LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 26th July 2005 at 10am

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

A G E N D A

1. Declarations of Further Interest.

2. Opportunity for Members of the Public to ask Questions.

3. Minutes of the Meeting held on 31st May 2005.   Part 1 and II   Enclosure 1
    Enclosure 2

4. Matters arising

5. Chairman's remarks

6. Report of the Chief Executive   Enclosure 3

7. Month 3 2005/2006 Financial Report.   Enclosure 4

8. Report of the Medical Director   Enclosure 5

9. Five year plan – first draft   Presentation

10. Policy on Intellectual Property Rights   Enclosure 6

11. Standards for Better Heath - presentation   Presentation

12. CAD Update   Enclosure 7

13. Update on Freedom of Information Act   Enclosure 8

14. Estates Review   Enclosure 9

15. Update on Service Improvement Programme   Enclosure 10

16. Annual Risk Management Report   Enclosure 11

17. Report of the Trust Secretary – Tenders opened since last board   Enclosure 12
    meeting.

18. Draft Minutes of the Service Development Committee – 28th June 05 Enclosure 13

19. Draft Minutes of the Audit Committee –4th July 05   Enclosure 14
20. Draft Minutes of the Risk Management Committee – 4th July 05   Enclosure 15
21. Draft Minutes of the Charitable Funds Committee – 4th July 05   Enclosure 16
22. Any Other Business.
23. Opportunity for Members of the Public to ask Questions.
24. Date and Venue of the Next Trust Board Meeting.
    27th September 2005, 10.00am at 220 Waterloo Road, London SE1

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD
Part II

Summary of discussions held on 31st May 2005

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

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

On the 31st May 2005 in Part II the Trust Board briefly discussed the Trust's recent performance and what was forecasted for the summer of 2005.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 26th July 2005

CHIEF EXECUTIVE'S REPORT

1.   **ACCIDENT & EMERGENCY SERVICE**

It would be wrong not to begin this report with a statement regarding the tragic events of Thursday 7th July in which multiple suicide bombings on the capital's transport system resulted in many deaths and serious injuries. The whole service worked together in a magnificent fashion to deal with the most complex and challenging Major Incident in the history of the LAS. There is a separate section later in the report which provides more detail but suffice it to say here that the overall response has been highly praised and the Trust can be proud of all its staff in the way in which this harrowing event was managed.

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 [(i)]	Urgents within 15 mins of STA
Standard	75%	95%	95%	95%
YTD*	73%	94.3%	75.3%	53.5%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

* year to date figures , management information data up to 15th July 2005.

Key Highlights

- A8 performance has been difficult to maintain during May and June due to a combination of increased workload especially during periods of hot weather and poor ambulance staffing. The net result is that May came in at 74% and June will end at circa 72% once all data has been inputted.

- Emergency responses are up +5% in April, +3% in May and + 4.8% in June. The Year to date comparison with the same period last year shows a +4% increase in responses overall.

- CAT A volume continues to rise following the AMPDS changes made in April. Overall as previously reported the DH changes to categorisation have generally led to an increase of circa 30% in the volume of Cat A calls.

- Hot weather is recent weeks has however seen a further rise in Cat A demand with many days in excess of 850 calls per day and two days where the Cat A demand exceeded 1000 calls. (24th May 1072 and 25th May 1132)

Analysis is ongoing as to the causes of these peaks of demand during hot weather and early indications are that against a background of general growth there are also distinct rises in calls associated with difficulty in breathing and chest pain.

- Given the increased demand and our current staffing difficulties individual PCT performance has also been challenging and the YTD position is that 7 PCTs are below 70%.

- Staffing has continued to be a challenge given vacancy factors and a reluctance to work overtime. This has been most acute in terms of staffing ambulances and has led to a fall in hours produced in May followed by a slight recovery in June. This issue is discussed in more detail in a later section of this report.

- It is worth noting that despite the difficulty we face in meeting the 75% Cat A targets the numbers of actual Cat A patients being reached within 8 minutes continues to rise month on month . The average number reached in 8 minutes per day in June 05 was 603 compared to 439 in June 04 and 387 in June 03.

- A number of initiatives are being put in place to improve overall performance and recover the YTD position over the coming months. These are summarised below:

Actions being taken:

1. The recruitment programme for staff to fill current vacancies has been maximized and we will begin to see staff coming out of the training schools in increasing numbers from September onwards with 115 new staff operational by mid November.

2. Given that staff are not yet assimilated on AfC we have taken the decision to enhance weekend overtime from 1500 on Friday to 0300 on Monday for a period of four months from June through to September in order to encourage staff to work weekends. Early indications are positive but it remains to be seen if this can be sustained.

3. We are also working to enhance our Bank Scheme and to target as much of this as possible to weekend working.

4. We care developing a new weekend rostering system for the new staff we recruit this year which in time will give us an enhanced ability to cover weekends.

5. We are working to minimise the effect of the additional leave allocation for staff this year by allowing more carryover and by spreading it more effectively across the year.

6. We will be maximizing the use of foundation students and degree students across the summer to bridge resourcing gaps.

7. We are utilizing managers to provide additional staffing wherever possible.

8. We have developed performance improvement trajectories monitored at Director Level to move performance towards agreed targets as the year progresses.

9. We have commissioned some further modelling work to explore ways in which we might develop alternative response regimes to sustain both Cat A performance and improve B14 performance at the same time.

10. We are working towards opening our new Urgent Operations Centre at Waterloo in the Autumn which will give us an enhanced ability to manage Urgent and Category C workload so relieving pressure on the core A&E vehicles.

11. We are continuing to expand our ECP programme as fast as possible within logistical and financial constraints.

1.2 Central Ambulance Control

Since my last report, the new GP urgent call triage system is now in place, and we will be monitoring its effect over the coming weeks.

During the very hot weather in the week of 20th June CAC call takers came under unprecedented pressure as the call rate rose for that week to just over 28000. On some days the call rate approached that of some of the early hours of New Year's Eve. This in turn has led to fall in call answering performance during May and June.

ACAO John Hopson continues to work on the recruitment plan for CAC and training courses are now planned up until March 2006.

Sustained focus on attendance management is continuing with all the CAC Senior Management Team. Systems are now in place to ensure that staff do not work excessive hours and that they are able to fulfil their contracted hours.

Work is now underway to review the dispatch procedures in CAC to allow a phased re-integration of FRU resources onto the main sector desks. This process will begin first with the NE sector during August and will allow a reduction in the numbers of multiple responses to the same call. In addition the way in which allocation decisions are managed by the sector desks will be reviewed to allow better utilisation of all available resources and more efficient use of standby.

1.3 Emergency Planning

Atlantic Blue

In my last report, I informed the Board of the international 'Atlantic Blue' exercise that we were involved in during April. The exercise went well from the LAS point of view and the service was congratulated for the very full role which it played in all aspects of the exercise. A number of lessons will be

learned both from our own internal debriefs and from the multi- agency debriefs and incorporated into our future planning.

London Bombings

On the morning of the 7th July we received calls to various locations in central London where there were reports of explosions in the underground system. Initial intelligence from the underground control room pointed towards a power surge across the system, but it soon became evident that this was not the case.

In the final analysis as we now know the capital was in the grip of multiple suicide bombings on the tube network coupled with an explosion on a bus. The net effect was to set the scene for the most complex and challenging major incident that the service has ever faced in its long history of dealing with terrorism in the capital.

ACAO John Hopson, who was in CAC at the time, instigated the Trust's Major Incident Plan, had 'Gold Control' opened and commandeered the Conference Room. The Major Incident management structure was put into place and ACAO John Pooley as On Call Gold, assumed responsibility.

The Senior Managers Conference at Millwall was abandoned and a Silver command structure started to be put in place using Ambulance Operations Managers from the conference. Director of Operations Martin Flaherty reported to the Conference Room and as ACAO Pooley was on his way to a Gold meeting at New Scotland Yard, assumed the responsibility for Gold.

The situation remained confused for some time with ongoing reports of further explosions coupled with multiple sites as the injured emerged from several tube and railway stations. At one stage both the Met police and ourselves believed that we might be dealing with up to eight different scenes and we had to deploy management teams to all these sites until it became clear that there were in fact three explosions on tube trains and one on a bus .

During the next few hours, the Trust, with support from St John Ambulance, the Red Cross, Mutual Aid from Kent, Essex, Surrey and Royal Berkshire Ambulance Services worked with other blue light services to rescue and transport casualties to various London Hospitals.

In total over 100 vehicles were deployed and some 250 LAS staff were involved in the rescue and treatment of the survivors. In total we treated some 45 patients with serious or critical injuries and were involved in the transport of some 369 patients in total to a number of hospitals within Central London.

In addition to the main response we successfully managed to maintain service on the core 999 workload albeit with a period of time initially in which we responded solely to life threatening calls.

A great deal of work was done on the day to plan for resilience over the coming days as it was by no means clear that the initial wave of bombings were not set to continue through the day or coming days. Senior managers were deployed to New Scotland yard and to the Strategic Command Centre at Hendon. Close working with Health partners at the strategic level ensured that the overall NHS response coped very well with the incident.

Initial staff debriefs were held at the Millwall football club on the day and over 150 staff attended to be debriefed and refreshed and also to have their vehicles made ready to respond once again if required. This has been followed up by a comprehensive programme of counselling and welfare support in the following week to ensure that all staff who attended these scenes or were involved in managing the incident receive appropriate post incident support.

Attendance at multi agency GOLD and SILVER meetings has been ongoing since the incident ensuring that adequate strategic and tactical planning has been in place as we worked through the recovery phase of the incident.

Senior Emergency planning manager Peter Horne is now leading on the debrief processes and these will be conducted across all staff groups both internally and on a multi agency basis to ensure that any lessons to be learnt are surfaced and acted upon.

All employees of the Trust responded to this incident in a truly professional way, and the Board can feel proud of their achievements.

1.4   Urgent Care Service

Ian Todd took up post as the Head of Urgent care and Clinical Development on 20th June and subsequently appointed Paul Tattam, currently a Duty Station Officer, to the role of Urgent Care Service Project Manager from 1st August for a secondment period of 12 months.

A Project Board chaired by Peter Suter has been introduced to oversee the timely opening of the Urgent Operations Centre. Two specific milestones have been agreed by that Project Board, the first of which represents the minimum achievement acceptable:

30th November 2005 – co-location of the existing Greenbase, CTA, EBS and PTS Central Services resources into a single control room function

30th April 2006 – full technical integration of services

Wider issues of management restructure are also due to be tackled within this second timeframe.

Current service provision continues to struggle due to poor staffing. A revised strategy for CTA recruitment is being put in place and adverts external to the LAS are expected in the near future. EMT1 recruitment remains challenging

with a poor response to recent advertising. This appears to be a result of ongoing EMT2 recruitment with applicants preferring to access directly at the higher level wherever possible.

Ian Todd will be attending the Board meeting in September to provide a full overview of UCS performance and development strategies.

1.5   Resourcing

Resourcing has been difficult in May and June as pointed out in section 1.1 . There are a number of issues that have contributed to this and these are explored in detail below.

Vacancies

During the early part of this calendar year a decision was taken to defer some technician courses in favour of recruiting fully trained paramedics and technicians from other ambulance services. These staff had already approached us with a desire to join the LAS but in the final analysis the take up was poor. In addition we have had a more complicated recruitment program this financial year due to the need to allow some Urgent care staff to re-grade to full technician status. The net effect of these two issues has meant that we are currently carrying more operational vacancies than we would normally want at this stage of the year.

However, all sources of recruitment are now focussed on delivering 115 additional staff to operations between August and mid November. This includes recruits from internal conversion courses (EMT1 to EMT2), conventional new entrant courses, BSc Paramedic recruits from Hertfordshire University and Foundation Degree students from Kinston and Hertfordshire. These new staff will be directed to those stations with the greatest need and will fill 60% of our current vacancies. There is of course an ongoing recruitment programme which will fill the remaining vacancies and cater for our immediate needs in 2006/07.

Overtime

Because of the number of vacancies, the Service has been especially reliant upon overtime during recent months. In anticipation of the Agenda for Change provisions whereby all overtime is paid at time-and-a- half, there has been a general reduction in overtime working and crews have been increasingly selective as to when they will work overtime, preferring to work it on a weekday instead of a weekend. Increasingly during May and June we saw a reduction of some 500+ hours being worked at the weekend and clearly this had a significant impact upon cover at this time. To address this problem, from the 10 June we introduced enhanced overtime from 15.00 hrs on Friday until 03.00 hrs Monday morning, paid at double time. This has had a dramatic impact upon overtime working, and in turn operational cover. It would be true to say that current weekend overtime has returned to normal and in many cases exceeded previous levels.

In the longer term we will be introducing further arrangements to increase the number of relief staff available at weekends to cover shortfalls in cover as part of their rostered duties thereby reducing our reliance upon overtime.

Abstractions

During June 190 staff undertook a five day Continuing Professional Development course. Clearly this much need development training has had an impact upon cover which was exacerbated by high vacancies and changes to overtime working practices. This training is planned to cease during the peak holiday period and resume in September.

Overall sickness absence levels remain on target but much of our short-term sickness is extremely disruptive with significant numbers going off for 2 – 3 days with little or no notice, leaving shifts uncovered. Obviously appropriate measures will be taken against those who take excessive sick leave, however work is underway to improve our ability to predict times when this is likely to occur and ways of covering these short notice gaps in cover.

2. PATIENT TRANSPORT SERVICE

2.1 PTS Key Performance Indicators (KPIs)

Charts for June 2005 are attached for information.

2.2 PTS Complaints

	Apr 05	May 05	Jun 05
Total	2	5	2

2.3 PTS Hospital arrival time

Overall performance has remained stable at 74% in May 2005.

A number of "quick win" and longer-term actions were identified by PTS Managers as part of the PTS trajectory work, which are expected to impact the arrival times for PTS within 3 months. Action plan is being monitored closely as part of the PTS Performance Board.

Short-term actions, which will impact arrival and departure times, include:

- Site manager undertaking frequent "unpredictable monitoring" of PTS co-ordinators, to ensure that updating of patient journeys is being done absolutely correctly
- Programming all crew mobile numbers into control room landlines for quicker communication
- Correctly recording patients who are booked ready but do not turn up at the transport lounge as a cancellation and re-booking when actually ready

Medium-term actions include:

- Changing patient booking forms to allow for booking of time slots (eg 0900-1100 or 1300 – 1500) for clinics or day units which do not have time-critical appointment times
- Sharing best practice from contracts where arrival and departure times are compliant

Target is to reach or exceed 90% by March 2006.

2.4 PTS Hospital Departure time

Percentages continue around 84% in May 2005.

As above, we expect some improvement in departure times following the detailed action plan laid out in our ongoing trajectory work.

Target is to reach or exceed 90% by March 2006.

2.5 Patient time on PTS vehicle

Performance in this measure continues to hold steady. May 2005 showed 92% compliance.

2.6 Operations

Fleet redeployment

The first phase of the fleet reassignment is underway, which includes vehicle movement following the closure of Hammersmith & Homerton contracts. Once these are in position several contracts will be swapping vehicles to achieve their optimum mix. Five older vehicles are being taken on by Training to replace older vehicles, a sixth by Hillingdon complex for Airside Driver Training and the seventh is likely to be sold to a charity associated with the Chairman.

Stretcher Vehicle Project

All but 3 vehicles are operational, with seventeen vehicles operational on:

- Hillingdon
- Kingston
- Chase Farm
- Camden
- Chelsea & Westminster
- Whipps Cross
- Greenwich
- QMS
- BHB
- Central Services.

Four blue-light Movanos are with Central Services and the fifth with Chelsea & Westminster Hospital.

The vehicles have been received generally on a positive note by staff, with only minor recommendations and suggestions made.

The return of a number of the R-regs will commence during July/August.

Equipment

Defibrillators

We have placed a second order for a further 60 defibs. The first delivery of 25 units is scheduled for delivery towards the end of July; these will be placed on the new Stretcher Movanos. Mike Boyne has requested all defibs to be placed on vehicles by 1st September; in time for the Chief Executive's roadshows.

27.   Contracts Update

Hammersmith Hospitals NHS Trust

The Hammersmith Hospitals contract ceased on 30 June 2005, with a smooth handover to Medical Services reported.

All but one member of staff was retained by LAS, with the remaining staff member (who lives in Essex) accepting a redundancy package from Medical Services.

All staff worked hard until the very last day, and I would like to pay tribute to their dedication to patient care.

RNO Stanmore

We still await the return of new signed SLA from Head of Finance.

QEH & QMS

Due to the ongoing dispute and arbitration proceedings with QEH regarding excess invoices for 2004-05 and 2005-06, active demand management has been instigated at QEH and QMS from 13 June 2005. This will mean a service matching exactly the activity supplied in the November letter notice, ensuring that neither QEH nor QMS will be liable for any excess invoices or credits.

2.8   Tenders & New Business
Chase Farm & Barnet

Decision expected after their Trust Board meeting on 14 July 2005.

St. Mary's Paddington

Tender submitted in early July 2005 for the remaining part of the PTS contract at St. Mary's which was not included in the Hammersmith tender. No feedback received as yet.

Central & North West London Mental Health

Attended a presentation to this Trust on 1 July 2005 following submission of our tender. No feedback received as yet.

Lewisham Hospital

Received invitation to tender for this Trust which we are working on at present.

East Elmbridge & Mid-Surrey PCT

Received invitation to tender for this Trust which we have decided to decline.

Royal Free

Still awaiting tender specification.

3. COMMUNICATIONS

3.1 Communication management of the London bombings

The media spotlight fell on the capital and on the emergency response organisations including the London Ambulance Service as the bombings made headline news across the world.

Crisis management plans kicked into place when the Service's communications directorate received a text alert from the control room at 9 am notifying them of a reported explosion at Liverpool Street. From that point on the media calls flooded in, and communications staff with the support of their operational colleagues, embraced the challenge of managing the Service's reputation during this intense period of media interest.

The focus of the communication plan was to reassure the public, explain how the Service was responding and that it was coping, explain how the public could help, and convey the organisation's respects to those who had lost their lives or been injured during the tragic events of 7 July. Equally important was the need for effective internal communication, and existing communication channels were used to keep staff up to date with events and provide information about counselling and support opportunities.

3.2 Initial response – media liaison

In the first instance it was essential to obtain as much information as possible about the incidents being attended and the Service's initial response, and provide the media with a brief holding statement. Within the first forty minutes of the explosion at Liverpool Street, a conference call had been held with communication professionals across key London agencies so all were aware of the key general messages that could be conveyed.

As events unfolded, more information was issued by the Service to the media. At the request of Gold, this included a message to the public that crews would only be responding to life-threatening calls, and a plea to the public to use the 999 service wisely.

Members of operational staff were identified at an early stage to give interviews to press and broadcast media from across the world. The first interview was broadcast around noon from Russell Square where Ambulance Operations Manager Paul Woodrow read out a brief statement.

Following media Gold meetings at New Scotland Yard, a joint news conference was held at the Queen Elizabeth II Conference Centre in Westminster at 3 pm to explain the emergency response. Assistant Chief Ambulance Officer Russell Smith represented the Service on the panel, alongside other senior spokespeople from the emergency services and London Underground. Throughout the afternoon Russell, alongside motorcycle paramedic Larry Perkin and paramedic Jim Underdown, gave interviews to national broadcast and press media.

A number of other frontline staff who had attended scenes of the explosions gave radio and press interviews from Headquarters, recounting their experiences. Among them were Senior Clinical Advisor David Whitmore, Emergency Planning Officer Jon Edmondson and Ambulance Operations Manager Bill Kearns.

Close liaison with Gold Control and attendance at LAS Gold meetings continued through Thursday. A fifth statement was issued at 8 pm giving details of the number of casualties that had been treated, and expressing condolences for victims and their families.

All statements were posted up on the Service's website which received over 3400 hits during the course of the day.

3.3 The first week – media liaison

Media interest continued during the seven days after the explosions. As well as putting up staff to recount their experiences and explain the Service's response, work was undertaken to rebut negative stories regarding response times and the lack of digital communication.

Requests continue to be looked at regarding LAS participation in documentaries and news programmes.

During the first week, it is anticipated over 150 interviews were given to international, national and regional media. The extent of coverage is yet to be determined, though it is acknowledged it is greater than has ever been experienced by the Service.

3.4 Visits

The Queen, Prince Charles, the Prime Minister and his wife, Secretary of State for Health Patricia Hewitt, Lord Warner, Ken Livingstone and various health officials took the opportunity to visit key venues across London to thank staff involved in the emergency response for their work. The communications team worked alongside operational managers to coordinate these visits, ensuring ambulance staff were present to represent their colleagues. In terms of the Prime Minister's visit to the Service's Headquarters in Waterloo HQ, joint working with No 10 ensured a detailed programme was in place meeting both the requirements of the Prime Minister, who came directly to our Waterloo Road HQ after flying in from the G8 Summit at Gleneagles, and of the LAS and colleagues from other emergency services. Particularly, this visit on Friday 8 July was seen as welcome recognition of the major contribution made by the ambulance service to the unprecedented events of the previous day.

3.5 Internal communication

Throughout Thursday the Service's intranet was used as a source of information for staff about a range of issues relating to the bombings. These included updates on the incident, LAS-specific media coverage, staff support information, details regarding the casualty hotline and messages of thanks and support from around the world. The site continued to be updated through the following week.

All active user emails were issued advising staff on the immediate activity following the explosions.

A Chief Executive's bulletin was issued thanking staff for the "fantastic job you did at the different incident scenes and in CAC, the PTS coordinating office; gold control; resource centres; Millwall; the press office; Waterloo HQ and all our other support services sites across London." Messages from the LAS Chairman and from all over the world were posted on the intranet.

The weekly routine information bulletin, issued on the Tuesday following the explosions, focused specifically on incident-related issues.

3.6 Paying our respects

Floral tributes were laid at the four incident sites by staff who had attended the explosions at those locations. LAS personnel were present at the two-minute silence at Kings Cross, where Ambulance Operations Manager John Huggins

was interviewed by a number of media representatives. At the Trafalgar Square silence the Service was represented by staff from A&E, PTS, CAC and support services. The LAS Chaplain led the ceremony outside LAS HQ and silences were observed at all service sites across London.

On the evening of Thursday 14 July, a number of staff attended the vigil in Trafalgar Square. Paramedic Andrea Shields, representing the LAS and Unison, and Assistant Chief Ambulance Officer Russell Smith spoke at the event and received a tremendous response from the assembled thousands.

3.7 Summary

The requests for interviews, articles and presentations regarding our response to the bombings will no doubt go on but the commitment to speedy, clear and comprehensive communications – both external and internal – on 7 July and following days enabled London and the world to see more than ever before the highest standards of professionalism and care delivered by the LAS. Also more than ever before, staff from all levels and areas of the Service demonstrated that they understood the need to tell the "LAS story" and were prepared to relive their difficult experiences in front of the world's media to further the reputation of the LAS. Thanks go to all of them.

4. HUMAN RESOURCES

4.1 Agenda for Change

LAS continues to make steady progress on AfC implementation. Although a number of workstreams are being addressed in parallel, the main focus of activity is now on identifying the appropriate AfC banding for each of the 4,000+ LAS posts. To date, that work has been completed for about 10% of posts, many of these have been single posts held by a single post-holder and are unable to be 'clustered' with other similar posts.

By end-July, it is anticipated that 358 LAS staff will have been assimilated onto AfC terms and pay-rates.

Implementation progress in LAS is slower than anticipated by both the DoH model and in comparison with other non-ambulance Trusts. 'Profiles' to cover the largest ambulance staff-groups were not agreed and published until late May 2005. The Trust's first attempt at 'matching' our EMT grades to a national profile has led to a non-agreement. In accordance with a procedure developed with the LAS Staff Side, a further attempt will be made to 'match' this staff group on 21 July. The 27th July has been earmarked for either EMT Evaluation or, if that grade has been successfully banded, for Paramedic matching.

The delays in banding the main A&E grades put increasing pressure on the DH's target date of 30th September for completion of assimilation. The development of KSF outlines is largely in line with the planned timetable.
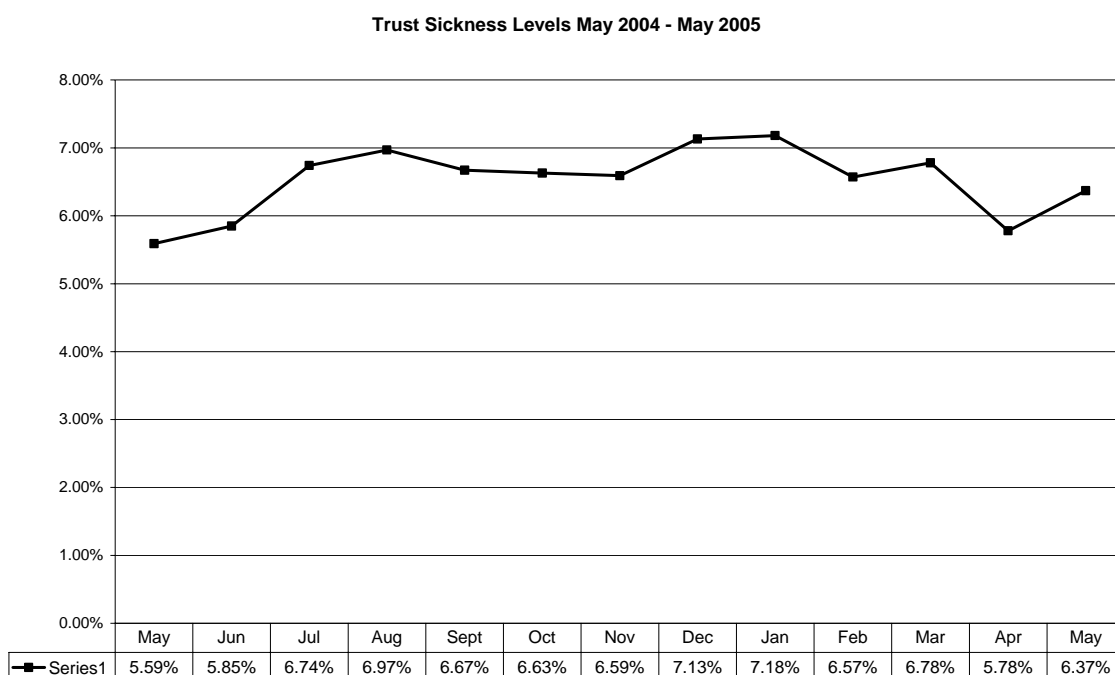
4.2 Personal Development Review

The Board is asked to note that the PDR Reviewers workshops are due to be completed by the end of July. Since March, 220 of the 258 managers nominated to carry out PDR reviews have received training and are now able to undertake interviews with staff. A further 24 managers are due to attend the remaining three workshops scheduled in July. The 14 managers who remain outstanding have been encouraged to take up places on the remaining workshops, however provision has been made to provide two further workshops in August should this be required.

4.3 Knowledge and Skills Framework

The NHS KSF is at the core of AfC and our PDR process. Each post within LAS will have a KSF outline. A number of KSF outline workshops have been undertaken with further workshops planned for August which will involve all Directorates. The outcome of these workshops will be the production of KSF outlines for all posts covered by AfC, these will be jointly signed off by the KSF leads. Whilst the Trust reported red in the traffic light reporting system in February and May (20% and 40% of posts with a KSF outline not achieved) we now have achieved 49% which now puts us back on track to meet the target of 100% by 31st of October.

4.4 Attendance Management

The sickness levels for the year up to May 2005 are shown below. May 2005 figures show an increase in absence (within A&E and CAC) demonstrating the continuing management challenge.

Trust Sickness Levels May 2004 - May 2005

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Series1	5.59%	5.85%	6.74%	6.97%	6.67%	6.63%	6.59%	7.13%	7.18%	6.57%	6.78%	5.78%	6.37%

May '05 Absence	
Staff Group	**%**
A & E	6.27%
CAC (Watch Staff)	11.27%
PTS	4.75%
A & C	2.73%
SMP	3.59%
Fleet	8.21%
Total (Trust)	6.37%

4.5   Workforce Information

(i)   A&E Staff Numbers progress against trajectory for 2005/2006

Table 1 shows progress against the trajectory for staff in post against the agreed establishment and is currently on targets as at June 2005.

(ii)   CAC Staff Numbers – progress against trajectory for 2005/2006

Table 2 shows progress against the trajectory for staff in post against agreed establishment. Achievement as at June 2005 is slightly below target. Recent recruitment activity is expected to correct this position in August.
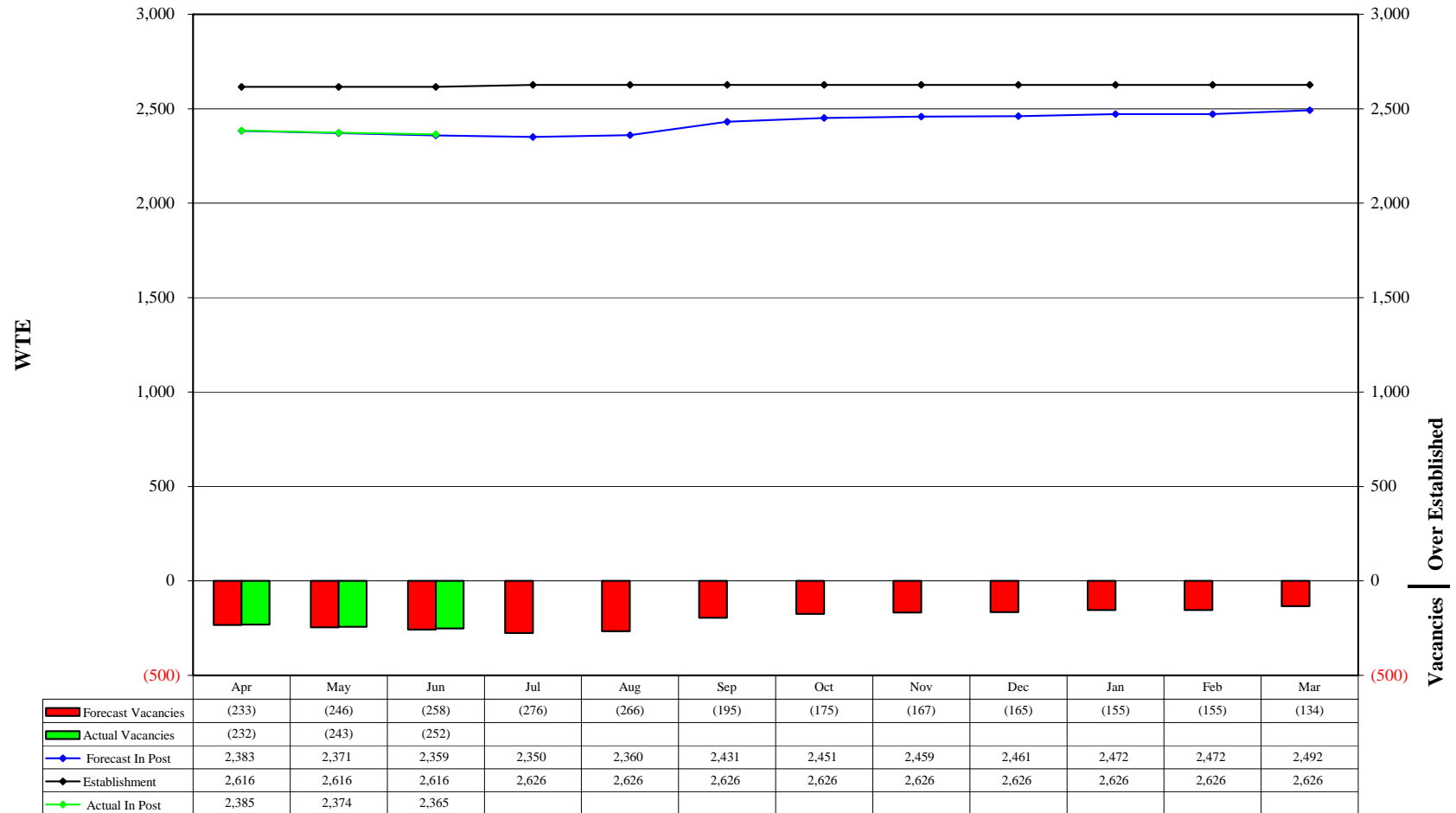
Recommendation:

THAT the Trust Board note my report

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

Table 1

2005/06 & 2006/07 A&E Crew Staff Numbers

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Forecast Vacancies	(233)	(246)	(258)	(276)	(266)	(195)	(175)	(167)	(165)	(155)	(155)	(134)
Actual Vacancies	(232)	(243)	(252)									
Forecast In Post	2,383	2,371	2,359	2,350	2,360	2,431	2,451	2,459	2,461	2,472	2,472	2,492
Establishment	2,616	2,616	2,616	2,626	2,626	2,626	2,626	2,626	2,626	2,626	2,626	2,626
Actual In Post	2,385	2,374	2,365									

At Month End

Table 2

2005/06 & 2006/07 CAC Staff Numbers

WTE

Vacancies | Over Established

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Forecast Vacancies	(44)	(48)	(39)	(43)	(34)	(38)	(41)	(33)	(36)	(28)	(31)	(23)
Actual Vacancies	(43)	(48)	(47)									
Forecast In Post	330	326	335	331	340	336	333	341	338	346	343	351
Establishment	374	374	374	374	374	374	374	374	374	374	374	374
Actual In Post	331	326	327									

At Month End

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 26TH JULY 2005

REPORT OF THE MEDICAL DIRECTOR

1. **Standards for Better Health**

1.1 **First Domain – Safety**

The Medical Directorate has received 14 Safety Alert Bulletins (SABs) from the MHRA. Of these all but one, (MDA/2005/032), required no action by the LAS. MDA/2005/032 related to defibrillator leads manufactured by Laerdal. It was identified that the only LAS department using these types of leads was the Training and Development Department. The leads are only used for the training manikins and there is no risk to the public / patients. From the time that the SABS was received by David Whitmore, to it being disseminated to Mark Whitbread and action to locate all leads and action taken was a matter of a few hours.

The SABS system continues to be effectively managed by LAS Safety and Risk Department.

1.2 **Second domain – Clinical and Cost Effectiveness**

The cardiac arrest survival rate has improved year on year since 1999 and for 2003 / 2004 is 8.1% (up from 6.4% in previous year). The Cardiac Arrest Annual Summary Report for 2003-2004 is detailed in Appendix 2.

The new PRF has been in operation for nearly a month now –early indications are that things are going well so far, however, the collection of feed back regarding the new form and what minor changes can/should be made is in place.

Summaries of three clinical audit projects that are currently being undertaken by the Clinical Audit & Research Unit are included in Appendix 1

Morphine sulphate for IV analgesia is expected to be introduced into the service during September 2005. Further drugs to be introduced during the remainder of the 2005 / 2006 financial year are ipratropium for asthma and COPD patients, and amiodarone as a direct replacement for lidocaine for use in cardiac arrhythmias.

1.3 Third Domain – Governance

The Healthcare Commission gave a briefing on 15th July about the requirements of the new annual health check which replaces the star ratings system. John Wilkins attended the briefing and will deliver a presentation setting out the main points as part of the Board agenda today. A baseline assessment of compliance with the standards is being undertaken by the Governance Development Unit working with director leads to prepare the Draft Declaration for the September Board meeting.

A governance review led by Beryl Magrath is underway and will be producing recommendations to improve and streamline the governance arrangements of the LAS.

An integrated approach to the preparation of evidence to support compliance is to be enhanced with the purchase of software. The Ciris software system is used by a number of NHS trusts to reduce paper-based systems and replace them with electronic alternatives.

Stephen Moore has taken up the post of Head of Records Management and he will be contributing to the further development of information governance and is reviewing records management structures processes and other key indicators for records management defined by the Healthcare Commission as part of the annual health check.

1.4 Fourth Domain – Patient Focus

Margaret Vander has been appointed as the new PPI manager and will take up her post in August 2005.

1.5 Fifth Domain – Accessible and Responsive Care

Meetings have been held with representatives of the Patients Forum to discuss issues surrounding advanced directives and also asthma care (Asthma UK).

Following a patient focus day for pituitary patients held at the Royal Free Hospital at which David Whitmore spoke, there are now 16 such patients with a Patient Specific Protocol. The Pituitary Foundation has since held a meeting with LAS to explore the possibility of JRCALC making an amendment to the hydrocortisone guideline for use for Addisonian crisis patients. Overall the number of Patient Specific Protocols now stands at 29, with a small but significant number (4) being for paediatric patients.

From June 2005, the Medical Director supported by two members of her staff have been providing an "on call clinical advice line" to all LAS staff. This is done on a 24/7 rotational basis, with crews gaining access to the on call advisor via CAC. To date there have been 10 calls made by staff.

1.6   Sixth Domain – Care environment and Amenities

There is no new information to report under this domain.

1.7   Seventh Domain – Public Health

The Medical Director provided Gold Doctor cover for the Live 8 concert.

The LAS has been asked to join the re-formed Safer Detention Working Party of the Metropolitan Police. David Whitmore was present at the first meeting on 16th July 2005 at which terms of reference were discussed. The aim of this group is to improve the medical care for those persons in detention itself, but also to prevent medical problems arising in those persons who might be arrested / detained, and for whom a custody suite would not be an appropriate place of safety.

Recommendation

THAT the Trust Board note the report.

Fionna Moore
Medical Director

18th July 2005

Appendix 1

Clinical Reporting to the Board

Clinical Audit & Research Summary Reports for the Trust Board

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

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

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

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

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

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

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

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

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

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

Since the audit was conducted, there have been a number of developments in the pre-hospital care of anaphylactic reactions. As such, a re-audit is being undertaken to assess the impact of developments on the treatment of anaphylaxis. The audit will examine accuracy of diagnosis and the appropriateness of treatments administered to anaphylactic patients.

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

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

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

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

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

Appendix 2

Clinical Reporting to the Board

<u>Cardiac Arrest Annual Summary Report 2003-2004</u>

Authors: Dr. Rachael Donohoe and Dave Clarke; Clinical Audit & Research Unit, Service Development

<u>Introduction</u>

The following information is based on 3454 patients who were resuscitated by the London Ambulance Service NHS Trust (LAS) following an out-of-hospital cardiac arrest of a presumed cardiac cause during the period April 1st 2003 to 31st March 2004. The information was collected from LAS Patient Report Forms (PRFs), corresponding Central Ambulance Control (CAC) records, and hospital records. Specific LAS Complex-based information is detailed in the Quarterly Cardiac Arrest Complex Reports that are published within the Clinical Education & Patient Care Update. The table below outlines the key findings and compares them with those that were reported in the previous year.

Table 1: Key findings from 2003/4 compared with the previous year's findings.

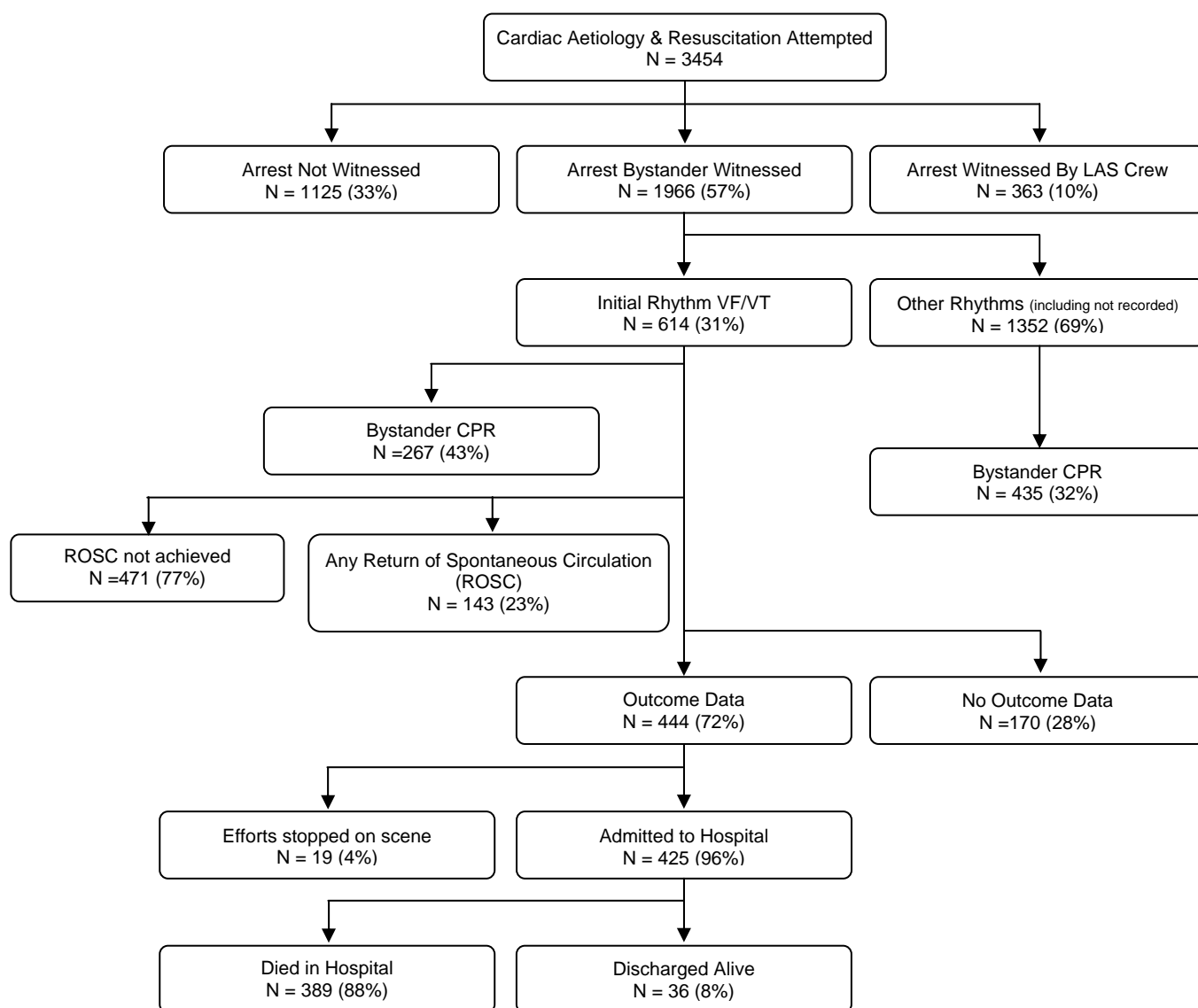|	**2002/03**	**2003/04**
Number of Patients	3541	3454
Average Age	69 years (0-103 years)	68 years (0-103 years)
Gender	Male (66%); Female (34%)	Male (66%); Female (34%)
Incident Location	Private/residential (75%) Public place (25%)	Private/residential (74%) Public place (26%)
Bystander Witnessed	50% (n=1792)	57% (n=1966)
Bystander CPR	28% (n=1002)	29% (n=997)
Initial Arrest Rhythm	Asystole (49%; n=1746) VF/VT (25%; n=884) Other/Missing (26%; n=911)	Asystole (51%; n=1751) VF/VT (25%; n=849) Other/Missing (24%; n=854)
Average 999 Call* – Arrive Scene	7 minutes (range 0-32)	7 minutes (range 0-86)
Average Arrive Scene – Arrive at Patient	1 minute (range 0-42)	1 minute (range 0-35)
Average 999 Call* – 1st LAS Defibrillatory Shock**	9 minutes (range 1-41)	9 minutes (range 1-33)
Average Arrive Scene – 1st LAS Defibrillatory Shock**	3 minutes (range 0-34)	3 minutes (range 0-23)
Average 999 Call* – Arrival At Hospital	39 minutes (range 6-162)	38 minutes (range 6-147)

* *Time when the incident location and the patient's chief complaint were established by CAC.*
** *Initial arrest rhythm of VF/VT & excluding crew witnessed arrests (03-04 figures are based on 9 months data only).*

Survival Calculation

The Utstein Survival Calculation[1] has been used to calculate cardiac arrest patient survival to discharge from hospital. This is an internationally validated method for calculating survival rates and is aimed at enabling comparisons across services. The Utstein calculation is the number of patients discharged alive divided by the number of persons who had resuscitation attempted following a cardiac arrest of a presumed cardiac aetiology, where the arrest was bystander witnessed and the initial rhythm was VF or VT. The outcome of patients whose records could not be traced through hospitals cannot be assumed and as such, these patients (n=170) have been removed from the survival calculation. The valid denominator for the survival calculation is therefore 444.

Utstein Template: 2003/04

```
                    Cardiac Aetiology & Resuscitation Attempted
                                 N = 3454

   Arrest Not Witnessed      Arrest Bystander Witnessed    Arrest Witnessed By LAS Crew
   N = 1125 (33%)            N = 1966 (57%)                N = 363 (10%)

                    Initial Rhythm VF/VT          Other Rhythms (including not recorded)
                    N = 614 (31%)                 N = 1352 (69%)

         Bystander CPR                                      Bystander CPR
         N =267 (43%)                                       N = 435 (32%)

   ROSC not achieved    Any Return of Spontaneous Circulation
   N =471 (77%)         (ROSC)
                        N = 143 (23%)

                    Outcome Data                  No Outcome Data
                    N = 444 (72%)                 N =170 (28%)

   Efforts stopped on scene    Admitted to Hospital
   N = 19 (4%)                 N = 425 (96%)

                    Died in Hospital              Discharged Alive
                    N = 389 (88%)                 N = 36 (8%)
```

Survival rate: (36 / 444) = 8.1%

Conclusion

The LAS out-of-hospital cardiac arrest survival rate of 8.1% represents another increase in a pattern of year upon year increases. In 1998 & 1999 the survival rate was 4.2%; in 2001/02 it was 5.0%, and in 2002/03, 6.4%.

Successful resuscitation from cardiac arrest is dependant upon a number of factors including: cardiac arrest rhythm; location of arrest; whether or not the arrest was witnessed; interval between collapse and call for emergency medical help; bystander cardiopulmonary resuscitation (CPR) prior to the arrival of the ambulance, and early access to defibrillation and definitive care.

Table 1 shows that the number of bystander witnessed cardiac arrests has increased to 57%. This increase in witnessed arrests is likely to be a significant contributing factor to the increased survival rate. When an arrest is witnessed, emergency help can be accessed more rapidly and bystander intervention may begin more quickly.

The positive impact of bystander initiated CPR on survival from out-of-hospital cardiac arrest is well documented. Effective bystander CPR maintains the cardiac rhythm of VF/VT, keeps the organs viable, and has been reported to triple the chance of survival from a witnessed out-of-hospital cardiac arrest[2]. The figures in the Utstein Template above report that a higher proportion of patients who were in VF/VT on arrival of the ambulance crew received bystander CPR compared with patients who were found to be in other cardiac rhythms (43% vs. 32%).

On 7th October 2003 the LAS launched a 'Live or Let Die' campaign, which offered free training in basic life support and chest pain awareness to members of the public. During 2003/04 more than 3,000 people received training by the LAS' Community Resuscitation Training Team. Although the figures reported in Table 1 do not demonstrate any significant increase in the amount of bystander CPR undertaken during 2003/04, it must be remembered that this campaign began in the latter part of the year and the true benefits may not be realised for some years to come. It is, of course, possible that while the rate of bystander CPR has not been affected by the CPR training, the quality of CPR administered may have improved. However, this statement must be treated with caution as the quality of CPR was not examined as part of this report.

It has previously been reported that cardiac arrest victims who collapse at home are less likely to receive bystander CPR than people who collapse in public[3]. Almost three-quarters of cardiac arrests in London occurred in a private, residential location – and this figure has remained relatively constant for more than five years. It is vitally important that the relatives and friends of people who suffer from Coronary Heart Disease learn not only CPR, but how to recognise the signs and symptoms of a heart attack and the type of information that will be needed when a 999 call is made. The LAS is soon to release a 'Cardiac Arrest' DVD that is aimed in particular at communities whose first language is not English. The DVD contains information about the signs and symptoms of a heart attack, how to call 999, how to use the telephone interpreting service (Language Line) and basic life support skills. In addition, the LAS' Community Resuscitation Training programme targets populations at a high risk of CHD including those from a South Asian background.

A number of other initiatives and service developments have been undertaken across the LAS over the last few years that are expected to have contributed to the continued increase in survival from cardiac arrest. These developments include the introduction of FR2 Defibrillators, 12 Lead ECG monitors, the use of blue calls (hospital alerts) in cases of

suspected acute coronary syndromes, the use of public access defibrillators, and dispatcher (999 call taker) assisted telephone CPR.

Unfortunately, hospital outcomes could not be traced for 28% of the patients in our survival calculation. This figure is an improvement on last year's (43%) and represents a more accurate survival calculation. It is hoped that this figure will again fall dramatically by next year's annual report. In order to achieve this, more work needs to be undertaken to ensure that, where possible, patient outcomes are recorded on the LAS PRF to minimise the amount of information requested from hospitals. Existing relationships with hospital trusts need to be maintained and the LAS needs to make it easier for hospitals to provide outcomes information. One of the main reasons for missing hospital outcomes data is that the time interval from the incident to the LAS making the request for data is too long. By the time the hospitals are approached with a request for data, a significant amount of hospital records have been archived and are inaccessible to the LAS. If the time interval between the cardiac arrest and the PRFs being made available to the Clinical Audit and Research Unit was reduced, then the patient's outcome would be requested from the hospital in a timelier manner and the likelihood of receiving information would be improved.

Recommendations:

1. The LAS must continue to promote complete and accurate PRF documentation. The use of the LAS' Team Leader Clinical Performance Indicators (CPIs) has been demonstrated to improve the level of documentation. These CPIs must continue and their importance must be reinforced, with protected time allocated to Team Leaders to enable the CPIs to be undertaken.

2. The LAS must increase efforts to reduce the time interval from the incident to the request for hospital information to allow a more complete data set and a more reliable survival figure.

3. The Community Resuscitation Training programme should continue to target families of 'at risk' populations. The LAS should further increase its efforts in targeting the relatives of patients with a known history of Coronary Heart Disease through, for example, linking in with cardiac rehabilitation programmes.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD   26th July 2005

INTELLECTUAL PROPERTY POLICY

1. **Sponsoring Executive Director**:   Mike Dinan, Director of Finance

2. **Purpose**:   To provide a policy on Intellectual
                                                              Property.

3. **Summary**

    A framework and programme for the development of Intellectual Property
    management for the Trust to assert its right over Intellectual Property owned
    by the London Ambulance Service.

4. **Recommendation**   THAT the Trust Board approve the
                                                              policy

Intellectual Property Policy

(July 2005)

London Ambulance Service NHS Trust

Intellectual Property Policy

Introduction

Intellectual Property (IP) is the generic term for a diverse range of rights including patents, copyright, trade marks, design rights and know how which are capable of being owned. IP allows people to own their own creativity and innovation in the same way they can own physical property. The owner of IP can control and be rewarded for its use, which encourages further innovation for the benefit of society. In certain situations it is not possible to protect IP and gain IP rights unless they have been applied for and granted, but some IP protection, such as copyright arises automatically, without any registration, as soon as there is a record in some form of what has been created.

The main forms of IP are defined in Appendix 1.

IP rights are a tradeable commodity: people can transfer ownership and benefits relating to the IP. IP is of commercial value to its owner and it is important that IP generating organisations such as the London Ambulance Service NHS Trust (LAS) properly provide for its regulation and protection. Protection of IP gives legal recognition to the ownership of IP and enables the owner the right to exert monopoly control over the exploitation of their property, usually for commercial gain. IP protection also gives the owner the right to stop others exploiting their property.

The NHS Plan[1] commits the NHS to ensuring that innovations are identified and developed in the interests of patients and society. In line with this, the Department of Health's 'Framework and Guidance on the Management of Intellectual Property in the NHS'[2] and the Health and Social Care Act 2001[3] encourage NHS Trusts to capture innovations that can lead to new or improved products, interventions and services and to develop as innovative organisations. Additionally, the Department of Health's 'Research Governance Framework for Health and Social Care'[4] highlights the protection and exploitation of intellectual property as a key responsibility of an organisation undertaking high quality R&D. Speaking at the NHS IP Conference in 2004 Lord Warner declared *The NHS is full of people with bright ideas, ideas that need to be captured , protected, and developed. But our systems and approaches for doing this need improvement."*

The LAS has not previously had a systematic approach to IP. However the Trust does carry out activities that may create IP, such as:

- Input into the design of vehicles and equipment
- Computer software development
- Development of training materials
- Treatment guidelines
- Clinical audit and research projects

Aim
The objective of this policy is to provide a framework and programme for the development of IP management for the Trust to assert its rights over IP owned by the LAS.

1   Establishing and Safeguarding Ownership

1.1   In accordance with UK law, IP generated by Trust employees normally belongs to the Trust so long as the IP is generated in the course of the employee's normal, specified or assigned duties; subject to any legal agreements that override the above. It is the intention of the Trust to include suitable provisions in employment or other contracts to this effect.

1.2   For IP generated through collaborative development, the Trust will seek to establish a share of IP ownership with other parties or other benefits, such as royalties or royalty payments.

1.3   For IP generated by personnel not employed by the Trust, but where there is input by the Trust leading to the generation of the IP, the Trust will seek to establish IP ownership or a share of IP ownership with other parties or other benefits, such as royalties or royalty payments.

1.4   Where the Trust is seeking to establish a share of IP ownership (or royalties or royalty payments) with other parties, this will be by way of a formally documented agreement between the relevant parties.

2   Exploiting IP

2.1   The Trust will follow government guidelines, in particular, 'A framework and guidance on the management of intellectual property in the NHS'[2] and the speech by Lord Warner to the NHS IP Conference in 2004, to identify and manage, develop and exploit IP in a cost-effective way to ensure the NHS and LAS gains a share of the profits from the commercial exploitation of IP and acts in accordance with applicable UK laws.

2.2   The Trust will engage the services and assistance of the London NHS Innovation Hub, when the restructuring process of Innovation Hubs is complete, in order to maximise its financial gain from its IP where possible.

3   Policy Implementation

3.1   The Director of Finance will be responsible for ensuring that the Trust:
  - Joins the London NHS Innovation Hub when this has been properly established.

- Develops a prioritised programme with the assistance of the London Innovation Hub for identifying, protecting, and commercialising the Trust's IP. The programme will include developing:
  - awareness raising and training on IP issues for the Trust's staff;
  - procedures to review when and whether IP is involved or not. Initially the priority will be to review the contracts for Information Management and Technology services, collaboration and input into the design of vehicles and equipment, research and development projects, and education and training courses.
- Guidelines for assessing how the benefits of IP will be retained or distributed.

3.2   The Director of Finance will provide an annual report to the Trust Board on the progress with implementing the IP policy.

3.3   The Director of Finance will be supported and assisted by the Director of Human Resources and Organisation Development in the review of contracts with employees, and others engaged as independent contractors etc who are not employees of the Trust, and ensuring that the model employment conditions on the ownership of IP and confidentiality are adopted.

3.4   The Trust will engage internal audit to monitor the level of compliance with the IP policy.

Michael Dinan
Director of Finance
20 July 2005

References

1. The NHS as an Innovative Organisation A Framework and Guidance on the Management of Intellectual Property in the NHS, DoH, September 2002.

1. 'The NHS Plan 2000' A Plan for Investment A Plan for Reform **http://www.nhs.uk/nationalplan/nhsplan.pdf**

2. A Framework and Guidance on the Management of Intellectual Property in the NHS' **http://www.innovations.nhs.uk/pdfs/77169_doh_nhsnnovative_orgfinal.pdf**

3. 'Health and Social Care Act 2001' 2001 Chapter 15 **http://www.legislation.hmso.gov.uk/acts/acts2001/20010015.htm**

4. 'Research Governance Framework for Health and Social Care'. **http://www.doh.gov.uk/research/rd3/nhsrandd/researchgovernance.htm**

Other Relevant Documents

1. 'Handling Innovation and other Intellectual Property': A Guide for NHS Researchers **http://www.doh.gov.uk/pub/docs/doh/integuide.pdf**

2. The Management of Intellectual Property and Related Matters: An Introductory Handbook for R&D Managers and Advisors in NHS Trusts and Independent Providers of NHS Services'
3. **http://www.doh.gov.uk /pub/docs/intehand.pdf**

Different types of Intellectual Property

The main forms of intellectual property ("IP") are:

1   PATENTS

A patent gives an inventor the right, for a limited period, to stop others from making, using or selling an invention without the permission of the inventor. A patent can only be granted in respect of inventions which meet certain conditions, including being "novel", having on inventive step and capable of "industrial application". i.e. "a product or a process".

2   TRADE MARKS

A trade mark is any sign which can distinguish the goods or services of one individual or organisation from those of another. A "sign" includes words, logos, slogans and three-dimensional shapes. To be registrable, a sign must meet certain conditions, including being capable of being represented graphically, i.e. in words and/or pictures.

3   DESIGN RIGHTS

Design rights are rights in relation to the appearance of the whole or part of a product and its' features. Designs can be protected by registered or unregistered design rights and generally allow the owner of those rights, for a limited period, to stop others from making, using or selling a product to which the design has been applied, or in which it has been incorporated, without the design right owner's permission.

4   COPYRIGHT

Copyright arises in certain original works, including literature, art and music and allows the owner of the copyright to prevent others exploiting that work without the permission of the copyright owner. Copyright protection does not depend on registration; it arises automatically as soon as the work is created.

The creator of a copyright work also has "moral rights" including the rights to be identified as the creator of the work and to object to any distortion of the work.

5   OTHER IP RIGHTS

Trade secrets and other forms of confidential information are also usually considered to be forms of Intellectual Property as they are other forms of intangible property which are protected by legal rights.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 26th July 2005

CAD 2010 UPDATE.

1.   **Sponsoring**   Peter Suter
      Director:

2.   **Purpose:**   For noting

3.   **Summary**

On February 22nd 2005 the SDC supported a paper that set out the future direction for the CAD system within the LAS. There would be two phases:

    a) Immediate Requirements – CAD 2010 Phase 1
    b) New CAD   - CAD 2010 Phase 2

The objective of this report is to provide an update on progress in relation to the work done so far, and the plan for stage 1, that is the work over the next six months. Overall the project is on target and will report as planned prior to Christmas, with a final recommendation (including the Gateway review report) at the January Trust Board meeting for how to procure a new CAD.

4.   **Recommendation**   THAT the Trust Board note the work done to date
                            and the progress achieved

LONDON AMBULANCE SERVICE NHS TRUST

CAD 2010 Phase 2 Project – Progress

1. Introduction

1.1 On 22nd February 2005 a paper was presented to the SDC meeting entitled "Computer Aided Dispatch – The Way Forward". That paper outlined the current situation, the limitations and frustrations with the existing CAD, and proposed the initiation of two projects:

    a) Immediate Requirements   CAD 2010 Phase 1
    b) New CAD   CAD 2010 Phase 2

The objective of this paper is to update the Trust Board on the progress of the CAD 2010 Phase 2 Project – New CAD.

2. Project Management Team & Resources

2.1 An external consultant has been engaged to manage stage 1 of this project, described within the previous paper as 'Procurement Preparation'. He started on 11th April. Initial discussions about the nature of the task, the agreed project management practices of the LAS, the strategic risk and significance of this project, established an outline of the approach necessary. Conduct of the project is consistent with PRINCE2, the recognised best practice project management methodology.

2.2 A risk assessment (undertaken by the Director of IM&T as project executive) categorised the project as high risk. It is therefore subject to a Department of Health (DH) mandate that it be submitted to external review by the DH Gateway Review Team. This is in accordance with the guidelines of the Office of Government Commerce (OGC), an independent office of HM Treasury. The first such review, known as Gate 1 – Business Justification, is already scheduled to take place in time to report back to the Trust Board to support the procurement decision.

2.3 A Project Board has been established consistent with that described in the previous paper. It is chaired by the Director of IM&T and attended by representatives of the CAC and Sector user communities; Service Development and Finance Directorates; the CAD Phase 1 Project (Immediate Requirements) and IM&T. The Project Board first met on 14th April to understand its role and agree the outline approach of the project. The Project Board has now met on five occasions with regular meetings scheduled bi-monthly.

2.4 An internal recruitment process has selected three people to undertake the 'User / Researcher / Tester' roles. Following recruitment and appointment, the whole team was finally fully assembled in early June.

3. Plans & Controls

3.1 The plan incorporates several pieces of work to determine the 'Current Situation' as an essential baseline from which to define change. This includes; determining the current CAD capabilities, the current technical environment, initial list of stakeholders, related projects and initiatives and a means to manage the lessons learnt following the problems of 1992. Whilst all of these pieces of work are important, the final two elements listed are particularly worthy of further information.

3.2 Related Projects & Initiatives: The work to determine the related projects and initiatives has identified other areas of change (either within or outside the LAS) that may have an impact upon this project or that may be impacted by the changes anticipated within this project. It will therefore establish a change control mechanism with these external links. Preparatory investigations have identified a large amount of change relevant to this project and therefore emphasises the importance of this work. This has become known as the 'shifting sands' document based on an analogy of the extant project building a new CAD on top of a sand dune while the other initiatives are digging away at the slopes of the dune.

3.3 Lessons Learnt: The lessons drawn from the events of 1992 were set out in an independent report commissioned by the South & West Thames Regional Health Authority which reported early in 1993. The scope of the report goes beyond just that of the project but includes many valuable lessons of relevance to this project. The Project Board have placed a high level of importance on these lessons, which have been tabulated within a separate document through which the Project Board can proactively manage the activities to ensure they are addressed.

3.4 Configuration management and quality control processes have been established and a pool of quality reviewers, drawn from CAC and Sector Staff, has received a briefing on their role. Reporting processes have been established between the Project Executive, Project Board, Project Manager and Project Team. The Project Board meet bi-monthly to monitor progress, provide direction or take corrective action. At monthly intervals they receive a written Highlight Report from the Project Manager and may be in touch with the project on an informal basis during the intervening periods. The Project Executive meets with the Project Manager on a frequent basis to provide ad-hoc direction and remain constantly aware of progress.

4. Progress Against Plan

4.1 A high level view of the Stage 1 plan is at Appendix 1, progress against which is good and on target. The project has been deliberately constrained to complete an analysis of user requirements and business options before the end of the year. These are scheduled for delivery to the LAS Trust Board on 29 November 2005 (as set out in the previous paper). Subsequent to that will be the preparation of a Combined Business Case that will include plans for the next stage, an outline plan for the whole project and a Gateway Review. These outputs will be

presented to the Trust Board on 31 January 2006 in order to seek support to proceed with the selected option.

4.2 Current activities of the project are focused on the key area of collecting and cataloging user requirements. This is a structured process providing traceability of requirements throughout their capture, evolution and refinement.

4.3 Analysis of the LAS organisational structure has identified over 25 different internal groups of user or potential user of a new CAD environment (or the data directly derived from that environment). To ensure that representatives of all these groups are involved in the process, an intensive schedule of requirement workshops is currently running. These workshops are intended to elicit requirements in 'user speak', sufficient to enable refinement into precise definitions for an ITT during the next stage of the project.

4.4 Compilation of the Requirement Catalogue is taking input from a number of sources beyond these workshops, including the Current Operational Control Capabilities and the "User Specification for Windows CAD" document (also know as Windows CTAK). This will also be a principal input to the Phase 1 Project dealing with 'Immediate Requirements'. The task of cataloging requirements will continue, in parallel with other work, until September when the Project Team will then undertake market research and commence the analysis of options.

4.5 The Trust Board will continue to receive regular reports with delivery of the User requirement and business options report prior to Christmas. The final report (including the Gateway review) seeking approval to proceed with implementing the selected option will be presented in January.

5. Recommendation

THAT the Trust Board are asked to note the contents of this report.

Peter Suter
Director of Information Management and Technology.

Appendix 1 : Stage 1 High Level Plan

ID	Task Name	Duration	Start	2005		Qtr 3, 2005			Qtr 4, 2005			Qtr 1, 2006	
				May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	**Stage 1 - Requirements & Options**	**43.8 wks**	**Wed 11/05/05**		29%								
2	**FS 1 - Current Situation Analysis**	**5.4 wks**	**Mon 16/05/05**		70%70%								
10	**FS 2 - Reasons for Change**	**9 wks**	**Mon 23/05/05**			27%							
13	**FS 3 - Requirements Analysis**	**14.52 wks**	**Wed 01/06/05**					20%					
18	**FS 4 Options**	**6 wks**	**Mon 12/09/05**						0%				
21	FS 5 - Combined Business Case	45 days	Mon 24/10/05						0%				
22	FS 6 - Project Initiation Document (PID)	10 days	Mon 07/11/05							0%			
23	FS 7 - Stage 2 Plan	20 days	Mon 24/10/05						0%				
25	FS 8 - Gateway Review Report	5 days	Mon 09/01/06									0%	
26	**Approvals**	**35.8 wks**	**Wed 11/05/05**										0%
27	**Project Board**	**34.2 wks**	**Wed 11/05/05**										0%
28	Meeting 2	0 wks	Wed 11/05/05	11/05									
29	Meeting 3	0 wks	Thu 14/07/05			14/07							
30	Meeting 4	0 wks	Thu 08/09/05					08/09					
31	Meeting 5	0 wks	Thu 10/11/05							10/11			
32	Meeting 6	0 wks	Wed 18/01/06									18/01	
33	**LAS Trust Board**	**28.2 wks**	**Mon 04/07/05**										0%
37	Meeting A - (Fallback SDC 20/12)	0 wks	Tue 29/11/05							29/11			
38	Meeting B - (Fallback - SDC 28/2)	0 wks	Tue 31/01/06									31/0	

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD   DATE 26th July 2005

FREEDOM OF INFORMATION POLICY

1. **Sponsoring Director:**   Peter Suter

2. **Purpose:**   For approval

3. **Summary**

The original FOI policy was approved by the Trust board in February 2005. Given the unknown impact of the act on Trust business, it was agreed that the policy would be reviewed at six months. This policy is the result of the review, and incorporates the following changes:

1:      The next review date has been set for 12 months – July 2006

2:       At section 1.1, clarification has been added in relation to patient confidentiality

3:      The section originally numbered 2.3 & 2.4 that related to departments providing information manuals has been removed. Experience has shown that these have added little value to the process of seeking information.

4:      Section 6 has been re-written (with a new section 7) to clarify the process's of appeals and complaints.

5:      There have been minor grammatical changes to improve the overall readability of the document.

4. **Recommendation**   THAT the Trust Board approves the policy

	London Ambulance Service (NHS) Trust
	Trust Policy Freedom of Information Act 2000.
	For Use by All Staff

Introduction

The Freedom of Information Act 2000 (FoI) was implemented in the UK in its entirety on 1st January 2005. It is an Act to make provision for the disclosure of information. The main drivers for the Act are the Government's commitment to greater openness, transparency and greater accountability in the manner in which Public Authorities conduct their affairs. It grants individuals, private or public organisations from anywhere in the world 'Rights of Access' to information held by Public Authorities.

All Public Authorities, with the exception of those deemed to be Security Bodies under the auspices of this law, must comply with this legislation. Everyone within the Trust has a legal obligation to assist an individual in making a request for information.

The Freedom of Information Act extends to all areas of operation of the Trust and affects all records generated by the Trust's various business processes. It is the intention of the Trust to walk in the 'Spirit of FoI' and fulfil its obligations under the Act.

This policy should be used in line with the policies & procedures named below:

- TP-009 Access to Health Records, Disclosure of Patient Information, Protection & Use of Patient Information.
- TP-012 Data Protection Policy.
- TP-014 Procedure for Ambulance Observers.
- TP-017 Patient Identifiable form used, generated or stored by LAS Master.
- FoI Processes Levels 1(a), 1(b) and 2 (published on the Intranet).

The purpose of this policy is to set out the Trust's approach to the implementation of the Act within the LAS.

The FoI Act encompasses records in any format and of any age. It is important to note that the Environmental Information Regulations, the Data Protection Act and the Human Rights Act are excluded from this policy.

This policy will be reviewed during 2006 and will be amended as necessary to reflect practical experience of dealing with the FoI Act.

What is a Request for Information under FoI?

To make a request for information under the FoI Act, the request must be valid. For a request to be deemed valid, the requirements defined in Section 8 of the Act must be satisfied. These are that the request must:

- Be in writing (letter, fax or email) and be legible. Text messages are not acceptable.
- Provide sufficient description to enable the Public Authority to identify and locate the requested information.
- State the name of the applicant.
- Provide a physical address for correspondence (not applicable to emails, as an email address will suffice).

The Freedom of Information Act 2000 was enacted to provide access to <u>information</u> and not to <u>documents.</u> The Act is written to recognise the fact that there will be good reasons in some cases not to disclose or release the requested information. Provision for the exclusion of such information from a request for information is achieved through the application of exemptions to the requested information.

An exemption is a feature defined under the FoI Act that prevents the disclosure and/or release of certain categories of information. There are 23 exemptions in total. Exemptions fall broadly into 2 categories:

- Absolute exemptions.
- Qualified exemptions.

A Qualified exemption is subject to a Public Interest Test whilst an Absolute exemption is not (please refer to Section 3 and Appendix 1 for a further explanation).

Key Aspects of the Act

The key aspects of the FoI Act are that it:

- Grants members of the public or organisations (public or private) statutory rights of access to any recorded information held by Public Authorities. This extends also to information which the Trust holds about other organisations or individuals (in some instances).
- Confers on members of the public a legal right to inspect these records.
- Puts Public Authorities under a legal obligation to comply with requests for the information it holds unless an exemption from disclosure applies.
- Legally obliges Public Authorities to adopt, implement and maintain a Publication Scheme.
- Expects Public Authorities to follow the guidance provided in the Codes of Practice issued under Part III of this Act. Namely:

1. Section 45 Code of Practice on Discharge of Public Authorities' Functions defined under Part I of the Freedom of Information Act 2000.

2. Code of Practice on the Management of Records under Section 46 of the Freedom of Information Act 2000.

The FoI Act is chiefly governed by the 'Right to Know' i.e. to know how Public Authorities manage their organisation's affairs.

Obligations of the Trust (LAS) under the Act

On receipt of a written request, the Act confers on the Trust 2 principal statutory obligations with respect to the disclosure and release of information. These are:

- A requirement to adopt, implement and maintain a Publication Scheme.

- A requirement to respond to requests for information. There are 2 key aspects to this second requirement. There is:

  1. In the first instance, a 'Duty to Confirm or Deny' whether Trust indeed holds the requested information.
  2. Secondly, if the information is held by the Trust, there is a 'Duty to Provide' the requested information to the applicant within 20 working days.

Objectives of this Policy

1. To provide corporate direction on how the Trust will implement the FoI Act.

2. To create an awareness of the FoI Act, provide general guidance for staff and members of the public.

3. To ensure that all staff are aware of their obligations under the FoI Act.

1.0   Statement of Intent

1.1   The Trust encourages a culture of openness and, therefore, welcomes the principles of the FoI Act. The intention is to embrace the FoI Act both in terms of its legal requirements as well as the 'Spirit of the FoI Act'. It is <u>the policy of the Trust to provide information</u>, when properly requested, rather than finding reasons not to. It is however important to clearly state that the absolute requirement for patient confidentiality will not be compromised by this policy.

In support of the previous statement, it is the intention of the Trust to publish as much information as reasonably possible. A Publication Scheme will be maintained to ensure that as much information as possible is readily available through the Trust's (public) Internet site.

The Trust has appointed the Director of Information Management & Technology to be accountable on its behalf for the effective implementation of

the FoI Act. He/she will seek appropriate professional support (e.g. Caldicott Guardian, legal advice) when necessary, and may also delegate some of the responsibilities on a day-to-day basis as appropriate.

The Trust will ensure that effective monitoring and reporting procedures are in place, maintain a register of outcomes of all requests for information and complaints, provide suitable training for staff and ensure compliance with the 20-day deadline. FoI activity will be formally monitored through the Information Security Governance Committee (Joint Chair –the Caldicott Guardian and the Director of Information Management & Technology).

The Trust will only apply exemptions where absolutely necessary in accordance with the law and based on guidance from the Department of Constitutional Affairs and the Information Commissioner. The Trust will, therefore, ensure that the appropriate personnel are trained in their correct application.

The Trust will exercise its right to apply disbursements and fees where appropriate.

It is the intention of the Trust that all staff are brought to the required level of awareness on FoI and associated issues. This would include the nomination of Departmental and/or Directorate FoI Advisers.

2.0   Management of Requests for Information

2.1   Where the Trust has existing processes for providing information to members of the public (and external organisations), these should remain. Therefore, requests for information generated as part of a Department's existing processes should be treated as non-FoI requests. They should be logged or dealt with as they would have been done pre-FoI. This Policy will not apply to such requests. The overriding principle should, wherever possible, be 'business as normal'.

2.2   Under the FoI Act, there is no requirement for the applicant to label or designate a request as an FoI request. Timescales around existing processes, therefore, should be reviewed to ensure compliance with the 20 day requirement under the FoI Act to provide requested information.

2.3   All requests for information outside of normal business processes, or those specifically defined as FoI requests, will be centrally managed by the PALS unit. Such requests should, therefore, be forwarded to the PALS office for the attention of the FoI Co-ordinator.

2.4   Under the Act, the Trust is not obliged to deal with vexatious requests. These are determined by the information requested and not by the individual. The question at hand is whether the request is a genuine endeavour to access information or whether it is aimed at disruption of the service or harassment of a specific member of staff.

2.5 The Trust is under no obligation to comply with a repeated request from the same person, unless a reasonable period has elapsed. In this situation, a corporate decision will be made taking into account the overall cost of the repeated request(s) and the lapse in time between each of them.

3.0 Exemptions

3.1 Whilst it is not the intention of the Trust to employ the use of exemptions as a means to prevent the disclosure or release of information, exemptions will be applied where warranted. This is subject to the outcome of the Prejudice Test and/or the Public Interest Test (these are explained in Appendix 1).

3.2 Each decision surrounding the application of the Prejudice test, the Public Interest Test, an exemption and details of non-compliance (with the 20 day deadline) will be documented by the PALS team.

3.3 Exemptions, the Prejudice Test and the Public Interest Test will be applied centrally, under the direction of the Director of Information Management & Technology, by the PALS team. Specialised expertise or further advice will be sought as appropriate, where required.

3.4 The Trust by virtue of its day-to-day business and tendering processes is privy to information that relates to various organizations. This information is categorized as 3rd party information and it should be recognised that this could pertain to both Public and Private organisations. The Trust believes that commercially sensitive 3rd party information should remain confidential and will, within the confines of the FoI Act, make every effort to protect this information and adhere to confidentiality.

3.5 In instances where the request for information relates to that which the Trust holds about a 3rd party, the Trust , will prior to disclosure seek consultation with the organisation(s) to whom the request relates. However, should the outcome of the Public Interest Test favour disclosure, the Trust will have no option other than to comply and disclose the requested information.

4.0 Fees and Charges

4.1 In accordance with the Department of Constitutional Affairs guidelines:

- Requests for information to the value of £450.00 (based on the cost of staff time at a rate of £25.00/hr) will be provided free of charge.
- A fee will be levied for requests costing over and above £450.00 (i.e. the fee levied will be the total cost minus £450.00).
- Where disbursements are over and above the cost of a first class stamp, (As a guideline, between 8-10 sheets of paper) consideration will be given to making relevant charges.

5.0   Roles and Responsibilities

5.1   <u>Patient Advice and Liaison Service (PALS)</u>

The PALS Unit will;

- provide a central co-ordination function for FoI requests to ensure appropriate co-ordination within the Trust for the retrieval of information.

- document each decision surrounding the administration of the Prejudice test, the Public Interest Test, the application of an exemption and details of non-compliance within the 20 day limit.

- provide an FoI activity report to the Information Security Governance Committee.

- ensure that the Publication Scheme is maintained in conjunction with the Press Office.

- ethnically monitor FoI requests.

5.2   <u>Departmental and Staff Responsibilities</u>

All staff must;

- assist in supporting a general request for information. Therefore staff should provide reasonable help in ensuring such requests are appropriately forwarded to the PALS Unit. Clearly, this must not be at the expense of operational duties.

- forward any written requests for information that are not in line with the normal business to the PALS team.

- familiarise themselves with the FoI Policy and procedures.

- notify any forthcoming departmental changes to the PALS team via the FoI Co-ordinator.

5.3   <u>Director of Information Management & Technology</u>

The Director of IM & T will;

- Be accountable (on behalf of the Trust) for the effective implementation of the FoI Act.

- Take responsibility for the application of exemptions, seeking legal advice where necessary.

- Delegate responsibilities as appropriate.

- Ensure that there is regular reporting to the Information Security Governance Committee.

- Ensure that this policy is reviewed.

6.0   Appeals

6.1   In the event that an information requester is dissatisfied with the outcome of a request for information they have the right to appeal. In the first instance,this should be addressed to the Director of Information Management & Technology.

6.2   Should the Information Requestor remain dissatisfied with the outcome of the review by the Director of Information Management & Technology then a final appeal should be addressed to the Trust Board Secretary who will arrange for a panel of Non-Executive Directors to review the case.

6.3   If all of the above actions fail, the final recourse for an appeal is to the Information Commissioner.

7.0 Complaints

7.1   Where problems occur (that are not an appeal), the Trust will endeavour to resolve these informally and as quickly as possible to the satisfaction of all parties. However, when this is not possible, formal complaints will be dealt with under the Trust's existing Complaints Procedure TP/004.

References: Freedom of Information Act 2000.
Data Protection Act 1998
Human Rights Act 1998
TP / 004 - Complaints Procedure
TP / 009 - Access to Health Records, Disclosure of Patient Information, Protection & Use of Patient Information.
TP / 012 - Data Protection Policy
TP / 014 - Procedure for Ambulance Observers
TP / 017 - Procedure for any Patient Identifiable Form Used, Generated or Stored.

Signature :

Peter Bradley, CBE.
Chief Executive and Chief Ambulance Officer.

The Prejudice Test & The Public Interest Test

With respect to both the Prejudice Test and the Public Interest Test, each case must be considered on its individual merits. It is acknowledged that there is no 'exact science' to this. All decisions will be documented.

The Prejudice Test

The Prejudice Test is one that is applied to certain elements of an exemption. This is to assess whether prejudice may be caused to the 'interests' (defined within the scope of the exemption) through the release and/or disclosure of the requested information.

A number of exemptions are identified under the Act where the Prejudice Test should be considered, namely:

- Relations within the United Kingdom; Section 28.
- The Economy; Section 29.
- Law Enforcement, Section 31.
- Audit Functions; Section 33.
- Prejudice to the effective conduct of public affairs; Section 36.
- Health & Safety; cited at Section 38.
- Commercial Interests; Section 43.

It is the 'interest(s) represented within the elements of a particular exemption that is/are tested for prejudice. In each case, where disclosure would prejudice any of the elements defined within the scope of the exemption, the Prejudice Test will apply. For example, under Section 31, where the disclosure of information may prejudice the prevention or detection of a crime, the information will be withheld without the need to apply the Public Interest Test.

The elements subject to the Prejudice Test differs for each exemption. Once it is ascertained that there is no risk of prejudice, the Public Interest Test can be applied. In all cases, the Prejudice Test will always precede the application of the Public Interest Test.

It is important to note that the Test of Prejudice does not always apply to every element of an exemption. Therefore, reference should always be made to the FoI legislation to check where this is applicable.

The Public Interest Test

The Public Interest Test in each case determines whether the interest of the public is better served by the release of the requested information or whether it is better served by the withholding or non-disclosure of that information.

The objective of the Public Interest Test is to make reasoned judgments as to whether the information is disclosed or not for the benefit of the general public. In principle, the following favour disclosure:

- Accountability.
- Public Participation.
- Public Awareness.
- Justice to an Individual.
- Research.

Whilst the following favour non-disclosure:

- Exemption Provisions.
- Interests of 3rd Parties.
- Efficient and Effective Conduct of Service.
- Flow of Information to Service.
- Fair Treatment of an Individual.

In relation, to the Public Interest Test, the following considerations are not valid reasons for non-disclosure:

- High Office.
- Policy Development.
- Candour & Frankness.
- Disclosure of Confusing or Misleading Information.
- Information / Record do not / does not reflect the reason for the decision (e.g. Minutes).
- Draft Documents.
- Government Protective Marking Scheme.
- Embarrassment.

Exemptions List

Absolute Exemptions includes Information:

- S.21   Reasonably Accessible by other means.
- S.23   Supplied By, Or Concerning Certain Security Bodies.
- S.32   Contained in Court Records.
- S.34   Disclosures that would infringe Parliamentary Privilege.
- S.36   Disclosures Prejudicing the Effective Conduct of Public Affairs.
- S.40   Personal Information.
- S.41(1)   Information Provided in Confidence.
- S.44   Information Covered by Prohibitions on Disclosure.

Qualified Exemptions include information:

- S.22(1)   Information intended for Future Publication.
- S.24   National Security.
- S.26   Defence.
- S.27   International Relations.
- S.28   Relations within the UK.
- S.29(1)   The Economy.
- S.30(1)   Investigations & Proceedings: Criminal Investigations & Proceedings by Public Authorities.
- S.30(2)   Information relating to the obtaining of information from confidential sources.
- S.34   Parliamentary Privilege.
- S.35   Formation of Government Policy.
- S.36*   Effective Conduct of Public Affairs.
- S.37   Royalty / Honours.
- S.38(1)(a)   Health &Safety: where disclosure would be likely to endanger the physical or mental health of any individual.
- S.38(1)(b)   Health & Safety: where disclosure would be likely to endanger the safety of any individual.
- S.39   Environmental Information.
- S.40*   Personal Information.
- S.42   Legal Professional Privilege.
- S.43   Commercial Interests -Trade Secrets.

<u>Hybrid Exemptions:</u>

*These exemptions have a mixture of absolute and qualified access rights conferred on them

- S.36   Effective Conduct of Public Affairs.
- S.40   Personal Information.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 26th July 2005

ESTATES REVIEW

1. **Sponsoring Director:**   Mike Dinan, Director of Finance

2. **Purpose:**   For noting

3. **Summary**

    This report provides more detail on particular initiatives and the current position in terms of progress.

    The attached spreadsheet provides a brief summary of all the Estates departments' current Capital projects and also the work being undertaken in relation to establishing Fixed Satellite stations.

4. **Recommendation**   THAT the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST
ESTATES UPDATE

Introduction

The attached spreadsheet provides a brief summary of all the Estates departments' current Capital projects and also the work being undertaken in relation to establishing Fixed Satellite stations.

This report provides more detail on particular initiatives and the current position in terms of progress.

1.   Fixed Satellite stations.

Newham Complex: - The Estates department have secured planning permission for a unit in the Isle of Dogs. Negotiations have been progressing, but the Head lessee has had difficulties with the Freeholder in terms of obtaining approval for a deed of variation to the lease. The deed of variation is related to the addition of a development clause and a restrictive covenant which relates to the use of the premises.

Verbal agreement had been given for the changes, but the legal formalities are taking longer than expected.

Hillingdon Complex: - A lease for accommodation and the shared use of facilities at Hillingdon Fire station has been agreed and it is predicted that the final version of the lease agreement will be ready for execution by mid July for occupancy at the end of July/early August.

Whipps Cross Complex: - A site in the ownership of the local authority has been identified in Walthamstow. The site is in the control of the Highways department who have agreed informally for a lease of the site. Negotiations are now ongoing with the planners regarding the type of accommodation to be provided on the site. The Highways department are only willing to grant a short term lease5-10 years, so it has been proposed that temporary accommodation be provided on the site. The planners are looking for a more permanent structure and negotiations are currently being carried out to find a compromise.

2.   Replacement Brixton Ambulance Station.

The Estates department has been pursuing the possible purchase/lease of a light industrial unit in Milkwood Road, Brixton. It has been determined that the site is in a suitable location and would accommodate 4 front line vehicles, an RRU and associated staff facilities.

The freeholder of the site has stated that he is unwilling to consider further the sale/lease of the site until the LAS has obtained planning permission for a change of use. A planning application for the site is being prepared, along with a Highways

impact study and an Operational statement of need which has specifically been requested by the local authority planners.

Legal enquires have identified a restrictive covenant on the site which restricts the use of the site to light industrial use only. Ambulance station use is considered "Sue Generis", and as such the restrictive covenant will have to be removed. Discussions with the local authority, which have the benefit of the restrictive covenant, are ongoing.

3. Replacement Ruislip Ambulance Station.

No feedback regarding the Ruislip Rugby ground site has been received, despite several letters to the London Borough of Hillingdon.

A Feasibility study on a site, identified by the local authority, further south from the Rugby ground site and adjacent to Ruislip Gardens underground station, has been carried out and the proposals discussed with the local authority planning department. Initial feedback from the planners states that they see considerable problems with egress from the site on to the public highway, that noise; nuisance and disturbance to adjoining residential occupiers will be a significant issue and have expressed concerns over the proximity of the proposed development to mature trees with Tree Preservation orders.

The feasibility study proposals are being examined to see how these problems can be overcome and it is proposed that, a Highways study, a noise impact assessment are carried out and an Arboriculturist is being appointed to carry out a tree Survey.

The LAS has received no confirmation from the local authority that they would be willing to sell the above site.

4. Streatham Ambulance Station.

Work on site is progressing satisfactorily, but there has been a delay of 3 weeks to the overall programme due to the necessity of having to underpin adjoining premises. The work is now due for completion in September.

Operational staff are operating from temporary accommodation at West Norwood Fire and West Norwood Police station.

5. Additional accommodation at Bow.

The building work at Bow has been completed on time and within budget. The work has created additional space for circa 28 staff, dependant on final user requirements.

5.   Refurbishment of Gold Control

The user brief for the new Gold Control has been established and tenders for the work are being sent to contractors at the beginning of July. It is anticipated that work on the new Gold Control will commence in September.

6.   New Urgent control room.

All the building work has been completed and the IT infrastructure has been put in place.

Details of the proposed users in terms of their IT requirement and Desk type and layouts are still to be confirmed.

7.   Refurbishment of CAC Messroom.

This work is complete and is in use.

8.   Isleworth Business case.

The Business case for the above site was approved by the board earlier this year. Since this time an Advertisement detailing our requirements for a new station has been placed in the "Estates Gazette", expressions of interest received and further detailed proposals received from Tesco's Stores Ltd and Optimum Housing Group Ltd.

The proposal from Tesco's stores was for £3m and based on them gaining vacant possession of the site.

The offer from Optimum housing group was for the provision of a replacement ambulance station and £0.95m. The offers have been assessed and the preferred bid is that of optimum Housing Group. The site proposed for the replacement ambulance station is better located than the existing station being closer to high levels of demand in the Hounslow area.

Optimum Housing Group have now undertaken to prepare plans for the proposed new site for LAS approval. A copy of the tender report is available form the Estates department.

9.   Poplar Business case.

The developer has now submitted a planning permission for the redevelopment of their site and Poplar Ambulance station. The proposed new Ambulance station will accommodate six front line vehicles and the associated staff facilities. In addition to the new station the Trust will also receive a capital receipt of £0.35m.

The developer has stated that they need to start the development in January 2006 in order to complete the scheme by August 2007 ready for the start of the University academic year.

Legal negotiations are ongoing and it is anticipated that a draft agreement for the development will be in place by September.

The Estates department intend to start searching for a temporary facility shortly.

10   Park Royal and Willesden

An extensive search for a replacement for the above stations and workshop has been carried out this year but no suitable premises have been found. The majority of sites that may have been suitable in terms of size have been in the wrong location. The best location for the new site is in an area which is predominantly residential or retail.

Letters have been written to property owners in the desired locations but no positive responses have been received.

The local authority have also been contacted regarding the Trusts requirements. The department has registered its requirement with local property agents and will continue to monitor the market.

11.   New Rotherhithe station.

Building work has started on site to refurbish/alter the premises leased from Southwark PCT and the new station is due for completion at the end of August.

12.   New Logistics Store Deptford.

Building work to adapt/refurbish the new premises is underway and is due for completion in July. Once complete the trust will be able to establish a Central store for Logistics'.

13.   Romford and Whipps Cross Workshops.

The development of new workshop facilities at both of the above sites is now complete. Romford workshop now has 4 workshop bays with new hoists, stores and staff facilities and Whipps x has 3 workshop bays with new hoists, store and staff facilities.

14.   Estates Electronic Maintenance System.

The Estates Department has developed an Estates Maintenance System (EMS) which is an IT program running on a software package called HEAT. Being a program specifically designed for Helpdesks, the system will log maintenance calls, allocate order numbers, assign contractors, create journal entries to document follow-up

activities and interactions with customers, as well as handling control of authorisation and payments.

EMS will be accessible from all LAS Network PCs via the internet, and will allow Stations and other departments to report faults at their sites and subsequently have visibility of the progress of the repair. The Finance Department will also have full visibility of the whole system.

The self reporting process will be rolled out to Barnehurst, Headquarters and North West Sector sites throughout July and then to the rest of the Service in August.

Martin Nelhams
Head of Estates
June 2005

London Ambulance Service NHS TRUST

TRUST BOARD   26 July 2005

SERVICE IMPROVEMENT PROGRAMME UPDATE

1. **Sponsoring Executive Director:**   Peter Bradley

2. **Purpose:**   For noting

3. **Summary**

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

4. **Recommendation**   THAT the Trust Board note the progress made with the Service Improvement Programme.

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE IMPROVEMENT PROGRAMME UPDATE

1.   **Purpose**

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

2.   **Overall progress**

Currently there are 283 items within the SIP of which 61 are live. Initiatives completed in recent months including matching call taking resources to demand and implementation of a document management system for archives. Those started in recent months include implementation of 999 call taking in the despatch part of CAC, implementation of Windows Ctak in CAC and defining user requirements for the CAD replacement which were identified in the March Trust Board SIP update paper as particularly important this year.

3.   **SIP Outcomes**

Assessment of the effectiveness of the SIP is demonstrated through progress in achieving the 40 Outcomes identified for People, Patients and Performance. The Senior Management Group review progress towards achieving these Outcomes on a monthly basis using a traffic lights reporting system where red indicates significant risk to target achievement by March 2006, amber indicates a lower level risk to target achievement and green indicates being on track. The report for July 2005 can be found at Annex 1 (Part A) with an exceptions report for the five Outcomes identified as being of red status (Part B) of which number 32 is at greatest risk. These five Outcomes are:

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

Since the last Trust Board meeting no Outcomes have changed colour between red and amber while two have turned from amber to green (numbers 11 and 33) and one from green to amber (number 30) giving overall sixteen Green Outcomes and nineteen Amber. Detail of these changes is as follows:

Outcome 11 (Cardiac arrest survival rates to discharge) – Hospital outcomes data for 2003/04 indicate that the cardiac arrest survival rate was 8.1% against a target for the end of March 2006 of 8%.

Outcome 30 (Reduce non-staff (vehicle) related downtime) – performance against this target has been in steady decline with Vehicle off Road statistics

becoming increasingly unreliable as the quality of the manually gathered information is deteriorating, a technical solution is required. The Make ready scheme is the main tool for improving Vehicle off Road so the target could still be met. The measures are being reviewed as they currently include non-vehicle related downtime such as dirty uniform and officer request.

Outcome 33 (Resource/demand match compliance significantly improved in CAC) – A review of staffing levels was undertaken based on an ORH report written in 2004 based on call taking and despatch positions in CAC from which a need to increase the establishment by twenty-nine to achieve ideal staffing levels was identified. The result is 99.22% achievement in July 2005 against a target of 97% by March 2006.

4. Progress on significant improvement programme initiatives

Patients

Review clinical development and education arrangements and implement change as required: Near completion of the revised Senior Training Officer roles, which will then be implemented in late August 2005

Implement improvements in NHSLA Risk Management Standard: The Trust received accreditation at level 2 from the NHSLA on the 31st May 2005. The Trust will now respond to the recommendations of the report and prepare for an assessment at level 3.

Introduce and evaluate, pilot for integrated information management to provide a one stop shop for London primary care professionals: This project is on track having established the pilot and completed an initial evaluation. The time period has been extended by a further three months and a geographical expansion is now being pursued.

People

Recruit more staff from under-represented groups: The Senior Management Group have adopted recruitment of more staff from under-represented groups as an explicit objective and the Diversity Manager has prepared a discussion document for use at the next Training Services Committee meeting suggesting how progress can be made. At the moment there is the lowest level for BME staff in operational departments (PTS, A&E, CAC) for the past five years. Overall, the percentage of BME staff stands at 8.47%. To date, there is still no specific target figure against which this item can be measured, other than 28.8% for the BME population of London (census codes D-S, i.e. excluding White British, White Irish, White other) which is the overall aim of the Trust, to be more representative of the population of London. As part of the recruitment and selection review planned for later this yea specific attention will be given to how workforce representation can be incrementally improved and realistic targets set..

Performance

Fully Integrated Supply Chain: The Trust currently uses EROS to requisition, order and receipt for goods and services. There is only a manual interface to the rest of the Trust's financial systems (Integra), which causes some data integrity issues. There is no stock management system leading to uncertainty of the levels of spend on consumables and an increase in stock holdings year on year. Additionally, there is no facility for budget holders to access on-line data about spend and budgets. The Fully Integrated Supply Chain Project (FISC) will provide a web based requisition, order and receipt function fully integrated into Integra. A fully computerised sock management system will also be provided along with a web based enquiry facility for budget holders. The project is currently at the business case stage.

Separate car driver assessment and training as required for FRUs: Some areas are already doing their own version of this, but there is now a set of agreed learner outcomes for use across the service and the accompanying procedure is being finalised.

Fixed satellite sites – One fixed satellite site is in place (Galleons Reach) and work is progressing to initiate 10 projects this financial year.

5. Communication

Information on project progress during the course of 2004/05 and those planned for the current financial year has been provided to the Communications Department for inclusion in the Annual Report.

6. Recommendation

THAT the Trust Board note the progress made with the Service Improvement Programme.

Martin Brand
Head of Planning and Programme Management
14 July 2005

SERVICE IMPROVEMENT PROGRAMME OUTCOMES   (Part A)   **July 2005**

1. People Outcomes

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

| 10 | WF | Staff more involved in the decisions that affect them | Partnership Agreement in place and working effectively. Staff Survey results demonstrate that staff feel more involved in the decisions that affect them | | |

2. Patient Outcomes

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

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

No.	Lead	Outcome	Target (March 2006)	Traffic Light Status For Target Achievement March 2006 (Red/Amber/Green)	
				Last Results Reported	**Current YTD (Latest known position)**
21	KJ	Regular availability of information about the delivery of patient care throughout the Service	60% completion of CPI every month by Team Leaders. Audit reports available on intranet. Data on patient views available (derived from patient involvement, PALS and complaints) and used for improvement. Data available to demonstrate performance against National Service Framework targets.		
22	DJ	Regular comprehensive information about user views/levels of satisfaction	- Patient involvement in all significant Service developments. - Annual patient survey – evidence of actions as a result of survey. - Other means of gaining patient views, e.g. Focus groups		
23	MB	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	Drug Management System rolled out and fully embedded in the service		

3. Performance Outcomes

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

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

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

Commentary on SIP Outcomes Identified as RED   (Part B)

Outcome No.	26	Description:	Category B 14 min performance targets achieved
Lead:	MF		

Reason For RED status

Category B 14 minute performance is in the red category as being significantly at risk . 2005/6 YTD is at 79.7 %. It is unrealistic to expect to achieve this target this year but we simply must improve on the 2003/4 figure of 77.6%. It is currently anticipated that we will achieve circa 80% for the full year. Performance since changes, October 04 to April 05, achieved 80.7%. Significant changes to AMPDS during the first two weeks of April have effected the volume of CAT B calls reported. Prior to April FRUs attended a proportion of CAT B as Red calls, the amount of this work has now changed, hence the identified drop in performance for this area..

Remedial Action To Be Taken To Achieve Outcome

This can only be done by maximising ambulance staffing and by introducing a distribution regime which allows ambulances to respond more often from a mobile status rather than from station. ACAOs and AOMs need to focus on achieving this target as well as the CAT A targets. Significantly more emphasis needs to be given at PPGs and Complex Review Meetings to this area. Work being undertaken on revisions to the workforce plan following the publication of LO77, and the Urgent Care Control becoming fully operational are all areas that are expected to improve this indicator

If this action is taken will the outcome be achieved YES/NO?   Yes

Outcome No.	27	Description:	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time
Lead:	MF		

Reason For RED status

Urgent performance is at 58.1 % for the YTD which is an improvement of +8.1% on last year but still remains significantly behind where we need to be. The performance has also deteriorated in recent months for a variety of reasons. Small improvements achieved since last reported

Remedial Action To Be Taken To Achieve Outcome

Changing operational priorities within the Trust may indicate that resources will be engaged achieving other response time targets for Cat A&B calls, to the detriment of AS2 performance. However, considerable progress will be achieved by initiatives planned already. These may be summarised as 1) dedicated call takers to AS2 lines in CAC (achieved), 2) immediate dispatch of call when one hour remaining on STA (progressing), 3) a system of AS2 triage which results in more even spread of workload over a three hour period, 4) blue light response to one-hour AS2s. Operational resources within the Urgent Care Service now has around 104 staff in post, primarily responding to AS2 & 3s, and some stations continue to support unfounded AS2 vehicles. A system for triaging AS2s is currently being developed, National changes to the definition may also assist in achieving this outcome by year end.

If this action is taken will the outcome be achieved YES/NO?   YES

Outcome No.	29	Description:	Percentage of the week when utilisation rates exceeds 70%.
Lead:	MF		

Reason For RED status

Last year we converted our performance databases from FoxPro to SQL. As part of the process we had to rewrite all of the performance reports. The only one not changed was the utilisation report. This was because the utilisation report depends on information from two areas, performance and manning and is therefore not straight forward to do. The manning system is still in FoxPro and is well overdue for a major overhaul and needs converting to SQL. This area has not been updated since July 2004. Currently in the Hands of IM&T to develop necessary protocols and reporting abilities.

Remedial Action To Be Taken To Achieve Outcome

We are hoping to develop a new manning system using the data generated by the MDTs and need to work with Systems and Networks. The current manning system is not flexible enough to provide information to reflect the new service structure and has been adapted over and over again to try and accommodate numerous service changes such as the introduction of FRUs and "unusual" rotas. A new system that can monitor the manning for all types of vehicles using information generated by MDTs needs to be developed.

Time scales for rectification are uncertain at this stage, MI needs to see the data that could be provided from the CAC systems. The SIP item should be shown as **Currently Unreportable**

If this action is taken will the outcome be achieved YES/NO?   YES

Outcome No.	32	Description:	Resource demand/ match compliance significantly improved on sectors
Lead:	MF		

Reason For RED status

With no growth in front line establishment being funded by commissioners this year our ability to impact on this area is limited and it remains at 90.69% compliant. Small unsustainable improvements gained through winter pressures measures.

Remedial Action To Be Taken To Achieve Outcome

AOMs need to continue to work at making changes to complex rosters to move towards greater compliance but in reality only an injection of additional staffing will allow this target to be fully achieved. ORH commissioned to advise on best placement of resources, this will feed the workforce plan, and limited recruitment to backfill currently unfunded FRU and ECPs positions

If this action is taken will the outcome be achieved YES/NO?   NO

Outcome No.	36	Description:	95% of Doctors calls answered in 30 secs
Lead:	JH		

Reason For RED status

This target is at risk, however new procedures in CAC have started to show some improvement.

Remedial Action To Be Taken To Achieve Outcome

There is now an active recovery plan being established for CAC and ACAOs and AOMs need to support this fully.

Plans for the New Non Urgent control may also allow a different approach to answering GP calls. During times of high demand, there are dedicated staff now answering GP calls. This is also Staff and IT dependent**.** The introduction of new answering procedures for health care professionals is being piloted, with further developments planned for call taking in CAC .

If this action is taken will the outcome be achieved YES/NO?   YES

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD   DATE 26th July 2005

ANNUAL RISK MANAGEMENT REPORT 2004/05

1. **Sponsoring Executive Director:**   Director of Finance

2. **Purpose:**   For noting

3. **Summary**

   This report demonstrates the LAS risk management system's continuing suitability and effectiveness in satisfying the organisations risk management strategy over 2004/05.

4. **Recommendation**   THAT the Trust Board note the work done to date and the progress achieved

LONDON AMBULANCE SERVICE NHS TRUST

Risk Management Annual Report 2004/5

'An annual report is produced for the board to demonstrate the risk management system's continuing suitability and effectiveness in satisfying the organisations risk management policy and strategy.'[1]

Based on external assessment, compliance with the NHSLA Risk Management Standard for Pre Hospital Care in the Ambulance Service was awarded at level 2 (of 3) in May 2005. We must be reassessed by January 2007 at level 2 or if further improvements are made at level 3. We are 1 of 8 Trusts out of a total of 31 ambulance Trusts achieving level 2 compliance; only 2 Trusts are compliant at level 3. Development and progress have been observed in the following areas to achieve this:

- The revision of the Risk Management Framework (the Risk Management Strategy for the LAS)
- Embedding of the Assurance Framework[2]
- Population of the Trust Risk Register – Trust Wide Risk Assessment
- Infection Control Audit
- Review of Clinical Governance Committee
- Improved Education and Development Systems and Processes
- Formal adoption of the Consent to Examine and Treat Policy
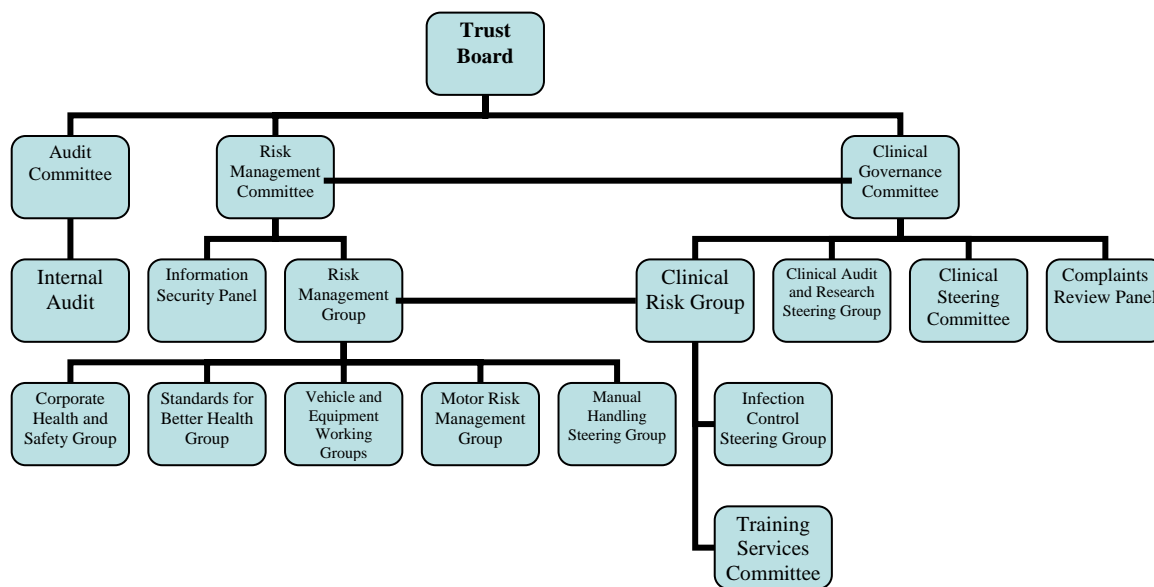- Motor Risk Management

The Risk Management Framework has been revised and was approved by the Board in May 2005, electronic copies are available to all staff via the internet, and this will be communicated in the weekly routine information bulletin. The document was amended to include:

- Development of key indicators based on the sources of management assurance documented in the Assurance Framework
- The terms of reference for additional specialist risk management sub-groups, e.g. Motor Risk Management Group, Training Services Committee etc. The new risk management committee structure can be seen in diagram 1.
- Impact of the new Standards for Better Health replacing controls assurance, clinical governance reviews and star-ratings.

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[1] NHSLA Risk Management Standard for the Provision of Pre-Hospital Care in the Ambulance Service: April 2005.

[2] The Assurance Framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the Statement on Internal Control. DH (2004) Building the Assurance Framework: A Practical Guide for NHS Boards.

Diagram 1 – Risk Management Committee Structure

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                                    ┌──────────┐
                                    │  Trust   │
                                    │  Board   │
                                    └──────────┘
        ┌──────────────┬─────────────────────────────────────────────┐
   ┌─────────┐    ┌──────────┐                                  ┌──────────┐
   │  Audit  │    │   Risk   │                                  │ Clinical │
   │Committee│    │Management│                                  │Governance│
   └─────────┘    │Committee │                                  │Committee │
        │         └──────────┘                                  └──────────┘
   ┌─────────┐  ┌──────────┐ ┌──────────┐        ┌──────────┐ ┌──────────┐ ┌──────────┐ ┌──────────┐
   │Internal │  │Information│ │   Risk   │        │ Clinical │ │Clinical  │ │ Clinical │ │Complaints│
   │  Audit  │  │ Security │ │Management│        │Risk Group│ │Audit and │ │ Steering │ │  Review  │
   └─────────┘  │  Panel   │ │  Group   │        └──────────┘ │Research  │ │Committee │ │  Panel   │
                └──────────┘ └──────────┘                     │Steering  │ └──────────┘ └──────────┘
                                                              │  Group   │
                                                              └──────────┘
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| Corporate Health and Safety Group | Standards for Better Health Group | Vehicle and Equipment Working Groups | Motor Risk Management Group | Manual Handling Steering Group | Infection Control Steering Group |

Training Services Committee

The Assurance Framework has developed through the course of 2004/ 2005 and efforts are being made to embed its processes. It has helped us systematically identify gaps and regularly report to the Board instances where we lack sufficient controls over a risk, or where we have controls, but limited evidence about how well they are working. For example, we identified a high priority risk that there is a lack of crewed ambulances on Saturday/Sunday nights. It was identified that our ability to maintain control of this risk would be threatened by the implementation of Agenda for Change so a solution was sought through the Agenda for Change negotiations. It is intended that the Assurance Framework will be developed further during 2005/06, particularly through the close monitoring of the internal audit plan which has been based on the gaps in the Assurance Framework for the first time.

In October 2004 the Risk Register was thoroughly appraised and a detailed trust-wide risk assessment carried out to identify new risks that had not yet been proposed, this gave a much improved picture of the effectiveness and level of control for all risks in the organisation, once added to existing knowledge on previously identified risks. Three workshops were held involving representatives from all levels and departments in the LAS including frontline staff and patients. The assessment highlighted 16 new risks which have been placed on the Risk Register for management and monitoring, 3 of the risks were of a high priority;

- Risk that the LAS is exposed in terms of support for the CAD system if key staff became unavailable, due to the unique knowledge in terms of software development and maintenance held by this position.
- Inability to implement Agenda for Change within timescale and subsequent consequences of implementation expected to impact on operational performance due to staff retention, sickness & absence, staff satisfaction, weekend/flexible working, meal breaks etc.
- Risks to staff, patients and organisation of staff working excessive overtime/ hours when benchmarked against the Working Time Directive.

An organisation-wide infection control audit has been undertaken covering all A&E sites. It sought to review adherence to the procedures set out in the Infection Control Manual through a combination of staff interviews and visual inspections. A set of corporate recommendations have been made and action agreed at the Infection Control Steering Group. Individual complex reports have identified action to be taken locally and shared good practice which was highlighted by the audit, these will be owned by the DSOs on station responsible for Safety and Risk and progress reported back into the Infection Control Steering Group. A self-assessment tool, similar to the H&S workplace inspection will be put in place to ensure a focus on infection control is retained.

Following the new format of the Clinical Governance Committee introduced at the beginning of 2004 a review of how well it is now operating was undertaken. It was agreed that the committee would refocus around monitoring the achievement of the Standards for Better Health and would receive regular reports from the newly formed Complaints Review Panel to ensure that organisational learning points are addressed. This will help manage the clinical governance committee's core business to deliver evidence that progress is being made to manage clinical risk.

The training department has been restructured and a number of systems and processes enhanced to ensure that training is delivered to the standards set out in the risk management training needs analysis. A local induction checklist has been developed for use service-wide and a central log is now kept to ensure that all staff undergo a local induction on commencement of employment. A new course booking procedure has been introduced ensuring that the uptake of training is being monitored, non-attendees are booked onto another course and managers are made aware. The introduction of ProMis in the Education and Development department is awaited so that all training delivered can be recorded electronically, strengthening the robustness of the system.

The Consent to Examine and Treat Policy was approved by the Board in May 2005. The policies main objectives are;
  ▪ To clarify the legal position of both staff and patients regarding consent to
  ▪ To provide comprehensive information on gaining consent to examination or
  ▪ To provide guidance for staff in specific circumstances.
  ▪ To provide guidance on appropriate information sharing.
The implementation of this policy will be supported by the new 5-day CPD programme which is being delivered to all frontline A&E staff over the next 2 years.

The Motor Risk Management Group set up to primarily reduce the incidence of liable motor incidents has received a new focus. The terms of reference have been reviewed and the Director of Finance has taken the chair. Supported by the Vehicle and Equipment Working Group, Training Services Committee and performance management structures in Operations it is hoped that the group will now achieve some clear outcomes in the management of motor risk.

Future Developments

Over the next year we will need to undertake a self-assessment of what is required to gain level 3 of the aforementioned NHSLA standard. An action plan will then be put

in place to achieve compliance and after discussion with our assessors an assessment booked. Some performance management software is to be purchased to help us to evidence and support the Statement of Compliance with the Standards for Better Health that the Board is required to sign. It is anticipated that this system will include the NHSLA standards and store documentary evidence electronically and manage these external assessments more efficiently.

A Risk Management Guide for frontline staff, interpreting our Risk Management Framework in a user friendly format is under production and once set up will be posted under the clinical governance section of the intranet.

The Controls Assurance Group has been replaced by the Standards for Better Health Group; this high level group has the remit of supporting the Governance Development Unit to achieve compliance with the Standards for Better Health in order to sign the Board declaration in March 2006. A process of self-assessment with relevant leads is due to commence in July, action plans will be developed where we are non-compliant so a full picture will be available ready to sign the draft declaration in September 2005.

Department of Health guidance on Integrated Governance is anticipated to be published in September 2005 which will inform the review of the LAS Governance structures. It is hoped to streamline committees and groups so that accountability and reporting lines are clear and to maximise the efficacy of information going to the Board.

Claire Glover
20/06/05

London Ambulance Service NHS Trust Board

26th July 2005
Part I
Tenders Received

Report of the Trust Secretary

1.   **Purpose of Report**

1.1.   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.   **Tenders Received**

Register no. and details of tender:	Tenders Received From
09/05 – provision of a managed laundry service	Central Laundry Synergy Healthcare Ltd East Sussex Hospital Sunlight Services group
10/05 - Provision of clinical waste and special waste disposal services	Total Contract Maintenance Ltd Polkacrest Grundon Waste Management Indigo Waste Solutions Cliniserve Ltd Canon Hygiene White Rose Environment Rentokil Initial Med Services PHS Group plc AMT Services
11/05 – replacement of roof at Barnehurst	Advanced Roofing Weatherproof Maguire Brothers Russell Trew Ltd

3. **Proposals**

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

4. **Recommendations**

    4.1.   THAT the Board note this report.

Christine McMahon
Trust Secretary

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday 28th June 2005 at 10:00 a.m.
Held in the Conference Room LAS Headquarters
220 Waterloo Road, London SE1 8SD

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Toby Harris	Non Executive (arrived 11.20 am)
	Colin Douglas	Non Executive
	Beryl Magrath	Non Executive
	Martin Flaherty	Director of Operations
	Mike Dinan	Director of Finance
	Caron Hitchen	Director of Human Resources
In attendance:	Peter Suter	Director of Information Management and Technology
	David Jervis	Director of Communications
	Kathy Jones	Director of Service Development
	Steve White	Project Manager, SOM
	Marilyn Cameron	Minutes
Apologies	Fionna Moore	Medical Director

14/05   Minutes of the Meeting held on 21st February 2005

The Chairman **signed** the Minutes as a correct record of the meeting held on
21st February 2005 with no amendments.

15/05   Matters Arising

There were no matters arising

16/05   Chairman's Update

The Chairman thanked the Director of Communications for organising the LAS
Awards evening which had been a great success. It was noted that in future the
evening would be used to raise money for three London children's' hospices
supported by the Chief Executive – Haven House Foundation, Richard House and
Shooting Star House.

The Chairman drew the Committee's attention to the new ministerial team and said
that he would be meeting Ian Dodge, the new Prime Minister's Adviser on health
matters next week.

17/05   <u>**Follow up from SDC Away Day – April 2005**</u>

The Chairman set the scene by giving a summary of what had been presented at the Away Day in April at Brands Hatch Place. There followed a general discussion around proposed out of hours services and what would have to be done to enable the new arrangement to be operationally effective.   The Director of IM&T reiterated that more money would need to be allocated for the type of IT systems required to support the vision.   He made specific reference that the current approximate 3.2 percent of the revenue budget would need to be more like five to six percent.

Referring to the illustrative diagram of the 'hub' model on Integrated Emergency Care, Sarah Waller was concerned that the public might have to speak to quite a number of people before they got to the individual who could sort out their problem. In the discussion, it was made clear that the exact opposite would be the case.

18/05   <u>**Ambulance Review**</u>

The Chief Executive presented his national ambulance review, with the key recommendations. The full report would be launched at AMBEX. The next steps included further consultation and the drafting of a legal framework to enable the changes to be implemented before 1st April 2006. The Chief Executive thanked the Director of Service Development for her assistance. He predicted that once the review has been presented, the two main focuses would be the change in clock start times and reconfiguration of ambulance services (amalgamating smaller services to enable them to perform better).

The Director of Service Development said the time was right for this major change and was proud that the LAS had already embraced the ideas that the review envisaged, but that it would take ten years to fully implement the programme. It was agreed that it would be a major challenge and that short term performance might suffer but that the benefits for patients made that a price worth paying. The Chairman said he felt the LAS was psychologically prepared for the challenge.

19/05   <u>**Performance Update & ORH**</u>

The Director of Operations said that staffing levels were currently the biggest challenge given a lack of willingness to work overtime and also a reasonably high vacancy rate against establishment. This situation would continue to be difficult throughout the summer. Steps had been taken to further enhance weekend overtime rates (including for Bank Staff) and early indications showed that this was having a beneficial effect at weekends. The recruitment programme had also been ramped up and would significantly reduce the vacancy factor by the end of November. 12 additional staff would be available in August followed by a further 89 in September.   It was noted that in order to provide a longer term answer to availability at weekends it would be necessary to ensure that we maintained a cadre of circa 250 reliefs who worked almost entirely weekends.   It was proposed therefore that the new intake of staff would be put on a Friday to Monday weekend relief roster for the first eighteen months of their service.

Colin Douglas asked what weekend-biased shifts meant for retention of staff. The Director of Operations said that to date most of the staff working weekends-only

had requested to do so for family reasons and that therefore retention was very good. He accepted however that if new staff were required to work purely weekends for the first 18 months of service there may be some retention issues. The Service was committed to keeping the situation under review and also to look at ways in which such working might be recompensed more fully. Six out of every ten shifts across the LAS needed on average at the weekend. The new staff would work eight out of ten and 200 to 300 staff would be needed on the roster. The Director of Operations went on to say that even if some retention issues came to light these would have to be worked through as it was absolutely essential to introduce this tier of reliefs if the service was to be able to maintain targets in the future.

The subject of employment contracts was discussed and whether weekend rosters should be specifically mentioned. The Director of HR said that the current workforce needed to be managed within the arrangements for Agenda for Change and as such it was not practical to alter existing contracts. It was clear, however, that new staff joining this year should have their contracts adjusted to reflect the new relief arrangements and therefore have the ability to accept or reject employment clear in the knowledge of what would be required of them in terms of weekend working.

Operational Research Health

The Director of Operations presented an analysis and review of emergency ambulance cover undertaken by Operational Research Health (ORH). The purpose of the modelling was to identify options which would create performance improvements against all key targets without the injection of additional staffing. It was explained that this was still work in progress and that what was being presented represented the interim conclusions.

The principal points made within the report were that performance could be improved by a combination of the following options:

- Continuing to plan to remove up to 80% of Green workload from the core ambulance fleet.

- Improving activation of ambulances on Cat B calls to the same level as that currently achieved by the FRU's on attending Cat A Calls.

- There was some limited scope to move some existing Fast Response Units (FRU) resources from high performing sectors to areas of poor performance.

- More use of Satellite stations

- Reducing job cycle times.

In addition ORH had explored a more radical option in keeping with the recently published Department of Health Review which advocated moving to a response regime which had single responders being tasked to most calls in the first instance. Ambulances would then be tasked only when a need for transport was confirmed and would operate in a much more scheduled way than they do now.

According to the report, the number of Fast Response Units would need to be tripled if the recommendations were to be implemented. The Finance Director said that £9 million currently earmarked for next tranche of ambulances (65) would be

the same as the cost of providing the recommended FRUs. Clearly there were major implications for both vehicle mix and skill mix associated with such an approach but the initial modelling showed that all targets could be achieved with existing staff numbers.

Beryl Magrath asked if any of the recommendations could be implemented immediately. The Director of Operations agreed that it would be difficult to make all the necessary changes and keep performance figures stable and that once the work was completed a clearer view could be taken on how fast it might be implemented. Sarah Waller asked if Emergency Care Practitioners contracts currently included the requirement for individuals to rotate through Clinical Telephone Advisers and other areas if required. It was agreed that an ideal system would be that all front line ECPs should take turns in Clinical Telephone Adviser/Ambulance/Fast Response Unit and Emergency Care Practitioner car in order not to isolate them in one particular area. Beryl Magrath said that she had considerable experience in rotation of tasks within a particular post, it was crucial that no one person should refuse to rotate, as t his would put the whole rotation at risk. It was also recognised that time should be spent to discuss the far reaching implications for the staff mix across both the emergency tier and the Urgent Care tier as part of developing our responses to the final modelling results.

20/05 **Finance Report - Month 2**

The Finance Director presented the Finance Report and said that there was a year to date surplus of £500k income over expenditure. The Trust was forecast to break even by the end of the year.

Beryl Magrath asked about budget overspend on payroll. Martin Flaherty said overtime had been agreed only until September.

Noted: **That Sarah Waller asked that "Financial" be put on heading "Risk Register Items".**

21/05 **Agenda for Change - update**

The Director of HR said that in comparison to non ambulance trusts we appear to have had a slow start. The Strategic Health Authority is fully aware of our position. The Trust has made some progress in that 375 jobs have been matched and assimilated (200 in PTS, workshop, Finance, Legal, Governance and Estates). The job matching for Emergency Medical Technicians (EMTs) and paramedics will take place in the first week in July. Following that, the outcomes would be subject to a consistency check. Any other outcome would lead to full job evaluation.

The national picture was that nine ambulance trusts had announced job matching for EMTS and Paramedics at band 4 and 5. Four others had done the same but were being challenged. Two trusts have matched EMTS and Paramedics to bands 5 and 6 but these job matching outcomes were currently being tested. Work is still being done to resolve the issue of meal breaks.

The Director of HR said that whilst they were big numbers and potentially the most contentious, we had to be mindful of the effect on the remaining work force's morale as some staff remained anxious. One of the key pressures was staff availability for matching/evaluation panels, particularly given the current performance pressures.

Noted: The report

22/05   Sector Operating Model Evaluation

The Project Manager, Steve White, presented an evaluation which had been conducted recently of the Sector Operating Model (SOM) introduced in February 2004. The Director of Operations paid tribute to Steve White for his sterling endeavours in completing this major piece of work. The key findings of the evaluation were:

- That the SOM was felt to be fit for purpose
- That the Structure was right at complex level
- That there was a general feeling of improvement – start made difficult by resource shortages
- That SOM will "mature" over next two to three years

The detail of the key recommendations would be published very soon. **ACTION: Director of Operations.** The Chairman thanked Steve White and wished him well as he leaves the Service.

23/05   A&E and PTS restructure

The Director of Operations presented the proposed changes to the A&E Senior management Structure. He said that the decision to move to a single Director of Operations had added a new dimension to the planning. Changes would be needed to significantly improve senior management capacity and capability in A&E. The proposed way forward was to

- Appoint a deputy Director of Operations
- Create three operational areas, each headed by an Assistant Director of Operations
- Appoint an Assistant Director for CAC

He advised that interviews would be taking place on 5th July and that in the first instance these were ring-fenced to existing senior managers. Any posts not filled by this process would be advertised externally and internally. It was noted that Ian Todd had been appointed Head of Urgent Care and Clinical Development. It was noted that all these changes needed to be cost neutral overall once changes within the PTS management structure and potentially that of EBS had been taken into account. Work was also now in hand to achieve greater alignment of the PTS and A&E management structures to achieve greater integration of A&E and PTS.

The Acting Director of PTS presented the proposed restructure of PTS, which was designed to achieve greater integration.

From 1st August 2005, the Finance, Performance Improvement and Business Management functions would report to the Finance Directorate. On 1st October following the Acting Director of PTS's departure from the Service it is planned that the two Regional Operational Managers will report to the Director of Operations.

There followed a discussion around the merits of further integration of A&E and PTS and some concern was expressed that the Director of Operations should not become overloaded with additional PTS issues at a time of great change within A&E.

Equally there was a concern that PTS should not become marginalised in any way by it's problems being seen as less important than those within A&E.

Toby Harris, Colin Douglas, Sarah Waller and Beryl Magrath all expressed their concerns about the proposed changes to PTS, which would take place at the same time as major change in the A&E Directorate. Barry MacDonald pointed out that the Finance Director would acquire significant marketing responsibilities for PTS under the proposals.

The Chairman noted the Committee's unease and asked the Director of Operations and Finance Director to report back either at the July or September Trust Board meeting. **Action**: **Director of Operations and Director of Finance.**

The Chairman wished Mairead Doyle well in her future plans.

24/05 **IM&T Directorate Restructure**

The Director of Information Management and Technology presented his restructure chart.

25/05 **Review of risk management and governance arrangements**

Sarah Waller suggested that the LAS needed to be clear about what decisions had to be left to the Trust board and that the LAS should look at the requirements for Foundation Trusts and seek the advice of the National Clinical Governance Support team.

11/05 **Any Other Business**

There was no other business

12/05 **Date of Next Meeting**

The next meeting of the SDC is on 25th October 2005.

.

The meeting concluded at 13.40

LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE

Monday 4th July 2005

Present:	Barry McDonald (BMc)	Non-Executive Director (Chair)
	Sarah Waller	Non-Executive Director
In Attendance:	Beryl Magrath (BMa)	Non-Executive Director
	Peter Bradley	Chief Executive Officer
	Mike Dinan	Financial Director
	Peter Suter	Director of IM&T
	Michael John	Financial Controller
	John Wilkins	Head of Governance
	Claire Glover	Governance Manager
	Stephen Moore	Records Manager
	Christine McMahon	Trust Secretary
	Sue Exton	Audit Commission
	Terry Blackman	Audit Commission
	Gary Belcher	Bentley Jennison
	Robert Brooker	Bentley Jennison Local Counter Fraud Specialist
Apologies:	Colin Douglas	Non-Executive Director

13/05   Audit Committee Members met privately with the Internal and External Auditors prior to the meeting.

14/05   Minutes of the last Audit Committee meeting 21st March 2005

Agreed: The minutes of the last Audit Committee meeting held on 21st March 2005

15/05   Matters Arising

Minute 4.5. –SW queried when the audit tool for ambulance Trusts would be available and was informed that the tool would be developed in 2005/06. A report would be made at the next Risk Management Committee meeting regarding its implementation.

Minute 3.5.1 – the IM&T Director confirmed that all Audit recommendations on IT had been included in the Audit Recommendations database report.

16/05   Annual Accounts

The Financial Controller presented the Annual Accounts to the Audit Committee prior to their presentation to the Trust Board in July 2005. Amended information regarding Directors' salaries was circulated as the original sheet had thousands in the heading which would have been misleading. **ACTION: MJ to add a note clarifying which Directors' salaries were for a full year and which were only for part of the year.**

The Audit Committee reviewed in some detail the Annual Accounts.

In response to a query as to whether the Annual Accounts tallied with the management accounts presented to the Trust Board in May 2005 the Financial Controller reported that there had been a change in income and expenditure, from £136k to £332.k This was due to duplicated goods received not invoiced entries in the accounts.

SW was informed that the cash figure sum does include the £600,000 brokered to the SWLHA. The Finance Director confirmed that the funds would be returned to the LAS in July 2005.

SW queried why the sum spent on education and training had decreased by 50% from 2003/04 to 2004/05. The Financial Controller said the decrease is caused by a reduction in Workforce Development Income.

BMa commented that the income from primary care trusts had risen whilst that from NHS Trusts had declined – this was due to the PTS loosing some NHS contracts. The CBRN funding is received via Kingston PCT.

Subsequent to the Audit Committee meeting the Financial Controller confirmed that the main reason for the reduction is the loss of PTS contracts i.e. King's College £1,383k, Mayday £691k, Dartford & Gravesham £651k, Ravenscourt £307k and others £948k.

Due to a new reporting requirement to show income received from Foundation Trusts separately from NHS Trusts. The LAS had to transfer £1,001k relating to Homerton, Guys, UCL and Queen Victoria foundation trusts from NHS Trusts heading to Foundation Trust heading.

BMa queried the longer term debt and it was explained that this contained a provision of £7m which the Audit Commission thought prudent until the Inland Revenue ruled on whether the Trust could be liable for tax on the subsistence payments made to staff. Under the back to back arrangements with our PCTs they will fund £6.5m of the liability. The £6.5m is shown as a debtor balance in our accounts.

With regard to the four statutory duties the following performance was achieved by the Trust:

1. Breakeven performance was achieved with a retained surplus of £332K.

2. Capital cost absorption rate was not achieved. The Trust is required to make a 3.5% financial return on average relevant net assets. The actual rate of return in 2004/05 was 4.2%, 0.2% above the permitted range of 3.0% to 4.0%.

3. External Financial Limit was achieved (£13,103k) for the year.

4. Capital resourcing limit was achieved. The Trust is given a Capital Resourcing Limit (CRL) which it is not permitted to overspend. The CRL was underspent by £89k against the limit agreed with the Strategic health Authority of £6,601k.

In response to a query from SW the Audit Commissioners confirmed that breakeven is the most important statutory duty with the 3 other being subsidiary to it. It was recognised that there was often unavoidable slippage with many NHS Trust's capital programmes. The fact that the actual rate of return in 2004/05 was 0.2% above the permitted range of 3.0% to 4.0% would be not interpreted as a lack of financial management of the capital programme.

> **Noted:** 1. **That the Audit Commission had no major concerns to raise with regard to the 2004/05 Annual Accounts.**
> 2. **That subject to acceptance of the Audit Recommendation regarding an adjustment to the accounts there would be an unqualified opinion from the external Auditors.**

17/05 Internal audit

1. Progress Report 2004/05

It was reported that 2003/04 work has been finalised – security. The 2004/05 work plan has been completed with the exception of 5 reports (which had been deferred until 2005/06) and information was enclosed regarding the final 10 reports.

Security – this was given the status of 'limited assurance' as there was no individual responsible for security appointed by the Trust; this was concerned with the absence of controls rather than compliance issues. The Committee were informed that all Trusts were required by a Ministerial Directive to have a local security management specialist appoint.

The Chief Executive expressed reluctance to add to the management tier by appointing a local security manager; it was thought that the practical application would be difficult to implement.

It was reported that a HR manager has responsibility for personal security and addresses training needs. Estates are responsible for contractors etc. The HR Director has been given the responsibility for co-ordinating security.

In response to BMc's query regarding BS7799 the Director of IM&T reported that the Trust is working towards compliance.

The 5 *station visits* audit included reviews of health & safety, fuel, overtime, time sheets and expenses. 3 stations were given adequate assurance status whilst for (Waterloo and Homerton) it was felt that there was limited assurance.

BMa queried whether following a visit a report is produced and sent to the relevant managers –as where appropriate it can be used as a best practice guide for other stations.

The Finance Director reported that this was not done as yet but under Sector Operating Model and Performance Management this would be one of the performance measurements. In 2005/06 the Governance Development Unit would be undertaking routine auditing in the Trust. The Financial Controller thought that the 2003/04 recommendations had been distributed to all station mangers at that time. **ACTION: Finance Director undertook to ensure that the feedback had been disseminated.**

Fleet – the review found adequate assurance with 3 significant recommendation as follows:
- At present an overall record of all vehicles not in service within each station is not held by fleet;
- Contingency arrangements for fleet shortfalls have not been defined and documented,
- Service level agreements with both A & E and PTS services have failed to be updated and renewed.

Drug controls – the review found limited assurance with 1 fundamental and 4 significant recommendations being made regarding the following:

- Out of date drugs are not always returned to Greenwich stores and are recorded as still being in circulation (fundamental);
- Drugs are not always recorded as received within individual workstations;
- Drugs are not always accurately recorded in the drug registers;
- Drug stock takes are not always undertaken;
- Drug issue and return forms are not always updated to record drug packs returned.

BMa queried whether this was a basic educational issue and wondered if the issue could be included in the CPD programme that was currently under way. The Chief Executive said that compliance with drug control would be part of the 2005/06 audit plan. The introduction of computerised stock control will improve performance.

It was reported that work was underway for managers to undertake 10% check on a routine basis and report electronically – the work was expected to be completed within the next 4-5 months.

General Ledger audit gave substantive assurance and there were no fundamental or significant recommendations.

Budgetary Control – adequate assurance with one significant recommendation made regarding budget for the year not being formally being agreed by the budget holders.

Asset Register – substantive assurance with one significant recommendation regarding inadequate confirmation of asset verification checks undertaken by department heads.

The Financial Controller explained that a six monthly check of assets are undertaken which is a huge reconciliation exercise. Negotiations are taking place with the Make Ready contractors to assist in the asset verification exercise ie vehicle/equipment.

Noted: **That the average number of recommendations had decreased.**

2. Internal Audit Annual Report

It was reported that based on audits carried out, a review of Governance and reliance placed on the work of the NHSLA in respect of Risk Management the Audit Commission were satisfied that sufficient internal audit work has been undertaken to allow them to draw a reasonable conclusion as to the adequacy and effectiveness of the Trust's risk management, control and governance processes.

They felt that the Trust had adequate and effective risk management, control and governance processes to manage the achievement of the organisation's objectives.

Noted: **That in the main recommendations have decreased, the average in 2003/04 was 3.3, and average in 04/05 was 1.9.**

In response to a question from the Chairman the Auditors felt that the general turnaround time had improved. The Internal Auditors felt it was understandable that the turnaround time for management comments to certain reports, e.g. station visits, is somewhat lengthy given the need to collate the views of eight/nine managers.

3. Internal control effectiveness

The Internal Auditors reviewed the Trust's overall arrangements for gaining assurance and concluded that ' an assurance framework has been established which is designed and operating to meet the requirements of the 2004/05 Statement of Internal Control and provide reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation.

Noted: **The internal audit work addressing principle risks of which only two received limited assurance – freedom of information act and drug controls. Measures were being taken to address the issues raised in the reports.**

4. Strategy for internal controls audit 2005/06

The Audit Committee were presented with the strategy for internal controls audit in 2005/06 – the purpose of which is to provide the Board, through the Audit Committee, and the Accounting Officer with an independent and objective opinion on risk management control and governance and their effectiveness in achieving the organisation's agreed objectives.

The Auditors used the Strategic Objectives and principle risks identified by the Trust on the assurance framework as the basis for the strategy. Reference was also made to the relevant section of the core Standards for Better Health. In addition the following areas have been included in the strategy so as to meet Department of Health requirements, External Audit requirements or are requests to undertake specific pieces of work by the Director of Finance.

The Committee requested that the strategy be reviewed as it was not clear why items that they considered to be management tasks were included and asked for clarification of the

link to the risk register. The inclusion of 'other requirements' was also queried and it was suggested that if these were considered to be risks why they were not included on the risk register.

Agreed: **That following a lengthy discussion it was suggested that a revised plan be presented to the Committee in December but that in the meantime the Auditors should proceed with straightforward audits.**

18/05 Audit Commission

1. Progress report for 2004/05

   The progress report contained information regarding the following:

   ➢ Completed audits included: core process review, financial aspects of corporate governance, review of partnership working and network vulnerability review.

   ➢ A draft report regarding information management and governance is with managers for comment.

   ➢ Remaining reports due later this year are as follows:
   - final accounts –matters arising (due August 05)
   - 2004/05 Annual Audit Letter (due September 2005).

   Noted: **That the Audit Commission were sufficiently confident in the Trusts processes and procedures that it was proposed that in future the LAS undertake a self assessment.**

2. Internet vulnerability assessment

   The review found that the Trust could be commended for carrying out a significant programme to 'harden' their external facing network infrastructure, such that only two vulnerabilities were identified (one high and one low) during the scan of seven external network addresses.

   Noted: **The Audit Commission's recommendations that the Trust should
   - ensure that the identified risk are assessed and appropriately managed to an agreed timetable,
   - develop an on-going process of network risk assessment to ensure that future risks are identified and managed in a timely manner, to prevent the Trust being exposed to a   potential network attack and
   - ensure that the network is re-assessed for vulnerabilities on a regular basis.**

3. Interim Audit Report

   The interim work has identified some weaknesses in both the core processes and budgetary control :

   accounting system – it was recommended that further work be done to deal with the weaknesses identified around data recovery and interaction between IT and HR.

   budgetary control – findings were overall satisfactory, there were a couple of minor issues noted surrounding the allocation of responsibility and ownership of budgets to new budget holders and updating the budget control procedure

   internal audit review – the results of the review was satisfactory and the Audit Commission felt able to place reliance on the work of Internal Audit.

   financial aspects of corporate governance – adequate governance arrangements over its finance and appropriate arrangements in place for the prevention and detection of fraud and corruption.

The Audit Commission highlighted a number of issues that have been brought forward from prior year's reports as they have yet to be actioned eg two concerns the role of the Local Counter Fraud as management disagreed with the recommendations which they did not felt were practical. The third relates to the Staff Recruitment Policy which was last reviewed in 1996 – this is a work in progress.

Noted: **The report.**

19/05   Report of the Local Counter Fraud Specialist

The LCFS reported that the majority of his work in 2004/05 was concerned with fostering an anti-fraud culture in the Trust through presentations to the AOMs and other groups of mangers.

The reactive element of his work dealt with investigating allegations which were brought to his attention by the HR department.

He was pleased that the new contract proposed under Agenda for Change included not working whilst on sick leave.

The Audit Committee was informed that a Local Risk Management Exercise (LRME) was completed during the year to identify the nature and scale of losses to fraud within the NHS payroll. Five risk areas were targeted by the LRME namely employees, salaries, allowances, qualifications and employment history.

Agreed   1.   That a progress report would be presented at the next Audit Committee meeting on lessons to be learnt from investigations undertaken.
2.   That the workplan for 2005/06 (same number of days as 2004/05) which had been drawn up by LCFS and the Director of Finance.
Noted: 3.   That the Trust fully complied with the directives from the Secretary of State with regard to deterring and detecting fraud.
4.   That 7 cases had been investigated during 2004/05 – 2 had been referred to HR with a view to disciplinary action being taken; 1 was still active and 4 cases were closed when no evidence of fraud was found.
5.   That the LCFS has made a number of presentations to staff regarding fraud so as to foster an anti-fraud culture.

20/05   Integrated Governance

Agreed: This item was not discussed as the matter was superseded by discussions held at the Service Development Committee.

21/05   Risk Register Update

The Risk Register Update which contained information on risks monitored by the Audit Committee was presented for information.

The Director of IM&T confirmed that measures put in place meant that the risk no. 134 *formal arrangements are not in place to run a Payroll, and consequently to pay staff salaries, if the Headquarters building is inaccessible or the power supply interrupted for a lengthy period* was almost ready for re-grading – the Committee would be updated at the next Audit Committee. **ACTION: The Director of IM&T**

Noted: **The report.**

22/05   Standing Committee Items

Noted: 1.   That since the March meeting there have been no entries into the Director's Hospitality Register,
2.   That there have been no waivers of the Standing Orders or Standing Financial Instructions;
3.   That the newly appointed Human Resources Director had no interests to declare.

23/05   Audit Recommendations

The schedule of audit final control recommendations was reviewed. The Chairman requested that recommendations with the status of 'merits attention' be deleted once they have been reported to the Audit Committee – with the expectation that they will be actioned by Management.

P6   It was reported that an audit of Infection Control for A&E was conducted in April; an audit of PTS was currently being undertaken. A final report will be presented in December. **ACTION: Head of Governance**

P12   The Chief Executive reported that SMG had recently agreed to undertake a retrospect CRB check for all staff. Work is being undertaken to ensure that the Trust was prepared for any issues brought to light by the undertaking of retrospective CRB checks.

Noted: The report

24/05   Workplan and timetable for meetings 2005/06

Noted: 1.   The report
2.   That Members were invited by the Chairman to submit any future agenda items to the Trust Secretary.

25/05   Any Other Business

There was no other business.

26/05   Date of next meeting: 5ᵗʰ December 2005 at 2.30pm, conference room

LONDON AMBULANCE SERVICE NHS TRUST

RISK MANAGMENT COMMITTEE

Monday 4th July 2005

Present:	Barry McDonald (BMc)	Non Executive Director (Chair)
	Sarah Waller	Non Executive Director
In Attendance:	Beryl Magrath (BMa)	Non Executive Director
	Peter Bradley	Chief Executive
	Mike Dinan	Finance Director
	Peter Suter	Director of IM&T
	John Wilkins	Head of Governance
	Claire Glover	Governance Manager
	Nicola Foad	Head of Legal Services
	Christine McMahon	Trust Secretary (minutes)
Apologies:	Fionna Moore	Medical Director
	Tony Crabtree	Head of Employee Services

07/05   The Minutes of the last Risk Management Committee on 21st March 2005

> **Agreed: The minutes of the last Risk Management Committee meeting held on 21st March 2005**

08/05   Risk Management Annual Report

The Risk Management Annual Report set out steps that have been taken by the LAS in 2004/05 to manage risk to the organisation:
- Revision of the Risk Management Framework,
- Embedding the Assurance Framework,
- Population of the Trust Risk Register – Trust Wide Risk Assessment,
- Infection Control Audit,
- Review of the Clinical Governance Committee,
- Improved education and development systems and processes,
- Formal adoption of the consent to Examine and Treat Policy and
- Motor Risk Management.

It was suggested that the report could be improved by including a definition of Risk Management Framework and Assurance Framework and that a diagram be included to demonstrate the relationships between the different Groups and Committees to the Trust Board. It was suggested that the reference to an individual member of the IM&T directorate be amended to read 'key staff'.

With regard to the identified high priority risk of a lack of crewed ambulances on Saturday/Sunday nights it was explained that the solution being sought through Agenda for Change negotiations referred to talks regarding different working practices and recognised timing issues.

In preparation for the signing of the draft declaration regarding compliance with Standards for Better Health in September 2005 a presentation will be made to the Trust Board in July 2005. Board Members will be offered the choice of having either one to one training or a workshop to ensure that they are comfortable with the process. The Trust Board will be required to sign a draft declaration in September 2005 and a declaration regarding full compliance with the Standards for Better Health in March 2006.

It was commented that a number of NHS Trust Boards had misgivings regarding the requirement to sign a declaration regarding compliance with the Standards for Better Health; and that some individuals had real issues regarding the element of individual responsibility.

Noted: **The report prior to its submission to the Trust Board in July 2005.**

09/05   Update Report on Claims

The Head of Legal Services presented a six monthly update on clinical negligence, staff personal injury and employment tribunal claims, and road traffic accident claims against the Trust, and followed the report on trends and risk management action arising from claims to the Risk Management Group on 25th May 2005.

The following comments were made regarding the report:

A query was raised as to whether the heaviness of the Paramedic's medical bags had given rise to any claims for personal injury. The Head of Legal Services reported that no claims had been received to date. The Finance Director reported that a Working Group was reviewing the contents of the medical bag. Occasionally Paramedics place extra items into the bag which makes it heavier than that recommended. It was suggested that the Trust consider issuing further advice to warn staff of the risks involved.

The Committee reviewed the report regarding road traffic accident claims. BMa queried whether the high rate of accidents in Bromley (37) was due to the heavy congestion in that area which meant achieving 8 minutes for Category A calls was very challenging. The Head of Legal Services had reviewed information held on the Pulse and though Bromley had experienced a rise in Category A calls the incidences did not coincide with the rise in road traffic incidences. It was probable that the rise in claims was linked to the general increase in workload. Currently PTS were included in the figures and would need to be stripped out to get a true picture for A&E road traffic incidents.

The Committee were informed that as part of risk management strategy the Motor Risk Group had been refocused – its new terms of reference and membership were approved by the Risk Management Group in May 2005. Measures were being introduced to improve performance e.g. targets to improve the performance for reporting motor incidents would be introduced and as a business efficiency the feasibility of reporting incidents electronically would be investigated. The Director of Operations had nominated a new lead to prepare the business case for the trial of the vehicle incident data recorder on Fast Response Units.

The Staff Council had agreed that the outcome action plan to record the actions and communications in respect of closed clinical negligence and problematic inquest files on staff personal files to ensure that 2 way feedback is conducted.

It was commented that the net cost of A&E motor and incidents claims to the LAS in 2004/05 was £878,448 which was a considerable increase on the figure of £318,081 in December 2004. The Head of Legal Services explained that the rise reflected the time lag experienced due to the internal and external (i.e. Insurers) reporting system being slow .

Noted: 1.   **That the claim for breech birth was not being pursued. The Trust was continuing its investigation so as to learn from a risk management perspective.**
2.   **The general downward trend for staff claims.**

10/05   Risk Register Update

The Risk Management Committee receives regular reports regarding risks that have been agreed as falling within its remit. The overview of the risk register is shared between the Clinical Governance Committee, the Audit Committee and the Risk Management Committee.

The Trust Board recently reviewed the full risk register in May 2005 when it approved the revised Assurance Framework.

The following risks were highlighted:

8   *Failure to fully complete the Patient Report Form (PRF) with details of drugs given, treatment provided and a detailed record of all LAS interventions offered.*

SW was concerned that only 5% of obstetric Emergency CPI audits had been completed. The Governance Manager reported that the issue had been raised at the recent Clinical Risk Group and the Operational representatives had undertaken to take back that and other issues to local groups/meetings. **ACTION: update to be given at the next Risk Management Committee in December 2005.**

131   *Risk to staff, patients and organisations of staff working excessive overtime/hours when benchmarked against the Working Time Directive (WTD).*

The HR Director reported that the policy has yet to be finally approved and that the risk would not be re-graded in July 2005 – **ACTION: revised date to be agreed and reported.**

The Committee were assured that measures have been put in place to manage the issue e.g. ProMis flags up when individual members of staff were at risk of working excessive overtime hours.

Noted: The update regarding risk register.

11/04   Minutes from Meetings

1.   Information Governance Panel – 26th April 2005

The Committee considered the minutes of the Information Governance Panel (formerly known as the Information Security Panel). The Panel was reconstituted so as provide a framework to bring together all of the requirements, standards and best practice that apply to the handling of personal information. It covers:

| Data Quality, | Caldicott principles, | ISO17799 management, |
| Data Protection Act, | Freedom of Information Act | Record Management Practices |

The intention is that the Panel will act as a cross functional forum of management representatives from relevant parts of the organisation to co-ordinate the implementation of Information Governance controls. The Medical Director and the IM&T Director are joint Chairs of the panel.

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

Noted: 1.   The minutes of the Information Governance Panel – 26th April 2005.
**   2.   That PC backup continues to be an issue – which it will continue to do so until the system's fundamental architecture is overhauled to allow for central storage. In the meantime it was proposed that a file server be put in place for each department. CAC is backed up centrally.**
**   3.   That the IM&T Director is not aware that PDA it is an issue.**

2.   Clinical Governance Committee - 16th May 2005

The draft minutes were presented for information. BMa queried the reference to the Chair of the Patient's Forum feeling it was important for patients and the public to see that there was an "end point which he felt would foster greater transparency". The Head of Governance felt that the suggested "end point" would be when the Trust can demonstrate

that there has been a change in practice as a result of a complaint. The Complaints Panel would be meeting on 19th August.

Noted: The minutes of the Clinical Governance Committee, 16th May 2005.

3.   Risk Management Group – 25th May 2005

The Minutes were presented for information; the Chairman commented that he was pleased that a number of risks had been downgraded.

Noted: The minutes of the Risk Management Group – 25th May 05.

12/05 Any Other Business

The Chief Executive informed the Committee that management of Urgent Care would be discussed at the next Clinical Governance Committee.

13/05 Date of next meeting of the Risk Management Committee

Monday, 5th December 2005 at 4.15pm, Conference Room

The meeting concluded at 5.10pm

LONDON AMBULANCE SERVICE NHS TRUST

Charitable Funds Committee
Monday 4th July 2005

Present: Barry McDonald

In Attendance: Caron Hitchen   HR Director   Michael John   Financial Controller
Tony Crabtree   Head of Employee Services   Christine McMahon   Trust Secretary
Joe Easterbrook   Staff Side representative
Graham Clarke   CAF   Nicholas Rowe   Investec

Circulated at the meeting: financial reports from Investec and CAF

01/05   The Minutes of the last Charitable Funds Committee 30th June 2004

Agreed: The minutes of the last Charitable Funds Committee meeting on 30th June 2004.

02/05   Annual Accounts for 2004/05

The Committee reviewed the annual accounts for 2004/05 and the internal management accounts for 2004/05.

The predicted income for 2004/05 was £19,000; the actual amount of £18,000 was due to donations/legacies being lower than the previous two years. Expenditure was higher than forecasted due to more staff retiring due to ill health or redundancies that had been predicted. The budget for 2005/06 has taken the above factors into account. The deficit of £8,740 was greater than planned.

The Committee reviewed the annual accounts in some detail and recognised that the general growth in the funds had been greater then the expenditure incurred for the year which had offset the deficit.

The debtors figure of £9,000 was queried – it was explained that this was dividend receivable from investments but not yet received; the creditors of £1,000 referred to money owed by the Fund to the LAS – expenditure undertaken by the LAS which had yet to be recharged.

Noted: 1.   The report
**   2.   That there had been no changes to the accounting policies**
**   3.   The analysis of management and administrative costs.**

03/05   Draft Budget for 2005/06

The Committee considered the draft budget for 2005/06. It was expected that the Fund's income would be less than in previous years with £16,000 being budgeted in 2005/06. The amenities budget for staff parties and events at Christmas has been increased to reflect the forecast number of staff in post – the payment of £7.50 per person. The budget for long service gratuities and retirement parties has been set based on information supplied by the Human Resources Department. Staff who retire having completed twenty years or more service are entitled to a £200 contribution to a retirement party and vouchers based on their length of service at £13 per completed year. The estimated number of retirements for 2005/06 is 13.

CH queried the predicted number of three retirements due to age – **ACTION: MJ to check the figures and liaise with TC as necessary.**

Agreed: 1.   The budget for 2005/06.
Noted: 2.   That the audit fee (£3,000) and administration fee (£2,500) will remain

unchanged in 2005/06.

   3. **That the management fees payable by the charitable fund to the fund managers is expected to remain at the same level as 2004/05. (£,2000)**

04/05   Reappointment of Auditors

The Committee discussed the proposal by the Audit Commission's Audit Appointments to appoint our existing auditors (Audit Commission) as auditors for the Charitable Trust.

Agreed: To the appointment of the Audit Commission as the Charitable Fund's auditors.

05/05   CAF balanced growth fund interim report and financial statement

Graham Clarke represented CAF and circulated an interim report and financial statement on the Fund's investment in 2004/05. It was reported that the investment in equity growth fund has been volatile and has tended to follow the stock market. The value of capital bonds has fallen in 2004/05.

He reported that the CAF Trustees are planning to change fund managers later in 2005.

Noted: The performance of the CAF balanced growth fund.

06/05   Investec Investment Report

Nicholas Rowe presented a portfolio review for 2004/05. The Funds are split 75% in equities and 25% in bonds and cash. It was reported that last year there had been reassuringly rewards for the average equity investor and that bonds had performed surprisingly well.

Noted: The performance of funds invested with Investec

The Chairman thanked the representatives of CAF and Investec for their presentations. Following the departure of Messrs Rowe and Clarke the Committee discussed the Fund's future investment policy.

There was general agreement that there was little to be gained from having two investment portfolios and it was decided that the Funds should transfer funds held with CAF to Investec. MJ to inform CAF and seek advice from Nicholas Rowe as to the best investment strategy for the Charitable Funds. It was felt that although the Charitable Funds was not interested in high risk investments it did require a decent return for its investment. **ACTION: MJ to inform the Committee of this advice via email and a decision taken in due course.**

07/05   Report from the sub-group

Noted: The report

08/05   Review of criteria

The Committee was asked to review the following criteria :

DVDs – it was proposed that as more education material is being produced on DVDs and the waning popularity of video that the Committee agree that DVDs be automatically approved for purchase (in the same way as TVs and videos currently are). **ACTION: CMc to liaise with the Communications Department what type of DVD is compatible with training material produced by the LAS.**

Digiboxes – it was proposed that the one off cost of purchasing a digibox be approved for automatic purchase (in the same way as TVs and videos currently are). There is no annual fee and no aerials required.

Agreed: **That DVD players and Digiboxes be approved for purchase without recourse to the Committee's sub group.**

The meeting concluded at 2pm