

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 25<sup>th</sup> July 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 23<sup>rd</sup> May 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. Audited accounts for 2005/06 for approval      Enclosure 4
8. Month 3 2006/07 Financial Report.      Enclosure 5
9. Report of the Medical Director      Enclosure 6
10. Receive update regarding strategic outline case CAD 2010      Enclosure 7
11. Update on the implementation of the Governance Review and approve terms of reference for the Audit Committee and Clinical Governance Committee.      Enclosure 8
12. Review & re-approve Freedom of Information policy      Enclosure 9
13. Note the LAS' response to the commissioning arrangements for London      Enclosure 10
14. Report from Trust Secretary on tenders opened since last Board meeting & the use of the Trust Seal.      Enclosure 11
15. Draft minutes of the Audit Committee, 3<sup>rd</sup> July 2006      Enclosure 12
16. Draft minutes of the Service Development Committee, 27<sup>th</sup> June 2006      Enclosure 13
17. Draft minutes of the Charitable Funds Committee, 27<sup>th</sup> June 2006      Enclosure 14
18. Draft minutes of the Clinical Governance Committee, 15<sup>th</sup> May 2006      Enclosure 15
19. Any Other Business.
20. Opportunity for Members of the Public to ask Questions.
21. Date and Venue of the Next Trust Board Meeting.  
26<sup>th</sup> September 2006, 10.00am at 220 Waterloo Road, London SE1

**LONDON AMBULANCE SERVICE**

**TRUST BOARD**

**Tuesday 23<sup>rd</sup> May 2006**

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

**Present:** Sigurd Reinton                      Chairman  
Peter Bradley                                  Chief Executive

Non Executive Directors

Barry MacDonald	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director
Ingrid Prescod	Non Executive Director
Roy Griffins	Non Executive Director

Executive Directors

Mike Dinan	Director of Finance
Fionna Moore	Medical Director
Caron Hitchen	Director of Human Resources & Organisation Development

**Apologies:**

Caroline Silver	Non Executive Director
Martin Flaherty	Director of Operations

**In Attendance:**

David Jervis	Director of Communications
Peter Suter	Director of Management Information & Technology
Kathy Jones	Director of Service Development
Russell Smith	Deputy Director of Operations
John Wilkins	Head of Governance
Ian Todd	Assistant Director of Operations, Urgent Care
Martin Brand	Head of Planning & Programme Management
Christine McMahan	Trust Secretary (Minutes)

The Chairman welcomed Russell Smith, Deputy Director of Operations to the meeting.

**41/06      Declarations of Interest**

Although he was confident that there would be no conflict of interest Barry McDonald wished to declare that he was no longer employed by the HFEA and is now working for The International Institute of Communications and Irving International Ltd.

**42/06      Opportunity for Members of the Public to ask Questions**

**There were no questions.**

**43/06**      **Minutes of the Meeting held on 28<sup>th</sup> March 2006**

**Agreed:**    **The minutes of the meeting held on 28<sup>th</sup> March 2006 as a correct record of that meeting.**

**44/06**      **Matters Arising**

Minute 26.06 (page 2) the HR Director will present the findings of the 2005 staff survey to the Service Development Committee in June 2005. **ACTION: HR Director**

Minute 28.06 (page 7) the Deputy Director of Operations suggested that the reference to 'a stockpile of vaccine' should read 'a stockpile of antiviral' in preparation for an outbreak of a pandemic influenza

Minute 30.06 (page 8) the HR Director undertook to provide Beryl Magrath with a reconciliation of the 2 tables (the workforce plan and the February workforce figures) **ACTION: HR Director**

**45/06**      **Report of the Chairman**

The Chairman reported that the appointment of the senior team of the National Health Service has been confirmed. Sir Ian Carruthers' appointment as Acting Chief Executive of the NHS has been extended to December 2006 and the Chairman welcomed the period of stability this would bring as the search continued for a successor to Sir Nigel Crisp. Duncan Selbie has been appointed Director of Commissioning. Andrew Cash has been appointed as Director of Provider Development and he is expected to focus initially on Acute Trusts.

In respect of the new Strategic Health Authority (SHA) for London Dr George Greener has been appointed Chairman with David Nicholson appointed Chief Executive. Dr Greener has been invited to visit the LAS on 19<sup>th</sup> June which will provide an opportunity to discuss ideas about the future delivery of emergency care in London.

The national reconfiguration of Primary Care Trusts (PCTs) has taken place, with the number of Trusts decreasing from 302 to 152/153 which is a fairly dramatic change. In London, the PCTs will continue to number 31 but are expected to change the way they operate i.e. develop local pathways to respond to local needs. It is expected that service commissioning will be increasingly driven by the SHA, with the prospect of a commissioning directorate having genuine negotiating power.

The Ambulance Services in England have also undergone reconfiguration, with the number of ambulance services decreasing from 31 to 12; Staffordshire has won a reprieve and will not be amalgamated with neighbouring services for the time being. It has also been recognised that the Isle of Wight is a special case and it will not be part of the reconfiguration.

The Deputy Director of Operations enquired about the future of Patients' Forums. The Director of Communications reported that a review is expected shortly regarding that future of Patient Public Involvement and is expected to recommend the Forums be based around PCTs.

**46/06**      **Report of the Chief Executive**

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

The Trust achieved two key performance targets in 2005/06, Category A8 and A14 minutes. Performance in 2006-07 for Category A8 was 76.2% for April and in May, to date, it was 74% - the year to date figure was 75%.

Training in the new Resuscitation Guidelines is being delivered; with staff being taken off the road for 3 hour training sessions which is having a knock on effect on performance. The cessation of double time being paid for overtime worked at the weekend has had a detrimental effect on the number of staff available. This has been partly offset by new recruits working rotas that include a lot of weekend shifts. Efforts are being made to ensure that Team Leaders undertake their office rotation which will enable them to complete the Clinical Performance Indicator checks.

The Board's attention was drawn to Category A8 which in April 2006 dropped from 40% to 37% of the total proportion of calls. The target is for Category A8 to drop to 30% by 1 April 2007 and work is being undertaken by Clinical Audit & Research to support the case to the Department of Health.

PTS won the Bromley contract (£2m per annum). The Chief Executive and the Director of Finance are currently holding consultation meetings with PTS staff. Overall, staff expressed confidence with the progress of integration of PTS with A&E, though concerns were voiced regarding communications and job security.

Talks are being held with the Department of Health at a national level to delay the new clock start for a further year. A two year plan is being drafted on how the LAS will achieve the new clock start which will be shared with the Service Development Committee in June 2006. **ACTION: Director of Operations**

In April 2006 the measurement for Doctors' Urgents changed – with time arrived at the patient being measured and not, as previously, the hospital. The measurement of Category B changed from a 14 to a 19 minute response time.

The Chief Executive was confident that all 4 targets – Category A8 and A14, Doctors Urgents and Category B 19 will be achieved by the end of 2006/07.

*Agenda for Change (AfC):* 98% of staff have been assimilated with the control room staff being the only staff group not assimilated.

Work is being undertaken to ensure the Trust can go live with Electronic Staff Records (ESR) in July but this will not happen unless the Project Board is confident that it is ready.

Staff absenteeism has been an issue, though there has been an improvement month on month since December 2005.

An options paper regarding rest breaks will be presented to the next Service Development Committee for discussion in June. **ACTION: HR Director**

*Paramedics:* 450 applicants recently applied for the 100 paramedic training places. Following assessments, it is possible that not all of the places will be filled, which is a concern. A debrief is taking place for those staff and further training offered where appropriate.

*Communications:* MORI has been appointed to undertake a survey of Londoners' views about the LAS; its findings will be shared with the Trust Board in due course.

Preparations are in hand to respond to the expected increase in demand as a result of the forthcoming World Cup.

It is expected that the Greater London Authority's inquiry into the emergency services response to the July 2005 bombings will be critical of the lack of routine communication available to the LAS. A response to the report has been prepared by the Director of Communications.

*Travel:* retrospective permission was sought for the Awards Manager who visited Norway on 10<sup>th</sup>-12<sup>th</sup> May 2006 in connection with the exchange programme between the LAS and the Ullevål University Hospital. The trip was funded by the LAS.

Permission was also sought for the Assistant Director of Operations, Mike Boyne to travel to the USA to speak at a conference on Response to Terrorism 5-7 June 2006. The trip will be funded by the conference organisers.

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Roy Griffins queried whether the approval of foreign travel needed to be part of Trust Board business. The Chairman pointed out that this complied with the Trust's existing Standing Orders. The issue would be considered as part of the bi-annual review of the Standing Orders.

The Board wished to record its thanks to both staff and managers for achieving the Category A8 and A14 performance targets in 2005/06.

In response to a question from Sarah Waller the HR Director confirmed that the Trust had made good progress with the development of KSF outlines (Knowledge & Skills Framework) with approximately 80% of posts completed. The HR Director confirmed that the AfC appeal process has only 2 stages with no further stage beyond the decision of the joint panel. The panel is comprised of both staff and management representatives.

Barry McDonald suggested that the graph illustrating PTS performance could be amended to state 'patient collected within allocated time'. The Director of Finance, who has responsibility for PTS, undertook to implement the suggestion. **ACTION: Director of Finance.**

Barry McDonald queried graph 7 'hours staff per day which was split between total ambulance and FRU and ambulance only' and wondered which calls were answered by ambulance and which by single responder. The Director of Finance commented that the presentation of the balanced scorecard should address this issue. A draft balanced scorecard will be presented for consideration by the SDC in June 2006. **ACTION: Director of Finance.**

Beryl Magrath asked whether the Emergency Operations Centre staff were receiving additional support in light of their increased workload – answering 23,000 calls per week. The Chief Executive stated that 18 extra staff had been recruited to assist with the increased volume in call taking and that EOC was expected to reach full establishment very shortly. The ADO EOC has undertaken extensive work with EOC and is in the process of re-organising the roles and responsibilities of managers, which will prove quite a challenge.

It was explained that the survey of Londoners being undertaken by MORI will include gathering the views of a sample of London's Black & Minority Ethnic populations. The work being undertaken will be of a qualitative nature and will involve the use of focus groups. The Director of Communications commented that this is one of the biggest pieces of work to be undertaken by the Trust and will enable the Trust to understand the views and perceptions held by Londoners about the role of the LAS.

In response to a question from Barry McDonald concerning the Gold Suite's reported relocation to EOC, it was suggested that a report regarding the use of the Gold Suite in recent months to improve performance, be prepared for the Trust Board. **ACTION: Director of Operations.**

The HR Director reported that the parallel testing undertaken with ESR has given some concern. She gave an undertaking that unless there is full confidence in ESR's feasibility, it will not go live in July.

Roy Griffins referred to the achievement of performance targets despite the Trust experiencing a serious resource pressure. The Chief Executive responded by saying

that there are a number of challenges facing the Trust in 2006/07: achieving full establishment; achieving all the performance targets; implementing rest breaks and reducing job cycle time.

The Chairman commented that currently there are, on average, 1.3 responses sent to each incident the Trust responds to which may not be the most efficient use of resources. Work is being undertaken to address this issue whilst at the same time, ensuring there is good clinical governance in place and appropriate staff safety measures.

The Director of Finance suggested that Roy Griffins might wish to read the staff modelling report produced by ORH which underpins the Trust's operational regime.

In reply to a question from Beryl Magrath concerning the proposed new clock start the Chief Executive confirmed that the Trust would need to achieve a performance target of 95% for Category A8. There are currently significant fluctuations in performance on a weekly basis with rapid call answering being identified as a key issue.

- Agreed:**
- 1. To grant retrospective permission to the Awards Manager who visited Norway 10<sup>th</sup>-12<sup>th</sup> May 2006.**
  - 2. That ADO Mike Boyne could visit the USA, 5<sup>th</sup>-7<sup>th</sup> June, to speak at a conference on Response to Terrorism.**
- Noted:**
- 3. That copies of 'Talkback' (referred to in the CEO's report) were circulated at the meeting by the Director of Communications for information.**

#### **47/06 Month 12 2005/06 Finance Report**

The Director of Finance presented Month 12 finance report for 2005/06 and reported that the Auditors were currently undertaking the annual audit. There was an underspend of 0.6% of the annual budget which was due to unforeseen additional income being received. The Trust generated £3m savings from both operational and non-operational directorates. In 2005/06 PTS incurred a loss of £160k due largely to the use of third party.

Of the 4 financial targets set by the Department of Health the Trust achieved two significant ones which are balancing Income and Expenditure and External Financing Limit. The two financial targets not achieved related to capital (Capital & Resourcing Limit and Capital Cost Absorption Rate) as there was an underspend on capital in 2005/06. Historically, the Trust has experienced difficulties spending its entire capital budget.

Barry McDonald recognised the progress that has been made with PTS.

Barry McDonald asked if the year to date variance on CBRN<sup>1</sup> funding (£4.6m) related to the additional funding for the terrorist incidents of 7<sup>th</sup> July 2005. This was confirmed by the Director of Finance.

Beryl Magrath asked about the £500,000 overspend on legal expenses against budget; the Director of Finance explained that this was due to a budgeting error where the NHS Pensions cost of early retirement had been under-budgeted compared to previous years.

In response to a question concerning gas cylinders, the Director of Finance reported that the Logistics department are reviewing the arrangements with British Oxygen Company.

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<sup>1</sup> CBRN: chemical, bombing, radiological and nuclear

The Director of Finance confirmed that the Croydon Emergency Care Practitioner (ECP) programme is being continued as the Trust is getting some benefit from the programme; discussions are ongoing with Croydon PCT regarding funding for the programme.

Sarah Waller referred to the reported £66,000 A&E operational costs incurred by the CAD<sup>2</sup> project in 2005/06. The Director of Finance assured her that all costs connected with the CAD 2010 are being tracked; the capital expenditure to date is £400,000. Of the budgeted £2,012,000 only £145,000 was spent in 2005/06. The Director of IM&T pointed out that the cost of the operational staff is not part of the CAD 2010 costs.

**Noted: The Month 12 2005/06 finance report**

#### **48/06 Month 1 – 2006/07 Finance Report**

The Director of Finance presented the Month 1 finance report for 2006/07 to the Trust Board. He apologised that the format remained unchanged and undertook to present a revised format at the next board meeting which would include a traffic light style of reporting and information concerning trends. **ACTION: Director of Finance**

Month 1 has been a very positive month; PTS made a surplus of £500,000. As the Trust received funding late in the 2005/06 financial year it missed the deadline for brokering funds, consequently the Trust's cash balance is quite high at £10m. In accordance with national guidelines the Trust's tangible assets have been revalued and increased by approximately £6m to £112,436,000.

The Trust Board was informed that the Trust had been asked by the London Strategic Health Authority (SHA) Transition team to make a surplus of 1% on revenue as part of the financial recovery plan for London; this is in addition to the £4.6m savings that the Trust is required to achieve in 2006/07. An undertaking has been given that the 1% brokered would be returned in 2007/08. The budget for 2006/07 had been approved by the Trust Board in March 2006 and was completed, largely on zero-based basis. The Director of Finance has not forecast a surplus over and above that already approved. The additional savings required would be in the order of £2m and would materially impact on both performance and resilience. The Director of Finance has proposed to the SHA that the £1.2m surplus for 2005/06, which would be brokered into 2006/07, be used as a surplus for 2006/07. This would equate to 0.6% of revenue. This may not be acceptable to the SHA but the Director of Finance would not agree any change without Trust Board approval and would keep the Board updated accordingly.

Beryl Magrath was informed that the £11,000 incurred as part of the Bromley contract was due to start up costs and will be recovered during the financial year.

Barry McDonald asked about the Workforce Confederation Income; the Director of Finance reported that less funding has been received than expected with £400,000 being queried.

**Noted: The Month 1 2006/07 finance report**

#### **49/06 Report of the Medical Director**

The Medical Director presented her regular report to the Trust Board and explained that the format of the report reflected the seven domains of the Standards for Better Health. She highlighted the following from her report:

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<sup>2</sup> CAD: Computer Aided Despatch

- ❑ The Chief Medical Officer has issued a warning concerning an anti-depressant which is of some significance for the LAS, work has been undertaken to make staff aware.
- ❑ Information regarding the Safety Alert Bulletins that the Trust receives was included with the Medical Director's report (Appendix 1). The Medical Director commented that only a small percentage of SABs were relevant to the Ambulance Service in general.
- ❑ Andrew Lingen-Stallard, Consultant Midwife has been recruited on a part time basis to advise the Trust on maternity and obstetric issues. There are concerns in London about the pressures on maternity units which often puts LAS staff under pressure e.g. closing delivery wards without informing the LAS or their neighbouring hospitals.
- ❑ Dr Daryl Mohammed has been appointed Assistant Medical Director (Primary Care) on a part time basis; his role will be to continue to offer support to the ECP programme and take forward the delivery of Urgent Care.
- ❑ The Medical Director reported on the results of the ongoing drug usage audit undertaken by the Management Information department for December 2004-December 2005 (Appendix 2). The audit highlighted the increased use of morphine as an analgesic since its introduction in October 2005; 800 doses per month of injectable analgesia have been used. Prior to the introduction of morphine the Trust previously used two other analgesics: nalbuphine and tramadol. Although tramadol is being used less since the introduction of morphine it is likely to be retained in case there are any problems concerning the management of morphine i.e. missing ampoules.
- ❑ The LAS Reperfusion Strategy was implemented from 3<sup>rd</sup> April 2006 with patients experiencing ST Elevation being taken to the nine cardiac centres in London. The London Chest Hospital reported that it received 67 patients in a 4 week period in April 2006. For a variety of reasons a small number of crews have continued to take patients with ST elevation to the nearest A&E hospitals. The Medical Director felt that the implementation of training for front line staff regarding the revised Resuscitation Guidelines will be a 'fantastic' opportunity to deliver practical training and to talk through the reasons behind the changes.
- ❑ It has become apparent from research undertaken separately by the Director of Service Development and the LAS Patients' Forum that there is some confusion as to the provision of care for patients who suffer a stroke. Further work will be undertaken with PCTs to highlight the issue.
- ❑ A pilot study is being undertaken with the London Hospital and Barts in the use of a new assessment tool – ROSIER<sup>3</sup> which, if successful, may augment the current FAST<sup>4</sup> system used by crews to identify when a patient has had a stroke.
- ❑ In terms of staff development the Trust has introduced an electronic learning tool on capnography<sup>5</sup> that enables individuals to learn at their own pace and can be accessed either from LAS or home computers. A certificate is issued on completion of the course; to encourage participation those staff issued with a certificate are entered into a monthly prize draw with the opportunity to win an IPOD.

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<sup>3</sup> ROSIER – Recognition of stroke in the emergency room

<sup>4</sup> FAST – Face Arm Speech Test

<sup>5</sup> Capnography –the display of the CO<sub>2</sub> content of expired breath in a wave form.

<sup>6</sup> CPR – cardio pulmonary resuscitation



- A pilot is being undertaken in North East London using software that has been fitted to existing shock boxes (FR2+). The machine will advise on whether CPR<sup>6</sup> should be delivered prior to a shock or whether a shock should be delivered. This work is being undertaken with the New York State Ambulance Service. The Medical Director commented that she had a useful meeting with the New York State Ambulance Service's Medical Director at the recent Stravgar Conference.

The Medical Director reported that the failure of many staff to return their drug packs at the end of their shift continues to be a concern; in addition there has recently been an issue with the supply of mini-jets of morphine. The necessity of crews using ampoules instead of mini-jets has led to an increase in the risk of needle stick injuries. Work will shortly be undertaken with suppliers to ensure the availability of mini jets.

*Serious Untoward Incident:* the Board was informed that a Serious Untoward Incident had been declared following the death in police custody of a man in his early 40s. An investigation is being undertaken involving the attending LAS crew.

In response to a query from Sarah Waller the Medical Director confirmed that work has been undertaken to encourage the return of drug packs. The issue was highlighted during the Chief Executive's consultation meetings plus there was an amnesty declared which resulted in a number of packs being returned. The matter was raised again at the recent Team Leaders' conference. The Director of Finance reported that the Logistics Manager is investigating the introduction of a tracking system by which the issuing of drugs could be better managed. It is also possible that the Make Ready contractors will be able to undertake an audit of drug packs. It was recognised that in addition to the risk of out of date drugs being used due to staff retaining their drug packs, there is also the financial cost to the Service as additional packs are required.

The Medical Director confirmed for Beryl Magrath that in the early days following the introduction of morphine, there had been 3-4 occasions when the issue of the drug had to be halted due to missing ampoules. There have been no reports recently of any problems being experienced with the issuing of morphine. All but one of the complexes are issuing morphine. It was confirmed that the morphine ampoules are issued separately; they are kept secure whilst staff are on duty and any unused ampoules are returned at the end of the shift.

The Medical Director confirmed she had only received one call from a London hospital following the introduction of the Reperfusion Strategy; the opening of the 9 cardiac centres offering angioplasty will mean less patients being taken to A&E departments. Approximately 20% of patients with STEMI<sup>7</sup> self-present at A&E departments; arrangements are in place so that when a patient is diagnosed as having a STEMI s/he can be transported as a critical transfer from that A&E department to a centre offering angioplasty.

Ingrid Prescod asked how significant the issues are surrounding obstetric patients; the Medical Director estimated that the Trust receives 6,000 to 9,000 calls a year which would involve transporting a patient in normal early labour. Although there is anecdotal evidence from crews about being summoned to transport women in labour whilst their husbands followed behind in a car, there is a small percentage that represent a medical emergency. In order to be able to respond to those latter calls AMPDS 11.2<sup>8</sup> has been modified so that the call taker can give assistance until the ambulance crew arrive on scene. It is anticipated that with the appointment of the

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<sup>7</sup> STEMI – ST elevated myocardial infarction

<sup>8</sup> AMPDS – Advanced Medical Priority Despatch System

Consultant Midwife, further modifications will be suggested to the AMPDS User Group. With a good clinical audit facility in place, there is the possibility of influencing the next version of AMPDS.

**Noted: The Medical Director's report**

**50/06 Approve new Governance and risk management arrangements**

The Finance Director presented the report to the Trust Board. Dr Beryl Magrath, who led the Review, outlined the process undertaken and what the anticipated benefits will be for the Trust with the implementation of the recommendations contained in the report. She felt it was important that governance involved and was owned by all staff in the Trust.

The recommendations included the amalgamation of some committees (e.g. Risk Management Group and Risk Management Committee being replaced by the Risk Assurance & Compliance Group) to streamline the work undertaken regarding corporate and clinical governance and risk management. The Senior Management Group would have an enhanced role in risk management as will the Audit Committee. The Governance Development Unit will become the LAS Compliance Unit and play a key role in supporting the Audit Committee and Risk Assurance and Compliance Group to oversee the continuous improvement of the trust's governance and risk management arrangements. With the amalgamation of some committees a review will be undertaken to ensure appropriate time-tabling of meetings, their terms of reference and their membership. It was also anticipated that there would be better use of the Trust's web site with regard to agendas and minutes of meetings; this should decrease number of FOI enquiries dealt with by the Trust. The Complaints Panel will play a significant part in ensuring that the Trust manages complaints effectively in compliance with the core and developmental standards of the Annual Health Check and implements lessons learnt from incidents.

The Board had previously considered the recommendations of the Governance Review at the Service Development Committee's away day in April 2006. The Chairman, on behalf of the Board, expressed his thanks to Beryl Magrath, the Finance Director and the Governance Development Unit for their efforts in undertaking the review.

**Agreed: That the recommendations of the Governance Review be implemented; one of which is that an annual review of the governance arrangements be undertaken.**

**51/06 Urgent Care workforce plan for 2006/07**

The HR Director presented the Urgent Care Workforce plan for 2006/07; it was explained that this is a follow up to the Workforce plan previously presented in March 2006. The plan is by its very nature complicated, containing as it does disparate elements that make up Urgent Care (ECPs, Doctors' Urgents, EBS, PTS, CTA, EMT1s and Whitework). It is envisaged that all but the most seriously ill patients will eventually receive a response from the Urgent Care service.

A pilot will be undertaken with the Bromley PTS staff to confirm whether PTS staff, with additional training, can support the Urgent Care Service. The proposed trial is in response to the difficulties experienced in recruiting and retaining EMT1s due to the closeness of the skills required of EMT1s and EMT2s. The HR Director confirmed that staff side representatives were in agreement with the proposed pilot. The additional training includes the use of defibrillators and Emergency First Aid treatment.

If the pilot is successful it will be rolled out to Barnet and Chase Farm PTS crews. If the Bromley pilot is not a success, the EMT1 role will be reviewed to address some of the difficulties with recruitment and retention.

In response to a question from the Chairman, it was said that the criteria by which to judge the Bromley pilot a success would depend on the level of staff utilisation, the details of which had yet to be agreed. Following further discussion by the Senior Management Group, this will be shared with the SDC in June. **ACTION: Finance Director**

The Assistant Director of Operations, Urgent Centre (ADO UC) assured Sarah Waller that to date there had been no difficulty recruiting to Clinical Telephone Advice (CTA) posts; a number of the posts are full time posts while some are on a secondment basis. He anticipated that the Urgent Operations Centre (UOC) will be able to handle 50% as opposed to the current 32% of calls. The process by which calls are deemed suitable for UOC was explained. When 999 calls are received, triage is undertaken using the AMPDS 11.2 version; calls identified as not requiring an immediate response are forwarded to the UOC where the call is assessed as being suitable to receive CTA. There are occasions when CTA is not appropriate e.g. if the patient is in a public place and in those circumstances, a response would be sent immediately.

There was a discussion about the risks involved in using staff with lower levels of training; the Chairman expressed concern that what was being proposed would compartmentalise the workforce. The ADO UC explained that it was intended that Urgent Care will revert to being part of EOC once the processes and procedures were bedded down; probably within the next two years. The aim of the UC workforce plan is to be able to respond appropriately to patients without necessarily despatching a double crewed ambulance. The Chief Executive assured Trust Board Members that what was being proposed was as set out in the strategic plan previously approved by the Board. The ongoing challenge will be to ensure that the Service responds in a clinically safe way with high levels of utilisation of all staff.

Sarah Waller requested that information be presented regarding skills sets for particular types of the staff group. The HR Director explained that work was currently being undertaken in finalising the long term Workforce Plan. With the ADO UOC and the Medical Director she is looking at the skills set the Trust will require in 7 years time. Sarah Waller felt that it would be useful to have a paper that set out the overlap between the existing grades and would provide the HR Director with the specifics of her request. **ACTION: HR Director.**

Sarah Waller enquired whether three months would be sufficient for a trial and whether planning to implement the new arrangements at Chase Farm in September might not be premature. The Director of Finance responded by saying that although it might be ambitious, there will be 28 staff in post from PTS Central Services who are based at Chase Farm which will make it easier to implement.

In response to a question from Barry McDonald regarding EMT4 and ECPs, it was clarified that within the proposed ORH model, a single responder car would be sent to calls unless an ambulance was deemed necessary.

The Board was assured by the ADO UC that the normal audit trail will be in place and risks assessed using the Trust's risk matrix. The Chief Executive commented that in order to achieve the new Clock Start time, it will be necessary for 80% of green calls to be handled by Urgent Care. This will mean UOC's workload

increasing from 5,000 calls to 12,000 calls with the accompanying clinical risks needing to be managed by having the appropriate clinical governance arrangements in place.

**Noted: The report outlining the Urgent Care Workforce Plan for 2006/07.**

**52/06 Clinical Education & Development Programme for 2006/07**

The HR Director presented the Clinical Education and Development Programme for 2006/07. She drew the Board's attention to the final page which summarised the training proposed for 2006/07. The plan includes 400 extra days to provide EMT4 training and to meet the shortfall in training originally scheduled for 2005/06 due to operational pressures. The progress of the education and development programme will be monitored by the Training Services Group. A future training plan will be produced to support the long term Workforce Plan.

Sarah Waller suggested that the programme should also show courses attended by staff which are provided by external bodies such as the University of Hertfordshire as this would give the Board an indication of total training days being invested by A&E Directorate. **ACTION: HR Director undertook to circulate the revised figures to the Board by the next meeting.**

Beryl Magrath suggested that team leaders receive refresher training on the revised Clinical Performance Indicators web based process given the time that has elapsed. She was assured that this was being facilitated where necessary.

**Noted: The Clinical Education and Development Programme for 2006/07 report**

**53/06 Professional Standards Unit**

The Chief Executive presented the findings of the recent review of the Professional Standards Unit to the Board. The review, undertaken by Ralph Morris, had been extensive and took into account stakeholders' views such as the LAS Patients' Forum, the Governance Development Unit and the requirements of the NHS Litigation Authority. A full copy of the report was available if any of the Trust Board members wished to view it. Further discussions are being held regarding the final agreement of job descriptions and role names. The Chief Executive commented that a key recommendation in the report was the suggestion that the central office be sited in Bow to facilitate close working relations with the Governance Development Unit and PALS.

It is hoped that the implementation of the recommendations will result in a separation of the disciplinary procedure from the complaints procedure; that the Trust will be in a position to learn from complaints and implement that learning. The Unit is to be renamed Patient Services Department and will be based in the three operational areas with a central administrative centre situated at Bow, co-ordinating investigations of complaints. The implementation plan will take 6-9 months and regular progress reports will be provided to the Complaints Panel.

Beryl Magrath welcomed the report and recognised the significant amount of work expended; she was pleased that there was to be a separation of the complaints and disciplinary procedures. She noted that recommendation 10 referred to reviewing the complaints procedure.

Sarah Waller commented that she hoped there would be training concerning the Trust's Capability and Disciplinary procedures following lessons learnt from recent appeals.

- Noted:**
- 1. The findings of the Professional Standards review.**
  - 2. That an update on progress with the implementation of the recommendations will be presented in November.**
- ACTION: Chief Executive.**

**54/06**      **Service Improvement programme out-turn**

The Director of Service Development reported that three reports are being prepared following the end of the five year Service Improvement Programme. A ‘popular’ report setting out the achievements of the SIP; a review, which will be presented to the SDC in June on lessons learnt from the implementation of the SIP and finally, today’s report, which is an out-turn report on what was achieved, what was not achieved and what will be carried over to the Seven Year Plan.

The Head of Planning and Programme Management presented the out-turn report. All but 30 of the 283 initiatives were successfully achieved. Details of the 30 that were not achieved were outlined in the report. Of those that were successfully implemented, there were clear measurable out-turns showing improvement in a number of areas: *performance* (Category A8 minute: performance was 40% in 2000, 75% in 2006); *people* (there was a substantial shift in staff attitude and morale e.g. 60% of respondents in the Autumn 2005 felt positive about working for the LAS compared to 42% in 2000) and *patients* (cardiac arrest survival rates improved from 4% in 2000 to 8.6% in 2005). A final SIP bulletin will be issued to staff reporting on the success and the work that is still on going.

The Chief Executive expressed his thanks to the Head of Planning and Programme Management, who joined the LAS 2 years ago, for the support he has given to the implementation of the SIP. He reported that representatives of the Office for Governance Commerce recently visited the Trust and were very complimentary about the SIP. The Chief Executive expressed his thanks to colleagues for the support they have given to the SIP and he expressly wished to thank the Chairman for the support he has given to the SIP.

The Chairman stated that the success of the SIP had exceeded the expectations and hopes he had in 2000 and that it had been one of the most successful turnaround programmes he had witnessed. Other members of the Board also expressed their pride in the achievement of the SIP.

**Noted:      The update regarding the Service Improvement Programme.**

**55/06**      **Report from the Trust Board Secretary – tenders opened since the previous board meeting and the use of the Trust seal.**

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 Crispin & Borst
09/06	Extension & reconfiguration of Frien Barnet	Coniston Ltd Russell Crawberry Axis Europe Plc P&J Services Neilcott Special Works

The Trust Seal has been used on three occasions since the last Trust Board meeting: reference 94-96. 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 two 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 HA, PHE 1 Limited and PHE (Pocock No. 2) Limited and PHE (Pocock No 1) Limited and the LAS.

**Noted: The reports concerning the tender openings and the use of the Trust Seal.**

**56/06 Draft Minutes of the SDC Away Day – 25<sup>th</sup> April 2006**

**Noted:**

- 1. The draft minutes of the SDC Away Day – 25<sup>th</sup> April 2006**
- 2. That the presentations given by the Senior Management Group concerning the Seven Year Plan and CAD 2010 have been circulated for information to the Non-Executives.**

**57/06 Draft Minutes of the Audit Committee – 20<sup>th</sup> March 2006**

The Chairman of the Audit Committee, Barry McDonald, highlighted the following from the minutes of the Audit Committee held on 20<sup>th</sup> March 2006: the intention that implementation of the Auditor's recommendations will be added to Area Operation Manager's Key Performance Indicators as part of their annual performance measurement. There were three waivers of Standing Orders reported, one of which was an unwitting contravention of the OJEC Tendering Rules. Details of the waivers were contained in the minutes.

**Noted: The draft minutes of the Audit Committee – 20<sup>th</sup> March 2006**

**58/06 Draft Minutes of the Risk Management Committee – 20<sup>th</sup> March 2006**

The Chairman of the Risk Management Committee, Barry McDonald referred the Board to the summary of the Risk Management Committee minutes as he had nothing further to add.

**Noted: The draft minutes of the Risk Management Committee – 20<sup>th</sup> March 2006**

**59/06 Draft Minutes of the SDC – 28<sup>th</sup> February 2006**

**Noted: The draft minutes of the SDC – 28<sup>th</sup> February 2006**

**60/65      Opportunity for Members of the Public to ask Questions**

There were no members of the public present.

**61/06      Date and Venue of the next Trust Board Meeting**

Tuesday, 25<sup>th</sup> July 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

**Noted :**            **Apologies were received from Barry McDonald and Sarah Waller as they will be unable to attend the next Trust Board meeting.**

The meeting concluded at 1.00 pm

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD  
Part II****Summary of discussions held on 23<sup>rd</sup> May 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 23<sup>rd</sup> May 2006 in Part II the Trust Board briefly discussed:

- the forthcoming publication of the GLA's enquiry into the bombings inflicted on London in July 2005. It was anticipated that the Trust would be criticised in its report with regard to the failings of the radio communications;
- the Trust's plan to commemorate the London bombings which would be a corporate recognition of the combined efforts of staff. This event would be held on 3<sup>rd</sup> July. The Director of Communications would ensure that Members of the Board would receive a formal invitation;
- the progress to date of the CAD 2010 Strategic Outline Case; it is the Director of Information Management & Technology which will be presented for the Board's approval in July 2006;
- the Serious Untoward Incident involving a death in police custody which was reported by the Medical Director in Part I. The Board was provided with details that were of a confidential nature at this state of the enquiry.

The Board was informed that a member of staff would be appearing in Court charged with downloading child porn on his home computer. The Board was assured that measures are in place to ensure that staff do not access such sites from LAS computers.



**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING 25 JULY 2006**

**CHIEF EXECUTIVE'S REPORT**

**1. ACCIDENT & EMERGENCY SERVICE**

**1.1 999 Response Performance**

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

**New standards with effect from 1 April 2006**

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	73.4%	97%	81.8%	74.6%

\*As of 12th July 2006

**Key highlights**

- i. The new financial year began well with A8 performance for April finishing on 76.6% and May on 74.8%. Further work has still to be completed on quality assuring these response times and these figures are set to improve slightly once that work is completed at the end of July.
- ii. June and the early part of July have proved to be much more difficult for a variety of reasons, outlined below and June finished at a disappointing 71%. Once again there may be some improvement on this figure once all the quality assurance checks have been completed.
- iii. The year-to date position was holding above target during April and May despite re-instating considerable volumes of developmental training for front line staff. It has however deteriorated during June and early July to 73.4% at time of writing. Once again the figure will rise to circa 74% once all final data has been inputted.
- iv. Overall demand has been flat across April and May is in fact slightly down for June when compared to the same three months last year. The first quarter activity is down 0.4% when compared to the same period last year.
- v. We have however seen a great deal of volatility in demand associated with particularly hot weather and some of the World Cup games together with a peak in the number of Central London Events. This has resulted in some very busy days including 18 days in June when overall responses exceeded

2500. These high volume days have generally resulted in poor performance which has pulled the month down as a whole.

- vi. Resourcing remains our single greatest challenge due to a combination of vacancies (138 in May) and poor overtime uptake at weekends. This situation will ease as in post figures improve across the summer and as more staff are posted to the new weekend rosters.
- vii. The new Operational Command Unit is now in place and is carrying out the functions which were previously part of the Gold Suite.
- viii. We have virtually completed resuscitation guidelines training for 2500 staff and have embarked on an ambitious programme of staff development through Continuous Professional Development (CPD) training; and personal development reviews. In addition we have returned Team Leaders to their normal duties and re-instigated the completion of Clinical Performance Indicators.

### **Actions to recover performance**

- Recruitment courses are full and the programme is on track to deliver full establishment by end November.
- All new staff are being allocated to the new weekend relief roster . The numbers working on this will rise from 89 currently to 250 by December which will significantly improve the weekend situation
- We have raised the REAP level to level 3 ‘Severe Pressure’ from Level 2 ‘Concern’ and we are working through the actions detailed in the plan.
- With the resuscitation training almost complete all management teams are being re-focussed on improving the overall staffing situation through rigid management of all absence and abstractions from front line work.
- We continue to focus on maximising the performance of our Fast Response Units.
- We are actively working to reduce the total volume of calls we attempt to reach in 8 minutes (Red Calls) and hope to be able to make some reductions in the next few weeks. This work obviously has to be done carefully in order to remain clinically acceptable.
- We are working hard to contribute to the evidence base on call categorisation to help influence a national meeting in the autumn. We are hopeful that this work will allow DH to significantly reduce the volumes of calls falling into Category A.
- We are increasing the numbers of CTA staff by a further 15 to increase the numbers of Cat C calls receiving telephone advice. The current establishment is dealing with circa 1000 Cat C calls per week and not sending a resource on 500. We believe that by increasing the establishment still further we can improve significantly on these figures.

- We will be working hard in coming weeks to drive down overall job cycle times and improve overall availability.
- We will be looking at ways to mitigate against the performance fall at shift changeover times. This is particularly acute during the evening and we will be introducing some new initiatives including rostering additional vehicles across this time period to mitigate against this fall.
- We will be trialling off duty crews taking home fast response units and being tasked from home to Category A calls when there are no on-duty resources available. It is anticipated that we will be able to commence this trial in August. If successful it may become part of our ongoing operating regime in the future.
- We continue to plan for the introduction of the new operational response regime which will progressively increase the numbers of FRUs in line with recent modelling work over the coming 21 months. This work coupled with the introduction of a range of other 'High Impact Changes' will significantly improve our ability to sustain performance and meet the challenges of the new clock start targets which will now come into force in April 08.

## **1.2 Resourcing**

There were still 138 A&E vacancies in May however the recruitment programme is on track and the Trust will now be fully established by December.

Conducting training on resuscitation guidelines for front line staff and commencing this years comprehensive development programme including the introduction of PDR against this background of high vacancies has impacted on resourcing. Average FRU hours produced per day has been steady across the first quarter and there is a slight improvement in ambulance hours produced. This average however does hide days of poor ambulance resourcing in particular and these days when coupled with high workload have impacted on performance.

Resourcing has been particularly volatile due to the impact of good weather and World Cup football. These factors undoubtedly contribute to our staff deciding whether or not to work overtime and have prevented us from resourcing up to the levels required to maintain performance on our busiest days in June and early July.

There continues to be a more general reluctance of staff to work overtime, both on ambulances and in EOC. New Agenda for Change salaries including enhanced overtime across the whole week are the main causes. However, weekends have become particularly difficult to staff as there is no additional weekend enhancement under Agenda for Change. Since April the uptake of overtime at weekends has almost halved.

We continue to post new recruits to our new weekend relief roster and there are currently 89 staff on the new system. This will rise to circa 250 by December and at these levels will considerably enhance our ability to resource weekends without significant reliance on overtime.

Sickness in A&E has fallen for the fourth month in a row, but remains too high at 6.9%. Local managers and HR advisers are carrying out regular audits to ensure attendance is being managed.

We are now reviewing all unfunded secondments with a view to reducing the overall numbers involved.

### **1.3 Emergency Operations Centre (EOC)**

We continue to implement Agenda for Change within EOC and this has been a difficult period for all the staff involved. It is clear that the inevitable anxiety caused by this period of change has had some impact on the smooth running of the control room.

The high call rates associated with hot weather, the world cup and central London events have been particularly challenging and have resulted in a rise in incoming emergency 999 calls of circa 200 calls per day during June. These averages once again mask some particularly high figures in excess of 4000 on individual days.

Resourcing has been a particular challenge and hours produced in EOC have fallen across the first quarter with a sharp drop in June when hours staffed per day fell to 1216 compared to 1269 in May and 1294 in April. The same issues seem to be at play as with front line crew staffing in that it has proved increasingly difficult to staff weekends and this has been coupled with a general overall reluctance to work overtime.

Call taking performance has been disappointing with a consistent fall across the first quarter. This is in part explained by high call volumes coupled with the resourcing issues described above. It is imperative that this situation improves steadily over coming months and the management team are focussed on the difficult task of ensuring that both call taking performance and dispatch performance receive equal focus in the future.

### **1.4 Urgent Operations Centre**

Activity within the Urgent Operations Centre has now levelled off at c.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 and it has now been agreed to supplement the Bromley PTS trial with internal and direct entry recruitment. To this end 20 posts at the revised EMT1 grade will be advertised imminently.

Additional technical functionality will come on line in late July which will allow Urgent Care to fully utilise vehicle Mobile Data Terminal (MDT) information in the same way as the EOC. Although difficult to quantify these changes should realise measurable benefits in utilisation.

Process redesign is now underway, aligned to a restructuring across Control Services and some significant management changes due within the Emergency Bed Service.

Recruitment is underway for two new ECP schemes in Greenwich and City and Hackney, due to commence in September.

## 1.5 The Operational Benefits of ‘Gold Suite’

### Background

Last year, the Trust Board approved the revised LAS Capacity Plan, which lists various actions to protect patient care and recover performance, should the need arise.

During the last few months of 2005/06, the Capacity Plan was triggered at Level 3, due to poor LAS performance.

The first action at Level 3 is to “Establish a Gold Command team to manage recovery”. This was carried out and the team brought about a considerable performance improvement.

The Gold Group met at least twice a day to scrutinise all the constituent parts of performance. The group became known as ‘Gold Suite’, after the room from which they were operating.

It is always difficult to precisely quantify the performance uplift that is achieved by different actions, but it is widely accepted that the Gold-level scrutiny brought about a step-change in performance.

Once performance had recovered, we were keen not to lose the operational benefits that had been achieved through the use of the Gold Suite.

Unfortunately the Conference Room was no longer available and it was therefore decided to put the Gold function into the control room. This was difficult due to the lack of space available, and a cut-down version had to be used, which was less effective than the original Gold Suite had been.

### Operational Benefits

The Gold Suite brought together representatives from the Resource Centres, the Control room, Duty Station Officers and AOMs, with operations led by the relevant Gold for that week.

This is the first time that all the aspects affecting performance have been brought together in one place, giving Gold an excellent overview.

This degree of scrutiny has allowed Gold to make ‘*real time*’ decisions to bring about performance improvement. This is a new method of working.

Gold is supported in doing this by significant management information available about the items listed below. Typically, Gold would be considering:

- whether cars and ambulances were evenly spread out and in the right place for receiving calls (standby),
- whether ambulances were building up at hospitals, causing delays in their availability,
- whether extra resources were required (St John/Red Cross/ private ambulances/PTS)
- whether resourcing for the next shift/day/weekend was adequate

- whether Team Leaders and Trainers were being well used
- whether the control room was functioning efficiently
- whether too many cars or ambulances were unavailable due to faults
- other tactical or strategic interventions required

## **The Future**

The Gold Suite has now been renamed the 'Operational Command Unit (OCU)' and has been moved to a permanent office overlooking the control room. The main constituent parts of the successful original model detailed above are being reintroduced.

The function of the Operational Command Unit has brought us two main benefits:

- The opportunity to see how each aspect of the operation is working, from a single location;
- The opportunity to adjust aspects of the operation on a minute by minute basis, to reflect demands.

There is still some debate to be had about where overall responsibility should rest for this type of real time performance management. The various options have been considered by the Assistant Director of Operations group, which has concluded that these functions should be incorporated into the future operation of the Emergency Operations Centre (EOC).

It is our intention to re-structure the management arrangements within the control services during this financial year and the requirement to incorporate the running of the Operational Command Unit will be built into the new senior roles which are currently being developed.

The OCU continues to be managed at present by the on-duty AOM, with overview and or active on-duty involvement of the on call GOLD for the week.

## **1.6 Analysis of increased workload in February 2006.**

The Board will recall that it asked for some analysis to be done on the reasons behind increased demand in February 2006

The background is as follows:

Average total responses per day February 06 rose to 2430 which was a 9% increase on February 05.

Category A demand averaged 917 per day in February 06 compared to 881 in January 06 and 909 in December 05. Direct comparisons with the previous year are not possible due to AMPDS code changes made in April 05.

This meant that February 06 was busier than the previous December which would traditionally have been the busiest month of the financial year. The first three weeks of the month is when we experienced the highest workload whilst perversely the last week was the coldest with five days of snow.

We are currently looking at the individual illness codes which make up this increase and correlating that against the weather patterns during the month and also the incidence of influenza and general respiratory illnesses which peaked later in the year than normal.

It has not been possible to finalise this work prior to the preparation of the Board papers and the intention is to table a short paper on the day of the meeting to provide a summary of the analysis.

## **2. PATIENT TRANSPORT SERVICE**

### **2.1 Commercial**

The Chelsea and Westminster contract, which the LAS currently holds, is out to tender. Our bid has now been put together and will be submitted before the closing date of 21 July 2006.

Other forthcoming tenders include Northwick Park, Mayday and Tower Hamlets.

We have been notified that we were unsuccessful in our bid for the Royal Marsden. Like the bids for Lewisham and St Georges we failed to pass the initial sift stage where the prime consideration is price. We are pursuing these hospitals to obtain greater clarity over their selection criteria and to push the message of the benefits of our quality service.

The Bromley contract commenced as agreed on 1 April 2006. A review of the first 3 months of operation has now been conducted with the hospital management team, who have confirmed that they are delighted with the service they are receiving. They have been advised of the proposal to trial combining Urgent Care and PTS operations using the AP resource and are happy for it to proceed. Final operational changes are now being put in place and the trial should commence in the near future.

### **2.2 Operations**

Quality statistics for PTS are as follows:

	February 2006	June 2006	Target
Hospital Arrival Time	83%	86.1%	90%
Hospital Departure Time	88%	88.5%	90%
Patient Time on Vehicle	93%	93%	90%

Arrival time continues to improve although have still to reach the target of 90%. Departure time did reach the target of 90% in May, though it fell back in June. 'Time on vehicle' remains on target. There are resourcing issues on 3 contracts in particular which are affecting results and are now being resolved through recruitment.

PTS has provided resources to help A&E during the World Cup and with the various alternative response vehicles. This coupled with the resource issues has led to a drop in the number of calls dealt with by Central Services on referral from A&E. Work is underway to consider the transfer of Central Services from PTS to UOC to rectify this.

### **3. HUMAN RESOURCES**

#### **3.1 Electronic Staff Record (ESR)**

In recognition of the unique position of the LAS and the identified risks of introducing a new Payroll/HR system on the anticipated July go-live date, it has been agreed with the national ESR project leads to extend the period of implementation. The revised go-live date is now scheduled for October 2006 giving the project more time to conduct further testing and provide additional training. This is welcomed as a very positive agreement between all parties concerned and the LAS project team is maintaining momentum with support from the DH and McKesson (system provider) teams.

#### **3.2 Agenda for Change**

Full assimilation is almost complete with only 5 posts awaiting final banding.

Appeals (request for banding reviews) have been received for 55 posts to date. A small number of these reviews have been conducted. It is hoped that the majority of these will be concluded by the end of the summer with monthly panels meeting thereafter for consideration of new/revised jobs.

##### **3.2.1 KSF /PDR update**

The position as at the end of June is that 80% of staff have an agreed Knowledge and Skills Framework (KSF) outline.

There is currently a lot of activity regarding the remaining KSF outlines, and in particular PDR, within the Trust with A&E operations now fully engaged in the process. It is therefore anticipated that we will be reporting a significant increase in numbers of staff completing the PDR process and possessing PDPs by next quarter. PDPs are currently reported manually and to date records show only 4% completion. Reminders have been sent (and will be repeated) for manager to confirm when PDPs are completed.

##### **3.2.2 Rest Break Agreement**

Work on the introduction of a new rest break agreement continues, with an options paper with an associated impact assessment currently under discussion with the SMG. In addition, a presentation has been made to staff side and a joint working group is to be established to consider the preferred option which, in principal, has been accepted as the way forward. It is intended that project management support will be provided to ensure project principles are followed and progress is maintained.



### **3.2.3 Organisation Development support to A & E Operations**

Bill O'Neill has been seconded to the post of Assistant Director of Organisation Development to provide dedicated support to A & E Operations for a period of up to twelve months. The aim is to maximise the benefits from the Sector Operations Model, particularly in relation to management capacity and capability.

### **3.2.4 Pay Award**

In spite of the considerable workload currently being experienced by the Payroll Department, the national pay award of 2.5% was paid to all staff on AfC rates in their June salaries.

### **3.2.5 Visit by the Review Body for Nursing and Other Health Professions (NOHPRB)**

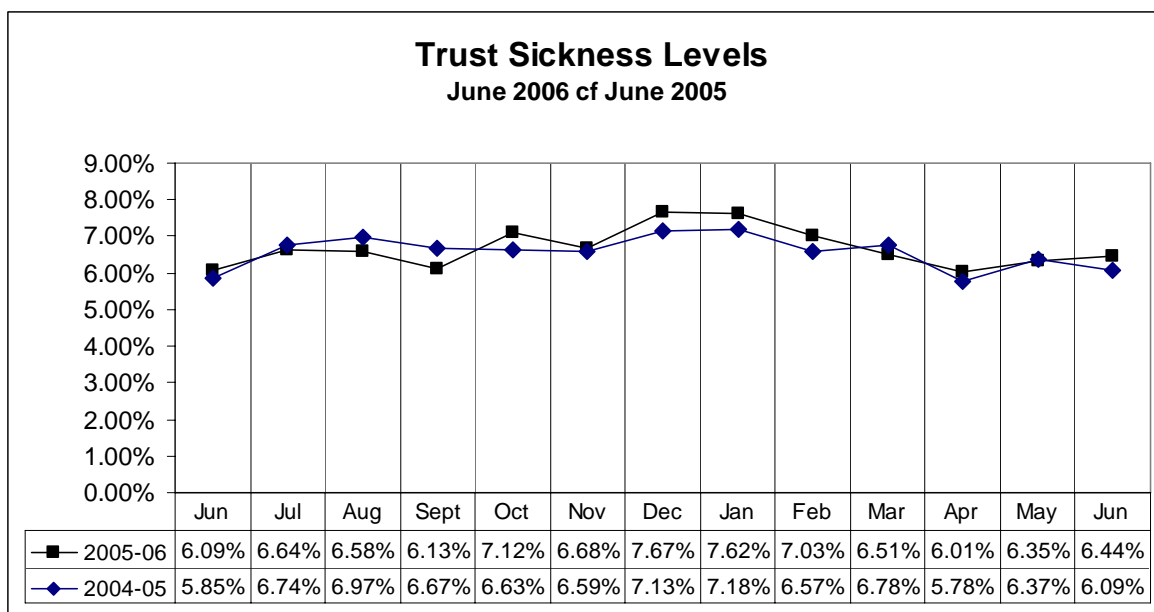
As part of their national programme of visits in preparation for the 2007 pay round, the Pay Review Body (Professor Gillian Morris, Wilma MacPherson CBE, and Ian Mackay) visited the LAS on the 7<sup>th</sup> July. The group met with Caron Hitchen and Martyn Salter followed by discussions with local staff and staff representatives to hear what they had to say about pay and related issues, and to gain a better understanding of the pressures facing staff. Members expressed the view that their visit to the LAS was one of the best of such visits they had made. The members also joined staff in observing the 7/7 two minutes' silence at HQ.

## **3.3 Longterm Workforce Planning**

Further modeling is taking place on workforce requirements for the next seven years, and informal discussions with union colleagues have been initiated. Indicative long term staffing plans should be ready to share at the Strategic Steering Group (SSG) meeting in August. While work is already going forward to develop the detail of the seven year programme, it cannot be fully costed until the workforce plans have been finalised. Given that time is required for both informal and formal consultation with staff representatives on the future workforce model, we expect to be in a position to ask the Board for formal sign-off of the seven year plan in November 2006.

## **3.4 Attendance Management**

The sickness levels for the year up to June, and compared with the same period for the previous year, are shown on the table below. This shows a slight improvement on the same period last year but has increased slightly from the previous month. This remains an area of specific management focus.



June 06 Absence	
Staff Group	%
A & E	7.36%
EOC (Watch Staff)	7.96%
PTS	5.95%
A & C	2.52%
SMP	2.94%
Fleet	5.15%
<b>Total (Trust)</b>	<b>6.44%</b>

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

Table 1 shows progress against the trajectory for staff in-post to be on track as at June 2006.

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

Tables 2 and 3 shows progress against the trajectory for staff in-post against agreed establishment.

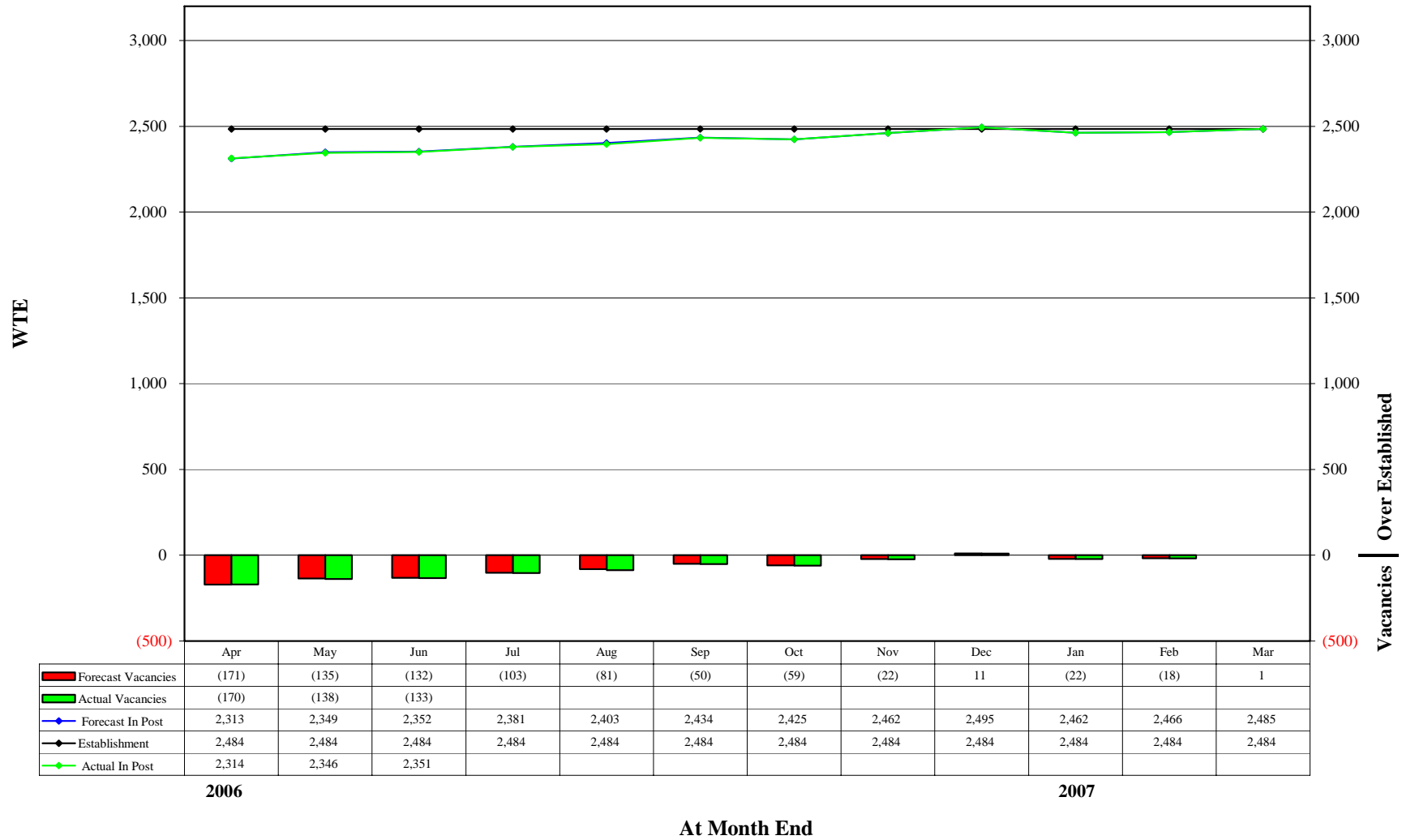
The figures reported differ from those previously reported to the Trust Board following a full reconciliation of actual staff in post. This has resulted in the reporting of an increased vacancy factor to that previously shown for April and May. The majority of these vacancies are attributed to the Sector Controller role (13 out of 19) to which we are currently not recruiting. (This discrepancy reflects the historic difficulty in providing accurate data from a variety of sources – IPS, payroll, promis, general ledger). Amendments to the recruitment plan have been made to increase the numbers on existing training programmes.

### **3.5 Suspensions**

Table 4 indicates numbers of staff suspended as at 30 June 2006.

**Table 1**

**2006/07 A&E Crew Staff Numbers**



**Table 2**  
**2006/07**  
**EOC Staff Numbers**



**At Month End**

**Table 3**

**2006/07 UOC Staff Numbers**



**At Month End**

**Table 4**

SUSPENSIONS AS AT 30 JUNE 2006

		<b>Date of Suspension</b>	<b>Reason for Suspension</b>	<b>Stage in Investigation</b>	<b>Investigating Officer</b>	<b>Hearing Date</b>
<b>East</b>	0					
<b>South</b>	0					
<b>West</b>	1	27.06.06	Interviewed under caution for handling NHS equipment.	Police investigation underway. No internal investigation started yet.	Not appointed.	
<b>EOC</b>	2	16.06.06	Harassment of a caller	Currently arranging an investigation interview	John Wilkins	
<b>HQ/Fleet/ Others</b>	1	05.06.06	Falsely presenting as a Paramedic	Investigation complete. Report in progress	Wendy Chalk	
	1	19.06.06	Handling of petty cash	Investigation in progress	Tony Crabtree	

## **4. COMMUNICATIONS**

### **4.1 London bombings**

In the last couple of months, the Communications Directorate has focused on a number of issues relating to the bombings last July.

#### **4.1.2 London bombings anniversary**

One year on, the Service joined the people of London in remembering the events of 7 July last year. The Communications department coordinated the Service's representation at a number of events during the day.

On the morning, staff represented the Service as they laid flowers at Aldgate, Russell Square, Tavistock Square, Edgware Road and King's Cross, bearing the message 'Remembering the innocent people who lost their lives, and those who were injured'.

At midday, staff participated in the two-minute silence at each of the sites, and over 100 staff gathered outside Waterloo HQ to join the rest of the nation in reflecting on the events of last July. BBC News 24 broadcast live from HQ and images of staff featured in their coverage of people across the country marking the two-minute silence.

In the afternoon, Assistant Chief Ambulance Officer John Pooley, accompanied by Emergency Medical Dispatcher Lisa Andrew and Waterloo Emergency Medical Technician Andrea Ray, visited Regent's Park to join members of the public in adding a flower to the floral tribute that was later completed by survivors and the families and friends of those who died.

Media interviews with members of staff were broadcast through the day. Director of Operations Martin Flaherty was interviewed by Sky News, BBC London Radio and BBC Asian Network. Team Leader Bill Kilminster spoke with Radio 5 Live; Performance Improvement Manager Paul Woodrow and Duty Station Officer Martin McTigue had a live interview with BBC Breakfast at Tavistock Square; Graeme Baker was also featured on BBC Breakfast with survivor Danny Biddle; and John Pooley gave an interview to Sky News from Regent's Park. A special ITV programme hosted by Trevor McDonald and broadcast on Sunday 9 July included interviews with Paramedic Adam Desmond and Emergency Medical Technician Sam Sinclair.

An article about Paramedic Craig Cassidy was published in The Guardian; the Evening Standard and Radio 1 Newsbeat featured interviews with Paramedic Liam Whittaker; and First magazine ran a feature involving Emergency Medical Dispatcher Lisa Andrew and Team Leader Bill Kilminster. Bloomsbury Team Leader Ken Murphy was interviewed on BBC Breakfast earlier in the week.

Reporters did ask about the findings of the London Assembly in some of the broadcast interviews, but the Service's message remained that thoughts of staff were with the families and friends who lost loved ones, and those who were injured on the day.



#### 4.1.3 Internal commemorative event on 3 July

Members of the Communications Directorate coordinated a special Service event, held on Monday 3 July, to commemorate the response of staff to the London bombings and to remember all those who were killed and injured.

Over 200 nominated members of staff from all areas of the Service attended the event at Savoy Place to hear from survivor, Gill Hicks, who was seriously injured at Russell Square. Gill presented certificates signed by the Prime Minister to members of staff representing the bomb sites at King's Cross, Edgware Road, Aldgate and Tavistock Square, as well as representatives from the control room and support services.

In a recorded video message, the Prime Minister thanked staff for their work and messages of thanks and support from Londoners were also broadcast.

A certificate will be displayed in every Service building and station in the near future to remember the work of staff that day.

#### 4.1.4 Publication of the London Assembly's 7 July review

On 5 June 2006, the London Assembly published its review of the response to the London bombings. Whilst the Committee praised the actions of ambulance staff and other emergency service personnel, its criticisms of the London Ambulance Service generated negative media coverage for the organisation.

The Service was proactive in issuing a response to the review and a number of interviews were given by the Chief Executive Peter Bradley and Deputy Director of Operations Russell Smith (with London Tonight, BBC London, BBC Six O'clock and BBC Ten O'clock news, BBC Radio 4 and LBC radio).

Evaluation of media coverage indicates that there were 13 stories carried in national newspapers which referred to the London Ambulance Service's response on 7 July. London's regional papers (Evening Standard and Metro) also covered the issue; Sky, BBC News 24, London Tonight, BBC London, and the BBC's Six O'clock and Ten O'clock ran the story with reference to the Service, as did BBC Radio 4 and LBC radio.

In terms of exposure of the Service's messages, just under a third of the stories carried the messages that the events of 7 July were unprecedented and the courageous actions of staff saved lives; difficulties with communications did not prevent the Service treating and transporting over 400 patients within three hours; and pagers have now been issued to managers. A number of stories also stated that the difficulties had minimal impact on the care of patients.

Critical issues focused on the failure/breakdown of communication experienced by the Service; the Service's over-reliance on mobile phones; the shortage of ambulances at some sites; and a shortage of medical equipment.

The most critical reports were the BBC Ten O'clock news (five million viewers), the Evening Standard (¾ million readers), The Guardian (one million readers) and the Daily Mail (5.5 million readers). All these stories reported that the Service came in for most criticism within the Assembly report.

The findings of the review were carried in a number of regional papers across the country – nine key regionals carried Peter Bradley's quote: 'We have

acknowledged we faced difficulties with communications that day, but this did not prevent us treating and transporting more than 400 patients to hospital from all the sites within three hours.'

It should be noted, however, that public opinion research carried out on behalf of the Service since publication of the review, shows that 67% of Londoners felt the organisation responded 'very well' to the events of 7 July, with a further 21% saying 'fairly well'.

## **4.2 Media Issues**

### **4.2.1 The World Cup and hot weather**

As the World Cup tournament placed additional pressure on the Service during June, messages were conveyed via the media to warn people that abusing the 999 service could risk lives.

The mobile treatment centres set up across the capital, including in Croydon and near Trafalgar Square, generated widespread media coverage. An extended news item featuring ambulance staff treating drunk football fans at Leicester Square on the Sunday England beat Ecuador was broadcast on ITV's national lunchtime news and on ITV1's London Tonight programme. Media also reported on the high call levels experienced by the Service during the England games, with coverage in international, national and regional papers including the Daily Telegraph, Evening Standard and Metro.

The hot weather compounded the situation further, and an increase in calls to heat-related incidents attracted media attention in early July. National media interest was also triggered earlier in June when more than 800 people had to be evacuated after a train got stuck in a tunnel at Bank underground station. Twelve people were treated after suffering the effects of heat exhaustion and dehydration.

### **4.2.2 Other issues**

The Communications team managed local and national media interest following the tragic death of two-year-old child after an incident involving an ambulance on a school visit in Ealing in June, and a lightning strike on a teenage boy in Croydon at the beginning of July generated coverage. The Service received media calls when former DJ Bruno Brookes was treated by staff after suffering a heart attack; he later praised the Waterloo crew when he appeared on BBC1's City Hospital with Paramedic Brian Hayes who treated him. The Service's use of St John and other voluntary ambulance services to respond to some 999 calls came under the media spotlight at the end of May; Deputy Director of Operations Russell Smith spoke to London Tonight about the case of a pensioner who was attended by St John staff last December.

## **4.3 Patient and Public Involvement**

Recent Patient & Public Involvement (PPI) events from across the Service include visits to community organisations in Harrow and Lambeth, attendance at careers events in Camden and Tower Hamlets, and plans for a health awareness day in Waltham Forest. The Events and Schools team have been involved in a number of initiatives, including Junior Citizens' Schemes in Newham, Haringey and Harrow, and Crime and Safety Days with the police, fire and prison services. They are also involved in "Safe Drive, Stay Alive", a

high profile project aimed at young people, which is being piloted in Havering.

A number of staff with two vehicles took part in the Euro Pride parade on 1<sup>st</sup> July. Special boards were made for the sides of the vehicles, containing health promotion messages and the telephone number for Heartstart training. The event was extremely successful and the LAS Co-ordinator for the event (Andi Scott from the Emergency Operations Centre (EOC)) was interviewed for a new TV channel, *Pride TV*.

The Patient Advice and Liaison Service (PALS) team has received 1152 enquiries since April. Recruitment is underway for a new PALS Officer, who will concentrate primarily on the Frequent Callers programme.

Senior LAS managers continue to attend the monthly Patients' Forum meetings. In June the Senior Operations Manager (Planning & Risk) gave a presentation on the Baby Emergency Transfer Service and the Director of Service Development attended the July meeting to talk about the Older People's Strategy.

In June the PPI Committee discussed community liaison and linking with services in other countries, the public education strategy, plans for a number of patient surveys and the forthcoming trial of Medical Visual Translator cards with the Cycle Response Unit and members of the deaf community. The Committee now plans to review its Terms of Reference and membership, clarifying its role and links with other development work across the Service.

As a result of enquiries made to other emergency services about how they facilitate access for deaf people, the PPI Manager was invited to a meeting with the Metropolitan Police. They are in the process of replacing their control room technology and are considering access for deaf people as part of this work. A number of emergency services are already using SMS messaging systems for deaf people to use in an emergency, but they all have different numbers and work in a different way. At the meeting it was agreed that the emergency services should work together to influence the Department for Communities and Local Government (previously the Office of the Deputy Prime Minister) and the mobile telephone networks to develop a national SMS number for deaf people and the technology to support it.

The PPI Manager is developing closer links with the voluntary sector. She recently took part in a workshop to develop a strategy for the national umbrella group for the voluntary sector, *The Patients Forum*. At this event Harry Cayton, the National Director for Patients and the Public, talked about the forthcoming recommendations of the National PPI Expert Review. These are likely to include increased capacity for patients to engage with the NHS at a local level, at a commissioning level, at provider level and involvement of patients and the public in regulation.

These new PPI arrangements are likely to be local authority based, via the Overview and Scrutiny Committees. Stronger links between the LAS and local authorities will therefore be essential. To this end, the PPI Manager has undergone local authority training in facilitation of community groups, and has made a commitment to co-facilitate at least two events a year for the Westminster Open Forum. She plans to develop this approach in other

boroughs by involving local LAS management teams. She has also recently met the new Scrutiny Manager at the GLA.

A national resource centre for PPI has recently been established. It aims to provide information and advice, build capacity and share good practice. The centre's directors have asked for examples of PPI that could be shared with other organisations, and the PPI Manager has written to them, proposing some joint work on public education, the *Cardiac Arrest* DVD and the work on access for deaf people.

## 5. OVERSEAS TRAVEL

As part of a proposed exchange programme, four members of staff visited Boston earlier in July. Exchanging views and approaches to specialist responses i.e. Motorcycle, HEMS, CBRN, Stadia events, the staff report a very successful visit. As the visit occurred between Trust Board meetings Chairman's Action was requested. To ensure more robust management of travel on behalf of the Trust, revised paperwork and processes are being introduced by SMG.

Approval is also sought for a group of staff to visit Norway in October 2006

The following members of Staff have been selected and approved by their managers to represent the Service in Norway between 7 and 14 October, subject to Board approval.

Katherine Smith	Paramedic	Streatham Station
Ian Rhymer	Paramedic	Wimbledon Station
Matthew Fisher	Team Leader /Paramedic	Wimbledon Station
Sara Sandven	Paramedic	City & Hackney Station
James Rouse	Technician	City & Hackney station
John Donaghy	Training Officer	City & Hackney Station
Daniel Stretch	Paramedic	Tottenham Station
Daniel Barnwall	Paramedic	Barnhurst Station
Lee Emmett	Technician	Romford Station

Trevor Vaughan Awards Manager will be travelling to Norway as part of the staff exchange scheme 11 October to 14 October.

Total cost of this visit is not expected to exceed £12,000 which has been pre-budgeted for the year in the Ceremonial Budget.

Finally, Fionna Moore and Mark Whitbread have been invited to visit the New York Ambulance Service, with whom the LAS are collaborating on the 'Smart CPR' research project (details of which were given in the May report). Laerdal have kindly agreed to fund the flights and possibly the cost of the hotels etc. This visit will provide the opportunity to visit the New York Ambulance Service control centre, teaching centres and to ride out, as well as talking directly with colleagues and clinicians involved in this important multi-centre project.

## **6. RECOMMENDATION**

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

**Peter Bradley CBE**  
CHIEF EXECUTIVE OFFICER

**18<sup>th</sup> July 2006**

**LONDON AMBULANCE SERVICE NHS TRUST****Trust Board Meeting – 27 July 2006****Report on behalf of the Executive Trust Director Finance****Audited Annual Accounts for the year ending 31 March 2006****1. Annual Accounts**

The Audited Annual Accounts for the year ending 31 March 2006 are attached.

**2. Audit Committee**

The audit committee approved the accounts on the 3rd July 2006.

**3. Audit Commission**

The Audit Commission our external auditors gave the accounts a clean opinion.

**4. Statutory Duties (Note 23, pages 35 & 36)**

Performance against the four statutory duties was as follows:

- **Breakeven performance – achieved**

The retained surplus for the year was £1,258k.

This differed from the forecast of £1,272k surplus reported at Month 12 (25th May).

- **Capital Cost Absorption Rate – not achieved**

The Trust is required to make a 3.5% financial return on average relevant net assets. The actual rate of return in 2005/06 was 4.1%, 0.1% above the permitted range of 3.0% to 4.0%.

- **External Financing Limit – (£9,640k) – achieved**

The Trust achieved its EFL target of (£9,640k) for the year.

- **Capital Resource Limit – achieved**

The Trust is given a Capital Resource Limit which it is not permitted to overspend. The CRL was underspent by £1,250k against the limit agreed with the Strategic Health Authority of £6,695k.

**5. Accounts Completion**

The Annual Accounts were completed by the 8th May target date and submitted to the NHSE and the Audit Commission.

**6. Public Sector Payment Policy (PSPP) (Note 7.1, page 22)**

The PSPP performance was 79% (in numbers of invoices), the target set by the Strategic Health Authority was 95%.

**7. Provisions**

The Trust has included a provision of £9.7m for amounts payable to staff under agenda for change.

**8. Other Matters**

A verbal commentary on the annual accounts will be provided at the meeting.

**9. Recommendation**

THAT the Trust Board approve the audited annual accounts for the year ended 31<sup>st</sup> March 2006.

Michael Dinan  
Director of Finance  
27th July 2006

## **Definition of Statutory Duties**

### **External Financing Limit (EFL)**

The External Financing Limit (EFL) is the means by which the Treasury via the NHSE controls public expenditure in NHS Trusts.

The EFL can broadly be defined as “a form of cash limit on net external financing”. External financing can broadly be defined as the difference between agreed expenditure on capital and internally generated resources.

Each year, each individual NHS Trust is allocated an EFL as part of the national public expenditure planning process. The Trust has a statutory duty to maintain net external financing within its approved EFL.

For 2005/06 the Trust achieved its EFL.

### **Capital Resourcing Limit (CRL)**

The introduction of Resource Accounting and Budgeting in the NHS required the introduction of a capital control – the capital resource limit (CRL), which controls capital expenditure in full accruals terms. All NHS bodies have a capital resource limits. The CRL is accruals based as opposed to the cash-based EFL in NHS Trusts.

Underspends against the CRL can be carried forward (but should not exceed 5% of the CRL). Overspends against the CRL are not permitted.

A capital resource limit controls the amounts of capital expenditure that a NHS body may incur in the financial year.

For 2005/06 the Trust did not achieve its CRL due to slippage in the capital programme.

### **Capital Cost Absorption Rate**

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £3,733,000, bears to the average relevant net assets of £90,901k that is 4.1%.

This was 0.1% higher than the permitted range of 3.0% to 4.0%. The variance from 3.5% is due to slippage in the capital programme.

### **Break-even duty**

The Trust is required to break-even each year. For 2005/06 the Trust exceeded this requirement and generated a surplus of £1,258k. (See board report for details).



**LONDON AMBULANCE SERVICE NHS TRUST**

**Trust Board July 2006**

**REPORT OF THE MEDICAL DIRECTOR**

**Standards for Better Health**

**1. First Domain – Safety**

The Trust will not be assessed during this financial year by the NHSLA. There is a new standard for assessment of risk management in ambulance trusts being developed. The Trust is participating in the piloting of the new scheme in 2007. The assessment will be based on five standards, governance, competent and capable workforce, safe environment, clinical care and learning from experience. Each standard contains 10 criteria. This new scheme represents a change in approach for the NHSLA and the Trust will be undertaking a self-assessment in line with good practice during the next six months, as the criteria will enhance our compliance with the core and developmental standards of the Annual Health Check. A checklist to be used in the self assessment will be considered at the next meeting of the Risk Compliance and Assurance Group. The NHSLA is a member of the Concordat with the Healthcare Commission and the Department of Health.

The annual trust wide risk assessment has been developed with three workshops in held in the three respective areas and a further risk assessment workshop being held at the recent senior managers' conference.

The Risk Register is also being revised to reflect advances in controls and changes in the governance committees and groups.

**Safety Alert Broadcasting System:**

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

Four alerts have been received during the period of 04<sup>th</sup> May – 04<sup>th</sup> July 2006. In total the trust has four alerts outstanding as follows:

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

The final policy was forwarded to Bob Whittington on 04<sup>th</sup> July 2006.

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

This SAB alert remains on-going and has been forwarded to Ralph Morris for further action by the PSU department. Currently awaiting feedback on progress.

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

This SAB alert remains on-going and continues to be actioned by the Corporate Logistic Manager. The possibility of in-house calibration checks continues to be considered, as well as replacing relevant sphygmomanometers annually.

➤ **MDA/2006/036: Electrically powered indoor wheelchairs (EPICS)**

This alert was received on 26.06.2006 and relates to the use of electrically powered indoor wheelchairs. The alert outlines the potential for injury when chairs are used outdoors. PTS are currently drafting a notice to be circulated which incorporates the recommended action by the MHRA.

## **2. Second domain – Clinical and Cost Effectiveness**

### **Update on Stroke Management**

This month has seen some very encouraging results from the effects of fast tracking patients to a dedicated stroke care unit. In particular the Medical Directorate would like to highlight the cases below which were treated at the St. Thomas Stroke Unit. One of the main clinical triggers for a referral to the Stroke Unit is the completion of the FAST test. FAST looks at **F**acial movements, **A**rm movements, **S**peech ability with all three elements **T**ested – if one or more element is abnormal then a stroke is suspected.

July 06

- FAST completed and called ahead
- Arrived with face, speech, arm and leg signs
- Thrombolysed within 20 mins with complete recovery
- Patient was discharged – living independently

July 06

- 98 year old man - FAST test completed
- Randomised to thrombolysis trial
- Making good progress with arm and leg weakness

June 06

- Patient at Guy's Hospital developed signs of stroke
- LAS called
- FAST test completed - patient deteriorated in transit
- Thrombolysed and now making good recover
- Beginning to walk although still has left sided weakness

June 06

- Patient collapsed at Eurostar arrivals
- FAST test completed and phoned ahead
- Thrombolysed within 1 hour of onset of stroke
- Making progress and beginning to walk with physios

The following comment was also received with the above reports from St. Thomas Hospital:- “I hope this helps and reinforces the fantastic service we get from LAS in dealing with stroke as an emergency.”

The Medical Directorate is continuing to explore ways to increase the education of staff in the importance of stroke. Educational posters regarding stroke are being distributed to all stations. Information regarding an e-learning resource on stroke hosted by the University of Lancaster, is also being promulgated via RIB.

**A summary of a clinical audit currently being undertaken by the Clinical Audit & Research Unit is attached at appendix 1.**

### **3. Third Domain – Governance**

The Governance review is reported elsewhere on the agenda. Workshops are planned to advance the main issues raised in the review using the skills of a cross section of corporate and operational managers across the trust. Amongst the Core tasks to be included in the action plan with time scales include an enhanced risk reporting system and a managers’ network to develop ownership of governance at every level in the organisation.

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

Sickle Cell

David Whitmore represented the LAS at the launch of the Lambeth PCT Patient Held Sickle Cell Record Booklet on 4<sup>th</sup> July 2006. David has been assisting Lambeth PCT in its contents & design. It is intended to be held by the patient and to give all healthcare professionals vital information about the patient and their preferred treatment regimen etc... Although currently only being used in SE London, the LAS has indicated to Lambeth PCT and again at the launch that the LAS would be very keen to see this booklet rolled out across London in particular, as well as supporting its adoption nationally.

### **5. Sixth Domain – Care environment and Amenities**

Infection Control

The LAS is soon to introduce a range of new equipment aimed at further reducing the risks of infection for both patients and staff. The new equipment primarily consists of single use (disposable) laryngoscope blades and Bag-Valve-Mask (resuscitator) units,

which will replace the current reusable versions. In addition, we are introducing the Braun Vasofix Safety Cannula for use in establishing intravenous access, which has been specifically designed to reduce the risks associated with needle-stick injuries. Further supplementary items include bacterial filters for use with Entonox and the Microvent resuscitator units, together with disposable face masks which will also be utilised with this equipment.

**6. Seventh Domain – Public Health**

**Nothing to report**

**Recommendation**

THAT the Board notes the report.

Fionna Moore  
Medical Director  
18<sup>th</sup> July 2006

## **Clinical Audits of Call Categorisation: Progress Update**

Authors: Gurkamal Viridi & Dr. Rachael Donohoe, Clinical Audit and Research Unit,  
Medical Directorate

The London Ambulance Service NHS Trust (LAS) uses the Advanced Medical Priority Dispatch System (AMPDS) to triage its 999 calls. Using AMPDS, Emergency Medical Dispatchers (EMDs) elicit information about the patient's condition and assign the call a determinant code that describes the chief medical complaint and the level of response needed. In line with Department of Health (DH) definitions, each determinant code is allocated one of the following three response categories: Category A responses are assigned to patients who have a life threatening condition and require an immediate response; Category B responses are provided where an immediate response is needed but the patient's condition is not life threatening, and a Category C response is assigned to calls where the patient's condition is not life threatening and does not require an immediate response. Currently, Category A calls account for approximately 40 percent of the LAS emergency workload.

The DH's Emergency Call Prioritisation Advisory Group (ECPAG) meets regularly to review the current response categories allocated to each AMPDS determinant code. Following the national review of Ambulance Services, *'Taking Healthcare to the Patient'*, ECPAG released a call for Ambulance Services to undertake fourteen clinical audits examining the appropriateness of the response categories allocated to a range of determinant codes relating to assaults, road traffic accidents (RTA's), falls, stroke, pregnancy and general sick persons (see Table 1). Four Ambulance Services, including the LAS, are currently undertaking this work. The aim is to spread the workload amongst the Trusts, however, the LAS intends to undertake all fourteen clinical audits. The audits compare the determinant code and categorisation of the call against outcome factors as documented on the Patient Report Form by the responding ambulance crew(s). These factors include the condition of the patient on arrival of the crew, the number of interventions undertaken and patient survival.

To date, the LAS Clinical Audit and Research Unit has collected data for ten clinical audits examining determinant codes listed in the table below. We plan to collect data for the remaining four audits in the next couple of months. Data analysis will begin

shortly and reports will be available for internal discussion by September 2006. The evidence from these audits will be used by ECPAG at their meeting in November 2006 to inform whether it is clinically safe to re-categorise the responses allocated to the determinant codes. It is predicted that downgrading determinant codes set as Category A to Category B will lead to a ten percent reduction in Category A workload.

**Table 1: LAS Progress for ECPAG audits**

<b>Chief Complaint</b>	<b>Determinant code</b>	<b>Description of determinant</b>	<b>Data collected</b>
Assault	4D2*	Not alert	✓
	4D3	Abnormal breathing	✓
	4D4*	Dangerous injuries	✓
RTA's	29D2b	vs motor bike	✓
	29D2c**	vs pedestrian	✓
	29D2d*	Ejected	✓
Falls	17D2	Fall over 6 foot	✓
Stroke	28C1	Not alert	Planned
	28C2**	Abnormal breathing	Planned
Pregnancy	24D3	Imminent delivery	Planned
	24D4*	Third trimester haemorrhage	✓
	24D6	Baby born	Planned
Sick Person	26A1	Specific diagnosis (no priority symptoms)	✓
	26C1	Altered level of consciousness	✓

\* DH Category A determinants

\*\* DH Category B determinants upgraded by LAS as Red Calls

No asterisk = DH Category B

**London Ambulance Service NHS TRUST****TRUST BOARD     DATE 25 July 2006****CAD REPLACEMENT**

1.    Sponsoring Director:                    Peter Bradley
  
2.    Purpose:                                    For noting
  
3.    Summary

On 22 February 2005 the Service Development Committee approved a paper entitled “CAD – The Way Forward”. Stage 1 of this project was described as “Procurement Preparation” with the intention to:

“define the user requirement, conduct market research (including looking at the existing Ambulance CAD products) and produce a business options report recommending how the new environment should best be provided”.

The business options report was presented to, and approved by, the Trust Board in November 2005. It identified that the best way forward was by a commercial procurement, seeking to engage suppliers to work with the LAS to adapt (potentially with some development) and integrate existing products. It was agreed that the project should proceed on the assumption that the project would require approval by the SHA, who require completion of the following three stage business case process:

- Strategic Outline Case (SOC)
- Outline Business Case (OBC)
- Full Business Case (FBC).

The production and approval of these business cases are inter-linked to a formal procurement process. Ultimately the FBC will define a specific solution, and set out the case for the award of contract(s) with named supplier(s) at a defined cost.

Work on the Strategic Outline Case has now been completed and it is ready to be presented to the SHA for approval. Given that the details within the SOC are commercially sensitive, it is being presented to the Trust Board in part 2 of the meeting in order to seek agreement to forward it to the SHA.

4.    Recommendation

THAT the Trust Board note the progress of the project to date.

**London Ambulance Service NHS TRUST****TRUST BOARD 25<sup>th</sup> July 2006****UPDATE ON THE IMPLEMENTATION OF THE  
GOVERNANCE REVIEW**

1. Sponsoring Executive Director: Mike Dinan

2. Purpose:

To note progress with the implementation of the main issues and recommendations from the Governance Review

3. Summary

The main issues and recommendations from the Governance Review are now being addressed. The first step taken has been to re-design the terms of reference for the Audit Committee, the Clinical Governance Committee and the Risk Compliance and Assurance Group

The terms of reference for the Audit Committee and the Clinical Governance Committee have been drafted with input from the chairmen and members of those committees. Details of the terms of reference for the Risk Compliance and Assurance Group are being discussed with the NHSLA in the light of changes being made to the NHSLA Risk Management Standard for Pre-Hospital Care. These terms of reference are appended to this paper

4. Recommendation

THAT the Board:

1. Notes the progress to date in implementing the recommendations of the Governance Review
2. Agree terms of reference for the Audit and the Clinical Governance committees
3. Notes the terms of reference for the Risk Compliance and Assurance Group are currently under review with the NHSLA



**London Ambulance Service NHS TRUST****TRUST BOARD      DATE 25<sup>th</sup> July 2006****FREEDOM OF INFORMATION POLICY**

1.      Sponsoring Director:                      Peter Bradley
  
2.      Purpose:                                      For approval
  
3.      Summary

The original Freedom of Information policy was approved by the Trust Board in February 2005. Given the unknown impact of the act on Trust business, it was further reviewed at six months. As a result of this review, the following changes were approved by the Trust Board in July 2005:

- i        The next review date was set for 12 months – July 2006
- ii       At section 1.1, clarification added in relation to patient confidentiality
- iii      The section originally numbered 2.3 & 2.4 that related to departments providing information manuals was removed. Experience has shown that these have added little value to the process of seeking information.
- iv      Section 6 was re-written (with a new section 7) to clarify the process's of appeals and complaints.
- v        There were minor grammatical changes to improve the overall readability of the document.

Over the past 12months the policy has been used to guide all FOI requests (including detailed research questions as a result of 7/7). Based on this experience, in terms of policy it is considered fit for purpose without further amendment.

4.      Recommendation

THAT the Trust Board re-approves the policy for a further period of 3 years. The Director of IM&T will review the policy during this period should either further experience or a change in legislation require it.



**LONDON AMBULANCE SERVICE NHS TRUST BOARD**

**TRUST BOARD 25<sup>th</sup> July 2006**

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

**1. Purpose of Report**

- i. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.
- ii. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

**2. Tenders Received**

<b>Register no.</b>	<b>Details of tender:</b>	<b>Tenders Received From</b>
11/06	Refurbishment of Fielden House	Crispin Russell Crawberry W T Cuffe Coniston
12/06	Driver Testing Vehicle	McNellie Wilker UK

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 2 entries, reference 97 and 98 since the last Trust Board meeting. The entries related to:

- No. 97            Contract for works at Barnehurst AS, 164 Erith Road, Bexleyheath, Kent DA7 6BZ
- No. 98            Lease, first floor, Fielden House, 28-42 London Bridge Street, London, SE1.

**4. Recommendations**

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

Christine McMahon  
Trust Secretary



DRAFT

**AMBULANCE SERVICE NHS TRUST  
AUDIT COMMITTEE**

**Monday 3<sup>rd</sup> July 2006**

Present:	Barry McDonald Sarah Waller	Non-Executive Director (Chair) Non-Executive Director
In Attendance:	Peter Bradley Mike Dinan Caron Hitchen John Wilkins Michael John Tim Merritt Chris Rising Sue Exton Terry Blackman Keeley Saunders James Larkin John Downard Christine McMahon	Chief Executive (until 4.20pm) Director of Finance Director of HR and Organisation Development (until 3pm) Head of Governance Financial Controller Bentley Jennison Bentley Jennison Audit Commission, District Auditor Audit Commission Audit Commission (until 3.00pm) Bentley Jennison, Local Counter Fraud Specialist Head of Software Development & Support (until 3pm) Trust Secretary (Minutes)
Apologies:	Peter Suter Beryl Magrath Robert Brooker	Director of Information Management & Technology. Non Executive Director Bentley Jennison, Local Counter Fraud Specialist

Prior to the start of the meeting the Audit Committee met privately with the Internal and External Auditors.

During the meeting the Chairman referred to an email he received from Beryl Magrath which contained her comments regarding reports to the Committee.

**13/06 Minutes of the last Audit Committee meeting 20<sup>th</sup> March 2006**

**Agreed: The minutes of the last audit committee meeting held on 20<sup>th</sup> March 2006 with the amendment that the tender exercise for internal audit will commence July 2006 and will take about 3 months including OJEU advertising. The specification for internal audit will be circulated in due course to the Audit Committee for comment.  
ACTION: Finance Director**

**14/06 Matters Arising**

- Minute 28 & 29: The following internal audit reports (Drug control; CTA, Urgent Care, Complaints and PTS) were not finalised in time for presentation to the Audit Committee; the Head of Governance undertook to circulate them within a couple of weeks.  
**ACTION: Head of Governance**
- Minute 30: *ESR* – the HR Director informed the Committee that the implementation of ESR has been extended by 3 months and it would not be going live in July 2006. The extension had been agreed with McKesson (Consultants) and the Department of Health. Though a lot of work has taken place preparing for the implementation of ESR the Project Board was not confident that all staff would be paid correctly if the system

is implemented in July. The Committee was informed that more testing on data cleansing is required.

- Minute 05/06: That the NHSLA along with 14 other health care inspectorates has signed up to the Health Care Concordat.
- Minute 08/06: The procedural gap around travel permission has been addressed.

## **15/06 Annual Accounts 2005/06**

The Financial Controller presented the annual accounts for 2005/06 to the Committee. The report on page 19 will be changed to show pension benefits in bandings rather than lump sums. **ACTION: Financial Controller**

The Committee suggested that the Statement of Internal Control be amended as the level of detail included in the report was thought to be unnecessary. The same information is accessible in other Trust documents. The District Officer suggested that strategic issues should be highlighted within that section of the report. The Director of Finance undertook to liaise with the Director of Communication on the form of wording to be used.

**ACTION: Director of Finance.**

**Agreed: 1. The 2005/06 annual accounts that will be signed by the Chief Executive and the Finance Director.**

**Noted: 2. That the annual accounts will be presented to the Trust Board in July 2006.**

**3. That the actual result (£1,258) and the forecast result (£1,272) were very similar.**

## **16/06 Internal Audit**

### Progress Report 2005/06

The Internal Auditor's report to the Committee contained one final report ( PPI) with 12 reports still in draft. 7 of the 12 reports had been finalised since the circulation of the Audit Committee's agenda and these will be circulated by the Head of Governance.

**ACTION: The Head of Governance.**

The Committee was assured that a process has recently been in place to expedite the turnaround of reports which will include a debrief by the internal auditor with the relevant manager so that the new timeline for finalising reports should be three weeks from this debrief and performance indicators will be published. Sarah Waller requested that an aged report be included as an appendix to the Auditor's report. **ACTION: Internal Auditors.**

The internal audit report concerning PPI was very positive, with adequate assurance being given with regard to the processes in place. There were no significant recommendations. The recommendations that have been made by auditors were accepted and implemented by management.

Sarah Waller expressed surprise that the Trust did not have a way for users to give feedback on the service they have received or leaflets in different languages. The Finance Director undertook to pursue this matter outside the meeting. **ACTION: Finance Director.**

**Noted: That a reconciliation will be undertaken regarding the actual and billed internal audit days and the appropriate adjustment made.**

### Annual Internal Audit plan

Tim Merritt, Bentley Jennsion, presented the annual internal audit plan; he drew the Committee's attention to 2.2, the basis of opinion which relied on an assessment of the design and operation of the underpinning Assurance Framework and supporting processes;

an assessment of the range of individual opinions arising from risk based audit assessments; an assessment of the process by which the organisation has arrived at its declaration in respect of the Standards for Better Health and any reliance that is being placed upon third parties such as RPST.

Bentley Jennison were satisfied that they could give significant assurance with no caveat as no material weaknesses had been identified.

The Committee considered the benchmarking information presented as part of the report. It was explained that although the LAS had less substantial assurance in comparison to Bentley Jennison's other NHS clients and in comparison to the previous year; this was probably due to more focus being placed on areas where there were suspected weaknesses, consequently their audits resulted in recommendations for improvement. It was recognised that although it is not necessarily a bad thing when areas for improvement have been identified following an initial audit, it is a serious matter when the same issues are highlighted during a second audit. The audits conducted in 2005/06 where limited assurance was given would be re-audited in 2006/07. The Finance Director also suggested that ESR be audited in 2006/07.

**Noted: That the Internal Auditors felt 'significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently'.**

*Client Briefings:* Corporate Manslaughter and Infection Control. The Committee's attention was drawn to the two client briefings prepared by Bentley Jennison. The Finance Director suggested that corporate manslaughter would be a suitable item to include in board development training session. The Chief Executive said that staff do not currently receive any training or information concerning corporate manslaughter. Corporate manslaughter will be raised with staff as part of general management training/professional development e.g. as part of health and safety training disseminated at departmental meetings.

**Noted: The contents of the two client briefings regarding corporate manslaughter and infection control.**

## **17/06 Audit Commission**

Terry Blackman, Audit Commission, presented the progress report for 2005/06. He reported that the review of the new CAD system has been rescheduled and will take place in 2006/07.

Three of the five sections of the Auditor's Local Evaluation (ALE) report have been completed. The assigned scores for the three completed sections were Financial management (3); Internal Control (2) and Value for Money (3) which Terry Blackman suggested reflected very well on the Trust.

The two outstanding assessments are Financial Reporting and Financial Standing. Following completion the ALE will be submitted to the Healthcare Commission as part of the annual health check; the deadline is 12 October 2006. The Audit Commission will share the final report with the Trust prior to its submission to the Healthcare Commission.

The Finance Director disagreed with the score of 2 for internal control; Sarah Waller commented that the 'improvement opportunities' concerning internal control appeared to be focused on the provision of training to staff. The Finance Director undertook that further work would be undertaken to raise awareness regarding counter fraud. Terry Blackman pointed out that the score in part reflects compliance with the Trust's standing orders and financial regulations at complex level. He also said that not many scores of 3 were being awarded.



The Finance Director expressed the hope that the ALE will remain unchanged as it has the potential to be a useful tool for benchmarking NHS Trusts. The District Auditor said that although the key lines of enquiry were likely to remain unchanged in 2006/07, the financial targets may be amended to reflect changes in the financial regime.

*2006/07 audit plan:*

The District Auditor presented the plan, which had been agreed by the Chief Executive and the Finance Director, to the Committee for its approval. The audit plan for 2006/07 will include work around identifying risks which will include considering the benefits realised arising from the 2005/06 workforce contract changes (AfC); ALE and value for money conclusion.

It was noted there may not be many benefits to show from Agenda for Change due to the limited opportunities for LAS to negotiate changes in working practices in exchange for the pay rises agreed centrally. However the resolution of the rest break would deliver a material benefit for the Trust as would the introduction of the EMT 4 grade.

The Committee considered the increase in the Audit Commission's fees (2006/07: £125,500 compared to £117,850 in 2005/06). The District Auditor pointed out that the fee increase reflected the additional work expected of the Audit Commission. As part of the Audit Commission's report (page 15) there were recommendations as to what actions the Trust could take to reduce its audit fees.

*Annual Governance report*

The annual governance report highlights any issues that may have arisen during the audit concerning governance. The District Auditor introduced Keeley Saunders who had conducted the 2005/06 audit. She informed the Committee that the audit commenced 12<sup>th</sup> May, that the auditors had received full co-operation from staff and there was nothing she needed to highlight.

The District Auditor confirmed that there will be an unqualified audit opinion and that the Audit Commission was satisfied that the proper arrangements were in place to achieve the 3 'e's (effectiveness, efficiency and economy). There were no material misstatements to report.

The Finance Director undertook that in 2007 the 2006/07 Audit Commission would see the final statement before they have to give their opinion on the annual accounts for 2006/07. It was commented that Foundation Trusts are required to lay their annual reports and annual accounts before Parliament prior to the summer recess (July).

- Noted:**
- 1. That the Audit Commission's Audit Letter will be presented to the Audit Committee in December 2006.**
  - 2. That the work on the Trust's financial statements is now substantially complete and subject to the satisfactory conclusion of the work outstanding the Audit Commission expect to issue an unqualified opinion by 10<sup>th</sup> July 2006.**
  - 3. That the report concerning the Trust's use of resources (to secure economy, efficiency and effectiveness) has been completed and an unqualified value for money conclusion will be issued by the Audit Commission by 10<sup>th</sup> July 2006.**
  - 4. That the Audit Committee wished to record its thanks to staff for their efforts with the annual audit.**

## 18/06 Report of the Local Counter Fraud Specialist and plan for 2006/07

James Larkin attended the Committee meeting in Robert Brooker's absence. He reported that there are two investigations ongoing. In addition the following have been reported which will require investigation: excess mileage claim (PTS); inappropriate use of fuel card; misuse of petty cash and potentially stolen goods (Isleworth).

### Plan for 2006/07

The Committee was informed that an annual survey of 100 staff was recently undertaken which had a good response rate of 33%. Disappointingly few of the respondents were aware of who their local counter fraud officer was. During 2006/07 the counter fraud team will dedicate 6 days to giving presentations to staff and managers highlighting the work they undertake. The posters advertising the contact details of the counter fraud officers will be reviewed. The positive outcomes of investigations will be publicised in the LA News.

The Committee was informed that a national audit of payroll is being undertaken by the NHS.

**Agreed: 1. That the Director of Communications would be involved in publicising internally the counter fraud work. ACTION: Finance Director/Director of Communications.**

**Noted: 2. The report.  
3. The workplan for 2006/07.**

## 19/06 Risk Register Update

The Committee was informed that the annual trust wide risk assessment (TWRA) had not yet been completed. Following completion of the TWRA the Risk Register will be updated to ensure it reflects the Trust's current risks. The revised Risk register and Risk Management Framework will be presented to the Trust Board in September 2006.

A report regarding the implementation of the Governance review will be presented to the Trust Board in July 2006; the report will include the revised terms of reference for the Clinical Governance Committee, the Risk Assurance and Compliance Group and the Audit Committee.

The Committee considered the risks from the Register it is responsible for. The Chief Executive observed that the top three risks are unlikely to change when the risk register is reviewed following completion of the TWRA.

It was commented that some of the commentary included in the report is 'dated' with reference being made to actions in 2005; e.g. risk 70, *risk of not learning and changing practice, as appropriate, as a result of complaints* had a comment referring to the proposed review of PSU. The Chief Executive said that a report on the findings of the PSU review was presented to the Trust Board in March 2006. The commentary included in the risk register will also be reviewed post the TWRA. **ACTION: Head of Governance**

Risk 10 (*failure to undertake comprehensive clinical assessments which may result in the inappropriate non-conveyance or treatment of patients*) - the five day continuing professional development course is being rolled out and will conclude in 2007.

Risk 8 (*failure to fully complete the Patient Report Form with details of drugs given*) Sarah Waller was assured that every effort is being made to ensure CPI checks are undertaken.

Risk 121 (*lack of comprehensive fully integrated contingency plan*) Sarah Waller was informed that the inclusion of this item on the Risk Register predates the Trust's business continuity plan.

- Noted:**
- 1. The report concerning the Risk Register**
  - 2. That the Risk register and Risk Management framework will be presented to the Trust Board on 26<sup>th</sup> September 2006.**
  - 3. That a report outlining the implementation of the Governance Review will be presented to the Trust Board on 25<sup>th</sup> July 2006.**

#### **20/06 Standing Committee Items**

- Noted:**
- 1. That there had been no declarations of hospitality since the previous Audit Committee meeting held in March 2006.**
  - 2. That retrospective permission will be sought from the Trust Board with regard to a member of staff who travelled outside the EU without prior approval from the Board.**
  - 3. That the Standing Orders will be reviewed and will be presented to the Trust Board in September. ACTION: Trust Secretary**

#### **21/06 Update re. NHSLA**

The Committee was informed that there has been some progress made with the NHSLA with regard to the criteria by which Ambulance Trusts are assessed. To date the NHSLA has used 291 criteria to assess Ambulance Trusts which were more suited to acute hospitals. The NHSLA recently proposed a set of standards, with 5 domains, containing 50 criteria by which Ambulance Services would be assessed which will have scope to recognise local initiatives. The Trust is not required by the NHSLA to be assessed against the current criteria in this financial year. The Head of Governance will be attending a consultative event being held by the NHSLA in September 2006, to formulate the criteria with in the five new standards

As a consequence the objective of attaining level 3 pre hospital care standard needs to be reassessed in light of the changes being proposed by the NHSLA. The Head of Governance undertook to circulate to the Committee information in advance of the NHSLA's consultative event in September. **ACTION: Head of Governance.**

An action plan will be presented to Audit Committee in December. **ACTION: Head of Governance.**

- Noted: The progress achieved with the NHSLA and the work that is being undertaken to agree new criteria for the assessment of ambulance services.**

#### **22/06 Audit Recommendations**

The Chairman was assured that the Auditor's recommendations from the 2005/06 internal audit had been included in the report presented to the Committee.

The Management response to the Auditor's recommendation concerning the Payroll audit was highlighted; the management response appeared to suggest that what was recommended was not possible. The Director of Finance pointed out that a lot of 'data cleaning' has been undertaken due to the requirements of the ESR project. When ESR is implemented it will no longer be necessary to use the IPS system. The Management Comment will be updated. **ACTION: Finance Director.**

Inventory – Make Ready has been rolled out to all complexes; the Trust is still using paper returns to manage its inventory. Plans are in place to introduce more sophisticated process i.e. electronic bar codes. A stock audit was recently undertaken as part of the annual audit and it was surprisingly clean. The Finance Director said that £2m stock too high.

The Committee was informed that PTS is not currently included in the Make Ready scheme but it will be.

It was observed that some of the auditor's recommendations (recommendations being implemented) included the comment 'awaiting response'. The Finance Director said that as part of the Assistant Director of Operations performance management they are expected to take ownership of the implementation of the auditors' recommendations.

- Noted:**
- 1. The progress being made to implement the auditor's recommendations.**
  - 2. The areas where management response was still awaited (e.g. CTA, Payroll, and ECP).**

**23/06 Draft minutes of the Clinical Governance Committee (15/5/06) and draft terms of reference for the Risk Assurance and Compliance Group.**

*Draft Clinical Governance Minutes, 15<sup>th</sup> May 2006.* Minute 28: the Committee disagreed with the suggestion that the Clinical Governance Committee receive reports on the progress of the action plans on an exceptional basis. The Committee recommended that the Clinical Governance Committee receive a full report on the progress of the action plan with a front sheet that highlights any changes to the plan and any concerns regarding progress. **ACTION: Head of Governance.**

*Risk Assurance & Compliance Group (RA&CG):* the Head of Governance reported that the terms of reference had been shared with the NHSLA as requested at the last meeting of the Risk Management Group. The NHSLA were satisfied with the proposed terms of reference but recommended that the Group be a Board Committee in its own right rather than reporting to the Board via the Audit Committee. The Audit Committee will receive the minutes of the RA&CG.

- Noted:**
- 1. The draft minutes of the Clinical Governance Committee**
  - 2. The draft terms of reference for the Risk Assurance & Compliance Group.**

**23/06 Work plan and timetable for meetings 2005/06**

- Noted:**
- 1. That the workplan will need to be reviewed in the light of the review of the Committee's terms of reference.**
  - 2. That the Audit Committee is scheduled to meet at 2.30pm on Monday, 4<sup>th</sup> December 2006.**

**Any other Business**

Sarah Waller wondered how the governance review was going to be implemented throughout the organisation. The Finance Director outlined the work that has been undertaken regarding the balanced scorecard; which is intended to measure progress of both clinical and non clinical objectives, including the undertaking of CPI checks.

- Noted:**
- That work is being undertaken to implement the governance review with an initial progress report being presented to the Trust Board in July 2006 with timeline for implementation including revised terms of reference for all committees. A further progress report will be presented to the Audit Committee in December 2006.**

Meeting finished at 4.45pm

## LONDON AMBULANCE SERVICE NHS TRUST

### SERVICE DEVELOPMENT COMMITTEE

Tuesday, 27<sup>th</sup> June 2006 at 10:00 a.m.

Held in the Conference Room, LAS HQ

<b>Present:</b>	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Beryl Magrath	Non Executive
	Ingrid Prescod	Non Executive
	Caroline Silver	Non Executive
	Roy Griffins	Non Executive
<b>In attendance:</b>	Caron Hitchen	Director of Human Resources & Organisation Development
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations
	David Jervis	Director of Communications
	Kathy Jones	Director of Service Development (until 10.40)
	Ian Pentland	CAD2101 Project Manager
	Chizoba Okoli	Senior Management Accountant
	Christine McMahan	Trust Secretary (minutes)
<b>Apologies:</b>	Peter Suter	Director of Information Management & Technology

The Chairman congratulated Fionna Moore, the Medical Director, who recently gained her Fellowship in Immediate Medical Care.

The Chairman asked the Director of Service Development to convey the Committee's condolences to the family of Lisa Taylor. Lisa, a member of the Project Support Office, died recently, and her funeral was being held that morning.

#### **21/06 Minutes of the last two meetings of the Service Development Committee, held on 28<sup>th</sup> February and 25<sup>th</sup> April 2006.**

The Chairman **signed** the Minutes as a correct record of the meeting held on 28th February 2006.

Minute 3.6: the HR Director wished to clarify that although there is only one stage of appeal for Agenda for Change, staff can use their Trust's Grievance Policy if they feel that the Agenda for Change process has been misapplied. The Trust has not received any grievances of that nature.

Minute 5.6: the Chief Executive apologised that the analysis of demand in February has not been completed and he undertook to include it in his report to the July Trust Board. **ACTION: Chief Executive**

The Chairman **signed** the Minutes as a correct record of the meeting held on 25<sup>th</sup> April with the proviso that the minutes be amended to reflect the presentations given at the Awayday, in particular the presentation delivered by the Director of Operations. **ACTION: Trust Secretary**

## **22/06 Chairman's Update**

Following the recent publication of the Greater London Authority's (GLA) review of the response of the emergency services to the 7<sup>th</sup> July bombings, the Chairman and the Chief Executive met with the GLA Committee's Chairman (Richard Barnes) and Vice Chairman (Sally Hamwee) to discuss the findings of the review and how it was presented to the media. The meeting had been helpful and Richard Barnes had recognised that consideration should be given as to how the media will treat the contents of reports such as those undertaken by his committee. Though the majority of the meeting was concerned with the response to the 7<sup>th</sup> July and the implementation of the lessons learnt, there was also discussion about the routine work undertaken by the Service responding to urgent and emergency calls in London. There will be a follow up report to the GLA in November when the emergency services will report on the implementation of lessons learnt from the bombings.

Dr George Greener, the new London SHA Chairman, visited the Trust on 19<sup>th</sup> June; it was a very positive meeting. He wrote recently to the Chairman expressing the positive impression he received of the Trust's senior management team.

The Chief Executive recently met with David Nicholson, the new Chief Executive of the London Strategic Health Authority. The Chief Executive and Julie Dent have been asked to give a presentation on emergency preparedness to the SHA's first Trust Board meeting on 10<sup>th</sup> July 2006.

The Chairman recently chaired the Appointments Commission's panel for the South East Ambulance Service's non executive directors. There were some very good candidates and if the same calibre of appointments is repeated across the country then the LAS will have some very strong colleagues to work with.

The Chairman, the Chief Executive and the Director of Finance recently attended the NHS Confederation's annual conference; the Chairman said that the atmosphere was noticeably more positive than last year as the uncertainty regarding reconfiguration had been resolved.

## **23/06 Performance update**

The Chief Executive reported that although Category A 8 minute performance had started well in 2006/07 (77% achieved in April and 75% in May) June has been a difficult month. In comparison to June 2005 demand has not increased, however there has been real difficulty attracting staff to work at weekends now that double time has ceased. There is now a clinical risk for the Trust (as opposed to purely a performance risk) as a result of poor weekend staffing levels. Managers are reviewing the level of abstractions from front line duties. Work is also being undertaken in EOC to ensure consistent attention is being paid to the current performance difficulties.

The Director of Operations reported that during the forthcoming weekend (1<sup>st</sup> July 2006) the following events will be held in London: Euro Pride march, the World Cup (England vs. Portugal) and Wimbledon. The Director of Operations said that there have been 'difficult days' experienced at weekends with 55-60% Category A 8 minute response. The Gold Suite's function has been re-established in the control room and a report will be presented to the Trust Board in July. **ACTION: Director of Operations.**

The Chief Executive reported that Hayden Newton (Department of Health) is undertaking a review of all the English ambulance services to ensure ambulance services are reporting performance correctly.

**Noted: The report regarding performance in June 2006.**

## **24/06 Finance report – Month 2**

The Finance Director reported that for Month 2 the Trust had a modest surplus of £400,000. He highlighted the following areas from his report:

A&E is overspent by £130,000 to date. This is mostly due to overtime. The resuscitation training recently delivered was costly as people were taken off the road for 3 hours training on the new resuscitation guidelines and this had not been properly budgeted for.

The 2006/07 budget for overtime is £6m for the first six months and £3.5m for the remaining 6 months. Senior staff will be meeting on a weekly basis to review overtime, its cost and the success of high impact changes. The Trust is recruiting to fill 140 vacancies, reaching full establishment in November 2006. It may be necessary at some point to restrict overtime during the week so as to improve staffing at the weekend; discussions will be held with Staff Side. UOC was also overspent on overtime due to the extra cover required as changes were introduced in the room.

The Committee was informed that although the Trust had won a significant arbitration case no money has been received. The Director of Finance was confident, once the new SHA's financial team is firmly established, the money will be received.

In response to a question from Barry McDonald, the Director of Finance confirmed that discussions are still ongoing regarding the SHA's request for an additional £1m surplus. He also confirmed that the Trust would be reluctant to broker any monies whilst a substantial sum of money was owed by another London NHS Trust.

The Director of Finance explained to Sarah Waller the apparent discrepancy in the Committee's papers regarding the level of CBRN funding received. The Trust has received £7.5m CBRN funding; the remaining £0.5m is in dispute. However, as the Trust has a written guarantee of recurrent funding of £8m CBRN funding, the Director of Finance was confident the remaining funds will be received.

Funding from the Workforce Development Confederation (WDC) is currently in dispute. The funding to London has been top sliced due to the London health sector's financial deficit, and the discretionary pot from which the LAS would draw funding has been ring fenced for PCT Commissioners. The Trust will continue to argue that it should receive £300,000 funding from the WDC.

The Director of Operations confirmed that body armour identical to that worn by the Metropolitan Police, has been purchased. The body armour will be stored in Duty Station Officer (DSO) vehicles and be available to staff responding to armed response incidents.

Barry McDonald asked about Emergency Care Practitioner (ECP) funding and was informed that, despite signing Service Level Agreements with the LAS, Havering PCT are arguing that the ECP funding is a discretionary item and are threatening to withdraw funding. As part of the recent discussions with Dr Greener it was proposed that there should be a central procurement of services such as the ECPs.

**Noted: The finance report for Month 2 and that the format will be changed for presentation to the Trust Board in July, including larger font.**

## **25/06 Implications of the new London Strategic Leadership**

The Chief Executive reported on his meeting with David Nicholson, the recently appointed Chief Executive for NHS London (the name of the new pan London

Strategic Health Authority). Prior to the meeting David Nicholson had written informing of the interim arrangements being put in place whilst consideration is given to the long term objectives for the healthcare sector in London. He is keen that the LAS play a key role in the emergency preparedness and said that he had been impressed with the Trust's performance. The Chief Executive said it had been a very helpful meeting. Mr Nicholson undertook to visit the LAS in September/October 2006 once his new team are in place.

- Noted:**
- 1. The Chief Executive's report on his meeting with the recently appointed Chief Executive for NHS London.**
  - 2. The briefing note prepared by the Director of Service Development and the Chief Executive.**

## **26/06 Discussion re. the CAD 2010 strategic outline case.**

The Director of Service Development presented a summary of the Strategic Outline Case (SOC) for CAD 2010 to the Committee in the absence of the Director of Information Management and Technology.

The summary outlined the rationale, the process undertaken in drafting the SOC and the three options the Trust may wish to pursue (do nothing, develop in-house and commercial procurement).

Following the useful Gateway Review recently undertaken by the Office of Government Commerce, the paper submitted to the Committee will be slightly amended prior to its presentation to the Trust Board in July 2006. The Gateway Review team suggested that a fourth option be included i.e. buying a commercial product off the shelf. It also suggested that the debate about functionality of CAD 2010 needed to be grounded in the Trust's business objectives.

It was recognised that the cost of CAD 2010 is inflated due to the requirement to build in an 'optimism bias'. At each subsequent stage of the process the optimism bias applied will be lower. Another major cost is the requirement for a fully functional test regime including, potentially, third control room – unless one is required and budgeted for anyway. At this stage it was necessary to include the cost of commissioning and decommissioning a third control room as a project cost even if it turns out later that the third control room needs to be created anyway.

The Finance Director has pointed out to the Gateway Review team that, should additional external funding not be secured for this project, the required cost savings required internally would equate to 60 WED on an annual basis. The Committee discussed the need for a plan B should the funding for CAD 2010 not materialise.

In response to a question from Sarah Waller, the Director of Service Development said that CAD 2010 needed to be in place at least 18 months prior to the Olympics in 2012. This reinforced the need to press on with the process and so the Trust Board in July will be asked to give its approval for the SOC to be submitted to the SHA. The time required for the procurement process is likely to be lengthy; the Director of Information Management & Technology was keen to commence the process.

There was a discussion about the inclusion of the 4<sup>th</sup> option i.e. the possibility of buying a commercial product off the shelf. This would be the cheapest option but might involve a number of compromises in the requirements specified by users. Informal discussions have been held with a number of suppliers and the Director of Service Development was pleased to report that they were keen to work with the LAS to develop the necessary technology. Procurement will be a challenge, given that there are relatively few suppliers in the market place.



The Chief Executive pointed out that the recent reconfiguration of ambulance services has meant that London will no longer be able claim to be unique simply because of its size. He mentioned that the Department of Health has engaged a firm of consultants to undertake a review of control rooms around England. The consultants are expected to report their findings in October 2006.

The Chairman asked that the Committee be kept closely informed as this progresses; in particular, it will be important to be very clear about the trade offs that might have to be made between the functionality desired by staff and what can be obtained in the market place. He underlined that the Committee needed to understand and be comfortable with these trade offs.

**Noted: That a revised version of the Strategic Outline Case will be submitted to the Trust Board for approval in July 2006.**

**27/06 SIP – review of the lessons learnt**

The Chief Executive presented a review of the lessons learnt from undertaking the recent Service Improvement Programme. The Head of Programme Management had spoken to a number of colleagues, obtaining views as to what had worked well, what had not worked so well and what lessons could be learnt for managing the next service improvement programme.

A similar report will be given to the Office of Governance Commerce (OGC). Roy Griffins suggested that the report for the OGC could be differently presented in that an extract from each of the 8 areas could be made into one check list. This checklist could in turn be incorporated into the next service improvement programme. **ACTION: Head of Programme Management**

Beryl Magrath commended the summary; she felt the consultation undertaken by the Head of Programme Management reinforced the need for those on the ‘shop floor’ to contribute to the continued improvement of the Service.

**Noted: The findings of the review and the lessons learnt from the Service Improvement Programme.**

**28/06 Update on PTS.**

The Director of Finance presented an update on PTS which included the following:

- In 2005/06 PTS lost the Hammersmith contract and some painful but valuable lessons were learnt by the PTS managers as approximately £200k of unrecoverable cost was incurred during the exit phase.
- Work is being undertaken with Central Services to improve its flexibility and responsiveness to the outlying contracts.
- Approximately 80% of PTS’ business is based around 13 contracts.
- Generally contracts with PCT are more profitable than those with Acute hospitals.

Tighter controls and more proactive contract management are needed. He was optimistic that although the PTS lost some contracts in 2005/06 there is scope out there to win other contracts. It was undeniable that, compared to its private competitors, LAS’ PTS service is expensive; what it has offers is higher quality clinical care.

PTS’ performance as measured by arrival times at hospital, pick up times following appointments and length of journey time has generally been good. The

Finance Director said this needed to be seen in the context of PTS currently having virtually no access to technology, but nevertheless managing to effectively use the data it does have access to. It is planned that in 2006/07 PTS will receive better technological tools to further improve performance and productivity.

He expected that in the next few years there will be a consolidation in the PTS sector. LAS' share of the London PTS market is currently 30%.

In response to a question from Beryl Magrath, the Director of Finance did think there was merit in retaining PTS; it is paying its way and, by getting closer to A&E, it will be able to respond to green calls and support A&E accordingly. He pointed out that on 7<sup>th</sup> July 2005 approximately 200 PTS vehicles were available to the Gold Commander as part of his operating resource.

Bromley PTS is presenting some challenges which have not been helped by the fact that it is physically some distance from Bromley Ambulance Station. Work is ongoing to ensure closer links between PTS and UOC in respect of proving transport for non-urgent patients.

For the benefit of new members of the Committee the Chairman explained that a few years ago the Trust had unsuccessfully tried to divest itself of PTS but received little interest from commercial operators. It had therefore been decided to keep the PTS operations but to insist on proper patient care standards even if this meant losing some contracts where the terms on offer were too tight.

The Director of Finance suggested that by better marketing, working more closely with A&E, introducing technology to assist improved productivity, there is no reason why PTS will not be successful.

The Chief Executive commented that work being undertaken by the Department of Health regarding the licensing of patient transport service may raise the quality threshold for services to patients and possibly level the playing field. A separate (but possibly related) problem is that some private contractors are not paying Agenda for Change rates when they should be.

The Director of Finance commented that at the recent PTS consultations undertaken by the Chief Executive staff had not complained about Agenda for Change and the majority of their questions had been around patient care.

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

**29/06 Presentation: Update on progress with the 7 Year Plan .**

The HR Director presented a progress report on aspects of the Seven Year Plan, notably the work undertaken on the long term workforce plan which in turn will inform the work on what funding will be needed to realise the Seven Year Plan. Work is also being undertaken with regard to the balanced scorecard.

The HR Director circulated information illustrating the process that has been undertaken to identify the Trust's long term workforce requirements in terms of the interventions and associated skills required of staff in response to the anticipated range of possible calls. It was clear that green calls, many of which are often quite complex (since patients in this category often have multiple underlying illnesses) will require highly skilled practitioners e.g. ECPs. A number of scenarios are being considered in terms of different levels of demand etc. Subsequent work will include an assessment of the impact on other areas such as support services and training.

The Medical Director confirmed that she was confident that up to 90% of red calls may be suitable for suitably qualified solo responders. She assured Sarah Waller that work is being undertaken to align red calls and Category A calls more closely.

Reviewing the questions used by AMPDS 11.2 will ensure better triaging and result in a reduction in the number of inappropriate category A calls.

The HR Director assured the Board that existing recruitment activity for the year 2006/07 will not compromise the Trust's staffing needs being identified in the long term plan.

It was recognised that CTA will have an important contribution to make as every call dealt with by telephone clinical advice means less ambulances/staffing resources being required.

- Noted:**
- 1. That a further update report including possible costings will be presented to the July Trust Board**
  - 2. That the Seven Year Plan will be presented to the Trust Board for final approval in the September 2006.**
  - 3. That the Seven Year Plan will be launched at the Patient Care Conference on 24<sup>th</sup> July 2006.**

### **30/06 2005/06 staff survey**

The HR Director presented the findings of the 2005/06 staff survey. This is an annual NHS survey undertaken by the Picker Institute on behalf of the LAS. Compared to the 2004 survey, results were noticeably less positive some key areas – reflecting the problematic implementation of Agenda for Change and the attendant need to pile on pressure to meet response time targets. The responses showed no significant change in 22 out of 28 areas and were more positive in two areas.

The 2005/06 staff survey included bar codes which enabled the Picker Institute to identify members of staff who had not returned their questionnaire, thereby potentially raising questions about the anonymity of the questionnaire. Given the use of the barcode, Caroline Silver thought it more accurate to describe the survey as confidential rather than anonymous. The HR Director explained that the survey is anonymised as the LAS does not receive information concerning individual responses; the breakdown it receives is per department. Methods of improving trust and response rates need to be considered prior to the 2006 survey. **ACTION: the HR Director.**

The survey highlighted that stress is an issue for staff. A pilot project is being undertaken with the Health & Safety Executive to fully understand the implications of this for the Trust. It was thought that the less positive response about working for the LAS (60% compared to 76% in 2005) was due, in part, to the survey coinciding with the implementation of AfC,

The HR Director drew the Committee's attention to assaults on staff, which has decreased from 371 in 2005 to 341 in 2006. This is due in part to the training delivered regarding personal safety.

**Noted: The findings of the 2005/06 staff survey**

### **31/06 Operational rest breaks**

The HR Director presented an overview of the arrangements for operating rest breaks. The driving force for change is legislation (European Working Time Directive) and national terms and conditions (AfC). In addition there are financial

considerations as the Trust is currently paying 1.5 hours overtime per week per front line staff together with claims for subsistence payments to staff not receiving official meal breaks.

The Senior Management Group is considering an options paper concerning the implementation of rest breaks; the recommended option is that uninterrupted breaks are offered to staff. The Chairman pointed out that any agreement regarding where rest breaks are taken needs to be as flexible as possible i.e. that staff are not required to go back to their Ambulance Station to have a break.

The Trust will need to ensure that when rest breaks are introduced the process is simple and auditable so as to clearly record when staff receive a break. Discussions are taking place to identify the potential for technological support in EOC. However, it may be that a manual process is required rather than an IT fix, as the target implementation date is October 2006.

Sarah Waller commented that the Inland Revenue expressed interest regarding subsistence payments and there is still a possibility that these payments will become taxable. It is in the Trust's interest to ensure that the issue is resolved quickly.

There was a discussion concerning the probable reaction of Staff Side and staff regarding the introduction of rest breaks. Staff side are advocating waiting for a national agreement for rest breaks; the HR Director did not think that such an agreement is imminent. The Chief Executive had raised the issue at his consultation meetings and found staff evenly split as to whether they wanted to receive rest breaks or continue to receive overtime and subsistence payments.

- Noted:**
- 1. The progress to date with introducing rest breaks for operational staff**
  - 2. That an update will be presented to the Trust Board in July 2006.**

**32/06 Date of future meetings:**

The next meeting of the Trust Board is the 25<sup>th</sup> July 2006, conference room, LAS HQ.

The next meeting of the Service Development Committee will be 31<sup>st</sup> October 2006, Conference room, LAS HQ.

The meeting concluded at 13.10pm

## LONDON AMBULANCE SERVICE NHS TRUST

## CHARITABLE FUNDS COMMITTEE

Tuesday 27<sup>th</sup> June 2006

**Present:** Barry McDonald (Chair)

**In Attendance:** Caron Hitchen Director of HR & Organisation Development  
 Tony Crabtree Head of Employee Services  
 Michael John Financial Controller  
 Eddie Brand Staff side representative  
 Nicholas Row Investec  
 Christine McMahon Trust Secretary (minutes)

**Apologies:** Eric Roberts Staff side representative

**Circulated at the meeting:** 2005/06 investment performance report from Investec

**01/06 The Minutes of the last Charitable Funds Committee 4<sup>th</sup> July 2005**

**Agreed: The minutes of the previous charitable funds committee meeting held on 4<sup>th</sup> July 2005**

**02/06 Annual Accounts for 2005/06**

The Committee reviewed the annual accounts for 2005/06. The Financial Controller presented the annual report which this year was drafted in the format prescribed by the Charity Commission accompanied by the annual accounts. The accounts have not yet been audited; this is expected to take place in July 2006. The Chairman approved of the new format as it made the report easier to read.

In 2005/06 the Charitable Funds received £5,000 donations (£3,000 of which was ring-fenced funding from Transco in favour of the Cycle Response Unit). The Fund received £12,000 investment income which has been a standard figure for the last few years. With a total income of £17,000 and expenditure of £45,000 the Fund had a deficit of £28,000 in 2005/06.

The Fund's stock market investments performed well – at the start of the financial year the investments were valued at £394,357 and in March 2006 they were valued at £410,899.

During subsequent discussions regarding the funding received from Transco it was suggested that the accounts be amended to show the funding as a restricted fund.

**ACTION: Financial Controller**

It was suggested that staff be reminded that if donations are received locally they should be forwarded to the Charitable Funds rather than the Benevolent Fund. There is some confusion about the purpose of the two bodies. The Benevolent Fund is a separate 'members only' body which is subscribed to by staff (Payroll collect subscriptions from staff salaries). The Charitable Funds is for all staff. The Financial Controller undertook to re-issue guidance to ensure that donations are correctly given to the Charitable Funds. **ACTION: Financial Controller**

**Management Accounts:** The Committee reviewed the internal management accounts for 2005/06. The Financial Controller outlined the actual income and expenditure against the budgeted income and expenditure. Investment income was slightly higher than budgeted for; expenditure (£45,581) was £3,239 lower than budgeted for. This

was due to a miscalculation of staffing numbers as the Financial Controller had used the staffing figures for March 2005 rather than November 2005 which meant there was less spent at from the Christmas amenity budget than expected. In addition there were a number of staff who retired and did not wish to have a retirement party.

- Noted:**
- 1. The report**
  - 2. That there had been no changes to the accounting policies**

**03/06**      **Draft Budget for 2006/07**

The Committee considered the proposed budget for 2006/07. The Financial Controller forecast the same level of income, £17,000, with expenditure budgeted at £45,000, resulting in a budgeted deficit of £36,000. The deficit is in line with previous years' projected deficit figures and the policy of permitting a gradual running down of the Fund over the next decade or so.

It was proposed that the rate of contribution per person for Christmas amenities be increased from £7.50 to £8.00; it has been a number of years since the amount was last reviewed.

- Agreed:**
- 1. The budget for 2006/07**
  - 2. That the money paid per head from the amenities fund be increased from £7.50 to £8.00.**

**04/06**      **Annual Investment Report.**

Nicholas Rowe, Investec, circulated his annual report to the Committee. The report outlined the performance of shares and bonds generally in the stock market for the last three years, which has generally been quite good for shares, and reported on the performance of the funds invested by the Charitable Trust.

He explained that the investment approach adopted by the Fund Manager is a 'contrarian' one; which means that he will be looking for investments that buck the current investment trend and seek to invest in companies that are currently undervalued. It is essentially a long term investment strategy. The return for 2005/06 has been 20% which is acceptable. To allow comparison, information was included concerning the performance of All Share FTSE, this showed an average return of 28%. The current under-performance reflects the long term approach being adopted.

The current mix of shares/bonds is 75:25 and he advised that this continue with the provision that if he felt it necessary he would adjust the mix in line with the discretionary agreement that is in place.

- Noted:**    **The annual report from Investec regarding the performance of the investment portfolio.**

**05/06**      **Report from the sub-group**

The Committee reviewed the disbursements agreed by the Fund's sub-group; it was clear that funds are being disbursed pan London and range across goods such as fish tanks, televisions and cricket equipment.

It was reported that prior to the sub-group's quarterly meeting a reminder is placed in the Routine Information Bulletin (RIB) inviting applications for funding. The sub-group rarely agree 100% funding as staff are expected to make a contribution of approximately 25% to the cost of an item. Occasionally requests that have health and safety issues are rejected e.g. gas barbeque.

- Noted:**    **The report**

The meeting concluded at 2.25pm

## London Ambulance Service NHS TRUST

Trust Board – 25<sup>th</sup> July 2006

**SUMMARY OF THE MINUTES  
CLINICAL GOVERNANCE COMMITTEE - 15<sup>th</sup> MAY 2006**

1. **Chairman of the Committee**            **Beryl Magrath**
2. **Purpose:**                            **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee**
3.  **Noted:**
  - That the Trust's statement of compliance with the Standards for Better Health was submitted to the Healthcare Commission.
  - That an action plan has been put in place to ensure the Trust attains NHSLA level 3 in January 2007.
  - The Draft Annual Clinical Governance report and the Clinical Governance out-turn report
  - The governance arrangements which have been introduced for the Urgent Operations Centre as outlined by the ADO UOC.
  - That the Clinical Governance Strategy is no longer considered relevant given the introduction of Standards for Better Health and the Trust's Seven Year Plan.
  - The findings of the Annual Clinical Audit of PRF documentation; only 1% of PRF documentation has been checked.
  - The findings of the ASA review of BME recruitment and retention and its recommendations for improving the number of BME staff recruited by the Trust.
  - The risks on the Risk Register that are the responsibility of the Clinical Governance Committee; that a progress report on the action plan for mitigating those risks identified as high.
  - The measures put in place to train front line staff about the changes to the RESUS Guidelines which were implemented across the London NHS Trusts in April 2006.
  - That a trust wide risk assessment will be undertaken in June and July 2006 with the findings presented to the Trust Board in September 2006.
  - The training and development plan which included information on the audit trail in place to record attendance at training.
  - That a working group has been formed to consider how the Trust could have a central point for policies and procedures.
- Standing items:** reports from the PPI and PALS managers on work being undertaken in their respective areas.
- Presentation** by the Chairman of the findings of the recently undertaken Governance Review.
- Minutes Received:**            Training Services Committee – 28<sup>th</sup> April 06  
Clinical Risk Group – 21<sup>st</sup> March 06
4. **Recommendation**    **That the Audit Committee NOTE the minutes of the Clinical Governance Committee**

## LONDON AMBULANCE SERVICE NHS TRUST

Clinical Governance Committee  
15<sup>th</sup> May 2006, Committee Room, LAS HQ

**Present:**

Beryl Magrath (Chair)	Non-Executive Director
Fionna Moore	Medical Director
David Jervis	Director of Communications
Kathy Jones	Director of Service Development
John Wilkins	Head of Governance
Tony Crabtree	Head of Employee Services
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington
Stephen Moore	Head of Records Management
Paul Carswell	Diversity Manager
Ian Todd	ADO – Urgent Care
Malcolm Alexander	Patients' Forum Chairman

*In attendance*

Christine McMahon	Trust Secretary (minutes)
Margaret Vander	PPI Manager
Gary Bassett	PALS Manager
Laverne Harris	Governance Manager
Angela Bennett	Clinical Governance Co-Coordinator
Pat Billups	Clinical Standards Manager (deputising for BON)

**Apologies**

Barry McDonald	Non-Executive Director
Sarah Waller	Non-Executive Director
Martin Flaherty	Director of Operations
Bill O'Neill	Head of Education & Development

**19 Minutes of the meeting held on Monday 16<sup>th</sup> January 2006**

**Agreed: The minutes of the Clinical Governance Committee meeting held on 16<sup>th</sup> January 2006**

**20 Matters Arising**

**Minute 2 (41) – A meeting has been arranged between the Chairman of the Clinical Governance Committee, the Medical Director and the Senior Clinical Adviser to the Medical Director to discuss how the work on Advance Directives can be progressed.**

**Minute 5 – the Head of Governance informed the Committee that the Trust provided evidence of compliance with five of the Healthcare Standards to the Healthcare Commission Inspectors when they visited the Trust in February 2006. The Trust has submitted its Final Declaration declaring full compliance with all twenty four core Healthcare Standards. 13 developmental standards are included in the annual health check for 2006-7 in addition to the core standards. It will be necessary to include this workstream in the new Service Plan.**

**NHSLA Level 3 – an action plan has been agreed to ensure that the Trust attains Level 3 when it is reassessed in January 2007. The action plan includes requirements to be met for complaints handling and trust wide risk assessment.**

**It was noted that the Risk Management Framework and Risk Register will be presented to the Trust Board in July 2006.**

**Minute 13 – a report regarding an audit trail for attendance at training was presented as part of the Education and Development Report (minute 31).**



## **21 Governance Review**

The Chairman of the Committee presented a summary of the findings of the Governance Review she had recently undertaken at the request of the Trust Board Chairman. The Review will be presented to the Trust Board on 23<sup>rd</sup> May for approval. She was confident that the proposed revision of the Trust's governance systems and processes will ensure there is less duplication of information reported, and there is a streamlining of reporting and information channels up to the Board and back down from it. The Review recommends that SMG takes on a central role in delivering good governance within the Trust. The Risk Compliance and Assurance Group, amalgamating the Risk Management Group and the Risk Management Committee, will become the key group for risk management in the trust. Another key recommendation of the Review will be the change of role and function for the Governance Development Unit which will become the LAS Compliance Unit and will be responsible for holding the Compliance and Risk Registers.

Subject to approval by the Trust Board; further work will then be required to implement the recommendations from the Review. Actions derived from the main recommendations of the Review are included as an appendix to the report.

The Chairman commented that change is often painful but she was confident that the proposed changes will make for a more efficient and effective system that will deliver good governance. Good governance enables NHS organisations to deliver better patient care.

**Noted: The report.**

## **22 Draft Annual Clinical Governance report**

The Committee considered the initial draft of the Annual Clinical Governance report; examples of clinical governance undertaken during the year are to be included e.g. PPI work undertaken in 2006/07, the attendance by staff at CPD course, the introduction of ethnic monitoring etc. The Medical Director asked that her regular reports to the Trust Board be used as a primary source for examples of improvements in clinical governance introduced during the year.

The Medical Director commented on the high level of duplication between the draft annual clinical governance report and the clinical governance outturn report. The Head of Governance responded that there was inevitably some duplication as the out turn report was required to reflect the implementation of the Clinical Governance Development Plan and the Clinical Governance Annual Report was required to report the principal achievement of clinical governance during the period covered by the out turn report. Both documents were required by the Strategic Health Authority and to meet the criteria for NHS trusts set out in Health Service Circular HSC/065/1999.

The Head of Records Management reported that he is liaising with IM&T colleagues regarding the development of a network fileplan that could better serve the needs of the Trust with electronic documents being stored in networked drives and available to all with the necessary access permissions. It could, for example, be used to provide evidence as/when required by different external assessors. There is no definite timeframe as yet but it is likely that the work will be rolled out gradually, initially within the Finance Directorate and the IM&T department and then the rest of the Trust. It was recognised that a mapping exercise will need to be undertaken and this has been included in the Records Management Strategy.

**Noted: The report**

## **23 Clinical Governance out-turn report**

The Committee considered the quarterly out turn report – May 2006. The Clinical Governance Co-ordinator explained that the quarterly reports feed into the annual report and the annual out-turn report. The Medical Director suggested that in future the progress reports be amalgamated, with the Clinical Governance report being referenced to the out-turn report. This would satisfy

the requirements of the external agencies but the information would be in one place and duplication avoided.

**Noted: The report**

**24 Update on governance arrangements/progress with the Urgent Care Operations Room**

The ADO Urgent Care outlined the governance arrangements that have been in put in place for the Urgent Operations Room. ECPs, PTS, EBS, CTA and the Urgent Operations desk were re-located so as to be sited in one room; once staff have settled down work will begin on further integrating the different elements.

Dr Daryl Mohammed has been appointed Assistant Medical Director for Primary Care and provides medical advice to the ECPs and to other staff with regard to any primary care issues that arise. One example of good practice that has been introduced is a peer review process; ECP Clinical Leads plan to undertake two ride outs a year with another ECP assessing his/her practice.

It was reported that a number of papers on the methodology and evaluation of the ECP role are being written for submission to peer review journals e.g. the Emergency Medicine Journal (EMJ).

Clinical Telephone Advice (CTA): the change in support software has resulted in a significant change in productivity with 300% increase in call handling with savings realised in ambulances not being despatched to calls. Work is being undertaken with regard to quality assurance of CTA which, with minor modifications, has been adopted by the pan UK Users' Group and is being implemented nationally. It was recognised that with the increased volume of calls the 1:1 feedback is proving to be a challenge for the 2 quality assurance staff. Another challenges is ensuring that CTA staff maintain their clinical experience, however some of the CTA staff are off the road for medical reasons, and this is being kept under review.

Emergency Medical Technicians 1 (EMT1): problem with recruitment and retention as EMT 1 very close in skills set to EMT2 and EMT3. A trial is taking place with the Bromley PTS contract. PTS staff will be given additional training so that in their downtime they can be despatched to respond to low priority planned Category C calls which in turn will ensure better utilisation of those staff.

The funded establishment for EMT1s is 74; there are currently 33 in post. On joining the Service as EMT1s there is a clear expectation that they will be EMT1s for a minimum of 18 months. Due to the EMT1 role being very close to that of EMT2 it has been difficult to recruit and retain staff as EMT1s. This is being actively reviewed and steps have been taken to manage the situation e.g. the use of PTS staff who have received additional training.

The ADO UC undertook to provide the minutes of the only constituted governance group for UOC to the Clinical Governance Committee. **ACTION: ADO UOC**

The Head of Governance asked if the audits and peer reviews undertaken were available as evidence of good governance practices. It would be useful to use as evidence the results from the audits and improvements put in place. He was assured that they were.

The Medical Director commented that overall the report was exceptionally positive given that the room had only been opened 7 months ago. She reported that the trial period for the general telephone advice for ECPs and CTA staff from Consultants at Guys is coming to an end and a meeting has been arranged to discuss the possibility of a joint bid for funding to ensure staff available to give advice re. drug overdoses. Although there has been good feedback from staff regarding the facility it may be difficult to justify funding as there has only been 1-2 calls a day.

It was recognised that with regard to auditing, the 2% undertaken for CTA is acceptable given that an audit of 1% is undertaken for AMPDS. It was felt there might be an issue in terms of the EOC's quality assurance team having sufficient capacity to support the UOC. **ACTION: ADO UOC to liaise with Senior Operations Officer for Planning & Risk.**

In reply to the Patients' Forum representative query about the Emergency Bed Service the ADO Urgent Care stated that at the moment that unit is being allowed to settle in to their new accommodation before any further work is done regarding integration. With further integration in the Urgent Operations Room there will more joint processes.

The ADO Urgent Care further stated that the management team for EOC and Urgent Care is being reviewed with the view that a number of staff will progress to new roles across function across the two rooms.

**Noted: The report**

## **25 Clinical Governance Strategy**

The Medical Director reported that previously members of the Directorate team had undertaken an annual review of progress made against a number of the Trust's strategic goals. These goals were set out in a table contained in the LAS Clinical Governance Strategy. The review was undertaken on a subjective basis i.e. evidence free zone. Both the Medical Director and the Director of Service Development were in agreement that the goals currently included in the Trust's Clinical Governance Strategy had been superseded by the Standards for Better Health. In addition a number of the same strategic goals had been included in the Trust's Seven Year Plan (2006-2013).

**Agreed That the Clinical Governance Strategy is no longer considered to be relevant given the introduction of Standards for Better Health and the Trust's Seven Year plan.**

**Post meeting note:** the Clinical Governance Strategy will need to be revised so that it reflects the strategic direction for clinical governance identified within the Seven year Plan and will need to be officially withdrawn for the reasons given above.

## **26 Annual clinical audit of PRF documentation**

The Medical Director presented the findings of the annual clinical audit of Patient Report Form documentation produced by the Clinical Audit and Research Department. Team Leaders are expected to review 1:20 PRFs to assess the standard of documentation; the findings of the audit are that though there are very good examples of completion there is considerable variability in the standard. The Clinical Audit Co-ordinator will share the findings of the audit with AOMs in May and specific findings will be taken forward.

It was recognised that the actual number of CPI checks undertaken (1%) represents a very small number of PRF documentation and steps have been taken to improve the degree of CPI checks undertaken e.g. making the process web based. The CPI checks are a very important element in the Trust's clinical governance.

The Patients' Forum representative asked about electronic devices being used to capture the PRF data. Though hand held data recorders have not been included in the scope of the Electronic Patients Record (EPR) Project the IM&T department have it as part of their long term projects. A further advantage of linking into the EPR project will be the availability of outcome data which at the moment is lacking for the majority of LAS patients.

The Head of PALS commented that the PALS team had not noticed deterioration in the quality of the PRF documentation produced in recent months when there had been significant

operational pressures. The Diversity Manager commented that the ethnic box on the PRF form has not been filled in for 94.5% of the PRF documentation audited.

**Noted: The report and the efforts being made to improve the rate of CPI checks.**

## **27 ASA Review of BME recruitment and selection**

The Diversity Manager presented the findings of the ASA review of BME recruitment and selection by the LAS. The report's conclusions were in agreement with the findings of previous research into BME communities' attitude towards the LAS. The findings of the review will be considered by the Race Equality Strategic Group in May 2006.

The Diversity Manager commented that at the moment that Group does not report anywhere; the Chairman undertook to include it in the proposed governance structure. **ACTION: The Chairman**

The Director of Service Development confirmed that the recommendations contained within the report regarding recruitment have been incorporated into the Seven Year Plan.

In response to a query from the Chairman it was confirmed that although the BME Media is currently used to advertise vacancies there is no evidence that has a significant impact on recruitment; mainstream media is used by all communities when seeking work. One of the recommendations for actively recruiting BME staff is that events be held at BME community centres or religious centres. The Director of Communications pointed out that recruitment activity can be included in PPI work being undertaken.

**Noted: The report**

## **28 Risks on the risk register that are the responsibility of the CGC**

The Governance Manager presented the report, outlining progress that has been made in managing risks on the Risk Register which are the responsibility of the Clinical Governance Committee. The Chairman commended the format of the report. It was confirmed that action plans are in place to manage those risks identified as high (red). It was suggested that It would be useful for future Clinical Governance Committees to receive a report on the progress of the action plans on an exceptions basis. **ACTION: Governance Manager**

With the amalgamation of the Clinical Risk Group and the Clinical Governance Committee it was felt that it is essential to preserve the Risk Information Report which combined significant information on clinical incidents, claims, risks and complaints. This report enables the Trust to meet core criteria of the NHSLA assessment currently underway.

The Medical Director reported that the recent Clinical Risk Group had reviewed clinical risks on the Risk Register. Where there had been changes to the level of risk regradings these had been presented to the Risk Management Group for approval e.g. Risk 8 was regraded from 1 to 15 to reflect the poor completion of PRFs.

**Noted: The report.**

## **29 RESUS Guidelines**

The Medical Director reported that the Resuscitation Guidelines adopted by the Trust Board in March 2006 have had significant implications for the Trust in terms of delivering training and recalibrating equipment. All London NHS Trusts had implemented the revised Resuscitation Guidelines in April 2006.

Initially a paper based system of updates was issued to front line crews e.g. rate of compression and sequence of shocks to be administered to a patient suffering a heart attack. A series of 3

hour training sessions are being rolled out to team leaders and station trainers with regard to the changes in the Resuscitation Guidelines; to date 50% of operational staff have received training.

Julian Redhead commented that there was good co-ordination between the London A&E departments in implementing the new guidelines. As yet there were no figures demonstrating improvements in the survival rate. The Medical Director reported that the evidence of improved survival rates as presented at the Stavanger conference she recently attended, was very impressive

**Noted: The report**

### **30 Trust Wide Risk Assessment**

The Head of Governance outlined the work that is being undertaken in preparation for the Trust Wide Risk Assessment. He is liaising with the Assistant Directors of Operations to hold half day workshops in each service area where members of staff will be asked to define and submit new risks for addition to the Risk Register as part of the annual Trust wide risk assessment. The work should be completed by the end of July and available in October as one of the submissions to the NHSLA, subject to Board approval in September. The attendees will be given information regarding the current Risk Register so as to avoid duplication and a briefing pack will be prepared on how to use the Risk Matrix etc.

**Noted: The report**

### **31 Training and Development Plan**

Pat Billups presented the training and development plan on behalf of the Head of Education and Development.

The report included the audit trail for attendance at training; the procedure showed the process whereby attendance is logged, non-attendance is followed up by the Training Department with the Resource Centre and AOMs.

The Chairman commented that although the report described the process of training she was still left wondering about the outcomes of the training – what quantifiable evidence is there for the training's impact on crews' clinical practice and behaviour.

The Committee also considered the training and development courses being planned for existing staff in 2006/07; the CPD courses, the Paramedic Recertification courses. It was highlighted that this year the Trust received 400 applicants for the 100 paramedic training course places. A procedure for deciding which of the 100/400 staff will be successful has been circulated to staff and management; the procedure has a number of elements i.e. assessment, seniority of staff, sickness and attendance record as well geographical location of the member of staff. Those members of staff who are unsuccessful at the assessment stage will be followed up by team leaders and any shortfalls addressed.

**Noted: The report**

### **32 Policy and procedures update**

The Head of Records Management reported on the progress achieved since the Committee's meeting in January 2006. Following liaison with colleagues eight of the previously reported policies and procedures were considered to be no longer required with three being issued. The Chairman commented that those that were not of a clinical nature needed to be considered by another more appropriate committee e.g. SMG. **ACTION: Head of Records Management**

The Head of Employee Services queried the decision that some of the policies and procedures under development were considered to be no longer required; this would be followed up in the subsequent report to SMG.

The Head of Governance pointed out that there was an issue of timeliness to be considered with regard to some of the reported policies and procedures. He suggested that there needed to be a central place for authorising strategies required by the Trust. Following a report presented by the Head of Records Management to the Information Governance Panel on 22<sup>nd</sup> March 2006 a small working group with representatives from stakeholder departments has been formed. It will consider how the recommendations in the report could be implemented. It should be possible to have documents in one place on the intranet and also on a database whereby the process can be appropriately managed. The Director of Communications suggested that the deliberations of the working group should be presented to the SMG in due course when approval is required. He suggested that the working group's terms of reference be presented to this Committee when it next met. **ACTION Head of Records Management**

**Noted: The report**

### **33 PPI update**

The PPI Manager outlined the work she has been doing in terms of patient, public involvement; she attended Southall and SE London Cardiac network at Queen Elizabeth in Woolwich. At both these events she met people who were keen to tell her about their experiences of using the Ambulance Service.

The Patients' Forum recently had a couple of good meetings; the PPI Manager and the Director of Finance reported on the Trust's response to the GLA scrutiny in 2004. Councillor Dr Horatio Cheng, a panel member of the GLA's Scrutiny Panel, who was at the meeting stated how impressed he was with the progress in particular around the areas of diversity and improving social care, PTS and career development for staff.

Work has been undertaken with the Royal National Institute for the Deaf on how access to the Service can be improved for deaf people. The work has been included in the Trust's Seven Year Plan but there is no quick fix in terms of technological access. In the meantime 2 pilot schemes are being run trialling the use of visual translation cards. If these prove unsuccessful then work will be undertaken with the RNID on developing own version of the visual translation cards.

A workshop was recently held for staff who are engaged in educating the public; it was clear there were a number of approaches being adopted, with some presentations being very structured while others were less so. A review has been undertaken following that workshop emphasising the commonality between the different groups which will in turn lead to a standardised responding process – increasing the profile of the LAS amongst other NHS Trusts and other organisations.

An internal audit recently undertaken of the PALS service was very positive; the two minor recommendations which have been implemented.

In response to the Diversity Manager's comments that PPI should be seen by operational managers as part of their day job rather than something that is done in their 'spare time' the Director of Communications pointed out that Operational Managers objectives include specific measurable PPI work. Although there is commitment and willingness there is also the competing pressures of meeting performance targets. The continuing challenge will be getting the balance right so that PPI work becomes part of the mainstream activities.

It was also commented that it was difficult to understand why the LAS is unable to provide technological access for deaf people given that other Ambulance Services and the Police are able to provide the facility. The Director of Service Development pointed out that the work has been identified as part of the CTAK project.

The PALS manager reported that a number of people who have made complaints have been invited to attend the Patient Care conference so that hopefully there will be a balance of views voiced at the conference

**Noted: The report.**

### **34 PALS update**

The PALS manager presented his report which was in 3 sections: the quarterly report for January –March 06; the Network Rail incident and the Freedom of Information inaugural annual report – 2005/06.

The Chairman queried whether it would be possible to know the length of time taken per PALS inquiry; this is not possible at the moment but she was informed that all but one of the Freedom of Information enquires were dealt with within the required timeline.

There was a brief discussion concerning DATIX; the PALS team have experienced some technological difficulties recently with the upgrading of DATIX resulting in the system being out of commission for half a day.

**Noted: The report**

### **35 Reports from Groups/Committees**

#### **1 Training Services Committee – 28<sup>th</sup> April 2006**

The Medical Director reported that the Training Services Committee met in April and considered the training plan for 2006/07 and the ongoing delivery of training.

**Noted: The report**

#### **2 Clinical Risk Group – 21<sup>st</sup> March 2006**

The Medical Director reported that this had been a very useful meeting; that the risk information report which is a joint commentary co-ordinated by the Head of Legal Affairs provides evidence of risk management. She expressed the hope that this report will continue to be produced.

The Group reviewed the clinical risk register. The Medical Director commented that there had not been a representative from PSU in attendance at the last two meetings of the CRG.

The Head of Governance assured the Medical Director that the review of terms and reference membership and core functions recommended in the Governance Review would afford an opportunity to ensure key members, reports and functions are clearly defined.

**Noted: The report.**

**Noted: That of the other reporting groups, the Clinical Audit and Research Steering Group has not met since 9<sup>th</sup> December 2005; the Clinical Steering Committee has not met since 9<sup>th</sup> January 2006 and the Complaints Panel has not met since 7<sup>th</sup> December 2005.**

### **36 Any Other Business**

*Complaints Panel:* in response to a question from the Patients' Forum representative it was stated that there no date has yet been set for a meeting of the Complaints Panel. A review has been undertaken of the Professional Standards Unit, the findings of which will be presented to the May Trust Board.

*Briefing paper re. Child protection and vulnerable adult statement on LAS Patient Report Form.* The Committee considered the proposal that the current PRF form be amended (by the addition of a sticky label) highlighting for staff whether they had considered issues around

abuse of children for vulnerable adults. The Committee considered the proposal to be a sensible one and agreed that a pilot to assess the practicality be undertaken by ECPs over a 3 month period.

**Noted: The report**

**37 Dates of next meeting:**

Monday, 2<sup>nd</sup> October 2006 at 9.30 in the Conference Room, HQ.

Meeting concluded at 12.25