtotal	-232	-246	-258	-276	-266	-195	-175	-167	-165	-155	-155	-134

Table 2

Workforce Planning - SMG 180505

CAC Summary

	Mar-05						Mar-06		
	In Post	Leavers	Promoted	LAS Training	Univ Training	Other	In Post	Establishment	Vacancies
Sector Controller	37	-6	13	0	0	0	44	45	-1
CTA Coordinator	26	-1	5	0	0	0	30	35	-5
EMD4	39	0	21	0	0	-13	47	60	-13
EMD3	61	-12	58	0	0	-21	86	86	0
EMD1/2	171	-23	0	60	0	-58	150	136	14
	334	-42	97	60	0	-92	357	362	-5

Table 3

Workforce Planning - SMG 180505

CAC - Month

	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05
In-Post									
Sector Controller	37	37	36	36	35	35	34	34	33
CTA Coordinator	26	25	25	30	30	30	30	30	30
EMD4	39	39	39	50	50	50	60	60	60
EMD3	61	60	59	65	64	63	92	91	90
EMD1/2	171	170	168	160	158	168	126	124	134
Subtotal	334	331	327	341	337	346	342	339	347
Establishment									
Sector Controller	45	45	45	45	45	45	45	45	45
CTA Coordinator	35	35	35	35	35	35	35	35	35
EMD4	60	60	60	60	60	60	60	60	60
EMD3	86	86	86	86	86	86	86	86	86
EMD1/2	136	136	136	136	136	136	136	136	136
Subtotal	362	362	362	362	362	362	362	362	362
Vacancies									
Sector Controller	-8	-8	-9	-9	-10	-10	-11	-11	-12
CTA Coordinator	-9	-10	-10	-5	-5	-5	-5	-5	-5
EMD4	-21	-21	-21	-10	-10	-10	0	0	0
EMD3	-25	-26	-27	-21	-22	-23	6	5	4
EMD1/2	35	34	32	24	22	32	-10	-12	-2
Subtotal	-28	-31	-35	-21	-25	-16	-20	-23	-15

Table 4

London Ambulance Service NHS TRUST

TRUST BOARD DATE 31st May 2005

Report of the Medical Director

1. Sponsoring Executive Director: Fionna Moore

2. Purpose: To inform the Trust Board of
 developments in clinical governance

3. Summary

 The attached report presents an update on the CHI Action Plan.
 Introduction of new format of reporting against the Standards for Better
 Health, with information on progress against the seven domains

4. Recommendation
 1. That the Board note the work completed to date
 and the progress achieved
 2. That the Board approve the request for overseas
 travel.

LONDON AMBULANCE SERVICE NHS TRUST
Trust Board 31st May 2005

Report of the Medical Director

1. NHSLA Risk Management Standard for the Provision of Pre-Hospital Care in the Ambulance Service

Evidence of compliance against the issues flagged up in the improvement notice at levels one and two of the new Risk Management Standard will be submitted to the NHSLA by 23rd May. The LAS is confident that the Trust will pass at level two. Work towards passing level three will now start.

2. CHI Action Plan

The SWLSHA have indicated that the actions completed against the CHI action plan are completed with the exception of demonstrating the roll out of the 'Make Ready' scheme. As the focus has now changed to the introduction of the Healthcare Standards the Trust intends to advise the SHA that any outstanding items will be addressed through achieving the core standards. We regard the CHI action plan as completed.

3. Reporting format – Standards for Better Health

In order to update the Board on progress against the clinical items among the 24 standards that underpin the 7 domains in Standards for Better Health, this report will seek to use the 7 domains to report on progress with compliance and to highlight exceptions, along with the actions planned to remedy them. This will also help the Board to prepare for signing off the draft statement of compliance with the standards in September as part of the new system that replaces the star ratings.

First Domain – Safety

Staff have been informed about the possible risk of some glucometers (Lifetouch Onescan) giving a false reading in hyperglycaemic patients, as per a recently issued Safety Alert Broadcast System (SABS). A bulletin is also being issued to emphasise that the suction of newborns should be carried out, where necessary, using a soft catheter and the Laerdal suction unit, rather than the neonatal mucous extractor. The Logistics Department are removing any remaining extractors from maternity packs.

A system is being discussed to ensure a centralised monitoring function is in place for 'Chapter 8' reviews (where child protection issues have resulted in serious harm to a child). Complexes are encouraged to be represented on local Area Child Protection Committees (ACPCs).

Around 850 staff have been trained as part of the National Clinical Guidelines course on the protection of children and vulnerable adults and an update is provided on the

new 5 day Continuing Professional Development course. Specialised training, targeted at ECPs and Team Leaders has been undertaken and is now part of the ECP induction programme. Each time a crew identifies an issue around child protection they complete a LA279 which triggers a referral to the relevant Social Services department. To date over 1100 referrals have been made. The LA279s are archived and the essential information maintained on a database, allowing the LAS to check for any previous contact.

‘Promoting best practice in the workplace’ forms a key part of the 5 day Continuing Professional Development course. Along with a detailed session on patient assessment this should improve the ability of frontline staff to manage patients presenting with diverse conditions and from diverse backgrounds.

Second domain – Clinical and Cost Effectiveness

The Clinical Effectiveness Manager has recently returned from a visit to King County Emergency Medical Service, Seattle and has noted the following key learning points.

Background

The King County Emergency Medical Service (EMS) covers more than 2,200 square miles of Washington State, USA, serving a population of approximately 1.5 million people and responding to around 148,000 emergency medical calls each year. King County EMS has one of the world’s highest rates of survival from out-of-hospital cardiac arrest (around 33%). The high survival rate can be credited, in part, to the factors highlighted below.

Two-tiered system

Emergency medical services are provided by 34 fire departments and 5 paramedic agencies/organisations. The first tier (or level) of emergency response is provided by fire fighters, all of whom are trained by the Fire Department (under the direction of the EMS Medical Program Director) to Emergency Medical Technician level. Fire fighters are the first to respond to all medical and trauma incidents and provide basic life support including CPR and defibrillation.

The second level of response, advanced life support, is delivered by the paramedics who are provided by the 5 paramedic agencies. The paramedic training program is run at the University of Washington School of Medicine over a ten month period. Paramedics convey only life threatened patients to hospital. If patients are not life threatened, but require hospital treatment, then a private ambulance conveys the patient to hospital. This means that the emergency ambulance is immediately available to respond to another emergency call. The private ambulance is either funded by the patient’s private medical insurance or paid for out of the patient’s ‘own pocket’.

Emergency Medical Dispatch is a critical component in the tiered EMS system because it is the Emergency Medical Dispatchers (EMDs) that determine the appropriate response level for any emergency medical call. EMDs in King County dispatch responses to all fire and ambulance emergency calls.

Rapid response

Through the two-tiered response system, fire fighters are able to respond (and defibrillate a patient in cardiac arrest) within an average of 3 – 4 minutes from the call for emergency help.

In addition, a traffic light strobe sensor is in use in King County, which detects the approach of an EMS vehicle when responding on lights and/or sirens. This sensor automatically changes the traffic lights to green in favour of the approaching emergency vehicle.

Community Resuscitation Training

Community resuscitation training is undertaken by the Fire Department. Around 25,000 people receive CPR training every year. The Medic II Foundation, a non-profit organisation operated by the Seattle Fire Department, provides the funding for all community resuscitation training. Monies are received from salary charity gift donations, bequests through wills, and monies obtained through Fire Department fund raising events.

In addition, over 18,000 high school students are trained in CPR each year. The training is provided by high school teachers who have been trained as CPR instructors or by local fire fighters who have been trained as CPR instructors. The goal is to provide CPR training to students three times before they graduate. CPR training forms part of the school leavers' certificate.

Other Contributing Factors

In King County there appears to be a high level of general awareness of heart disease and other health issues. There were numerous advertisements on both the television and local radio aimed at promoting a 'healthy heart'. All food products contain labels that report the amounts of cholesterol in addition to the amounts of carbohydrates, proteins and fats. Furthermore, a number of restaurants and sandwich bars highlight low cholesterol food options.

Summary

In summary, the highly efficient two-tiered EMS response system, high level of community resuscitation training and community awareness contributes to the high rates of survival from cardiac arrest that are experienced in King County.

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

These are included in Appendix 1

Third Domain – Governance

The first return on the Information Governance Toolkit has been submitted, this encapsulates Caldicott Guardian principles as well as other areas including records management, FoI and DPA. It is anticipated that improvements in records management and FoI will be observed within the next year with the recruitment of the Records Manager who will be taking up his post in July as a member of the GDU.

The 5 day Continuing Professional Development course has been delivered to members of the Education and Development Department and is currently being rolled out to Team Leaders. Front line staff will be attending from June.

Fourth Domain – Patient Focus

Three papers have been accepted for presentation at this year's British Cardiac Society Annual Scientific Conference - May 2005, to which the LAS has contributed.

Pre Hospital ECG diagnosis by ambulance crews reduces time to reperfusion in ST segment elevation myocardial infarction (STEMI) patients treated with primary angioplasty. (Paper by London Chest Hospital.)

Impact of primary angioplasty (PPCI) programme on the management of patients presenting with ST-elevation myocardial infarction (STEMI) in a North West London borough. (Paper by Harefield Hospital.)

Direct 24 hour ambulance triage and transfer of patients with acute myocardial infarction (AMI) to a cardiac intervention centre with no accident and emergency department. (Paper by Harefield Hospital.)

Fifth Domain – Accessible and Responsive Care

The revised Patient Report Form will be introduced on 1st July 2005. Completion of the ethnicity field on the PRF will become a key performance indicator for operational managers, and the results of the data will inform service planning. Other data captured on the revised form includes a child's school details and the name of the individual acting as their carer. Capturing this information was a recommendation in the Climbie report which with the LAS has not been compliant.

Sixth Domain – Care environment and Amenities

The Make Ready scheme has been rolled out to 10 complexes and it is expected to be rolled out to a further 10 in this financial year. The contractor's performance is being measured by KPIs which are presented monthly in a clear format.

The Infection Control Audit, undertaken by trained frontline staff, has almost been completed for all A&E sites, and an audit of PTS sites will follow shortly. A report with corporate recommendations has been taken to the Infection Control Steering Group where appropriate action was agreed. This will be monitored by the Governance Development Unit who will receive reports from all complexes of action taken to implement all the recommendations from the Infection Control Audit.

Seventh Domain – Public Health

The Emergency Planning Unit (EPU) has reviewed and revised the Major Incident Plan and reviewed and reissued the individual Major Incident action cards. To support this CAC and operational staff are currently undertaking a refresher training programme for Major Incidents as an element of the Continuing Professional Development course.

The EPU are also in the process of preparing the Service to carry out its statutory duties as Category 1 responders as prescribed in the Civil Contingencies Act 2004.

4. Overseas Travel

Eight members of the LAS, including the Medical Director, Clinical Effectiveness Manager, Clinical Practice Manager, two senior members of the Education and Development Department, two members of staff from Pinner Ambulance station and the Cardiac Researcher have been invited to attend ‘Scandinavian update 2005, a conference on trauma, resuscitation and emergency medicine. This will be held in Stavanger from 7th to 10th September 2005. Laerdal has offered to pay airfares, accommodation and conference fees as the Conference also includes the presentation of research to which the LAS has contributed.

Fionna Moore
18th May 2005

Appendix 1

Clinical Reporting to the Board

Clinical Audit & Research Summary Reports for the Trust Board

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

- A clinical audit of the care of obstetric patients transported by the London Ambulance Service
- A re-audit of the care of anaphylactic patients by the London Ambulance Service
- A snapshot audit examining the care of hyperglycaemic patients by the London Ambulance Service.

Summary of Ongoing Clinical Audit Activities

A clinical audit of the care of obstetric patients transported by the London Ambulance Service

Obstetric patients constitute approximately 2.5% of the London Ambulance Service's (LAS) workload. The majority of cases form routine obstetric calls, with obstetric emergencies being a rare occurrence. However, the care of obstetric patients has been highlighted as an area of concern and risk for the LAS.

A clinical audit is currently being undertaken to examine the level of care provided by the LAS to both routine and emergency obstetric cases. The audit will track the patient's pathway from the initial 999 call through to the maternity unit. A total sample of 400 patients (200 routine and 200 emergency obstetric cases) will be recruited from five London hospitals. Hospital records will be matched to LAS records and the care given will be compared against pre-hospital national clinical guidelines and other relevant procedures. Patients' views of, and experiences with, the LAS will be sought through a questionnaire and the views of maternity unit staff will also be canvassed.

An audit working group, which includes LAS training and operational staff, the LAS Medical Director, CAC Senior Operations Manager, a diversity representative and hospital midwifery representatives, has been formed to steer and inform the project. Ethics approval is being sought for this project. It is expected that data collection will commence in July 2005 and the final report will be published in the Spring of 2006.

A re-audit of the care of anaphylactic patients by the London Ambulance Service

In 1998 a clinical audit of the care provided to patients experiencing anaphylactic shock was undertaken by the LAS. The audit found that a clearer distinction between anaphylaxis and allergic reactions was needed to aid crews in recognising anaphylactic shock. It recommended that crews administer oxygen in all cases of anaphylaxis and that treatment with epinephrine should be supported by documentation of the patient's history and observations.

Since the audit was conducted, there have been a number of developments in the pre-hospital care of anaphylactic reactions. As such, a re-audit is being undertaken to assess the impact of

developments on the treatment of anaphylaxis. The audit will examine accuracy of diagnosis and the appropriateness of treatments administered to anaphylactic patients.

A three month sample of Patient Report Forms (PRFs) coded as anaphylaxis were clinically reviewed to determine accuracy of diagnosis. All PRFs identified as correctly reporting anaphylaxis were further reviewed to assess compliance to guidelines and the appropriateness of treatment provided. This project is in the final stages. It is expected that the final report will be published in June 2005.

A snapshot audit examining the care of hyperglycaemic patients by the London Ambulance Service

The pre-hospital care of patients suffering with hyperglycaemia is limited to the delivery of high concentration oxygen and the administration of fluids. However, the delivery of these treatments must be balanced against the patient's condition and the need for rapid transportation to hospital.

A snapshot clinical audit is being undertaken to examine the appropriateness of treatment given to hyperglycaemic patients and to assess compliance to guidelines. One month's PRFs have been clinically reviewed with particular emphasis on the influence of patients' observations (especially blood glucose measures) on treatment. The compliance to administration guidelines for oxygen and sodium chloride fluids has also been assessed.

The final report is currently being drafted and will be published in July 2005.

London Ambulance Service NHS Trust

TRUST BOARD 31st May 2005

Mental Health Policy

1. Sponsoring Executive Director: Kathy Jones / Fionna Moore
2. Purpose: For noting
3. Summary

This document outlines improvements the Trust could make in its care of patients and staff who experience mental distress.

A co-ordinated approach will allow the Trust to bring about a number of benefits:

- People in crisis situations will receive a more appropriate initial response and onward care and treatment.
- There will be better understanding and co-ordination between agencies and increased awareness of service users' needs.
- Front-line staff will have better training, access to specialist advice, more knowledge and confidence in the areas identified. They will also receive better support themselves, when they are experiencing stress or other problems.

The policy is complex, and will take time to implement. It is proposed that a small steering group is established to produce a detailed action plan and take the work forward. With adequate attention and resources, the Trust will be able to make significant improvements for people with mental health problems, their carers and families.

4. Recommendation To support the recommendations set out in the policy.

Trust Board – 31st May 2005

Mental Health Policy – outline paper

1. Introduction

A Mental Health Policy for the LAS is currently being developed, with the aim of improving the service we provide to people with mental health problems.

One in four people experiences a mental health problem at some time, one in six requiring intervention or treatment. Despite this, there is a general lack of knowledge and understanding about mental health, and people with mental illness are at high risk of abuse, exploitation, prejudice and fear.

There are higher risk factors for developing mental illness in London. These include high levels of unemployment and social isolation, a large population of 15-30 year olds (who are at the highest risk of developing psychosis), wide variation in wealth and poverty, and large numbers of people with poor general health, housing problems and from many different minority ethnic groups.

As ambulance staff often come into contact with people who have mental health problems, their actions – and attitudes - can have a great impact on the person's experience of services and the care they receive.

In 2004, a code of “psychiatric illness” was allocated to 9,300 patients on AMPDS, with a further 3,530 patients coded as “suicide attempt”. The actual numbers are likely to be higher, because of the way calls are coded. Having assessed the patient, crew staff coded 13,100 patients as having “psychiatric problems” and 16,500 as “self-harm”.

Although this appears to represent a small percentage of our workload, anecdotal reports from front-line staff suggest that the real numbers are higher, and that they do not always feel equipped to provide the best care to people with mental health problems.

In the GLA Advisory Committee review of the LAS, a mental health trust reported that: “generally ambulance staff are professional, consistent and reliable ... but there are instances where ambulance crews are unwilling to engage with the patients, particularly where the patient is elderly and has mental ill health.” It was recommended that staff receive training, in order to provide a more responsive service to these patients.

There is a wide range of legislation, policy and guidance available in the field of mental health. Most of this does not mention ambulance services specifically, but the emphasis is on easier access to services for patients, early assessment of their mental health needs and increasing the range of choices available to them.

2. Key issues for the LAS

A number of issues have been identified which, if resolved, could improve how people with mental health problems are treated when an ambulance is called for them.

- Lack of training for ambulance staff in mental health awareness. Until recently they only received training about the Mental Health Act; a more detailed session is included in the CPD programme, but not all staff will be included in this (notably CAC staff) and it will take two years to complete.
- Lack of alternatives to taking patients with mental health problems to A&E departments, and access to specialist advice / referral to other services. Assessment and referral guidelines, information-sharing agreements and training would be needed to develop alternative pathways.
- An exaggerated perceived risk of violence associated with mental illness. AMPDS only prompts questions about whether a patient is violent if they have a mental health problem, which may reinforce this perception within the LAS. In the Risk Data Sharing Service evaluation (Imperial College London, 2005) patients reported that they did not wish ambulance staff to have access to their mental health history, as they felt the information would be used against them.
- Lack of clarity about 'places of safety', capacity / consent issues, data protection and information-sharing. Work is underway to resolve these issues, but is complex.
- Appropriate conveyance of patients with mental health problems, and roles and responsibilities of staff from other agencies. We are working with the Metropolitan Police on an agreement about day-to-day issues between the two services.
- Ambulance staff are at high risk of developing anxiety, depression and post-traumatic stress disorder. In 2004 the UK Stress Network reported that 70% of health service workers admitted to experiencing stress. A study by a business psychology firm, Robertson Cooper (2004), found that paramedics scored higher (i.e. more stressed) than workers from any other profession. Many staff report a reluctance to access the support available to them.

The LAS is involved in a number of London-wide and national multi-agency mental health groups, and are involved in two research projects. Local managers are encouraged to attend mental health groups in their areas.

3. Development of mental health strategy

A half-day workshop event was held in summer 2004, to encourage a wide range of contributions to our mental health strategy. Of the 40 people who attended, some had specifically expressed an interest in this work, and others were invited to participate because of their job role or area of expertise.

For the purpose of the workshop, the following four key areas of work were identified:

- Staff training and education
- Referral mechanisms and options for ambulance staff ‘on scene’
- Alternative destinations (other than A&E departments)
- Staff mental health needs

Delegates considered issues affecting each area and their ideas for the future. Others, who were interested in the work but could not attend, were approached separately. The LAS Patients’ Forum, Team Leaders and ECPs have also had opportunities to contribute their ideas, and there is now a large body of service users, LAS staff and colleagues from other organisations who have expressed an interest in taking the work forward.

Key activities / areas of development identified are:

1. Increase profile of mental health to decrease discrimination and stigma
2. Develop training programme, covering all training needs identified
3. Encourage ECP scheme to make mental health module mandatory
4. Finalise consent policy including competency assessment tool
5. Finalise agreement with Metropolitan Police to ensure appropriate transportation, roles and responsibilities when using Section 136 and when patients without capacity withhold consent
6. Carry out mapping exercise of existing services
7. Resolve issues re. boundaries and consistency of services between areas
8. Clarify ‘Place of Safety’ terminology and understanding
9. Consider access to leaflets / advice cards for ambulance staff
10. Consider HR issues, IT options, information-recording and information-sharing
11. Pilot schemes including: access to specialist advice for LAS crew and CAC staff, direct referral to mental health teams and direct conveyance to mental health units
12. Act on findings from research studies (activated charcoal for paracetamol overdose and effect of PTSD on memory in ambulance personnel)
13. Consider implications of new Mental Health Act when it is introduced
14. Ensure work is linked with PPI, OD and diversity strategies
15. Review use of existing staff support systems and carry out further developments, e.g. ‘early warning’ system for PTSD and de-briefing arrangements
16. Continue involvement in issue-specific, local, London-wide and national groups
17. Evaluation of any developments

These key activities can be grouped into four main areas:

- Processes for appropriate interventions with people with mental health problems
- Underpinning controls, e.g. protocols, consent policy
- Practical considerations and support, e.g. IT, transport
- LAS internal infrastructure, e.g. training, support for staff

During 2005 / 06, the Trust hopes to undertake two pilot projects and will use the learning from them to inform future developments. The projects will be based in two mental health trusts, where the mental health facility is based near an A&E department. They are likely to include:

- Mental health awareness training for ambulance staff in the local area
- Specialist telephone advice for ambulance crews “on scene” with patients
- Access to specialist mental health assessment facilities, with onward transfer to A&E department following assessment if necessary
- Return to inpatient units for assessment following recent discharge from hospital

The Trust is currently discussing these pilots with South London and Maudsley NHS Trust and Oxleas Mental Health Trust, although Camden & Islington Mental Health and Social Care Trust are also keen to work with us.

Implementation of this policy would address many of the issues raised in relation to mental health, and could also improve the service the Trust provides to other groups of patients.

4. Summary and recommendations

National policy and guidance indicates that the need to improve mental health services has been recognised. The LAS has been involved in a number of national, London-wide and local groups, with varying remits, but all focused on improving the services provided to people with mental health problems.

This document outlines possible improvements the Trust could make in its care of patients and staff who experience mental distress. Further work is needed locally to build up relationships with colleagues working in the field of mental health care provision, with staff from other services, the police and service users. Many of the initiatives described will need to be piloted in small areas and evaluated before they can be implemented across London. Others could be undertaken in the relatively near future, for example a mapping exercise of mental health services.

It is proposed that a small steering group is established to produce a more detailed action plan and take the work forward, each member having responsibility for an area of development. Many of the people involved in the strategy development workshop – and others who were unable to attend but who have been consulted separately - have expressed an interest in various aspects of this work.

A co-ordinated approach will allow us to bring about a number of benefits:

- People in crisis situations will receive a more appropriate initial response and onward care and treatment, taking into account their own wishes and choices.
- There will be better understanding and co-ordination between agencies and increased awareness of service users’ needs.
- Front-line staff will have better training, access to specialist advice, more knowledge and confidence in the areas identified. They will also receive better support themselves, when they are experiencing stress or other problems.

The policy is complex, and will take time to implement. However, with adequate attention and resources to make these ambitious ideas become reality, this work provides an opportunity to make significant improvements for people with mental health problems, their carers and families.

Margaret Vander
Development Manager (Policy & Partnerships)

London Ambulance Service NHS TRUST

TRUST BOARD 31st May 2005

Risk Management Framework

1. Sponsoring Executive Director: Mike Dinan

2. Purpose: For approval

3. Summary

All NHS Trusts must have a Risk Management Strategy which defines arrangements for the identification and management of risk – this framework describes the LAS’ approach for this.

We are required by the NHSLA risk management standard to review this document on an annual basis and it should be approved by the Board in order to show organisational commitment to risk management.

The latest version is largely unchanged from the last one, modifications to 2.5 with respect to key indicators and the addition of new sub-group terms of references are the main changes.

NB: the Risk Management Framework is presented in a separate pack – please see Annex 2

4. Recommendation: That the Trust Board approve the Risk Management Framework policy

London Ambulance Service NHS TRUST

TRUST BOARD 31 May 2005

Service Improvement Programme update

1. Sponsoring Executive Director: Peter Bradley
2. Purpose: For Information
3. Summary
To update the Trust Board with progress in implementing the Service Improvement Programme (SIP)
4. Recommendation That the Board note the progress made with the Service Improvement Programme.

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 31 May 2005

Service Improvement Programme Update

1. Purpose

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

2. Overall progress

Currently there are 283 items within the SIP of which 66 are live, this reflects the postponement of 9 projects into the successor programme to the current SIP as a consequence of Trust Board approval in March (IT projects which can't be commenced this year due to dependency on national programmes and resource constraints) and removal of 20 items from the programme as a consequence of a PTS review.

The Senior Management Group initiated a review of the PTS section of the SIP at their April meeting and on report back decided at the May meeting that some of the items previously included were now inappropriate as they had either become ongoing business as usual, inappropriate for corporate level control or superseded by the PTS scheduling system (see section 4 below).

3. SIP Outcomes

Crucial to assessing the effectiveness of the SIP are the 40 outcomes identified for People, Patients and Performance. The Senior Management Group review progress towards achieving these Outcomes on a monthly basis using a traffic lights reporting system where red indicates significant risk to target achievement by March 2006, amber indicates a lower level risk to target achievement and green indicates being on track. The report for May 2005 can be found at Annex 1 (Part A) with an exceptions report for the five Outcomes identified as being of red status (Part B). These five Outcomes are:

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

Of these number 32 is at greatest risk. It should be noted that since the last Trust Board meeting Outcomes 21 and 37 have turned from red to amber and Outcome 29 has turned from amber to red (see Part B of Annex 1 as referred to above).

4. Progress on significant improvement programme initiatives

Patients

Fully integrate EBS staff into LAS Trust: Work on EBS integration within the Trust is continuing in two main areas. Under the auspices of the EBS Development Project, a pilot service for healthcare professionals in South West London began in March this year, with the aim of improving arrangements for GPs and other professional users. EBS staff are now taking 'transport only' calls, added to their traditional bed finding role, and are working with colleagues in CAC, Green Base, White Base, ATA and PTS Central Services to deliver the most appropriate transport response.

At the same time EBS, CTA, Green Base, White Base, ATA and PTS Central Services representatives have been working on the wider development of Urgent Care Services, and this will be taken forward with the appointment of the new Head of Urgent Care and Clinical Development.

At both a strategic and operational level, there will be a need to reconcile these developments with the rest of the EBS services and commitments, to ensure that the EBS portfolio remains coherent and balanced.

PTS re-integration within LAS: PTS Central Services is developing guidelines in conjunction with CAC / Whitebase / Non-Urgent Care to enable the maximum number of calls to be referred to PTS Central Services, 24 hours per day and across London. Máiréad Doyle is also reviewing further opportunities for integration with A&E, in conjunction with Peter Bradley and Martin Flaherty.

Infection Control: Trials of disposable devices have been concluded. Disposable laryngoscope blades; masks and bacterial filters will be rolled out across the Trust over the next few months offering an improvement in infection prevention and control arrangements and reducing the risk of cross infection due to inadequate decontamination of devices. The audit tool for monitoring compliance with Infection Control Procedures has been developed and all complexes have been audited. Findings are being fed back to AOMs for local action and service wide trends are being analysed to establish if corporate action is required in any area. An Infection Control Policy exists in draft form and will be finalised over the next two months.

Make Ready: Make Ready is now live on 10 complexes with 10 further complexes planned for inclusion in the scheme during this financial year. In addition a one off deep cleaning exercise will be conducted for all A&E ambulances on complexes that will not have Make Ready in place by July 2005. Make Ready continues to perform well against all Key Performance Indicators and feedback from operational staff and management is generally very positive. Staffing remains stable with lower than anticipated rates of staff turnover. The principal focus of this financial year will be to start to realise the high level benefits of the scheme.

People

Uniforms: Uniforms for Logistics and Fleet have been delayed but are expected to arrive shortly. The uniform contract performance continues to rate highly on all agreed Key Performance Indicators.

Performance

New ambulances: 65 Mercedes, aluminium box bodied ambulances are currently being converted by MacNeillie. The first vehicles were delivered in March 2005 with the roll out programme scheduled for completion in June. As part of these 65 vehicles 7 carbon fibre bodies are being delivered for evaluation. These lighter bodies with additional mechanical equipment fitted will prove further revenue cost saving during the whole life of the vehicle. A further 65 replacement ambulances have been authorized by the Board for delivery in 2005/06. The responses to the tender for vehicle conversion are being evaluated. Pending the outcome of the carbon fibre evaluation the order may be split between aluminium and carbon fibre bodies. Delivery of these vehicles is expected to start in September 2005.

Specialist Ambulances: The Trust is in the advance stages of vehicle design of 4 Specialist Ambulances. These ambulance vehicles, which are larger, will be used to convey those patients that for many reasons cannot be carried safely on a front line vehicle. These patients include ITU patients with associated equipments; obese patients; Intra-aortic Balloon pump patients; wheel chair patients etc. Following design and Business Case approval the delivery of these vehicles is expected in the third quarter of the 2005/2006 financial year.

Fast Response Vehicles: Following a review of the number of FRV's in service an additional 11 RRU's are in the process of being procured and are expected to be delivered by June 2005. In addition two CAC vehicles will be replaced with RRU specification vehicles. The original 14 RRU's are now due for replacement in the second half of the 2005/06 financial year.

PTS scheduling system: A Business Case is in process of being drafted. Input has included extensive input from design workshops involving crews, planners, and managers. Further comment is being sought from customers.

Match call taking resources to demand: There is now a revised resource plan for CAC in place which identifies the amount of staff required in the 999 system and in the Doctors lines. In achieving the plan, call answering targets will be achieved, and the injection of more staff this year will make this more sustainable.

5. Communication to activate initiatives due to start in 2005/06

It was reported to the Trust Board in March that a number of significant projects were due to start during this financial year e.g. Phases 1 and 2 of CAD development, implementation of call taking in the despatch part of CAC and implementation of the Electronic Staff Record (including payroll) on the national system.

Following Trust Board approval of the Service Plan and Budget at the end of March, development spend approval through the Initial Statement of Need (ISON) process has taken place earlier this year than in previous years, in part as a consequence of greater focus in the planning round on those priorities for achieving the essential deliverables for the Trust by March 2006 (SIP Outcomes, Core Standards for Better Health and Diversity Plan priorities).

Communication of budget approval by SMG/Finance Department has taken place to activate projects to ensure completion by the end of the SIP in March 2006 although some are subject to further review e.g. management development in support of the Sector Operating Model and the PTS scheduling system referred to above.

Martin Brand
Head of Planning and Programme Management

SERVICE IMPROVEMENT PROGRAMME OUTCOMES (Part A)

May 2005

Annex 1

1. People Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD Latest known position
1	WF	Annual staff survey shows more staff feel positive about working for the LAS	3.0 (on revised basis, previously 66% on old measure)		
2	WF	Annual appraisals and personal development plans in place for all staff	System in place, with all staff having an annual appraisal and a personal development plan		
3	MF	Reduction in staff incidents at work	446 reported incidents per 1000 staff per year		
4	MF	Reduction in assaults on staff	107 reported assaults per 1000 staff per year		
5	WF	Reduction in sickness absence levels	5.5% (average for the year)		
6	DJ	Alternative reward and recognition systems in place	Systems in place which recognise qualification attainments, long service, outstanding performance, and retirement. These systems will include an annual awards ceremony		
7	FM	Range of Career paths/development opportunities	Standard systems in place and used as part of the appraisal/PDR processes.		
8	DJ	Annual staff survey shows that more staff feel that communication in the LAS is good	66%		
9	WF	Improved staff support systems	Implementation of the Staff Support Project recommendations. Monitoring of satisfaction & usage levels & reports to Trust Board/SMG bi-annually. Substantial improvement in staff survey results on this issue.		
10	WF	Staff more involved in the decisions that affect them	Partnership Agreement in place and working effectively. Staff Survey results demonstrate that staff feel more involved in the decisions that affect them		

2. Patient Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD (Latest known position)
11	FM	Improved cardiac arrest survival rates (to discharge)	8%		
12	MF	Coronary Heart Disease National Service Framework call to door times achieved	30 minutes		
13	KJ	A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls.	30% of all Green Calls;		
14	JH	'Centre of Excellence' achievement for call taking in CAC (compliance with pro QA)	95% "Centre of Excellence" status achieved & maintained		
15	MB	A comprehensive ambulance cleaning and equipping system in place. Improved pride & professionalism in the Service	Make Ready in place in all complexes		

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD (Latest known position)
16	MD	(Formerly Clinical Negligence Scheme for Trusts Level 3 achieved) Revised June 2004 to: To comply with the new combined Risk Management Standard for Ambulance Trusts, at the next equivalent level to CNST 2 (for clinical risks) and RPST 1 (for non-clinical risks).	Level 3		
17	M F	Clinical supervision in place across the LAS - Team Leaders, Complex Trainers; Delivering training at local level e.g. Epinephrine 1:1000 National guidelines, Protecting Children / Vulnerable Adults	175 Team Leaders and 25 Sector Trainers in post		
18	MF	Reduce all patient care related complaints A&E	1.0 complaint per 10,000 calls per month		
19	MDo	Reduce all patient care related complaints PTS	1.0 complaint per 10,000 journeys per month		
20	JH	Reduce all patient care related complaints CAC	1.0 complaint per 10,000 journeys per month		

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD (Latest known position)
21	KJ	Regular availability of information about the delivery of patient care throughout the Service	100% completion of CPI every month by Team Leaders. Audit reports available on intranet. Data on patient views available (derived from patient involvement, PALS and complaints) and used for improvement. Data available to demonstrate performance against National Service Framework targets.	Red	Yellow
22	DJ	Regular comprehensive information about user views/levels of satisfaction	<ul style="list-style-type: none"> - Patient involvement in all significant Service developments. - Annual patient survey – evidence of actions as a result of survey. - Other means of gaining patient views, e.g. Focus groups 	Yellow	Yellow
23	MB	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	Drug Management System rolled out and fully embedded in the service	Green	Green

3. Performance Outcomes

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD (Latest known position)
24	MF	Category A performance targets achieved	75% in 8 minutes (any response)		
25	MF	Category A 14-min performance targets achieved.	95%		
26	MF	Category B 14 min performance targets achieved	95%		
27	MF	AS2 –Doctors’ urgent performance at 95% within 15 minutes of agreed arrival time	95%		
28	JH	95% of 999 calls answered within 5 seconds	95%		
29	MF	Percentage of the week when utilisation rates exceeds 70%.	15%		
30	MB	Reduce non-staff (vehicle) related downtime	2%		
31	MF	Reduce staff related downtime	3%		
32	MF	Resource demand/ match compliance significantly improved on sectors	100% Compliance with LO50 (34164 Amb hrs per week)		

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	Current YTD (Latest known position)
33	JH	Resource/demand match compliance significantly improved in CAC	-		
34	JH	Activation times of 95% within 2 minutes (Cat A)	95%		
35	JH	Activation times of 95% within 3 minutes (Cat B)	95%		
36	JH	95% of Doctors calls answered in 30 secs	95%		
37	MD	Achieve financial savings to fund ISONs	£3m (£1m increase each year)		
38	MF	Vehicle accidents per 10,000 ACTIVATIONS reduced by 33% for A&E	9.7% per 10,000		
39	MDo	Vehicle accidents per 10,000 journeys reduced by 33% for PTS	2.04 per 10,000		
40	MF	Reduce job cycle time	55 minutes		

Footnote: Outcome 30 - Reduce non staff (vehicle) related downtime

This target has seen a steady decline. The reasons for the decline are being subjected to further analysis. The principal tool for improving vehicle off road is the Make Ready Scheme so it is still anticipated that the SIP target will be met. In addition the measures will be reviewed as they currently include non vehicle related downtime such as dirty uniform and officer request, additionally there has been a decline in the quality of data collection which is being addressed.

See over for commentary on Outcomes identified as RED i.e. at serious risk to be achieved by March 2006

Commentary on SIP Outcomes Identified as RED (Part B)

Outcome No.	26	Description:	Category B 14 min performance targets achieved
Lead:	MF		
Reason For RED status			
<p>Category B 14 minute performance is in the red category as being significantly at risk. Performance since changes, October 04 to April 05, achieved 80.7%. Significant changes to AMPDS during the first two weeks of April have effected the volume of CAT B calls reported. Prior to April FRUs attended a proportion of CAT B as Red calls, the amount of this work has now changed, hence the identified drop in performance for this area..</p>			
Remedial Action To Be Taken To Achieve Outcome			
<p>This can only be done by maximising ambulance staffing and by introducing a distribution regime which allows ambulances to respond more often from a mobile status rather than from station. ACAOs and AOMs need to focus on achieving this target as well as the CAT A targets. Significantly more emphasis needs to be given at PPGs and Complex Review Meetings to this area. Work being undertaken on revisions to the workforce plan following the publication of LO77, and the Urgent Care Control becoming fully operational are all areas that are expected to improve this indicator</p>			
If this action is taken will the outcome be achieved YES/NO? Yes			
Outcome No.	27	Description:	AS2 –Doctors’ urgent performance at 95% within 15 minutes of agreed arrival time
Lead:	MF		
Reason For RED status			
<p>Urgent performance is at 58.2 % for the YTD which is an improvement of +8.2% on last year but still remains significantly behind where we need to be. The performance has also deteriorated in recent months for a variety of reasons. Small improvements achieved since last reported</p>			
Remedial Action To Be Taken To Achieve Outcome			
<p>Changing operational priorities within the Trust may indicate that resources will be engaged achieving other response time targets for Cat A&B calls, to the detriment of AS2 performance. However, considerable progress will be achieved by initiatives planned already. These may be summarised as 1) dedicated calltakers to AS2 lines in CAC (achieved), 2) immediate dispatch of call when one hour remaining on STA (progressing), 3) a system of AS2 triage which results in more even spread of workload over a three hour period, 4) blue light response to one-hour AS2s. Operational resources within the Urgent Care Service now has around 104 staff in post, primarily responding to AS2 & 3s, and some stations continue to support unfunded AS2 vehicles. A system for triaging AS2s is currently being developed, National changes to the definition may also assist in achieving this outcome by year end.</p>			
If this action is taken will the outcome be achieved YES/NO? YES			

Outcome No.	29	Description:	Percentage of the week when utilisation rates exceeds 70%.
Lead:	MF		
Reason For RED status			
Last year we converted our performance databases from FoxPro to SQL. As part of the process we had to rewrite all of the performance reports. The only one not changed was the utilisation report. This was because the utilisation report depends on information from two areas, performance and manning and is therefore not straight forward to do. The manning system is still in FoxPro and is well overdue for a major overhaul and needs converting to SQL. This area has not been updated since July 2004. Currently in the Hands of IM&T to develop necessary protocols and reporting abilities.			
Remedial Action To Be Taken To Achieve Outcome			
We are hoping to develop a new manning system using the data generated by the MDTs and need to work with Systems and Networks. The current manning system is not flexible enough to provide information to reflect the new service structure and has been adapted over and over again to try and accommodate numerous service changes such as the introduction of FRUs and “unusual” rotas. A new system that can monitor the manning for all types of vehicles using information generated by MDTs needs to be developed.			
Time scales for rectification are uncertain at this stage, MI needs to see the data that could be provided from the CAC systems.			
If this action is taken will the outcome be achieved YES/NO? YES			
Outcome No.	32	Description:	Resource demand/ match compliance significantly improved on sectors
Lead:	MF		
Reason For RED status			
With no growth in front line establishment being funded by commissioners this year our ability to impact on this area is limited and it remains at 89.9% compliant. Small unsustainable improvements gained through winter pressures measures.			
Remedial Action To Be Taken To Achieve Outcome			
AOMs need to continue to work at making changes to complex rosters to move towards greater compliance but in reality only an injection of additional staffing will allow this target to be fully achieved. ORH commissioned to advise on best placement of resources, this will feed the workforce plan, and limited recruitment to backfill currently unfunded FRU and ECPs positions			
If this action is taken will the outcome be achieved YES/NO? NO			

Outcome No.	36	Description:	95% of Doctors calls answered in 30 secs
Lead:	JH		
Reason For RED status			
This target is at risk, however new procedures in CAC have started to show some improvement.			
Remedial Action To Be Taken To Achieve Outcome			
There is now an active recovery plan being established for CAC and ACAOs and AOMs need to support this fully. Plans for the New Non Urgent control may also allow a different approach to answering GP calls. During times of high demand, there are dedicated staff now answering GP calls. This is also Staff and IT dependent. The introduction of new answering procedures for health care professionals is due to be launched in May, with further developments planned for call taking in CAC.			
If this action is taken will the outcome be achieved YES/NO? YES			

London Ambulance Service NHS TRUST

TRUST BOARD DATE

Policy for Consent to Examination or Treatment

1. Sponsoring Executive Director: Fionna Moore
2. Purpose: For the Trust Board to consider and formally adopt the Consent Policy which will enable Trust to meet the requirements of the revised NHSLA standards.
3. Summary

All NHS trusts are required to have a Consent policy which mirrors Department of Health (DH) guidance (2001). Although the principles of gaining consent are universal, the DH guidance mostly relates to consent for treatment in hospital (e.g. for operations), obtained by medical staff, and does not offer guidance on gaining consent in the out-of-hospital environment.

An LAS policy, “consent for examination or treatment”, has therefore been developed to provide guidance for ambulance staff.

The policy has four main components:

- A summary of the 12 key points on consent (from the DH guidance)
- Guidance for ambulance staff – to clarify their roles and responsibilities
- Full consent policy (based on DH guidance)
- Guidance on information sharing

A form has also been developed - LA5: “assessment of capacity and refusal to examination or treatment” and this is included in the policy as an appendix.

The Trust Board is asked to formally adopt the Consent Policy with the caveat that it will be subject to early revision particularly with regard to the duty of care section. The requirement to have consent guidance for staff is part of the revised NHSLA standard and also the healthcare standard C13b which the Trust Board will be required to sign a draft statement of compliance with at its September meeting

NB: the Consent Policy is presented in a separate pack – please see Annex 3

4. Recommendation To approve the Policy for consent to examine and treat.

London Ambulance Service NHS TRUST

TRUST BOARD 31st May 2005

Professional Standards Unit Annual Report

1. Sponsoring Executive Director: Peter Bradley
2. Purpose: For Information
3. Summary: To update the Trust Board on the activity of the Professional Standards Unit during 2005/05.
4. Recommendation: That the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 31 May 2005

Professional Standards Unit (PSU) Annual Report

1. Purpose

The purpose of this paper is to update the Trust Board on the activities of the Professional Standards Unit (PSU) during 2004/2005 and to provide an analysis of complaints received by the unit over the same period.

2. Activities of PSU 2004/2005

2.1 While complaints form a large part of the workload of the Unit there are other areas that need to be highlighted to illustrate the full activities of the PSU. These are listed below:

- A total of 229 driving incidents were dealt with in 2004/2005, these include speeding fines, parking tickets, bus lane contraventions and red traffic light contraventions.
- A total of 3 vulnerable adult and 11 child protection chronologies and/or information for Case Reviews have been collated and passed to Social Services.
- A total of 35 serious and/or clinical risk investigations have been carried out by the Investigations Officers.
- 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.
- The work of the Unit in supporting staff on Sector with investigations and guidance on report writing is ongoing.

2.2 New Complaints Procedure

The new complaints procedure was introduced in 2004. As a result of the Shipman enquiry and its recommendations, the policy will require further amendments over the coming months.

On the new Continuing Professional Development course PSU have a 1½ hour slot to explain the work of PSU and the various responsibilities of those involved in the complaints process.

2.3 Ongoing Education regarding Complaints and Investigations

- PSU staff talk at every Corporate Induction course and ensure that a clear idea of procedures and the work of the Unit is given.
- The Unit has been asked to develop an Ambulance Operations Manager (AOM) 'Complaints package'. This work is currently being undertaken by the Manager of PSU.
- The Manager of PSU is also reviewing the Duty Station Officer (DSO) Complaints Handling package after evaluating feedback from managers.

3. Analysis of complaints received during 2004/2005

3.1 Update on complaints for 2004/2005

The total number of complaints received by the Professional Standards Unit (PSU) for 1 April 2004 to 31 March 2005 was 444 (a decrease of 90 on the previous year), of these 226 were written complaints (a decrease of 47 on the previous year). Of the 444 complaints received in the year, 419 are closed leaving 25 still open. The 444 complaints were dealt with in the following way, 12 involved in disciplinary action, leaving the remaining 432 dealt with under local resolution. There were no requests for Independent Review on cases received in 2004/2005, although the Unit has been notified by the Healthcare Commission of two requests for Independent Review for cases received in the last quarter of 2003/2004. Paperwork for these have been provided and sent to the Healthcare Commission.

3.2 Comparison of total complaints received in 2003/2004 with 2004/2005

Table 1

	All Complaints		Written Complaints	
	01/04/03 to 31/03/04	01/04/04 to 31/03/05	01/04/03 to 31/03/04	01/04/04 to 31/03/05
Accident & Emergency (A&E)	283	259	137	120
Central Ambulance Control (CAC)	152	136	83	80
Patient Transport Service (PTS)	73	32	50	23
Unknown	3	0	2	0
Not Our Service (NOS)	22	11	0	0
Non-Operational (NOP)	1	6	1	3
Total	534	444	273	226

Table 1 above indicates that the overall volume of complaints received in 2004/2005 has decreased by 20% compared to 2003/2004. The only area of increase was under the Non-Operational (NOP) subject heading which rose from 1 to 6. The Patient Transport Service has again shown a decrease this financial year with an outstanding figure of 78%. A&E also showed a decrease of 9% and CAC complaints also decreased by 12%. This is all positive for the Service, although the Unit is aware that the fall in complaints being registered could be due to Patient Advice & Liaison Service (PALS) dealing with issues that may have previously come straight to the PSU to be registered and investigated as a complaint.

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

- There has been another subject heading added to the list named 'Aggravating Factors', the sub subject headings for this is: victimisation of disabled people, homophobia, racism and sexism. In 2004/2005 the Service received 4 complaints under this subject heading and these were all put into the sub subject heading of racism.
- Non Physical Abuse (NPA) which is the subject heading for attitude and behaviour complaints is again the highest field that people complain about (197 received). NPA is split into attitude and behaviour headings and this year 109 were recorded as attitude complaints and 88 were behavioural issues. In 2002/2003 NPA made up 47% of the overall complaints, 2003/2004 showed a decrease in this figure of 43%, this year there has been an increase to 44%.
- Complaints regarding delays have fallen this year to 22% of the total complaints received; this figure was 26% in 2003/2004 and 22% in 2002/2003.
- Treatment complaints are steady at 13% of the total complaints received, as they were in 2003/2004.
- Road Handling complaints have risen again this year. 2002/2003 Road Handling made up 4%, 2003/2004 was 6% and is 7% for 2004/2005.
- Non-Conveyance complaints have also risen slightly, from 7% of the total complaints in 2003/2004 to 9% this year.

Overall complaints have fallen this year compared with the previous years. It is also pleasing to note that there has been no major increase in any of the subject areas.

The Unit has highlighted that there needs to be a referral mechanism between PALS and PSU regarding clinical issues. Meetings have been arranged for further discussions to take place on this area between the PSU Manager and PALS Manager.

3.4 Potential emerging issues

- Road Handling complaints have risen again this year. These are not complaints about Road Traffic Collisions but complaints about general poor driving standards, as well as crews being verbally abusive, poor parking and speeding. Given the increase in driving related complaints, it would be beneficial for the Service to introduce a refresher training course with the introduction of the new Driving Instructors role.
- There is also an increase in the amount of complaints under the sub heading of 'No/inappropriate clinical assessment' and 'Walking'. These come under the main subject heading of Treatment and in comparison to 2003/2004 where these made up 27% and 32% of the total treatment complaints received, this year these sub subjects have both risen to 40%.

3.5 Serious Untoward Incidents (SUI's)

In the year 2004/2005 the London Ambulance Service declared six Serious Untoward Incidents. Of these incidents three were related to inappropriate treatment/assessment, two were due to non-conveyance of patients who subsequently died and one was regarding the wrong details being recorded in Central Ambulance Control of a patient's address, resulting in an ambulance attending an empty house. The patient subsequently died and was found the next day.

The policy document for the Rapid Follow up of Serious Untoward Incidents (TP/06) is currently being reviewed and the new document, it is hoped, will be available shortly.

There is a need, once this document is agreed, for training to be undertaken by managers to help them to recognise a serious incident should one occur. There is also the requirement to train staff in some of the specific roles mentioned within the policy, namely those of Family Liaison Officers (FLOs) and Staff Liaison Officers (SLOs).

3.6 Performance against 20 day target.

The Service reached 81% for year ending March 2005, achieving the target of resolving written complaints within 20 working days. This is a considerable achievement when compared to the figure that the Service reached in the proceeding years of 53% and 73% respectively.

Jon Berry

Assistant Chief Ambulance Officer

23 May 2005

London Ambulance Service NHS Trust Board
31st May 2005

Part I
Tenders Received

Report of the Trust Secretary

1. Purpose of Report

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

2. Tenders Received

Register No.	Scheme	Tenders Received From
08/05	New Rotherhithe Ambulance Station	TCL Granby Axis Europe Plc Coniston Ltd Griffiths Professional Construction

3. Proposals

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.

4. Recommendations

THAT the Board note this report.

Christine McMahon
Trust Secretary

**LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE**

Monday 21st March 2005

Present: Barry McDonald (Chair) Sarah Waller Colin Douglas

In Attendance: Beryl Magrath Peter Bradley Mike Dinan
Christine McMahon Peter Suter Michael John
Vicky Clarke Claire Glover John Wilkins
Tim Merritt (Bentley Jennison) Chris Rising (Bentley Jennison)
Gary Belcher (Audit Commission) Terry Blackman (Audit Commission)
Robert Brooker (Bentley Jennison Local Counter Fraud Specialist)

Apologies: Sue Exton (Audit Commission)

01/05 Minutes of the last Audit Committee meeting 6th December 2005

Agreed The minutes of the last audit committee meeting held on 6th December 2005

02/05 Internal audit

CR presented a progress report of work that is being undertaken to date by the internal auditors, Bentley Jennison.

1. 2003/04 Audit Plan

Three final reports have been issued: Fleet and Transport Management, Controls Assurance – governance, Records Management. The Committee were asked to note the summary of the findings and recommendations.

A draft report concerning Security has been issued; a response to this report will be produced following the appointment of a Local Security Management Specialist by the Trust.

2. 2004/05 Audit Plan

Three final reports have been issued: DPA follow up, Freedom of Information Act and Incident Reporting. A summary of action plans were provided at Appendix A. Limited assurance has been provided in respect of the DPA and Freedom of Information Act audits. A report on progress made against these reports is to be submitted to the Audit Committee by the Director of Information Management and Technology.

Eleven draft reports have been issued, five of which are concerned with Station Visits, Payroll, Bank Staff, Drug Controls, Asset Register, General Ledger and Budgetary Control. The Finance Manager is co-ordinating responses to the above reports. The delay in the response to the Station Visits Audits is due to the need to co-ordinate the responses from different areas of the Trust

The following were work in progress: Procurement, Agenda for Change, Performance Management and VAT.

The Chairman queried why three reports have been issued under the aegis of 2003/04 audit plan; this has arisen due to the necessity of co-ordinating manager's response. The Finance Manager has held meetings with the individual manager's concerned to elicit a response and ensure that the recommendations were implemented. Both the Internal Auditors and the Officers were confident that responses to reports would not normally take such a lengthy time to turnaround.

Sarah Waller queried the statement that managers do not receive reports showing RTAs in their area to allow them to identify training needs/preventive measures. The Governance Manager confirmed that that this is now happening.

3. Although the Controls Assurance Framework was abolished with effect from March 2004 many organisations are continuing to use it. The Governance Manager confirmed that the LAS has chosen to continue to use the Framework for some areas as there will be an overlap between previous standards and the new Standards for Better Health. What was previously the Assurance Framework Working Group is now the Healthcare Standards Group.

Drug Control remains a risk for the Trust, especially the risk of out of date drugs being retained by front line crews. Beryl Magrath reported that the Medical Director is aware of the issue. The Finance Manager reported that a system was in place to address this risk. Drug packs were put in lockers each night and checked each day to ensure compliance. The checks are undertaken by logistics staff. It was recognised that this was a staff management and logistics issue. The Logistics Manager, the Medical Director and the Head Operational Support to comment on the internal auditor's report. The Chief Executive felt that this was not a major issue for the Trust as there have been significant step changes in the management of drugs in recent years.

Beryl Magrath asked about the impact of the Freedom of Information Act; to date the Trust has received one definite inquiry under the FOI. The Committee were informed that there has been a large increase in PALS requests and it may be that these contain some unidentified FOI requests. This will be kept under review.

- Noted:**
1. **That the review undertaken of Fleet and Transport Management considered the application of establishment controls to be adequate. Two recommendations classified as 'merits attention' which have been implemented.**
 2. **That Bentley Jennison considered the Trust's self-assessed score of 83% for controls assurance – governance to be reasonable. The Trust has made considerable progress in developing the governance process throughout the Trust.**
 3. **That in their review of the Records Management Audit Bentley Jennison felt the self-assessed score of 19% to be too low as they felt there were some procedures in place which improved the score. The appointment of a Records Manager was key to implementing the Auditors' recommendations.**
 4. **That the follow up audit of Data Protection revealed that ten of the twelve recommendations from the original audit have/are been implemented.**
 5. **That following the Freedom of Information Act audit Bentley Jennison felt that there was limited assurance that risks material to the achievement of the organisation's objectives for the system are adequately managed or controlled. The Director of Information Management and Technology will be regularly updating the Audit Committee on progress.**
 6. **That the auditors found that the controls and systems as currently laid down and operated regarding incident reporting provided substantial assurances.**
 7. **That a benchmarking exercise of six audits showed the LAS comparing favourably with other organisations in the Health sector – average number of recommendations 12.5, average for the LAS NHS Trust 3.**

8. That a total of 172.91 days have been input against an agreed total of 178 days.

03/05 Report on the IM & T audit works

The Director of Information Management and Technology presented his report on the recommendations concerning his directorate.

- Agreed** 1. That the recommendations would be presented in July as part of the overall recommendations report.
- Noted:** 2. That an IM & T strategy would be completed by March 2006 as part of the Trust's five year vision.
3. That a Records Manager was being recruited; s/he would be responsible for implementing the Internal Auditor's recommendations concerning Data Protection.
4. That to date FOI has had a limited impact on the Trust - a report will be presented to the Trust Board in July.

04/05 Audit Commission

- 1 Progress reports for the current year including interim report
The field work for the Audit Commission's interim audit covering financial aspects of Corporate Governance; Partnership Working and Core Financial Processes have been completed. The reports will be presented to the Committee in July 2005 and will include management's response.
- 2 Audit plan for 2005/06
The Audit plan for 2005/06 has been drawn up following consultation with the SWLSHA, interviews with Trust Officers, Internal Auditors, the cumulative knowledge of the Trust and information from other regulators such as the Healthcare Commission.
The following have been identified as high risk across the NHS: core financial Management, New Funding Flows, Managing Resources for Improvement, Implementing New Workforce Contracts, Information Management and Technology and National Programme for IT (NPfIT).
The Committee were informed that an audit tool for Ambulance Trusts was being developed which will focus on areas specific to Ambulance Trusts and will build on any work already done (eg Modernisation Agency, the Healthcare Commission and the Audit Commission). The audit will focus on 5 key improvement themes: strategic fit, service design and modernisation, financial management, realising patient benefit and value for money.
- 3 Auditor's Local Evaluation and Reporting Tool (ALERT)
ALERT is a framework that has been developed by the Audit Commission in partnership with the Healthcare Commission. The audit work undertaken in the year will allow separate judgement to be made on accounts, internal control, financial management, financial standing and Value for Money. Performance on each of these elements will be scored on scale of 1-4 (4 being the best). Where appropriate the scores will be accompanied by recommendations of what the Trust needs to do to improve its performance. The final scores will be shared with the SWLSHA and will be a key component in the 2006/07 risk assessment and audit plan.
In response to a question from Colin Douglas it was confirmed that new international standards in 2005/06 will be used to promote consistency of information across Europe/world.

Sarah Waller enquired why Agenda for Change has not been identified as a key risk for Ambulance Trusts. She was informed that the risks have been drafted with IT and money specifically in mind, not people. Possibly AfC was not felt to be a risk for all Trusts.

Beryl Magrath commented that further work was being undertaken on the user account maintenance which had poor results 18 months ago. The Director of Management Information and Technology thought the previous audit had been concerned with remote access and he was confident that the Trust was now 90/91% compliant. He welcomed the audit that was being proposed to take place in 2005/06 which would review the terms of service delivery, the IT help desk and the standard processes which have been recently revised.

The Finance Director reported that work was being undertaken with all suppliers to ensure that the Trust had a standard service level agreement

- Noted:**
- 1. The Audit Commission fees for 2005/06 would be £116,350 (2004/05 fee was £113,000).**
 - 2. That the Committee would be formally advised of any changes to the audit during the year.**
 - 3. That no work has been specified by the Healthcare Commission.**
 - 4. That the Financial Controller was confident that the 2004/05 audited accounts would be available for the 4th July meeting.**

05/05 Report of the Local Counter Fraud Specialist

Robert Brooker, the Local Counter Fraud Specialist (LCFS) presented his report to the Board. The amount of budgeted days for counter fraud work in 2004/05 was 20 days; the actual amount of days undertaken was 31. This was in part due to completing work that had not been concluded in the previous year.

The Committee queried the increase in work undertaken and was assured that the cost was not material. It was recognised that the work was largely reactive.

The LCFS felt that it was more efficient for an organisation to invest in training Managers to foster an anti-fraud culture which would result in less investigative work being necessary.

- Noted:**
- 1. The report**
 - 2. That a meeting would be taking place in late March between the LCFS and the Finance Director to discuss the 2005/06 plan.**

06/05 Integrated Governance

The Finance Director presented the findings of an internal review of the Trust's current system for managing risk and governance. The objective of the exercise was to pull together an integrated governance approach, managed by one area which would be responsible for routinely undertaking oversight of governance issues throughout the Trust. This reorganisation would avoid duplication and ensure that the Trust can track what is necessary to do and do it! The Committee considered the 7 proposals in some detail.

Sarah Waller requested a chart to illustrate who is dealing with what as it was not clear from the report who is dealing with what systems and processes. Colin Douglas felt that broader linkages needed to be made showing the responsibilities of the Trust Board and Committees. He supported the general approach and thought the focus of the Audit Committee should be on the assurance framework. Beryl Magrath felt that the diagram should set out the areas of responsibility for the internal auditors, the external auditors and the GDU. **ACTION: Finance Director**

With regard to proposal no. 5 (*that only recommendations highlighted as presenting a significant or fundamental risk to the achievement of objectives be tracked and progress reported to the Audit Committee. “Merits Attention” or “Added Value” recommendations to be highlighted to Trust Manager*) the Committee felt that procedures needed to be in place to give assurance that the merits attention/added value recommendations had been shared with managers and had been actioned. It was suggested that an age analysis be undertaken to identify how long recommendations have been sitting in the report before being actioned. Also, these recommendations should continue to be included in the initial report to the Committee so that their classification as less urgent can be confirmed by the Committee. **ACTION: Finance Manager**

Proposal no 7 (*that a board development workshop be scheduled with support from internal audit to raise awareness and understanding with the proposed integrated governance framework*). The Committee felt that although this was a decision for the Board it supported the proposal. Sarah Waller suggested that the proposed workshop include helpful examples of what constitutes a clinical risk, a financial risk etc and how the Board could be reassured that risks were being managed.

- Agreed**
1. That a further report would be presented to the Audit Committee on 4th July taking into account the concerns raised at the March meeting.
 2. That the Audit Committee would support the proposal that a development workshop be schedule for the Trust Board to raise awareness and understanding with the proposed integrated governance framework.
- Noted:**
3. That the main liaison point with internal audit would be transferred from the Finance Department to the Governance Development Unit; the latter reports to the Director of Finance.

07/05 Risk Register Update

The Committee considered the Risk Register Update.

- Noted:**
1. That work has been undertaken by the Trust to manage Risk 119 (ethnic monitoring). The Trust will have difficulties monitoring patient ethnicity until the new Patient Records Form is introduced.
 2. That with regard to Risk 35 - the Head of Records Management post has been re-advertised and interviews are expected to take place mid-April.
 3. That risk 129 (risk of injury due to not being able to maintain vehicles due to asset tracking issues) – the inclusion of PTS and rapid response vehicles as part of the Make Ready Scheme is being reviewed. It may be that cost proves to be an inhibiting factor.

08/05 Standing Committee Items

- Noted:**
1. That since the December meeting there have been no entries into the Director’s Hospitality Register,
 2. That there have been no waivers of the Standing Orders or Standing Financial Instructions;
 3. That under the Code of Conduct and Accountability the Chief Executive had declared the receipt of a Fortnum & Mason’s hamper (value £90) in October 04.

09/05 Audit Recommendations

The Committee considered each section of the Audit Recommendations report in turn: the list of outstanding final control recommendations, the list of compliance records at front line station visits – to be reinforced through published policy and procedure and recommendations and the list proposed for deletion at March 2005 Audit Committee.

It was recognised that there were approximately half a dozen issues that had been identified that were essentially staffing issues. Station visits undertaken by the Governance Development Unit (GDU) to audit the Make Ready Scheme have shown mixed results. The Sector Operating Model is being evaluated and the results will be presented to the Trust Board. The Committee were assured that the findings of the GDU review would be fed back to the AOMs.

- Agreed:**
- 1. That the Trust Board should receive a report in due course concerning Audit Recommendations**
 - 2. That the IT recommendations should be included in the main report concerning audit recommendations**
- Noted:**
- 3. That good management processes had been introduced – particularly concerning sickness absence reports.**
 - 4. That PROMIS' functionality had been increased and is being utilised by the Resource Centres.**
 - 5. That bigger font was requested for the audit recommendations report**

10/05 Workplan and timetable for meetings 2005/06

Noted: The Chairman's request that papers be circulated a week in advance.

11/05 Any Other Business

Agreed: That Bentley Jennison's contract should be extended for a year with the understanding that the contract would be tendered in 2006. Trust Secretary to double check that the Financial regulations/Standing Orders allow for the extension.

12/05 Date of next meeting: 4th July 2005 at 2.30pm, conference room

LONDON AMBULANCE SERVICE NHS TRUST

RISK MANAGMENT COMMITTEE

Monday 21st March 2005

Present: Barry McDonald Sarah Waller

In Attendance: Beryl Magrath Peter Bradley Fiona Moore
Mike Dinan Peter Suter John Wilkins
Claire Glover Nicola Foad Ann Ball
Tony Crabtree Christine McMahan

Apologies: Wendy Foers

01/05 The Minutes of the last Risk Management Committee on 6th December 2004

- Agreed:** 1. **The minutes of the last Risk Management Committee meeting on 6th December 04.**
- Noted** 2. **That four new high priority risks had been added to the risk register, covering support for the CAD system, implementing Agenda for Change, maintaining vehicles and compliance with the working time directive.**
3. **That following the assessment against the NHSLA risk management standard for ambulance services the Trust had received a programme of work to be implemented in order to achieve level 2.**
4. **That the programme of work will ensure there is paper trails of evidence to prove that the Trust has the proper systems and processes in place to support its procedures and policies.**
5. **That the Trust will be aiming to attain level 3 of the NHSLA risk management standard for ambulance services in 2005/06.**
6. **Minute 15.1: That the Governance Manager had not circulated top 2-3 risks which each of the Trust Board's Committees were responsible for as she felt the task was too subjective. The Trust Board will receive a report on the full register at its next meeting.**

02/05 Update on Claims

The Head of Legal Services presented an update to the Risk Management Committee which reported on the summary age profile of the claims that were open on 30th September 2003 with an update on the trends and risk management actions taken.

In addition the report included information on open negligence claims based on financial data provided by the NHS Litigation Authority in January 2005. The Committee were informed that the key changes were that the gross estimate of forecast and incurrent cost of £5,706,583 for 14 clinical negligence claims had been reduced to £4,841,333 for ten claims.

The Committee received an update on the discussions held by the Risk Management Group on 22nd December 2004. It was recognised that ambulances and Rapid Response Units have accidents for different reasons. A common cause of accidents involving ambulances was the misjudgement of space –width and length. Whereas Rapid Response Units were reported to be involved in more accidents at crossroads. In terms of reducing accidents there was a brief discussion regarding black boxes and it was generally recognised that the benefits could outweigh costs if they were introduced properly. Discussions were to be held with Staff Side.

The Committee reviewed the Clinical Negligence Claims – reported by the NHS Litigation Authority as at 31st December 2004. The Committee noted that PC909 was a rather large claim and were informed that Trust is defending the claim. The RRU was on scene 8 minutes from dispatch and an ambulance was on scene in 12 minutes.

The Head of Legal Services confirmed that the NHSLA are responsible for the conduct of clinical negligence claims on behalf of the Trust but this excludes Inquests. The Trust has nil excess with regard to negligence claims. The NHSLA may not admit liability without the Trust's consent. The Trust is responsible for undertaking investigation of a claim and for arranging legal representation as required at an Inquest.

It was confirmed that the figures listed under column 'gross estimate' were an estimate of what the maximum cost would be while 'total pay' referred to expenditure to date. The 10 claims listed were live complaints.

There was a brief discussion about the need for themes to be teased out; the Medical Director felt that this is an ongoing issue. There has been a lot of work done in delivering awareness training to front line crews. It was confirmed that when a claim is closed a round table discussion takes place to identify any lessons that could be learnt.

Noted: The report

03/05 Risk Register Update

The following risks were highlighted:

- 15 *Risk of cross infection due to ability to replace supplies on a 24 hours basis*
A pilot of Infection Control has been conducted and an interim report presented to the Infection Control Steering Group.
- 14 *Delay in activating vehicles due to difficulties in obtaining address from caller*
Cable and Wireless are still not compliant with the EU Directive to provide caller line identification.
- 102 *Failing to appreciate the significance and urgency of psychiatric illness and to provide the appropriate response/assistance/treatment.*
This has been upgraded to a high priority; 2005/06 CPD programme for all front line staff will include dedicated time on Mental Health.
- 68 *Risk of loss of Patient Report Form or inappropriate access to patient related information, due to lack of security while forms are kept on stations and in departments or during transportation between stations and departments.*
It is proposed that this risk be re-graded to low – based on minor impact. This was proposed at the meeting of the Clinical Risk Group on the 8th March and will be presented for approval at the next Risk Management Group.

- Noted: 1. That risk 63 (delays are occurring in responding to urgent calls resulting in these calls becoming emergency calls) and 3 (risk of unavailability or non-functioning of critical patient care equipment on vehicles, and defects with the vehicle not being identified through daily vehicle inspections taking place) have been re-graded to a medium priority due to progress made.**
- 2. That the Trust Board would be asked to agree a procedure concerning paramedics and their professional registration at its meeting on 29th March 2005.**

04/04 Minutes from Meetings

1. Information Security Panel – 14th December 2004

The Committee considered the minutes of the Information Security Panel.

The Director of Information Management and Technology confirmed that backups of core data (i.e. communication and control systems) were undertaken on a regular basis. The back up of personal computers was the responsibility of individual users.

Noted: the minutes of the Information Security Panel – 14th December 2004.

2. Clinical Governance Committee – 31st January 05

Beryl Magrath, the acting Chair of the Clinical Governance Committee, highlighted the following from the minutes: that core healthcare standards would replace the current star rating system; that an assessment of the Training Needs Analysis was being undertaken and would be presented to the next Clinical Governance Committee; that there was approximately six frontline communications which highlighted clinical governance issues.

The Audit Committee was informed that a Patient and Public Involvement Manager had been appointed and would be attending the next Clinical Governance meeting. A pan London PCT representative was being sought for the Clinical Governance Committee

Noted: 1. The minutes of the Clinical Governance Committee, 31st January 2005.

2. That the Risk Management Group meeting scheduled for 2nd February 2005 did not take place due to lack of agenda items; it is scheduled to meet on 30th March 2005.

05/05 Any Other Business

Noted: That the Health & Safety Executive recently visited the Trust and were pleased with the dramatic improvements that have been implemented over the last five years.

06/05 Date of next meeting of the Risk Management Committee

Monday, 4th July 2005 at 4.15pm, Conference Room

The meeting concluded at 4.50pm