

LONDON AMBULANCE SERVICE NHS TRUST
MEETING OF THE TRUST BOARD
Tuesday 23rd May 2006 at 10am
Conference Room, 220 Waterloo Road, SE1
A G E N D A

1. Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the Meeting held on 28th March 2006. Part 1 and II Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Month 12 2005/2006 Financial Report Enclosure 4
8. Month 1 2006/07 Financial Report. Enclosure 5
9. Report of the Medical Director Enclosure 6
10. Approve new governance & risk management arrangements Enclosure 7
11. Note Urgent Care workforce plan for 2006/2007 Enclosure 8
12. Note Clinical Education and Development Programme for 2006/07 Enclosure 9
13. Note decisions around Professional Standards Unit Enclosure 10
14. Service Improvement Programme Out-turn Report Enclosure 11
15. Report from Trust Secretary on tenders opened since last Board meeting & the use of the Trust Seal. Enclosure 12
16. Draft Minutes of the SDC Away Day – 25th April 2006 Enclosure 13
17. Draft Minutes of the Audit Committee – 20th March 2006 Enclosure 14
18. Draft Minutes of the Risk Management Committee – 20th March 2006 Enclosure 15
19. Draft Minutes of the Service Development Committee, 28th February 2006 Enclosure 16
20. Any Other Business.
21. Opportunity for Members of the Public to ask Questions.
22. Date and Venue of the Next Trust Board Meeting.
25th July 2006, 10.00am at 220 Waterloo Road, London SE1

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 28th March 2006

Held at the Jack Disney Room, Union Jack Club, Sandell Street, SE1

Present:

Sigurd Reinton	Chairman
Peter Bradley	Chief Executive

Non Executive Directors

Barry MacDonald	Non Executive Director (until 11.30)
Colin Douglas	Non Executive Director (absent 11.15-12.30)
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director
Caroline Silver	Non Executive Director

Associate Non Executive Director

Ingrid Prescod	Associate Non Executive Director
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Executive Directors

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

Apologies

Roy Griffins	Non Executive Director
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In Attendance:

Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
David Jervis	Director of Communications
John Wilkins	Head of Governance
Malcolm Alexander	Chairman, LAS Patients' Forum
Martin Brand	Head of Planning & Programme Management
Paul Carswell	Diversity Manager
Laura Weatherly	Member of the public
Dean Weatherly	Member of the public
Christine McMahon	Trust Secretary (Minutes)

The Chairman paid tribute to Bill Marks, a member of the LAS Patients' Forum who had recently died. Bill had been an enthusiastic member of the Patients' Forum and would be sadly missed. Representatives of the Trust attended his funeral.

24/06 **Minutes of the Meeting held on 31st January 2006**

Agreed: **The minutes of the Trust Board meeting held on 31st January with the following amendment: that the Chairman of the Patients' Forum had asked whether the Review of the Complaints Procedure would look at the interface between the PSU and the PALS, and whether it would consider the introduction of conciliation into the complaints system, where this is appropriate. The Board agreed that the Review would look at both of these issues**

25/06 **Report of the Chairman**

The Chairman welcomed Caroline Silver (Non Executive Director) and Ingrid Prescod (Associate Non Executive Director) to their first meeting of the LAS Trust Board. The other appointee, Roy Griffins, was unable to attend today's meeting but had assured the Chairman that he would attend future meetings of the Trust Board.

Some progress had been achieved with the restructuring of the ambulance services in England and, subject to consultation, it appears likely that the number of ambulance services will decrease from 31 to 11. All potential Chief Executives have been appointed.

The Board was informed that as yet there was no indication as to who will lead the single London Strategic Health Authority. It was hoped that, when the Chief Executive and Chairman had been appointed to the single London Strategic Health Authority they will give the Primary Care Trusts' Commissioning Group a clear strategic direction for the LAS.

The Chairman paid tribute to Colin Douglas on his retirement from the Trust Board after ten years of service. The Chairman said that over the years he had come to rely on Colin's good judgement and good humour, particularly during times of adversity. He said that it had been a pleasure to serve on the Board with him and presented him with a token of appreciation on behalf of the Trust Board.

Colin thanked the Chairman for his kind words. He said that it had been a privilege being a member of the Trust Board. He looked forward to seeing the Trust deliver performance targets for 2005/06. He was proud of the fact that colleagues had viewed achieving performance targets as a means to an end rather than an end in themselves. Achieving the performance targets had enabled the Trust to establish its credibility and to build on that reputation to reshape the Service.

Noted: **1. The Chairman's report.**
2. That Colin Douglas had retired from the Board following ten years of service.

26/06 **Chief Executive's Report**

The Chief Executive highlighted the following from his report:

Performance: the LAS will achieve the 75% target for responding to Category A in 8 minutes and the 95% target for responding to Category A

in 14 minutes. The Chief Executive paid tribute to the Director of Operations for his efforts in ensuring that the targets were achieved. Problems with technology had presented the Trust with significant challenges which were subsequently addressed by the Information Management & Technology team. During 2005/06 the LAS responded to 30,000 more calls than in 2004/05.

The six year Service Improvement Programme will conclude on 31st March 2006. A report will be presented to the Trust Board highlighting the achievements of the Programme and what lessons had been learnt during its implementation. **ACTION: Chief Executive**

Agenda for Change: with the exception of some Support staff and Control Room staff, the majority of staff had been assimilated onto Agenda for Change terms and conditions.

The Board was informed that the Trust had recently given evidence to a review conducted by the Greater London Assembly into the response of the emergency services to the London bombings on 7th July 2005.

The Seven Year plan was being finalised and will be presented to the Trust Board in May 2006. **ACTION: Chief Executive**

During 2005/06 the following premises were opened: two ambulance stations at Streatham and Rotherhithe; a new logistics warehouse in Deptford and the Urgent Operation Centre.

The Trust played its role in supporting London's bid to hold the Olympics in 2012 and work is ongoing to ensure that the Service is part of the preparations for the Olympics.

Make Ready will be rolled out to all main complexes by 31st March 2006.

Travel: permission was sought for four members of the Cycle Response Unit to travel to USA to attend a conference and training seminar. All travel, course and accommodation costs will be met from existing bursary and financial awards.

In addition the Trust Board was asked to approve travel to the USA for the Head of Emergency Planning. The national conference of American Fire & Paramedic Chiefs have asked the LAS to present on the events of July 7th, lessons learnt and the impact on multi-agency working. All costs will be met by the organisers.

The Chief Executive suggested that 2006/07 will bring its own challenges as the Trust will be implementing a new meal break agreement (to be discussed with the Trade Unions), the workforce plan, improving performance and maintaining financial balance. Further work will be undertaken to ensure that PTS is a more efficient and effective part of the Service. A report will be presented to the Board on the findings of the recent annual staff survey. **Action: Director of HR and Organisation Development.**

In conclusion, the Chief Executive thanked the Senior Management Group and the Trust Board for their support during what has been a significant year for the Trust.

The Chairman of the Patients' Forum was informed that the Trust had received the £13m funding (July Terrorist Incidents and CBRN funding) spoken of at the last Trust Board meeting.

In reply to a query from Beryl Magrath, the Director of Operations explained that one of the lessons learnt from having the GOLD Control Room was that some of the function of the GOLD Control Room should be sited in the main control room. It is intended that a Silver Resource (Ambulance Operations Manager) will continue to support this function in 2006/07.

The Director of Operations agreed that further work is needed to address differences in LAS performance between PCTs; work is being undertaken to identify the resources necessary to achieve equity in performance. The Chief Executive's report referred to Category A 8 minute performance for each PCT and it was suggested that the figures should be seen in the context of the whole picture for each borough, including Category A 14 minute, Category B 14 minute, Category C and Doctors' Urgents.

In reply to Beryl Magrath's suggestion that staff sickness figures for Emergency Operations Centre and Urgent Operations Centre (UOC) be presented separately, the Chief Executive felt that the numbers involved were too small to provide a useful picture.

Barry McDonald commented that it was good to see the positive impact that UOC had had (approximately 300 calls having been handled by PTS staff and 5000 calls by CTA). He observed that the number of front line crews had remained static throughout 2005/06, and, despite increasing demand, the Service had met its performance targets, which further underlined the contribution of GOLD Control. The Director of Operations thought that on the whole this was correct but pointed out that to achieve the performance targets it had been necessary to postpone training and developmental work until 2006/07.

Barry McDonald queried the reference to problems with CTAK. ^[1] The Director of Information Management and Technology (IM&T) explained that since January 2006 there have been seven specific instances when problems were experienced. Three of the incidences related to problems with the Mobile Data Terminals (MDT's), one of which occurred due to problems with a planned upgrade that was a fix for one of the two previous problems. The other four incidences were due to different reasons: failure in the CAD link with the Metropolitan Police (problem with the Met's CAD link), problem with the Caller Line Identification due to BT experiencing technical difficulties and two different technical problems with CTAK. Each problem had been distinct with a different underlying cause. The Board was assured that

the IM&T team have reviewed procedures and processes to ensure that problems are properly identified, logged and addressed.

The HR Director informed Sarah Waller that work is ongoing to ensure that the Electronic Staff Records is implemented in July 2006. The project plan includes a parallel payroll being run in June 2006 so as to identify possible problems. Trusts that are currently using ESR have not reported any specific major problems with the system. It was explained that if the Trust did not implement ESR in July 2006 as per the agreed project plan, it may incur financial penalties from the Department of Health. The LAS will contest such penalties if they result from problems which are caused by parties other than the Trust.

^[1] CTAK – Call taking database that is used by the LAS Emergency Operations Centre to log call and despatch appropriate responses.

- Approved:**
- 1. Permission for 4 members of the Cycle Response Unit to travel to the USA to attend a conference and training seminar.**
 - 2. Permission for the Head of Emergency Planning to travel to the USA to attend the national conference of Fire & Paramedic Chiefs. All costs are being met by the organisers.**
- Noted:**
- 3. The report**

27/06 **Report of the Director of Finance – Month 11 Financial Report**

The Finance Director presented the Month 11 financial report and confirmed that the Trust had received the £5m antiterrorist funding and the £7.5m CBRN¹ funding. The Finance Director said that every effort was being made to broker the Trust's surplus funds. The year end forecast was an underspend of £900,000.

The Trust recently processed its second biggest payroll as more staff were assimilated onto Agenda for Change terms and conditions. The Trust currently had an overall underspend with regard to Agenda for Change. It was expected that all staff would be assimilated by May 2006.

He highlighted the following from his report:

NHS Pension Costs relating to staff who have left the Trust was £500,000 more than had been budgeted for.

Though PTS' income and expenditure had improved it was forecasted to have an overspend for 2005/06.

Barry McDonald asked about the impact of the £13m on the monthly Income report. The Finance Director explained that some of this income had already been accrued in previous months.

Beryl Magrath asked whether the Make Ready scheme would be rolled out to PTS and First Response Units. The Finance Director confirmed that the Make Ready contract is being reviewed. Options being considered include FRUs, PTS and other station cleaning. Although the contract was delivering value for money there was more that could be done e.g. with asset planning and moving vehicles from one station to another. The Chief Executive said that no decision had been made concerning Make Ready being rolled out to PTS vehicles.

The Director of Finance assured Sarah Waller that a letter had been received from Alastair McClellan, Deputy Director of NHS and Social Care Finance, confirming that the £8m CBRN funding will be recurrent. The Trust will issue an invoice for the CBRN funding in April 2006.

- Noted:**
- 1. The report;**
 - 2. That the format of the finance report will be changed in 2006/07 with the inclusion of traffic light reporting and larger font size.**

¹ CBRN – Chemical, bombing, radiological and nuclear

28/06 Medical Director's Report

The Medical Director highlighted the following from her report:

*Safety Alert Bulletins*²: The details of the seven outstanding alerts were reported; a previous bulletin had been acted on with the additional introduction of latex free kit to PTS from April 2006.

The Board was informed that the final draft of the National Clinical Practice Guidelines is expected April 2006, with the final version scheduled for publication in May 2006. The Board was asked to approve the introduction of the guidelines in advance; many of the proposed changes reflected the findings of clinical audits.

In February 2006 the Service Development Committee received a presentation regarding cardiac care which included information on the introduction of the new Resuscitation Guidelines. In line with other Trusts in London, the LAS would implement the changes to the Cardiac Resuscitation Guidelines with effect from 1st April 2006. All front line crews will be given a paper-based summary of the changes to the Guidelines. From mid-April individual front line staff will be released for 2-3 hours training on the changes to the Guidelines e.g. the need for good and effective Cardio Pulmonary Resuscitation (CPR), the optimal treatment of ventricular fibrillation. Good CPR required the correct rate of compression at the correct depth and without long pauses.

The Medical Director's report also included a draft Clinical Audit of Pre-Hospital Paediatric Pain Management of Fractures. At the time of the audit (January and February 2005) the Trust had not yet introduced Morphine or Oromorph³. The audit highlighted that more needed to be done before the Trust could be satisfied that optimal pain relief was being given to children who had suffered fractures. The Medical Director felt that crews were often reluctant to add to children's distress by attempting to gain intravenous access to administer pain relief.

The retention of drug bags continues to be an issue for the Trust, a number of approaches have been adopted to encourage staff to return the drug bags at the end of their shifts. The point will be reiterated at the Team Leaders conference in April 2006. One suggestion was that the Technician's bag is vehicle-based rather than one issued to crews directly.

Pandemic Influenza (Flu): the Medical Director shared the advice received from the Department of Health in February 2006 that was issued to Category One responders, including the Ambulance Service. The advice emphasises the need for planning and set out various scenarios depending on different infection and case fatality rates. In the event of a pandemic flu the Service would face increased demand at a time when its own staff were likely to be affected by the virus.

Although there had been incidences of Avian Flu being found in Europe and there had been fatalities involving people who had caught the Flu from birds, there was no evidence as yet to suggest that Avian Flu can be passed from human to human. To date, of the 177 people who became infected 98 had died.

² Safety Alert Bullets (SABs) are issued by Department of Health (through the Medicines & Healthcare Product Regulatory Authority).

³ Oromorph: liquid morphine taken orally

The Trust's Press and Publicity unit had drafted a communications plan to ensure that staff are kept informed of developments.

The Trust will introduce a new mask (FFP3) with effect from April 2006. All vehicles carry Tyvek suits (protective clothing) and staff are issued with goggles and protective eye wear when they join the Service. As part of the communications plan staff would be reminded that these needed to be readily to hand whilst on duty.

The Trust's Clinical Standards Manager and Senior Clinical Adviser to the Medical Director, along with the Ambulance Service Association, are to meet with the Department of Health to prepare for the expected pandemic flu. The Trust's Infection Control Group and the Clinical Risk Group are monitoring the situation.

In reply to a question from Beryl Magrath it was confirmed that the Department of Health had a stockpile of vaccine, which, should there be a pandemic flu outbreak, would be made available to emergency services and health workers. Although there was some question as to whether it would prevent infection, the vaccine might lessen the impact of the virus.

It was recognised that flu can be difficult to diagnose; staff are regularly reminded of the need for good infection control practices e.g. the importance hand hygiene having been recently reinforced at the Chief Executive's consultation meetings.

It was commented that although the wide range of infection/fatality rates (10-25-50%) would make detailed planning difficult, the Trust's business continuity plan was sufficiently flexible to respond to whichever scenario materialises. Colin Douglas was informed that the most recent advice was that organisations should anticipate a 15% increase in their existing sickness rates. Those suffering from flu would be advised to stay at home rather than visit their GP or the hospital. It was suggested that Emergency Care Practitioners may play a key role in helping to manage the pandemic in London. It was hoped that the Strategic Health Authority will take a lead in co-ordinating efforts in London to manage the expected pandemic.

The Trust's response to a pandemic flu is likely to require a greater level of clinical telephone advice to patients and will need PSIAM⁴ to be reviewed so as to be able to identify patients who have flu and recommend the appropriate treatment.

Sarah Waller referred to the ongoing debate in the NHS regarding who actually pays for the implementation of NICE guidelines. The Finance Director confirmed that during the recent funding negotiations the Commissioners had not agreed to pay for additional drug costs relating to NICE guidelines. The Medical Director reported that the Trust had recently been criticised by the NHS Litigation Authority for not monitoring the NICE guidelines in terms of their relevance for the

Ambulance Service. This was being addressed, with regular reports being presented to the Clinical Risk Group.

The Medical Director agreed with the Chairman of the Patients' Forum that the recommendations contained in the draft report regarding pain management of children with fractures should be strengthened. The findings of the audit will be shared with Team Leaders at their forthcoming conference in terms of improving pain assessment and better record keeping in light of the new drugs introduced.

⁴ PSIAM – decision support software used by Clinical Telephone Advisers.

- Approved:** 1. **The introduction of the revised National Clinical Practice Guidelines for Use in UK Ambulance Services (Version 2006);**
- Noted:** 2. **The report;**
3. **The change in policy relating to conveying patients with ST elevation Myocardial Infarction to centres offering primary angioplasty;**
4. **The training package prepared for the introduction of the 2005 Resuscitation Guidelines (presented for information);**
5. **The draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust;**
6. **The update on pandemic flu.**

29/06 2006/07 Service Plan

The Director of Service Development presented the draft 2006/07 Service Plan to the Trust Board and said that it needed to be seen in the context of the workforce plan and the budget. The Board felt unable to give its approval to the plan as presented owing to the large number of gaps contained within the document. The gaps in the document were due to the 2006/07 budget not been finalised with the Commissioners until 27th March 2006.

It was suggested that there needed to be more detail as to how the management team proposed to implement the step changes outlined in the Plan and ensure that there is adequate management capacity.

Agreed: To delegate approval to the Service Development Committee on 25th April to approve a revised 2006/07 Service Plan.

30/06 2006/07 Workforce Plan

The Director of HR and Organisation Development presented the 2006/07 workforce plan for the Board's approval. In 2006/07 the Trust will recruit to full establishment of team leaders which will in turn ensure more support for front line crews and an improvement in clinical audit. Additional Emergency Medical Technicians (EMTs) will be recruited to facilitate the implementation of the 37.5 hours working week and the additional annual leave entitlement as required under Agenda for Change (AfC). Additional staff will also be recruited to increase the resources of the Clinical Telephone Advice service. Further work is being undertaken by ORH with regard to Urgent Care Service before the workforce plan is finalised. The Chief Executive asked the Board to approve the plan as presented, on the understanding that a further report will be presented concerning the additional work being undertaken.

In response to a question that Sarah Waller asked at a previous meeting about the level of tolerance in the workforce plan, the HR Director confirmed that the plan now reflects the Trust's absolute resource requirements, with minimum room for deviation.

Beryl Magrath was assured that the EMT 1 grade was now shown in the Urgent Care figures rather than the A&E. The HR Director undertook to

provide an explanation reconciling the two tables (the workforce plan and the February workforce figures). **ACTION: HR Director.**

It was confirmed that new staff will be working 7 weekends out of 10. Staff will commence working the rota on completion of training courses in March 2006.

Sarah Waller was informed that work is being undertaken on the Seven Year Workforce plan prior to its presentation to the Trust Board in May

2006; in particular identifying the different skill mixes the Trust will require in 2012. A skills map will be produced. **ACTION: HR Director**

Approved: 1. The 2006/07 workforce plan

Noted: 2. That a report regarding the Urgent Care workforce plan will be presented to the Trust Board in May 2006.

31/06 2006/07 budget

The Director of Finance presented the 2006/07 budget which had been finalised following the meeting with Commissioners on 27th March 2006. The Trust would receive a 4% net increase in funding which, given the current financial NHS environment, was recognised to be a good settlement.

A&E overtime budget has been reduced from £14m to £4m and it would be a major challenge for A&E to remain within it in 2006/07, particularly as A&E was not expected to have full establishment until November 2006. There is an ongoing discussion as to who should hold the devolved overtime budget. The Chairman commented that however the budget is allocated, clear accountability for the budget needs to be in place.

PTS: work is ongoing to ensure that PTS becomes a profitable business for the LAS. Existing contracts are being reviewed to address deficits and further work undertaken to identify areas where savings could be made. The Director of Finance expected fewer invoices to be disputed as PTS invoicing had become more rigorous, and he expected one of the disputed invoices to be arbitrated on in the next few weeks.

The Trust had been allocated £6m for capital expenditure in 2006/07. Further discussions would now take place with colleagues regarding the 2006/07 service plan following the agreement of the capital and revenue budgets.

The Chief Executive commented that achieving 75% in 2006/07 would not be sufficient as the Trust would need to start preparing for the new and more demanding 'Clock Start' in April 2007. During 2006/07 the Trust will measure performance under both the current and the revised clock start in preparation for the change-over in April 2007. It was confirmed that the PCTs are aware of the possible impact of the change in clock start in April 2007. Duncan Selbie, Performance Director at the Department of Health had recently written to the PCTs about the possible impact of the changed 'Clock Start'.

The Director of Finance reported that the variable activity formulae agreed with the Commissioners indicated that overall demand (not just Category A) would have to rise by 6% before the Trust received additional funding. The Director of Operations commented that the Commissioners were not prepared to consider a variable funding agreement for an increase in Category A alone.

The Chief Executive observed that the LAS is one of the few NHS organisations employing new staff rather than having to make staff redundant.

Approved: 1. The 2006/07 budget

Noted: 2. The savings target for 2006/07 is £4.6m.

32/06

Estates

Buckhurst Hill Ambulance Station: the Board was asked to approve the sale of the current site; following approval, the Estates team could start the sales process and actively seek a replacement site better suited to the Trust's requirements. When alternative sites have been identified a report would be presented to the Trust Board for its further approval. **ACTION: Finance Director**

No decision had yet been made as to whether the new site would accommodate both ambulances and PTS vehicles or whether two sites would be necessary.

Chairman's Urgent Action: the details of the three Urgent Actions agreed by the Chairman since the last Trust Board meeting were presented to the Board. The urgent action process was initiated due to

the time sensitivity of the negotiations for the two fixed satellite points (Deptford and Bromley) and the additional office space at Fielden House.

Approved: 1. The sale of Buckhurst Hill Ambulance Station

Noted: 2. The three Urgent Chair actions agreed in February 2006.

33/06

Assurance Framework - Standards for Better Health

The Director of Finance presented the Assurance Framework to the Board; the Framework outlines the evidence compiled to support the Trust's final declaration in regard to its compliance with the Standards for Better Health. Part of the evidence includes the findings of the internal auditors, the Audit Commission and the NHSLA. In addition, the Framework had been reviewed internally by the Audit Committee, the Standards for Better Health Group and the Senior Management Group.

The deadline for submission of the final declaration is 4th May 2006, with the submission being posted onto the Healthcare Commission's website by the 12th May 2006.

In 2006/07 the Trust will be required to implement thirteen developmental standards and to provide assurance in April 2007 that it had successfully done so. Work had already begun on incorporating the thirteen developmental standards into the Trust's 2006/7 service plan and the internal audit workplan.

The Chairman had taken a hard line with the Healthcare Commission as he believed it is not acceptable that the Non-Executive Directors should be expected to sign the Declaration given that they would not be sufficiently familiar with the underlying detail required. The Board accepted the assurances of the Executive Directors as described in the Assurance Framework that the Trust is compliant with the Standards for Better Health.

Beryl Magrath commented on the immense amount of work undertaken to compile the evidence of compliance. She was pleased that the evidence had been put onto a database so as to be available for any other external regulators should the need arise.

Sarah Waller commented that the Audit Committee had reviewed the Assurance Framework when it met on 20th March 2006. It was disappointing that the inspection by the Healthcare Commission, when evidence on compliance with five of the standards had been reviewed, did not result in more useful feedback. Though the Trust had received positive feedback it was not able to quote it as additional evidence of compliance. The Healthcare Commission found the results of their one in ten inspections were so inconsistent that the Commission felt they could not be used as statements of assurance of compliance.

Noted: The Assurance Framework outlining the evidence compiled to support the final declaration on the Trust's compliance with the Standards for Better Health.

34/06 Service Improvement Programme

The Director of Service Development introduced Martin Brand (Head of Planning & Programme Management) who updated the Board on progress with the Service Improvement Programme (SIP). Of the 283 items in the programme all but 12 will be completed by 31st March 2006; the uncompleted items will be carried forward into the next 7 year plan.

Two reports would be prepared. The first will be for the Commissioners and will report on what had been achieved through the programme. The second report, a critique, will be presented to the Trust Board. The critique will include lessons learnt during the last six years that would inform the management of the forthcoming 7 year plan. **ACTION: Director of Service Development**

Paul Carswell, the Diversity Manager, was invited to present a report outlining the progress made in implementing the Diversity Plan. For example, although ethnic monitoring was now included on the Patient Report Form (PRFs) only 14% of PRFs include valid ethnicity codes. The increased focus of Team Leaders on clinical audit in the forthcoming months would hopefully see the overall standard of completion of PRFs improve.

Extensive work was being undertaken with regard to recruitment and selection. Processes were being reviewed to ensure that the Trust was able to recruit and better reflect the general population of London. It was anticipated that, given the current low turnover of staff, this could take approximately 30 years. However, the Trust is committed to ensure that new staff will better reflect the diversity of the general population of London.

Under 'promoting best practice', diversity had been included as part of the five day Continuing Professional Development and had received positive feedback from attending staff (90% plus). Two key areas for the Trust would be providing diversity training for senior managers and Black Minority Ethnic (BME) staff development. Other work includes building on the success of the Cardiac Arrest DVD, which had been hailed as a good example of best practice, and enabling Deaf people to access 999 via text.

The Chairman reported that he had received a telephone call from Marcia Saunders, Chairman of the North Central London Strategic Health Authority, complimenting the Trust on its Race Equality Scheme. The Scheme was the only one to receive a rating of 'very good'. The next step would be full implementation of the scheme.

The Chairman of the Patients Forum suggested that the Trust might want to consider something undertaken by the Metropolitan Police whereby

recruits' life skills are considered when deciding when they should start training. Life skills could include knowledge of particular languages.

Colin Douglas thought it was sensible to look at people's life skills but had some reservations given that there are currently 300 languages spoken in London. He thought it was important that the Trust focus on reflecting the ethnic composition of London. The current target for BME recruitment is 12%; the target would be increased to 28.8% in 2006/07 and, when the findings of the recent census were published, it is likely that the target would be increased to circa 48%.

The Chairman pointed out that it is unlikely that a patient who required an emergency response would be treated by a member of staff from the same ethnic background. However the intention to reflect the ethnic mix of London would enable staff to better serve all Londoners. An example of this can be found in the changes recently introduced by the Morgue at the Royal London Hospital to respect the culture of the local Islamic population. The Chairman also pointed out that at the Trust's Patient Care Conference in September 2005 Language Line reported that their most requested language is now Polish. In a vibrant city like London with high rates of immigration, 'ethnic minorities' has an ever-changing meaning.

In response to Beryl Magrath's question as to why the Trust only received 12% applications from BME groups, the HR Director reported that the draft report of the Ambulance Service Association found that there is generally a lack of information about the ambulance services and the NHS. The report suggested that an outreach programme should be introduced to support people from BME communities to successfully apply for vacancies.

Noted: The report

35/06 Report from the Trust Secretary on tenders opened since last board meeting

02/06	Extension of New Malden's workshop and alterations to sector offices	Russell Crawberry Ltd Axis Europe Plc Griffins Construction Coniston
03/06	Extension to Communications Room at Bow	Russell Crawberry Ltd Coniston Mitie Property Services TCL Granby Crisp Interiors
04/06	Extension and internal reconfiguration, Shoreditch AS	Russell Crawberry Ltd Coniston Construction P&J Services Griffiths Construction
05/06	Extension and internal reconfiguration Edmonton AS	Coniston Ltd. Fisk Construction Ltd Griffiths Construction Neillcott Special Works Russell Crawb
06/06	Rewire of Kenton AS	W. Portsmouth & Co. Ltd Lunar Electrical Lighting & Sound Stewart Electrical Ltd AV Services MESL Group

There have been three entries, reference 91-93, since the last Trust Board meeting. The entries related to:

No. 91: Lease relating to car parking spaces 1-11 in the car park of 102-107 Blackfriars Road, London SE1 between the LAS and Patrick Group Ltd and Dealfirst Ltd.

No 92: Transfer of Tottenham AS, St Ann's Road, Tottenham from the Secretary of State for Health to the LAS.

No. 93 : Lease of premises, Winston Churchill Hall, Pinn Way, Ruislip between the London Borough of Hillingdon and the LAS.

Noted: The report

36/06 Draft Clinical Governance Committee minutes – 16th January 2006

Noted: The minutes of the Clinical Governance Committee meeting held on 16th January 2006.

37/06 Any Other Business

The Chairman of the Patients' Forum reported that the Forum's meetings are becoming more popular, with 30 people attending the last Forum meeting. The next meeting of the Patients' Forum would be held on 3rd April at City Hall when it will review the GLA's scrutiny of the LAS, in particular the report's seven recommendations.

The Board was informed that the Forum wrote to London PCTs enquiring about their services for stroke victims and had received replies from half of the PCTs. There are currently three standards in use concerning the care of stroke victims; Audit Commission, National Service Framework for the Elderly and the Royal College of Physicians. The Forum will share their findings with the Board when the work had been concluded.

In January 2006 the Board was informed that the Forum had surveyed PTS providers and NHS Trusts in London asking about their quality standards for patient transport services. The Forum had received a poor response to it's enquires from the Trusts and the PTS providers. The only PTS provider to respond positively to the survey had been Thames Ambulance Service.

The Forum received a reply to its letter that raised concern about ambulances being unable to park outside the A&E department due to non-emergency vehicles parking there. The Chairman of the Royal Free had written back with the undertaking that the matter would be addressed.

The Director of Service Development recently contacted NHS Trusts in London enquiring whether they had a stroke unit that provided 24-hour access to CAT⁵ scans and radiologists. She professed to being somewhat sceptical of the findings of the survey as they had all replied that they offered a 24-hour service. She suggested that it

⁵ CAT scan: Computerised Axial Tomography scan that is used to take an image of the body's soft tissue.

would be useful to put the evidence of the two surveys together.
ACTION: Director of Service Development & Chairman of Patients' Forum

The Medical Director commented that research is being undertaken by the Joint Local Stroke Network to identify hospitals with stroke units; this work is being co-ordinated by Professor Martin Brown from the National Hospital for Neurology & Neurosurgery. The Audit Commission's recommended three hours for treatment of stroke victims is timed from the onset of symptoms. Research conducted in the United States found that delayed treatment for stroke victims' resulted in loss of brain cells. Work is being undertaken with GPs to highlight that, just as a heart attack is a malfunction of the heart, so a stroke is an attack being suffered by the brain.

The Chairman reported that he has written to Newham Borough Council concerning their policy that requires, regardless of the severity of the injury suffered, an ambulance to be called if someone has an accident on its property.

38/06 Dates for Trust Board meetings: 2007

Agreed: The meeting dates for 2007:
30 January; 27 March; 22 May;
31 July; 25 September; 27 November.

39/06 Opportunity for Members of the Public to ask Questions

Laura Weatherly was assured that the Trust will continue to recruit staff directly without them necessarily having to go via the higher education route. Her comments regarding the current application form were noted.

40/06 Date and Venue of the next Trust Board Meeting

Tuesday 23rd May 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

Meeting concluded at 12.54 pm

**TRUST BOARD
Part II**

Summary of discussions held on 28th March 2006

Held in the Jack Disney Room, Union Jack Club, Sandell Street, 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 28th March 2006 in Part II the Trust Board briefly discussed:

- the receipt of an enquiry from a BBC reporter under the Freedom of Information Act regarding the Trust's response to the terrorist attacks on 7th July 2005. Acting within the spirit of the Act the Trust provided 18 documents to the reporter. Where necessary the Trust applied exemptions permitted under the Freedom of Information Act so as to ensure that London's future safety was not compromised.

The Director of IM&T rejected a request by the BBC reporter to review the FOI decision regarding certain documents. The BBC reporter was advised that if he wished to pursue the matter further he would need to appeal to a panel of Non Executive Directors.

- the evidence submitted by the Trust to the GLA enquiry into the bombings inflicted on London in July 2005. The Director of Operations responded to the Chairman of the Inquiry's request for further information by supplying him with a report that sought to contextualise the unprecedented nature of the attack on London.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The tables below set out the A&E performance against the key standards for the year just ended and the new year to date. A detailed position is available in the attached graphs.

Year end position 2005/06

	CAT A 8	CAT A 14	CAT B 14	Urgent within 15 mins of STA
Standard	75%	95%	95%	95%
Year End	75.1%	95.2%	75.1%	51%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

New standards with effect from 1 April 2006

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	75%	98%	84%	78%

*As of 11th May 2006

Key highlights - year end

- i. I am pleased to report that we achieved the 75% A8 target and the 95% A14 target for the 2005/6 financial year.
- ii. A8 performance for March was 78.2%.
- iii. Emergency responses dropped slightly in March (compared to February) to an average of 2393 per day, which is a 1.4% increase on March last year.
- iv. Following considerable efforts in the last quarter, PCT performance was recovered in many areas and only one PCT ended the year as a whole below 70% (Barnet - 68.2%).
- v. High performing PCT areas included Hammersmith and Fulham (81%), Harrow (80%) and Islington (81%).
- vi. The year end activity figure (Apr 05- March 06) was +3.8% compared with 2004-05.

Key highlights - new year

- vii. The new year has also started well. April A8 finished on 76.2% and while the first two weeks of May are proving more challenging we remain on track to deliver 75% A8 performance for the first quarter of 06/07. We are also meeting the new A19 target with April at 98%.
- viii. It should be noted that there has also been a change in the way Urgent performance is measured from April 06. The new measure requires us to be with the patient within 15 minutes of the scheduled time rather than at hospital and the new measure has improved performance in April in this area to 78%.
- ix. Resourcing remains our single most significant challenge, with cover levels at circa 95%. High vacancy rates, lack of willingness to work overtime at weekends coupled with the resumption of clinical training are the principal factors affecting May performance. Plans are in hand to ensure that a balance is struck between maintaining overall performance for the quarter at 75% and delivering on the clinical training programme.
- x. Following reduction of the LAS REAP pressure level, operation of the 'GOLD' suite has been discontinued. However in order not to lose the 'real time management' benefits of the Gold suite, an Operational Command Unit (OCU) has been established in EOC.
- xi. During April, two technical changes were successfully implemented in the control room software. These changes allow incomplete calls to be passed between sector desks and help us to manage FRUs more flexibly.
- xii. A&E sickness has reduced for the third month in a row but remains too high in certain complexes,
- xiii. We have now started to conduct resuscitation guidelines training, clinical performance indicator monitoring and personal development reviews.

1.2 Resourcing

During the final three months of the year, resourcing was bolstered by the deferral of training and by Team Leaders working solely on ambulances. In addition, other smaller measures, like restricting meetings and deferring secondments, were implemented. These temporary restrictions were lifted in April and resourcing has dropped to previous levels, as expected.

There are still circa 140 A&E vacancies in the system. However, new staff are now being posted to stations monthly and gradual improvements in resourcing will occur until full establishment is achieved towards the end of the year. In addition all of these new staff are on the new weekend relief rosters and this will progressively improve the weekend staffing situation.

There continues to be a reluctance of staff to work overtime, particularly at weekends, both on ambulances and in EOC. New Agenda for Change salaries and the ability to earn enhanced overtime rates all week has hindered overall resourcing levels.

Sickness in A&E has fallen for the third month in a row, but remains too high at 7.37%. There is also considerable variance across the complexes. Local managers remain very focussed on further improving this situation.

1.3 Emergency Operations Centre

The EOC continues to respond to the performance challenges, contributing to April's achievement. The new operating regime on the FRU desk (reported last month) has now settled in and brought greater transparency to the performance of the desk. A decision will be made in May regarding the best time to begin to move FRUs to the sector desks.

Daily briefings of key staff continue to be held at 07.30 each day, chaired by the Assistant Director for EOC.

The Operational Command Unit (previously 'Gold' suite) is now established as part of the EOC function and future Board reports will expand on the increasing role of this unit, within the EOC reorganisation.

With commitment from the Education and Development department and Recruitment department, the shortfall in EOC establishment has been reduced, and, including the course now in training, EOC is 3% off funded establishment. Close attention continues in all aspects of attendance management.

Staff in EOC are now answering in excess of 23,000 calls per week and call answering targets are still challenging especially at weekends. Improving call answering times will now be a particular focus for the EOC management team during the first quarter of 06/07. As part of this ADO John Hopson will be looking at rostering arrangements to try to further improve weekend EOC staffing levels during this year.

Two upgrades to the CAD system have been successfully implemented in April, giving greater flexibility in how FRUs are activated and allowing calls to be moved from one sector desk to another, even if the call is incomplete. Working in partnership with IM&T, EOC staff continue to be involved in development of the system, and with the CAD 2010 project. This has been particularly important as staff have ownership of the developments.

1.4 Urgent Operations Centre

Activity within the Urgent Operations Centre has now levelled off at approximately 33% of the potential workload. This represents an increase of around 300% since the co-location of services and the introduction of revised clinical decision support software in November 2005.

The main obstacle to increasing volume continues to be the limited number of operational staff in post. This is being actively addressed by the development of an Urgent Care workforce plan which is being tabled with the Board as a separate agenda item within this meeting

To maximise efficiency within existing funding, a trial will shortly be launched using the PTS staff from the newly-won Bromley contract. These staff will receive a new version of EMT1 training which is considerably shorter but more focussed on the needs of this particular patient group. Efficiencies will be maximised by using these staff both in the traditional PTS role and within Urgent Care, answering low level A&E calls.

Clinical Governance within the ECP scheme has been considerably enhanced by the appointment of an Assistant Medical Director and two Clinical Leads.

2. PATIENT TRANSPORT SERVICE

2.1. Consultation meetings

Over the past few months the CEO, Director of Finance, Director of Communications and PTS managers have held staff consultation meetings at New Malden, Buckhurst Hill, Barnehurst, Becontree and Camden. Key areas of concern are local communication, contract security, the design of the new stretcher vehicle and the performance of the Central Services group.

2.2 Commercial

No tenders were submitted this month. Forthcoming tenders include both the Royal Marsden and the Tower Hamlets Consortium.

2.3 Bromley

The new Bromley contract started on April 1. Feedback from the customer on our implementation has been positive. A temporary site has been established at Biggin Hill airport to allow more time to investigate how best this operation will be integrated into A&E operations.

2.4 Operations (Feb data)

Hospital arrival time has stayed the same at 83% which is below a target of 90%. Underperforming contracts include UCLH, Chelsea & Westminster and Hillingdon. Hospital departure time has improved by 1% to 88% which is 2% below target. Patient time on PTS vehicle has been maintained at an average of 93% which is on target.

3. HUMAN RESOURCES

3.1 Agenda for Change

As at the end of April, the Trust had assimilated (or, in the case of Emergency Medical Dispatcher grades, offered assimilation) 98.33% of eligible staff. This compares with the latest available national figure of 98.7%.

A total of 143 staff have submitted appeals/review requests in respect of the banding of their posts. These appeals cover 58 different posts. Appeals/Reviews have already taken place for EMD2, EMD3, EMD4 and Deputy PALS Manager.

Management and staff side are currently identifying members to sit on the appeal/review panels with a view to having 2 -3 consistent panels able to commit to a focussed timetable of reviews (i.e. over a period of one month).

Further appeals may be received (up to three months following the final assimilation).

3.2 Electronic Staff Records (ESR)

The implementation of ESR remains on target against the national timescales set for wave three. During the current period of testing the Project Board has two main concerns.

1. Data quality - The Trust's Management Information team have been making excellent progress in updating both the existing system and the ESR database and are confident of full accuracy before go-live.
2. The test of parallel running of payrolls has produced disappointing results, though is improving (72% accurate at the last test). This will continue to be tested through May.

The Trust's ESR Project Board is carefully monitoring progress on these issues in particular and will not give a recommendation for go-live unless it is satisfied that there is no significant risk to salary payments in July and beyond.

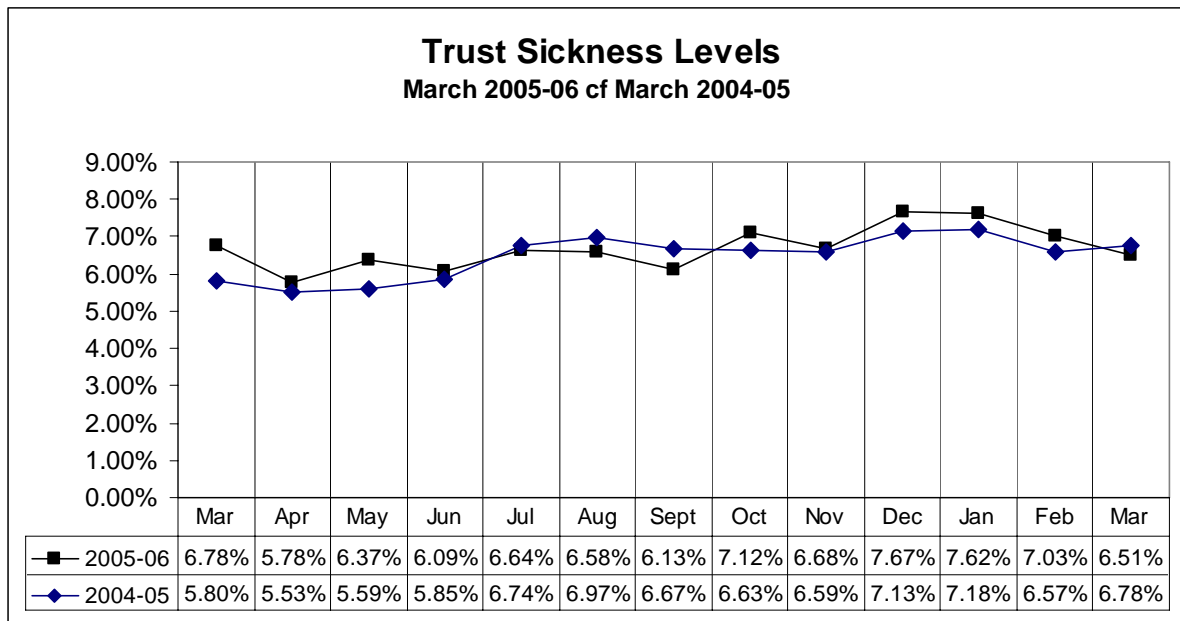
3.3 Policy development

The following amendments/additions to HR policies and procedures have been agreed and published on the Pulse:

- An additional appendix added to the Disciplinary Policy providing fuller advice on the management of suspensions.
- Management guidelines on the Age Discrimination regulations due to be introduced in October 2006.
- Forms and guidance to assist with the roll out of the Personal Development Review process.

3.4 Attendance Management

The sickness levels for the year up to March, and compared with the same period for the previous year, are shown below. Sickness levels have improved from the previous month and are slightly better than the same period last year.



Staff Group	March		
	06/07	05/06	04/05
A & E	7.37	7.12	6.10
EOC (Watch Staff)	8.76	9.11	7.55
PTS	6.75	5.02	6.59
A & C	3.93	4.24	3.96
SMP	2.79	3.82	3.14
Fleet	5.10	8.32	7.91
Total (Trust)	6.51	6.78	5.80

Workforce Information

(i) A&E Staff Numbers – Progress against Trajectory for 2005/2006 by Month

Table 1 shows progress against the trajectory for staff in-post as at March 2006. Adjustments have been made to take account of A&E staff movements such as secondments, (ie Team Leaders seconded to Acting Duty Station Officer roles). Whilst these are not true vacancies it does show the reality of current gaps.

(ii) EOC Staff Numbers – Progress against Trajectory for 2005/2006 by Month

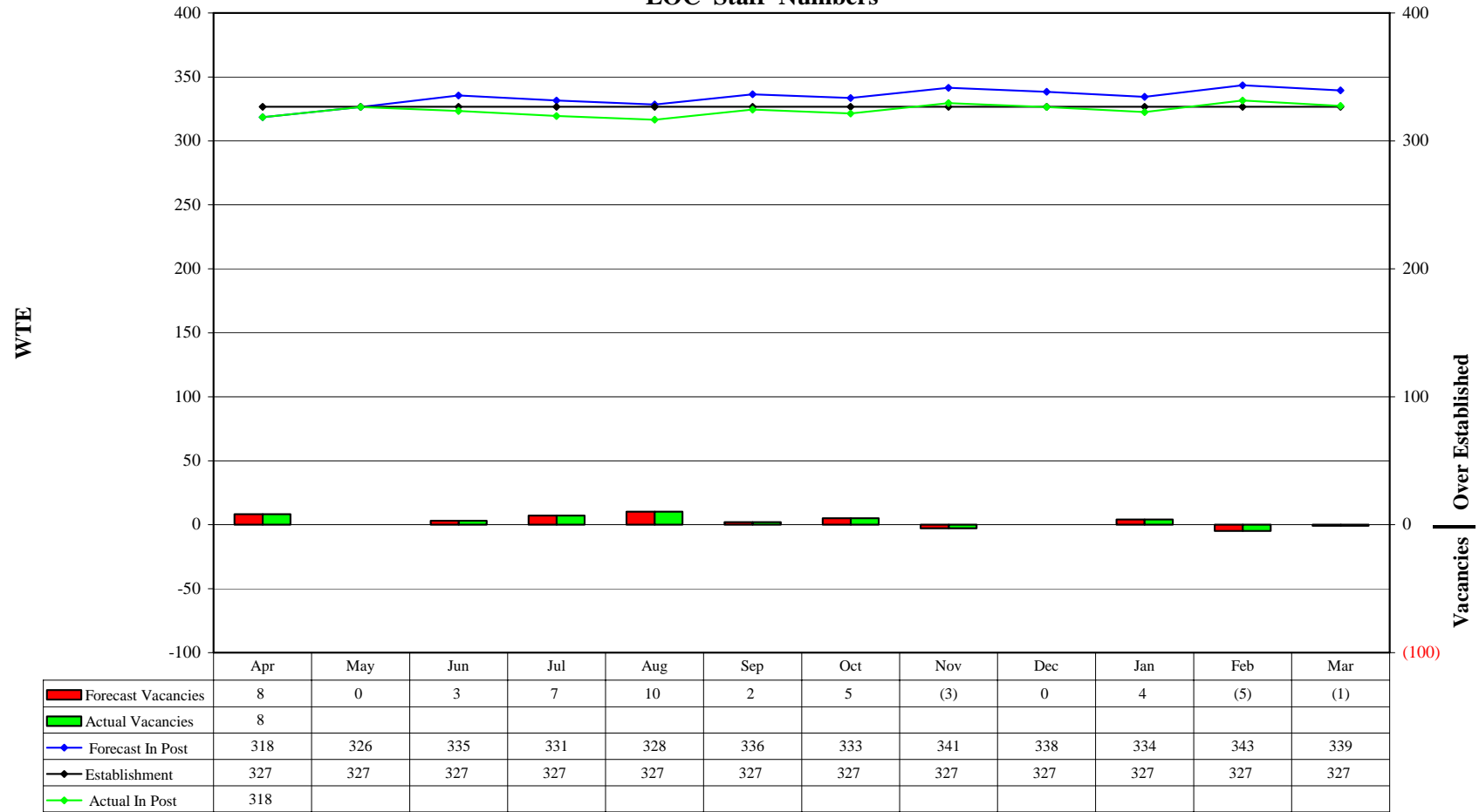
Table 2 shows progress against the trajectory for staff in-post against agreed establishment and is on target.

Table 1

2006/07 A&E Crew Staff Numbers



Table 2
2006/07
EOC Staff Numbers



At Month End

4. COMMUNICATIONS

4.1 Service pressures

Following the achievement of the 75 per cent performance standard, a Chief Executive's bulletin was produced to thank staff across the organisation for their contribution to meeting the target.

4.2 Media issues

The Service has been featuring in the new series of City Hospital, broadcast on weekday mornings on BBC1. The work of staff on ambulances and in the cycle and motorcycle response units has been featured, including the delivery of a baby at the mother's home.

High-profile media enquiries included calls about the murder of nurse in Hornchurch and the death of three patients from suspected carbon monoxide poisoning at a house in Barking.

Further work has taken place around the London Assembly's Review Committee looking at the lessons to be learned from the response to last July's London bombings. This has included publication on the website of the Service's detailed written response to the Assembly and development of a communications action plan ahead of their findings being made public.

Local news releases have been issued regarding the launch of the new emergency practitioner scheme in Newham, the arrival of eight new recruits on the City and Hackney complex and the extension of the cycle response unit at Heathrow Airport.

Guidelines on dealing with the media have been sent out to all frontline staff. Based on the Service's procedure for managing patient confidentiality when dealing with the media, the guidelines booklet offers practical advice on range of issues for staff speaking to the press or broadcasters.

The Chief Executive, Director of Operations and Director of Communications met with the Deputy Editor of the Evening Standard and members of the paper's editorial team in April. This provided an opportunity to build relationships with the Standard, and discuss current issues.

4.3 Chief Executive's charities

The Communications Department co-ordinated the entry of staff taking up the Service's guaranteed places in the Flora London Marathon last month. The runners were provided with t-shirts bearing the logos of both the Service and the Chief Executive's charities and the money they raised will be shared among the three children's hospices.

4.4 Public opinion research

The Communications Department is currently sponsoring research into public perceptions of the Service. The survey work was put out to tender and MORI has just been appointed to carry out qualitative and quantitative research to find out what Londoners think about the Service, and explore their views on how the organisation will deliver care in the future. The research will also consider what level of trust people have in the ambulance service compared with other healthcare organisations.

The findings will be used to:

- inform our future approach to communication and stakeholder engagement
- provide a benchmark against which changes in perceptions can be measured as we develop the way we deliver care (the concept behind the strategic plan)
- inform our approach to public education and future recruitment programmes
- provide angles for stories through which the London Ambulance Service can promote its plans for the future

This programme of work will deliver interim research findings within the next two months which will be used to support the launch of the London Ambulance Service's strategic plan on 24 July 2006.

4.5 Web-based communications

Working with the Net Services management group, the Communications department is looking at how the internet and intranet sites can be developed as communication, reputation management and business tools. Initial evaluation has been carried out, and a questionnaire has recently been published on the website to get feedback from users.

4.6 Internal communication

The second edition of Talkback, a new publication to report back to staff on actions taken from the feedback at the Chief Executive's consultation meetings, focused on the Advanced Medical Priority Dispatch System has been published.

The current series of Chief Executive Consultation meetings with PTS staff throughout the Service is almost complete and an action plan will be agreed to take forward a number of the issues raised by staff.

4.7 Patient and Public Involvement (PPI)

At the April meeting of the Patients' Forum, the PPI Manager and Director of Finance provided an update on developments since the GLA Scrutiny recommendations made in 2004. These were wide-ranging, and included:

- Improvements in PTS
- Handover times at hospitals
- Mental Health training for staff
- Links with social services
- Patient & Public Involvement
- Staff training and career development
- Diversity

One member of the original Scrutiny Panel attended the Forum meeting, and was very complimentary about progress since 2004 in the areas identified.

The last PPI Committee meeting focused mainly on access to the Service by deaf people, which has previously been reported. The technological aspects of any developments in this area will be taken forward via the CAD 2010 project and the 7-year programme. In the meantime, two pilots of the use of Visual Translator Cards are being planned; one with the Cycle Response Unit staff and the other by providing copies of the cards to a small number of deaf people. Feedback gained through the pilots will be used either to support wider use of the cards or to develop new ones in conjunction with the Royal National Institute for the Deaf (RNID).

The PPI Manager and Events, Schools and Media Resources Manager, with support from the Service Development Officer, have produced a draft proposal on the future of LAS public education activity. This work has focused on the areas of commonality between the different teams involved in public education work, and proposes a standard reporting structure, greater co-ordination, and focusing activity on certain priority areas. As well as suggesting some general principles for public education (e.g. use of appropriate materials for each audience; working in partnership with other organisations), the proposal highlights the need for core competencies and a recruitment process for LAS staff wishing to work on an ad-hoc basis in public education. This will be taken forward through the new 7-year programme.

5. OVERSEAS TRAVEL

The Board is requested to retrospectively approve travel outside the EU for Awards Manager Trevor Vaughan who visited Norway from May 10 – 12 to meet with Ronald Rolfsen, Senior Executive Officer at Ullevål University Hospital (Pre hospital Division) to discuss preparations and a suitable, appropriate programme of opportunities for the visit of 10 LAS ambulance staff, due to take place in the summer as part of our staff exchange programme with them.

The Board is asked to approve travel to Kansas City, U.S.A, for Assistant Director Mike Boyne, to speak at a conference on Response to Terrorism, from 5 to 7 June 2006.

6. Recommendation

The Board is asked to note my report and approve the travel requested under section 5

**Peter Bradley CBE
CHIEF EXECUTIVE OFFICER**

16 May 2006

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 23rd May 2006

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

With the development of the Service's new approach to complaints handling, policies and procedures are being updated to comply with NHS regulations. The new 'Being Open' Policy is part of this work and will relate to complaints handling; in particular how we respond to complaints from the public.

Work is underway to develop and enhance compliance with the NHSLA level 3 assessment to be undertaken in January 2007. The first tranche of evidence for submission on October 2006 is being collated by senior managers across the Trust as part of their routine duties. The first workshops that comprise the annual trust wide risk assessment will be held in the next four weeks and the risks produced from them will be part of the evidence sent to the NHSLA.

Following a communication from the Chief Medical Officer an article has been published in the Routine Information Bulletin (RIB) highlighting the risks of paroxetine (Seroxate), one of the SSRIs used to treat depression. The increased risk of suicide in children and adolescents has been recognised for some time. This briefing alerts staff to be aware of the increased risk of suicide in adults who have recently commenced treatment with this medication.

Safety Alert Broadcasting System (SABS):

Fourteen alerts were received during the period of 1st March 2006 - 4th May 2006. In total the Trust has five alerts outstanding. The details are given in Appendix 2

2. Second domain – Clinical and Cost Effectiveness

Midwife appointment

Andrew Lingen-Stallard has been appointed to advise LAS on maternity/obstetrics issues. Previously having held consult midwife and modern matron posts, Andrew has an extensive network of colleagues across midwifery. This part-time 12 month post has been created to advise the Service on how it can make improvements to the way it triages and treats maternity patients. It is envisaged that these improvements will result in some reduction in demand on the Service for maternity-related transport to

hospital, in addition to providing the most appropriate care for those maternity patients with acute clinical needs.

Emergency Care Practitioner Programme

Dr Daryl Mohammed, a General Practitioner in the Bromley area has been appointed, on a 0.5 WTE basis, to the position of Assistant Medical Director for Primary Care. Dr Mohammed, who has worked with the ECP programme for over 18 months, will offer support to the Trust across the range of primary care issues. He will continue to focus primarily on the training, mentoring and development of ECPs as well as influencing the direction of the programme.

Drugs update

Regular drug reports are published by Management Information, giving useful information on the patterns of drug use within the LAS. Of particular interest is the changing pattern of the use of injectable analgesics in the period from December 2004 to December 2005. Up until June 2005 an average of 200 doses of tramadol and 470 doses of nalbuphine were given. As our supplies of nalbuphine ran out in July there was an increase in the usage of tramadol. With the introduction of morphine from September 2005, the number of doses of this drug rose exponentially, with a corresponding fall in the use of tramadol.

Cardiac Care update

Since implementing the LAS Reperfusion Strategy on 3rd April an increasing number of patients have received primary angioplasty. As an example, the London Chest Hospital, which extended its hours to 24/7 on 1st April, received 67 patients in the first four weeks. A small minority of crews are still accessing the nearest A&E Department where evidence would suggest they should be taking the patient to the nearest Heart Attack Centre. This will be addressed at a local level, in terms of additional training and support.

Changes to the Resuscitation Guidelines

The LAS implemented the new (2005) Resuscitation Guidelines on 3rd April 2006. Since 5th April a face to face communication and practical session, delivered by Training Officers and Team Leaders has been rolled out. Over one third of front line staff had received training by 8th May. One complex had achieved 100%. Feedback from staff has been very positive.

Seven representatives from the LAS, including members of the Medical Directorate and the Department of Education and Development attended the European Resuscitation Congress, 'From Science to Survival' in Stavanger from 10th to 13th May. This conference explored the evidence behind the revised resuscitation guidelines.

Update on Stroke Management

The LAS is undertaking a mapping exercise to identify those acute hospitals with access to Stroke Units. A project is under discussion with Barts and the London

Hospital to introduce a new assessment tool for ambulance staff (ROSIER), which is more comprehensive than the FAST (Face, Arm Speech Test) in current use. The aim would be to identify stroke patients who might benefit from thrombolysis.

Update on end tidal capnography

An electronic learning package has been developed on end tidal capnography in both intubated and non intubated patients. This can be readily accessed by staff both through the computers on complexes and their own computers at home. Successful completion of the assessment leads to the award of a certificate.

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

A summary of a research project on 'Smart CPR' is included for information in Appendix 1

3. Third Domain – Governance

The Service has now completed the Final Declaration as part of the Annual Health Check and it has been submitted to the Healthcare Commission in advance of their deadline. The Trust's website, for the first time, now has a direct link for the public so that they can read the Declaration and the evidence presented to the Trust Board of full compliance with the 24 core standards. Compliance with the core standards constitutes the main part of the Declaration. For the next year the Trust is required to continue to meet the core standards and demonstrate that any major risks affecting compliance are being managed appropriately. The thirteen developmental standards are also part of the Annual Health Check for 2006-7 and work to include them in the programme supporting the Seven Year Plan is planned.

The Governance review is included elsewhere on the agenda and an action plan to implement major recommendations from it will be developed in accordance with the Board's views. The review provides insights to generate and improve effective systems and processes that evidence the quality of the services that the trust provides.

4. Fourth Domain – Patient Focus and Fifth Domain – Accessible and Responsive Care

These issues are covered elsewhere on the agenda.

6. Sixth Domain – Care environment and Amenities

Infection Control issues

The Make Ready Scheme has now been rolled out across the Service. Key Performance Indicators for vehicle cleanliness are being maintained. To assess the bacteriological evidence swabbing is being regularly carried out on vehicles. Excellent results are being reported thus far, with the levels of bacteria below baseline targets. So far there has been no indication of MRSA being present. Station Complex audits are underway to check compliance with the Infection Control Policy.

New Latex policy (when approved) will be monitored by the Infection Control Steering Group

Drug Management Issues

The reduced number of Paramedic Drug Packs in circulation continues to cause concern. Extra staff resource has been deployed to facilitate improved turnaround (repacking) of available packs. Operational staff are being encouraged to return packs at the end of their shifts and the risk of drugs going out of date is being reinforced. A draft Auditor's report into Drug Controls indicates there are still concerns about the local management of drugs.

Morphine mini-jets are being reintroduced to replace ampoules (ongoing)

The arrival of new drug pack inserts to facilitate issue of new drugs is still awaited.

7. Seventh Domain – Public Health

Update on Pandemic Flu

A team within the DH has been discussing with stakeholders exactly what the plans should encompass for each part of the NHS and how those plans should interact. In January the emerging thoughts of the DH regarding ambulance services were shared with the ASA Operations Directors Forum. A summit meeting was held on 29th March, which involved the ASA and nominated ambulance members specialising in infection control (this included two senior members of the LAS). The ASA has been asked by Prof Duerden to consider some specific points, identify any further ones that should be addressed and report back to the DH as soon as practical. A multi-disciplinary group is being convened by the ASA under the Chair of a Medical Director to consider the DH document and the issues identified at the meeting. It should liaise with the groups working in other healthcare sectors and report back to the ASA by mid-June.

Recommendation

THAT the Board notes the report

Fionna Moore
15th May 2006

Appendix 1

SMART CPR research project

Research Project Group

Dr Rachael Donohoe (Chief Investigator)
Mark Whitbread (Clinical Lead)
Jennifer Innes (Cardiac Researcher)

Dr Jonathan Smart (Laerdal Medical)
Dr Dawn Jorgenson (Philips Medical Systems)
Dr John Freese (New York Fire Department, U.S)

Background

It is well established that an immediate defibrillation shock is the best treatment for cardiac arrest patients who present with a shockable rhythm (e.g. ventricular fibrillation (VF)), where the duration of the arrest is short. However, recent research has shown that cardiac arrest patients whose initial heart rhythm displays fine ventricular fibrillation (which is a typical feature of cardiac arrest of a longer duration), often do not react well to an immediate defibrillation shock. Furthermore, research has also shown that a period of CPR prior to defibrillation can increase the strength of VF, thus increasing the likelihood that a subsequent shock will be successful. This evidence suggests that applying a single treatment protocol, as is current practice, to all patients may not be appropriate.

The SMART CPR project is a collaborative study that is being undertaken by the London Ambulance Service NHS Trust (LAS) in collaboration with New York City's Emergency Medical Service, Philips Medical Systems (USA) and Laerdal (UK). It examines whether SMART CPR software installed onto FR2+ defibrillators can predict (using an algorithm to analyse the patient's initial heart rhythm) whether an immediate defibrillation shock is likely to result in return of spontaneous circulation, or whether a period of CPR prior to the shock would be more beneficial to the patient. Patients enrolled in the study will receive either immediate defibrillation or CPR first, depending upon the outcome of the SMART CPR analysis.

Aim

The aim of the study is to increase the out-of-hospital cardiac arrest survival rate, using the SMART CPR software, by tailoring the initial treatment given to individual patients.

Methods

Each Rapid Response Unit at Chase Farm, Edmonton, Romford and Whipps Cross Complexes has been equipped with an FR2+ defibrillator incorporating the SMART CPR software. First Responders will use these defibrillators when treating adult cardiac arrest patients where the arrest was of a presumed cardiac cause.

The SMART CPR technology can be switched OFF or ON. Complexes will be randomised to ON or OFF groups, alternating quarterly. In the OFF mode, the FR2+s work in the same way as current FR2 defibrillators and a shock will be advised if the patient has a shockable presenting rhythm. When the SMART CPR technology is ON, the audio prompts will instruct crews to either provide an immediate defibrillation shock or provide a 2 minute period of CPR first (in line with current resuscitation guidelines).

Data collection and analyses

Approximately 500 patients will be enrolled into the study. Data will be collected from the FR2+ data cards, the corresponding patient report forms and hospital records. Comparative statistical analyses will be undertaken to determine whether the SMART CPR software can effectively identify those patients who benefit from a period of CPR first and those who benefit from an immediate defibrillation shock.

Duration

The study began on Friday 5th May 2006 and is expected to run for a period of 2½ years.

Appendix 2

Details of outstanding SABS (May 2006)

➤ **NPSA/2005/8: Protecting patients with allergy associated with latex**

A latex policy has been drafted and circulated for comment. It is anticipated that all comments will be received by the 26th May 2006.

➤ **NPSA/2005/10: Being open when patients are harmed**

This SAB alert remains on-going and details have been forwarded to Steve Irving, Executive Officer for consideration.

➤ **MDA/2005/069: Blood pressure monitors and sphygmomanometers**

We are now in receipt of the manufacturer's advice on accuracy and calibration checks. This was forwarded to the Corporate Logistics Manager on 25th April 2006 for further action.

➤ **MDA/2006/017: Smith and Nephew Opsite Post-op dressings – Batch recall**

It has been confirmed that the Trust purchases this item. Details of the alert were forwarded to the Logistics department on 13.03.2006. Currently awaiting feedback on progress.

➤ **MDA/2006/018: Medisense optimum xceed, Therasense freestyle mini and theresense freestyle blood glucose meters manufacture by Abbott diabetes care**

Awaiting confirmation to establish if this equipment is used in the Trust and if further action is necessary.

TRUST BOARD 23rd May 2006

LAS Governance Review

1. Sponsoring Executive Director: Mike Dinan

2. Summary

The Trust Board and the Service Development Committee have considered recommendations put forward in the Governance Review undertaken by Dr Beryl Magrath.

It is anticipated that following the implementation of the Review's recommendations:

- SMG will be integrated into the governance structure, resulting in better reporting systems and more informed decisions;
- That appropriate timetabling will mean fewer meetings and a standardised committee structure;
- The governance structure will be reviewed on an annual basis
- That the committee membership and reports combined with the introduction of a Balanced Scorecard will support the Seven Year Plan and the Annual Healthcare Checks and the move to Foundation Trust status etc;
- That better use will be made of the LAS website with publications of agreed agendas, minutes and papers, improving the Trust's capacity to respond to FOI requests.

NB: The Governance Review is available on the Trust's website

3. Recommendation

THAT the Board approve the implementation of the recommendations of the Governance Review.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Urgent Care Service Workforce Plan 2006/07

1. Sponsoring Executive Director: Caron Hitchen,
2. Summary

To inform the Board of the current steps being taken to reach full staffing against currently funded establishment.

Further reports will be made in due course as we develop ways to expand the staffing to reach the levels which may ultimately be required in order for the Urgent Care Service to reach its full potential

3. Recommendation

THAT the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Urgent Care Service Workforce Plan 2006/07

Introduction

The Board will be aware that the Trust is progressively developing a separate strand of staffing designed to work under the new Urgent Operations Centre. This staff group will be dedicated to ultimately dealing with the vast majority of Category C workload, all but the most seriously ill Doctor's Urgent patients and all non-urgent workload.

The new Urgent Operations Centre opened in November 2005 and has been steadily increasing the volume of work it deals with but is hampered at present by poor staff availability due to a significant number of vacancies across the various grades of staff within its establishment. The situation is complex as the workforce is multi-disciplinary and currently being reviewed to ensure it is cost effective and meets the future needs of the particular patient groups being treated.

This paper sets out to inform the Board as to the current steps being taken to reach full staffing against current funded establishment. Further reports will be made in due course as we develop ways to expand the staffing to reach the levels which may ultimately be required in order for the Urgent Care Service to reach its full potential.

Urgent Care Service (UCS) Workforce Plan

The UCS workforce plan has been developed following a review of the EMT1 role, Clinical Telephone Advice (CTA), successful tender of the Bromley PTS contract and the completion of modelling work by ORH into the options we might consider to deal with the workload.

The modelling work completed by ORH has been designed to arrive at a situation where the UCS deals routinely with:

80% of all Green (Cat C) calls	<i>Currently dealing with 29 %</i>
70% of Urgent calls	<i>Currently dealing with 12%</i>
100% of Non urgent calls	<i>Currently dealing with 80%</i>

The total volume of all this workload currently being dealt with by UCS is now averaging 32% overall.

The staffing levels required to increase this to the full 100% have been modelled by ORH at circa 310 front line staff and 67 CTA staff. These numbers still need to be validated fully by the management team and we do have some further options regarding 16hr or 24hr running to factor into the thinking which may then reduce this overall number somewhat.

It should be noted that, within the current financial environment, the funded establishment for UCS for the year 2006/07 is 129 wte and 35 wte in CTA. In

addition, the following assumptions are made in the development of this workforce plan:

- Zero growth in funded establishment in 2006/07
- 15 White Work (WW) vacancies moved to CTA in July subject to Union consultation
- PTS+ staff count as 0.5 WTE in the Bromley model (described below)
- CTA will continue to operate on a primarily secondment basis and will therefore continue to recruit throughout the year to maintain establishment +15 vacancies transferred from WW

The Trust recognises that there is potential to gain greater efficiency from our PTS staff by utilising “down time” more effectively. As a result of the successful tender of the Bromley PTS contract the Trust will pilot a workforce model of managing the Bromley PTS staff through the Urgent Operations Centre. Additional training will be provided to enable these PTS staff to respond to “green” calls when not required for PTS duties. The efficiency gains resulting from this model will be tested during the three month pilot commencing in June.

Shown below are two workforce scenarios reflecting a successful and unsuccessful outcome of the Bromley pilot.

Bromley Pilot Successful

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EMT1	33	33	33	33	33	30	30	28	28	28	26	26
WW	45	45	45	45	45	45	45	45	45	45	45	45
AP+	0	0	15	15	15	24	24	30	36	41	48	48
Total in post	78	78	93	93	93	99	99	103	109	114	114	114
Establishment	129	129	129	114	114	114	114	114	114	114	114	114
Vacancies	-51	-51	-36	-21	-21	-15	-15	-9	-5	0	0	0

Bromley Pilot Unsuccessful

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EMT1	33	33	33	33	33	30	30	28	28	28	26	26
WW	45	45	45	45	45	45	45	45	45	45	45	45
AP+	0	0	15	15	15	0	0	0	0	0	0	0
New EMT1	0	0	0	0	0	0	0	12	12	24	24	36
Total in post	78	78	93	93	93	75	75	85	85	97	97	107
Establishment	129	129	129	114	114	114	114	114	114	114	114	114
Vacancies	-51	-51	-36	-21	-21	-39	-39	-19	-19	-17	-17	-7

NB there are also 19 PTS Central Services staff funded from UOC budget under this model.

The precise training model in response to the above is dependent on the success or otherwise of the Bromley pilot. The training packages are however ready to be provided from June 2006. Training capacity has yet to be finally identified though it is anticipated that the reduction in the planned A&E technician training programmes will be sufficient to accommodate UCS requirements.

Clinical Telephone Advice

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Establishment	35	35	35	50	50	50	50	50	50	50	50	50
In post	35	35	35	43	50	50	50	50	50	50	50	50
Vacancies	0	0	0	-7	0	0	0	0	0	0	0	0

Caron Hitchen

Director of Human Resources and Organisation Development

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Clinical Education & Development Programme 2006/2007

1. Sponsoring Executive Director: Caron Hitchen

2. Summary

A résumé of the Clinical Education and Development courses planned for delivery during 2006/2007 in support of recruitment plans and continuing development of existing clinical staff.

3. Recommendation

THAT the Trust Board note the report.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Clinical Education & Development Programme 2006/2007

In line with Trust workforce plans and agreed annual budgets, the Department of Education & Development has now finalised its programme of clinical education and development for the year. The following sets out the training plan for 2006/07:

1. RECRUITMENT-TRAINING

1.1 Emergency Medical Technician 2 (EMT 2)

19 Emergency Medical Technician Grade 2 (A&E) courses have been planned for this year, providing a total of 135 places for new recruits to A&E.

1.2 Emergency Medical Technician 1 (EMT1)

To date no specific Emergency Medical Technician Grade 1 (Urgent Care) courses have been planned for this year. Plans are underway however to provide enhanced training to PTS staff in Bromley as part of the pilot workforce model. Further training plans will be dependant on the outcome of this pilot (see Urgent Care Service workforce paper).

1.3 Emergency Medical Dispatcher (EMD) Call Taking/Dispatch

Five courses are planned for 2006/2007, providing a total of 60 places for new call taking recruits to EOC. Funding details for the extended recruitment and training programme have not yet been finalised, and the programme will be dependant upon that.

1.4 Ambulance Person/Patient Transport Services

Future plans will be dependant on the outcome of the Bromley PTS pilot.

1.5 Emergency Care Practitioners

The Trust does not plan to recruit additional Emergency Care Practitioners within the year 2006/07.

2. STAFF DEVELOPMENT

2.1 Emergency Medical Technician 4 (EMT 4)

The EMT 4 programme will start this year, with places available for 484 suitably experienced Technicians.

The course consists of 5 days in the classroom and 2 days hospital placement.

2.2 Continuing Professional Development (CPD)

This five day programme of development will be made available to all 2400 frontline staff over a three year period from 2005 – 2008. This year places are available for 624 staff.

2.3 Paramedic Courses

The paramedic training programme continues this year with the provision of 5 residential courses, and 1 modular course, providing 100 places for EMTs to train as paramedics.

2.4 Team Leader Courses

Plans for the Team Leader programme have not yet been finalised, but it is likely that there will be up to 3 intakes later in 2006 to ensure the full establishment of 175 is achieved.

2.5 Instructional Methods / Instructor Qualifying Courses

Plans for the IM programme have not yet been finalised, but it is likely that 1 intake will take place later in 2006 providing places for 12 staff. The focus this year will be on providing a means for staff with existing teaching/training qualifications to be inducted into training roles within the service.

2.6 PTS Work Based Trainer Courses

The current PTS WBT course consists of one week's clinical and procedural update followed by a further week of instructional methods, covering such topics as motivation, learning styles, objective writing, lesson planning and delivery. Future developments of this course may be necessary to match changes in the delivery of operational workplace training within PTS.

3. **REFRESHER AND UPDATE TRAINING**

3.1 Paramedic Recertification

This is a mandatory course for all registered paramedics to be completed every three years. The five day Recertification programme will continue this year, with places available for 386 paramedics.

3.2 Resuscitation Guidelines update training

All front line staff will attend a 3 hour update on changes to national resuscitation guidelines. As this is required to be completed as soon as possible, this poses particular challenges in releasing staff.

3.3 Complex Based Refresher/Update Training & Development

Complex based training is planned locally around the following key areas:

- Pre CPD update training package (including Infection Control)
- Morphine

Rapid Response Unit (RRU) Training
Small Handling Aids
Hand Hygiene
National Clinical Guidelines update

4. UNIVERSITY PROGRAMMES

4.1 Foundation Degree Courses

The foundation degree programme at University of Hertfordshire has all three year groups running. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	11 students
Year 3	09 students

The foundation degree programme at University of Kingston/St. George's reaches its third intake this year. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	18 students
Year 3	11 Students

All of the above details apply from September 2006

The foundation degree programme at University of Greenwich starts its first intake this year. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	0 students
Year 3	0 Students

4.2 Full time BSc Course

The full time Paramedic Science BSc at Hertfordshire continues, with the following number of students for 2006/2007:

Year 1	30 places available
Year 2	28 students
Year 3	23 students
Year 4	22 students

The details above apply from September 2006

5. **SUMMARY OF INTERNAL PROVISION OF CLINICAL EDUCATION AND DEVELOPMENT**

	No of courses	No of Places	Total Training Days
EMT 2	19	135	1520
EMD Call Taking/Dispatch	10	60	200
EMT4	42	484	294
CPD	52	624	260
Paramedic	6	100	300
Team Leader	3	12	15
Paramedic recertification	32	386	160
TOTAL			2749

Complex based training is not included in the above figures

It should be noted that this is an extremely ambitious training programme for the current year. The Senior Management Group are fully committed to supporting the delivery of this plan.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Review of the Professional Standards Unit

1. Sponsoring Executive Director: Peter Bradley

2. Recommendation

THAT the Board note the findings and recommendations of the review undertaken of the Professional Standards Unit

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23 MAY 2006

Review of the Professional Standards Unit

1. Introduction

Late last year Assistant Chief Ambulance Officer Ralph Morris was tasked with the responsibility of reviewing the role of the PSU and making recommendations for changes necessary to address any problems found in the review. A second objective was to establish how well the existing complaints handling processes complied with NHS Regulations and Guidance from the Healthcare Commission and Health Service Ombudsman.

This report summarises his main findings and recommendations

2. Key findings

Current Practice

The Professional Standards Unit (PSU) handles approx 500 complaints per year.

PALS deal with all other enquiries (Approx 5000 per year)

PSU also deals with

- Disciplinary investigations
- Disciplinary Hearings
- Traffic Camera Violations
- Road Traffic Accident Investigations
- Road Traffic Accident Adjudications
- Enquiries re: Vulnerable Adults and Children

The departure of the previous Head of Professional Standards and a need to conduct an annual review of the complaints procedure coincided with the receipt of a number of complaints about the complaints handling process from operational staff. The Professional Standards Unit was not achieving performance targets and options on the most appropriate future configuration of the complaints handling function of the service were required.

The method used in review involved meetings with a considerable number of operational staff, their elected representatives, junior, middle and senior managers, PSU staff, LAS Directors and the Patients Forum Chairman. Written submissions were also received from a number of LAS staff. All currently available regulations, guidance and procedures relating to the handling of complaints were reviewed and complaints policies and procedures, produced by other NHS Trusts were consulted in the search for examples of best practice.

The results of the above exercise revealed a lack of confidence on the complaints handling function of the service, mainly due to issues around the way that disciplinary investigations were conducted. Concerns were raised by staff from all levels within the organisation who participated in the review. Complaints investigations and disciplinary investigations have become synonymous with each other since the creation of the PSU around three years ago. Compliance with complaints regulations, procedures and guidance was seen poor in a number of areas and absent in others.

Complaints are frequently dealt with in the same way that disciplinary investigations are, this results in a climate of fear, suspicion and denial within some parts of the Service.

There is little evidence of the Service learning from complaints or of improvements in patient care as a result of complaints received.

Little evidence of patient/public involvement in complaints process.

Complaints not answered within defined time-frames. (approx 70% last year against a target of 80% within 20 days)

The LAS Complaints Procedure broadly follows NHS Complaints Procedure but does not capture the entire 'spirit' of the regulations.

LAS does not have a stand alone Complaints Policy.

Reports are frequently produced that have taken many months to write, contain large amounts of information that is not easily or quickly read and are not required by operational managers.

The workload of the PSU indicates a reducing trend but, because of some of the working practices and variable support from Managers at area level, PSU staff feel inundated and often unsupported.

It was difficult to find many positive contributions about the current processes from a substantial number of managers and staff who contributed to the review.

3. Conclusions

It is clear that complaints handling and disciplinary investigations should not continue to coexist within one department. Disciplinary investigations need to be dealt with in operational areas and become the responsibility of the Assistant Directors of Operations in each area. Complaints handling needed to be re-branded with a small central function in addition to staff working within the operational areas and additional staff are required to ensure that complaints handling and disciplinary investigations can be done to the required standards. Considerable work is required to produce a Complaints Policy and updated Complaints Procedure.

Possibly the most significant item of change relates to the need for a profound change in culture in respect of complaints handling. The change needs to start from the top and reach every aspect of the Service. Staff and their elected representatives need to embrace the substantial changes that are needed and work in partnership to achieve an open, non blame and learning environment. This represents a real challenge, given the

history of negativity, denial and fear that has been typical of the response to complaints in recent years.

What the Healthcare Commission is looking for in their latest guidance is described by them as “strong evidence that demonstrates leadership and a culture of learning in the handling of complaints, with complaints and feedback from complainants being used to improve the delivery of services, and demonstrates that links between the Complaints Manager, the Chief Executive, the Board and key staff are well established”

4. Key Recommendations

- (i) The LAS should produce a Complaints Policy or Mission Statement that defines the philosophical stance of the organisation as follows:

The receipt of a complaint must be followed by speedy, full and detailed investigation in order that the causes may be established.

That disciplinary action will not result except in exceptional instances of wilful neglect or gross misconduct.

That an honest and open atmosphere should be adopted by all members of the Service so that the causes of complaints can be established.

That mistakes and omissions, when these occur, are identified and the staff involved should, in the majority of cases, receive non punitive, supportive measures designed to ensure that similar mistakes are not repeated.

That complainants receive honest and open accounts of the cause of their complaint together with appropriate apologies when these are due together with details of the actions taken to prevent recurrences.

The Complaints Policy should clearly define the strategic direction of the Service in respect of the way it views complaints, the manner that complaints handling should be conducted and the requirement that staff and their elected representatives will fully endorse and work without reservation on the achievement of the primary objective.

The philosophical stance should be reflected in the seven year plan (that will replace the Service Improvement Programme) in addition to service annual reports etc. and clearly indicate the key criteria of local resolution, lessons learned and improvements in patient care.

- (ii) Elected staff representatives have already indicated their approval of the implementation of a complaints procedure that reflects the above principles. A formal agreement is required on complaints handling methodology, aimed at ensuring that complaints are dealt with without delay in accordance with the Complaints Procedure, that, whilst staff will normally be entitled to be accompanied by a friend or representative at an interview, the absence of a staff representative will not prevent the interview being held.

- (iii) The Complaints Panel should provide a monitoring facility particularly with regards to lessons having been learned from complaints, action plans that have been implemented according to specified timeframes and improvements made in patient care.
- (iv) The Complaints Manager should be responsible for ensuring compliance with all aspects of the NHS (Complaints) Regulations 2004, ensuring that the Healthcare Commission guidelines are followed, the Service is prepared for the Annual Health-Checks and the Service is prepared for all other internal and external audits relating to complaints handling.
- (v) The Complaints Manager should review the methods used to grade complaints and potential Serious Untoward Incidents to ensure that they are compatible with best practice and fit for purpose.
- (vi) The Complaints Manager should be responsible for the co-ordination of all Serious Untoward Incidents and ensure that these are dealt with according to service policy and NHS Regulations.
- (vii) The Complaints Manager, in conjunction with appropriate Directors, should be responsible for the development and use of a system that identifies potential Serious Untoward Incidents from complaints received and initiates the appropriate action when these are identified.
- (viii) The Complaints Manager will provide guidance on the standard, format and expected content of letters sent to the Chief Executive for signature.
- (ix) That work commences without delay on the construction of a complaints procedure that follows the theme set out in the policy, retains the spirit and addresses all aspects of the Regulations and Guidance in respect to complaints handling.
- (x) The Complaints Procedure should be reviewed/rewritten by a panel comprised of the staff shown below and must comply with the NHS complaints regulations of 2004.:

Medical Director
 Complaints Manager
 Head of Governance
 PALS Manager
 PPI Manager
 Deputy Director of Operations
 Senior staff side representatives

- (xi) The Complaints Procedure should provide details of the specific steps that must be taken in complaints handling and also the additional steps that should be considered in order that the complaint is satisfactorily resolved.
- (xii) The Complaints Manager should ensure that publicity material relating to the subject of complaints is publicised widely and made available to the public and conforms to the requirements of the regulations in respect of content and format (available in different languages, Braille, audio cassettes

etc.) This may include the use of notices in the rear of ambulances and in hospital accident and emergency departments etc.

- (xiii) The Complaints Manager will produce recommendations on the application of the Redress Legislation that is expected to include Ambulance Service Trusts.
- (xiv) The Complaints Manager should work with the PPI Manager to ensure that feedback obtained from patients, complainants and members of the public is taken into account and that lessons are learnt and improvements in patient care are made.
- (xv) The Complaints Manager should work closely with the PPI Manager in setting up an annual complainant satisfaction survey to monitor the extent that complainants have been treated sympathetically and with courtesy and, as far as possible, have been involved in decisions about how their complaints were handled and considered. Such feedback being a requirement of the Healthcare Commission Core Standard (14c), assessed in the Annual Health-check.
- (xvi) The Complaints Manager will ensure that lessons learnt from complaints are shared across the Service to enable relevant staff groups to gain insight from them e.g. features in LAS News etc. detailing best practice, lessons learnt and emphasising the importance of local resolution.
- (xvii) The Complaints Manager should ensure that the Service's position on complaints, the importance of local resolution, lessons being learnt and positive outcomes leading to improvements in patient care is incorporated into all appropriate training courses including induction and CPD courses.
- (xviii) The Complaints Manager should ensure that in the event that an investigation into a complaint indicates that an act or omission by a member of staff may be the result of neglect or gross misconduct, the complaint should be closed, the complainant advised accordingly and the investigation passed to the appropriate Assistant Director of Operations to be investigated under the Disciplinary Procedure. The staff involved should be advised and all aspects of the disciplinary investigation should proceed according to the Disciplinary Procedure. The complainant should be advised of the outcome of the disciplinary investigation and outcomes, action plans and lessons learnt as a result of the complaint recorded in the same way that other complaints are dealt with.
- (xviii) To address the negative reputation of the Professional Standards Unit, a re-branding exercise is necessary to ensure that the expectation changes from a complaint leading to a disciplinary charge to that of a complaint leading to improvements in patient care from the lessons learned from the complaint
- (xx) The Professional Standards Unit should be retitled the Patient Services Department and the current workload, which is excessive, should be concentrated on the efficient handling of complaints.

- (xxi) Staff involved in complaints handling should be described as Patient Services Officers.
- (xxii) Disciplinary investigations should not be dealt with by the Patient Services department. A more effective way for disciplinary investigations to be dealt with should be within the three operational areas of the Service with each Assistant Director responsible for this aspect of service delivery. Investigation Officers are skilled and experienced and their expertise should be harnessed within the three divisions. Existing investigation staff should be located within the three areas and report directly to the Assistant Director of Operations.
- (xxiii) Assistant Directors of Operations should ensure that disciplinary investigations are thorough, conducted to a standard that is uniformly applied throughout the Service and does not vary according to the identity or role of the investigator etc. This may be achieved through regular meetings and reviews, coordinated by the Deputy Director of Operations and the Deputy Director of HR.
- (xxiv) The Assistant Directors of Operations should ensure that decisions on the appropriateness to suspend a member of staff from duty are consistently applied across the Service and they should seek alternatives to suspension from duty in all but the most serious of allegations.
- (xxv) In the event that a member of staff is suspended from duty, Assistant Directors of Operations should ensure that the member of staff is provided with the highest level of support throughout and that the decision is reviewed regularly as the investigation uncovers new information.
- (xxvi) Assistant Directors of Operations should ensure that serious disciplinary investigations are not carried out by line managers who should be providing the staff involved with support.
- (xxvii) Disciplinary investigations should be carried out by Investigation Officers with no previous close association with the staff that are the subject of the investigation to ensure impartiality.
- (xxviii) The skills that exist within the Service in relation to accident investigation and adjudication should be utilised. The investigation of road traffic incidents involving service vehicles and accident adjudication should be supervised by Investigation Officers based in the operational areas.
- (xxviii) Accident adjudications should be conducted by a suitably qualified officer, working closely with the officers that investigate accidents, located within an operational area but responsible for adjudications across the Service.
- (xxx) Three Investigation officers and one Accident Investigator/Adjudicator should be based within the operational areas.
- (xxxi) Enquiries from Social Service Departments relating to Service involvement in cases of vulnerable adults and children should be dealt with by the PALS department.

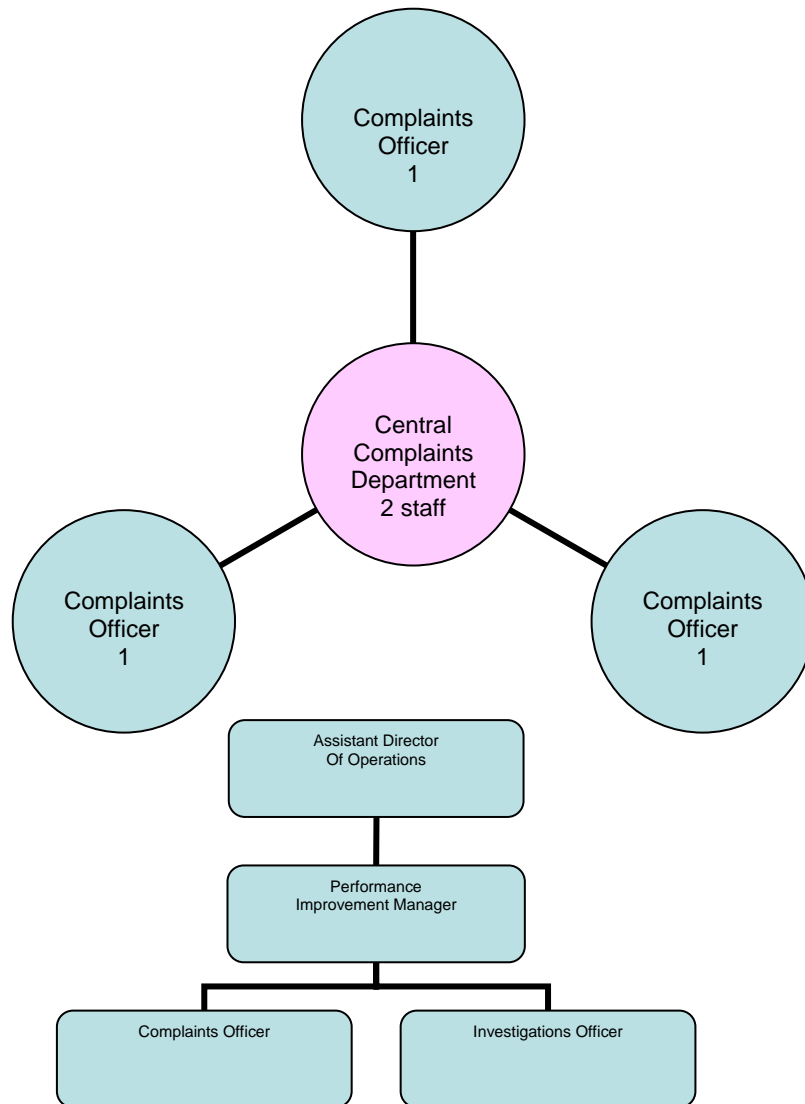
- (xxxii) Alleged violation of regulations captured by automated traffic light and bus lane camera's etc. should be dealt with by the central Patient Services Department.
- (xxxiii) Greater use of all aspects of Datix, the complaints handling database currently in use by several departments within the Service as well as the wider NHS, must be made. All possible fields need to be used in every case and the potential for more informative reporting needs to be explored. Reports need to be generated on a weekly, monthly, quarterly and annual basis covering the numbers and subjects of complaints as well as causes, actions plans, outcomes, lessons learnt and trends.
- (xxxiv) One member of staff in the central Patient Services Department should be dedicated to the task of ensuring that each complaint is received and acknowledged, graded, fully entered into Datix, that action plans are recorded, outcomes are completed within specified timeframes and reports that satisfy the requirements of internal and external scrutiny and audit are generated and provide monthly information to Assistant Directors of Operations on the progress of complaints against set targets.
- (xxxv) Patient Services Officers should work closely with colleagues from PALS and learn from good practice in that department, in particular the use of Datix and the generation of high quality letters to complainants.
- (xxxvi) To comply with regulations, a specified location for complaints to be addressed must be clearly advertised. This does not need to be at Headquarters.
- (xxxvii) Many complaints relate to issues with the Emergency Operations Centre (EOC) and require a dedicated response in the case of the availability of vehicles at a specified time and delayed responses to emergency calls. Complaints relating to Patient Transport Services also need specific answers in the case of late or missed appointments and, with a reduced PTS department operating in various remote locations, these complaints require close management to ensure that they are dealt with in a timely manner.
- (xxxviii) One Patient Services Officer (based centrally) should deal with EOC, UOC and PTS complaints, reporting to the Assistant Director of Operations responsible for EOC and UOC and to the Head of PTS who should be responsible for all aspects of complaints handling in their areas including compliance with all Regulations and guidance.
- (xxxviiii) Archives are soon to be relocated to the offices at Bow – the PALS office is already located at Bow and there may be a case for the Central Patient Services department to be similarly based at Bow with the additional benefit of facilitating closer working with PALS colleagues.
- (xxxx) Patient Services Officers should be able to meet with complainants at a very early stage, preferably on the day the complaint is received or the very next day. They should be excellent communicators with sufficient knowledge of the Service to address issues on the spot, potentially satisfying the complainant with an informed answer to their issues. In other cases they

should ensure that all aspects of the complaint are understood by the Service together with a clear understanding of the remedies that are sought by the complainant. Where it is apparent that an investigation is likely to exceed 20 working days, agreement on a different timeframe may be possible and this needs to be discussed with the complainant. In all cases the complainant should feel that they are involved in decisions regarding the way the complaint will be dealt with. The involvement of 'experts' – Training Officers and H.R. Officers etc. should be the norm in meetings with complainants.

- (xxxxi) Access to staff, supervision of managers who may be dealing with some aspects of an investigation and the ability to travel to meet with complainants in a timely manner suggests the need for Patient Services Officers to be based within the three areas of the Service. One Patient Services Officer should therefore be based in each of the three divisions responsible for the handling of complaints within that division, the recording of all information onto Datix and all other aspects of complaints handling.
- (xxxxii) Patient Services Officers, based in the operational areas, should be accountable to the Assistant Director of Operations for the handling of complaints relating to the area and responsible for the supervision and training of operational managers who may also be involved in complaints handling.
- (xxxxiii) The Assistant Director of Operations in each area, EOC, UOC and Head of PTS will be responsible for all aspects of the handling of complaints, compliance with Regulations and Guidance and the content and standard of all letters sent to the Complaints Manager who will then obtain the Chief Executives signature.
- (xxxxiv) The Assistant Directors of Operations will meet regularly with the Deputy Director of Operations and Complaints Manager to ensure that all aspects of complaints handling are consistent and equal in all areas of the Service and fully compliant with Service policy and procedures.
- (xxxxv) An additional Patient Services Officer, based centrally, is required to ensure that complaints continue to be dealt with in the event of absence through annual leave, sickness, training etc. Thus, seven Patient Services Officers in addition to the manager will be required to fulfil the complaints handling requirements of the Service. (Appendix 1 indicates current and proposed structures in a graphical form).
- (xxxvi) Patient Services Officers, based within the three areas, should be included in the Lease Car Scheme for managers. Two cars (pool vehicles) should be available for Patient Services Officers based centrally to allow them to meet with complainants etc. and the Relief Patient Services Officer to travel to areas to provide cover or assistance.
- (xxxxvii) Root Cause Analysis should be the standard tool to be used in all investigations and all staff involved in the investigation process should be trained in this skill.

- (xxxxviii) That Assistant Director of Operations (ADOs) allocate circa five Managers from their areas to take responsibility for complaints on a 1-2 year rotation. These Managers will require high quality complaints management training
- (xxxxviii) That the ADOs and the Complaints Manager undertake a period of training in complaints management

The following organisational charts indicate the proposed structure.



5. Next steps

These recommendations have been accepted by the Chief Executive and the rest of the Senior Management Group (SMG) and have been discussed with the PSU team. Ralph Morris will now work up a detailed implementation plan to act on the recommendations over the coming months. He will provide regular updates on progress with the implementation plan to both the Director of Operations and the Chief Executive. The Complaints Panel will receive regular updates on the implementation plan.

6. Recommendation

That the Trust Board notes this report.

Peter Bradley CBE
Chief Executive Officer

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Service Improvement Programme Out-turn Report

1. Overall achievement

Of the 283 initiatives within the SIP intended to drive delivery of the desired programme outcomes all but 30 were achieved by the closure of the programme. Of these 30 initiatives most are scheduled for completion in 2006. A further 9 items were removed from the programme by agreement of the Trust Board in January 2005 and rolled forward into the next service improvement programme. These were dependent on national NHS initiatives outside the control of the Trust.

The SIP was intended to achieve 40 outcomes, of these 17 were fully achieved at the end of the programme, with significant progress made against the majority of the remaining 23. However this does not represent the full picture of achievement over the life of the programme as it represents a snapshot in time in 2006. Achievement against the SIP outcomes represents a significant turnaround for the organisation with, for example, staff satisfaction increasing from 42% in November 2000 to 60% in 2005/06, Category A response times improving from 40% in 8 minutes to 75.1% and cardiac arrest survival rate increasing from 4% to 8.6%.

During 2005/06 the Trust experienced a significant increase in calls categorised as Category A as a consequence of AMPDS coding changes as well as staff shortages. Eleven of those SIP outcomes which were not being fully achieved at the end of the programme fall within the Performance area and reflect prioritisation decisions taken to achieve Category A response times in the last quarter of 2005/06. In a number of cases performance in 2004/05 was better than in 2005/06 and significant progress can be demonstrated over the life of the programme and at the outturn compared to the baseline position.

Detail of achievement against both the SIP initiatives and outcomes is given below.

2. Achievement of 'SIP outcomes' over the life of the programme

At the beginning of the programme LAS Senior Management identified 40 outcomes for People, Patients and Performance that were planned to be achieved as a result of the investment made. Substantial, quantified progress over the period has been obtained, highlights are:

People:

- A substantial shift in staff attitudes and morale (e.g. 60% of respondents in the autumn 2005 feel positive about working for the LAS compared to 42% in autumn 2000);

- Reductions in assaults on staff (153 reported assaults on staff per 1000 staff in 2000 reduced to 87 reported assaults per 1000 staff 2005/06);
- Reductions in staff sickness (reduced from 8% in 2000 to 6.69% in 2005/06).

The staff survey undertaken in October 2005 which determined achievement of staff satisfaction targets at the end of the programme was undertaken at the time when there was a lot of uncertainty over the banding of Paramedics and Emergency Medical Technicians. This timing had the effect of depressing staff satisfaction survey results from the higher figure that had previously have been obtained.

Patients:

- Cardiac arrest survival rate increased from 4% in 2000 to 8.6% in 2004/05;
- Increasing proportion of demand diverted to more appropriate care, increasing from 0% in November 2000 to 23.6% in March 2006;
- A comprehensive cleaning and equipping system (the Make Ready scheme) in place in all complexes by end of March 2006;
- Clinical supervision in place across the Service with the advent of Team Leaders and Sector Trainers;
- Reductions in complaints in A&E and PTS (e.g. from 5.2 complaints per 10,000 journeys per month in A&E in November 2000 to 1.507 in 2006);
- The development of a PPI strategy and appointment of a PPI manager;
- The roll-out of a drugs management system across the Service.

Performance:

- Category A performance improvement from 40% in 8 minutes in 2000 to 75.1% for the year 2005/06 in the face of a quantum change in the level of Category A calls as a result of both changes in AMPDS coding in April 2005 and organic demand growth with the result that a higher absolute number of such calls are being responded to in 8 minutes;
- Category A14 up from 83% in 2000 to 95.08% in 2005/06;
- Resource/demand match compliance significantly improved in EOC, 97.08% compared to the 85.3% baseline;
- Category A activation time within 2 minutes up from 68% to 86.33%;
- Reductions in vehicle accident rates for both A&E and PTS vehicles (e.g. 5.53 RTAs per 10000 activations in 2005/06 down from 16.16 in 2000 for A&E vehicles) ;
- Internal efficiency savings of £3m pa realised to help fund development activity.

Detail of progress against each of the SIP outcomes over the life of the programme and the final outturn position in regard to each can be found in Annex 1.

3. Achievement of improvement programme initiatives over the life of the programme

The 283 initiatives in the SIP cover a diverse range of development activity which has taken place over the past five and a half years and have brought about a turnaround in the performance of the Service for patients and the experience of staff as employees. Key initiatives completed include:

People

- Obtained Practice Plus status for Improved Working Lives;
- Chief Executives consultation meetings instituted which made a significant contribution to the turnaround in staff morale and impacted on performance;
- Improvements made in Health and Safety, most notably manual handling with the advent of tail-lifts on ambulances and the appointment of a Staff Safety Manager/
Ergonomic Advisor;
- New Uniform to enhance image.

Patients

- Defibrillators installed on all A&E vehicles and some PTS vehicles (Lifepak 12 monitor/defibrillator and FRU shock boxes), all staff trained in 12 lead acquisition and interpretation;
- Development and evaluation of a larger number of referral pathways (now 29) e.g. to Walk In Centres, Minor Injuries Units and angioplasty centres;
- Replacement of 65 new ambulances per annum - move to new Mercedes model;
- Development of Emergency Care Practitioner (ECP) programme and evaluation of the ECP role;

Performance

- Staffing level increases to better match resource availability to call demand;
- Mobile Data Terminals (MDTs) to improve despatch arrangements to support performance and provide enhanced management information;
- Fast Response Unit numbers increased from 14 in 2001 to 104 in 2006;
- Urgent Operations Centre opened to handle Green calls;
- Introduction of Clinical Telephone Advice to handle calls that don't require a physical response (increased from zero to 150-180 calls handled per day).

Annex 2 lists some of the more significant projects while Annex 3 details the 30 initiatives that were incomplete at the end of the programme, the reasons for this and issues arising.

4. Communication

A full list of SIP initiatives in Gantt Chart format is available on 'The Pulse'. It is proposed that a SIP Bulletin to staff should be published reviewing progress made during the lifetime of the programme. A report on lessons learned from the way the SIP was managed will be prepared for the July Trust Board meeting.

5. Recommendation

That the Trust Board:

1. Notes the out-turn position for the Service Improvement Programme 2000/06;
2. Agrees formal closure of the Service Improvement Programme.

Service Improvement Programme Outcomes

Comparison of March 2006 outturn performance to November 2000 baseline

People Outcomes

	Outcome	Baseline (Nov 2000)	Performance outturn
1	Annual staff survey shows more staff feel positive about working for the LAS	42%	<ul style="list-style-type: none"> Score of 2.78 on the 1 to 5 scale (equivalent to 60% under original survey method) in 2005/06 staff survey.
2	Annual appraisals and personal development plans in place for all staff	No system	<ul style="list-style-type: none"> Fully Achieved - System in place, with all staff having an annual appraisal and a personal development plan from 2006, PDR for support staff initially and PDR for front line staff from July 06.
3	Reduction in staff incidents at work	676 reported incidents per 1000 staff per year	<ul style="list-style-type: none"> 634 reported incidents per 1000 staff per year (2005/06).
4	Reduction in assaults on staff	153 reported assaults per 1000 staff per year	<ul style="list-style-type: none"> Fully Achieved - 87 reported assaults per 1000 staff per year (2005/06).
5	Reduction in sickness absence levels	8% (average for the year)	<ul style="list-style-type: none"> 2005/06 outturn of 6.69% achieved.
6	Alternative reward and recognition systems in place	No system	<ul style="list-style-type: none"> Fully Achieved - Systems in place which recognise qualification attainments, long service, outstanding performance, and retirement. These systems include an annual awards ceremony, a second Awards Ceremony took place in 2005.

7	Range of Career paths/ development opportunities	No formal system	<ul style="list-style-type: none"> Fully Achieved - EMT 1,2 & 3, ECP, CTA and non-urgent care service established. EMT to ECP pathway established, EMT 4 role scoped and education modules developed by Kingston University/LAS Education Dept. ready for delivery from May 2006. Standard systems in place and used as part of the appraisal/PDP processes. Staff development opportunities published on intranet "PULSE" and Annual Training Prospectus published
8	Annual staff survey shows that more staff feel that communication in the LAS is good	30%	<ul style="list-style-type: none"> 48.5% of LAS staff agree or strongly agree that communication in the LAS is good in the 2005/06 staff survey.
9	Improved staff support systems	Results of survey in May 2000. 46% felt LAS good place to work. Staff feel supported (counselling and occupational health awareness)	<ul style="list-style-type: none"> 52% of staff responded that they thought that the LAS is a good employer to work for in the 2005 staff survey. 92% said they have access to counselling and 95% said they have access to occupational health services.
10	Staff more involved in the decisions that affect them	Staff Involvement Policy Statement agreed	<ul style="list-style-type: none"> Partnership Agreement in place and working effectively. Staff Survey results 2005/06 demonstrate that 49% of staff feel more involved in the decisions that affect them.

Patients Outcomes

	Outcome	Baseline (Nov 2000)	Performance outturn
11	Improved cardiac arrest survival rates (to discharge)	4.0%	<ul style="list-style-type: none"> Fully Achieved - Hospital outcomes data for 2004/05 (most recent data available) – cardiac arrest survival rate 8.6%.

	Outcome	Baseline (Nov 2000)	Performance outturn
12	Coronary Heart Disease National Service Framework call to door times achieved	43 minutes	<ul style="list-style-type: none"> July – September 05 call to door time for STEMI patients average 43 minutes (range 25-95 minutes). However as a result of policy decision LAS is directly transporting patients to Heart Attack Centres for Primary Angioplasty as this supports a better patient outcome chance even though travel time maybe longer.
13	A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls.	0%	<ul style="list-style-type: none"> 23.6 % of Green Calls sent alternative vehicle to an ambulance or vehicle saved by CTA in March 06. April 05-March 06 = 15.42% of total Green calls (15.3% average per month for the year) given an alternative response. There was a leap from 13.6% in December 05 to 22.5% in January 06 with the advent of the UOC
14	‘Centre of Excellence’ achievement for call taking in CAC (compliance with pro QA)	90%	<ul style="list-style-type: none"> Fully Achieved - “Centre of Excellence” status achieved in March 2003 & maintained to 2005/06
15	A comprehensive ambulance cleaning and equipping system in place. Improved pride & professionalism in the Service	No system	<ul style="list-style-type: none"> Fully Achieved - Make Ready in place in place in all 25 complexes at the end of March 2006. Roll out of Make Ready is improving the cleanliness of ambulances and equipment. Swabbing results indicating low bacteria counts on ambulances post cleaning. There is no indication of MRSA being present. The scheme continues to perform well against Key Performance Indicators and feedback from operational staff and managers is positive.
16	To comply with the 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 2	<ul style="list-style-type: none"> Level 2 for 2005/06, changed date for Level 3 assessment to January 2007 as agreed at Risk Management Group.

	Outcome	Baseline (Nov 2000)	Performance outturn
17	Clinical supervision in place across the LAS – Team Leaders, Complex Trainers; Delivering training at local level	No system	<ul style="list-style-type: none"> • Fully Achieved - 175 Team Leaders and 25 Sector Trainers instituted.
18	Reduce all patient care related complaints A&E	A&E 5.2 complaint per 10,000 journeys per month	<ul style="list-style-type: none"> • 1.507 complaints per 10,000 journeys 2005/06.
19	Reduce all patient care related complaints PTS	PTS 1.4 complaint per 10,000 journeys per month	<ul style="list-style-type: none"> • Fully Achieved - 0.532 complaints per 10,000 journeys 2005/06,
20	Reduce all patient care related complaints EOC	CAC 1.0 complaint per 10,000 calls per month	<ul style="list-style-type: none"> • 1.128 complaints per 10,000 calls per month 2005/06 (EOC).
21	Regular availability of information about the delivery of patient care throughout the Service	No system	<ul style="list-style-type: none"> • Team Leaders now have Clinical Performance Indicators (CPI) with 12% CPI completion rate for whole LAS in November 05 due to performance pressures no more recent statistics are available as CPI checks and reports stopped due to operational pressures from December 05 to March 06. CPI checks resumed in April 06. Audit feedback takes place through Clinical Governance, Clinical Risk Group, articles in LAS News, Medical Directors Bulletins etc. Audit reports are available on the intranet. Data on patient views is available (derived from patient involvement, PALS and complaints) and used for improvement. Data is available to demonstrate performance against National Service Framework targets.

Performance Outcome

	Outcome	Baseline (Nov 2000)	Performance outturn
22	Regular comprehensive information about user views/levels of satisfaction	No system	<ul style="list-style-type: none"> Fully Achieved - PPI strategy in place and PPI manager appointed, Picker Institute survey complete and results published.
23	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	20% complete No robust central system. Drugs managed locally	<ul style="list-style-type: none"> Fully Achieved - Drug Management System rolled out and fully embedded in the service
24	Category A performance targets achieved	40% in 8 mins	<ul style="list-style-type: none"> Fully Achieved - 75.1 % 2005/06.
25	Category A 14-min performance targets achieved.	83%	<ul style="list-style-type: none"> Fully Achieved - 95.08% 2005/06.
26	Category B 14 min performance targets achieved	79%	<ul style="list-style-type: none"> 75.02% 2005/06.
27	AS2 –Doctors’ urgent performance at 95% within 15 minutes of agreed arrival time	46%	<ul style="list-style-type: none"> 51.02 2005/06.
28	95% of 999 calls answered within 5 seconds	70% (5 seconds)	<ul style="list-style-type: none"> 74.1% 2005/06.
29	Percentage of the week when utilisation rates exceeds 70%.	40%	<ul style="list-style-type: none"> No figures available to provide update for 2005/06 due to data collection issues requiring a systems solution.

	Outcome	Baseline (Nov 2000)	Performance outturn
30	Reduce non-staff (vehicle) related downtime	2.9%	<ul style="list-style-type: none"> • Currently no way to accurately access data which breaks down Vehicle off Road for non-staff reasons. EOC being asked to implement a new style LA16 in 2006/07 with additional questions for the Loggists to complete. MI can then add these fields to their routine data. In the longer term CTAK will take over. 3.3% best estimate for 2005/06.
31	Reduce staff related downtime	6%	<ul style="list-style-type: none"> • 6.6% 2005/06.
32	Resource demand/ match compliance significantly improved on sectors		<ul style="list-style-type: none"> • 92.1% compliance with LO50 (34164 Ambulance hours per week) 2005/06.
33	Resource/demand match compliance significantly improved in CAC	85.30%	<ul style="list-style-type: none"> • Fully Achieved - 97.76% compliance 2005/06.
34	Activation times of 95% within 2 minutes (Cat A)	68%	<ul style="list-style-type: none"> • 86.33 2005/06.
35	Activation times of 95% within 2 minutes (Cat B)	76%	<ul style="list-style-type: none"> • 53.71% 2005/06.
36	95% of Doctors calls answered in 30 secs	66%	<ul style="list-style-type: none"> • 66.8% 2005/06..
37	Achieve financial savings to fund I Sons		<ul style="list-style-type: none"> • Fully Achieved - Financial performance targets and balanced budget achieved each year with £3m savings 2005/06.

	Outcome	Baseline (Nov 2000)	Performance outturn
38	Vehicle accidents per 10,000 responses reduced by 33% for A&E	16.16 accidents per 10,000 responses	<ul style="list-style-type: none"> • Fully Achieved - 5.53 RTAs per 10,000 activations for 2005/06 (LAS average).
39	Vehicle accidents per 10,000 journeys reduced by 33% for PTS	3.04 accidents per 10,000 journeys	<ul style="list-style-type: none"> • Fully Achieved - 1.04 per 10,000 journeys per month average 2005/06.
40	Reduce job cycle time	60 minutes	<ul style="list-style-type: none"> • 63.92 minutes 2005/06.

Service Improvement Programme : List of some of the more significant projects

- Development of Emergency Care Practitioner (ECP) programme and evaluation of the ECP role
- Development and evaluation of a larger number of referral pathways (now 29) e.g. to Walk In Centres, Minor Injuries Units and angioplasty centres;
- Three public awareness campaigns:
 - Cardiac arrest – need for basic life support training
 - Don't call 999 inappropriately (“Only one of these is a taxi”)
 - Stopping assaults on staff
- Make Ready scheme to clean and re-equip/re-stock ambulances
- Drugs Management scheme
- Mobile Data Terminals (MDTs) to improve despatch arrangements to support performance and management information
- Conflict training for staff
- New Uniform to enhance image and save money
- Staffing level increase to better match resource availability to call demand and need for response (For Cat A incidents: 2000/01=142,675; 2004/05=206,449; 2005/06 to Feb. 06 =273,136)
- Institution of 175 Team Leader posts to support clinical supervision and audit of Clinical Performance Indicators. 70% of Team Leaders time intended to be spent on vehicles and during pressure periods this has been 100% of the time
- All staff trained in basic life support as per NHS requirements
- Increase in number of trainers, trainers on complexes.
- Replacement of 65 new ambulances per annum - move to new Mercedes model
- Defibrillators installed on all A&E vehicles and some PTS vehicles (Lifepak 12 monitor/defibrillator and FRU shock boxes), all staff trained in 12 lead acquisition and interpretation
- Fast response Unit numbers increased from 14 in 2001 to 104 in 2006
- Urgent Operations Centre opened,
- CTAK system installed in Emergency Operations Centre and soon to be in Urgent Operations Centre, AMPDS integrated into Central Ambulance Control call taking to improve clinical governance and speed of despatch
- Introduced Clinical Telephone Advice as a response to calls (increased from zero to 150-180 per day)
- Developed, evaluated and implemented Older Persons strategy, e.g. referral of fallers to Falls Teams
- Developed, evaluated and implemented Mental health strategy
- Developed, evaluated and implemented Cardiac Care strategy with the contributory effect that cardiac arrest survival rate improved from 4% in 2000 to 8.6% in 2004/05 (latest data available)
- Developed, evaluated and implemented Patients and Public Involvement (PPI) strategy with appointment of PPI Manager for the Trust
- Introduce cycle response
- Partnership Agreement with unions developed and implemented to get service modernisation
- All staff given Internet and e-mail access in accordance with NHS policy
- Chief Executives consultation meetings instituted which made a significant contribution to the turnaround in staff morale and impacted on performance
- Obtained Practice Plus status for Improved Working Lives
- Improvements made in Health and Safety, most notably manual handling with the advent of tail-lifts on ambulances and the appointment of a Staff Safety Manager/Ergonomic Advisor
- Implemented the Risk management process for the trust
- Introduction of an induction programme for all new staff
- Introduction of a range of reward and recognition processes
- Introduced cycle response unit

Service Improvement Programme Initiatives

Items incomplete at the end of the programme, reasons and issues arising.

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
8	1	Review (and redesign where appropriate [clinical] career paths and grading structure	<u>98% complete.</u> EMT4 courses complete in the design phase, delivery to commence in may 06. Work has been delayed by the increased recruitment programme and operational pressures.	FM
15a	2	Review workshop cover and implement change as required	<u>50% complete.</u> End date now 30/03/07. Further work will be required form ORH once the new Fleet profile has been agreed. Additional factors such as the impact of Flexible Fleet Management, the Make Ready Scheme, and the necessity to factor in additional support for operational pressure periods to be considered by ORH. Full implementation unlikely until March 07.	MF
34	4	Put in place an action plan to recruit more staff from under represented groups	<u>99% complete.</u> Needs to be carried forward to finish off action plan.	CH
44	4	Fleet computer system implementation	<u>75% complete:</u> End date now 31/12/06. Audit of system performance being undertaken following implementation of new software. Still problems with speed of network connections. Meeting being held with supplier to assess potential for further improvements. End date now unlikely until December 2006.	MF
45	4	Agree resource distribution model	<u>99% complete.</u> Need to be roller over into the new programme.	MF
46	5	Implement resource distribution model	<u>5% complete.</u> Follows on from no.45 above.	MF
47	5	Agree activation and co-ordination arrangements for the deployment of first responders	<u>0% complete.</u> No agreement to progress.	MF

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
305	5	Acquire 65 new ambulances (05/06)	<u>95% complete.</u> End date now 31/05/06 due to the manufacturer's delivery schedule of four per week as agreed at the January SMG meeting	MF
51a	5	Review clinical development and education arrangements and implement change	<u>80% complete:</u> End date change from 31/07/06. Final phase of the review and restructure is underway for probable completion June to July 06 (work has been delayed by the increased recruitment programme and operational pressures along with waiting for final decisions regarding Agenda for Change)	FM
51b	5	Introduce new arrangements to improve Team Leader role	<u>90% complete.</u> Needs to be roller over into new programme.	MF
60	6	Develop and implement support staff PDR process management competencies and performance framework, promote principles of continuing professional development	<u>98% complete.</u> Monitoring in April that PDR process for support staff completed	CH
85	9	Develop and implement a strategy for seeking corporate sponsorship opportunities for the LAS	<u>90% complete.</u> End date 31/05/06. Paper to be considered by SMG.	DJ/MD
109	11	Develop and implement an ongoing and comprehensive system of determining user satisfaction	<u>90% complete.</u> Resource issue	KJ
119	13	Overhaul complaints investigation process including defining management structure	<u>99% complete.</u> Review of the PSU completed and report produced. Recommendations work will commence to implement these from 1 st April 2006.	PB
129a	14	Develop Long-term conditions strategy	<u>5% complete.</u> Resource issue. Rolls forward into new programme.	KJ

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
129b	14	Develop and introduce older persons strategy	<u>65% complete.</u> Resource issue. Rolls forward into new programme.	KJ
130b	14	Introduce 3 satellite station sites per annum (towards 25 total)	<u>30% complete.</u> End date 10/07/06. Resource and schedule issues previously discussed by SMG.	MD
31	14	Fully Integrated Supply Chain	<u>20% complete.</u> End date 30/09/06. Delay due to lack of resources.	MD
133	15	Review and implement appropriate arrangements for control of subsistence payments system	<u>99% complete.</u> New system designed and now needs to be rolled out, held back by operational demands.	CH
140	15	CAD plan Phase 1: implement Ctak for Urgent Care and FRUs on sector desks	<u>90% complete.</u> Ctak in UOC carried forward into 2006 as an activity of the CTAK enhancements project board (Release 2) due to changed user requirements, resource requirements of Release 1 (FRUs on sector desks which was successfully installed on 27 April) and need to avoid disruption in March.	PSu
156b	17	Develop effective communication plans for complexes	<u>90% complete.</u> End date 30/10/06 a firm communications plan is to be agreed.	DJ
173b	19	Agenda for change	<u>89% complete.</u> End date may for 100% assimilation.	CH
303	19	Implement Electronic Staff Record including payroll on national system	<u>70% complete.</u> Nationally specified end date July 2006.	CH

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
177b	19	Carry chair replacement (final recommendations)	<u>70% complete.</u> End date change from March to July 06. Ergonomic assessment of carry chairs has been completed and a report submitted. Recommendations to trial non-CEN compliant chair. Report to SMG being prepared to provide update and seek agreement for operational trial of non-CEN compliant product. SPPP approved for purchase of carry chairs during 2006/07. Final recommendations on purchasing strategy unlikely until operational trial and EU tender carried out. End date now March 2007.	MF
177c	19	Root cause analysis and lessons for complaints, claims, incidents and near misses	<u>53% complete.</u> Lessons learned from complaints not easily found for NHSLA or HCC assessments. Internal Audit Report on Complaints has 3 significant recommendations for action. PSU Review reporting date expected to be May Board.	MD
178	20	Implement improvements in NHSLA Risk Management Standard	<u>85% complete.</u> Changed date for Level 3 assessment to January 2007 as agreed at Risk Management Group	MD
86ea	21	Engage SMG in OD Programme	<u>90% complete.</u> OD team disbanded and currently work underway to revise OD strategy.	CH
86eb	21	Work with senior 100 managers	<u>90% complete</u> OD team disbanded and currently work underway to revise OD strategy.	CH
186g	21	Fully integrate EBS staff into LAS NHS Trust	<u>90% complete.</u> EBS Service Objectives for 2006/07 recognise that most of the current EBS Operation remains outside traditional core LAS business so more is required on cultural and operational integration. The specific actions are aimed at improved mutual understanding, as well as identifying and exploiting opportunities for operational collaboration.	MF
245b	27	Acquire and implement a replacement PTS scheduling system	<u>0% complete.</u> Carry forward to new programme. Funding approved and Business Case being reviewed.	MD

TRUST BOARD 23rd May 2006

Report of the Trust Secretary Tenders Received & the Register of Sealings

1. Purpose of Report

1. 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. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

2. Tenders Received

Register no.	Details of tender:	Tenders Received From
07/06	Extension and refurbishment of Hillingdon AS	Logan Construction SE Russell Crawberry Ltd Mitie Property Services Bryers & Langley Coniston Construction
08/06	Extension to the Communications Room	Russell Crawberry Verry FM Cripsin & Borst Coniston Construction
09/06	Extension & reconfiguration of Frien Barnet	Coniston Ltd Russell Crawberry Axis Europe Plc P&J Services Neilcott Special Works
10/06	Public Opinion Research	Mori BMRB TNS ICM Research GFK NOP

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

3. Register of Sealings

There have been 3 entries, reference 94, 95 and 96 since the last Trust Board meeting. The entries related to:

- No. 94 Lease of ground floor and basement of 122 Albany Road, London SE5 8UJ between Ashley John Herring and the LAS.

- No. 95 Lease of 2 parking spaces (12 & 13) at Doctors' Practice/Pharmacy, 949 London Road, Thornton Heath, Croydon, Surrey between Bencroft Holding Corporation and the LAS.

- No. 96 Retrospective licence for alterations relating to ground and first floor offices, 8-20 Pocock Street, London SE1 between Shaftsbury Housing Association, PHE 1 Limited and PHE (Pocock No. 2) Limited and PHE (Pocock No. 1) Limited and the LAS.

4. Recommendations

THAT the Board note this report regarding tenders received and the use of the Trust's seal.

Christine McMahon
Trust Secretary

Service Development Committee Away Day

9.00am, 25th April 2006, Holiday Inn, Bloomsbury.

Present:

Sigurd Reinton (Chairman)	Peter Bradley	Sarah Waller
Beryl Magrath	Barry McDonald	Ingrid Prescod
Caroline Silver	Roy Griffins	

In attendance

Martin Flaherty	Caron Hitchen	Mike Dinan
Fionna Moore	Kathy Jones	Peter Suter
David Jervis	Christine McMahon (minutes)	

The Chairman apologised to the Committee as he and Peter Bradley would have to leave the meeting at 11.00 to meet Lord Warner; the Chairman in his role as a board member of the Ambulance Service Association and Peter, in his role as Ambulance Adviser to the Department of Health. Sarah Waller chaired the meeting in his absence. The Chairman and Peter Bradley rejoined the meeting after lunch, 1.35pm

13. Governance Arrangements

Beryl Magrath outlined the current and proposed structure for governance arrangements in the Trust. In essence the number of committees (generic term to include committees, groups, panels) will decrease from 17 to 13, with some committees being amalgamated e.g. Clinical Risk Group and Clinical Governance Committee. The Senior Management Group's monthly meeting will have a more prominent governance role, monitoring the Trust's risk on a routine basis.

During the ensuing discussion Roy Griffins thought the proposed governance structure appeared as complicated as the current one which was thought to be 'working just about, it's about as good as any out there'. Caroline Silver requested that when the proposal is presented to the May Trust Board it include a one page summary outlining the proposed changes to the governance structure. **ACTION: Beryl Magrath**

Noted: That the revised proposal for governance arrangements will be presented to the Trust Board on 23rd May for approval.

14. The backcloth to the 7 year plan: the emerging picture of the NHS scene in London and nationally.

John Bacon, Transitional Director for London, was warmly welcomed to the meeting by the Chairman. Since 1983 John Bacon has been professionally associated, in one form or another, with the LAS. He said that he had been pleased to see the LAS transformed from a Service that had been in a pretty poor shape in the early 1990s to an NHS organisation recognised as one of the best in England.

Referring to the Minister of Health's recent remark that it has been a very successful year for the NHS, he pointed out that the levels of performance recently achieved have exceeded what could only have been dreamt of four or five years ago. One consequence of the drive for improved performance has been a rapid increase in capacity leading to financial imbalance. The challenge for the NHS in the next few years will be to maintain performance whilst addressing the issues of over-capacity and financial management. In terms of deficit, the NHS is 1% adrift and London is 3% adrift. Steps are being taken in 2006/07 to address the deficit. It is accepted that managing resources in the NHS includes ensuring that only those patients who really need to are taken to hospitals. More appropriate management of patients with long term chronic conditions is essential to ensure that resources are effectively/efficiently utilised.

The introduction of a single Strategic Health Authority (which is a return to what was in place five years ago) will enable a strategic view to be taken regarding London's services. It will ensure that London will continue to lead in terms of excellent health provision which is in line with London's pre-eminent position as a leading world city. A strong co-ordinated public service is essential in attracting investment as well as ensuring that Londoners receive a good service.

Responding to questions posed by Committee Members and attendees he suggested that:

- There will probably be a reconfiguration amongst acute trusts based on a clinical rationale, with fewer Trusts having full A&E capacity; some may adopt a 'Debenham's' model whereby the various trusts will have 'branches' physically within other trusts e.g. Moorfields Eye Hospital may have a clinic based in St George's Hospital.
- There will be an expectation that the PCTs, which in London are remaining 31 in number, deliver the improved services that result from being aligned with local authority boroughs.
- In the future there will be less funding available from the centre and PCTs will have to fund self-sustaining local initiatives such as that outlined by Sarah Waller, i.e. overlapping district nurse and ECPs.
- He was confident that Connecting for Health would be successful. It is a very ambitious project, both organisational and implementationally. It has experienced difficulties but although some parts are behind schedule other parts are working well.

The Chairman, on behalf of the Trust Board, presented John Bacon with a plaque in gratitude for his support of the LAS during the turnaround period.

15. CAD 2010

Peter Suter (Director of IM&T) gave a presentation on progress to date with CAD 2010 and raised concern with the SDC regarding the capital revenue costs of the project. An outline business case is being prepared and will be presented to the Trust Board.

In response to a question from Sarah Waller the Director of IM&T explained that although CAD 2010 does not fall within the scope of Connecting for Health the interfaces for EPR, access to the 'spine' and airwave radios do.

With the reconfiguration of the Ambulance Service in England it was suggested that the costs of the project could be shared in due course with other Ambulance Trusts. Currently the newly reconfigured Trusts are retaining their different control rooms; the Director of Operations expected that these will eventually be consolidated.

It was recognised that further discussion is required regarding the benefits realisation and the need for a third control room.

The Director of Finance was asked by both Sarah Waller and Caroline Silver if the outlined costs were practical. The Director of Finance responded that these were very initial estimates. He added that he would not expect the final costs to exceed the current average capital spend of £10m and that detailed benefits realisation work would need to accompany any such large spend.

- Agreed:**
- 1. That the outline business case, with no figures, will be circulated for Members' further consideration.**
 - 2. That the outline business case, with figures, would be presented to the July Trust Board for approval**

16. Introduction to the 7 year plan

The Director of Service Development outlined the context of the 7 year plan; the processes undertaken in drawing up the plan and the structure of the plan. She referred to the achievements delivered by the Service Improvement Programme (SIP). The next challenge for the Trust will be redesigning the Service to meet increasing demand through an improved efficiency in the use of resources. The plan has been broken down into five portfolios: a presentation was given on each portfolio by the respective SMG lead.

The following points were made during the subsequent discussion:

- The changes in how the Service will respond to calls will mean greater reliance on single staffed vehicles and less reliance on double manned ambulances. The increase in lone working will need to be appropriately managed. It was suggested that a rotation of clinical placements to enhance the workforce's skill set will also mean a more varied working life than has previously been the case.
- The implementation of Personal Development Plans for all staff will be a significant step for the Service; it will be a forum where day to day issues can be addressed. Quality assurance work will be undertaken to ensure that the process is working properly.
- Work is being undertaken on the balanced scorecard to enable the SMG and the Trust Board to monitor the progress of the 7 Year's plan.
- Research is being undertaken to gauge Londoner's views of the Ambulance Service, the findings of which will be used to further educate the public on the use of the Service. The Chairman commented that public confidence in any organisation is heavily influenced by its staff rather than statistics and performance tables; in particular the message that staff send out when interacting with the public. It was therefore important that staff have an input into the Seven Year Plan.

17. Clinically, what will 2013 look like?

Fionna Moore, the Medical Director, outlined 2 scenarios comparing the current response with that in 2013, one involving the treatment of a child injured in a road traffic accident and the second involving an elderly patient with a history of COPD⁶. The treatment outlined for the child illustrated the difference possible by having a more highly trained responder, capable of advanced assessment and undertaking more suitable interventions, able to make triage decision and capable of undertaking transfer to more distant unit. For the elderly patient it was envisaged there would be an ECP actively engaged with patients whose previous history could be accessed, providing medical assistance and helping to ensure that patients maintain their independent status as long as possible.

It was recognised that workforce planning will be crucial to ensure that the right staff are recruited with the appropriate skill set to enable them to be independent practitioners, with emphasis on assessment skills, either Consultant Paramedics or ECPs.

18. Operationally, what will 2013 look like

Peter Bradley, the Chief Executive, outlined what the Service will look like in 2013. The lengthy list included: the completion of the 7 year plan; successful delivery of the pre-hospital care element of the 2012 Olympics; achieving the Healthcare Commission's top rating of 'excellent' for the second year running; reaping the benefit of a revolution in technological advances across the NHS and the LAS; managing a

⁶ COPD: Chronic Obstructive Pulmonary Disease

number of integrated NHS response hubs across London and operating as a Foundation Trust for 3-4 years. In essence, the LAS in 2013 will be *an organisation that looks, feels, delivers and behaves differently; the London Ambulance Emergency Care Foundation Trust*.

19. 2006/07 Service Plan

The Director of Service Development presented the amended 2006/07 Service Plan that included the information previously omitted due to the Commissioners not agreeing funding until 27th March 2006; it also addressed the points made by Board Members at the Trust Board on 28th March 2006.

Comments were invited as to what the proposed balanced scorecard would measure. The Trust Board will receive regular reports on the balanced scorecard. It was suggested that 'overtime' be one of the measurements added to the scorecard.

The Director of Operations confirmed that further discussions would be held with Commissioners regarding the cap on payments for additional work with the aim that an increase in Category A would attract additional funding as opposed to the current system which required an increase in all call categories.

Agreed: The 2006/07 service plan

Meeting concluded at 4.15pm

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD 28th March 2006**

Summary of the Audit Committee minutes, 20th March 2006

1. **Chairman of the Committee:** Barry McDonald
2. **Purpose:** To provide the Trust Board with a summary of the proceedings of the Audit Committee
3. **Noted:**
 1. The internal audit reports completed to date which were given the following received a substantial level of assurances from Bentley Jenison: Payroll, VAT, Training and Development, Debtors, Creditors.

The audit of the asset register received an adequate level of assurance and one significant recommendation due to a lack of independent physical asset verification. Budget holders were not complying with the requirement to report on their assets as part of the 6 monthly accounting processes.

Only one significant recommendation has been made by the internal audits in 2005/06 which is commendable.
 2. The draft 2006/07 internal audit plan
 3. The contents of the technical release: managing the financial implications NICE guidelines
 4. The Audit Commission's progress report included information on the Health Concordat signed by 16 organisations (including the Healthcare Commission and the Audit Commission) that inspect, regulate and audit healthcare in England. Its purpose is to support the improvement of service for the public and to reduce unnecessary burdens on the frontline health sector staff.
 5. The work undertaken by the counter fraud officer.
 6. That there have been 3 incidences where the Trust's standing orders have been waived.
 7. The Committee's workplan and timetable for meetings in 2006/07 (subject to the outcome of the governance review that is currently being undertaken).
- Assurance Framework** – the Committee received a report that set out in detail the assurances in place to assure the Committee that the Trust was compliant with the Standards for Better Health. The Head of Governance confirmed that the items in the assurance framework can be cross referenced to the Trust's risk register. The Committee agreed to recommend the Assurance Framework to the Trust Board on 28th March.
- Risk Register** – the Committee discussed the revised format of the risk register. The Committee was pleased with the new format's enhanced transparency of the risk register.
- Audit Recommendations** – the presented report clearly demonstrated which

of the Auditors recommendations had been implemented, superseded, not implemented or were being implemented.

- **Audit arrangements** – following discussion the Committee agreed to the Internal Auditor’s contract being extended for a further year and noted that a tender for the internal audit service would be undertaken in 2006/07.
- **Minutes Received:** Complaints Panel – 7th December 05

4. **Recommendation THAT the Trust Board note the summary of the discussions of the Audit Committee**

LONDON AMBULANCE SERVICE NHS TRUST

AUDIT COMMITTEE

Monday 20th March 2006

Present:	Barry McDonald Sarah Waller Colin Douglas	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director
In Attendance:	Beryl Magrath Peter Bradley Mike Dinan John Wilkins Michael John Laverne Harris Chris Rising Terry Blackman Robert Brooker Christine McMahon	Non-Executive Director Chief Executive Director of Finance Head of Governance Financial Controller (until 3.35pm) Governance Manager Bentley Jennison Audit Commission Bentley Jennison, Local Counter Fraud Specialist Trust Secretary (Minutes)
Apologies:	Peter Suter	Director of Information Management & Technology.

01/06 Minutes of the last Audit Committee meeting 5th December 2005

Agreed The minutes of the last audit committee meeting held on 5th December 2005 with an amendment to Minute 31.1 that the Auditors Local Evaluation is taking place in 2005/06 and not 2006/07 as stated.

02/06 Matters Arising

- Minute 28: the Trust's possible tax liability has not yet been resolved; it has been deferred until AfC has been full implemented and ESR introduced. A pre-audit by PriceWaterhouseCooper did not give rise to any concern.
- Minute 28: 10% check on compliance with drug control has been superseded by the control system introduced by Operational Support. An internal audit report on drug control will be presented to the Committee in July 2006.
- Minute 29: the PTS internal audit report is still in draft form and will be presented to the Audit Committee in July 2006.
- Minute 30: the Committee was assured that mapping is being undertaken as part of the ESR project plan; an update will be presented to the next meeting. As part of the benefits realisation for ESR the Trust will no longer have 3 systems (HR, Payroll and Finance).
- Minute 32: following the circulation of the Audit Handbook's checklist the Finance Director reported that he received feedback from Barry McDonald, Beryl Magrath and Peter Suter. There were no issues raised that were not being addressed by the current Governance review.
- Minute 32: the NHSLA did not have any objection to the recommendations outlined in the Audit Handbook.

Noted: That the recently published Integrated Governance Handbook also needs to be considered together with the Audit Handbook.

ACTION: Director of Finance

03/06 Assurance Framework – evidence for Final Declaration on Standards for Better Health

The Head of Governance presented the Assurance Framework; the Framework contains evidence compiled to demonstrate compliance with the 24 core standards of the Standards for Better Health. The 7 domains have been mapped to the Trust's 2006/07 service objectives. Beryl Magrath was assured that the Healthcare Standards have been cross referenced to the Trust's Risk Register. The Finance Director commented that SMG receives regular updates on the assurance framework.

Sarah Waller asked about what signatures would be required for the Final Declaration and was told that the Healthcare Standards requires the 'majority of the Trust Board' to endorse the final declaration. However, it was recognised that when the Trust Board meets on 28th March, it will be noting the final declaration and noting that it is assured, rather than the individual Non Executive Directors are assured, that the Trust is fully compliant with the core Standards for Better Health for the period covered by the Final Declaration.

Core standard C5B – PRF completion. Although checking is being undertaken, there will be renewed emphasis from April to ensure that the 10% checking is being undertaken on a consistent basis across the Trust. **ACTION: wording to be changed to 'ongoing checking of PRF'.**

Core standard C5C – the importance of checking registration on a bi-annual basis. It was confirmed that it is the responsibility of every paramedic to ensure that his or her registration is kept up to date. The Finance Director was confident that arrangements are now in place to ensure that paramedics' registrations are being checked on a regular basis.

Risk register – the Governance Manager assured Beryl Magrath that the standards are also to be found on the Trust's Risk Register. It was thought likely that there are risks on the Register that are not included in the healthcare standards.

Core standard C5D – less than 30% of Clinical Performance Indicators have been audited for the year as a whole.

The Head of Governance pointed out that the Healthcare Standards Commission does not proscribe how much evidence must be seen by Trusts Board before they can agree compliance with the core healthcare standards

Agreed: 1. To recommend to the Trust Board on 28th March 2006 that the Assurance Framework gives assurance of full compliance with the 24 core standards and that the Final Declaration must record this (evidence for final declaration on Standards for Better health);

Noted: 2. That the Assurance Framework's format was considered to be very useful and easy to read;

3. That SMG will receive regular reports on the Assurance Framework.

04/06 Internal Audit

Chris Rising of Bentley Jennison presented the Internal audit progress report. Four reports have been concluded from the 2005/06 internal audit plan; 6 reports are at draft stage and a number of others will be completed by 31st March 2006. Five internal audits scheduled for 2005/06 have been deferred to 2006/07 – overtime and expenses will be undertaken once AfC has been embedded; central services, computer audit, mental health strategy, governance

Internal Audit 2004/05 – the Committee considered the following reports:

Payroll: within the 10% sample undertaken there were instances when expense claims were paid in advance of expenditure being incurred. Payroll will be re-audited in 2006/07. The identified weakness of segregation of duties is being addressed; there are safeguards in

place as Payroll has to go via Management Information to access information. Reconciliation is undertaken on a monthly basis between the difference systems used by HR and Payroll and it is anticipated that the introduction of ESR in July will address this issue.

VAT: this audit was given a substantial assurance by the internal auditors. The Finance Manager explained that the calculation has not been done for several years and PriceWaterhouseCooper has been given the necessary information to do calculations to identify whether money can be recovered. It was estimated that the sums involved are minimal.

Training and Development: this audit received substantive assurance by the internal auditors and there were no significant recommendations made. The internal auditors reviewed both the planned and the actual training undertaken by the Education & Development department. The Chief Executive confirmed that the performance indicators will be part of the balanced score card being produced; regular reports will be presented to the Clinical Governance Committee.

The audits of the *Debtors* and the *Creditors* functions received substantive assurance from the Internal Auditors.

Asset Register: one significant issue was identified - independent fixed asset verification. Although there is a good process in place it is not being followed as bi-annual returns on fixed assets are not being done.

Collin Douglas pointed out that if the 'Audit Recommendations' report will only record the significant recommendations the Committee may need to review whether in due course it wishes to have the next level down reported on a regular basis to monitor progress or whether there are key themes that need to be considered instead. In 2005/06 the Auditors made only one 'significant' recommendation. It was recognised that the Committee needs to ensure that actions have been taken against all the recommendations otherwise there is no point in the Auditors making the recommendations.

Noted: The internal auditors had undertaken 137.45 of the planned 208 days in 2005/06 as a number of audits have been deferred to 2006/07.

Internal audit plan 2006/07

The Committee considered the first draft of the 2006/07 internal audit plan which has been closely linked with the Trust's Risk Register. A detailed plan will be presented for the Committee's approval in July 2006. The following suggestions were made: that infection control audit include PTS, A&E vehicles and medical devices plus review the Contractor's Key Performance Indicators.

Personal Development Record (PDR): the audit will ascertain that a consistent approach is being adopted across the Trust. It was commented that many staff will benefit simply from having the opportunity to have 1:1 with their line managers to discuss their development.

Noted: The draft internal audit plan for 2006/07 which is scheduled to be carried out over 200 days.

Technical release: managing the financial implication of NICE guidelines.

Bentley Jennison has issued the following technical release for information: managing the financial implications of NICE guidelines. The Clinical Risk Group will be monitoring the NICE guidelines for relevance to the Ambulance Service and the Assistant Head of Training/Cardiac Lead, Mark Whitbread, has responsibility for reporting on NICE guidelines to the Clinical Risk Group.

Noted: The report

05/06 Audit Commission

Progress report for 2005/06: Terry Blackman (Audit Commission) presented a brief progress report with the Auditors Local Evaluation (ALE); the Trust has found the process to be a useful exercise and is looking forward to receiving feedback.

A *Health Concordat* has been agreed by 14 regulators of the healthcare sector in a bid to reduce bureaucracy burden on the NHS; signatures include the Audit Commission and the Healthcare Commission though not the NHS Litigation Authority. The Concordat is primarily focussed on the sharing of information i.e. key findings following regulatory visits.

- Noted:**
- 1. That ALE is currently being undertaken; an update will be presented at the next Audit Committee meeting in July 2006.**
 - 2. That the audit plan for 2006/07 will be presented in July 2006.**
 - 3. That a Health Concordat has been agreed by 14 regulators of the healthcare system.**

06/06 Report of the Local Counter Fraud Specialist and plan for 2006/07

Robert Brooker presented his report to the Committee on work undertaken to date with relation to counter fraud; e.g. fraudulent emails purporting to come from Barclays Bank, work is being undertaken to ascertain how they got through the Trust's firewalls.

The Committee was informed that a draft report on the national proactive exercise which involved payroll and included checking qualifications, applications etc has been presented to the Finance Director. Nothing was found to warrant further investigation though some 'housekeeping' was recommended. The report will be presented to the Committee in July 2006.

There is one fraud investigation ongoing. It has proved a lengthy process as the member of staff went on sick leave and the Disciplinary Procedure could only be undertaken when he returned to full time work.

- Noted:**
- 1. The report.**
 - 2. That the workplan for 2006/07 will be presented to the next Committee meeting (July 2006).**

07/06 Risk Register Update

The Committee reviewed the Risk Register which contained risks that are the responsibility of Audit Committee to monitor; no high level risks were on the register.

The Committee's attention was drawn to the new risk scoring matrix which gives numerical values to risks (impact/likelihood of recurrence). There were two reports: a summary of the Audit Committee's Risk Register and the Audit Committee's Risk Register itself. The latter report showed the initial rating and the current rating of the individual risks. It was suggested that the wording of the risks and the designated responsible directors be clarified e.g. Risk 9 is the responsibility of MF not DJ. **ACTION: Governance Manager.**

The Committee thought the revised format of the Risk Register was a great improvement on the former format. Significant regradings reflect the mitigating actions instigated to manage the risks. Beryl Magrath commented that it was clear that a number of risks have moved from 'red' to 'green' as a result of mitigating actions being implemented. Risks will be removed from the Register when the responsible Directors are confident that the actions necessary to mitigate the risk have been fully implemented. The Register has an 'end date' column which will be regularly reviewed, re-assessed and revised as necessary.

In conclusion the Chairman referred to the challenge set by Colin Douglas at the December meeting and hoped that the discussions regarding the risks rather than the format of the risk register meant that the challenge had been successfully met.

- Noted:**
- 1. The revised format of the Risk Register which clarified the process and was easier to follow.**
 - 2. That the Finance Director expressed his thanks to the Head of Governance and the Governance Manager for their efforts with the revised risk register.**

08/06 Standing Committee Items

The Committee was informed that there have been 3 waivers of the Trust's standing orders. Two of the waivers involved a contract with Dell Computers which accidentally resulted in the contravention of the Journal of European Union (OJEC) tender rules. As part of the same contract Dell was paid to take away the old PCs rather than the PCs being sold for market price as required by the Trust's standing orders (2.1 and 4.1). The Committee was informed that given the timing in this financial year and the fact that the Information Management & Technology Department is attempting to standardise all PC equipment to reduce support/maintenance costs as well as improving resilience, the decision to use the Nationally Negotiated Framework Agreement was agreed by the Director of Finance. Standing Order 4.1 was waived as the PCs had no material market price, the costs involved in transacting the sale would have outweighed any receipt plus all environmental responsibilities relating to the old equipment passed to Dell Computers when they removed the equipment.

The Committee was informed that it has recently come to light that a number of staff have travelled outside the European Union without the necessary permission of the Trust Board as required under the Standing Order 44.1, 44.3. Measures are being taken to ensure that the Standing Orders are adhered to in future.

The Committee considered the breaches of the Standing Orders. The Committee was satisfied that the breaches were inadvertent and that policies and processes were being reviewed to ensure there was no repeat. The importance of Officers being conversant with new procurement rules was recognised. In terms of the disposal of the old computers an alternative would be sought in future though it was recognised that electrical goods are difficult to donate to charities/schools (product liability). With regard to the travelling outside the European Union without permission – this had come to light when the Chief Executive asked his Executive Officer to investigate. Approximately 50 members of staff have travelled to conferences etc representing the Trust without permission being given. Further investigations are taking place and the process will be tightened up. A full update will be presented in July 2006.

- Noted:**
- 1. The report**
 - 2. That there were no entries in the Director's Hospitality Register since the Audit Committee's December 2005 meeting.**
 - 3. That there have been three occasions when the Standing Orders have been waived since the Committee's December 2005 meeting.**

09/06 Audit arrangements 2006/07

The Committee considered the audit arrangements for 2006/07: it was noted that inspection by the Audit Commission is mandatory (although if the Trust becomes a Foundation Trust then this position will change) and Counter Fraud (though Bentley Jennison) is contracted for separately by the Trust. The Committee discussed the proposal that Bentley Jennison's contract be extended for a further year (their contract, which has already been extended once, is for three years with a possible two extensions).

- Agreed:** 1. That Bentley Jennison's contract be extended for a further year;
Noted: 2. That a tender exercise for internal audit would be undertaken in July 2006.

10/06 Audit Recommendations

The Committee considered the report and thought the presentation of information was very helpful. The report consisted of: recommendations that are being implemented, have been implemented, have been superseded and recommendations that have not been implemented.

Colin Douglas was informed that once an audit recommendation is implemented it will be removed from one list and be added to another list; the internal audit process will be used to verify the successful implementation of the previous recommendations. It was recognised that one of the measurable items for Assistant Directors of Operations is the implementation of the audit recommendations e.g. driving licence checks. It is intended that the implementation of the audit recommendations will be a regular report to the Senior Management Group; the balanced scorecards will measure compliance.

BJSTA5006 R15 – claims in expectation of costs incurred rather than costs actually incurred. This practice was brought to light during audits of certain ambulance stations in July 2005. Since then the new management structure has been put in place. It was expected that the forthcoming station audits in 2006/07 will demonstrate that policies and processes are being adhered to. The new management structure includes an expectation that managers will take responsibility for the implementation of audit recommendations.

- Noted:**
1. The report, the clarity of which was much appreciated.
 2. The Finance Director thanked the Head of Governance and the Governance Manager for their efforts with the Audit Recommendations report.
 3. Superseded recommendations: BJSTA0405, R22, reason to be checked by the Head of Governance as drug control is not part of Fleet Audit. ACTION: Head of Governance to double check.

11/06 Minutes of the Complaints Panel- 7th December 2005

- Noted:**
1. The minutes of the Complaints Panel – 7th December 2005.
 2. That the Trust has systems in place to ensure that lessons are learnt from complaints.
 3. That a review of the Professional Standards Unit has recently been concluded and its recommendations are being considered by the Senior Management Group.

12/06 Workplan and timetable for meetings 2005/06

- Noted:**
1. That the workplan will need to be reviewed in the light of the recommendations contained in the Audit Handbook and the Governance Review being undertaken.
 2. That the Audit Committee is scheduled to meet at 2.30pm on Monday, 3rd July 2006.

Meeting finished at 4.45pm

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD - 28th March 2006

SUMMARY OF THE MINUTES

RISK MANAGEMENT COMMITTEE - 20TH MARCH 2006

1. **Chairman of the Committee** **Barry McDonald**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Risk Management Committee**

3. **NHSLA Assessment** - following the NHSLA assessment in January 2006 the Trust retained its level two for pre-hospital care. The NHSLA had offered the LAS an opportunity to achieve Level 3 in 6 months. The Trust decided to wait and be reassessed as part of the normal evaluation process in January 2007. An action plan is being put in place to address the areas highlighted as weak by the NHSLA.

 Risk Register – the Committee reviewed the risks on the Trust’s risk register which the Risk Management Committee is responsible for. The Committee was pleased with the revised format as it enabled greater transparency on how risk was being managed by the Trust.

The new matrix used a numerical basis based on likelihood/impact. Following a trust wide risk assessment being undertaken in May 2006 a report on the Trust’s risk register will be presented to the Trust Board, possibly in July 2006. The Chief Executive suggested that the lead Directors should review the ratings assigned to their respective risks.

 Minutes Received:
Information Governance Panel, 7th December 2005
Clinical Governance Committee, 16th January 2006
Risk Management Group, 1st February 2006

4. **Recommendation** **THAT the Trust Board note the summary of the discussions of the Risk Management Committee**

As this was possibly the final meeting of the Risk Management Committee (given that its functions are likely to be subsumed into a revised Audit Committee should the recommendations of the governance review be implemented) the Chairman thanked everyone for their contribution.

LONDON AMBULANCE SERVICE NHS TRUST

RISK MANAGEMENT COMMITTEE

Monday 20th March 2006, 4.30pm, Meeting Room, Loman Street

Present:	Barry McDonald Sarah Waller	Non-Executive Director (Chair) Non-Executive Director
In Attendance:	Beryl Magrath Peter Bradley Fionna Moore Mike Dinan John Wilkins Nicola Foad Laverne Harris Christine McMahon	Non-Executive Director Chief Executive Medical Director Director of Finance Head of Governance Head of Legal Services Governance Manager Trust Secretary (Minutes)
Apologies:	Caron Hitchen Peter Suter	Director of HR and Organisation Development Director of Information Management & Technology.

01/06 The Minutes of the last Risk Management Committee on 5th December 2006

Agreed: 1. **The minutes of the last Risk Management Committee meeting on 5th December 2006**

- Noted:**
- 2. Minute 15/05 – the Trust has advertised for a midwife for a one year secondment; it is hoped that an appointment will be made in April 2006.**
 - 3. Minute 18/05 - the Healthcare Commission Inspectors visited the Trust in February 2006 to review the Trust's compliance with 5 of the Standards for Better Health. The Inspectors were satisfied that the Trust was compliant in the 5 core standards reviewed; unfortunately the inspection itself could not be cited as additional proof of compliance with the Standards.**
 - 4. Minute 18/05 – clarification is being sought as to what signatures will be necessary for the final declaration regarding the Standards for Better Health. ACTION: Head of Governance**
 - 5. Minute 19/05 - further analysis is being undertaken of claims received with regard to damaged to First Response Units (FRUs) and Ambulances found on inspection. There is data available regarding claims incurred via complex/ambulance station; efforts are being made to ensure that there is a greater degree of responsibility taken by front line crews for reporting damage to vehicles. ACTION: Finance Director.**
 - 6. That a Health Concordat of Healthcare Regulators (including the Audit Commission and the Healthcare Commission) has recently been signed by 14 healthcare organisations (albeit with the exception of the NHSLA).**

02/06 Update re. NHSLA Level 3 assessment 23rd & 24th January 2006

The Head of Governance reported that, following the NHSLA's assessment in January, the Trust had retained its Level 2 compliance with the Risk Management standard for provision of pre hospital care in the Ambulance Service.

Although the Trust was invited by the NHSLA to extend the assessment period until July 2006 so that Level 3 could be achieved, it was decided that the Trust should be applying for Level 3 in January 2007. A draft action plan for attaining Level 3 in January 2007 is to be discussed at the Clinical Risk Group on 21st March 2006. The purpose of the action plan is to ensure that the momentum of preparing for the assessment in January is not lost and that

the necessary policies/processes are in place. The first part of the plan involves collating and updating the evidence requirements on the NHSLA Level 3 checklist which must be sent to the NHSLA assessor by the end of October. The NHSLA assessment has been a good learning experience for the Trust and has highlighted areas that require attention e.g. regular checking of driving licenses.

Although the Trust would have achieved some savings it had successfully attained Level 3, this in turn would have probably been offset by the continuing increase in the NHSLA's premiums. The Committee was informed that the Ambulance Service Association (ASA) is investigating whether an insurance pool could be established by Ambulance Services themselves. The Finance Director undertook to keep the Audit Committee informed of progress. **ACTION: Finance Director.**

Noted:

- 1. That the Trust retained its Level 2 standard of pre hospital care.**
- 2. That the Trust will be re-assessed for Level 3 standard of pre hospital care in January 2007.**

03/06 Risk Register

The Committee considered a summary of the risks that the Risk Management Committee is responsible for. A supplementary report contained detailed information about the risks including their initial and current risk scoring. Through the use of the new risk matrix (impact/consequence) a numerical value has been given to the Trust's risks. A Trust-wide Risk Assessment will be undertaken in May 2006 to ensure that the Risk Register reflects the Trust's current risk environment. A report regarding all the risks on the Risk Register will be presented to the Trust Board, possibly in July 2006.

The Committee discussed Risk 23 (adverse outcomes in maternity cases) which has been given a rating of 20; given the possible cost of claims this is always going to be a significant risk for the Trust. As the Trust is taking action to mitigate the risk (e.g. employing a midwife) the risk may be regraded to 16. It was recognised that risk 102 has risen rather than declined. The Medical Director suggested that 1A (risk of paramedics failing to qualify for registration) should be regraded.

The Chief Executive suggested that the risk scoring be reviewed by the Senior Management Group to ensure that the responsible Directors are satisfied with the ratings ascribed to the risks. The Governance Manager will produce exception reports for SMG concerning management of risks. **ACTION: Governance Manager.**

Noted: The report

04/06 Minutes from Meetings

1. Information Governance Panel – 7th December 2005

Minute 8: Due to the anti-virus software being placed on a single server the number of infections suffered by the Trust's computers decreased from 1120 (2nd quarter 05/06) to 620 (3rd quarter 05/06); these infections had penetrated the Trust's 1st and 2nd firewall.

Minute 5 (action10) the use of unauthorised external devices is being addressed.

The Trust has introduced private email for all staff.

Minute 7: it was reported that the ban on unauthorised websites (e.g. the National Lottery) will continue although complaints have been received from a number of staff

NOTED: the minutes of the Information Governance Panel, 7th December 2006.

2. Clinical Governance Committee – 16th January 2006

NOTED: the minutes of the Clinical Governance Committee, 16th January 2006.

3. Risk Management Group – 1st February 2006

Minute 7: the Risk Management Group considered the revised format of the Risk Register and the scoring system being used to give a numerical value to the risk.

Beryl Magrath commented that her perception of the new Risk Register was that it allowed monitoring, progression and grading of risks. The new system made it easier for input from people at different levels of organisation with regard to the different threats to the Trust's performance/success. The risks on the Risk Register will be reviewed when the Trust-wide Risk Assessment is undertaken in May 2006.

NOTED: the minutes of the Risk Management Group – 1st February 2006

05/06 Any Other Business

In light of the ongoing Governance Review it is probable that this may be the final meeting of the Risk Management Committee. The Chairman thanked the members and attendees for their efforts in managing the Trust's risk. It is likely that the Committee's responsibilities for risk management will fall within the remit of the Risk Compliance and Assurance Group.

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

If there is a further meeting of the Risk Management Committee it will take place on Monday, 3rd July 2006 at 4.15pm, LAS Conference Room

The meeting concluded at 5.00pm

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 28th February 2006 at 10:00 a.m.

Held in the Burns Room, Union Jack Club, Sandell Street, London SE1 8SD

Present:	Sigurd Reinton Peter Bradley	Chairman Chief Executive (<i>departed at 12.10pm</i>)
	Barry MacDonald Sarah Waller Colin Douglas Beryl Magrath	Non Executive Non Executive Non Executive Non Executive
In attendance:	Caron Hitchen Fionna Moore Mike Dinan Martin Flaherty Peter Suter David Jervis Kathy Jones Mark Whitbread Rachael Donohoe Jo Smith Martin Brand Roy Griffins Christine McMahon	Director of Human Resources & Organisation Development Medical Director Director of Finance Director of Operations Director of Information Management & Technology Director of Communications Director of Service Development (<i>until 12.50pm</i>) Clinical Practice Manager Head of Clinical Audit & Research Unit Community Resuscitation Officer Head of Programming and Projects Observer (<i>from 11.30am</i>) Trust Secretary (minutes)

The Chairman welcomed Roy Griffins (who has been appointed a Non-Executive Director of the Trust with effect from 1st March 2006) who joined the meeting as an observer at 11.30am.

01/06 Minutes of the Meeting held on 20th December 2005

The Chairman **signed** the Minutes as a correct record of the meeting held on 20th December 2005.

Minute 47/05: As part of the current negotiations with the Commissioners, it is being argued that additional funding should be forthcoming when there is an increase in the volume of Category A 8 minute calls and not, as present, only when there is an increase in all call categories.

02/06 Chairman's Update

The Committee was informed that a press release will be issued announcing the new appointments to the Trust Board following confirmation by the Appointments Commission of Colin Douglas's successor on the Trust Board.

It appears certain that John Bacon, who has been appointed transitional Director for London, is not keen to undertake the post on a permanent basis. The Chairman circulated an article from the Financial Times (28th February 2006) which suggested that Sir Nigel Crisp's future as Chief Executive of the NHS was uncertain.

The Trust has enjoyed good relations with both John Bacon and Sir Nigel Crisp and will need to ensure that equally good relationships were forged when the new appointments are made.

The Chairman was pleased to announce that confirmation had been received that £7.5m of the expected £8m CBRN money is now forthcoming, with the assurance that the money will be recurrent. The Chief Executive had been asked to ensure that the recurrent funding included an inflationary uplift. Additional assurance had been received from David Cockayne, private secretary to Sir Nigel Crisp, that the £5m terrorist resilience funding would also be forthcoming.

The recent uncertainty as to whether the additional funding would be received had persuaded the Chairman that there might be some advantage to Foundation Trust status, about which, previously, he had been sceptical. With Foundation Trust status there was the expectation that trusts would enter into formal contracts for activities additional to their core Service Level Agreements; contracts which would be legally enforceable.

The appointments to the pool of Chief Executives for the proposed reconfigured ambulance services would be announced around 8th March 2006. The consultation on the reconfiguration would conclude on 22nd March 2006.

There was a brief discussion around the fact that the new Non Executives were joining the Trust at a difficult time following a number of highly successful years. The point was made that their induction would need to include a historical perspective on the LAS, an overview of the NHS and the pressures its current situation creates on the Service. The Chairman did not disagree but was confident that the new Non Executives would take a pragmatic approach, being possessed of the necessary experience to put the recent difficulties the Trust had faced and is still facing in perspective.

03/06 Agenda for Change

The Director of HR and Organisation Development gave a brief update on progress to date with implementation of Agenda for Change (AfC). By the end of February 2006, 81% of the workforce would have been assimilated and it was anticipated that over 91% of the workforce would be assimilated by the end of March. With the exception of Emergency Medical Dispatchers, all the large groups of staff had been assimilated. In comparison with other Trusts, the LAS had received a very low number of appeals. This may change as more individual posts were placed in bands.

Two major challenges remained with regard to AfC and front line staff: cutting the working week to 37.5 hours and incorporating meal breaks. During the next few weeks proposals will be developed to practically introduce meal breaks thus reducing the working week. Other Ambulance trusts have adopted various approaches; there is therefore no consistent national approach.

In response to a question from Beryl Magrath, the HR Director confirmed that members of staff who worked 39 hours per week were currently receiving a payment of 1.5 hours overtime until such time as their rotas could be amended to enable them to work a 37.5 hour shift per week.

Sarah Waller was informed that under the AfC agreement there was only one opportunity of appeal against a banding decision. The Trust's grievance policy did not apply to nationally agreed terms and conditions.

Noted: The report

04/06 Finance report – Month 10

The Finance Director reported that for Month 10 the Trust had a favourable variance of £293,000. The end of year forecast was that the Trust would have £250,000 surplus; based on the assumption that the Trust would receive the £8m CBRN and £5m terrorist resilience funding. He undertook to inform the Chairman and NEDs when the additional funds were received by the LAS. **ACTION: Finance Director.**

In response to a question from Sarah Waller, the Finance Director confirmed that the Trust had achieved savings of £2.2 million against the target of £3m. The majority of savings had been achieved from non-operational rather than operational functions; he suggested that savings be discussed in greater detail at the Trust Board in March 2006.

The Finance Director assured Beryl Magrath that he was confident that the Trust had sufficient funding for AfC. The Audit Commission had undertaken a number of audits which satisfactorily demonstrated that the Trust had the necessary safeguards in place. The £1.5m impact of the EMT4 agreement was the only material unplanned variance from the original AfC estimate. He praised the efforts of Martyn Salter (the Deputy Director of Finance) and Mark Jones (the former Director of Finance) for the quality of the AfC financial modelling they had undertaken in 2004.

The Finance Director reported that an action plan had been taken to address continued PTS losses of £30,000 per month. With regard to Emergency Care Practitioners (ECPs) the Trust was responding robustly to PCTs, such as Havering, seeking to withdraw funding.

The Committee's attention was drawn to the high percentage of creditors. Public Sector Payment Policy for the LAS was 80%. This was lower than planned. Caution regarding the CSBRN funding has been a factor here.

It was expected that £188m would be top-sliced from London's funding for 2006/07 as a result of the deficit incurred by the London health economy this year. The Finance Director felt that it was clear that inherent funding did not reflect the quality of Category A work undertaken. Negotiations were continuing with the Commissioners to agree the level of developmental funding the Trust would receive in 2006/07. Financial modelling was being undertaken to see how the LAS could achieve a less uneven performance across PCTs – and meet its response time targets under the new clock start regime.

Beryl Magrath was assured that the Trust was using the NHS Vodafone deal which offers very good value – and that this is kept under review regularly.

Noted: The finance report for month 10.

05/06 Performance Update

The Director of Operations reported that Category A 8 minute performance for January was 76.2%; February's performance to date was 73.8% for Category A 8 minutes, 94.5% for Category A14 minutes and 74% for Category B 14 minutes. These are 'raw numbers' – i.e., before inputting the information from Patient Report Forms (PRFs) where that is more accurate.

All but one of the actions listed on the action plan presented to the Trust Board in January to improve response time performance had been implemented; the exception being the transfer of the Fast Response Units (FRUs) to sector desks. Some issues that came up during testing could not be quickly resolved and it was therefore decided that the FRUs would be transferred to sector desks in April 2006. During mid-February workload rose considerably, with over 18000 calls a week being received for the middle two weeks of the month making it the busiest two weeks the Service had ever seen. Research was being undertaken to understand the reasons for the increase in demand. There has been an unusually high number of calls relating to respiratory problems and influenza.

Staffing continued to be difficult, with a high number of vacancies and more difficulty than usual in getting crews to do overtime, due to the ongoing AfC back payments to staff (paramedics and technicians were recently paid £1,000 as the final part of their arrears). In addition, there had been a high level of sickness, which was

to be expected this time of year, and there had also been the impact of half term with a number of staff requiring annual leave owing to child care responsibilities.

Further actions were being considered for the final four weeks of the financial year, including improving the utilisation of FRUs by increasing the staffing on the FRU dispatch desk, and setting targets for both performance and volume of calls dealt with by the FRUs. Everything possible was being done to mitigate against the fall in performance associated with the evening changeover by bringing extra management resources on duty during this period. Consideration was being given to using Ambulance Liaison Officers from support services and PTS managers at hospitals to support staff and improve turnaround times at hospitals. Work continued to maximise the use of (Emergency Care Practitioners (ECPs) and to provide additional PTS and St John and Red Cross vehicles for Urgent Care. The use of Clinical Telephone Advice was also being increased during March. Their effectiveness, and hence the number of saved ambulance journeys, continued to improve.

The Director of Operations and the Director of Communications were working on a communications package to support the final push to achieve the performance figures.

The Patient Report Form (PRF) quality assurance programme was continuing as planned; to date checking had been completed for November, December and January. The South West London Strategic Health Authority and the Commissioners had both expressed their ongoing support for the work being undertaken. PRFs for the whole year would now be checked: the Director of Operations reported that the work on the three months of PRFs had yielded a 1% improvement per month with an overall year to date improvement figure of circa 0.3%. The process would be completed by the end of April when the final return would be made to the Department of Health.

To achieve the performance target for Category A 8 minutes, the Trust would need to hit 80% for the month of March. The Director of Operations accepted that it would be difficult but thought it was still achievable.

In reply to a question from Beryl Magrath, the Director of Operations clarified that only PRFs relating to calls where the 8 and 14 minute targets had been missed were being checked against computerised satellite navigation data held by the Trust. This enabled verification of whether the target of 8 or 14 minutes was in fact achieved but not properly recorded due, in some cases, to crews not pressing the button promptly when they arrived on scene. Of the 700 PRFs checked where there was a potential correction to be made, only 300 were finally accepted (and a correction accordingly made to the response time).

Colin Douglas asked what had been the Trust's best monthly performance and was told it was 79% for Category A 8 minutes eighteen months ago. He queried whether the extra efforts being made to achieve the performance targets were worth it if there was a strong possibility that an 80% performance per day for March was unlikely.

The Operations Director agreed that, although it was difficult to motivate staff and managers to achieve a challenging target, he still felt that it was achievable. The Chief Executive felt that not achieving the performance targets would be a sad reflection on the Trust. He pointed out that from April 2006 the performance targets for the LAS would be tightened. He recognised that the Trust would need to make substantial changes to ensure that the new performance targets were achieved.

The Chief Executive referred to his recent consultation meetings where staff expressed discontent that only one in four of the Category A calls they attended were life-threatening. During the last week of February, Category A 8 minute calls accounted for 40% of the calls received by the LAS. The Chairman suggested that

Advanced Medical Priority Despatch System (AMPDS) might be part of the problem. The way AMPDS questions are asked result in a high number of Category A calls. The Medical Director thought that there had been an improvement in the questioning used in the AMPDS 11.2 version; the main difficulty centred on the question around severe difficulty in breathing and whether the patient had changed colour. If the answer to the question was 'yes' it automatically became a Category A, requiring an 8 minute response. An audit of 'severe difficulties in breathing' found that approximately 50% required a blue call to hospital. She suggested that the problem might be solved by the inclusion of a supplementary question such as "what colour?"

Sarah Waller asked that the research into the increased demand in February be shared with the NEDs in due course **ACTION: Chief Executive**

Noted: The report and the actions being taken to achieve the performance targets for 2006/07.

06/06 Update on Cardiac Care Strategy

The Medical Director introduced Mark Whitbread (Clinical Practice Manager), Rachael Donohoe (Head of Clinical Audit & Research) and Jo Smith (Community Defibrillator Officer). They were invited to update the Committee on the Trust's cardiac care strategy.

The Clinical Practice Manager explained that the Trust had been closely involved with implementing the recommendations of the Coronary Heart Disease National Service Framework (CHD-NSF) in particular standards 5 and 6. Recently, work had been undertaken to implement Chapter 8, 'Sudden Cardiac Death and Arrhythmias', which is a new addition to CHD-NSF. Four of the nine recommendations issued by the report 'Capital Heartbeat 2001-04' have been implemented. One of the recommendations concerned the deployment of first responders and referred to involving the London Fire Brigade. Talks had been taking place with the Fire Brigade but were interrupted by the FBU dispute and no progress has since being made.

Talks were ongoing with the Fire Brigade concerning Firemen being first responders.

As part of its cardiac care strategy, the LAS had adopted a policy of immediate transport to a Cardiac Care Unit for Primary Angioplasty which evidence shows is more clinically effective than pre-hospital thrombolysis. Although the majority of English ambulance services use thrombolysis there are some question marks regarding its efficacy: it only works for 60-70% of patients and a large number of patients are excluded on the grounds of blood pressure or age.

In London, approximately 1,000 patients had been taken directly to heart attack centres to receive Primary Angioplasty. There are currently nine such 'heart attack centres' in London; from April 2006 they will be open 24/7. The Trust will introduce a pan-London cardiac care strategy with effect from April 2006. Research has shown that Primary Angioplasty is a better treatment than pre-hospital thrombolysis for patients suffering acute myocardial infarction; there being no difference as a function of age or blood pressure. The other advantage was the cost savings generated for the NHS health economy as a whole as Angioplasty resulted in a shorter stay in hospital (2-3 days in uncomplicated cases as opposed to 8-10 days for thrombolysis followed by surgery).

The Community Defibrillator Officer explained the background to the Community Defibrillation Project. In 2000 the Department of Health introduced 600 defibrillators into public places, circa 300 being sited in London. From 1st February 2005 responsibility for the project was devolved upon Ambulance Services. The Trust's Community Defibrillator Officer's post was funded from the National

Lottery. An additional 120 defibrillators had been acquired for placement around London.

Auditing the defibrillators' data and training/retraining first responders continued. The major Oxford Street stores had been approached for permission to site defibrillators on their premises and for some of their staff to be trained as first responders. It is hoped that if these stores take part in the scheme other businesses around the country would be encouraged to participate.

The Head of Clinical Audit and Research outlined the audit being undertaken to measure cardiac arrest survival rates. Data had been collected on cardiac arrests occurring in the Greater London area since 1997; STEMI data had been collected since 2002. The data is acquired from a number of sources: the call received by EOC, PRFs, FR2 defibrillators, the tracking of patients to hospital and their outcomes. All this information is collected and analysed by the Clinical Audit & Research Department.

Of the 10,000 cardiac arrests the LAS responds to in a year, 58% were found dead beyond resuscitation, 33% would have an underlying cardiac anomaly; 6% non-cardiac (drug overdose, terminal illness etc) and 3% trauma.

The LAS uses the Utstein template⁷ which includes only a select group of the cardiac patients who receive treatment so as to allow comparisons on an international basis with out of hospital cardiac survival rates. In 1989/89 the survival rate in London was 4.2% and in 2004/05 8.6%. The Head of Clinical Audit & Research Unit estimated that the survival rate for 2005/06 would be 9%.

It was recognised that, compared to Seattle, which has a survival rate figure of 25-29%, London has some way to go. The reasons for the improvement in London included: getting to the patient faster (both in terms of response times and time to first shock); transporting the patient to the hospitals faster; using 12 lead ECGs that enable crews to identify myocardial infarction which means that the correct treatment can be given and the patient taken to the correct hospital for the appropriate treatment; the introduction of the new FR2 defibrillator; defibrillators in public places and increasing public awareness e.g. efforts of the Community Resuscitation team and the 'Live or Let Die' campaign.

Progress had been made on how data is collected. Previously, the Trust had been dependent on the goodwill of hospital staff for data on patients' outcomes but now the Trust could access data from the MINAP database⁸ and the National Patient Tracing Service which means that more outcomes can be tracked, less data was missing thus giving greater confidence in the accuracy of the survival figures being produced.

Further work included raising the profile of cardiac care strategy, raising staff awareness of the changes to the guidelines which have been made to reflect the work done on the 'SISTER' project.⁹ From 1st April the Trust would be introducing the new Resuscitation Guidelines and conveying patients with 12 lead ECG confirmed ST elevation myocardial infarction to 'heart attack centres' (units offering primary angioplasty). In addition the danger of cardiac arrests amongst 3-30 years was being highlighted - between four and eight teenagers die each week from undiagnosed cardiac arrests. The Trust would shortly be trialling Autopulse and LUCAS devices at Heathrow Airport, automatic chest compression devices used to do high quality compression.

⁷ Utstein template: cardiac aetiology & resuscitation attempt; bystander witnessed, initial rhythm VF/VT.

⁸ MINAP: Myocardial Infarction National Audit Programme

⁹ The 'SISTER' project comprises ambulance services from Norway and Sweden, who with the LAS and Laerdal have produced a defibrillator that monitors compression rate, depth and ventilation information.

In response to a question from Beryl Magrath, it was confirmed that to reach the Seattle survival rates of 25-29% there would need to be a greater response from the London population. Through its own efforts, the Trust may achieve cardiac survival rates of 10-15%. Colin Douglas suggested that the preparations for the London Olympics offered an opportunity for the Trust to publicise the work of the Community Resuscitation team. He was assured that the Trust was involved in the preparations for the London Olympics.

Sarah Waller asked whether the City of London Police were willing to act as first responders and was informed that they self respond and are not tasked by the LAS; to date they have had one survivor a year. Discussions were taking place with the Metropolitan Police with a view to placing defibrillators in custody suites. Given the level of other demands, Metropolitan Police Officers were often not keen to be first responders.

It was recognised that the success of the cardiac care strategy was a positive media story, both for internal and external audiences. The Medical Director reported that 80 members of LAS staff had recently attended the Angioplasty open day held by King's College London.

Noted: The success to date of the Trust's Cardiac Care Strategy.

07/06 Review draft 7 year plan

The Director of Service Development presented a draft of the Seven Year Plan and drew the Committee's attention in particular to pages 54-64, the blueprint, which contained stakeholders' feedback transformed into aspirations for the Trust written as if they had already been achieved by the Trust. Work was continuing, for example with the budget setting process, all Directors having been asked to examine their budgets from a zero-based approach and to submit bids for developmental work they wished to undertake in 2006/07.

In general, feedback from the Committee was favourable, the majority finding the scenario outlined for 2015 to be very helpful. A number of comments were made as to whether full consideration had been given to possible developments in the London health economy, possible technological advancements and changes to the funding arrangements, e.g. the impact of Payment By Results.

Colin Douglas challenged the view that fewer complaints should be a target, he suggested that complaining needed to be made easier and that it is a useful learning tool for the Trust. He was assured that discussions had taken place regarding market research being undertaken to provide feedback information for the Trust.

The Chairman thought the Plan needed to distinguish between the Trust's strategy for the next seven years and its plan for the seven years. He felt that a lot of what was contained in the document was a plan rather than a strategy. A strategy would enable the Trust to respond to future developments secure in the knowledge of what it wished to achieve at the end of the seven year period. He suggested that, once the work was completed and the essence distilled into a strategy, it could then be communicated to internal and external audiences.

The Director of Service Development thanked the Committee for their comments and welcomed any further comments that Members might wish to share with her following the meeting. The final version, to be presented to the Trust Board on 23rd May 2006, would include two further documents: an executive summary and a Gantt chart.

The Committee was informed that the intention would be for the project management of the Seven Year Plan to be different from that of the Service Improvement Plan and it would be designed to respond to the likelihood of change owing to altered circumstances.

- Noted:**
- 1. The draft seven year plan.**
 - 2. That the final version of the seven year plan will be presented for approval to the Trust Board in May 2006.**

08/06 Review draft 7 year workforce plan

The HR Director presented the approach being taken in developing the workforce plan for the Committee's comments. A modelling tool had been developed by the Deputy Director of Finance which could be flexed to test different assumptions for the duration of the Seven Year Plan. The model can translate a wide range of different assumptions about the number of calls and the mix between red, amber and green incidents into workforce requirements by skill type and level.

The delivery of the workforce plan will require further work around the level of skills required in the future to respond in a clinically safe way to the expected increase in demand. The Senior Management Group had had initial discussions regarding the plan but these had not yet been shared with staff side representatives; discussions would shortly be taking place.

Beryl Magrath thought the draft was an excellent start as it provided options on future workforce requirements in order to respond to rising demands in different areas of need. The HR Director assured Beryl Magrath that psychometric testing formed part of the recruitment process.

It was recognised that green calls, whilst not immediately life threatening, could often be the most complex cases as they can be the result a number of underlying conditions. Crews require a high degree of diagnostic skill at the initial stage so as to ensure the most the appropriate response, treatment or referral. The Medical Director thought that, regardless of whether the Trust continued to use AMPDS or its equivalent, some sort of clinical review of amber and green calls and most of the Category A 8 minute calls would be required. In all probability, enhanced solo responders would need to be despatched in a high proportion of cases.

Colin Douglas pointed out that there is a drive to ensure that patients are not taken to hospital but that alternate care pathways are provided for patients. The likelihood is that the least urgent cases would require the highly skilled clinicians.

Noted: The draft Seven Year Workforce Plan.

09/06 Proposed new governance and risk management arrangements.

Beryl Magrath presented her proposal for new Trust governance and risk management arrangements. Although good systems were in place (a view supported by the Auditors) areas of weakness were identifiable.

She proposed that the remit of the Audit Committee be expanded to receive assurance regarding financial, organisational and clinical activity undertaken within the Trust. She felt it was important that employees, from the Chief Executive to front line crews, were engaged in the governance process. The proposed changes were designed to promote integrated governance and a more efficient use of staff's time, e.g. the amalgamation of the clinical risk group and the clinical governance committee into one clinical committee.

Following a discussion of the proposal, the Chairman suggested that further work needed to be undertaken to draw out exactly what options had been considered, the reasons for their rejection and what the final recommendations to the Trust Board would be. The matter would be discussed again at the next Service Development Committee (April 2006) with a final decision being made by the Trust Board in May 2006. It was important that decisions were not made in haste and further discussion would enable the new Non Executive Directors to contribute to the discussion on future governance arrangements for the Trust.

Noted: The progress to date and that a further report will be presented to the SDC meeting in April 2006.

10/06 Update on Healthcare Commission criteria for 2005/06

The Director of Development explained what criteria the Healthcare Commission would be applying for measuring performance in 2005/06.

In 2004/05, under the previous assessment system, the Trust attained two stars. For 2005/06 the Healthcare Commission would be changing the way performance was measured. The new assessment would include three elements: Core Standards for Better Health, existing targets and new targets. Following submission of the draft declaration in October 2005, the Healthcare Commission undertook to visit 10% of Trusts to verify submissions.

On the 7th February 2006 the LAS had been visited by Healthcare Commission inspectors who undertook a paper review of the Trust's declaration against five of the core standards. The inspectors would be giving feedback to the Trust following the SDC's meeting today (28th February 2006); their findings would be reported to the Trust Board on 28th March 2006.

The LAS may need to challenge one of the measures being used by the Healthcare Commission i.e. thrombolysis, 60 minutes call to needle time. The Trust prefers Primary Angioplasty rather than thrombolysis as it had proved to be a more clinically effective treatment. Other new targets include: compliance with guidelines issued by the National Institute for Clinical Excellence (NICE) and the latest version of the Joint Royal Colleges' ambulance liaison committee guidelines on self harm, overdose and poisoning; infection control; participation in audits; response to 'Taking Healthcare to the Patients' and smoke-free NHS. The HR Director added that the LAS would be completely smoke-free by the London NHS' deadline of 2006.

11/06 Any Other Business

Noted: The proposed dates for the Service Development Committee in 2007.

12/06 Date of future meetings:

The next meeting of the SDC will be the Chairman's Away Day on Tuesday 25th April 2006 – Holiday Inn Hotel, Coram Street, Bloomsbury.

The meeting concluded at 13.10pm