

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 26th September 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 25th July 2006 Part 1 and II Enclosure 1& 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Month 5 2006/07 Financial Report. Enclosure 4
8. Report of the Medical Director Enclosure 5
9. Presentation on requirements for Foundation Trust status Presentation
10. Update on Seven Year Plan and Presentation regarding New Operational Regime Presentation
11. Receive and discuss update on workforce plan Enclosure 6
12. Approve terms of reference for Audit Committee & Clinical Governance Committee Enclosure 7
13. Approve Committee Structure and Membership Enclosure 8
14. Approve Smoke Free Policy Enclosure 9
15. Approve Park Royal and Willesden Business Case Enclosure 10
16. Report from Trust Secretary on tenders opened since last Board meeting Enclosure 11
17. Any Other Business.
18. Opportunity for Members of the Public to ask Questions.
19. Date and Venue of the Next Trust Board Meeting.
28th November 2006, 10.00am at 220 Waterloo Road, London SE1

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 25th July 2006

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

Present: Sigurd Reinton Chairman
Peter Bradley Chief Executive

Non Executive Directors
Barry MacDonald Non Executive Director
Ingrid Prescod Non Executive Director
Roy Griffins Non Executive Director
Caroline Silver Non Executive Director

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

Apologies:
Sarah Waller Non Executive Director
Beryl Magrath Non Executive Director

In Attendance:
David Jervis Director of Communications
Peter Suter Director of Information Management & Technology
Kathy Jones Director of Service Development
Saleha Jaffer LAS Patients' Forum Representative
Daisi Ogunro LAS Patients' Forum
Christine McMahon Trust Secretary (Minutes)

62/06 Declarations of Interest

There were no declarations of interest.

63/06 Opportunity for Members of the Public to ask Questions

There were no questions.

64/06 Minutes of the Meeting held on 25th May 2006

Agreed: The minutes of the meeting held on 25th May 2006 as a correct record of that meeting.

65/06 Synopsis of the Trust Board's Part II minutes held on 25th May 2006

Noted: The synopsis of the minutes of the meeting held on 25th May 2006 as a correct record of that meeting with the correction that the notes should refer to 'communications failure' rather than 'a failure in radio communications'.

66/06 **Matters Arising from the minutes of the meeting held on 25th May 2006**

Noted: **Minute 46/06 (page 4). That the PTS graphs included in the Chief Executive's pack will be amended for the September meeting of the Trust Board.**

Service Development Committee Minute 05/06. A short paper analysing the demand increases experienced in February 2006 was circulated and discussed. The Director of Operations summarised the key points as follows: there was no particular clinical area which specifically accounted for the demand increase. There was no particular correlation that could be found with weather although there was some indication that demand increased steadily following periods of snow at the beginning and end of the month. There was a slight trend in increased numbers of calls from patients 0-15 and this may reflect an increase in colds and flu across the time period. It was noted that missing illness codes on Patient Report Forms did not help when attempting to complete such an analysis and that more work is needed to progress this issue.

67/06 **Chairman's remarks**

The Chairman congratulated the Director of Service Development on the success of the Patient Care Conference that was held on 24th July 2006.

The Chairman reported that discussions were ongoing to ensure that the newly configured ambulance trusts work together through the Ambulance Service Association (ASA) and that a sensible way can be found to affiliate ambulance services as a group with the NHS Confederation through the ASA. Tony Dell, Chairman of North East Ambulance Service, has recently been appointed Chairman of the Ambulance Forum at the NHS Confederation, and this should make the dialogue easier as he is also a member of the ASA board.

Sir William Wells, Chairman of the Appointments Commission, has invited the Chairman and the Chief Executive to join a panel to draft a document outlining what information Ambulance Trust Boards require. This will build on the publication by the Appointments Commission and Dr Foster of 'the Intelligent Board' which outlined the basic information an NHS Trust Board should receive to fulfil its fiduciary duties.

The Chairman has been appointed to join a ministerial task force whose objective is to ensure there is progress with the implementation of the Electronic Patients Record project. He said he viewed this as a good opportunity to remind GPs and other medical professionals of the importance to ambulance personnel of having rapid access to patients' summary records.

The Chairman expressed the hope that a decision will be made soon regarding the appointment of the new Chief Executive of the NHS.

Noted: **The Chairman's remarks.**

68/06 The Chief Executive's report

The Chief Executive referred the Board to the tabled information pack which contained up to date data on performance.

The year to date performance for Category A 8 minutes is 74%; graph 3 showed performances for Category A 8 minute in June 2006 being 72%.

June has been a very difficult month with demand reflecting the high temperatures and the World Cup. Although demand overall has been 'flat' there were days when very high demand coincided with poor resourcing at weekends which resulted in poor performance. July has been an equally difficult month. In addition technical difficulties have been experienced. There were no MDTs¹ on Sunday and Monday (23rd and 24th July) which meant staff were communicated with by radio and there was a consequent delay in despatching ambulances. Measures are being taken to ensure improvements in performance in August, one of which will be 50 new staff being on the road, working weekend heavy rotas. The number of staff working the new weekend relief rota should increase to circa 250 by December 2006.

The Chief Executive was confident that the Trust will achieve all four targets in March 2007. Currently, performance for Category A 19 minutes is being achieved (97%); Doctors' Urgents stands at 80% and work is being undertaken to change how these calls are dealt with to improve performance. The Chief Executive expected three of the four targets to be achieved by October 2006 with the fourth target, Category B, being achieved by March 2007.

Work is being undertaken to reconcile red calls and Category A 8 minute calls. The Department of Health codes result in 36% of demand being Category A 8 whereas the percentage of calls categorised by the LAS as red is 42%. Work is being undertaken to try and resolve this mismatch between the Department of Health expectation and the LAS' actual Category A 8 minute demand. The Medical Director and the Assistant Director of Operations, Urgent Care, are reviewing the clinical evidence for reassigning some red calls from their current Category A status to Category B status. An update will be presented at the next Trust Board meeting.
ACTION: Chief Executive.

The Chief Executive referred the Board to graph 12 (call taking performance in the Emergency Operations Centre-EOC). There is a correlation between high call volumes and a shortfall in staffing leading to deterioration in call answering times. An update will be provided at a future board meeting on the progress of the measures being adopted to address the shortfall in call answering. **ACTION: Chief Executive.** One consequence of poor A&E resourcing is the high percentage of ETA calls², which in July was 21% of EOC's workload. As additional A&E resources are introduced the percentage of ETA calls should decrease.

The Director of Operations reported that a detailed plan on how the Trust is preparing for the introduction of 'clock start' in April 2008 will be presented to the Board in September. **ACTION: Director of Operations.** A representative of the Department of Health is visiting all Ambulance Trusts, verifying their procedures for starting the clock i.e. to measure how long it takes to respond to a call for assistance. It has been confirmed that the LAS are meeting the DH's requirements. Six Ambulance Trusts have been found to be in breach of the clock start regulations.

¹ MDTs: mobile data terminals, enables data to be sent electronically to ambulances

² ETA calls are callers ringing back to find out when the ambulance will arrive.

PTS: Positive feedback has been received from Bromley PCT regarding PTS' performance of the Bromley contract. The Chelsea and Westminster contract currently held by PTS is out to tender; the Board will be kept informed of progress.

Rest breaks: a project group, comprising representatives of management and staff side have commenced joint working to identify how rest breaks will be implemented from a target date of October 2006. This will be a major challenge for the Trust. A progress report will be presented to the Trust Board in September 2006. **ACTION: HR Director**

Long term workforce planning: this is being progressed by the HR Director and an update will be presented to the Trust Board in September 2006. **ACTION: HR Director**

Staff suspensions: the Board's attention was drawn to the report on page 30 which showed that at 30th June 2006 5 members of staff were suspended from duties. None of the suspensions predated June 2006.

Organisation Development: Bill O'Neill has been appointed on secondment to the post of Assistant Director of Organisation Development and will 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 Operating Model, particularly in relation to management capacity and capability.

The *Pay Review Body* visited the Trust on 7th July; they met with management and staff representatives regarding pay and related issues. Members of the Pay Review Body had expressed the view that their visit to the LAS had been amongst the best they had undertaken.

Electronic Staff Record Project: the implementation period has been extended to go live in October 2006 in recognition of the uniqueness of the LAS, its pan London responsibilities and the desire to conduct further testing. The HR Director was commended by the Chief Executive in successfully negotiating the extended implementation with the Department of Health and McKessons.

Commemoration of July bombings: a number of events were held to commemorate the 7th July 2005 bombings, to remember the victims and to recognise the work of staff on the day. A number of LAS staff were interviewed by the media and did a good job in delivering a professional image of the Trust. The Chief Executive commended the work by the Director of Communications and his team.

GLA Review: the Trust is preparing a response to the GLA review published in June 2006. Although the Trust did not agree with all of the criticisms contained in the GLA review it did support all but two of the Report's recommendations.

Absence levels have recently started to rise and there is increased management focus on managing sickness levels.

London Strategic Health Authority: the South West Strategic Health Authority has been disestablished following the establishment of the London Strategic Health Authority. The LAS will continue to provide both operating and financial performance data to a group based at the old South West London SHA on an interim basis until the new London SHA has been fully established.

Overseas travel: the Board was asked to note that Chairman's Action had been used to authorise staff travel to Boston in early July 2006. The staff reported a very positive visit which involved discussions with their Boston counterparts regarding specialist responses i.e. Motorcycles, HEMS, CBRN etc.

Approval was sought for ten staff to visit Norway in October 2006. The cost of the trip is not expected to exceed £12,000 which has been prebudgeted for the year in the Ceremonial Budget.

The Board was asked to grant permission for the Medical Director and the Clinical Practice Manager to travel to the United States in November 2006 to visit the New York Ambulance Service with whom the LAS is collaborating on the 'Smart CPR' research project. Laerdal have kindly agreed to fund the flights and possibly the cost of the hotels etc.

In closing, the Chief Executive said it has been a very difficult few weeks for the Trust but matters will improve and performance targets will be achieved. There have also been some very positive days such as the Patients' Care Conference yesterday when improvements in patient care were highlighted.

The Chairman asked the HR Director whether the work being undertaken on the introduction of rest breaks is considering the impact on the pay packets of individual members of staff when subsistence and overtime payments cease. The Board was assured that an impact assessment of introducing rest breaks has been undertaken and includes financial impact, both on the Trust and the individual. Overtime will continue to be offered to staff when to operationally needed, which may offset the loss of 1.5hrs overtime payment per week.

It was recognised that at the moment the subsistence payments are not taxed. In recent years the Trust has had discussions with the Inland Revenue, with the latter expressing concern with this situation. The LAS gave an undertaking to the Inland Revenue that the matter would be addressed. The HR Director pointed out that the current situation is untenable (i.e. tax free subsistence payments) in the long term and it is to everybody's benefit that the matter is resolved sooner rather than later.

The Director of Finance pointed out that rest breaks are part of the Agenda for Change (AfC) process; AfC will cost £30m on an annual basis and the projected associated savings is approximately £2m. Although the introduction of rest breaks will be challenging the Trust cannot afford to continue existing arrangements in the second half of the 2006/07 financial year.

The introduction of rest breaks will improve the working lives of front line staff and ensure that the Trust is complying with the European Working Time Regulations. It is hoped that the introduction of rest breaks will enable managers to address lengthy job cycle times and thereby improve productivity.

The Chief Executive commented that the LAS has a very low turnover of staff; in the first quarter of 2006/07 it was 1.3%.

Barry McDonald said it was good news that call categorisations are being reviewed and that the PTS arrival times are improving. With regard to GOLD Suite he wondered whether it had been able to improve the balance between demand and resources across London. The Director of Operations said that as the Trust does not have a surplus of resources in one area which could be moved to another area this had not been possible. Barry McDonald queried graph 9 (ambulance hours staff per day) and graph 7 (hours staffed per day) which suggest that demand was 'flattish' and there was no decline in resources. The Director of Operations pointed out that it is in fact rare to have a situation where the Trust has surplus resources in any area. One of the functions of GOLD was to distribute existing resources as fairly as possible to match incoming workload and deal with pressure points.

The LAS Patients' Forum representative was assured by the HR Director that diversity issues have been taken into account when recruiting staff. As a result of

research conducted by the ASA on the LAS' behalf the Trust is undertaking outreach work to encourage people from black and minority ethnic groups to apply to the LAS. She was also assured that exit interviews are conducted but given the low turnover of staff there have been no specific trends identified.

- Agreed:**
- 1. Permission for the Medical Director and the Clinical Practice Manager to travel to the United States in November 2006.**
 - 2. Permission for 10 staff to travel to Norway in October 2006.**
- Noted:**
- 3. The Chairman's' action agreeing to staff travelling to Boston in July 2006.**
 - 4. The Chief Executive's report.**

67/06 Audited Accounts 2005/06

The Director of Finance presented the 2005/06 audited accounts for the Board's approval. He reported that the audited accounts had been reviewed by the Audit Committee on 3 July 2006. The External Auditors, the Audit Commission, have expressed their satisfaction with the audited accounts.

Of the four targets set for NHS Trusts the Trust has achieved two: External Financing Limit and Breakeven. Two targets (Capital Cost Absorption Rate and Capital Resource Limit) were not achieved due to an under spend of capital in 2005/06.

The Board was informed that there has been a marked increase in scrutiny of the LAS accounts by the SHA during the last six-eight weeks. This is not surprising given the size of the deficit of the NHS in London and is expected to continue. The Finance Director would reflect any new reporting requirements in the monthly board finance pack.

- Agreed:** **To approve the 2005/06 audited accounts prior to their presentation at the Annual General Meeting on 25th September 2006.**

69/06 Month 3 2006/07 financial report

The Director of Finance circulated 'South London and Maudsley's financial overview sheet as at 31st August 2005' as an example of how future front sheets for the monthly financial report will look like. He explained that the numbers were still in draft form for discussion purposes. A revised summary sheet will be issued as part of the monthly finance pack from September. **ACTION: Finance Director.**

He drew the Board's attention to the information on the front sheet of the circulated pack. Further work is needed on some of the graphs (working capital) in that targets need to be set. He invited members of the Board to forward their comments regarding the 'key financial drivers' to him. He said that this had been a good first attempt by the Assistant Director of Finance and the Corporate Finance Manager.

At the end of Month 3, the Trust's year to date overspend is £167k with income of £53m and expenditure £54m. The Trust is making representation to the London Strategic Health Authority regarding South West London SHA top slicing of the CBRN funding.

Emergency Care Practitioners: Sutton PCT has cancelled the roll out of the ECP programme in Sutton. Greenwich and Newham wish to delay implanting the

programme in their areas. The Director of Finance explained that this was a budgeting issue as nothing has been put in place in the three PCTs.

Workforce Development Confederation ((WDC): the Director of Finance has accepted that this funding is not going to be forthcoming. Due to this funding being less than expected the provision of non clinical training will need to be reviewed.

A&E overtime has been higher than planned in the first quarter but is overstated by £50k due to PTS' overtime not being allocated correctly in the results. This will be corrected in the Month 5 report presented to the Board in September. **ACTION: Director of Finance.**

PTS' year to date position is £118,000 is overstated by £50,000; this will be corrected in Month 4. PTS' monthly position shows a positive variance. The use of 3rd party transport continues to be of concern and will require closer supervision.

Capital: work is being undertaken to tighten up the phasing of the budget for the remainder of the year.

Barry McDonald asked the Director of Finance what he considered to be the main financial areas of concern facing the Trust. The Director of Finance identified the following: the £700k shortfall in CBRN funding and the level of A&E overtime (the 2006/07 budget was set with the expectation that overtime payments will fall in the Autumn). In the past non-pay favourable variances have been used to offset overspending on A&E overtime, this is unlikely to be possible in 2006/07. The Trust has a higher financial risk than previous years. The introduction of rest breaks and the receipt of the remaining CBRN funding are crucial in ensuring financial balance.

The Chief Executive assured the Board that the impact on staff, on performance and on the Trust's finances of introducing rest breaks has been undertaken and is being fully worked through by the project team. The Chairman asked that when the progress report is presented in September a 'Plan B' be included should the deadline of October 2006 not be achieved. **ACTION: Director of Finance.**

In reply to a question from Roy Griffins the Director of Finance confirmed that the Trust's forecast result was unchanged at 0.6% of Income compared to the London SHA's demand for a 1% forecast annual surplus.

Noted: The Month 3 financial report.

71/06 Report of the Medical Director

The Medical Director explained that the domains of the Standards for Better Health have been used as a framework for her report to the Trust Board. She highlighted the following from her report:

The NHS Litigation Authority (NHSLA) is reviewing how it assesses Ambulance Trusts. A new standard risk management assessment is being piloted in 2007 and the LAS will be one of the pilot sites. There are five new standards, each comprising 10 criteria.

The Trust's risk register is being reviewed and updated following the undertaking of the bi-annual Trust Wide Risk Assessment. It will be presented to the Trust Board in September 2006.

Stroke management: the Medical Director drew the Board's attention to the need to improve the management of this group of patients. Two hospitals are currently offering fast tracking of patients identified through the FAST³. Four patients have

³ FACE: Facial movement, Arm movement, Speech ability with all three Tested

been taken to the St Thomas' stroke unit in the last two months due to patients suffering stroke being fast tracked; which the Medical Director said is a very positive development. The Brain Injuries Unit at UCLH also accepts patients but is hampered by the lack of beds and consultant availability and has only accepted five patients in the past two years. Research is being undertaken by the LAS Patients' Forum and the Director of Service Development to identify the location of stroke units in London. There is a need for clarification regarding which Trusts have acute stroke units and which have stroke rehabilitation units.

The Senior Clinical Adviser to the Medical Director recently represented the Trust at the launch of the Lambeth PCT Patient Held Sickle Cell Record Booklet. He assisted Lambeth PCT in the content and design of the booklet. The LAS is keen to support the booklet being rolled out across London in particular and will support its adoption nationally.

Infection Control: a range of equipment is being introduced aimed at further reducing the risks of infection for both patients and staff. These include single use (disposable) laryngoscope blades and Bag-Valve-Mask (resuscitator) units. In addition the Braun Vasofix Safety Cannula is being introduced to reduce the number of needle stick injuries.

Call rate/prioritisation: an update was provided on the audit being undertaken by the Clinical Audit and Research Unit. 14 determinants are being audited to provide evidence to the Department of Health's advisory body ECPAG regarding priority levels.

The Medical Director said that the assertion in the clinical audit report that down grading the determinant codes set as Category A to Category B will lead to a 10% reduction in Category A workload may be too optimistic. A reduction of 2% may be more realistic, given the scale of the current audit.

The LAS' Patient Forum's representative expressed her gratitude for the support given by the LAS in promoting the Sickle Cell Record Booklet on a London wide basis. She was assured that the membership of the Clinical Governance Committee is still under review; the inclusion of User representatives and Forum representatives is being considered.

Noted: The Medical Director's report.

72/06 Update regarding Strategic Outline Case – CAD 2010

The Chairman explained that the substantive report regarding CAD 2010 will be considered in the confidential part II of the Trust Board meeting due to the commercially sensitive information contained in the report.

The Director of Information Management and Technology (IM&T) outlined the process to date which has included interim reports to the Trust Board; the undertaking of a Gateway Review and the presentation of the Strategic Outline Case (SOC) to the Board for approval prior to its submission to the Strategic Health Authority for approval. Following approval of the SOC, work will commence to draft the Outline Business Case and in due course the Full Business Case.

In response to a question from the LAS' Patient Forum's representative the Director of IM&T explained that the equality issues she raised (access for Deaf members of the public and language barriers) were not within the remit of the CAD 2010 project as it is essentially a computer system for the internal use of the LAS. The issues she raised do need to be addressed and will be included in the Trust's Seven Year Improvement Programme.

Noted: The progress to date in completing the Strategic Outline Case.

73/06 Implementation of the Governance Review

The Board considered the report which included revised draft terms of reference for the Audit Committee and the Clinical Governance Committee. The draft terms of reference for the Risk Compliance and Assurance Group (RCAG) were included for information. Discussions are ongoing with the NHSLA on whether the RCAG is required to be a Board Committee or can be a Group reporting to the Audit Committee as envisaged in the Governance Review.

The Chairman explained to the newer members of the Board that in the past the Trust had been required to have a Risk Management Committee in order to satisfy the NHSLA that it had the appropriate risk management arrangements in place. Their insistence that the RCAG be a board committee contradicts the guidance issued by the Appointments Commission in its publication; 'Integrated Governance' which states that Boards should have as few committees as possible.

To allow further discussion by the individual committees, who have not yet been joined by the newer members of the Board, it was suggested that agreement of the terms of reference be deferred until September 2006.

The LAS Patient Forum's representative was assured that the Forum had been consulted during the course of the Governance Review. Further comments regarding the Trust's governance structure from the Forum would be welcomed.

Noted:

- 1. The report.**
- 2. That the terms of reference will be re-presented in September 2006 for approval.**
- 3. That Roy Griffins requested an electronic version of the new governance structure. ACTION: Trust Secretary.**

74/06 Freedom of Information Policy

The Director of Information Management & Technology (IM&T) presented the Freedom of Information Policy for re-approval, unchanged since it was last presented to the Board in February 2005.

Since January 2005 (when the FOI Act came into force) the Trust has received 194 FOI requests. The main categories have been: students and academics (58); commercial (33); members of the public (27) and patients (6). Only two of the FOI requests have been referred to the Director of IM&T for adjudication, and to date none of the refusals to furnish information have been referred to the Information Commission.

Barry McDonald said it was very unusual for such a high profile public body such as the LAS not to have been referred to the Information Commission.

Agreed: To approve the Freedom of Information Policy, to be reviewed July 2009.

75/06 New commissioning arrangements for London

The Board considered the Trust's response to the new commissioning arrangements in London. Following Board approval the response will be sent with a covering letter to the London SHA and Commissioners.

The consensus was that the tone and focus of the response was good. It was recommended that the covering letter accompanying the Trust's response should be more forceful in expressing disappointment that the new commissioning arrangements do not demonstrate a wider perspective on the provision of healthcare in London. Caroline Silver suggested that the Trust's recommendations be moved from the end of the document to the beginning of the document and be included in the accompanying covering letter. It was noted that the new commissioning arrangements contained few references to the new London Strategic Health Authority.

Agreed: The LAS' response to the new commissioning arrangements for London.

76/06 Report from Trust Secretary on tenders opened since the last Board meeting and the use of the Trust Seal.

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

11/06	Refurbishment of Fielden House	Crispin Russell Crawberry W T Cuffe Coniston
12/06	Driver Testing Vehicle	McNellie Wilker UK

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

The Trust Seal has been used on 2 occasions since the last Trust Board meeting:

No. 97: contract for works at Barnehurst AS, 164 Erith Road, Bexleyheath, Kent DA7 6Z

No. 98: Lease, first floor, Fielden House, 28-42 London Bridge Street, London SE1.

Noted: The report of the Trust Secretary on tenders received and the use of the Trust seal.

77/06 Draft minutes of the Audit Committee – 3rd July 2006

The Chairman of the Audit Committee, Barry McDonald, highlighted the following from the minutes of the recent Audit Committee:

Electronic Staff Records: the go live date has been rescheduled from July to October 2006;

Internal audit reports: as part of the benchmarking report presented by Bentley Jennison it was clear that LAS had received a greater number of 'negative' reports, which was not of concern as the Committee recognised that this reflected that the internal auditors were asked to review areas that were known to be weak.

Auditors Local Evaluation (ALE): though the Trust was disappointed at some of the scores it received the Audit Commission's representative explained that most Trusts are being marked down this year. Overall the Trust had scored quite well.

Audit Recommendations: the Committee noted the progress with the implementation of the Auditor's recommendations.

Noted: The draft minutes of the Audit Committee meeting which met on 5th July 2006.

74/06 **Draft minutes of the Service Development Committee – 27th June 2006**

Noted: **The draft minutes of the Service Development Committee that met on 27th June 2006.**

75/06 **Draft minutes of the Charitable Funds Committee – 27th June 2006**

The Chairman of the Charitable Funds Committee, Barry McDonald, presented the minutes to the Board. He reported that in line with the agreed policy the Charitable Funds are being ‘run down’ over a period of ten years. This year the Fund received more income than expenditure due to the buoyant stock market. The Committee agreed to increase the contribution for each member of staff for Christmas parties from £7.50 to £8.00.

He explained to the Chairman that if the policy was to maintain the Fund then the level of expenditure would be meaningless hence the current policy to run the Fund down. In due course when the Fund was exhausted the funding of Christmas and retirement parties may be subsidised by the Trust.

Noted: **The draft minutes of the Charitable Funds Committee that met 27th June 2006.**

76/06 **Draft minutes of the Clinical Governance Committee – 15th May 2006**

In the absence of the Chairman of the Clinical Governance Committee, Beryl Magrath, the Medical Director presented the draft minutes of the Clinical Governance Committee.

The Clinical Governance Committee had noted:

- The Trust’s statement of compliance with the Standards for Better Health had been submitted to the Healthcare Commission;
- The governance arrangements in place for the Urgent Operations Centre and robust governance arrangements in place for the Emergency Care Practitioners;
- The poor performance of Clinical Performance audits, which in May were being undertaken for 1% of Patient Report Forms. The Medical Director expressed confidence that the rate of clinical performance audits has improved with the return of Team Leaders to their normal office duty;
- The work undertaken to ensure that the Training Department has a full audit trail in place in order to satisfy the NHSLA that procedures are followed when members of staff have to be rebooked onto training courses.

Noted: **The draft minutes of the Clinical Governance Committee that met 15th May 2006.**

77/06 **Date of next meeting**

Tuesday, 26th September 2006, 10.00, Conference room, LAS headquarters, Waterloo Road.

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD
Part II**

**Summary of discussions held on 25th July 2006
held in the Conference Room, LAS HQ, London SE1**

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

On the 25th July 2006 in Part II the Trust Board:

- Considered the Strategic Outline Case for CAD 2010
AGREED 1. That it be presented to the London Strategic Health Authority for approval.
 2. That the Director of IM&T is authorised to continue with the research work of the project, leading to Outline Business Case on the assumption that the SHA approval will be granted.

- Received an update regarding four Serious Untoward Incidents:
 - the Trust's response to the criticism of the LAS by the Coroner following the inquest into Mr A's death through Positional Asphyxia. The response included work that highlighted the danger of positional asphyxia within the LAS and nationally via amendments to the National Clinical Practice Guidelines.
 - that as Mr B's family had been very unhappy with the Trust's response they had complained to the Healthcare Commission. The final report from the Healthcare Commission is awaited.
 - that the Police investigation into a man's death whilst in police custody is ongoing. Following the LAS' own investigation into the incident it has been determined that a disciplinary hearing should be held.
 - that a young boy was killed in an accident when an ambulance rolled back during a school visit. A police investigation is taking place. Although school visits are continuing no vehicles are being taken onto school premises.

- Noted the tenders awarded since the last Trust Board meeting on 23rd May 2006.

The Chief Executive informed the Board that Merseyside Ambulance Service is experiencing industrial action due to the technicians disputing their AfC banding.

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 26 SEPTEMBER 2006
CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

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

New standards with effect from 1 April 2006

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	75.03%	97.3%	82.3%	76.5%

*As of 19th September 2006

Key highlights

- i. The new financial year began well with A8 performance for April finishing on 77.3% and May on 76%. However June finished on 72.0% and July 72.7%. The dip in performance was for a variety of reasons, which included the volatility in demand associated with particularly hot weather and World Cup football games coinciding with a peak in Central London Events. This resulted in some very busy days; including 18 days in June and 23 in July when overall responses exceeded 2500. These high volume days generally resulted in poor performance which pulled the months figure down as a whole. July 2006 was our busiest month ever.
- ii. August saw a sustained period of lower activity with volumes falling back to 0.2% less than August last year which resulted in much improved performance with the month ending on 78.6%.
- iii. The first quarter activity was down 0.4% when compared to the same period last year. However the activity for July showed an increase of 8% for both Category A and overall workload as compared to July 05. Overall activity for the period April 06-August 06 is up to +1.6% on the same period last year.
- iv. Resourcing has continued to remain our single greatest challenge due to a combination of vacancies (138 in May and down to 88 by August) and poor overtime uptake at weekends. This situation has now started to ease as in post figures improved across the summer with more staff posted to

the new weekend heavy rosters. This has resulted in the average hours staffed per day recovering to the levels over similar time periods last year.

- v. Resuscitation guidelines training for staff has now been completed and we are continuing to deliver the programme of staff development through Continuous Professional Development (CPD) training; and personal development reviews. Despite the performance pressures, Team Leaders have remained on their normal duties with the completion of Clinical Performance Indicators prioritised and closely monitored.
- vi. PCT performance has improved to a point where there are now only two PCTs below 70%.

Actions to Maintain Performance

- Recruitment courses remain full with the programme still on track to deliver full establishment by the end of November.
- All new staff are still being allocated to the new weekend relief roster. The numbers working on this has continued to rise and currently stands at 188 and will rise further to 250 by December.
- The REAP level was raised to level 3 ‘Severe Pressure’ from Level 2 ‘Concern’ with the actions detailed in the plan implemented during the period of high demand. Following a period of sustained improvement this was reduced back to level 2 in late August.
- Work has continued with respect to reducing the total volume of calls we need to reach in 8 minutes (Red Calls). This has now resulted in reducing Red call volume by 0.5% of total volume . There is further work ongoing which may result in a further 2.5% reduction and it is anticipated that this work will now be completed in early November.
- A specific workstream has now commenced to drive down overall job cycle times and improve overall availability.
- Another workstream has commenced to mitigate against the performance fall at shift changeover times. This is particularly acute during the evening and some new initiatives including rostering additional vehicles across this time period and changing shift changeover times to mitigate against this fall have now commenced.
- A focussed piece of work has commenced to improve Urgent performance across the Trust. It is anticipated that the increased emphasis on this area will see the Trust performance against this target improve dramatically over the Autumn.
- A trial to enable off duty crews to take home fast response units and be tasked from home to Category A calls when there are no on-duty resources available

has started to be scoped. It is anticipated that this trial will commence shortly. 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 Emergency Operations Centre (EOC)

The issues around implementation of Agenda for Change are coming to a conclusion and it is anticipated that this will result in some improved stability for the control room. Work is in hand as part the performance improvement planning to make some significant enhancements to the ways in which both FRUs and Ambulances are despatched. This will include the automatic despatch of FRUs and an increase in the number of despatch desks to reduce queuing times. In preparation for increasing the number of despatch dispatch positions work is under way to re-profile the skill mix of each watch to ensure that they each have the right numbers of staff with the right skill set to manage the new configuration. It is expected that there will be a shortfall in the numbers of available allocators and these positions will be filled by promotions over the coming weeks.

Despite some improvement in August call taking performance has remained a significant challenge and is particularly unacceptable at weekends. As reported to the Board last month work is underway to resolve this issue and John Hopson and his team are working to re-establish a robust call taking management system. We have yet to see true benefits from this work but the team is now very focussed on improving the situation without seeing any negative effect on the despatch function of the room.

Maintaining staffing in EOC has continued to prove difficult and sickness rates continue to be too high. The management team are focussed on filling existing vacancies and driving down sickness rates over the coming weeks.

I am pleased to report that we have had verbal confirmation from the Academy that we have retained our Centre of Excellence Accreditation. This is a fantastic achievement for our Emergency Medical Dispatchers given the recent pressures they have been facing.

Several EOC projects are underway, not only in preparation for the new performance targets but also to improve the longer term resilience of EOC. Areas of work include introducing automatic dispatch of FRUs, reducing unnecessary multiple responses to the same call, rest break management, restructure of the senior management team, and the introduction of 7 more allocation positions.

1.3 Urgent Operations Centre

CTAK technical functionality was enhanced in late July and allows the Urgent Operations Centre to fully utilise vehicle Mobile Data Terminal (MDT) information in the same way as the EOC. The full month effect of these changes (measured in September) has seen a rise of just over 4% in the workload undertaken by UOC (to 36% of the potential total).

The new A&E Support role (a replacement for EMT1) has been banded under Agenda for Change and a move of vacant establishment agreed. Final sign-off of the training course is expected from the Department of Education and Development shortly. Recruitment will begin immediately with a view to filling 20 vacancies by Christmas. The remaining 20 vacancies will be covered through the PTS Central Services pilot.

Difficult negotiations continue with PCTs to further expand the ECP scheme. This remains challenging in the current financial situation and it is becoming apparent that some redesign work will be required, both operationally and educationally, to ensure optimum benefit is gained from these highly skilled clinical staff.

1.4 New Trust Board Graphs

The Board will note that some additional Graphs now appear in the Information pack as requested.

Graphs 7 and 8 Category A Responses and Red Responses.

As stated earlier it our intention to progressively reduce the numbers of Red Calls we respond to and to provide a closer match with the Category A calls decreed as part of the DH dataset. In addition we want to work with DH to provide evidence to allow them to make overall reductions in the Category A workload. This information will allow the board to monitor progress against both these workstreams.

Graph 12 Average Monthly Utilisation

The board will recall that we have been reporting difficulties for some months in reporting average utilisation rates. These problems have now been resolved and the graph shows average utilisation rates for all vehicles. We have always worked on the premises that safe and efficient utilisation rates for ambulances should in the region of 50% and the rates for FRUs should be in the order of 25-30% . The trust has often operated in the last year at rates of 60% or above. The highest rates were seen in December 05 and February 06 which link closely with peaks of workload coupled with staffing challenges. The planning we are doing to meet the new clock start changes is striving to lower the overall utilisation rate particularly for ambulances and again the Board can monitor progress against this using this graph. Future graphs will also show individual rates for ambulances and FRUs as well as the average.

Graph 15 ETA calls as a percentage of all Emergency Calls.

The number of ETA calls for ambulances rises as pressure increases within the system and adds further stress to the call taking process. The rise in the number of ETA calls in June and July is typical of the trend seen and is matched by a fall in August as overall workload fell and staffing improved. Whilst they can never be eliminated it is

clearly in our interest to keep such calls to a minimum in order to maximise the call taking performance for incoming 999 callers.

1.5 Emergency Planning

Emergency Planning

The Emergency Planning Unit is undergoing a complete review to ensure it is fit for purpose, following the events of 7 July 2005. The review will consider the option of incorporating the functions of: the Emergency Planning Unit; CBRN; Hot Zone (including Urban Search and Rescue); and Business Continuity training and exercising; under one department to ensure continuity of approach towards Emergency Preparedness. The outcome of this review will be reported to the Board in due course.

The department is in the process of rewriting the Major Incident Plan following the experiences of 7 July 2005. This will be followed with extensive training and testing of the new arrangements.

7 July 2005

All work areas around the 'lesson learned' report continue steadily. The Service now holds 20 of the new Airwave radios, with 200 further radios being delivered in October, in advance of the full roll-out.

The response to the GLA report has been written and shared with SMG members. In essence it reminds the GLA of the extraordinary good work done by LAS staff on 7 July 2005 and then goes on to comment on the detail of the report and its recommendations.

Hot Zone

Work continues towards the delivery of the Hot Zone trial in December. This trial will provide for a team of specially trained CBRN staff to work closely with other emergency services to provide clinical care for contaminated patients inside the 'Hot Zone' of a designated CBRN incident. This area has previously only been considered safe for Fire Brigade personnel and this in turn has raised concerns about potential delays in treatment for patients. The trial which is being run in conjunction with the Department of Health will commence in December and run for some six months following which there will be a full evaluation and review. A further update on progress will be provided for the Board later in the autumn.

1.6 New Years Eve Planning and Strategy.

Following issues with the use of Fall Back Control at Bow together with EOC at Waterloo last year a complete review of the strategy for managing New Year's Eve has commenced.

Provisional agreement has been reached which will see the entire event run from Waterloo, including the enhanced facilities now available in UOC and the Incident Control Room.

Further detailed analysis is underway to ensure that the estate infrastructure at Waterloo can fully meet maximum predicted demand.

It has not been possible to finalise this work prior to the preparation of the Board papers. However there is an intention to provide the Board with a further update in November.

2. PATIENT TRANSPORT SERVICE

Commercial

We are currently waiting for the Trust Board of Chelsea and Westminster to announce the award of their PTS contract. Our presentation to the Trust was praised for its professionalism and the award will fall to one of 4 remaining bidders including ourselves.

London Ambulance has held the Chelsea and Westminster contract since 1 January 2001. 23 Staff currently operate this contract and will be subject to transfer, under TUPE, to any new provider should we fail to retain it.

A service level agreement has now been agreed and signed with the Royal National Orthopaedic NHS Trust to provide PTS and staff transfers up to 31 March 2009. This contract is worth £380,000 per annum.

A further 7 tenders are being considered by the PTS these are:

- UCLH
- Camden PCT
- Hillingdon
- South West London & St Georges Mental Health

- North Middlesex
- East London Consortium (Homerton Hospital)
- Barking Enfield & Haringey Mental Health

We currently provide services for those contracts listed in the left hand column.

Operations

Quality statistics for PTS are as follows:

	June 2006	August 2006	Target
Hospital Arrival Time	86.1%	87%	90%
Hospital Departure Time	88.5%	90.8%	92%
Patient Time on Vehicle	93%	95.13%	90%

PTS quality performance continues to steadily improve. The target for departure time increased in August from 90% to 92%.

The transfer of Central Services to Urgent Care has now been agreed. We are currently sorting out any remaining operational obstacles so that the transfer can take place.

Personnel

It is with the deepest regret that we must inform the board of the death of Roy Webb, Contract Operations Manager, for the South West.

Roy had worked on both A&E and PTS during his 21 years in the service. He was admired and respected by many both within and outside of the service and was dedicated to the provision of world class healthcare to the people of London.

Roy was remembered for this dedication with the award of MBE in January this year.

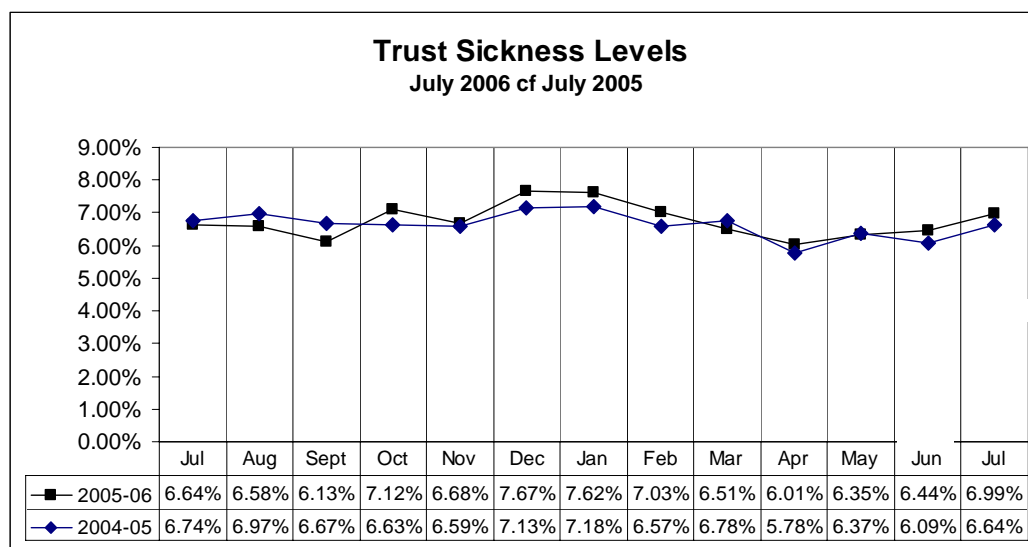
PTS will truly miss Roy's compassion, professionalism and most of all his humour.

3. HUMAN RESOURCES WORKFORCE INFORMATION

Workforce Aug 06	Establishment	In Post	Variance	Variance as %
A&E Ops	2484	2395	-88	3.54%
UOC	270	231	-39	14.49%
EOC	329	313	-16	4.86%
	3083	2939	-143	4.63%

Staff Turnover Aug 2005 - Jul 2006	
Staff Group	Turnover %
A & C	9.35%
A & E	3.68%
Bank Staff	6.00%
EOC Watch Staff	8.82%
Fleet	1.72%
PTS	8.13%
Resource Staff	1.54%
SMP	10.23%
Total (Trust Turnover)	5.36%

July 06 Absence	
Staff Group	%
A & E	7.63%
Whole EOC	8.95%
PTS	5.39%
A & C	3.44%
SMP	2.97%
Fleet	4.93%
Total (Trust)	6.99%



SUSPENSIONS as at 04.09.06		Period of Suspension (W/cs)	Reason	Hearing Date
East	0			
South	2	01.08.06	Police Investigation	
		01.09.06	Criminal conviction of assault	
West	2	24.07.06	Complaints regarding behaviour and patient care.	
		27.06.06	Interviewed under caution	
EOC	2	16.06.06	Harassment of a caller.	13.10.06
		16.06.06	Harassment of a caller.	13.10.06
HQ/Fleet/Others	1	04.08.06	Allegation of harassment	

Electronic Staff Records

The additional payroll testing of ESR provided through the extended implementation period have shown significant improvements and provided the opportunity to identify and “fix” outstanding issues. The ESR Project Board are now confident to go-live as rescheduled in October and the communication strategy for staff is now underway.

The financial cost to the LAS of extending the implementation period is that associated with the cost of the contract revenue at £19k. It has been agreed that other costs (additional testing, additional resources, training etc) totalling £150k will be met centrally.

AfC

Following final reconciliation of all staff with AfC assimilation, it can be confirmed that 100% of existing staff are now assimilated onto AfC terms and conditions (apart from those on local contracts who have opted not to transfer).

The focus is now on completing payment of any outstanding arrears payments (c70 staff) and concluding the outstanding appeals (65 posts).

90% of staff now have an agreed KSF outline.

Staff Survey

The annual staff survey is due to be carried out again in October. Historically the LAS has invited all staff to respond to the survey. The Healthcare Commission however take a random sample on which to base their national results. The selection of the random sample is determined by a formula provided by the Healthcare Commission and is considered to be statistically representative. It is the response of this sample against which we are measured and benchmarked and the public report is produced.

The Trust saw a drop in response rate last year (37%), suggesting, amongst other things, an element of “survey fatigue”. In addition the key messages from the sample response have reflected those obtained through the full staff survey thus demonstrating its validity.

After considering the range of issues relating to the different approaches (including a cost difference of c£9k), it has been decided this year to apply the sample approach as is undertaken by many other Trusts.

Rest Breaks

The project to introduce rest breaks for all operational staff is progressing with a target implementation date of 5 November 2006. The project is applying project management methodology (PRINCE lite) and is joint owned in partnership with the unions. Specific workstreams have been identified and are currently being progressed and tightly time managed. It is recognised that, whilst the principle of an allocated rest break for staff is agreed by all parties, the successful implementation with staff will be dependant on the associated detail and strong local commitment. The Trust Board will be kept updated on the progress of implementation.

4. Service Development & External Strategic Focus

Now that good progress is being made with setting up the internal work streams for the seven year plan (SIP 2012), work is required to explain its purpose to PCT colleagues in London. It is also important to ensure that the LAS perspective is fed into the new SHA's thinking on urgent care commissioning.

To that end the Director of Service Development will be visiting all PCTs in London over the next few months to present on the new SIP, to understand PCTs' issues and priorities and to initiate discussion about the scope for PCTs to engage together in the strategic commissioning of urgent care.

She will also spend time with SHA colleagues and one outcome of the project will be a proposal to the new SHA Chief Executive on action required to achieve strategic urgent care commissioning

5. IM&T Update

CTAK UPGRADE PROGRAMME.

The CTAK system application is used within the EOC (Emergency Operations Centre) for logging of 999 calls and the subsequent despatch of ambulances - by definition it is defined as a mission critical application. The upgrade plan is to ultimately replace CTAK with a commercially supplied system via the CAD 2010 project. However, given the timetable for this procurement an ongoing schedule of CTAK enhancement releases has been commissioned to support the operational priorities, particularly the high impact operational changes.

CTAK enhancement release one was implemented on April 27. It provided fix's to a number of long outstanding problems as well as functionality to allow FRU's to be despatched from geographical sector desks, the transfer of incomplete calls and MDT functionality within the ICR.

CTAK enhancement release two was implemented on July 25. This was a major enhancement and consisted of significant re-engineering of the core system as well as an enhancement to the MDT software on every vehicle. This work was the culmination of intensive analysis, design and testing of the new software that

provided essential functionality to bring live the UOC (Urgent Operations Centre) as well as other features to improve the functionality of CTAK within the EOC.

The system upgrade went to plan and apart from minor issues during the first 48 hours of 'go-live' the core software upgrade has remained stable and delivered the additional functionality that was intended. In terms of operational performance, tangible business benefits have been realised in the increased management and response to green calls by UOC. However, over the weekend of July 29 problems were reported with MDT's updating on West Sector. Additionally the on call CTAK support specialist noted that updates of 0 mph (vehicle stationary) were 2-3 times larger prior to the upgrade. Over the following days other such occurrences were noted, however there was no evidence to suggest that it would ultimately have any serious consequences.

At approximately 16:00hrs on Tuesday August 8 CTAK crashed causing the EOC and UOC (Emergency and Urgent Operations Centres) to revert to paper. The problem was identified as the database becoming overloaded with erroneous positioning messages being sent from MDT's. It was identified that the Informix database has a bug that prevents effective error handling of this type of problem (a modern database should be capable of handling this type of problem without crashing).

Over the next 48 hours CTAK went through a period of intense instability with several further failures. Given the serious nature of the problem, the Director of Operations (Acting Chief Executive) and Director of IM&T agreed that the situation should be declared as a SUI and reported it accordingly. During this time IM&T staff worked to implement a fix to manage the problem as well as solve the underlying cause. At 17:30 on Thursday August 9, a software patch was successfully downloaded to the majority of MDT's to resolve the problem of transmitting erroneous positioning messages.

Since this work, relative stability has returned, however at approximately weekly intervals, CTAK has crashed due to the underlying problem with the Informix database. In order to resolve this, the latest version of Informix is currently being tested by IM&T and an upgrade is being planned. It should be noted however that in itself a database upgrade is a significant undertaking and carries some risk of disruption. Additionally a problem has been identified with the process of MDT's automatically updating their software. Although not service affecting, this could produce a problem in the future and work is currently underway to resolve this.

Further CTAK enhancements are planned over the coming 12 months, and while this may not appear conducive to stability, it is vital to continuing to deliver support for operational change. The Trust Board will be kept updated of progress accordingly.

IM&T relocations

The IM&T Directorate is historically been dispersed between locations, and functions within each location have not been conveniently co-located to aid efficient working. In order to address this work has been commenced to co-locate departments and brigade common functions.

Management Information now all share common office accommodation at Bow and early indications are that this move has gone very well. Building works are progressing at Fielden House (old EBS location) and a final relocation for all other IM&T Staff is planned for the end of the 2006 calendar year. Major projects (CTAK, CAD 2010, LARP) will be located on the first floor, and all customer support functions (Service Desk, Systems, Networks) will be on the third floor. The completion of this work will greatly assist in improving the overall coordination of the IM&T Directorate and support its vision of customer focus and support.

6. Communications

Media issues

Call-taking system: The Communications Department has managed media interest regarding the recent problems experienced with the Emergency Operations Centre call-taking system. A statement was issued explaining that the cause of the problems was a recent upgrade; a tried and tested process of recording calls and passing them through to crews was in place should the system not function normally; and work was ongoing to rectify the problem. An initial article in the Evening Standard towards the end of August was followed by interviews with Assistant Director of Operations Ian Todd on LBC and Capital Radio. The story was also covered by London Tonight and was the subject of follow up articles in a number of other publications, including Metro and Computer Weekly.

Death of teenager: The tragic death of a teenage girl in Islington after she suffered an epileptic fit has been featured in a number of articles in a local newspaper. The focus of the stories has been the attendance of a double emergency medical technician crew and rapid response unit, and the family is now calling for a paramedic to be on every ambulance. The incident was also featured in a small article in one Sunday paper, and the Communications Department has been liaising with managers investigating a complaint from the patient's family.

Publication of book by member of staff: The Department has been closely monitoring media interest in a book published last month that is based on the on-line diary (blog) of an emergency medical technician from the Newham complex. 'Blood, Sweat and Tea' features daily entries about the member of staff's work with the Service. The book has attracted attention from both press and broadcast media, and the Communications Department has been kept informed of any planned interviews.

CRU in City: Media activity was coordinated to publicise the launch of a two-month trial of the Cycle Response Unit in the Square Mile. This included managing creative photos of the crews at work outside various London landmarks resulting in a front page photo and story in City AM newspaper, which specifically targets city workers. Other coverage included an item on London Tonight following a ride-out and a story on the transport pages of The Metro.

Filming

City Hospital: The Department has arranged for the Service to feature in the new series of BBC1's City Hospital which charts the patient journey through St Thomas' Hospital. Waterloo crews will feature in programmes being screened at 10am each weekday from Monday 11 September to Friday 3 November. To date a ride-out a week has been arranged covering both ambulance day and night shifts and also motorcycle response units and cycle response units.

Events

Euro Disney: Over the weekend of 15 – 17 September, members of the Schools and Events team and the Communications Department will accompany 175 terminally-ill children as they are driven in 95 Hackney Carriage taxis with their carers or parents from Canary Wharf to Euro Disney in Paris. The Service is offering medical support on the car and ferry journey and throughout the trip with two ambulances, two rapid response cars and one unmarked car staffed by six frontline staff. The Communications Department has worked with the Worshipful Company of Hackney Carriage Drivers to generate London media coverage.

Patient and public involvement

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

- An ambulance operations manager attended an Islamic Awareness event in Forest Gate, which has led to a planned London Ambulance Service event at the mosque there.
- Patient representatives were involved in a workshop to commence development of a long-term conditions strategy for the Service
- A community representative (a previous complainant) has been invited to join the Battersea ambulance station development group.
- An ambulance operations manager presented to the North Hillingdon Public Panel about the Service.
- The Clinical Audit & Research Unit are recruiting patients for their research proposals on diabetes and stroke.
- A duty station officer attended a community day run by the London Borough of Ealing and provided information about the Service and Heartstart courses.
- The Service was represented at an anti-knife crime event in Edmonton.

There have also been a number of charity events over the summer in which staff have been involved. And the PPI Manager has started to hold meetings with ambulance operations managers to discuss PPI plans for their complexes.

The PPI Manager and Diversity Manager recently met the Chief Executive of the charity Sign, to make him aware of the Service's approach to meeting the needs of deaf people. The PPI Manager has also made contact with the group which is developing a system for providing a national single text message number for deaf people to use in an emergency, and is awaiting an invitation for further involvement. The PPI Manager has also arranged to meet with the Metropolitan Police Service and

learn from their experience of using a routine automatic text message and online feedback system for people who have used their services.

The Diversity Manager, PPI Manager and the Ambulance Operations Manager from Waterloo complex recently met with staff at the Blackfriars Settlement Project, an organisation which provides services and support to a range of people in the Waterloo and Blackfriars area. They are keen to do some joint work with the Service, particularly involving their groups of young people, older people, disabled people, and people with mental health problems. A programme of PPI activities is now being developed with them.

Plans are also being developed to hold an event for Patient Transport Service (PTS) users. It is hoped that the event will be organised jointly between the Service and Age Concern, with involvement from two members of the Patients' Forum who have an interest in this area. The aim of the event is to increase understanding of the issues involved in providing patient transport services, to obtain users' views about them, and to discuss service standards and future commissioning arrangements. PTS managers are also working on the development of a new patient survey and ways to ensure the feedback received is used to improve the service provided in individual contracts.

The new NHS arrangements for patient and public involvement are likely to be borough based, via the Overview and Scrutiny Committees (OSCs), and will include a more formal relationship with the voluntary sector. In preparation for this, the PPI Manager is arranging to meet Chairs of the OSCs across London, in order to develop links with them prior to the new arrangements coming into force.

The Scottish Ambulance Service has invited the PPI Manager to join their PPI strategy group. This collaboration would allow the two Services to share good practice, to undertake joint initiatives (eg audits), to develop mutual understanding, and to share methods of monitoring outcomes of PPI activity.

7. Overseas Travel

The Board is asked to approve a request by Ambulance Operations Manager Chris Hartley-Sharpe to visit Tanzania. The Trust has previously held meetings with 'Knight Support' (the sole provider of public access emergency ambulance services in Tanzania) at their request. Previous assistance to this organisation has been provided by another NHS ambulance service and LAS is now exploring how best to develop a mutually beneficial relationship. Chris will undertake a consultancy role specifically to identify problems relating to operational, control and logistics issues. Knight Support are funding full travel and accommodation.

Recommendation

The Board is asked to note my report and approve the travel request under section 7.

Peter Bradley CBE
Chief Executive Officer
September 2006

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 26th September 2006

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

NHSLA new standard:

Seven of the reconfigured ambulance trusts met in Exeter at the HQ of the South Western Ambulance Service NHS Trust. The Head of Governance facilitated this workshop meeting after a supportive introduction by Ken Wenman, CEO of the Trust, to prepare for the development of the new pre hospital care standard assessment system for ambulance trusts by the NHS Litigation Authority. The NHSLA will be releasing further information about the new standard which the LAS has agreed to help them pilot, later this month and the Clinical Governance Committee will review developments and existing systems and processes for compliance .

New Policies (for noting):

Manual Handling Policy: This revised policy has been approved by the Corporate Health and Safety Group and will be implemented throughout the Trust by the Manual Handling Implementation Group.

Latex Policy: see related SABS report.

Safety Alert Broadcasting System:

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

Thirty alerts were received during the period of 01st May 2006 -12th September 2006. Twenty seven have been registered as No Action Required. 3 are registered as Action complete - matter resolved. In total the Trust has three alerts outstanding, as follows:

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

Date issued: 26.05.2005

Date for completion: 27.01.2006

Latex Policy: Final comments have been received and agreed by both the Infection Control Steering Group and the Governance Department. The Policy will now be implemented by the Health, Safety and Risk Department

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

Date issued: 15.09.2005

Date for completion: 30.06.2006

Details of these alert and outstanding actions have been forwarded to Ralph Morris for actioning. Feedback awaited on progress to date and likely time for completion.

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

Date issued: 13.12.2005

Completion deadline: 13.12.2007

This alert concerns the calibration of these monitors. Two possible solutions are under consideration; the purchase and replacement of sphygmomanometers annually, or an annual programme of calibration which would be undertaken by a medical devices department. Currently awaiting feedback on progress to date and further actions planned.

2. Second domain – Clinical and Cost Effectiveness

Update on Stroke Management

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

Update on Cardiac Care

The most recent data obtained from MINAP (Myocardial Infarction National Audit Programme) shows that the average time from call to needle (thrombolysis) time in London is 69 minutes (target 60 minutes) The average call to balloon (primary angioplasty) time is 97 minutes (target 180 minutes).

Since the introduction of the LAS Reperfusion Strategy 42% of all patients suffering ST elevation myocardial infarction have received primary angioplasty. This is encouraging as suggests crews are sufficiently confident in their assessment of the

patient and the 12 lead ECG to access a more distant unit than the local Emergency Department.

National Clinical Practice Guidelines for Use in UK Ambulance Services

Version 2006 was introduced at Ambex in June 2006. The revised manual is currently being printed and will be published in October. The revised pocketbook is in its final draft. When the new manuals arrive they will be issued to staff in exchange for the previous edition. The changes in the new manual will be highlighted.

Introduction of the EMT 4 role

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

Hospital placements for staff

An increasing area of difficulty is gaining the support of acute Trusts to allow our staff to undertake placements in hospital. Until recently the majority of acute Trusts were most generous with the time and facilities they made available. With the increasing pressures to train medical students, nurses and junior doctors several Trusts have indicated their reluctance to accept LAS staff, whether ECPs undertaking placements, paramedics or EMTs.

This issue was brought to a head by a recent paper on consent published by the Association of Anaesthetists which implied criticism of the practice of trainee paramedics moving from one operating theatre to another to practice interventions. Despite input from the Chair of JRCALC (a Consultant Anaesthetist) and an explanatory letter from the Association, a number of acute Trusts have withdrawn their support. Several others are requesting that Honorary Contracts are set up for LAS staff, along with CRB checks. These requirements would make arranging placements both expensive and time consuming. The Chair of BASICS London, a member of the Clinical Steering Committee is intending to discuss the issue with the new Chair of the Royal College of Anaesthetists.

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

Appendix 1 contains an executive summary of a snapshot audit of the management of patients who have taken an overdose.

3. Third Domain – Governance

Healthcare Commission

The Healthcare Commission has recently asked the Trust to ratify the information on which it will be basing its new performance rating as part of the Annual Health check. The Health check replaces the old star rating system using information from the Audit Commission and other stakeholders. The rating will be released in mid October. The Standards for Better Health Group, chaired by the Director of Finance, will be checking progress against both core and developmental standards as part of the preparation for the next declaration to be signed in April 2007.

The Risk Register

The Trust wide Risk Register is now being updated, to reflect the work done as part of the recent Trust wide Risk Assessment. The Risk Management Framework was discussed and agreed at the inaugural meeting of the Risk Compliance and Assurance Group chaired by the Chief Executive Officer.

New Policies (for noting):

Internet Policy: This revised policy has been approved by the Information Governance Panel and has now been issued as TP/031.

Peripheral Device Policy: This policy is being considered by the Information Governance Panel on 22nd September and will be issued if approved.

4. Fourth Domain – Patient Focus

This area is covered in the Report of the Chief Executive

5. Fifth Domain – Accessible and Responsive Care

Palliative Care

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

6. Sixth Domain – Care environment and Amenities

Paramedic drug bags

From the beginning of October paramedic drug bags will be refitted with the addition of the following drugs; amiodarone to replace lignocaine, adrenaline 1:1000 and

hydrocortisone. Making the changes to all the bags in circulation will take several weeks.

Work is ongoing to address the issue of the general bag (containing EMT drugs) as this is now too small to accommodate the additional drugs approved for EMTs, and the proposed new additions, oral morphine solution and 4% tetracaine, both additions to the JRCALC formulary (Version 2006).

Infection Control

As one of the measures of compliance bacteriological swabs are collected from A&E vehicles by the Make Ready team. It is reassuring to note that the MRSA organism has not been identified. The Logistics Department is looking to extend this regime to include PTS vehicles.

Equipment

The tender exercise for AED and vehicle based defibrillators will be carried out early next year. Drawing up the specification and other initial work has already commenced. Arrangements have been made for LifePac12s to be provided for next tranche of FRU cars.

7. Seventh Domain – Public Health

Pandemic Flu

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

Recommendation

THAT the Board note the report.

Fionna Moore

Medical Director

15th September 2006

Appendix 1

Clinical Audit & Research Summary Report for the Trust Board

Executive Summary - Snapshot audit of the management of patients who have taken an overdose

Authors: Dr. R Donohoe, Y. Mapes & G. Viridi; Clinical Audit & Research Unit

Introduction

In July 2004, the National Institute for Clinical Excellence (NICE) issued a clinical guideline on self harm, which included a number of standards relevant to Ambulance Trusts. One of these standards was that incidents of overdose should be routinely audited. In 2005, the London Ambulance Service NHS Trust (LAS) attended 15,256 patients who had taken a drug overdose, either accidentally or deliberately. This clinical audit examined, for a sample of these patients, the appropriateness of treatment and compliance with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) National Clinical Guidelines.

Methods

A respective audit was undertaken of a random sample of 192 Patient Report Forms (PRFs) from December 2005 that identified a drug overdose as the primary complaint. In addition, all PRFs that reported the overdose of an opioid or opioid-based substance were subjected to clinical review to determine the appropriateness of Naloxone administration.

Results

Just over half of all patients in the audit sample were female (55%). Patients were aged between 3 and 88, with a mean age of 34 years. The most common drug on which patients overdosed was Paracetamol, which accounted for 22% of cases. A further 21% of overdoses involved illegal drugs (Cocaine, Heroin, Cannabis, LSD, Ecstasy, Amphetamines and Ketamine). Alcohol was reported to have been involved in more than half of all cases.

The findings demonstrate that LAS crews are undertaking a very detailed patient assessment and making good use of basic observations to determine the seriousness of the patient's condition. Details of the overdose were documented to a very high standard, which is important for the continuing care of the patient. The findings, however, raise concerns about the frequency with which both cardiac and blood glucose monitoring are undertaken. Only a quarter of those patients who had taken drugs with the potential to affect cardiac activity had any cardiac monitoring undertaken. Blood glucose monitoring was more consistent, but there were still a quarter of patients with a decreased level of consciousness that did not have their blood glucose level measured.

The findings also raise concern and highlight potential confusion about the appropriate administration of Naloxone. A quarter of patients who should have received Naloxone did not; and one patient who did not require Naloxone was given it. The Intramuscular route was used for administration in half of all cases; even though the guidelines clearly state that the Intravenous route should be used. It is possible that some crews are following an old local protocol for Naloxone administration, rather than the national clinical guidelines. An LAS Training Bulletin, issued in 1999, stated that the IM route was "the preferred route" for Naloxone administration. Informal discussions with members of operational staff indicate that this local protocol is considered by some as being valid, even though it contradicts the

national clinical guidelines and is not taught on Paramedic Training Course. This lack of clarity poses a potential clinical risk to the Service.

Recommendations

1. The LAS must ensure that it makes clear to all staff the acceptable methods for the administration of Naloxone. Clarification must be provided on whether the local procedure is still in use or has been superseded by the guidelines. If the old protocol has been withdrawn from use, this must be made explicit and should not be freely available to staff. Conversely, if the local Naloxone protocol is acceptable, this should be widely communicated and taught as part of the Paramedic and EMT Training Courses.
2. The importance of undertaking cardiac monitoring and blood glucose measurement in relevant cases must be emphasised to crews.
3. A re-audit should be carried out to ensure that the issues raised in this audit have been adequately addressed and practice changed as a result.

Action Plan

The recommendations of this clinical audit were approved by the Clinical Steering Committee on 12th September 2006, and the following actions were agreed:

Recommendation #1: The Clinical Steering Committee agreed that the local protocol is of relevance to cases overdose in London. The Head of Clinical Education and Development will take responsibility for ensuring that this protocol is taught and widely communicated.

Recommendation #2: In order to reinforce the need for cardiac and blood glucose monitoring, an educational article will be published in the LAS News in the next few weeks.

London Ambulance Service NHS TRUST

TRUST BOARD 26 September 2006

Long Term Workforce Plan - Update

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

The attached paper updates the Board on continuing progress in developing the long term workforce plan for the LAS. The aim is to present the final proposal for approval to the Trust Board in November 2006.

The key area of progress as outlined in the document is the identification of a full set of assumptions to be applied to the modelling together with attempts to reconcile the variances between the Trust's assumptions and the results provided through the modelling work of ORH.

Work continues in resolving the outstanding variances and finally modelling the actual skill mix with associated costs.

4. Recommendation

THAT the Trust Board note the progress made.

LONDON AMBULANCE SERVICE NHS TRUST

Long Term Workforce Plan - Update

Introduction

The purpose of this paper is to update the Trust Board on the progress to date in developing the long term workforce plan with the aim of approving this in November 2006.

An initial attempt has been made to align the results of the strategic plan model with those in the ORH report LO80/82, however, further work needs to be undertaken to understand the differences.

At this stage, little detailed work is being carried out on the likely workforce requirements in PTS and support departments. Similarly, less has been done in EOC/UOC than in the main A&E operations.

Assumptions

The assumptions used in the strategic planning model fall into two groups.

- Those relating to the overall demand and the categorisation of calls.
- Those relating to how the service responds to those calls.

Each set of assumptions are described in the following paragraphs.

Demand & Categorisation of Calls

The assumptions used in the strategic planning model are broadly similar to those used by ORH and can be summarised as follows:

- The number of incidents (all categories) will increase by 3% per annum.
- The number of emergency transfers will increase by 6% per annum.
- The number of urgent patient journeys will increase by 2% per annum.
- There will be an additional 30,000 incidents per annum after 2010 resulting from the Thames Gateway developments.
- The number of Category A calls will reduce to 15% of all calls by 2010 the balance will down graded to Category B calls.
- The impact of the 2012 Olympics over 60 days have been ignored as the planning for this one-off event is not sufficiently developed.

Response Regime – The assumptions used in the strategic planning model on how the LAS will respond to each type of incident are set out below. .

- All Category A and Category B patients will initially receive a response from an FRU. The exceptions are:
 - Category A calls, which AMPDS clearly indicates are cardiac cases, when an FRU and an AEU will respond. Currently estimated at 3% of Category A calls.
 - Those Category B calls, which will clearly require transport to hospital, e.g. fractured leg.
 - 10% of Category B calls will be transferred direct into CTA.
- 85% of Category C calls will be transferred to CTA. The remaining 15% will be responded to by ECPs to make an assessment of the patient and possible treat on scene.
- All emergency transfers and urgent patient journeys will be undertaken by an AEU.
- The following no convey rates have been assumed:

Table 1

Category	No Patient Conveyance
A	30%
B	40%
C	50%
Emergency Transfer	0%
Urgent Patients	0%

There is a presumption that Category C patients who cannot be resolved by CTA will receive an assessment visit from an ECP. Where a patient requires conveyance to a NHS facility this would be done by a crew comprising staff whose skill level is between an AP and technician.

It is assumed that a 26th complex, based at Stratford will operate from 2007/08. This will increase the number of team leaders from 175 to 182.

Variances with ORH Report LO80/82

There are always likely to be variances between the results given the different methodologies of the two models, which have been designed primarily for different purposes. Some further work is required to understand the implications of the variances and provide some assurance that the strategic plan will provide reasonably robust answers into the future.

Areas where the assumptions currently disagree are:

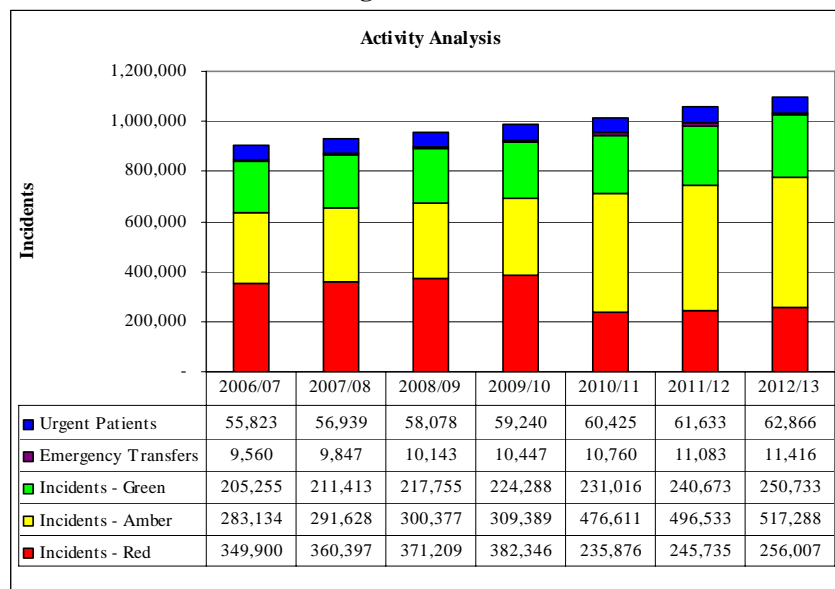
- ORH assume that 60% of patients initially referred to CTA will end up being conveyed compared to 50% in the strategic planning model.
- The strategic planning model assumes that all emergency transfers and urgent patient journeys will be carried out on the A&E tier. ORH assumes the majority will be carried by urgent care staff.
- The ORH model produces a substantially higher number of AEU staff than the strategic planning model. The reasons for this, at present, remain unexplained.
- There are substantial differences in the numbers of ECPs in the model, which cannot easily be explained by the differing assumptions on the use of CTA.

Initial Results

The initial results are shown in the following paragraphs with supporting graphs.

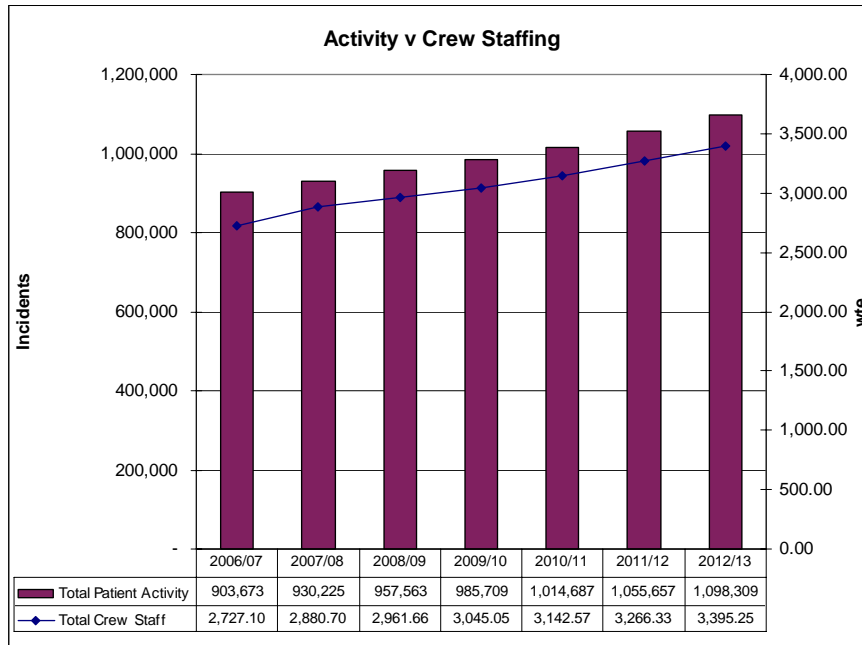
Activity – The forecast activity is shown in Figure 1. It should be noted that the overall activity increases steadily over the planning period with a slight acceleration over the last three years as the Thames Gateway development starts to impact on the LAS. However, the reduction in the proportion of Category A incidents in 2010/11 is matched by an increase in Category B incidents given the proposed response regime this has little impact on overall crew staffing but will assist in improving Cat A 8 minute response times.

Figure 1



Crew Staffing – Overall crew staff numbers are planned to increase over the period from 2,915 in 2006/07 to 3,583 in 2012/13. This increase is broadly in line with increases in activity as is demonstrated by Figure 2.

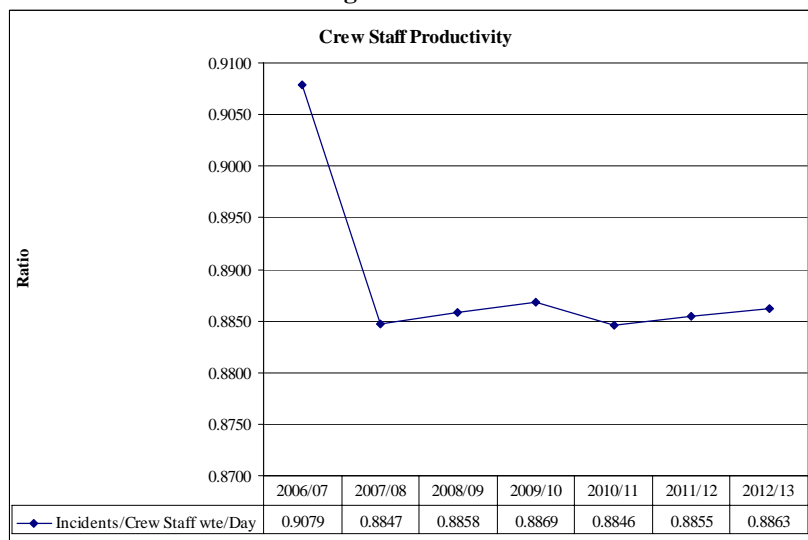
Figure 2



The skill mix applied to this activity will be tested through scenario modelling based on the skills / competencies identified by the workforce planning working group. It is anticipated that two skill mix scenarios, together with associated costs and implications will then be presented for consideration.

Productivity – The overall productivity of crew staff as measured by incidents per crew staff wte per day reduces initially but then gradually increases over the strategic planning period. This is shown in Figure 3. The initial decrease reflects the need to increase the crew staff establishment to ensure the new performance targets are achieved.

Figure 3



Current indications

Early indications from the model are that there are significant challenges ahead in finding ways of funding the increased crew staff establishment, which should allow the new performance targets to be achieved. This will also be dependent on the ultimate skill mix determined.

The New Front End Model (NFEM) on which both the ORH and strategic plan are based requires additional staff to meet the twin challenge of improving response times and providing a more patient focused delivery. It is proposed that this is addressed by using FRUs as the only response in the majority of Category A and B incidents.

Further Work Required

Before the final strategic plan can be put to the Trust Board, the following work needs to be completed:

- Reconciliation of the strategic plan results with ORH LO80/82.
- Decide which assumptions to use where ORH and the strategic plan model differ.
- Agree skill mix options on FRUs and AEU's and cost scenarios.
- Agree impact on training plan for next few years in light of contracted commitments with universities.
- Complete EOC/UOC modelling.
- Complete income forecasts and corporate support department costing.

Next Steps

- Proposed plan to SDC in October for discussion.
- Final plan to the Trust Board for approval in November.

London Ambulance Service NHS TRUST

TRUST BOARD 26th September 2006

**Terms of Reference:
Audit Committee and the Clinical Governance Review.**

1. Sponsoring Executive Director: Mike Dinan
2. Purpose: For Approval
3. Summary

The terms of reference for the Audit Committee and the Clinical Governance Committee have been reviewed with input from the chairmen and members of those committees.

4. Recommendation

THAT the Board:

1. Agree the terms of reference for the Audit Committee.
2. Agree in principle the terms of reference for the Clinical Governance Committee subject to clarification of some of the language.

Draft terms of reference for the Audit Committee

1. Constitution

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

2. Membership

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

3. Attendance

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

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

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

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

4. Frequency

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

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain reasonable outside legal or other

independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Duties

The duties of the Committee can be categorised as follows:

6.a Governance, Risk Management and Internal Control

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

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Standards for Better Health), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service

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

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

6.b Internal Audit

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

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization as identified in the Assurance Framework
- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- annual review of the effectiveness of internal audit

6.c External Audit

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

- consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Authority/Trust/PCT and associated impact on the audit fee
- review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses

6.d Other Assurance Functions

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

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

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

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

6.e Management

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

6.f Financial Reporting

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

- the wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee
- changes in, and compliance with, accounting policies and practices
- unadjusted mis-statements in the financial statements
- major judgemental areas
- significant adjustments resulting from the audit

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

7. Reporting

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

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

8. Other Matters

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

- Agreement of agenda with Chairman and attendees and collation of papers
- Taking the minutes & keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

Draft terms of reference for the Clinical Governance Committee

1. Constitution

- 1.1 The committee shall be formally established by the Board and its terms of reference, membership, delegated powers and reporting arrangements formally minuted. It will normally meet six times a year with three of those meetings set aside for core work
- 1.2 The Committee will be chaired by a non-executive director or an executive vice-chairman in the absence of the chairman
- 1.3 A quorum shall be one non-executive director and one executive director
- 1.4 The Committee's minutes will be reported to, and considered by, the Trust Board.
- 1.5 The functions of the Clinical Governance Committee will be reviewed on an annual basis

2. Functions and how these will be achieved

- 2.1 The Committee's prime function will be to ensure that high quality patient care is being delivered throughout the London Ambulance Service NHS Trust *This will involve responsibility for overseeing new and revised clinical guidelines and protocols which staff are expected to follow during their working lives at LAS, these are based principally on those published by the Joint Royal Colleges Ambulance Liaison Committee. The Committee will require evidence that procedures and protocols are reviewed and further training is given (where appropriate) in response to the reporting and investigation of clinical incidents and complaints. It will monitor the progress of the Clinical Governance Strategy and the Clinical Governance Development Plan*
- 2.2 To establish, monitor and recommend that the necessary remedial actions to effect good practice and standards in the context of Clinical Governance for the Trust, using the framework of ***The Standards for Better Health*** through the ***Annual Healthcheck*** (monitored by the Healthcare Commission) and the standards within the ***NHSLA Clinical Care Risk Management Standard for Ambulance Services*** (monitored by the NHSLA). *This will be achieved by receiving regular reports from feeder Groups, in particular Standards for Better Health Group, the Risk Information Group (which combines data from risks, complaints, claims and clinical incidents), the Complaints Group, the Infection Control Group and the Area Governance Groups. The Committee will receive evidence of compliance and collated information for the final declaration of the Annual Healthcheck and any submission to the NHSLA*
- 2.3 To review the risks associated with clinical practice and untoward clinical events, ensuring that appropriate action plans have been set up to reduce these, working with the Risk, Compliance and Assurance Group, who will grade them and place them on the Risk Register in accordance with the LAS Risk Scoring Matrix. *This will be achieved primarily by reports from the Risk*

Information Group and ensuring that clinical risk reduction programmes of a high standard are in place and are appropriately monitored; that adverse events are detected early, openly and speedily investigated and that the lessons learned are promptly applied

- 2.4 To ensure that quality improvement processes (e.g. clinical audit) are in place and integrated with the quality programme for the organisation as a whole. Reports to the Committee will demonstrate that evidence-based practise is in day-to-day use supported by research and development *This will be achieved by regular reports from the Clinical Audit and Research Steering Group*
- 2.5 It will receive evidence that education, training, continuing personal and professional development are taking place for all personnel working for the London Ambulance Service. *The Training Services Group and the Area Governance Groups and other feeder Groups as appropriate will provide this information. The Committee will monitor the implementation of the Trust wide Training Needs Assessment*
- 2.6 Members of the Committee will define and develop Key Performance Indicators which provide quantitative and qualitative information to be collated in the format of an annual clinical governance report to the Board. *These will be changed annually and will contribute to a Trust-wide scoring system*
- 2.7 The Committee may recommend policy, as appropriate, to the Trust Board for formal approval. They may also commend further training or clinical service development as a result of evidence produced to the Committee
- 2.8 The Clinical Governance Committee is responsible for providing the Audit Committee with evidence that there is a high calibre clinical risk management system in place; that action plans have been agreed to manage those risks and that these have been appropriately followed up in order to manage/reduce the level of risk

3. Membership (deputies to be proposed unless already stated)

- *1 Non Executive Director (chair)
- *2 non executive directors
- *Medical Director (vice-chairman)
- Head of Education and Development
- *Head of Clinical Audit and Research
- *Head of Legal Services
- *Head of Governance
- Safety & Risk Advisor
- *Deputy Director Operations
- PPI Manager
- Diversity Manager
- *Head of Complaints
- Head of Logistics

*Assistant Director of Operations EOC (deputy -Senior Operations Officer – Planning & Risk)

*Director of Communications (deputy -Head of Communications)

Area Governance representative

*User Representative(s)

A&E Consultant

Head of Employment Services

*indicates member of core committee

4. Regular Reports will be received from::

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

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

London Ambulance Service NHS TRUST

TRUST BOARD 26th September 2006

Committee Structure and Membership

1. Sponsoring Executive Director: Mike Dinan
2. Purpose: For approval
3. Summary

It is proposed that the Non-Executive Directors sit on the following board committees:

Audit	Roy Griffins, Barry McDonald, Caroline Silver and Sarah Waller
Clinical Governance	Beryl Magrath, Ingrid Prescod and Sarah Waller
Charitable Funds	Barry McDonald and Caroline Silver
Remuneration	Sigurd Reinton, Roy Griffins, Barry McDonald, Beryl Magrath, Ingrid Prescod, Caroline Silver and Sarah Waller

4. Recommendation

THAT the Trust Board:

1. Approve the proposed membership of the Board's Committees.
2. Note that the membership of the non-Trust Board committees (Risk Compliance and Assurance Group, Complaints Panel and Information Governance Panel) will be considered separately outside the meeting.

London Ambulance Service NHS TRUST

TRUST BOARD 26 September 2006

Smoke-Free Policy

1. Sponsoring Executive Director: Caron Hitchen

2. Purpose: For approval

3. Summary

The public health white paper *Choosing Health* (2005) announced that all NHS premises would be smoke-free by the end of 2006 and all London Trusts have committed to becoming smoke-free ahead of this deadline.

The attached policy document is the LAS response to this expectation and reflects action to date in removing all smoking areas within LAS buildings with the intention to extend the smoke free policy to all LAS premises in the future.

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

4. Recommendation

THAT the Trust Board approve the Smoke Free policy



SMOKE-FREE POLICY

(August 2006)

Contents	Page	Section
1. Introduction	3	1.1 – 1.5
2. Aims and objectives	3	2.1 – 2.2
3. Legal/statutory position	4	4.1 – 4.2
4. The policy	4	5.1 – 5.3
5. Responsibilities	4	6.1 – 6.7
6. Smoke-free environment	5	7.1 – 7.5
7. Human Resources and Communications requirements	6	8.1
8. Breaches of the policy	6	9.1 – 9.4
9. Exceptions	6	10.1
10. Review	6	11.1
Appendix 1 – Smoking Cessation Support	7	

Introduction

- 1.1 The public health white paper *Choosing Health* (2004) announced that all NHS premises would be smoke-free by the end of 2006.
- 1.2 In line with our general responsibility to provide a safe and healthy environment for all staff and visitors, the Trust implemented a ban on smoking in all Trust buildings and enclosed areas with effect from 1 October 2005 at 06.00 hours. The ultimate aim is a complete ban on all Trust property and premises some time in the future, with a staged approach offering a discrete, designated external area for smoking at each LAS building (to be determined by local management).
- 1.3 This policy does not intend to dictate whether people smoke but to ensure that the Trust is a smoke-free environment and to provide a workplace free from harm caused by smoking.
- 1.4 The Trust will support staff that require help in this potentially challenging time (see section 5 and Appendix 1 for cessation support details).
- 1.5 A smoke-free NHS is supported by the TUC as well unions including Unison and the RCN; LAS staff side have been informed of the required changes and consulted and involved in the implementation of the policy.

Aims and Objectives

2.1 The aims of this policy are to:

- Provide a safe and healthy environment for all staff and visitors whilst on Trust premises.
- Ensure that no-one is put at risk from passive smoking whilst in Trust buildings and enclosed areas and, in the future, on all Trust premises including grounds.
- Provide an environment that is conducive to giving up smoking and ensure that staff who want to give up smoking have information on access to and availability of cessation support.
- Provide a clear and consistent message that passive smoking kills and causes diseases, and as such will no longer be tolerated on NHS premises.

2.2 The objectives are to:

- Ban smoking from all Trust buildings and enclosed areas by 1 October 2005.
- Ban smoking from all Trust premises in the future.
- Promote awareness of the damaging effects of smoking on health and the benefits of not smoking.

- Encourage the NHS to set a good example to the public by not smoking in NHS buildings or on NHS premises.

3. Legal/statutory position

- 3.1 This policy is in line with the provisions of the Health and Safety at Work Act (1974), section 7 of the Health & Safety at Work Act (1974) (amended January 1993) which states that:

“all employees have a personal responsibility to not act in any way which may cause harm to another member of staff”.

- 3.2 The dangers of passive smoking – exposure to environmental tobacco smoke, have become a growing concern, with the EU Directive 92/95EEC classifying second-hand smoke as a workplace carcinogen.
- 3.3 In the Department of Health’s white paper, *Choosing Health* (2004), the Government made the commitment that by the end of 2006, all NHS workplaces will become smoke free.

4. The policy

With immediate effect smoking is not permitted inside the buildings or in other enclosed areas of all LAS premises. This includes all designated smoking areas and rooms as well as informal smoking areas and rooms. This will ensure that staff and visitors are protected from the dangers of passive smoking while on Trust premises.

- 4.1 This policy will protect staff and visitors from the dangers of passive smoking in Trust buildings and enclosed areas and, in the future on all Trust premises, and will reduce the risk of fires being started by smoking.
- 4.2 No staff will be permitted to smoke in Trust owned or identifiable vehicles.
- 4.3 Support for smoking cessation is available through the Occupational Health department or NHS Stop Smoking Services (see section 5).

5 Responsibilities

- 5.1 By delegated authority, the Chief Executive will
- ensure that staff, visitors and contractors are made aware of the policy.
 - ensure that this policy is adhered to by staff.
 - comply fully with the policy and provide a suitable role model for staff and all visitors.

- 5.2 Trust Directors will
- ensure that managers are aware of the policy and supported in enforcing the policy with staff.
 - comply fully with the policy and provide a suitable role model for staff and all visitors.
- 5.3 Line Managers will
- ensure that all staff reporting to them adhere to this policy.
 - ensure that any staff wishing to stop smoking will have access to information on smoke cessation services.
 - ensure that staff are fully supported in reminding other people of the smokefree policy.
 - comply fully with the policy and provide a suitable role model for staff and all visitors.
- 5.4 Staff will
- comply fully with the policy and provide a suitable role model for colleagues and all visitors.
- 5.5 Security/Reception Staff will
- point out the Trust's smoke free status to anyone smoking on-site and, where necessary report any infringements to the responsible manager.
- 5.6 Occupational Health will
- provide appropriate advice and guidance and make referrals based on individual needs.
- 5.7 NHS Smoking Helpline will
- ensure that adequate support is available for staff wishing to stop smoking.

6. Smoke- free environment

- 6.1 All Trust buildings and enclosed areas are no smoking areas at all times.
- 6.2 It is the Trust's intention that in the future all LAS premises including outside areas will become no smoking areas at all times.
- 6.3 LAS staff are required to adhere to other NHS Trusts' smoke-free policies.
- 6.4 All Trust owned and identifiable vehicles are no smoking areas at all times. Staff may smoke in their own cars or lease cars that are not branded as LAS vehicles providing they are off LAS and other NHS premises.
- 6.5 No additional paid breaks will be given to staff who wish to smoke. Staff wishing to take additional smoking breaks, where these are agreed, will still be expected to work the full time hours for which they are paid.

7. Human resources and communication requirements

7.1 The Trust will publicise its Smokefree status in the following ways:

- Signage: 'No Smoking' signs will be displayed throughout the Trust premises and grounds. Contact details for the local Stop Smoking Service will be placed strategically on all Trust premises.
- All recruitment and selection activity will make reference to the Trust's position on no smoking, to include the Trust website, Application packs, terms and conditions of employment letters, job descriptions, induction literature and any other relevant literature and where applicable, reference will be made to the NHS Stop Smoking Service.
- All contracts and Service Level Agreements with external organisations will make reference to the Trust's position on no smoking.
- Line managers will be briefed ahead of implementation of any amendments to this policy.

8. Dealing with staff breaches of the policy

8.1 Staff breaching this policy will, in the first instance, be dealt with in a supportive manner by their manager. They will be given information on the local Stop Smoking Service. However, continued failure to comply with the requirements of this policy may leave no option but to deal with the matter under the Trust's disciplinary policy.

8.2 Whilst staff are encouraged to make people aware of the policy, they should not put themselves at risk of physical or verbal abuse.

8.3 Staff must be supported if they report any breaches of the policy to their line manager, who will be responsible for dealing with the breach.

8.4 A zero tolerance approach will be applied to any patients, visitors or sub-contractors who become abusive when reminded of the policy. However, experience from other smoke-free Trusts suggests that visitors rarely become abusive or violent as a result of the policy.

9. Exceptions

9.1 Staff and visitors to the Trust must never be put at risk from passive smoking and there are therefore no exemptions from this policy.

10. Review

10.1 This policy will be reviewed prior to the implementation to all premises and grounds.

Appendix 1

Smoking Cessation Support

Occupational Health

Call 020 7346 3261 for advice, guidance and referrals.

NHS Smoking Helpline www.givingupsmoking.co.uk

Call 0800 169 0 169 for information on local support

GPs

Your GP will be able to provide you with medical advice and may be able to provide you with smoking cessation aids on prescription

London Ambulance Service NHS TRUST**TRUST BOARD 26th September 2006****Park Royal and Willesden Business Case**

1. Sponsoring Executive Director: Mike Dinan
2. Purpose: For approval
3. Background

In December 2006, the Trust Board approved an Outline Business Case for the relocation of Park Royal and Willesden stations to a more suitable consolidated site. The current sites support 12 Emergency vehicles, PTS and a Fleet workshop.

Category A8 performance for FY2005/06 for the overall St John Wood complex was 72.4%.

A copy of the Full Business Case is available for review.

4. Neasden Lane Site

After an extensive property search, the Trust was unable to find a suitable property to buy in the required area. However, the Trust did find a suitable leasehold location for the A&E and PTS in the required service area.

The property consists of two units at Falcon Park, a small industrial unit in Neasden Lane NW10. Total floor space of the site is 15,000 square feet.

The lease runs to 2015 and will cost £135k per annum in lease costs. For the FY2006/07, the lease costs are estimated to be £45k which includes a rent free period. These costs have been budgeted and will be treated as operating leases.

Subject to the completion of a lease, it is expected that conversion works will start in November 2006 and be completed in February 2007. Capital costs are forecast to be £400k. Staff will then transfer to the new station from Park Royal & Willesden.

Operational modelling shows that the new site would improve local Category A8 performance by 1.2% and Category B14 by 1%.

5. Existing Sites

Both the existing sites at Park Royal and Willesden will continue to be used while the new site is prepared. Both sites will be put for sale as per the original business case once the new site is operational.

Park Royal has an Open Market Value (OMV) of £1,250,000. Willesden has a current OMV of £360k. This value could be increased up to £600k subject to gaining planning permission for residential development.

6. Fleet Workshop

The original Business Case also all included relocating the existing Park Royal workshop in any new facility. The Trust is currently undertaking a Trust-wide strategic review of the workshop function. This review may change the requirements for a workshop in the North West sector.

7. Recommendation

THAT the Trust Board approves:

1. the Lease the identified site in Neasden Lane.
2. the_start and complete the sales process for both the existing Park Royal and the Willesden sites in line with the proposed operating and financial plan.

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 26th September 2006

**Report of the Trust Secretary
Tenders Received**

1. Purpose of Report

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

2. Tenders Received

Register no.	Details of tender:	Tenders Received From
13/06	Tolworth Ambulance Service	Mansell Construction Services Russell Crawberry Neilcotte Special Works Bryen & Langley Ltd

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

3. Recommendations

THAT the Board note this report regarding tenders received.

Christine McMahon
Trust Secretary

