

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 28<sup>th</sup> March 2006 at 10am**

**Jack Disney Room, Union Jack Club, Sandell Street, 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 31<sup>st</sup> January 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 11 Financial Report. Enclosure 4
8. Report of the Medical Director Enclosure 5 & presentation
9. Approve 2006/07 service plan Enclosure 6
10. Approve 2006/07 workforce plan Enclosure 7
11. Approve 2006/07 budget Enclosure 8
12. Estates:
  - Approve Buckhurst Hill Business Case Enclosure 9
  - Note Chairman's Urgent Actions Enclosure 10
13. Standards for Better Health: Final Declaration Enclosure 11 & presentation
14. Service Improvement Plan Update Enclosure 12
15. Report from Trust Secretary on tenders opened since last board meeting & the use of the Trust Seal. Enclosure 13
16. Draft Minutes of the Clinical Governance Committee –16<sup>th</sup> January 2006 Enclosure 14  
*Summary circulated at January Board meeting, minutes now available for information*
17. Dates for Trust Board meetings in 2007 Enclosure 15
18. Any Other Business.
19. Opportunity for Members of the Public to ask Questions.
20. Date and Venue of the Next Trust Board Meeting.  
23<sup>rd</sup> May 2006, 10.00am at 220 Waterloo Road, London SE1



**LONDON AMBULANCE SERVICE**

**TRUST BOARD**

**Tuesday 31<sup>st</sup> January 2006**

**Held in the main meeting room at the LAS offices at 46 Loman Street, SE1**

**Present:**

|                |                 |
|----------------|-----------------|
| Sigurd Reinton | Chairman        |
| Peter Bradley  | Chief Executive |

Non Executive Directors

|                 |                        |
|-----------------|------------------------|
| Barry MacDonald | Non Executive Director |
| Colin Douglas   | Non Executive Director |
| Sarah Waller    | Non Executive Director |
| Beryl Magrath   | Non Executive Director |

Executive Directors

|                 |   |
|-----------------|---|
| Caron Hitchen   | Director of Human Resources & Organisation<br>Development |
| Michael Dinan   | Director of Finance                                       |
| Martin Flaherty | Director of Operations                                    |
| Fionna Moore    | Medical Director  |

**In Attendance:**

|                   |  |
|-------------------|--|
| Peter Suter       | Director of Information Management &<br>Technology |
| Kathy Jones       | Director of Service Development                    |
| David Jervis      | Director of Communications                         |
| Martin Nelhams    | Head of Estates                                    |
| Peter Maullin     | Building Services Engineer                         |
| John Wilkins      | Head of Governance                                 |
| Gary Bassett      | PALS Manager                                       |
| Colin Hill        | Member of the Public                               |
| Malcolm Alexander | Chairman, LAS Patients' Forum                      |
| Bill Marks        | LAS Patients' Forum representative (from<br>11am)  |
| Christine McMahon | Trust Secretary (Minutes)                          |

**01/06     Declarations of Interest**

There were no declarations of interest.

**02/06     Opportunity for Members of the Public to ask Questions**

There were no questions from the member of the public.

**03/06     Minutes of the Meeting held on 29<sup>th</sup> November 2005**

**Agreed:     The minutes of the Board meeting on  
November as a true and accurate record.**

**04/06**      **Matters Arising**

Minute 121/05: *Claims policy and procedure*, the Trust Secretary has verified that the delegated authority to make special payment did not exceed the delegated authority previously agreed by the Trust Board.

**05/06**      **Report of the Chairman**

The Chairman referred to the White Paper issued on 30<sup>th</sup> January “Our Health, Our Care, Our Say”. It emphasised the increasing importance of primary care services. Though there was little reference to the Ambulance Service, the intention to strengthen primary care was welcomed by the Chairman.

The picture regarding ‘Commissioning a Patient Led NHS’ remains broadly the same as at the time of the last board meeting. It was anticipated that the forthcoming appointment of senior figures in the new Strategic Health Authorities will bring a degree of clarity. For example, John Bacon has been appointed Transitional Director for the London Strategic Health Authority.

The Department of Health is being reorganised and two new posts at the most senior level are being created: Director of Commissioning and Performance, and Director of Provider Development. The Chairman commented that this clearly signals the Government’s intention to separate the payor and the provider functions in the NHS. Sir Ian Carruthers has been appointed, on a temporary basis, Director of Commissioning and Performance.

The Chairman was pleased to report that the interviews for the two vacant Non-Executive Director posts have been concluded. The Panel, chaired by Professor Mary Archer, has made its recommendations to the Appointments Commission. An announcement is expected from the Appointments Commission in mid-February. In recognition that Colin Douglas will be completing his third and final term with the Trust Board in March 2006, it has been proposed that one of the successful candidates be invited to join the Trust Board as an Associate Non-Executive, with the expectation that s/he will be appointed a permanent member in April.

**Noted:            The Chairman’s report.**

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

The Chief Executive highlighted the following from his report:

The year to date demand has increased by 4%, though unusually in December, demand fell by 1.5%. The Board was informed that currently the performance for Category A 8 minute is 73.7% and is 94.5% for Category A 14 minute.

The Board was informed that staffing during the Christmas period was very difficult for the Trust. In order to pro-actively manage performance the Gold Suite is operating 24/7, using real time performance information to maximise performance across the Trust.

The Chief Executive said that, despite this, he was confident that the 75% target for Category A8 minute, the 95% Category A 14 minute and the 70% Category A performance by Primary Care Trust (PCT) can still be achieved.

In order to achieve the Category A8 minute target it will be necessary to achieve 80-81% for the remainder of the year. Work is being undertaken with the Patient's Report Forms (PRF) to identify when the performance targets were achieved but not properly recorded; this may be done retrospectively to April 2005. The Board was assured that this review will be undertaken in an ethically and legally proper manner, and that it had the support of the PCTs and the SHA.

Other noteworthy events during December and January included the opening of the Urgent Operations Centre, and the opening of the refurbished Rotherhithe and Streatham Ambulance Stations.

A number of members of staff were honoured in the New Year's Honours List; including the Director of Operations, who received an OBE.

PTS has successfully won a contract to provide patient transport services for Bromley PCT.

The review of the Trust's response to the multiple bombings in London on 7<sup>th</sup> July has been completed; the identified changes to procedures and processes are being implemented so as to improve the Trust's resilience should there be another terrorist attack.

The annual Staff Survey has been completed. The response this year was disappointing with only 36% of staff completing the questionnaire. A low response rate was expected given the widespread dissatisfaction with Agenda for Change (AfC).

Sickness levels have risen: 7.7% for the Trust as a whole (8.4% for A&E). Work is underway to see what can be done to reduce absence levels.

The Board was informed that there has been an adverse reaction to Emergency Medical Technicians' January payslips. When Paramedics were paid their AfC arrears in December 2005 complaints were received that there was not enough detail. In response the January payslips for the Emergency Medical Technicians contained detailed information on how their back pay was calculated. This led to a misunderstanding with staff as some thought they had been underpaid which contributed to a decline in performance on 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> January. SMG held an urgent meeting on 30<sup>th</sup> January and a communiqué was issued to staff clarifying the issue. The Trade Unions were equally robust in their positive response to this matter.

The Board was informed that the Trust has yet to receive the £13m CBRN and terrorist resistance. John Bacon and Sir Nigel Crisp were expected to meet today (31<sup>st</sup> January 2006) and one of the items being discussed would be the money owed to the LAS. The Chief Executive was confident that the money will be received.

There followed a discussion of what would happen if the money is not forthcoming. Instead of delivering a small surplus as planned,

the Trust would be thrown into deficit, since (a) the funds concerned have been spent in good faith based on assurances received from ministers and the department and (b) the only measures capable of delivering any significant cost savings in the time remaining of this financial year (such as stopping all overtime) would have an immediate and dramatic effect on patient care. The Board urged the Chief Executive to examine again all possible means of reducing cost without affecting patient safety but resolved to continue to operate on the basis that the funds will be forthcoming, even if that means going into deficit in the event they are not. **ACTION: Chief Executive**

Any deficit would, under current rules, have to be recovered fully in the following year. This could, in the extreme case, lead to the Trust having to cut its budget for next year by £13m. The Chairman and the Non Executive Directors noted that they would have to consider their position if this were to happen.

*Communications:* the communications department has been busy managing media enquires regarding the recent Jordan inquest; the 7<sup>th</sup> July bombings and a visit by Lord Warner on 30<sup>th</sup> January 2006.

*Healthcare Commission:* the Trust will be visited by Healthcare Commission inspectors' on 7<sup>th</sup> February. Five of the Standards for Better Health will be reviewed; these include Standards 14c, 1a, 17, 21 and 22a. They relate to Complaints, Patient Safety, Patient and Public Involvement, Infection Control and Incident Reporting.

*Post meeting note. Feedback from the Healthcare Commission will be given to the Trust on 28<sup>th</sup> February.*

*NHSLA:* following the assessment conducted on 23<sup>rd</sup> and 24<sup>th</sup> January the Trust retained its Level 2 management standard for pre-hospital care. Further work is required before Level 3 can be attained; an action plan is being drafted to ensure success when the Trust is re-assessed.

*Complaints:* between April and December 2005 the Trust received 400 complaints. The top three issues were attitude and behaviour, non-conveyance and the prioritisation of green calls. The Professional Standards Unit (PSU) is currently being reviewed and a report will be presented to the Trust Board in due course.

**ACTION: Chief Executive**

*Ambulance Service reconfiguration:* the Board was informed that interviews are taking place for the post of Chief Executives of the ten reconfigured Ambulance Services. The LAS Chief Executive in his role as Ambulance Adviser will be a member of the interviewing panels.

*Travel:* The Board was asked to approve the following requests for travel outside the EEC:

- In March 2006 the Deputy Director of HR and Superintendent Control Services to attend a conference in Massachusetts, USA in March 2006 as part of the MSc – 'Leadership through effective HR management' that they are undergoing. The cost to the Trust is £1,200 per person.

- In March five members of staff have requested to travel to the JEMS conference being held in Maryland, USA. The cost will be £4,500 in total.
- The Director of Operations has been invited by the Hong Kong Fire Service to speak at a conference on the 14<sup>th</sup> February regarding the Trust's experience of the London bombings on 7<sup>th</sup> July 2005. The cost of the trip will be met by the Hong Kong Fire Service.

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Barry McDonald commended the improvements to the call taking process in the Emergency Operations Centre (EOC), the increased calls being handled by Clinical Telephone Advisers (CTA) and the good news that PTS had been awarded the Bromley PCT contract. He and Sarah Waller were surprised to see that PTS was tendering for new mail delivery business. The Finance Director thought this was an error but would confirm. **ACTION: Finance Director.**

In response to a query from Beryl Magrath it was confirmed that when PTS staff accompany A&E staff, it is A&E staff that undertake any 'blue light' driving. Some members of PTS staff have been trained in driving using blue lights.

The HR Director confirmed that some Agenda for Change (AfC) payment was still due to staff. This relates to the one and half hours difference between their continuing 39 hour week and the AfC working week of 37.5 which amounts to £500-£800 per person.

The Board was pleased the sickness rate for EOC was declining (currently 7.34%) in response to focused management attention. The Chairman requested that when information is presented to the Board the previous year's statistics are included so as to enable a comparison to be made. **ACTION: Chief Executive.**

The HR Director informed the Chairman of the Patients' Forum that additional staff were currently being recruited and were expected to be in post from March 2006. He was also assured that the terms of reference for the PSU review included consultation of stakeholders, which included the Patients' Forum.

The Board was informed that the Patients' Forum had contacted a number of Patient Transport providers requesting information on their quality standards. With the exception of Thames Ambulance Service, the majority of organisations refused to provide the information. The Patients' Forum will be pursuing their enquiries directly with the contracting Trusts, if necessary making their requests through the mechanism of the Freedom of Information.

The Finance Director confirmed that the expanding Emergency Care Practitioner (ECP) programme is fully funded with contracting Primary Care Trusts (PCTs) agreeing to fund 75% of the revenue costs and 100% of the capital costs in advance.

**Agreed: 1. To approve travel for the Deputy Director of HR and Superintendent Control Services to attend a conference in Massachusetts, USA in March 2006.**

2. To approve travel for five members of staff to attend JEMs conference being held in Maryland, USA in March 2006.
  3. To approve the Director of Operations travelling to Hong Kong in February 2006.
- Noted:
4. That the information presented to the Trust Board should contain past performance figures to enable a comparison to be made.
  5. The Chief Executive's report.

**07/06 Report of the Director of Finance– Month 9 Financial Report**

The Finance Director presented the month 9 financial report. It was reported that in month 9 expenditure was £1.7m greater than income and for month 9 the Trust was £700,000 above budget which was expected. A surplus of £250,000 is forecast based on receiving the outstanding £13m funding. Within the forecast, the Trust is on track to achieve £2m efficiency savings.

The Board was informed that double time will continue to be paid for overtime worked at weekends by Bank staff. Bank operates under separate terms and conditions to that of AfC and until Bank staff are fully assimilated it is permissible to pay double time for overtime. It is expected that the increase in the workforce during 2006 will decrease the reliance on overtime being worked.

The Finance Director explained that the overspend in A&E was largely offset by underspends in the Corporate Support functions. Accident and Emergency was overspent due to additional overtime expenditure.

*PTS:* the year to date position is a loss of £0.5m. There has been an improvement in the profitability of the PTS contracts as only five continue to be unprofitable compared with the last reported position of twelve. Further work is being undertaken on those five contracts to improve profitability. There is also some work being undertaken regarding the cross charging of central services to A&E. PTS' use of third party transport remains high and is being closely monitored. A decision is expected regarding the £500,000 in arbitration; a favourable decision is expected as PTS have been commended for submitting a strong, detailed case.

PTS was recently awarded the Bromley PCT contract for 3 years with the right to extend for a further two; the contract is expected to make a contribution of 10%. The Board was assured that the transfer of staff and assets from the current providers, St Johns Ambulance, will be undertaken in a professional manner. The contract will be finalised in the next 2-3 weeks.

*Accidental damage:* the year to date cost is £900,000. The results for December were excellent as the average cost was down £2,000. Further work is being undertaken to extract information from DATIX, fleet plan workshop and Integra so as to get the full picture. The frequency of accidents is 1 per 490 activations (December's figure was 1:980).



*Aged debtors:* following good work being done on debt collection PTS has the lowest aged debt figure to date. There has been no problem experienced receiving A&E funding.

Transfer of Tottenham AS: the Board was asked to agree that the site be transferred to the LAS to rectify a nine year oversight. Though the property was not originally transferred when the Trust was set up, this was not picked up by 2 district valuations and 9 external audits. There is no material cash flow or capital impact as a result of the transfer.

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

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

**Agreed:**

- 1. The transfer of Tottenham AS from the Secretary of State for Health to the London Ambulance Service NHS Trust.**
- 2. To the purchase of 29 vehicles in 2006/07. Full Board approval for the balance of the vehicles required will be sought once both ORH analysis and the Trust budget have been agreed.**

**Noted:**

- 3. The report**

## **08/06 Report of the Medical Director**

The Medical Director highlighted the following from her report:

The Chief Executive's annual consultation meetings have been completed. At each consultation meeting the Medical Director gave a presentation on clinical issues. The Medical Director highlighted what was done well and what areas needed to be improved; she highlighted the identification of mental health issues and documentation in her presentation. Increased demand, over prioritisation of Category A calls and issues around maternity cases were subjects raised by staff.

Morphine has been rolled out to 23 out of 25 complexes; as some complexes have felt they could not ensure the proper management processes were in place they have deferred receiving morphine for the time being.

With effect from May 2006 the following drugs will be introduced: amiodarone, hydrocortisone, oramorph and chlorphenamine.

A standard protocol has been negotiated with 9 participating centres for patients with ST elevation myocardial infarction. Two centres

which currently offer limited hours will open 24/7 from April 2006. This represents a significant improvement in care for patients.

The revised European Resuscitation Council and Resuscitation Council (UK) guidelines were issued on 28<sup>th</sup> November 2005; work is being undertaken to ensure that all London Trusts implement the new guidelines with effect from 1<sup>st</sup> April 2006. The new guidelines change the balance between compressions and ventilation in CPR. Meeting the deadline will be a challenge as all Automated External Defibrillators need to be re-programmed. The Medical Director circulated the information that is being given to operational staff with regard to 2006 Resuscitation guidelines.

*Jordan Inquest:* An Inquest was held on 10<sup>th</sup> January 2006 into the death of a 28 year old man in an ambulance whilst in police custody. Mr Jordan suffered with paranoid schizophrenia. The Inquest Jury was critical of the Mental Health Team and the Police. The Jury was also critical of the actions of the LAS crew with regard to positioning, oxygen administration and their failure to realise that the patient was declining rapidly. Work is being undertaken to highlight the dangers of Positional Asphyxia to staff via Routine Information Bulletin (RIB) and the Pulse. The next version of the Resuscitation Guidelines will include information regarding Positional Asphyxia. There has been some media interest, primarily from the local area.

The Board's attention was drawn to the summaries of two clinical audits: (1) summary findings of the ASA/JRCALC national out of hospital cardiac arrest project 2004. (16% of cardiac arrests occurred in London); and (2) the executive summary of the Annual Clinical Audit of the Quality of Patient Report Form Documentation. Though in general the standards of completion were high there were some areas for concern and these have been fed back to the relevant complex management teams.

The Trust's Risk Register is being reformatted so as to enable it to be a more useful tool in the management of risk.

*Access:* work is being undertaken by the Patient and Public Involvement Committee, the LAS Patients' Forum and the Royal National Institute for the Deaf People (RNID) to improve access for deaf people to the Service

*Make Ready* will be fully rolled out by March 2006; there is a demonstrable improvement in the cleanliness of vehicles and in the amounts of infectious bacteria found on the vehicles.

*Public Health:* plans are being developed in the event of a pandemic, working closely with the Health Protection Agency.

In January a representative from the Emergency Planning Unit attended a meeting of the London Emergency Medical Consultants to seek their views on the new Department of Health guidelines on major incidence management and the deployment of Medical Incident Officers and Medical Emergency Response Teams.

*Travel:* The Board was asked to approve travel for four senior managers to attend European Resuscitation Congress in Stavanger in May 2006. The cost of attending the conference will be met by

Laerdal with whom the Service undertook the international 'SISTER' project.

The Chairman of the Patients' Forum enquired about the findings of the Jordan Inquest. He was informed that Mr Jordan had not been handcuffed whilst in the ambulance; that he had been transported in a prone position, which in retrospect was not the right decision as it did not optimise ventilation or allow the crew to properly monitor his vital signs. Work is in hand to have a written policy with regard to the transportation of all patients when the Police are involved. The policy will highlight particular issues with the transport of mental health patients.

The Chairman felt there was also an issue regarding crews being sufficiently assertive with the Police. There are occasions when crews defer inappropriately to the Police and it needs to be reinforced that they are clinically responsible for what occurs in the ambulance. It was recognised that the patient in question was a significant size (18 stone) and was known to be violent, both facts that were a factor in his management by the Police.

The Medical Director thought that it had been a very difficult case. The head injury sustained by the patient in the scuffle that had taken place in the house prior to his transportation in the ambulance was thought by the crew to have led to his decreased consciousness level and to increased hypoxia.

In reply to a question from the Chairman of the Patients' Forum the Director of Communications confirmed that the Trust had no immediate plans to launch another cardiac campaign similar to that of the 'Live or Let Die'.

The Medical Director confirmed that all defibrillators will need to be reprogrammed in light of the new resuscitation guidelines – including those in public places. It was reported that the manufacturer, Laerdal, has been very helpful with the necessary re-programming.

The Medical Director also confirmed that the Continuing Professional Development course has not been halted in light of the recent operational difficulties though there has been a decrease in the number of courses being run. It is intended that from April 2006 the programme will resume 'full steam ahead'.

Beryl Magrath commented that the bacterial counts obtained from the Make Ready scheme were 'fantastic'. With regard to the research undertaken into PRFs it is clear that particular complexes have particular problems which need to be followed up.

- Agreed:**
- 1. To approve implementation of the revised Resuscitation Council (UK) guidelines with effect from April 2006.**
  - 2. To give permission for four members of staff to travel to Stavanger in May 2006.**
- Noted:**
- 3. The report**

**09/06**      **Draft Governance and risk management arrangements**

Beryl Magrath presented her initial proposal for a review of the Trust's governance and risk management arrangements.

The review was an extensive piece of work and the process undertaken was extremely rigorous. One of the aims of the review is to ensure that the Trust has the necessary governance arrangements in place to meet the requirements of external inspections as part of its day-to-day operations. The Chairman of the Patients' Forum was assured that the Forum's access to the new committee structure will be considered as part of the review.

**Noted:**

- 1. The draft proposal for a revision to the Trust's governance and risk management arrangement.**
- 2. That the SDC will consider the implications of the review when it meets in February 2006 and the Trust Board will make a final decision when it meets in March 2006.**

**10/06**      **Business Continuity Policy**

The Finance Director presented the Business Continuity Policy for the Board's approval. The Policy will be a 'live' document. There will be regular meetings of the Business Continuity Steering Group to ensure the Trust's capacity and capability to ensure business continuity.

**Agreed:**      **To approve the Business Continuity Policy.**

**11/06**      **Review workforce plan**

The HR Director presented a preliminary draft of the 2006/07 workforce plan for the Board's attention. The additional work on long term workforce planning is an integral part of the Trust's seven year plan. A final workforce plan for 2006/07 (in conjunction with the Trust's 2006/07 service plan and budget) will be presented to the Board in March 2006

Colin Douglas was assured that every effort will be made to improve the diversity of the workforce. The Chairman requested that when the plan is re-presented it includes details of staff types so as to enable the Board to monitor progress. **ACTION: HR Director**

Sarah Waller asked that any tolerance factor in the plan be made explicit. **ACTION: HR Director.**

In reply to a question from Beryl Magrath it was confirmed that the ECPs are included within the A&E workforce plan.

**Noted:**      **The preliminary plan and that a final 7 year workforce plan will be presented in May 2006.**

**12/06**      **Update Seven Year Plan**

The Director of Service Development gave a brief update on the progress in developing the next seven year plan.

She reminded the Board of the process so far, which has led to the identification of the six aspirations of the plan: (1) an accessible service that (2) responds appropriately; (3) remains focussed on delivery; (4) engages its patients and partners, (5) provides greater options to patients and (6) has a culture built on our critical values.

Many staff have since been involved in developing projects to enable the achievement of the aspirations which could be grouped into five programme areas, each of which will be led by a Director. These are:

1. Access and Connecting (the LAS) For Health;
2. Operational Model: strategy for responding;
3. Organisation Development & People;
4. Partnership & Communications and
5. Governance & Corporate Processes.

The following practical steps are being taken to finalise the plan: communicating with external and internal stakeholders; developing projects and budget bids; making decisions regarding timings; dependencies and affordability; scheduling the programme; creating a detailed plan for year one (2006/07) and developing a communication plan.

A draft service plan for 2006/07 will be presented to the Service Development Committee in February with further discussion at the SDC away day on 25 April 2006. The Trust Board in May will be asked to approve the service plan and the plan will be launched at the Patient Care Conference on 24 July 2006.

The Board was informed that there will be multimedia version of the seven year plan on the Trust's web site in due course.  
**ACTION: Director of Information Management & Technology.**

The Director of Service Development undertook to circulate a paper copy of the next draft to the Trust Board. **ACTION: Director of Service Development.**

The Chief Executive informed the Board that a review of the Service Improvement Plan will be presented to the Trust Board, outlining the achievements of the SIP and the lessons learnt.  
**ACTION: Chief Executive**

**Noted: The report**

## **13/06 Estates Update**

The Head of Estates and Building Services Engineer presented an update on developments in the Estates department. A new web-based maintenance system has been introduced which will enable designated officers to report repairs with the history of repairs available for interrogation (when reported, prioritised and actioned).

*Capital projects update:* the Head of Estates outlined the work undertaken during the last 12 months which included: the opening of 2 satellite stations (Galleons' Reach and Hillingdon); three applications for planning permission being lodged and negotiations being undertaken with regard to four other sites.

An outline business case is being finalised for Buckhurst Hill and will be presented to the Trust Board in March 2006.

Sarah Waller asked whether it was possible for the ambulance station buildings to be more attractive; the Head of Estates stated that the buildings are built in line with the requirements of planning regulations and there is very little scope for variation.

The Chief Executive thanked the Head of Estates and his team for their efforts in 2005/06; he has highlighted the work undertaken by the Estates team during his recent consultation meetings.

**Noted: The update from the Estates department on the work undertaken in 2005/06.**

**14/06 Patient Advice and Liaison Service (PALS)**

The Director of Communications presented a report outlining the activities of the Patient Advice and Liaison Service. During 2005 the PALS team have handled 11,000 enquires, helping locate lost property and assisting with frequent users of the ambulance service.

As dealing with enquires regarding lost property has been very time consuming, a successful trial of a patient's property bag was undertaken by crews at Hillingdon AS. Work is being undertaken to cost the roll out of the patients' property bag across the Trust.

The work undertaken with frequent users by the PALS team is perhaps the most significant for the Trust as a whole, because of the potential impact it has on the use of the Service's resources. To date work has been undertaken with 138 frequent users (as outlined in the report); this is an area which will continue to require a lot of attention from the PALS team.

There have been 112 enquiries received that have referred to the Freedom of Information though only six may be reasonably be held to have been made under the terms of the Act. Some enquiries have required significant resources, in particular a request from the BBC for information concerning the Trust's response to the terrorist attack on 7<sup>th</sup> July 2005.

In reply to a question from the Patient Forum's representative the PALS Manager confirmed that if someone called expressing dissatisfaction with the service s/he had received from the LAS, the PALS team would either try to resolve the issue or explain that there is a complaints procedure and how to access it.

The Board expressed its appreciation for the work undertaken by the PALS team.

**Noted: The report**

**15/06 Quarterly report re. Assurance Framework**

The Finance Director apologised as the wrong report had been attached and the correct report will be circulated between meetings or presented to the SDC in February.

**Noted: That the report will be presented in due course.**

**16/06**      **Report from the Trust Secretary on tenders opened since last board meeting**

**Register no.    Details of tender:**

|       |   |  |
|-------|---|--|
| 19/05 | Provision of Information Technology Infrastructure Library (ITIL) compliant service desk software | Front Range Solutions Computacenter Hornbill   |
| 01/06 | Works at St Andrews House, Bow  | TL Granby Plc Coniston Mitie Property Services |

**Noted:**            **The report**

**17/06**      **Draft Audit Committee minutes – 5<sup>th</sup> December 2005**

- Noted:**
- 1. That the Audit Committee discussed the new Audit Handbook.**
  - 2. That the Audit Committee had received a presentation regarding Auditors Local Evaluation (ALE) from the Audit Commission.**
  - 3. The draft minutes of the Audit Committee’s December meeting.**

**18/06**      **Draft Risk Management Committee minutes – 5<sup>th</sup> December 2005**

- Noted:**
- 1. That the Risk Management Committee discussed the format of the risk register which is being revised and will be considered when the Committee meets again on 20<sup>th</sup> March 2006.**
  - 2. That the Committee had commented on the pleasing downward trend in all categories of claims sustained.**
  - 3. The draft minutes of the Risk Management Committee held in December 2005.**

**19/06**      **Draft Service Development Committee minutes – 20<sup>th</sup> December 2005**

**Noted:**            **The draft minutes of the SDC’s December meeting.**

**20/06**      **Summary of the Clinical Governance Committee minutes – 16<sup>th</sup> January 2006.**

**Noted:**            **The summary of the minutes of the Clinical Governance meeting which took place on 16<sup>th</sup>**

**January. The full minutes will be circulated as soon as possible. ACTION: Trust Secretary.**

**21/06 Any Other Business**

The Patients' Forum representative asked about the proposed 'Barts' and the Royal London PFI project which may have a detrimental effect on HEMS. The Chief Executive responded that he was not concerned; if necessary HEMS could operate out of another hospital. In response to a question from the Forum Representative regarding the Thames Gateway development the Chief Executive confirmed that the LAS is actively involved in discussions concerning that development.

In response to a question from Beryl Magrath it was confirmed that staff are no longer able to access the 'big white taxi' web site from LAS computers and there is no plan to take any further action.

**22/06 Opportunity for Members of the Public to ask Questions**

In response to a question from Colin Hill the Chairman explained that the Board had met in Loman Street as the conference room at LAS HQ is being used by the Gold Control team. If possible the Board will hold its next meeting at the LAS headquarters on 28<sup>th</sup> March 2006.

**23/06 Date and Venue of the next Trust Board Meeting**

Tuesday 28<sup>th</sup> March 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

Meeting concluded at 1.10pm



**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD  
Part II****Summary of discussions held on 31<sup>st</sup> January 2006****Held in the Burns Room, Union Jack Club, Sandell Street, London SE1**

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

On the 31<sup>st</sup> January 2006 in Part II the Trust Board briefly discussed:

- the progress of 2006/07 funding negotiations with the Trust's Commissioners;
- the receipt of an enquiry from a BBC reporter under the Freedom of Information Act regarding the Trust's response to the terrorist attacks on 7<sup>th</sup> July 2005. Acting within the spirit of the Act the Trust provided 18 documents to the reporter. Where necessary the Trust applied exemptions permitted under the Freedom of Information Act so as to ensure that London's future safety was not compromised.
- Agenda for Change, the impact that it has had on the organisation and the hope was expressed that matters will now settle down.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING 28 MARCH 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.

|            | CAT A 8 | CAT A 14 | CAT B 14 | Urgent within 15 mins of STA |
|------------|---------|----------|----------|------------------------------|
| Standard   | 75%     | 95%      | 95%      | 95%                          |
| YTD*       | 74.7%   | 94.9%    | 74.0%    | 51.2%                        |
| 04/05 year | 76.6%   | 95.9%    | 79.7%    | 58.1%                        |
| 03/04 year | 76%     | 89.3%    | 77.6%    | 50%                          |

\*As of 20<sup>th</sup> March 2006

**Key highlights**

- i. We remain on target to reach the 75% A8 target and the 95% A14 target for the 2005/6 financial year.**
- ii. We continue to input data for March which as of the 20<sup>th</sup> is running at circa 77% once all the final data is entered.
- iii. Final A8 performance for December was 72.6%, January 76.7% and February 74.1%.
- iv. Emergency responses rose in February to an average of 2430 per day which is 4.6% up on the same month last year. The first three weeks of the months proved to be some of the busiest the service has ever seen with over 18000 responses in each week.
- v. The year to date activity figure (Apr05- Feb06) is +3.7 % compared with the same period last year.
- vi. Resourcing has remained particularly challenging and in general overtime uptake has remained considerably below the levels worked in the previous year. Once again the fact that front line staff received further AfC arrears payments at the end of February has impacted on willingness to work overtime.
- vii. Recovery plans as outlined in the previous TB report continue to be progressed and this report contains a short update on these initiatives.
- viii. Real time performance management continues to be achieved through the 'GOLD' suite and the hours of this unit have been extended to provide a 24/7 operation. A GOLD level officer is now in place for 16hrs per day.

- ix. Technical difficulties with both the control room software (CTAK) and the Mobile Data Terminals led to some performance loss in February. Periodic unavailability of both systems led to manual call taking and radio/telephone transmission of emergency calls.
- x. A&E sickness levels have risen since December and management teams are focussed on improving this situation during March and April.
- xi. PCT performance has recovered in many areas and there are now only three PCT areas where performance is below 70% for the year as a whole and in two of these we expect to be able to increase performance to 70% by the end of March.
- xii. We continue to be focussed principally on CAT A performance recovery and detailed discussions with SWLHA continue in order to share our recovery plans and keep them informed as to progress.

## **1.2 Performance Recovery**

The range of activities reported to the Board in January to improve performance have all been progressed with one exception.

The initiative to move FRUs progressively back to Sector desks was reliant on a complex software change which was due to be ready for introduction on 28<sup>th</sup> February. In the final stages of user testing some problems were found which could not be eradicated in time for the February launch date. A decision was then taken not to attempt to introduce the changes during the final weeks of March due to the risks of destabilising performance.

The software will now be introduced in a phased roll out at the end of April which should then allow us to realise the performance gains associated with a reduction in multiple responses

In preparation for the final weeks of March an additional detailed list of operational actions was implemented by the A&E Senior Team. This is monitored weekly and some of the key initiatives include:

- Absolute focus on the staffing and operation of the FRU desk including twice daily briefings of the teams involved. Transparent measures of each team's performance have been introduced and we are attempting to improve activation of FRUs still further by scanning incoming calls and allocating likely CAT A calls before the final AMPDS determinants are known.
- Further increases in FRU staffing wherever possible and targeting of these to high workload complexes.
- Focussing on gaining maximum performance during the early hours of the morning to provide a performance cushion at the start of the busy periods from 0700 onwards.

- Asking complexes to find ways of reducing the traditional fall in performance at the 1900 shift changeover by providing extra managerial resources to cover this period and by staggering shift changeover times wherever possible.

### **1.3 Resourcing**

Following on from the significant difficulties in December, resourcing in January and February has shown a slight improvement. There are still significant A&E vacancies in the system, although the 160 staff currently in our training centres will gradually impact upon and improve this situation over the coming months.

The activation of the REAP plan at the end of December and the cancellation of non-essential training, abstractions and meetings, has certainly helped the situation but the number of staff reporting sick each day with short-term sickness, continues to impact upon cover. In addition demand for annual leave is high as this is traditionally the time of the year when staff tend to use their outstanding annual leave before the end of the leave year.

There has been some small improvement in the numbers of staff coming forward to work overtime, however the overall levels are significantly down on previous years. For example, January 2006 was 3000 hours down on 2005 and February 2006 saw a decrease of 7000 hours compared to 2005.

### **1.4 Emergency Operations Centre**

The EOC has responded exceptionally well to the performance challenges over the last two months. The Fast Response Desk (FRU Desk) has received a specific focus as described above, staffing has been increased to five and the desk has been split to allow each allocator to take responsibility for a smaller number of vehicles.

ADO John Hopson is holding daily performance meetings with EOC managers and EMD's to ensure the focus remains on all aspects of EOC performance.

Recruitment continues to be on track with 13 new staff starting their training in March. Close attention is being paid to attendance management given the rise in sickness over the winter months.

Call Answering performance fell in February and the first part of March due to a number of factors. The principle issue was a workload increase in February coupled with some technical failures which then led to longer call process times and poor call answering performance. The periodic loss of the CTAK system in EOC coupled with a failure of the Met Police CAD link from Monday 27<sup>th</sup> February to the early hours of the 2<sup>nd</sup> March also had an impact.

In addition, the focus in March has undoubtedly been more on despatch and this has also impacted on call answering performance. There has been some recovery in the week ending 19<sup>th</sup> March with 5 second answering performance

back to 85.3% and Doctors Urgents back to 80.3%. There has also been a reduction in long answering delays to 1.5%.

## **1.5 Urgent Operations Centre**

The Urgent Operations Centre continues to function well with some considerable benefits being realised through co-location.

Calls transferred from core fleet to PTS Central Services have increased by around 500% (to in excess of 300 per month), freeing up frontline ambulances to concentrate on emergency performance.

Since moving to PSIAM decision support software in December CTA has gone from strength to strength, now assessing in excess of 5,000 calls per month by telephone (previously c2,200). This equates to around half of all green calls. 50% of calls assessed by CTA result in no core resource attending, with additional benefits to be gained in future through an increase in capacity within the Urgent Care fleet.

Improvements in efficiency on the Urgent Care desk have seen both EMT1 and Whitework utilisation increase, despite a continued reduction in staff availability due to career progression to EMT2. This will be further addressed in the new financial year with a significant management restructure across Control Services.

A pilot has been approved by the Senior Management Group that will see the newly appointed Bromley PTS Contract staff offering their spare capacity to Urgent Care. This will be supplemented by additional training and offers the potential to provide an alternative to the EMT1 role at minimal additional cost to the Trust.

## **2. PATIENT TRANSPORT SERVICE**

### **Management Changes**

Mike Dinan has now taken executive responsibility for PTS. Nic Daw has been asked to act as PTS Head of Modernisation and Performance, reporting into Mike. Ian Todd will act as A&E liaison with PTS to develop a better alignment between the two operations.

### **Commercial**

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

We were unsuccessful on both the Lewisham and St Georges bids. We are following up as to the reasons why.

The Bromley contract is still on track to start on April 1 2006. A trial is being developed to better combine Urgent Care and PTS operations using the resource available as part of this contract.

### **Operations**

Hospital arrival time has improved from 74.6% to 83.2%. It is still below the target of 88% for February. Further analysis is being undertaken to address why. Hospital departure time has improved from 85% to 88.1% and is on target. Patient time on PTS vehicle has been maintained at an average of 93% which is on target.

PTS Operations continue to work closely with A&E Gold Suite to support mainstream A&E operations.

## **3. HUMAN RESOURCES**

### **Agenda for Change**

The AfC implementation position (as at 17<sup>th</sup> March 2006) is:

- Assimilated 3145 (81 %)
- Assimilation data with Payroll 444 (12%)
- Staff on local contracts to whom offers will be sent 261 (7%)

The Trust's capacity to assimilate staff in March has been somewhat compromised by the requirement imposed on a number of key Payroll staff to shift their priorities to the implementation of Electronic Staff Records (ESR). The Trust has taken all steps possible to mitigate the effects of these conflicting demands and has introduced a number of temporary staff to assist. All efforts are being applied to assimilating the 444 staff in March (while conducting the mandatory ESR Local Service Testing). However, it may not be possible to complete all (ie unforeseen absence, system disruption). All LAS staff will be assimilated by May 2006.

### **Electronic Staff Records (ESR)**

The ESR project is currently in the implementation phase which commenced in November and will complete at Go Live on the 10th of July 2006. During the implementation of the project a series of gateway reviews have to be passed to ensure that the national business requirements are being delivered and enable progression to the next stage of the project. The LAS have currently passed through two gateway reviews with a further two to be completed prior to Go Live.

The LAS project is currently on target within the timescales of the project plan and progressing through the first phase of local system testing. However regular changes to the project plan have been made by McKesson (ESR software provider) which is putting increasing pressure on the LAS to stay

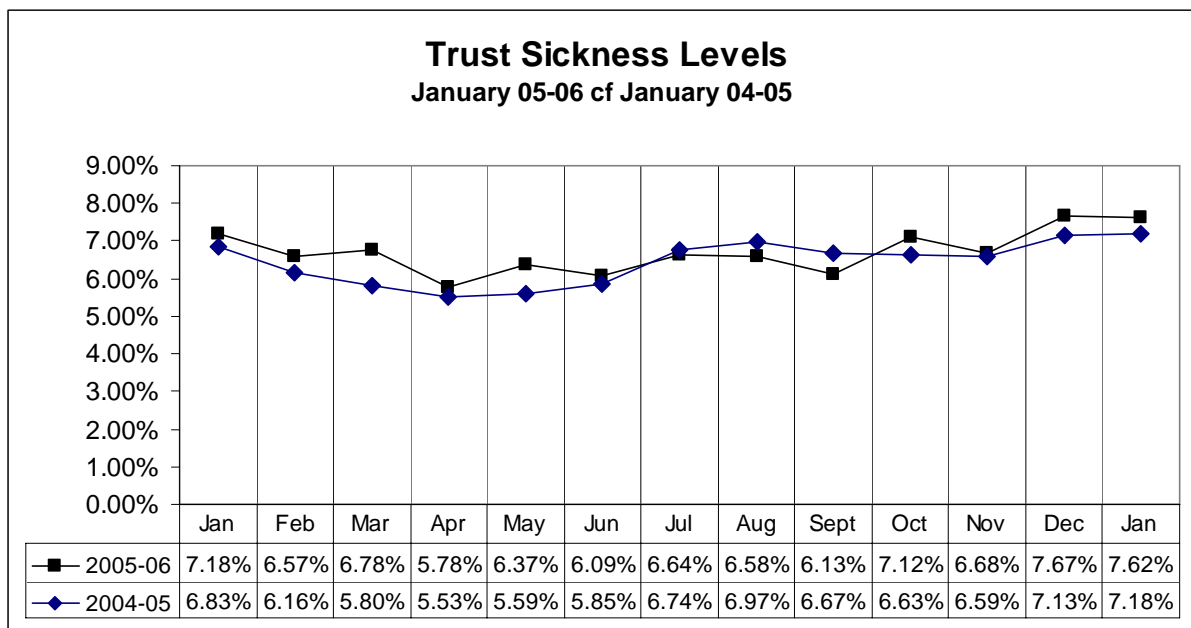
within the project timeframes. This along with increasing resource pressure as the project progresses towards go live and continuing resource requirements for Agenda for Change is presenting particular challenge at present.

Local System Testing will be completed on the 31st of March followed by end User Testing commencing in May. The testing phases enable the end of year balances, flat payroll and a sample set payroll to be tested in ESR against the legacy system results in addition to the general ledger interface, recruitment and HR test scripts and data scenarios. This will ensure that all data will be loaded into ESR correctly and all system processes can be run to ensure business as usual state at go live.

Due to the extremely tight timescales for implementation against the national project plan, the key priority for Go Live in July will be an accurate and successful payroll. Benefits from the introduction of ESR are being identified as we undertake the range of process mapping exercises with benefits realization focused on the post go live period.

### Attendance Management

The sickness levels for the year up to January 2006, and compared with the same period for the previous year, are shown below. Sickness levels have remained relatively the same as in the previous month but are slightly higher than the same period last year.



| <b>Jan 06 Absence</b> |              |
|-----------------------|--------------|
| <b>Staff Group</b>    | <b>%</b>     |
| A & E                 | 7.99%        |
| EOC (Watch Staff)     | 8.66%        |
| PTS                   | 5.49%        |
| A & C                 | 6.84%        |
| SMP                   | 3.39%        |
| Fleet                 | 5.57%        |
| <b>Total (Trust)</b>  | <b>7.62%</b> |

### **Workforce Information**

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

Table 1 (overleaf) shows progress against the trajectory for staff in-post as at January 2006. We continue to be successful in our recruitment efforts and as reported previously to the Trust Board will begin to see significant numbers of trainees joining the operational workforce by May 2006.

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

Table 2 (overleaf) shows progress against the trajectory for staff in-post against agreed establishment demonstrating achievement to plan.



**Table 1**

**2005/06 A&E Crew Staff Numbers (at Month End)**

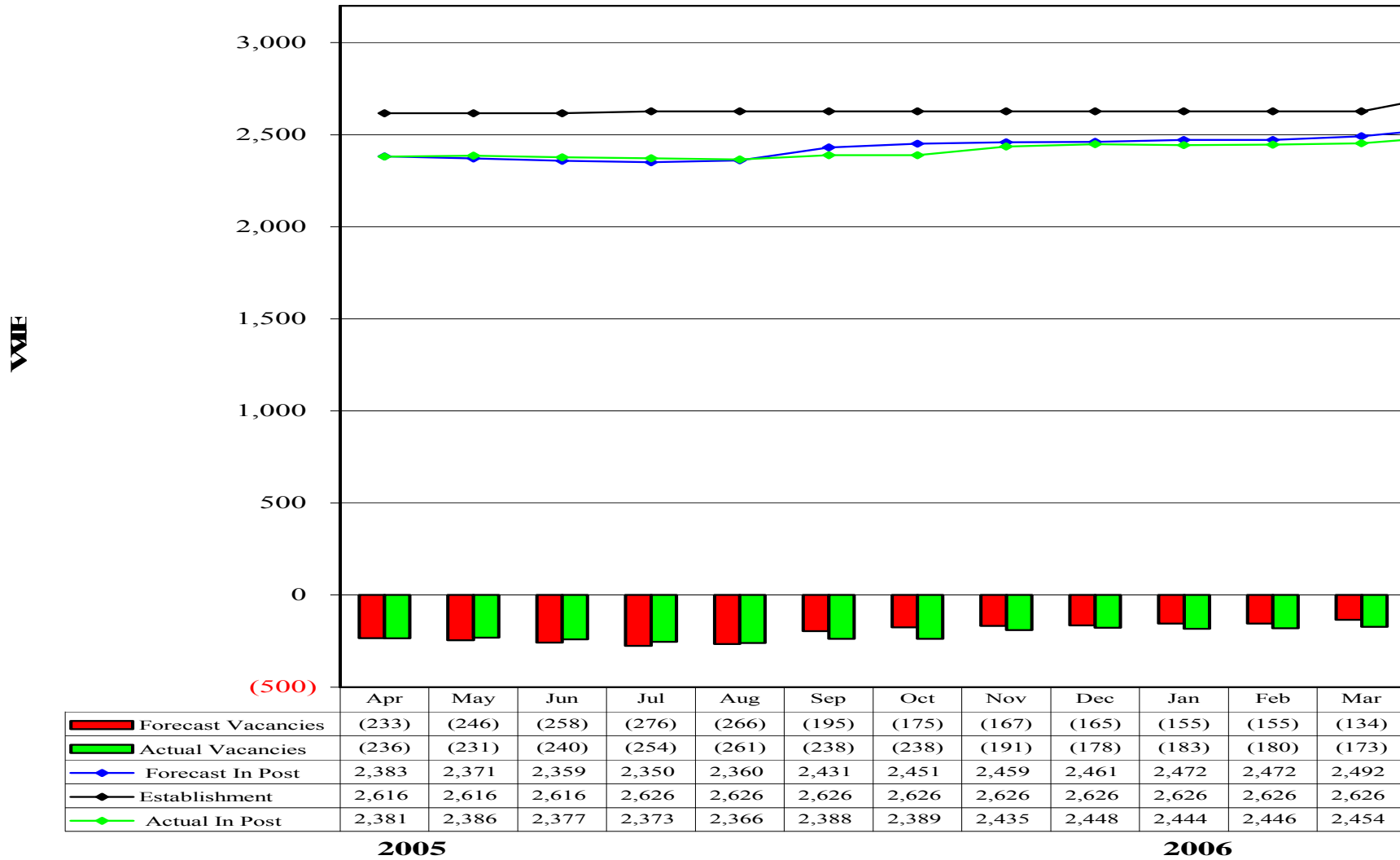
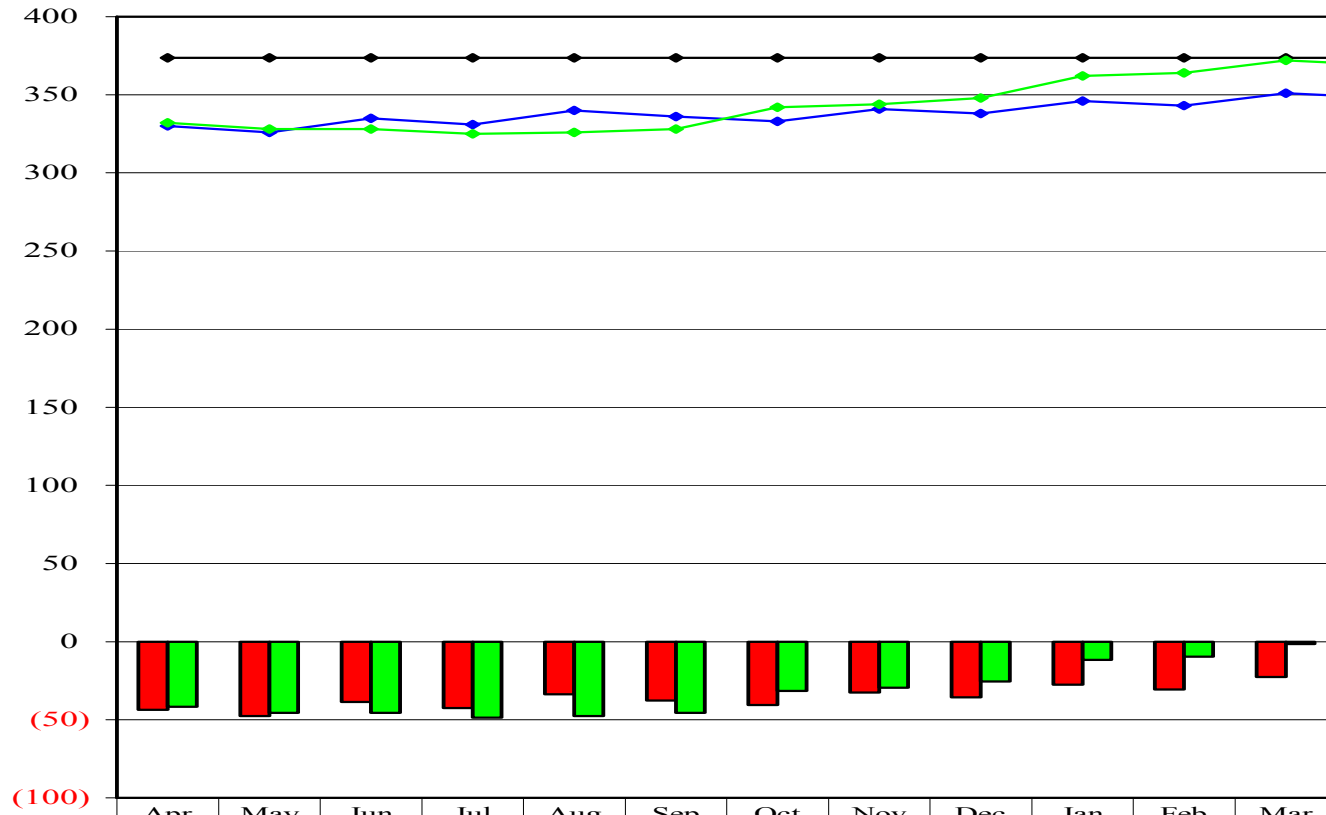


Table 2

2005/06 EOC/UOC Staff Numbers (at Month End)

WME



Vacancies | Over Established

|   |      |      |      |      |      |      |      |      |      |      |      |      |
|---|------|------|------|------|------|------|------|------|------|------|------|------|
| <span style="color: red;">■</span> Forecast Vacancies | (44) | (48) | (39) | (43) | (34) | (38) | (41) | (33) | (36) | (28) | (31) | (23) |
| <span style="color: green;">■</span> Actual Vacancies | (42) | (46) | (46) | (49) | (48) | (46) | (32) | (30) | (26) | (12) | (10) | (2)  |
| <span style="color: blue;">◆</span> Forecast In Post  | 330  | 326  | 335  | 331  | 340  | 336  | 333  | 341  | 338  | 346  | 343  | 351  |
| <span style="color: black;">◆</span> Establishment    | 374  | 374  | 374  | 374  | 374  | 374  | 374  | 374  | 374  | 374  | 374  | 374  |
| <span style="color: green;">◆</span> Actual In Post   | 332  | 328  | 328  | 325  | 326  | 328  | 342  | 344  | 348  | 362  | 364  | 372  |

#### 4. COMMUNICATIONS

**Service pressures:** Communication activity has continued to support the need to maintain levels of patient care and recover performance.

Media coverage of the Service's alternative response to alcohol-related calls, dubbed the 'booze bus', has continued with a live interview featuring on BBC London and a full page feature in The People newspaper. Both pieces explained the reason for the new response and the fact that life-threatening calls remain the priority for the Service. Further filming was carried out during a ride-out with Channel 4 programme 'Can you turn your body clock back?' which focused specifically on the effect of binge-drinking. The programme is due to be aired in May.

Further local coverage was also received in February, linking the pressure message to the cold weather predicted by the Met Office and urging Londoners to use their Service wisely during the winter months.

Internally, a Chief Executive's bulletin was written as a personal thank you note to all members of staff for their efforts over the past year and in particular the last few months. It also set out the four key areas that emerged from the Chief Executive's Consultation meetings that will be the focus for the next 12 months to improve performance - training and development, recruitment, our medical priority despatch system (AMPDS) and the Urgent Operations Centre.

**New openings:** Communications support was provided to co-ordinating the official opening of the Urgent Operations Centre with Julie Dent CBE on 24 February 2006. Other guests from London health agencies attended and met representatives from different areas of the room including Patient Transport Service, Clinical Telephone Advice, Emergency Bed Service and Urgent Care Service.

Local MP Keith Hill officially opened the new Streatham station at the end of February and local media attended and covered the opening and the benefits the increased capacity will bring local patients.

**Other media issues:** The Communications department managed media interest following the conclusion of the inquest into the death of Andrew Jordan resulting in a live interview on BBC London, significant local press coverage and a story in The Guardian Society section. Internal communication activity ensured all staff were aware of the condition called 'Positional Asphyxia' with information uploaded on the intranet, a medical bulletin issued and a Patient Care News article in the internal magazine, LAS News.

Members of the Communications team worked closely with Director of Operations Martin Flaherty and Director of Information Management and Technology Peter Suter to manage the Service's response to a Freedom of Information request from BBC London's political editor Tim Donovan about communications issues experienced by the Service on 7 July. The Director of

Communications joined Martin and Peter at a meeting with Tim Donovan, and media briefings were then prepared for Martin ahead of a live interview on BBC London. The story, that was largely negative, focused on the London Assembly's concern that the Service had not given them a full picture of events on 7 July. The Service responded reassuring the Assembly it had not set out to mislead the enquiry, and was committed to working with the review committee to ensure they did get a full picture of the issues faced on the day.

The Service was involved in a unique event at Kings College Hospital which highlighted the work it is doing to treat patients who have suffered myocardial infarctions out-of-hospital by taking them directly to specialist cardiac centres for primary angioplasty. Mark Whitbread and Fionna Moore were interviewed and significant media coverage included live broadcasts featured on Sky News, Channel 5 News and ITN.

Media interest was generated when five members of staff visited Buckingham Palace in February to collect MBEs from the Queen. Paramedic William Kilminster, Acting Duty Station Officer Peter Swan, Contract Operations Manager Roy Webb, and former Paramedic Jim Underdown, received the honour in recognition of the part they played in responding to the London bombings. One of the Service's longest serving members of staff, Awards Manager Trevor Vaughan, also received an MBE. In the evening a special reception celebrated the dedication of Britain's emergency workers and disaster response teams. A number of London Ambulance Service staff attended alongside more than 500 other life-saving staff.

Local news releases have been issued in conjunction with the Primary Care Trusts in Hillingdon, Brent and Barnet announcing the new Emergency Care Practitioner schemes and resulted in several pieces of media coverage about how the Service is changing to meet patient needs.

A new series of City Hospital has begun filming and will be aired on BBC 1 in April. The Service has re-negotiated involvement alongside St Thomas' Hospital and filming is taking place with several ambulance crews, a fast response driver, a motorcycle response rider and members of the cycle response team.

**Internal communication:** A new communications tool called Talkback has been created to explain to all members of staff how the comments they have made at Chief Executive's consultation meetings are being turned into actions. Talkback will be produced every month and each issue will give the low-down on the changes being made in important areas of the Service, explaining how they will benefit staff and patients. The first edition, which will be issued this month, will focus on the Urgent Operations Centre.

### **Patient and Public Involvement (PPI)**

Two successful PPI events have recently taken place in Southall and Woolwich:

The PPI Manager and Diversity Officer recently attended a meeting of the Southall Healthy Living Initiative (a PCT-led group of community partners, running health-related projects for people in Southall and Ealing). They showed the "Cardiac Arrest" DVD and answered questions about the LAS. Some important issues were raised by the community members in this discussion; for example, it transpired that some groups (in this case, Somali refugees) believe they will be charged if they use the LAS.

It is clearly a priority to do further educational work in this area. As a result of the meeting, all community partners agreed that they would like to hold a much larger event some time this year (perhaps for 500-800 people), to provide local communities with, for example, health promotion advice, basic life support training and information about the LAS.

Following earlier links made with the South East London Cardiac Network, the LAS had a large stand at the Queen Elizabeth Hospital, Woolwich, for No Smoking Day. This provided information about our developments in cardiac care and for people who have had a stroke, as well as general information about the LAS and smoking cessation support for staff. The stand was based outside the staff restaurant, and attracted interest from hospital staff, members of the general public, and a group of 30 schoolchildren who were visiting for the day.

The Chief Executive of Age Concern London, Samantha Mauger, visited LAS HQ recently and met the Director of Service Development and the PPI Manager. There are a number of ways in which a partnership approach with Age Concern could benefit patients. For example, links could be developed between the LAS and local Age Concern representatives to enable more older people to be supported at home, rather than attending hospital. Age Concern also has a large network of older people (and carers) who may be interested in becoming involved with the LAS, particularly in the context of non-emergency patient transport. We are considering holding a joint conference or workshop later in the year.

The Patients' Forum continues to hold increasingly well-attended monthly meetings. The February meeting was held at Croydon Town Hall, and two Duty Station Officers (Graham Humphrey and Steve Wright) attended and gave an excellent spontaneous talk about local issues for the LAS in Croydon.

The Forum's interest in access to the service for deaf people has previously been reported. The PPI Manager and one of the PALS Officers (John Wright) recently met representatives from the Royal National Institute for Deaf People (RNID) to discuss a way forward in resolving these issues and concerns. RNID are keen to work with us to help develop technological solutions to the problems of deaf people accessing the service, and gave examples of projects that other emergency services are running. They have excellent training resource material, and have offered to help us develop a UK equivalent of the Visual Translator Card. They also have a large database of deaf and hard of hearing people who are prepared to respond to surveys or participate in

developments. Hopefully this meeting was the start of an ongoing partnership between the LAS and RNID.

Following a large workshop held in January (reported at the last meeting), the PPI Manager and Media Resources Manager have now convened a smaller group to develop a detailed proposal on the future of LAS public education activity. This will ensure that our public education work is in line with the organisation's strategy and goals, and is connected with other areas of related activity (e.g. communication of the 7-year programme).

Also looking to the future, the PPI Manager attended the launch of the Mayday Hospital's consultation on applying for Foundation status. They are hoping to attract 5,000 members in the first year. It is not yet clear exactly what members' roles will be but, if other trusts are aiming for about the same number, this could have significant cost implications for the LAS if and when we apply for Foundation status.

The Healthcare Commission recently selected the LAS to review our compliance against five of the core healthcare standards. Feedback was positive about our PPI activity, and the assessors found no reason to doubt our compliance with the standards from the evidence we presented. Unfortunately they do not appear to be planning to provide the Trust with a written report of their findings.

Our PPI activity has also recently been audited by the Internal Auditors, Bentley-Jennison. Their report is very positive, with no significant recommendations. They made six minor recommendations for improvement, all of which had already been considered and acted upon prior to the report's publication.

The PPI Manager continues to attend external PPI groups and committees, including the meetings for PPI leads in SW, SE and NW London. At a recent meeting for PPI leads in SE London she gave a presentation about service developments and PPI activity in the LAS. This was very successful, and led to a suggestion that all other members of the group should run equivalent sessions about their organisations at future meetings.

## **5. OVERSEAS TRAVEL**

The Board is requested to approve travel outside of the EU for 4 members of staff from the Cycle Response Unit to attend a unique Instructors qualifying course and development conference. All travel, course and accommodation costs are to be met from existing bursary and financial awards.

In addition the Trust board is asked to approve travel to the USA for the Head of Emergency Planning. The national conference of Fire & Paramedic Chiefs have asked the LAS to present on the events of July 7<sup>th</sup>, lessons learnt and the impact on multi-agency working. All costs are being met by the organisers.

**Recommendation**

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

**Peter Bradley CBE  
CHIEF EXECUTIVE OFFICER**

**21 March 2006**

## London Ambulance Service NHS TRUST

TRUST BOARD      DATE: 28<sup>th</sup> March 2006**Report of the Medical Director**

1.    Sponsoring Executive Director:    Dr Fionna Moore
  
2.    Purpose:                            To note the progress against the seven domains of the Standards for Better.

3.    Summary

The report updates the Board on progress against the seven domains of the Standards for Better Health, with a particular focus on clinical issues, including changes to the conveyance of patients suffering a ST elevation myocardial infarction, the implementation of the Resuscitation Guidelines 2005, the introduction of Version 2006 of the National Guidelines and an update on the preparations for pandemic flu. An update from the Clinical Audit and Research Unit is also included.

4.    Recommendations

THAT the Trust Board:

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



# LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 28<sup>th</sup> March 2006

## Report of the Medical Director

### Standards for Better Health

#### 1. First Domain – Safety

##### **Safety Alert Broadcasting System (SABS):**

20 alerts were received during the period of January 2006 – March 2006. In total the Trust has seven alerts outstanding. These are being followed up through the Clinical Risk Group. As an example of the work in progress the outstanding alerts are shown in Appendix 2.

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

##### **National Clinical Practice Guidelines for Use in UK Ambulance Services**

The 2006 version of the National Guidelines is now at the final draft stage. It is anticipated that printed versions of the new manual and pocketbook will be available in late May. As with the previous upgrade, new manuals and pocketbooks will be issued to staff on a one to one basis, with the previous version being returned. The Board is asked to approve the introduction of the 2006 version.

##### **NICE Guidance**

The National Institute for Clinical Excellence (NICE) have published 'How to put NICE Guidance into Practice'. The LAS has appointed a NICE manager to monitor new guidance and provide feedback to the Clinical Risk Group on any guidelines with relevance to pre hospital care or ambulance services.

##### **New drugs**

**Morphine:** The company who supply minijets, (IMS, Evans Pharmaceuticals), are experiencing packaging difficulties. The LAS has therefore had to change to using ampoules of 10 mg / ml which is then drawn up into a syringe with water, to a volume of 10 mls to allow the dose to be titrated as in the minijets. We have not yet been given a date when minijets will be reintroduced.

## **Cardiac Care update**

The Board is asked to note that from 3<sup>rd</sup> April crews will be able to take patients identified as having an ST elevation myocardial infarction to the nearest centre offering primary angioplasty, rather than the nearest Emergency Department.

## **Changes to the Resuscitation guidelines**

The LAS plans to implement the new (2005) resuscitation guidelines from April 2006. All front line staff will have received a two page update on the changes by the end of March. A training CD has been prepared which will be used to inform Training Officers and Team Leaders who will then cascade the information to their teams. Commencing from 5<sup>th</sup> April staff will be stood down for a 2 to 3 hour period to allow face to face communication and a practical session on the Guidelines.

Upgrading the Service's defibrillators so that they are compliant with the updated algorithms will commence in the last week of March.

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

This is included in Appendix 1 and includes the draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust

## **3 Third Domain – Governance**

Preparation has started for the NHSLA assessment of the Trust. To achieve level 3 of the Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service and the biggest reduction in the Trust's insurance premiums, the Clinical Risk Group has agreed a work plan. The first milestone in the workplan will be the Trust wide Risk Assessment which will take place in early May and consist of five half day workshops using the model first applied in 2004 that was approved by the NHSLA. The Risk Assessment will review current risks on the Trust Risk Register and identify new risks which will then be graded using the Risk Matrix included in the Risk Management Framework. The Risk Matrix can now be applied using a numerical scoring system that provides a more pragmatic method for identifying the level of risk.

The Final Declaration of the Annual Health Check is included elsewhere on the agenda and, for 2005-6 only, is based around the 24 core standards. For the following year, 2006-7 there are 13 additional developmental standards against which continual progress is expected to be demonstrated. The areas covered by both sets of standards will be matched by the direction of the Seven year strategic business plan and the Governance Development Unit will be enhancing the Trust's compliance with these requirements.

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

These areas are covered elsewhere on the agenda.

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

The Make Ready scheme will be live at all complexes by the beginning of April 2006. New disposable airway equipment will be introduced from April, along with new safety cannulae.

Some difficulties are being experienced around the return of drug bags for restocking, leading to the potential risk of drugs going out of date. This issue was highlighted to staff during the Consultation Meetings and will be emphasised in the forthcoming Team Leader Conferences and meetings with the Education and Development Department. A further 150 additional bags are being introduced to improve the current situation. Discussions are ongoing as to whether the situation would be improved if the general (EMT) drug bag were vehicle based.

To address the recurring difficulty around shortage of blankets, additional stock has been put into the system.

## **Seventh Domain – Public Health**

### **Update on Pandemic Flu**

#### **National situation**

The Cabinet Office and the Chief Medical Officer have published extensive guidance for health care professionals and the general public about the nature and likely risk of pandemic flu. This can be accessed on their website and includes information about pandemic flu, avian flu and frequently asked questions covering vaccination, anti viral agents as well as general advice for the general public.

The most recent guidance ‘Contingency Planning for a Possible Influenza Pandemic,’ published in February 2006 is addressed mainly to Category 1 responders under the Civil Contingencies Act 2004 (this includes ambulance services). It highlights their duties in regard to the preparation of emergency plans in relation to significant risks and to business continuity planning. It includes planning assumptions both around the possible spread of the virus, its clinical attack rate and case fatality rate. These will be of importance to the LAS in terms of managing the increased demand, maintaining services in the light of staff absence from work and the role the Service might play in reducing hospital admissions and public education.

As yet there is no evidence that the H5N1 strain of avian flu can be transmitted from human to human. There is however concern that avian flu has spread to Europe and that the fatality rates in affected humans is high. To date 177 people are believed to have been infected with 98 deaths (BMJ 17<sup>th</sup> March 2006)

## **LAS preparedness**

A very comprehensive communication plan has been put together by the Press and Public Affairs Department and recent guidance regarding foreign travel has been widely circulated.

Consideration has been given to whether the LAS is compliant with the guidance given to Health Care Professionals who come into contact with patients possibly infected with pandemic flu. This suggests that, in addition to adherence to stringent infection control procedures the use of a protective mask, gown and eyewear is required during contact with such patients.

There are 5000 FFP3 masks in stock at the Deptford store. In theory, these will be held until such time as they are required. However, as the cost of these is only marginally more than our current FFP2 masks, it is anticipated that these will become the standard issue LAS mask. Apart from the benefits of simplicity, the masks would also be suitable for any future SARS outbreak as the guidance has since changed in this area. In terms of the requirement to wear gowns the Tyvek suits already carried on our vehicles should prove the ideal solution.

The question of safety eyewear is more difficult as the policy of providing staff with a personal issue is still in place. We have been supplying all new entrants with personal safety eyewear for some years now, and all established staff should technically still have theirs from the initial distribution. However, we know we have a problem with staff retaining items that have been issued individually, so it is reasonable to assume that many staff will no longer be in possession of such equipment.

This particular matter has arisen before, in that losses were highlighted when the Infection Control manual was introduced. The manual makes extensive references to the use of safety eyewear, and staff soon came forward to request a further supply. However, we left this matter to be resolved locally between staff and their managers, along with the subsequent purchase and issue. As a consequence, it did help generate some focus on local accountability, and the matter passed without too many problems.

The LAS Clinical Standards Manager and the Senior Clinical Adviser to the Medical Director will attend a meeting on 29<sup>th</sup> March sponsored by DH with NHS practitioners that may require additional infection control guidance to that already developed i.e. critical care, A&E, paramedics and possibly dentists.

## **Recommendation**

THAT the Board

- Notes the report
- Notes the change in policy relating to conveying patients with ST elevation Myocardial Infarction to centres offering primary angioplasty.
- Notes the training package prepared for the introduction of the 2005 Resuscitation Guidelines (this will be presented for information)

- Approves the introduction of the revised National Clinical Practice Guidelines for Use in UK Ambulance Services (Version 2006)
- Notes the draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust
- Notes the update on pandemic flu

Fionna Moore  
18<sup>th</sup> March 2006

Clinical Audit & Research Summary Reports for the Trust Board:

**Draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service**

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

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### Introduction

Pain is a common presentation amongst children and it is widely recognised that the assessment and treatment of pain in this group of patients is poor. This poor level of pain management is more pertinent in the pre-hospital setting where pain control can be overlooked due to many complex and interacting factors such as: the perceived urgency of the situation, the ability to adequately interact with the child to determine the level of pain, and limitations to treatment options available to ambulance staff. However, the JRCALC guidelines recommend that a pain assessment should be undertaken when pain forms part of the patients presenting condition and advises of the management options available to reduce pain. A baseline clinical audit was undertaken to enable the London Ambulance Service to assess how well paediatric patients' pain is assessed and managed. The audit examined cases where fractures of bones were present as fractures in children are often associated with pain.

### Methods

141 Patient Report Forms (PRFs) from January and February 2005 documenting potential fractures in children (aged less than 12 years old) were audited. The PRFs were clinically reviewed to examine the levels of pain assessment and pain management, including the administration of pain relief and application of immobilisation techniques, undertaken by ambulance staff.

## Results

### Pain Assessment:

- A pain assessment was reported in 85 cases (60%).
- Of these 85 cases, 53 (62%) had a quantitative pain score undertaken and 32 (38%) had a qualitative description of the patients' pain documented on the PRF.

### Pain Management:

- Of the 141 cases, 112 cases were eligible for the administration of pain relief.
- In total, pain relief was administered in only 23 (21%) of these eligible cases:
  - Two patients were given Paracetamol (exceptions to administering Paracetamol were recorded in 55 cases).
  - Nineteen patients received Entonox (a further 75 cases reported exceptions to Entonox administration).
  - Nubain was delivered to one patient (with exceptions for its administration documented in 102 cases).
  - A further patient was administered both Entonox and Nubain.
- Exceptions to immobilisation were documented in 32 cases. Immobilisation techniques were applied in only 46 cases (42% of eligible cases) with the majority of eligible cases (N=63) not receiving immobilisation to help reduce the pain associated with the movement of fractured limbs.

## Conclusions and Recommendations

The results indicate that the management of pain in paediatric patients is an area of concern for the LAS. The assessment of paediatric pain is not being undertaken routinely and more emphasis needs to be placed on the importance of obtaining a pain assessment. Pain relief was administered to only 21% of eligible cases and this raises issues for the LAS to address through educating and developing staff in how to manage paediatric patients and control their pain. The high number of exceptions documented for the administration of Entonox and Nubain highlights the many limitations of these analgesics in the pre-hospital setting. Although the introduction of Morphine-based analgesics in the Service may benefit this patient group, it is recognised that it will not eliminate the difficulties in administering analgesia to

paediatric cases and, as such, the Service should continue to explore other analgesic options for these patients. In addition, ambulance staff should be reminded of the benefits of immobilisation as a method of reducing pain and the Service must ensure that there are adequate options available to suit paediatric patients.



## **SABS Update**

**16<sup>th</sup> March 2006**

The Trust has seven alerts outstanding as follows:

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

Funding has been approved for latex free kits for PTS vehicles and a latex policy is currently being developed by the Safety and Risk department. The draft document was distributed at the recent Infection control steering group (24<sup>th</sup> February 2006) and feedback is awaited before circulation to a wider group for comment.

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

A draft document is currently being developed by the Governance Development Unit and Safety and Risk Department.

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

This alert relates to calibration and accuracy checks of blood pressure monitors and sphygmomanometers. It has been identified that this equipment is used and requires further action. Manufacturers were contacted (20.12.2005) for details of their recommended maintenance checks prior to further circulation of this alert. No response has been received yet.

➤ **DH (2006) 02: Smoke Detector**

This alert was forwarded to Estates on 21<sup>st</sup> January 2006. Feedback is awaited regarding actions taken to date.

➤ **MDA/2006/015: Ferno Falcon Six Ambulance Stretcher Trolleys**

This alert was received by the Trust on 07.03.2006 and relates to two issues identified with this equipment. It is noted that the alert outlines that customer advice notices have been issued previously.

This alert was forwarded to Head of Operational Support on 08.03.2006 who in response has forwarded the alert to managers in Fleet and Logistics for further assessment of its relevance and the need for further action.

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

It has been confirmed that the Trust uses this item. Details were provided to the Logistics department on 13.03.2006 to confirm if the trust has the affected batch and actions needed to comply with the alert.

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

This alert was circulated on the 13<sup>th</sup> March 2006 and confirmation is awaited to establish if this equipment is used in the Trust, and if further action is necessary.

London Ambulance Service NHS TRUST

TRUST BOARD 28<sup>th</sup> March 2006

**SERVICE PLAN 2006-07**

5. Sponsoring Executive Director: Peter Bradley

6. Purpose: For agreement

7. Summary

The Service Plan 2006-07, Budget and Workforce Plan are an integrated whole. The Service Plan wording is attached with gaps where decisions are yet to be made or where components are reported elsewhere on the meeting agenda - the Budget and Workforce Plan follow.

The Service Plan 2006-07 is Year 1 of the Strategic Plan 2006/07-2012/13 which will be presented to the Trust Board in its entirety in May as previously agreed.

Included in the Service Plan is a review of achievement against objectives for 2005/06.

8. Recommendation

THAT the Trust Board agree the wording of the Service Plan 2006/07

## London Ambulance Service NHS TRUST

TRUST BOARD 28 March 2006

## Workforce Plan 2006/07

9. Sponsoring Executive Director: Caron Hitchen

10. Purpose: For approval

11. Summary

The attached operational workforce plan for the forthcoming year has been developed in conjunction with the budget setting process for 2006/07.

The presentation reflects the new operational structure within the Emergency Operations Centre and Urgent Care Services with further breakdown of skill mix within the A&E Operations.

The following should be noted when considering the plan:

- a. The intention is to recruit Team Leaders to full establishment to drive improved clinical audit and supervision.
- b. Increases to EMT (Emergency Medical Practitioner) establishment, includes the requirements under Agenda for Change to reduce the working week.
- c. Establishment and in-post numbers within CTA (Clinical Telephone Advice) are increased as part of the strategic development of Urgent Care Services.
- d. The ORH study on optimal mix of Urgent Care Services crew is not yet completed. This will further inform the continuing development of the workforce plan for Crew staff and Urgent Operations Centre staff within Urgent Care Services.
- e. The Emergency Operations Centre is reviewing the existing skill mix (EMD 1, 2, 3 and 4). The over establishment of EMD 1/2 and vacancy levels of EMD3/4 will be addressed through this review.

12. Recommendation:

THAT the Trust Board discuss the proposed workforce plan and agree the plan in line with the proposed budget for 2006/07.

London Ambulance Service NHS TRUST

TRUST BOARD 28<sup>th</sup> March 2006

2006/07 Budget

13. Sponsoring Executive Director: Mike Dinan

14. Purpose: For approval

15. Summary

The attached paper sets out balanced Income and Expenditure and Capital budgets for 2006/07.

16. Recommendation

THAT the Board approves the 2006/07 budget

**London Ambulance Service NHS TRUST**TRUST BOARD 28<sup>th</sup> March 2006**Chairman's Urgent Actions.**

17. Sponsoring Executive Director: Mike Dinan

18. Purpose: For noting

19. Summary

Since the Trust Board met on 31<sup>st</sup> January 2006 the Chairman has agreed to three urgent actions; the details of which are outlined below. Under the Trust's Standing Orders (41.1) the Chairman is authorised to act on behalf of the Board where time is of the essence. Standing Order 41.2 requires that such action be reported to the next appropriate meeting of the Board.

For each of the Urgent Actions there was some urgency as a delay in establishing the fixed satellite points or leasing additional offices at Fielden House would have meant a delay in improvements to operational performance. There would also have been a risk that the different premises would have been let to other tenants.

01/06 Bromley Fixed Satellite Point.

02/06 Deptford Fixed Satellite Point

03/06 Fielden House

The Chairman was asked to give his approval to enter into a lease for additional office accommodation on the 1<sup>st</sup> floor of Fielden House, London Bridge. The LAS already has a lease for offices on the 3<sup>rd</sup> floor in the same building. The additional office accommodation will enable the Trust to move the whole of the IM&T directorate to this location which will allow a significant amount of space to be freed up at the LAS HQ for other pressing needs.

20. Recommendation

THAT the Trust Board note the three urgent actions

## London Ambulance Service NHS Trust Board

28<sup>th</sup> March 2006

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

#### 1. Purpose of Report

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

#### 2. Tenders Received

| Register no. | Details of tender:   | Tenders Received From   |
|--------------|--|---|
| 02/06        | Extension of New Malden's workshop and alterations to sector offices | Russell Crawberry Ltd<br>Axis Europe Plc<br>Griffins Construction<br>Coniston   |
| 03/06        | Extension to Communications Room at Bow                              | Russell Crawberry Ltd<br>Coniston<br>Mitie Property Services<br>TCL Granby<br>Crisp Interiors                                 |
| 04/06        | Extension and internal reconfiguration – Shoreditch AS               | Russell Crawberry Ltd<br>Coniston Construction<br>P&J Services<br>Griffiths Professional Construction                         |
| 05/06        | Extension and internal reconfiguration – Edmonton AS                 | Coniston Ltd.<br>Fisk Construction Ltd<br>Griffiths Professional Construction<br>Neillcott Special Works<br>Russell Crawberry |

06/06

Rewire of Kenton AS

W. Portsmouth & Co. Ltd  
Lunar Electrical Lighting & Sound  
Stewart Electrical ltd  
AV Services  
MESL Group

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

### **3. Register of Sealings**

There has been 3 entries, reference 91, since the last Trust Board meeting. The entry related to:

No. 91 Lease relating to car parking spaces 1-11 in the car park of 102-1207 Blackfriars Road, London SE1 between the LAS and Patrick Group Ltd and Dealfirst Ltd.

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

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

### **4. Recommendations**

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

**Christine McMahon**  
**Trust Secretary**



LONDON AMBULANCE SERVICE NHS TRUSTDRAFT Minutes of the Clinical Governance Committee  
16<sup>th</sup> January 2006, Burns Room, Union Jack Club**Present:**

|                       |   |
|-----------------------|---|
| Beryl Magrath (Chair) | Non-Executive Director                                  |
| Sarah Waller          | Non-Executive Director (from 9.55)                      |
| Fionna Moore          | Medical Director  |
| David Jervis          | Director of Communications                              |
| Kathy Jones           | Director of Service Development                         |
| John Wilkins          | Head of Governance                                      |
| Tony Crabtree         | HR Manager (from 9.50)                                  |
| Jason Challen         | Senior Training Officer-PTS                             |
| Julian Redhead        | Consultant in Emergency Medicine, St Mary's, Paddington |
| Henry Gillard         | Patients' Forum Representative                          |

*In attendance*

|                   |                                   |
|-------------------|-----------------------------------|
| Ralph Morris      | ACAO on behalf of Martin Flaherty |
| Stephen Moore     | Head of Records Management        |
| Paul Carswell     | Diversity Manager                 |
| Margaret Vander   | PPI Manager                       |
| Josef Kane        | PSU Manager (Acting)              |
| Laverne Harris    | Governance Manager                |
| Bob Whittington   | Document Co-ordinator             |
| Angela Bennet     | Clinical Governance Co-ordinator  |
| Christine McMahon | Trust Secretary (minutes)         |

**Apologies**

|                 |                                 |
|-----------------|---------------------------------|
| Barry McDonald  | Non-Executive Director          |
| Martin Flaherty | Director of Operations          |
| Bill O'Neill    | Head of Education & Development |
| Gary Bassett    | PALS Manager                    |

TABLED at the meeting: Clinical governance development plan

**01 Minutes of the meeting held on Monday 31<sup>st</sup> October 2005**

**Agreed** The minutes of the Clinical Governance Committee meeting held on 31<sup>st</sup> October 2005

**02 Matters Arising**

**Noted:** Minute 27: in the absence of the Chairman of the Patients Forum there was no update with regard to his query concerning the problems he had accessing the LAS website.

Minute 29: that work is being undertaken on the Clinical Governance annual report.

Minute 40: that the Assistant Director of Operations Urgent Care and Clinical Development (ADO UC&CD) will present an update on progress with the Urgent Care Operations room in May 2006. ACTION: ADO UC&CD

Minute 41: A further report regarding Advance Directives will be presented in May. ACTION: Clinical Adviser to the Medical Director.

**Noted:** The matters arising

**03 Annual Review of terms of reference and membership.**

The Committee considered the existing terms of reference and membership. The current terms of reference state that there should be an annual joint meeting of the CGC and the Audit Committee. This was felt to be unnecessary given the overlapping membership of the two

committees (3 NEDs sit on both committees). It was also commented that responsibility for complaints is now the responsibility of the Complaints Panel which is meeting on a regular basis and reports to the Risk Management Committee.

In terms of membership it was suggested that the ADO UC&CD and the Records Manager be asked to join the Committee. Currently the Director of Information Management & Technology (IM&T) is a member and it was felt that as IM&T is rarely considered by the CGC it was not necessary to expect him to attend; any issues that do arise concerning IM&T can be raised with him outside the meeting. Following the re-organisation of PTS and A&E it was suggested that the ADO UC&CD will be able to report to the CGC any issues that concern PTS and UC and therefore it will not be necessary for the Senior Training Officer for PTS to be a member in future.

The current terms of reference do not include a quorum and it was suggested that the quorum be 1 Director (NED/Executive Director) and three members of the Committee.

**Noted: The amendments to the current terms of reference and membership**

#### **04 Clinical Governance Development Plan**

The Governance Co-ordinator circulated the Clinical Governance Development Plan for information. The Committee was informed that all NHS Trusts are required to have a clinical governance plan in order that the Strategic Health Authority can monitor improvements in patient care. The plan includes the 24 core standards of the seven domains of the new Healthcare Standards.

The Committee's attention was drawn to developments in the Service during the last 3 months: the drafting of a major incident plan; the introduction of the 5 day Continuing Professional Development Course (CPD) course; the work of the Research and Audit Steering Group; the Public and Patient Involvement (PPI) work being undertaken by the PPI Manager and other colleagues, information governance and the work that has been undertaken to achieve the NHSLA's Level 3 in prehospital care and the continuing work of the Infection Control Steering Group.

Julian Redhead queried the phrase 'encourage staff' to report suspected abuse; he felt the language needed to be stronger. The Medical Director thought that staff are more than 'encouraged' to report abuse. Work has been done to ensure that staff can report suspected abuse with the information being forwarded to Social Services. To date there have been more cases of suspected abuse involving adults rather than children (approximately 1,500 across London). In addition concerns that staff raise regarding care homes are also reported to the appropriate Social Services.

**Noted: The report.**

#### **05 Healthcare Visit – 7<sup>th</sup> February 2006**

It was reported that Healthcare Commission inspectors will be visiting the LAS on 7<sup>th</sup> February 2006. The LAS will be required to provide supporting evidence that it complies with 5 standards identified by the Healthcare Commission: patient safety; complaints; infection control; race and equality scheme and public & patient engagement.

The Head of Governance will meet with the Director of Service Development to review the evidence compiled by the Trust, identifying any further work that needs to be undertaken to support the draft declaration made in December 2005. The inspectors will review the evidence on the 7<sup>th</sup> February; they may give a brief informal feedback on the 7<sup>th</sup> February, otherwise a full report will be given to the Trust following a period of consideration/reflection.

It is known that Kent AS has been visited and that their submission was thought to be excellent. It was suggested that they needed to do more work around sensitivity analysis.

The Healthcare Commission does not specifically request the evidence they think is necessary to support the declaration of compliance with the healthcare standards; it is up to the organisation to provide the evidence it deems suitable. Should the inspectors find the evidence unconvincing then the Trust will be expected to draw up an action plan to address any concerns raised by the inspectors by April 2006.

**Noted: The report and that an update on the Healthcare Commission visit will be provided to the Service Development Committee on 28<sup>th</sup> February 2006.**

#### **06 NHSLA level 3**

The Governance Manager reported that a workshop was held on 5<sup>th</sup> January to identify the evidence required from different departments in support of the application for Level 3 pre-hospital care. She reported that the majority of evidence has been obtained. It was confirmed that there are proper paper audit trails in place to support the work undertaken by the education and training departments.

In reply to a question from Sarah Waller the Head of Governance confirmed that there had not been as much of an overlap between the NHSLA and the Healthcare Commission as one would have liked. The Head of Governance undertook to circulate details of the process undertaken to identify the evidence. **ACTION: The Head of Governance**

**Noted: The report**

#### **07 A systematic process for evidencing NHSLA**

The Governance Development Unit (GDU) is liaising with colleagues such as the Head of Education and Development and the Head of Clinical Audit and Research to ensure that all possible evidence is available on the 23<sup>rd</sup> and 24<sup>th</sup> January.

**Noted: The report**

#### **08 Recording Compliance with the SfbH – CIRIS**

The Committee was informed that work is being undertaken to ensure that all evidence required for the Standards for Better Health are inputted onto CIRIS. The longer term options with regard to software are being reviewed and it may be that a different system is required to meet the longer term needs of the organisation e.g. web based data point which could be accessed across the Trust. Currently the Trust has purchased 6 licences for the use of CIRIS (approx cost £1,000 per licence). DATIX is currently used to record incidents and there are pros/cons to the GDU using DATIX for its purposes; one con would be there is no audit trail functionality which is a fairly basic requirement by the GDU team. Officers have met with the NPSA and discussed the software they use. Number of options being explored.

**Noted: The report and that the Committee would be kept informed of progress.**

#### **09 Records Management Strategy**

The Records Manager presented the Records Management Strategy for consideration by the Clinical Governance Committee. The Committee were reminded that the Trust Board had approved the Records Management Policy in November 2005 and the strategy follows on from that. The Strategy outlined how a fully integrated system of records management will be introduced across the Trust to ensure compliance with national standards and improve business efficiency. It will be implemented through a programme of three records management projects (records preparation/mapping; business classification scheme and electronic document records management system) which will be part of the Trust's 7 year strategic plan. The report contained details of the three record management plans identified the milestones for the work to be carried out over the next four years.

It was recognised that there will be a lot of work involved implementing the strategy. It was anticipated that the high level team will include representatives from across the Trust including

A&E. Sarah Waller was assured that the Internal Auditors were being used e.g. when undertaking station audits to ascertain how complexes manage records. The Internal Auditors are also undertaking records management audit in January 2006; the report will be presented to the next Audit Committee.

The Patients Forum Representative suggested that as the Patients Forum also undertakes station visits they might be of some assistance to the work being undertaken in ascertaining how complexes manage their records. The Records Manager undertook to forward the current records management policy to the Patients Forum for information. **ACTION: Head of Records Management.**

**Noted: The report**

#### **10 Audit of policies under production**

The findings of an audit of policies under development were presented to the Committee for information. The audit has shown that there are 26 of policies in production, some since 2001; work is being undertaken by the Document Co-ordinator to ascertain the status of these policies. Where they are still required completion dates will be agreed with individual sponsors. It was reported that some departments produce their own policies separately from the GDU; e.g. HR, Safety & Risk and Information Management & Technology. The Trust does not have a full time co-ordinator for the production of policies and procedures. Currently the policies are managed via a manual system; as part of future development a database will be used to manage the process.

**Noted:**

- 1. That a progress report will be presented to the Information Governance Panel in March 2006**
- 2. That the Clinical Governance Committee will receive an update in May 2006.**

#### **11 Risks on the risk register that are the responsibility of the Clinical Governance Committee.**

A report was presented regarding the Risk Register that is the responsibility of the Clinical Governance Committee. Following some discussion it was suggested that the format of the report be revised to enable the Committee to have a better sense of what is happening with the risks, what progress is being achieved and what are the main areas of concern. To ensure that the most up to date information was obtained it was suggested that one:one meetings might be more useful than emailed requests for updates. **ACTION: Governance Manager.**

It was requested that when the Committee meets in May a report is presented which highlights the 12 high priority risks that are the responsibility of the Clinical Governance Committee: identifying where progress is being made to mitigate the identified risk and which risks continue to be of concern. **ACTION: Governance Manager**

The Diversity Manager suggested that the Governance Manager liaise with the Head of Planning and Programme Management (he is co-ordinating the Trust's 7 year strategic plan) to ensure that action plan she is working on is included in the Trust's 7 year plan.

**Noted: The report**

#### **12 Recruitment and Selection review – project plan**

The Diversity Manger informed the Committee that work has been undertaken to support the review of the Trust's recruitment and selection procedures. He anticipated that the work will be completed in March 2006. The Ambulance Service Association is also expected to produce a report in March 2006 regarding its research into why the LAS has not been able to recruit significant numbers of BME staff for A&E.

The Committee was informed that work is being undertaken to improve access to emergency services by deaf members of the public and non-English speakers. There are a number of

projects in place, one of which is investigating the use of visual translation cards which is being piloted by the cycle response that augments the multi-language phrase book and access to the languageline via mobile telephone.

On the 30<sup>th</sup> January 2006 the NHS in London will be asked to take a strategic view regarding availability of translated material in London NHS trusts.

**Noted: The report**

**13 Training and Development –update**

The Medical Director presented the update from the Training and Development Department; the circulated report gave a detailed breakdown of the various training courses the Department will be running for A&E Department in 2006. The Committee was informed that 6 training days are allocated to staff per year in addition to the CPD course.

The Chairman asked whether there was information available as to why people do not attend training courses they are booked on. Though the overall attendance is good 13% non-attendance needs to be better understood. The Medical Director suggested that it might be that the courses are routinely overbooked – 12 places are offered, with a maximum take up of 10. The HR Manager confirmed that non-attendance is followed up and that there is an audit trail to demonstrate how the process is managed, i.e. non-attendance is followed up and the member of staff is rebooked on to another training course. This will be confirmed at the next meeting of the Clinical Governance Committee. **ACTION: HR Manager/Head of Education & Development.**

**Noted: The report**

**14 Public Patient Involvement Update**

The Public Patient Involvement (PPI) Manager presented her report which outlined the extensive PPI work being undertaken, both by her and operational colleagues.

*Overshoes:* a risk assessment was undertaken to ensure that there were no health and safety issues associated with the use of overshoes. There has been a mixed response from AOMs with regard to the delivery of the overshoes to mosques in their sector; work is being undertaken with those AOMs who feel they do not have the resources to deliver the overshoes (one AOM estimated that he had 40 mosques in his area). The Logistics department has arranged for overshoes to be part of the Make Ready scheme.

Members of staff (Director of Operations, the Diversity Manager and the Head of Education & Development) have each given presentation to the Patients Forum; the Patients' Forum representative confirmed that these were much appreciated by the Forum.

Work has been undertaken in Camden with Asthma UK; though the response rate to the survey was disappointing the information obtained will be used to provide a better service to asthma sufferers.

Work is being undertaken with the Royal National Institute for the Deaf on how deaf people can access help from the LAS using text (currently they need to have access to typetalk which is not always possible).

A workshop is being organised with the help of the Events, School and Media Manager to ensure that various members of staff who are meeting with the public in different fora deliver a consistent message on the Trust's behalf.

**Noted: The report.**

**15 PALS update**

There has been an increase in activity; the team has been very busy as evidenced by the report considered by the Committee. It was reported that the lost property bags trial at Hillingdon

has been very successful; work will be done to cost rolling out the project to the rest of the Trust.

The majority of the PALS work has been concerned with dealing with frequent callers. Though quite time consuming for the PALS team it also delivers the most benefit for the Trust in terms of saving resources/ambulances. Due to a lack of resources within the PALS team some of this work has had to be put on hold. Sarah Waller suggested that it would be useful to have a timeline for the work undertaken by the team; average time spent per issue. **ACTION: PALS Manager.**

One of the issues raised in the report following enquires from the public concerned patient choice; it is the Trust's policy that patients are conveyed to the nearest hospital unless they are being treated for an existing condition. It is important that the decision is reached via a dialogue with the patient. The Director of Service Development thought that, in general, patients wish to be conveyed to a hospital close to their home and when they request to be conveyed to a specific hospital it is for a good reason. The Governance Manager suggested that it would be useful to have quantifiable information accompanying the report.

**Noted: The report**

## **16 Reports from Groups/Committees**

### *1 Training Services Committee – 7<sup>th</sup> November 2005*

The Medical Director reported that at the recent Training Services Committee meeting the following were discussed: restructuring of education and development; training establishment; recruitment schedule for 2006 with 50 EMTs estimated every month and the measures being taken to address significant shortfall in staffing.

**Noted: The report**

### *2 Clinical Risk Group – 6<sup>th</sup> December 2005*

A summary of the Clinical Risk Group's minutes was circulated for information. The Medical Director highlighted the following: the upcoming visit by NHSLA; a presentation regarding Clinical Performance Indicators (CPI), the risks on the Risk Register reviewed by the CRG; the consideration of new risks for addition to the Risk Register; the introduction of morphine and the uptake of places on Continuing Professional Development (CPD) courses.

In answer to a question from Sarah Waller the Medical Director confirmed that morphine has not been rolled out to all complexes. Some complex managers were not confident that they had the appropriate procedures in place to manage morphine and some ampoules have been reported as lost. Where morphine has not been introduced tramadol continues to be used.

**Noted: The report.**

### *3 Clinical Audit & Research Steering Group – 9<sup>th</sup> December 2005*

The Medical Director reported that the CARG discussed the ongoing audit programme; new audits included trauma audit and obstetric audit.

**Noted: The report.**

### *4 Clinical Steering Committee – 9<sup>th</sup> January 2006*

The Medical Director reported that the Committee had considered the new Resuscitation Guidelines and how they were going to be introduced across London with effect from the 1<sup>st</sup> April 2006. A further update will be presented to the Trust Board in January 2006. **ACTION: Medical Director.**

**Noted: The report**

**17 Any Other Business**

In response to the Chairman's question to the Committee as to what should be highlighted in the summary of the minutes, the following was identified: the assessments by the NHSLA and the Healthcare Commission; the review of the Risk Register.

**Noted: The report**

**18 Dates of next meeting:**

Monday, 15<sup>th</sup> May 2006 at 9.30 in the Conference Room, HQ.

**AGREED: that the meeting scheduled for 18<sup>th</sup> September will be held on 2<sup>nd</sup> October 2006. ACTION: Trust Secretary to email all members and attendees to ensure the majority can attend.**

Meeting concluded at 12.05

Proposed meeting dates for 2007  
for the LAS NHS Trust Board

Note:

1. All meetings are the last Tuesday in the month apart from May (bank holiday 28 May) and December 2007 (Xmas).

|          |            |
|----------|------------|
| January  | 30         |
| March    | 27         |
| May      | 22         |
| July     | 31         |
| August   | No meeting |
| November | 27         |



