

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 31st July 2007 at 10am

Conference Room, 220 Waterloo Road, SE1

A G E N D A

1. Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the Meeting held on 22nd May 2007 Part 1 and II Enclosure 1& 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Month 3 2007/08 Finance Report Enclosure 4
8. Receive Auditor's report on 2006/07 Accounts Enclosure 5
9. Report of the Medical Director Enclosure 6
10. Approve revised FOI policy Enclosure 7
11. Note updated Whistle Blowing Policy Enclosure 8
12. Receive update re 2012 Olympics Presentation
13. Receive annual report on complaints Enclosure 9
14. Receive annual report from the Audit Committee Enclosure 10
15. Receive update on London Ambulance Radio Project (LARP) Enclosure 11
16. Receive update on CAD 2010 Enclosure 12
17. Note updated governance arrangements for risk management. Enclosure 13
17. Draft Minutes of the Remuneration Committee, 27th March 2007 Enclosure 14
18. Draft Minutes of Clinical Governance Committee, 11th June 2007 Enclosure 15
19. Draft Minutes of the Audit Committee, 18th June 2007 Enclosure 16
20. Draft Minutes of Service Development Committee, 26th June 2007 Enclosure 17
21. Report from Trust Secretary on the use of the Trust Seal and tenders opened since the last Board meeting Enclosure 18

22. Any Other Business.
23. Opportunity for Members of the Public to ask Questions.
24. Date and Venue of the Next Trust Board Meeting
25th September 2007, 10.00am at 220 Waterloo Road, London SE1
The Trust's Annual Public Meeting will be held at 2pm on the 25th
September 2007, at 220 Waterloo Road London, SE1

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 22nd May 2007

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

Present:	Sigurd Reinton Peter Bradley	Chairman (from 11.02) Chief Executive (from 11.37)
	<u>Non Executive Directors</u>	
	Ingrid Prescod Roy Griffins Sarah Waller	Non Executive Director Non Executive Director Non Executive Director (Vice-Chairman, chaired the meeting until 11.02)
	Beryl Magrath Caroline Silver	Non Executive Director Non Executive Director (from 11.15)
	<u>Executive Directors</u>	
	Mike Dinan Fionna Moore Martin Flaherty Caron Hitchen	Director of Finance Medical Director Director of Operations Director of Human Resources & Organisation Development
Apologies:	Barry MacDonald	Non Executive Director
In Attendance:	David Jervis Peter Suter Kathy Jones George Shaw David Selwood Stephen Sellek Nick Lawrance Christine McMahon	Director of Communications Director of Information Management & Technology Director of Service Development LAS Patients' Forum Representative Corporate Logistics Manager Senior Manager, Estates Head of Policy, Evaluation and Development Trust Secretary (Minutes)

Sarah Waller, Vice Chairman, chaired the meeting until the Chairman joined the meeting at 11.02am as he and the Chief Executive had to attend a meeting at the Department of Health concerning the launch of a national Urgent Care Strategy.

51/07 Declarations of Further Interest

There were no declarations of further interest.

52/07 Opportunity for Members of the Public to ask Questions

There were no questions from members of the public.

53/07 Minutes of the Meeting held on 30th January 2007

**Agreed: The minutes of the meeting held on 30th January 2007
with the following corrections:**

Minute 40/07: Ingrid Prescod had asked supplementary questions in regard to the Equality Working Group: how often they met and why they did not meet more often. This matter was further discussed when the Annual Equality Report was presented to the Board (minute 63/07);

Beryl Magrath asked for clarification on whether CIP refers to Continuous Improvement Programme or Cost Improvement Programme. It was subsequently confirmed that CIP refers to Cost Improvement Programme.

54/07 Synopsis of the Trust Board's Part II minutes held on 27th March 2007

Noted: The contents of the synopsis of the Trust Board's Part II minutes.

55/07 Matters Arising from the minutes of the meeting held on 27th March 2007

Noted: Minute 31/07: The HR Director said that there was nothing further to report to the Board as the National Review of Unsocial Hours had not been concluded. The current timescale for the implementation of the final framework is April 2008.

Minute 32/07: The Vice Chairman said the proposed merger between the Ambulance Service Association and the Confederation will not be taking place.

Minute 32/07: The Director of Service Development said that as yet no meeting has been arranged between the Chief Executive and the Chief Executive of NHS Direct. ACTION: Chief Executive

The Director of Service Development said that Anna Walker had attended the recent Ambulance Service Leadership Forum along with a number of staff and they had used it as a workshop to gain input into the Healthcare Commission's ratings process. To date, no feedback has been received from the Healthcare Commission on what actions they may take following that discussion.

Minute 33/07: Beryl Magrath queried the Category A 8 Minute figures for Tower Hamlets which were reported in the minutes as being 73.6% in March 2007; Category A 8 Minute performance had previously been 64%. There appears to be some confusion as to what is being reported in the minutes and the figures presented in the performance reports. The Director of Operations said that the Category A8 minute performance in Tower Hamlets was 64% in February, 77% in March and 73% in April. The Director of Operations said that the figures reflect the impact which the new Ambulance Station at Silvertown, has had. The good performance in March reflected the focus placed on performance in that area

of operations and although performance had dropped it had not fallen back to the February figure.

Minute 34/07: the Director of Finance said that the LAS has invoiced NHS London for the remaining brokered funds (£500,000). The funds should be received in 2007/08.

Minute 34/07: the portering charge (£13,000) was an outstanding PTS invoice paid by Chelsea and Westminster.

Minute 36/07: The valuation of high impact changes is on-going. **ACTION:** Director of Finance

Minute 36/07: A report concerning Fleet will be presented to the Trust Board in July. **ACTION:** Director of Operations.

Minute 37/07: The HR Director said that a report would be presented to the Board in due course concerning the skills escalator. There is an associated national piece of work currently being undertaken concerning the Emergency Care Assistant Role being piloted in the South Western Ambulance Service.

Minute 44/07: It was recognised that the Trust should be undertaking driving licence checks on a routine and consistent basis throughout the Trust. The Director of Finance said there was no reason why PROMIS should not be used for this function.

56/07 **The Chief Executive's report**

The Director of Operations presented the Chief Executive's report which included an update regarding planning for the Olympics and a report regarding the annual Department of Health KA34 statistical return. He highlighted the following from the report:

The final numbers for 2006/07 show that the LAS responded to 75.3% of Category A calls within 8 minutes and 98.1% within 19 minutes; 81% of Category B calls received a response within 19 minutes. Activity was up 1.25% overall on the previous year with Category A up 2.3%.

2007/08 has begun well with performance in April: Category A 8 Minute performance at circa 78% and Category B at 84.5%.

The new Department of Health approved Call Categorisation codes came into effect on 1st April; there subsequently appears to have been a fall in the number of Category A calls by approximately 5%. There were around 800 Category A8 calls per day in April.

“Urgent” Performance is no longer being reported separately. The new system for “Urgents” went live on 1st May and appears to be working well. A further report will be presented to the Board in July when the new system will have been embedded. **ACTION: Director of Operations.**

The Director of Operations said there will be increased emphasis on Category B Calls during 2007/08; the Trust is now commissioned to deliver 90% for the year as a whole and to meet an aspirational trajectory of 85%, 88%, 92% and 95% over the course of 2007/08. Actions to support the plan were outlined in the report.

In addition to the regular data pack the Board receives, a supplementary one was tabled at the meeting which showed the numbers of long responses for

Categories A, B and C calls. This information will be presented regularly to the Board. Whenever possible every effort is made to minimise long delays. In response to a request from Beryl Magrath the Director of Operations undertook to provide the same information broken down by PCT. **ACTION: Director of Operations.**

Through a combination of increased use of Clinical Telephone Advice (CTA) and referral pathways the Trust is planning to take approximately 21,000 fewer patients to A&E this year. By achieving this reduction the Trust will secure an additional £800k of income.

The management re-structure is making good progress in EOC and all the new AOM level posts have now been filled with a mixture of internal and external candidates. The next level down is also being actively addressed and many Superintendents will be moving watches in the next few weeks. There has been some improvement in call taking performance although there is still more to do in this area.

Our ability to split the despatch desks and operate them in the new configuration is improving and we now expect to be able to operate them in the new desk configuration by end June/early July.

Urgent Care continues to deal with about 33% of available workload; this is expected to rise to circa 60% by the end of the summer as further staff are recruited to existing vacancies. CTA recruitment is now well underway and the revised CTA role is proving more attractive for staff. Adverts will appear in the nursing press this week in an attempt to attract nursing staff.

The analysis of ETA¹ calls is proving difficult as the Trust only records the final determinant and does not record any intermediate ones. This is being further investigated and a progress report will be given to the Service Development Committee in June. **ACTION: Director of Operations.**

A full presentation on the detailed planning to achieve performance targets, such as Category A 8 minute, following the introduction of Call Connect² will be given to the Service Development Committee in June. **ACTION: Director of Operations.** To date no additional funding has been received to enable the Trust to achieve Call Connect targets; in the absence of such funding the Trust is predicting to reach no more than 65% Call Connect performance by April 2008

PTS: the report detailed a specific number of updates on contracts won and lost and those in the process of being tendered. The Trust is currently challenging the process in regard to the awarding of the UCLH contract. An audit of that process is currently underway.

PTS has retained and in one case expanded contracts with Mental Health Trusts in North East and North West London. Consultation with displaced staff at Hillingdon and UCLH is taking place; it is likely that members of staff will be transferred under TUPE arrangements to the new PTS providers.

¹ ETA calls: calls made by patients/carers subsequent to the initial call, enquiring when the ambulance will be arriving.

² Call Connect: Currently the clock starts for measuring ambulance response times when 3 pieces of key information has been obtained (location, telephone number and chief complaint). From 1 April 2008, the clock will start earlier - when the call is connected to the ambulance control room.

Beryl Magrath said that she had attended a PTS 'Listening Event' held on 21st May³. Many attendees at the event were quite critical of PTS and held the mistaken belief that the LAS was the provider of patient transport for their particular hospital. The Finance Director said that LAS currently has approximately 20% of the PTS market in London.

Human Resources: with effect from June 1st there will be changes made to the management structure in HR. This change is designed to enhance the HR provision for each Directorate and Operational Area by providing a dedicated senior manager who will in turn manage the local HR staff.

Following a review of the provision of clinical training for front line staff the Trust will be moving to a modular approach designed to allow more staff to access clinical training each year. This will involve shorter modules tailored to particular skill levels and the first of the one day modules commences on the 23rd May 2007.

Attendance management is improving and sickness levels are showing a slight downward trend. As reported by the Electronic Staff Records (ESR) the Trust's overall figure for sickness absence in March was 5.8%; in January the figure was 6.5%.

Staff Survey: the HR Director reported that in 2006/07 for the first time a random number of staff was surveyed rather than a full staff survey being undertaken. The response level was the same as the previous year's survey and the results have generally been consistent with what was found in 2005/06.

Two areas which when compared to other Ambulance Trust were less favourable were the number of staff reporting work related stress and those saying they had received health and safety training. The Trust is working with the Health Safety Executive and the ASA concerning stress in the workplace and Health & Safety training is on-going. The Trust compared very well with other Trusts in the levels of staff satisfaction in regard to staff receiving appraisals and the numbers having Personal Development Plans. In conclusion, the HR Director said that the report, following the annual survey, did not raise significant concerns.

Communication: the report detailed the media enquiries received since the last Board meeting. In particular there was the Tonight with Trevor MacDonald (broadcast 16th April 2007) and more recently the inquest concerning Oliver Ladwa who was tragically killed in an accident involving an ambulance at a school event. The Coroner has written to the Trust regarding the lack of formal risk assessments undertaken and there are a number of actions in hand to address these concerns which are outlined in the board report.

Media interest continues in delay stories and also in perceived lack of cover due to overtime restrictions.

Olympics: A comprehensive report was included in the board reports. The Board was informed that the Trust is expanding the Olympic Games Programme Office and has now officially launched the programme as a fifth strand of the Service Improvement Programme 2012. This is being done at risk as no additional funding has been received to date but with the expectation that the bid of £615k will be successful.

³ PTS Listening Event held on 21st May, organised jointly by the LAS, Patients' Forum, Transport for All and Age Concern London. The event was attended by users of patient transport services across London and their carers, as well as representatives from hospital commissioners of services and voluntary sector organisations. This event was the start of an ongoing process of involving patients in the future development of PTS service in London.

KA34: the Head of Management Information provided a detailed report on compliance with this year's guidance from the Department of Health on reporting operational response times. The Trust is introducing automatic electronic capture of 'on scene' times in accordance with a national standard during 2007/08. Further work is being undertaken concerning electronically capturing the time a request for ambulance attendance is made by an FRU and in developing protocols for data sharing with neighbouring Trusts.

Beryl Magrath asked what is the level of multiple deployment i.e. when Fast Response Units (FRUs) or Emergency Care Practitioners (ECP) and an ambulance are despatched to a Category A8 call. The Director of Operations said there was a high level with 1.6 vehicles per incident for Category A calls. The Director of Operations said that tasking in the round of ECPs was being reviewed and a more intelligent use of ECP in the Urgent Care environment is being sought. The recently established ECP Strategy Group will focus on the possible rotation of ECPs in the Control Room in order that they can play an active role in tasking colleagues.

In addition, the work being undertaken by Richard Webber (Deputy Director of Operations: Control Services) includes ensuring there is better supervision in EOC and Urgent Care, and that there is clinical support for ECPs and other members of staff, thereby improving the governance arrangements in Urgent Care.

In response to a question from Beryl Magrath concerning ethnicity monitoring by Clinical Telephone Advice the Director of Operations said that this is a problematic area as it is often felt to be a more difficult question to ask over the telephone than in face to face interactions. Ingrid Prescod said that with the appropriate training and wording, explaining the clinical relevance of the ethnicity question, this perceived difficulty should be addressed. Beryl Magrath said that the Deputy Director of Operations is writing an article for the LAS News that will emphasise why ethnicity is clinically relevant. This should encourage front line staff and other members of staff that have patient contact to record the data.

Beryl Magrath asked about the new modular approach being adopted to deliver education and training, and wondered if communication skills, which appears to be a factor in the complaints received concerning attitude and behaviour, is one of the modules being offered. The HR Director said that the topics currently included in the 5 day CPD course will be delivered in the new modular system. The Medical Director said that the communication aspect would be dealt with through the training surrounding the taking of patient history. A progress report of the modular training will be presented to the Trust Board in September 2007 in addition to the full training plan. **ACTION: HR Director.**

In response to a query from Beryl Magrath concerning the provision of paramedic support at the London Olympics the Director of Operations said that the Olympics team will be looking into the issue. **ACTION: Director of Operations.**

Roy Griffins said that it would be useful for the Board to have a discussion paper regarding what are the challenges facing the Trust in meeting the Category B19 targets and how the performance target will be achieved in 2006/07. The Director of Operations said a report could be brought to the Service Development Committee in June outlining the Trust's plan for the next 18 months. **ACTION: Director of Operations.**

Roy Griffins also asked that there should be a discussion regarding Call Connect and what possible 'trade offs' the Trust might have to undertake in order to achieve Call Connect if additional funding is not received. **ACTION: Director of Operations.**

In response to a question concerning the Trust's bid for funding for the Olympics Project Office the Director of Operations said that the Chief Executive is meeting Ruth Carnall and will be raising the matter with her directly. Work is in hand to ensure that the Trust does receive the necessary funding.

The Director of Operations undertook to circulate the annex to the Deputy Director of Operations' letter that was included in the Board papers. **ACTION: Director of Operations.**

In response to Sarah Waller's concern that the Trust Board should have more sight of the Olympics project, the Director of Service Development said that the Olympics Programme is being managed as part of the Service Improvement Programme with its own programme board and reports to the Strategic Steering Group (SSG) on a regular basis, highlighting any risks or issues. The SSG will provide regular reports to the Trust Board on the progress of the Service Improvement Programme. The Director of Finance said that as part of the Trust's risk management process anything that has a risk attached would be monitored by the Risk Compliance and Assurance Group. That group reports to the Audit Committee, who report to the Trust Board.

The Director of Operations said that although process mapping has been undertaken at a number of A&E departments there has been little practical benefit achieved. There is, however, a national piece of work being undertaken by Matthew Cook which is looking at A&E handover in the round.

Roy Griffins asked about the Trust's emergency preparedness in the event of pandemic flu. The Medical Director said that the LAS has a Pandemic Influenza Plan in place which will be updated in line with the latest Department of Health guidelines. The Plan is contained within the Trust's Business Continuity Plan. One risk for the Trust is that a large percentage of staff live outside London and would experience difficulties getting to work in the event of a pandemic. One estimate is that 50% of the population will be affected by the influenza and it is therefore likely that there will be considerable disruption experienced nationally.

Noted:

- 1. The report**
- 2. That the Board will receive an annual report concerning the Trust's compliance with KA34.**

57/07 Month 12 2006/07 Financial Report

The Finance Director presented the Month 12 financial report for 2006/07. The Trust achieved financial balance and had a small surplus. The Audit Commission is currently undertaking the annual audit.

PTS broke even this year which the Finance Director thought was a good achievement given that it has been a challenging year for PTS. There will be more investment in PTS in 2007/08 with additional vehicles and scheduling software acquired.

The Finance Director drew the Board's attention to page 11 of his report and highlighted that the Trust's average expenditure per month in 2006/07 was £18m; the average cost in the last three months of the year was £17.5m. He said he would be looking to continue this trend in 2007/08.

The Finance Director said that compared to budget, capital had an underspend of £4.5m; the estates element of the capital budget had an underspend of £2m. He also referred the Board to the Balance Sheet which stated that average capital employed for the year was £105m.

In response to a question from Beryl Magrath regarding the overspend in 2006/07 on Duty Station Officers the Director of Operations said that this was due to the staffing of the HART project. The continued funding of HART after June 2007 has yet to be confirmed. During a previous discussion of this matter the Board⁴ was informed that serious consideration would be given to stopping the project when the pilot concludes in June 2007 unless the funding is forthcoming.

The Finance Director confirmed that the reference to the overspend on A&E vehicle lease costs related to the error in setting vehicles budget for 2006/07, as reported to the Board in November 2006.⁵

Noted: The Month 12 (2006/07) Finance Report.

58/07 Month 1 2007/08 Financial Report

The Finance Director said that the format of the Financial Report is being revised to focus more on trends and key indicators. A draft will be circulated between meetings for the members of the Board to comment on. **ACTION: Finance Director.**

The Month 1 financial report includes an adjustment for income which reflects some of the current uncertainty around the exact level of income for 2007/08. On the expenditure side the provision of overtime has been increased in April, May and June to reflect the vacancies in A&E.

The Finance Director drew the Board's attention to page 8 which shows the average monthly expenditure to date being £17.3m. Attention is being focussed on curbing expenses early in the year so as not to have a repeat of the strict financial controls introduced in the last quarter of 2006/07.

Beryl Magrath asked if GPS equipment will be fitted in PTS vehicles and whether it would be treated as capital or revenue expenditure. The Finance Director said that if a PTS contract would support the installation of GPS it would be undertaken; the cost of the equipment would determine if it were capital or revenue. He said that the performance of PTS does not bear out the anecdotal evidence of PTS vehicles getting lost on the way to or from appointments. The PTS Strategy is currently being reviewed and will be presented to the Board in due course. **ACTION: Finance Director.**

The Finance Director said that the underspend shown against Support Training Courses is due to the fact that at the time of budgeting the timing of training courses had not been finalised

Call Connect: if funding is received in month 2 the amount required will be £7.9m which equates to approximately £28,000 per PCT for the remaining nine months.

CBRN: £8m has been budgeted for 2007/08; the Trust is working with NHS London and the Department of Health to access funding.

Olympics: A bid of £615,000 has been submitted and discussions are being held

⁴ Minute 34/07, 27th March 2007

⁵ Minute 102/06, 28th November 2006

at the Department of Health to access the funding. The Trust has undertaken the necessary planning work connected to the Olympics in the expectation that funding will be received.

HART: funding is in place until the end of June. Thereafter the project is at risk if on-going funding is not received. The Trust has requested on-going funding to be made available on a quarterly basis. If the Trust were to implement the full HART programme as envisaged by the Department of Health, it would need to provide a HART team in North and South London and at Heathrow Airport, at a cost of £1.7m each.

Noted:

- 1. The Month 1 2007/08 financial report.**
- 2. That the Finance Director will share with the Board the basis on which the SHA arrived at its risk assessment of the Trust. ACTION: Finance Director**

59/07 The Medical Director's Report

The Medical Director highlighted the following from her report:

Serious Untoward Incident (SUI): an investigation is ongoing into the tragic death on the 7th March of a 7 month boy who died of suspected meningococcal septicaemia. The initial call was mis-triaged which resulted in a delay in despatching an ambulance. As this investigation is still ongoing the Board will receive a more detailed report in Part II.

The second SUI investigation was initiated following an incident on 5th May when a patient suffering from an acute psychosis died whilst in Police custody. This investigation is ongoing and a more detailed report will be given to the Board in Part II.

The National Conference "Frontline Cardiac Care" was held on 4th April in London. The Medical Director commended the efforts of Clinical Practice Manager, Mark Whitbread, who organised the conference. One of the highlights of the conference was a live demonstration of the dissection of a heart which was very illuminating.

Chief Executive Consultation /Medical Director meetings: about half of the 26 complexes have been visited and there has been a good turnout at each of the meetings. The feedback received from staff has included frustration concerning training; over the number of courses being cancelled and the variable quality of the training being delivered. This is one of the reasons for the introduction of the new modular training programme.

One of the issues raised at the consultation meetings was why Technicians cannot dispense the drug diazepam; the Medical Director explained that the Trust cannot move forward on this because of diazepam's status as a controlled drug.

Beryl Magrath referred to the summary of the clinical audit⁶ included in the Medical Director's report. She was surprised at the poor level of completion relative to the other Trusts reported in the audit. The Patient Report Form (PRF) is the only documentation the Trust has in relation to patient contact and it is imperative that it is fully completed. During the discussion the poor recording of ethnicity was also raised.

⁶ The full title of the clinical audit was 'A summary of a regional comparative clinical audit of the quality of documentation for paediatric patients'.

Ingrid Prescod said she was shocked that members of staff feel they have a choice as to what is filled in on the PRF documentation. Ingrid expressed surprise that completion of the PRF was not dealt with more firmly by local management. The failure to complete the PRF reflects local leadership's failure to challenge incomplete documentation.

The HR Director said that the Ambulance Service is currently going through a process that the rest of the NHS has been going through for a number of years in regards to documentation and it requires a significant culture change. The Director of Operations said there have been improvements in the standard of documentation and there have been improvements in the recording of ethnicity; in 2006/07 recording of ethnicity rose from 15% to 30%.

The Chairman said that although he agreed with Ingrid Prescod on one level he said there were a couple of factors on the ground that accounted for the non-compliance. Crews often witness the information they have taken from the patient being disregarded when they undertake an hand-over at the hospital; this will change when the Ambulance Service begins using ePRF because this will then be part of the patient's care record. Secondly, line managers do not give PRF documentation top priority.

The Director of Operations said that although he agreed in principle with the views of the members of the Board it is not as easy as telling front line staff to do it. Efforts are being made to improve documentation e.g. the completion of PRF documentation has been included in the AOM's 2007/08 objectives and this will be cascaded down A&E hierarchy. At the recent Team Leader conference it was reiterated that one of the reasons for creating that role was the importance of undertaking Clinical Performance Indicator checks which reviews the quality of PRF documentation. This challenge is not unique to the LAS, all ambulance services are struggling with this issue.

The IM&T Director said that a very small pilot is being undertaken of the ePRF system by East of England Ambulance Service. One of the findings was that the use of ePRF resulted in a lengthening of the handover at A&E departments. The Chairman said that there is a meeting taking place on 24th May involving NPfit. Andy Heward, the Director of Service Development and Carl Edmonds which will be looking at how the project can be moved forward.

Beryl Magrath pointed out that with the increasing use of Single Responders by the Trust the completion of documentation becomes even more important.

The Medical Director said that the audit referred to in her report concerned a very small number of patients. One of the issues highlighted was that crews consider a child to be someone under 16 years (NHS norm) while the Home Office's definition is someone under the age of 18 years. With reference to the lack of information concerning the paediatric patients' general practitioner, the Medical Director referred to her own experience of working in the A&E department at Charing Cross where about 20% of the patients who present there do not have a General Practitioner.

Mental Capacity Act: Nick Lawrance, Head of Policy, Evaluation and Development, gave a presentation outlining the implications of the Mental Capacity Act for the Trust. The purpose of the Act is to empower and protect vulnerable people unable to make their own decisions. It allows people to plan ahead for a time when they may lack capacity. The Act is being implemented in two stages: from April 1st 2007 the criminal offence of ill treatment or neglect of a person who lacks capacity and the Independent Mental Capacity Advocate

(IMCA) service becomes operational; from October 2007 all other parts of the Act come into force.

The main areas for consideration regarding the LAS's treatment of patients are:

1. the assessment of a patient's capacity to make their own decisions and, if that capacity is deemed to be lacking, then
2. how to act in that patient's best interests in accordance with the Act.

Staff are supported in these instances by form LA5 which was recently rewritten with consideration given to the implications of the new Act. Part A looks at assessing capacity; Part B at ensuring action taken is in the patient's best interests.

The self assessment tool for the Mental Capacity Act lists 38 statements against which organisations could measure their preparedness for the Act's introduction. 11 are deemed not to be applicable to the LAS; ten were deemed to be green and twelve were amber. Five objectives were considered to have red status. Nick Lawrance volunteered to be Implementation Lead to oversee the necessary programme of work to ensure that Trust is fully compliant with the Act.

The Director of IM&T highlighted one of the principles underpinning the Act, namely that individuals must retain the right to make what might be seen as eccentric or unwise decisions. The Head of Policy, Evaluation and Development said that an assessment of a person's capacity must be done separately and should rely on the following information: ability to understand and retain information, to use or weigh information and to communicate a decision. In effect, a person's capacity should be assessed completely separately from any decisions they arrive at. If these features are present, then decisions should be respected, however unwise they may appear to others. Clinical Advisers and the Duty Station Officers will continue to be available to offer support to crews. Sarah Waller suggested that at some point the Board discuss the Community Treatment Orders proposed- the Mental Health Bill going through Parliament, which may have serious implications for crews. **ACTION: Director of Service Development.**

- Noted:**
1. **The Medical Director's Report**
 2. **That a link to the Trust's Annual Declaration on compliance with the Healthcare Standards will be sent to the Non-Executive Directors. ACTION: Trust Secretary**

60/07 Chairman's remarks

The Chairman informed the Board that Professor Sir John Henry recently died. He was consultant physician at Guy's National Poisons Information Service from 1982 to 1997, the year he was appointed professor of Accident & Emergency Medicine at Imperial College. He was also honorary consultant in accident and emergency medicine at St Mary's. He was much respected and a great supporter of the LAS.

The Chairman said that there appears to be some progress toward our objective of being able to offer integrated urgent and emergency care to Londoners. Key posts in the new Strategic Health Authority are being filled by individuals that can be expected to be supportive. Professor Sir Ara Darzi's work on a strategy for London has been shared across a number of for a and is expected to advocate greater integration.

The meeting at the Department of Health attended by the Chief Executive and the Chairman was also attended by the Secretary of State for Health, Patricia Hewitt; the Minister for Health, Andy Burnham and senior officials at the Department of Health as well as the Chairmen of the Ambulance Services. The event was held to launch the Urgent Care Strategy. The Chairman said that some of what was discussed at the meeting depends on there being no changes in personnel or policy following Gordon Brown becoming Prime Minister on 27th June 2007.

The Director of Service Development and the Director of IM&T have been invited to speak to a meeting of the Chairmen of the London PCTs on what information the LAS has and how it could be relevant to their respective PCTs.

In reply to Sarah Waller's question about the definition of Urgent Care, the Director of Service Development said that the Department of Health's 'Urgent Care Direction of Travel' document proposed a definition which included the patient's definition of what is urgent. It will be the task of the medical professional to assess whether the patient's condition is urgent and to give reassurance when it is deemed not to be. The importance of accessing alternative care pathways was recognised as was the need for an organisation to have responsibility for co-ordinating access.

It was recognised that there needs to be a general agreement regarding a strategy for London as this will then lead to a discussion on what organisation would be best placed to deliver it. Professor Sir Ara Darzi's report on the future strategy for London is expected to be delivered mid July.

Noted: The Chairman's update

61/07 Approve Revised Freedom of Information Policy

The Director of IM&T presented the revised Freedom of Information Policy for approval. Following discussion it was proposed that the Policy be further amended to reflect the comments made by Board members and re-presented in July 2007. Amongst the comments were that it needed to be made explicit when the Director of IM&T alone would constitute the final appeal stage and when a panel, including the Non-Executive Directors, would be required.

Noted: That the revised policy would be re-presented to the Trust Board in July.

62/07 Presentation: Estates

The Finance Director gave a presentation to the Trust Board concerning the Trust's Estate. The revised Estates Strategy will be presented to the Service Development Committee in October 2007. **ACTION: Finance Director.**

The Director of Finance highlighted the following in his presentation:

- Benchmarking with other Ambulance Trusts will be undertaken; currently the Estates budget is 4.2% of the 2007/08 budget.
- The Trust is endeavouring to build up links with the London Fire Brigade; the Metropolitan Police Service; Transport for London; the Greater London Assembly and NHS London.
- The Trust has 10 fixed satellite points; the majority are situated in NHS Clinics with an allotted parking space.
- The Board was shown pictures of the new ambulance stations; these are essentially light industrial units on relatively short term leases.

In response to a question from Beryl Magrath the Director of Operations said that the sites of the satellite stations were chosen in line with detailed modelling undertaken by ORH.

Noted: The presentation, which the Finance Director undertook to email to Board Members. ACTION: Finance Director.

63/07 Annual Equality Report

The HR Director presented the Annual Equality Report and highlighted the following:

Diversity training has been incorporated into the key training programmes (Corporate Induction; Duty Station Officers and Team Leader development and the Five day Continuous Professional Development course) thereby reaching a significant element of the workforce. With the introduction of the new modular training it is anticipated that there will be a greater proportion of the workforce undertaking training.

The Trust's workforce is 39% female with 8.4% of the workforce being from a Black & Minority Ethnic (BME) background.

Recruitment activity 2006/07: of those members of staff recruited, 10% were from a BME background which was a slight improvement on the percentage recruited in 2005/06. Half of the 2006/07 recruits were female.

Patient Report Form: during the year there has been an improvement in the recording of ethnicity as it rose from 15% to 30%. The analysis of the data, although interesting, was based on relatively low levels of reporting and should therefore be viewed with caution i.e. the data suggests that the Service is overly used by the Chinese community, which is inconsistent with research evidence on this ethnic group.

A further supplementary report will be presented to the Board in September regarding data still being compiled i.e. recruitment; the ratio of leavers, grievances, disciplinaries. **ACTION: HR Director**

In response to a question from Beryl Magrath the HR Director said that it is part of the Long Term Workforce Plan⁷ to improve BME representation in the workforce. Initiatives include work currently undertaken with long term unemployment through agencies such as job centres and CITE (Community into for and outreach Work Employment) to identify suitable candidates for the new Care Assistant role. Successful candidates are now asked to complete a Life Skills questionnaire which will identify language skills etc that could be utilised by the Service e.g. by being advocates of the Service, helping it to raise its profile amongst various ethnic communities. In addition, the universities that the LAS works with have well established entry processes for widening access.

Beryl Magrath suggested that it might be useful if the Trust focussed its activities on three-four areas of high BME population and engaged in Public and Patient Involvement (PPI) activities to raise its profile and improve its recruitment of BME members of staff. The HR Director said there is funding in the 2007/08 budget to backfill posts to enable members of staff to engage in PPI activities, and some work has already been done in this respect in collaboration with Margaret Vander i.e. Tower Hamlets.

⁷ Long Term Workforce Plan agreed by the Trust Board in March 2007 (minute 37/07).

Beryl Magrath asked how many of the senior management are from BME backgrounds; the HR Director said that this information will be contained in a future report to the Board. **ACTION: HR Director.**

Grievances: of the grievances received by the Trust in 2006/07 12.4% were raised by BME members of staff. There were three allegations of racial harassment. No claims related to Race Equality have been progressed to Employment Tribunal. There will be a subsequent report to the Trust on data regarding grievances and disciplinaries. **ACTION: HR Director.**

Ingrid Prescod asked about the Race and Equality Strategy Group which met irregularly in 2006/07 and whether it would be able to deliver the recommendations of the review undertaken on how the Trust could improve its recruitment of BME members of staff. The HR Director said that the membership of the Group was being reviewed in line with the changing roles of the original members so as to ensure that the membership is comprised of members of staff with relevant influence and commitment.

The HR Director said that the Equality framework published in 2006 was praised by the Department of Health and the South West London Strategic Health Authority as exemplary. The Trust will be building on the framework.

The Diversity Manager, Paul Carswell, has now left the LAS to join St Mary's and his post has been advertised. In response to a question the HR Director advised that specific focus on diversity was now included both in the OD and People Programme and supporting the other Programmes within the Trust's Strategic Plan.

Noted: The report.

64/07 Note report on drug control and medical devices

The Director of Operations presented an update on the response of the Trust to the findings of the Internal Auditors in regard to the audits undertaken in 2006 of Drug Control and Medical Devices.

Noted: The progress to date in implementing the Internal Auditor's recommendations.

65/07 Draft minutes of the Clinical Governance Committee, 16th April 2007.

Beryl Magrath, the Chairman of the Clinical Governance Committee, presented the minutes to the Board. She highlighted the following from the summary of the minutes:

Paul Dargan, Director of Guys and St Thomas' Poison's Unit will give a presentation to the Senior Management Group in regard to the LAS continuing to use the NPIS Service.

The Deputy Director of Operations is endeavouring to ensure that CARU⁸ receive 100% of the data cards downloaded from defibrillators following attendance at incidents of cardiac arrest. The Medical Director said that CARU currently receives approximately 25% of the data cards. The issue was raised at the recent Team Leader conferences.

The Head of PALS reported that to date the Frequent Caller Initiative has saved the Trust approximately £1m; it was highlighted that the support of Area Operational Managers is needed to address the issue of Frequent Callers. The

⁸ CARU: Clinical Audit Research Unit

Director of Communications said the Medical Director had included this in her presentation at the Chief Executive's annual Consultation meetings.

The Assistant Director of Operations responded to the Medical Director's presentation on 'Safety First' by identifying three areas of concern: (1) appropriateness of clinical assessment and decision making as to whether it is appropriate to leave a patient at home; (2) cross contamination or infection as a risk to patients; (3) occasional misdiagnosis or less than effective clinical assessment.

Noted: The draft minutes of the Clinical Governance Committee meeting of 16th April 2007.

66/07 Report from Trust Secretary on tenders opened since the last Board meeting

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

16/07	Refurbishment of Brixton AS	TCL Granby Eugena Limited Mitie Property Services Cuffee Plc Coniston Ltd
17/07	Refurbishment works – Bromley AS	Modus Group Coniston Ltd Fairhurst Ward Abbotts Expert Property Solutions Wyatt Wright Builders Ltd Lengard Ltd Theobalds Ltd
18/08	Refurbishment and extension works	Wyatt Wright Builders New Addington AS Diamond Build Plc W C Evans and Sons (Eng) R & S Builders Ltd Coniston Construction

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

Noted:

- 1. The report of the Trust Secretary on tenders received**
- 2. The use of the seal (reference 105) in regard to an agreement for minor building works between LAS and Mitie Property Services to provide office and staff facilities at Hillingdon AS.**
- 3. That the Chairman had approved an Urgent Action in order to expedite the lease for the Silver Town Ambulance Station with an annual rent of £41,000 per annum.**

67/07 Any Other Business

George Shaw, LAS Patients' Forum, raised the issue of the support offered to patients who are mentally ill, particularly at the weekend and during the night, and referred to the decision of some mental health trusts to close their emergency clinics. The Director of Service Development said that the LAS has a protocol in place with Oxleas Trust that can only be accessed by Greenwich residents, which is designed to

provide a better service than the emergency clinics. The Medical Director said that although A&E departments are not appropriate for patients who are mentally ill, Doctors will initially need to ensure there is no organic cause for the presentation before a patient can be sectioned.

Mr Shaw spoke of the PTS event held on the 21st May and said it was clear that further work was needed to ensure there is a good standard of care for patients being transported to/from hospitals. The Finance Director said that he will raise the matter with NHS London; the funding of patient transport in London currently rests with the big Acute hospitals with a budget of £57m. Given that there are approximately 42 contracts in London for the provision of patient transport there are undoubtedly inefficiencies and the present arrangements should be reviewed.

68/07 Opportunity for members of the public to ask questions

There were no questions from the public.

69/07 Date of next meeting

Tuesday, 31st July 2007, 10.00, Conference Room, LAS headquarters, Waterloo Road.

Meeting concluded 1.05pm

LONDON AMBULANCE SERVICE NHS TRUST**TRUST BOARD****Part II****Summary of discussions held on 22nd May 2007
held in the Conference Room, LAS HQ, London SE1**

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

On the 22nd May 2007 in Part II the Trust Board discussed the following:

1. Update regarding SUI

The Medical Director updated the Trust Board regarding the on-going investigation into a Serious Untoward Incident that involved a child with suspected meningococcal septicaemia.

The Medical Director also informed the Board of a second Serious Untoward Incident that was declared following the death in police custody of a 30 year male.

2. Initial finding of the impact on individual's take home pay of Agenda for Change (AfC) reduced overtime and the introduction of formal rest breaks.

The HR Director presented a draft report outlining the impact of AfC on the take home pay of front line staff. Following discussion, it was decided that further work would be undertaken to ascertain a fuller picture of the impact and presented to the Service Development Committee in June 2007.

3. Declaration of a conflict of interest

The Finance Director declared a potential conflict of interest in regard to CAD 2010. To avoid the conflict of interest he has asked the Head of Legal Services to have a watching brief over the proceedings as he will not be participating in the evaluation of the tenders. The Deputy Director of Finance is overseeing the evaluation on the behalf of the Director of Finance.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 31 JULY 2007

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The tables below set out the A&E performance against the key standards for the first quarter of 2007/08 and for the year to date.

	CAT A8 (current)	CAT A8 (call connect)	CAT B19
Standard	75.0%	75.0%	90.0%
First Quarter 07/08	79.1%	N/A	83.3%
YTD*	78.9%	N/A	83.3%

*Accurate as at 1400, 18th July 2007

Key highlights

- i. I am pleased to report that the Trust is now performing well above the current Category A target of 75%. The year to date position is 78.9% and the trust is now regularly performing at over 80% on the current measure.
- ii. We are also making good progress towards the new call connect target. We have now secured part year funding and have reached 57% for the month of June exceeding the trajectory target by 2%. It is anticipated that July will come in at circa 60% which will once again be 2% ahead of the trajectory target for July. It should be noted of course that whilst progress is encouraging there is still an enormous amount of work to do and achieving the end point of 74% by end March 2008 will be immensely challenging.
- iii. Category B performance whilst improving is proving more challenging and there is more information on this later in the report. We have not achieved our internal target of 85% for the first quarter coming in at 83.3%. There are encouraging signs however and performance on B calls is undoubtedly improving during midweek. Ambulance staffing will need to be improved still further at weekends if the overall target of 90% for the year is to be achieved, as currently the good mid week performance is negated by poorer performance at weekends.
- iv. The Trust stayed at REAP level 2 'Concern' for much of the first quarter however the terrorist threat towards the end of June, combined with major events such as the Tour de France, saw the level return to level 3 'Severe Concern' for a period of two weeks.

1.2 Activity

- Activity has increased by 1.2% for the month of June 07 compared with the same month last year and is up by 2.6% for the first quarter when compared with the first quarter last year.
- The disproportionate rate of increase of Category A workload appears to have slowed following the changes to DH guidance on categorisation with only a 0.5% increase in the first quarter compared to last year.
- 33% of workload is still DH Category A although the Trust continues to respond to 37% as 'red' calls.

1.3 Resourcing

- A&E staffing is close to full establishment with some 40 vacancies on the core A&E workforce plus some additional vacancies within urgent care. In post figures will improve in September with the influx of foundation students from the current foundation degree programs. The Board will be aware that we are not directly recruiting Technicians this year due to the financial constraints imposed by the CIP and that any core vacancies which arise are planned to be filled by University students and by absorbing the 56 unfunded ECP posts.
- Overall resourcing has continued to prove challenging in the first quarter particularly with the re-introduction of considerable volumes of clinical training together with CBRN training and re-licensing. Ambulance resourcing is the most difficult area and whilst in overall terms the Trust is staffing slightly more hours than the same period last year we must improve the situation still further if we are to meet the B performance targets.
- In light of the terrorist threat, recent major events, and to sustain performance the overtime allowance has been increased to 35,000 hours per month. This effectively borrows against the allowance for later in the year which is capped due to the substantial Cost Improvement Programme. The alternative will be to allow some funding of additional overtime from the newly acquired Call Connect funding and this is under active consideration at the present time.
- An abstraction plan is being finalised to identify all training commitments and other abstractions through to March 09. This will allow us to profile the training across this period to find a best fit with operational commitments whilst allowing staff to access the development training which they need. The new modular one day training packages are now well underway and feedback has been excellent.
- The Resource Centre review is ongoing with recommendations now expected to come to SMG in August. It is anticipated that an update will be provided for the Board at the meeting in September.

1.4 Increased Emphasis on Category B targets

- To support the Category B trajectory target agreed with commissioners we have now:

- Split despatch desks in EOC to give each controller fewer vehicles to manage, allowing faster despatch.
- Moved some Amber 1 calls to the FRUs to contribute towards B performance targets. The FRUs are now answering some 15% of total B volume.
- Agreed a plan to move more Amber 2 calls to the FRUs concentrating once again on those calls least likely to require ambulance transportation. This will increase the total volume of B calls answered by FRUs to circa 25% of total B volume.
- And we also intend to:
 - Significantly increase CTA and Urgent Care staffing to remove most Cat C calls from the A&E fleet.
 - Despatch ambulances automatically, which has proven to save up to 2 minutes per call on FRUs.
 - Reduce the number of despatches from station and move increasingly to a much more mobile fleet.
 - Increase the focus on general activation for Ambulances within the EOC aiming to increase the 2 minute activation for B calls from 55% to 75% by September.
 - Improve ambulance cover by targeted use of the limited overtime funding.

1.5 Emergency Operations Centre (EOC)

- The EOC/UOC restructure covering the top 2 tiers of management went live on the 2nd of July. The existing Senior Operations Officer (SOO) post has been replaced by an Ambulance Operations manager (AOM) post with appointments made both internally and externally. Four of the five watches now have an AOM in charge, with the 5th AOM not due to take position until the beginning of September. The current Superintendents and some of the unsuccessful SOOs have all been slotted into the newly titled post of Operations Centre Manager (OCM). These new posts will have far greater responsibility and accountability for the performance of the individual EOC watches than they have had in the past.
- The second phase of the EOC reorganisation is currently being planned. This will cover a change in the responsibilities of the Sector Controllers with them having a greater span of responsibility in the future and will also support the implementation of a team management concept.
- The dispatch desks are now being routinely split across the service. There is still some slight variability amongst watches due to staffing and skill-mix issues, but where it is consistently happening the anticipated benefits are being noted with an improvement in activation and a greater ability to effectively manage the resources under that sector.

- The Automatic Dispatching of FRUs has been expanded to include a sub-set of Amber 1 calls. The proposal to add a further sub-set of the Amber 2s is now under active consideration and discussion is underway with the staff involved. This is part of the overall initiative to improve B performance.
- The focus on all aspects of attendance management has continued. The effects of lower sickness and absences have been an overall increase in staffing levels within EOC. In May the staffing level was 99.4% and in June it was at 98.2 % Additional training courses have seen an increase in in-post staff numbers to nearly 100% of establishment and there is a reduced reliance on overtime.
- The recent number of stadia events and the high media profile of the Tour De France created several challenges for resourcing. Not least the weekend of the 6th, 7th and 8th July whereby there was a requirement to staff Wimbledon Tennis, Hampton Court flower show, Cricket at Lords, Genesis at Twickenham, Live Earth at Wembley and Justin Timberlake at the O2 Dome. This requirement totalled over 65 additional staff against a backdrop of maintaining adequate cover within EOC and UOC. This had followed on from a week where we had provided additional cover into the Police Control Centre as a result of the heightened security alert. This obviously has had both an operational and a financial impact upon control services.
- Call taking has come under some pressure due to high volumes but is now starting to see an improvement. This will be stabilised by October when the new staff become more experienced and the new management structure is fully implemented. In addition we are reviewing the rest break arrangements within EOC and once the revised systems are implemented we will see greater availability of call takers. Finally there is much greater management focus on all aspects of call taking with real time data being pro-actively utilised by new call taking managers.
- As previously reported, the Rest Breaks for Vehicle Crew Staff were implemented in mid December, which had resulted in an increased workload for staff on sector desks. This is starting to stabilise as the practice has become mainstreamed and this was further enhanced following the administration of an IT based solution in early April. The numbers of rest breaks being allocated has fallen in the first quarter associated in part with increased workload and continued emphasis is being placed within EOC on allocating as many breaks as possible.
- GMT Planet, a resourcing support tool, is currently being implemented across Control Services. The project is in full swing with several milestones already achieved. These include the installation onto the services servers, an awareness day for staff and managers and a projected implementation date of Sept 5th still viable, with no slippage to date.

- A Major Incident training day was conducted for B watch, which consisted of a major incident overview of about 2 hours duration, a familiarisation with the Incident Control Room and the roles associated with it and a familiarisation with the Emergency Control Vehicle. The training took place at HQ and Millwall and was conducted on the staff's pool week. The feedback was positive and there is an intention to run this for all watches over the remainder of this year.
- We have continued to try and provide a breakdown of which ETA calls result in a re-prioritisation of the original call. To date we have been unable to find a technical solution to providing this data . A further verbal update will be provided for the Board at the meeting.
- Following the introduction of the revised call prioritisation system for urgent calls (card 35 in AMPDS) a piece of analysis work is currently being undertaken by Management Information to assess the impact of this change.

Clearly a small proportion of calls now formally receive a Category A response, increasing the number of calls in this category whilst the remaining calls are generally categorised as C . Whilst specific data is still being prepared there are no significant issues giving the Trust cause for concern at this time. A more detailed analysis of the impact of the new urgent protocol will be available for the next meeting.

1.6 Urgent Operations Centre (UOC)

- In line with the Control Services management restructure the ownership of the UOC has reverted fully to Control Services under the ownership of A/DDO Richard Webber, with ADO John Hopson taking day to day responsibility. ADO Ian Todd will retain ownership of the ECP Programme and the Emergency Bed Service.
- The numbers of calls being dealt with by the Urgent Care service continues to represent circa 1/3 of incoming Green, Urgent and non-urgent workload. Staffing has improved significantly with the original 74 establishment for the EMT1/A&E Support role now filled. With the establishment now increased to 99 further recruitment is underway to fill the remaining vacancies. Work is underway with Trade Union Colleagues to determine how best to utilise these new staff within the Urgent Care environment and to agree future skill mix arrangements.
- Recruitment to CTA remains challenging. Whilst the new Band 6 role attracted significant increases in the number of applicants only a small number were successful. Overall CTA in post figures have increased to 34 against a funded establishment of 50. Further recruitment is planned and indeed a complete review of the recruitment process is underway. Work is also being undertaken with IM&T colleagues to investigate the possibility

of offering CTA services from remote sites, negating the need to travel into central London which some staff find a barrier.

- The final technical integration of the PSIAM (CTA) software has now been implemented and should see significant improvements in productivity as staff become used to the new processes.

1.7 New Operational Model Implementation

- The Board will recall that the Operations Directorate is in the process of implementing a number of High Impact Changes (HICs) to improve performance and provide a stable platform for full implementation of the New Front End Model. These all form part of the 'Improving our Operational Response' Programme which is in turn one strand of our 7yr Strategic Plan.
- Each project is being led by an Assistant Director of Operations (ADO) The HICs have been split into Response Projects and Dispatch Projects. A description and brief summary of progress against each project is provided below:
- It should be noted that there will inevitably be some repetition in this section as some aspects of progress against the programme have already been referred to in previous sections of the report under specific functional. It is however important that the Board be able to refer to one dedicated area within the Chief Executives report for a summary of progress against the entire programme.

Tranche 1 progress summary

All projects included under the tranche 1 umbrella have now been delivered. Embedding the changes and realising the benefits now falls within the remit of the Assistant Directors of Operations, overseen by the Deputy Directors of Operations acting in the role of lead business change managers.

Tranche 2 update

Tranche two is divided into A & E projects and control services projects.

The following A & E projects are in the process of being planned:

- Tasking Managers to Calls
- Increasing solo response capacity
- Dynamic Deployment
- Referral Pathways
- First and Co-responding schemes
- Managing Frequent Callers

The following provides an update on progress for the above list of projects:

Tasking Managers to Calls (Project Manager: Steve Irving)

Summary

The aim of this initiative is to provide two sets of resource to staff FRUs to respond to both CAT-A and CAT-B calls. A policy and procedure document will be agreed, establishing the criteria for managers responding, along with agreeing how to implement the process within both the EOC and the Areas. Eighteen DSO vehicles need to provide operational cover using managers between 1100 – 1400 daily (in addition to the existing seven '99' vehicles) In addition we are looking to staff an additional 25FRUs between 1400 and 2000 predominantly utilising Team Leaders. This project is dependent on the 'Increasing solo response capacity' project detailed below to provide the additional vehicles required.

Progress

- PID (Project Initiation Document) signed off by Project Board on 2nd July 2007.
- Anticipated Milestones are August 2007 for the 1100 to 1400 managers response vehicle and September 2007 for the Team Leader response vehicle.

Increasing Solo Response Capacity (Project Manager: Terry Williamson)

Summary

To revisit the existing roll-out plan to ensure that the new FRUs (being delivered from an existing order) are distributed one per complex and to ensure that additional cars over and above this (c15 cars) are deployed for maximum benefit. This initiative is an enabler for the 'Task Managers to Calls' project, with the former deploying the vehicles and the latter ensuring that they are staffed and utilised effectively. An additional element to this project is to scope the role for additional Motorcycle Response Units (MRUs) and Cycle Response Units (CRUs) in meeting the new Call Connect targets.

Progress

- The PID has been signed off by the Project Board
- Delivery milestones have been agreed and entered into a project plan
- The newly delivered FRUs have now been distributed at one per complex
- Scoping documents proposing additional MRUs and CRUs will be completed in the next few weeks
- Analysis work to determine placement of the 15 spare cars has started

Mobile Fleet (Project Manager: Andy Heward)

Summary

The specification, procurement and implementation of a full computer based system for dynamic deployment model

Progress

- Specifying and procurement activities are on track and a proposal will be submitted to SMG for consideration in August. The software tool needs to be procured by 1st October 2007 to ensure we are able to integrate it fully with CTAK as part of the current CTAK enhancements work.
- Andy Heward will be liaising with Steve Sale to establish a timetable for the staff and union engagement process in relation to creating the flexibility required in terms of being able to deploy vehicles on a more mobile basis to meet demand. This work will be linked to the development of a new 'Partnership Agreement' with trade unions and staff which will be critical to the success of the project.

Referral Pathways (Project Manager: Allison Bolsover)

Summary

The agreement of pathway protocols with providers, the encouragement of their use by frontline staff and evaluation to ensure that all patients receive consistently appropriate care delivered in a safe manner. This work should contribute to the LAS taking 200,000 fewer patients a year to A&E by 2012.

Progress

- Allison Bolsover has been meeting with PCTs over the last few weeks to establish what needs to be done and to prioritise work going forward
- Allison is in the process of securing funding which will enable folders to be provided in vehicles detailing available pathways and protocols. This information will not be available over MDTs in the first instance.
- A detailed project plan and PID are now completed.

First and Co-responding schemes (Project Manager: Chris Hartley-Sharpe)

This project will be based upon the paper 'Improving Patient Care through Alternative Response' written by Mark Whitbread and Jo Smith. This will form a substantial piece of work which will take a number of years to deliver fully. A full time project manager and dedicated staffing (in the region of 5 whole time equivalents) will be required. Chris Hartley-Sharpe has been

appointed project manager and a PID is currently being completed. This will be submitted for consideration by SMG in August/September.

Managing Frequent Callers (Project Manager: Gary Bassett)

This initiative has just been added to the Area portfolio of projects so is running approx. 2 weeks behind the other initiatives. Ian Todd met with the appointed Project Manager; Gary Bassett on 5th July to establish the project scope and rough timescales for delivery. The full PID is expected by the end of the month

Tranche 2 Control Services project portfolio summary

The following projects are in the process of being planned or delivered:

- Automated Ambulance Despatch (FREDA)
- Automatic Data Reporting and Analysis
- Control Services Management Restructure (Phase 2)
- Paperless Control Room
- Re-Engineering Call Handling
- Urgent Care Workload

The following provides an update on progress for the above list of projects:

Automated Ambulance Despatch (Project Manager: Paul Webster)

Summary

The objective is to deliver a technical capability similar to FRED which is used successfully to despatch FRUs. This should improve response times reducing overall activation times for Ambulances particularly when responding when already mobile.

Progress

- Draft business rules, determining when to activate an ambulance electronically have been circulated for comment.
- The necessary software changes have been scheduled into the CTAK Enhancement project for delivery in November 2007.
- Communication and training / familiarisation needs are being reviewed.
- Plans are being formulated to consult with staff .
- It is anticipated that the system will be live in November 07.

Automatic Data Reporting and Analysis (Project Manager: Sue Meehan)

Summary

The project introduces changes to performance reporting to allow automatic on capture of response times in accordance with national KA34 guidance from the Department of Health.

A second reporting objective is to ensure that the use of static defibrillator sites, calls to GP surgeries and other KA34 permissible first responses are captured and reflected appropriately in performance reporting statistics.

Progress

- Reporting tools have been re-written to draw on data based on automatic capture of response times.
- A sample data output captured during May 2007 was used for comparison purposes.
- Reporting based upon this method went live on 2nd July 2007.
- Further work is in hand to further enhance the system in September through improvements to the mapping systems used by the service.

Control Services Management Restructure (Project Manager: Alan Edmonds)

Summary

The project, which is a continuation of the general EOC Re-structure. This is predominantly looking at the lower levels of the management structure and seeks to restructure these management levels broadly in line with Sector Operating Model. The objectives will be to ensure consistency of performance through enhanced managerial and supervisory support and will include tasking Control Services AOMs to optimise the distribution of resources and to take real time responsibility for overall performance levels.

Progress

- EOC AOMs have been appointed, four are now in post and the remaining will be in-post by mid-September.
- A review of the management structure at Sector Controller level and below is currently underway and may result in some minor alterations to the structure approved by SMG earlier in the year.
- The project is still on track to complete by end December 2007.

Paperless Control Room (Project Manager: Lisa Dickinson)

Summary

To explore the possibility of introducing a paperless despatch regime in EOC in advance of a new CAD system. The intention would be to try and eliminate the requirement for allocators to routinely complete backup paper records and so speed up activation times and hence overall performance.

Progress

- PID and scope finalised and detailed discussions now underway with IM&T to discuss the feasibility.

Re-Engineering Call Handling (Project Manager: Simon Harding)

Summary

The aim of the project is to reduce call handling times to a predictable and acceptable period of time. This will include changes to consistently answer calls within 5 seconds, to capture Location and Brief Description within 50 seconds and complete the call within 2 minutes.

This will be achieved by reviewing rosters and rest break arrangements to ensure that staff with the optimum skill mix are routinely available to match the incoming call demand.

Best practice will be established by identifying exemplary staff using Individual Performance Monitoring then, by means of individual mentoring and focus groups, replicating these practises and behaviours across all call takers.

Progress

- Individual Performance Monitoring has been introduced for call takers
- Resource planning software (GM Planet) has been procured to assist with the review of rostering arrangements for both routine demand and the management of demand peaks.
- The rest break system is being reviewed and a new system will be introduced imminently.

Urgent Care Workload (Project Manager: Paul Cassidy)

Summary

The aim of the project is to increase the role of Urgent Care Services to improve care to patients and reduce the use of emergency care resources to meet these requirements.

This will be achieved partly by increasing the number of staff in both Clinical Telephone Advice and Urgent Care operations and partly by reviewing the skill mix and working arrangements of current staff.

Progress

- The scope of the project has been agreed
- Call Connect funding from the Commissioners has now been agreed, allowing the recruitment of additional A&E Support staff to commence.
- CTA Establishment will be increased by a further 20 staff to a total of 70 and recruitment processes are being adapted to fill the new vacancies.

1.8 Emergency Preparedness

- A complex table top exercise, comprising around 40 senior operational managers, support staff and external experts, was held in July to test the final draft of the new Major Incident Plan. Feedback will be analysed and incorporated as necessary and the new MIP will be printed and distributed within the coming weeks.
- Funding for the HART team has been secured from DH until the end of September with a commitment to fund the remainder of the financial year if our PCT commissioners agree to pick up the full recurrent costs thereafter.
- The attempted detonation of two explosive devices in central London at the end of June resulted in the national terrorist threat level being raised to 'Critical' from 'Severe General'. This resulted in major contingency planning arrangements being put in place for a period of two weeks from 2nd July through until 16th July. These included increased staffing and on duty senior managers at Gold and Silver level ready to deal with any incidents which might develop. The Trust responded well to these incidents as always and dealt with an increased number of security incidents around the capital and particularly at Heathrow. The director of Operations hosted a number of conference calls with Operations Directors around the UK during this period designed to share intelligence and good practice in light of the increased threat.
- It should be noted that the service mounted an extensive operation over the Tour de France weekend and provided a magnificent response for the event particularly given the increased security threat. A/ADO Jason Killens and A/DDO Webber in particular should be commended for the preparatory work and leadership displayed in managing what was the biggest sporting event envisaged in London prior to the Olympics.

2. PATIENT TRANSPORT SERVICE

Commercial

The Queen Elizabeth Hospital NHS Trust (existing business) has awarded their PTS contract to London Ambulance Service. This is a five year contract and has commenced with effect from 1 July 2007.

Camden PCT (existing) has also finally announced their decision. They have awarded the contract to OSL. We have attended a debriefing and will not be challenging the award as we can find no discrepancy in the way the procedure has been undertaken. As yet we have not been advised by the PCT as to when the new provider will commence operation.

Following submission of a tender for the Mayday Hospital (new business) we have not been invited to the presentation stage of the process. The basis for such decisions is normally on price, however, we have asked for clarification from the Mayday.

Darrenth Valley Hospital (new) has asked the LAS to present their bid at the end of July and following the submission of our tender to Kingston Hospital (existing), we expect to be invited to present towards the end of September 2007.

Whipps Cross University Hospital (existing) have placed a notice in OJEU for tenders to provide all their non-emergency patient transport, the majority of which we already provide. The LAS has expressed an interest in competing for this tender and we await the specification to be issued. A further expression of interest has also been made to Richmond & Twickenham PCT (new) who have also issued a tender notice.

On the back of the loss of Hillingdon Hospital, the LAS has now signed up 3 new Service Level Agreements with Central & North West London Mental Health, Hillingdon PCT and the Cancer Unit at Mount Vernon Hospital. Further SLAs have been signed with Sutton & Merton PCT and Westminster PCT to undertake some of their Patient Transport Services for specific clinics. There are ongoing discussions with St Georges at Tooting as well as Islington PCT and we hope that these will lead to yet additional SLAs in the near future.

Staff issues

The 15 staff affected by the transfer of the Hillingdon Hospital contract to Door To Door, have all been redeployed within the LAS. This position was made easier with the signing up of the 3 new SLAs in the Hillingdon area which accounted for 9 posts; the remainder filled existing vacancies within PTS.

The loss of Camden PCT will affect 6 people. However, with 9 identified vacancies as a result of the Hillingdon process still available and with the forthcoming internal advert for A&E Support vacancies, we do not expect that any of these staff will transfer to the new provider.

Given the current level of tendering activity in the current PTS market; it is expected that there could be a high number of PTS staff who wish to apply for A&E Support

vacancies. This process will need to be managed carefully to ensure that staff moving across into the new posts do not disproportionately affect the PTS operation.

Performance

Arrival and departure time statistics both fell to 87% in June and time on vehicle to 93%. These slight dips were not unexpected and is a final effect of staff transferring from PTS Central Services to A&E Support. This effect should be reversed with the introduction of the new PTS planning system, which is currently being tested, and the introduction of the new Transport Operation Centres. These new initiatives will not be fully operational until the end of the calendar year and we are expecting the quality statistics to run at these slightly lower levels until then.

3. HUMAN RESOURCES

Policy Update

The following HR policies and management guideline documents have been published since the last report to Trust Board:

- The Trust's Smoke Free Policy has been updated to reflect the legislative changes introduced from 1 July 2007. The key changes for the LAS is the requirement for adequate signage to be displayed and for lease cars to be smoke-free.
- Alcohol, drugs and solvent misuse policy – *replacement of an earlier policy*;
- Management statement on induction – *required for NHSLA inspection*;
- Disability employment policy – *guidance on legislative and good practice provisions in employment*;

Occupational Health Services

As part of the tendering process, the Trust has now received presentations from three potential providers and is in the process of reaching a final decision which is expected imminently with an anticipated start date of 1 October 2007.

Diversity Manager

We have successfully recruited a new Diversity Manager, Sajjad Iqbal, who will commence in September (date to be confirmed). He comes to us with a good track record in the field and is currently with Leeds PCT.

HR management re-structure

The intended re-structure as reported to the Trust Board in May was introduced from 1 June 2007 and is now fully implemented. The organisational chart is attached as an appendix for information.

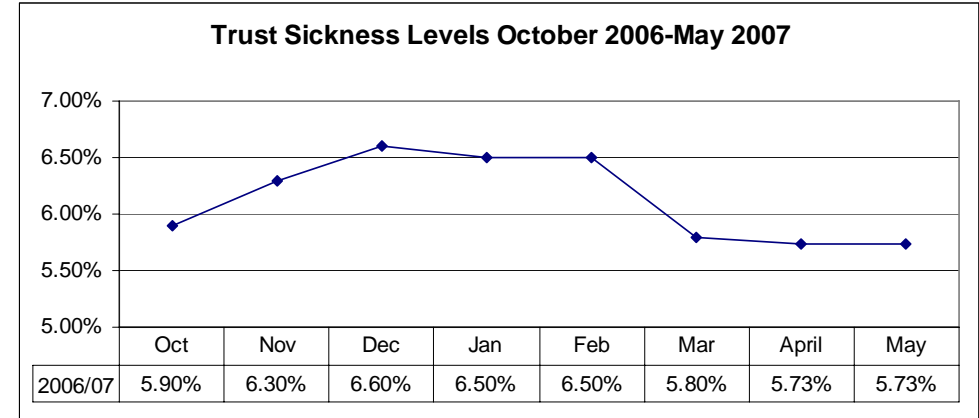
Sickness absence

Overall sickness absence has remained static from last month at 5.73% maintaining the general downward trend in levels against the ESR national reporting measure. Whilst there are slight variations within Operational Areas, the overall sickness absence levels within A&E Operations also remain the same. It is anticipated that the re-tendering of Occupational Health Services together with continued application of the recently adopted Absence Management Policy will assist in further reduction in levels of absence.

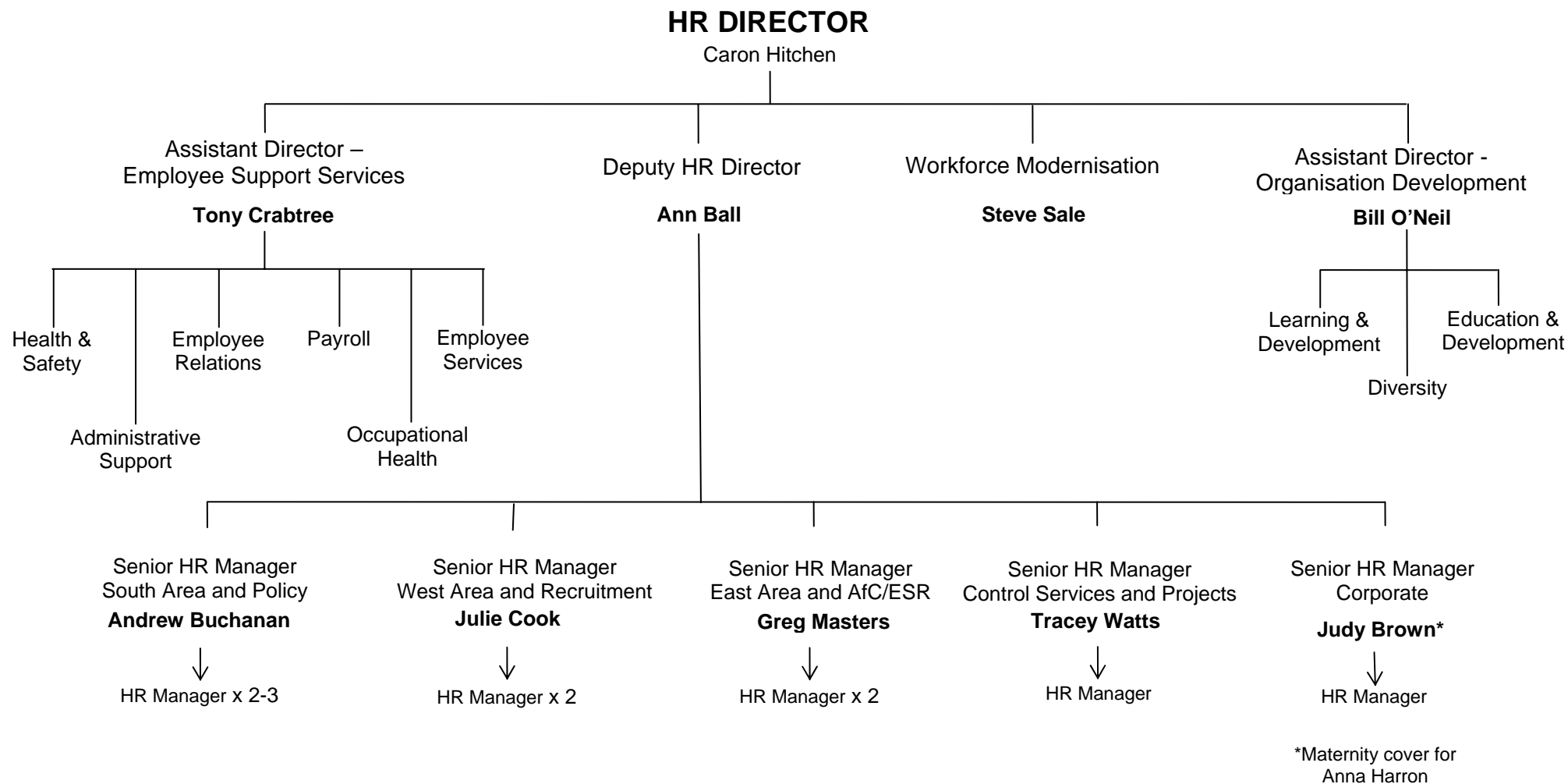
INTERIM WORKFORCE INFORMATION

Staff Turnover July 2006-June 2007	
Staff Group	Turnover %
A & C	11.95%
A & E	4.76%
CTA	0.00%
Bank Staff	2.52%
EOC Watch Staff	10.51%
Fleet	8.93%
PTS	7.02%
Resource Staff	2.00%
SMP	6.28%
Grand Total	5.93%

Absence 2007	Apr	May
A & E Ops East	5.93%	5.76%
A&E Ops South	6.02%	6.37%
A&E Ops West	6.19%	6.27%
Control Services	6.80%	6.16%
PTS	5.03%	5.64%
Trust Total	5.73%	5.73%



SUSPENSIONS as 31.07.07		Date of Suspension	Reason	Stage in Investigation	Investigating Officer
East	1	03.07.07	Alleged assault on colleague.	Investigating officer appointed.	Richard Porter
South	2	09.01.07	Bullying & harassment.	Ongoing. All interviews complete and reporting commenced. Resolution options currently under consideration.	John Boyaram
		17.07.07	3 attitude and behaviour related incidents	Investigation pending.	Lisa Marshall
West	0				
EOC	1	27.06.07	Shoplifting	Preliminary investigation interview 27.06.07.	Paul Tattam
HQ/Fleet/Others	0				



4. COMMUNICATIONS

Media issues

Cardiac Care: On 18 July Radio 4 Today programme featured the Service in a piece about primary angioplasty. The communications team worked with the programme on a story examining the differences in treatments offered to heart attack patients across the country. The feature centred around Dr Huon Gray, co-chair of NIAP (National Infarct Angioplasty Project) and his report which is due to be published shortly recommending primary angioplasty be offered nation-wide. LAS Clinical Practice Manager Mark Whitbread and one of “our” heart attack patients Kevin Jolly were briefed to conduct interviews which were included in the story highlighting the network of specialist centres the Service has helped create and the training crews receive to identify suitable heart attack patients. A proactive press release was also sent out to both national and London media.

Foiled terrorist attacks: Numerous media calls were fielded following the foiled terrorist attacks in London earlier this month and communications staff gave support to the crew involved in raising the alarm about the first explosive device left in a car in central London. Initially, a media statement was issued outlining the crew’s involvement. To protect the crew’s safety, it was decided not to release their personal details and as the crew were reluctant to talk to the media, the department declined interview requests. However, as the media interest in the crew’s story intensified over the weekend, the department worked with the crew to issue anonymised quotes outlining their actions. This led to coverage on the BBC Online, The Sunday Times and The Guardian. Internal communication work included several bulletins updating staff on the increased threat level plus the actions staff should take if they identified a suspicious vehicle or in the event of a major incident.

London Assembly Emergency Life Support report publication: Last month members of the department worked with the London Assembly to promote the publication of its report calling for more Londoners to be trained in emergency life support. The Service played host to the launch activity and arranged for a former cardiac arrest patient and his son to attend to share their experiences. Radio interviews were conducted with the patient, his son, and Medical Director Fionna Moore which led to coverage on BBC London Radio promoting the Service’s rising cardiac arrest survival rates and also the community resuscitation training courses.

Tour de France: The communications team proactively promoted the work done by the Service in planning for, and managing, the first ever start of the Tour de France in London. News releases were issued at the end of both the time trials and official race start highlighting the work done in treating a total of more than 300 patients, 40 of whom were taken to hospital. Acting Assistant Director of Operations Jason Killens did both live and pre-recorded interviews with LBC radio about the Tour. An interview before the race with the Evening Standard was unfortunately not published. Internally, the Tour was featured on the intranet and is a double-page spread in the July/August edition of LAS News.

Publication of Healthcare for London – a Framework for Action: The Service issued a statement supporting the report’s recommendations to have more specialist

treatment centres in the capital, quoting London's specialist centres for heart attack patients as good practice. Support was also expressed for proposals to improve localised services for non-emergency patients, including the development of polyclinics. A number of newspaper articles about the report made reference to the role that ambulance staff would play in healthcare provision in London in the future.

Building collapse: Numerous calls were received from both local and national print and broadcast media following the collapse of a building in central London, close to New Scotland Yard. Enquiries focused on the cause of the collapse, but statements were issued only confirming that two patients were treated by crews, one of whom was trapped in the building for nine hours and suffered a serious leg injury.

Tube derailment: The derailment of a tube train on the London Underground's Central Line early this month led to calls from regional and national media. No one was seriously hurt in the incident, although 37 passengers were checked over at one of two stations the Service attended, and 11 of them were subsequently taken to hospital. An ambulance operations manager who acted as a Silver Medic at one of the stations liaised with the Communications Department before taking part in a joint emergency services media briefing at the scene.

NHS reconfiguration: An East Area bulletin about which hospitals seriously ill or injured patients should be taken to in north east London was the subject of a local newspaper story after it was linked to proposed changes to hospital services in the area. The issue was also subsequently picked up by BBC London. Proposals affecting Barnet, Enfield and Haringey PCTs have now gone to public consultation, and the Communications Department has been supporting local managers who have attended public meetings in their areas.

TV filming: The Service is to feature in a five-part series to be screened on ITV in the London area next month. Filming has taken place with staff based at Islington station, along with some shifts with an emergency care practitioner and with staff in the Emergency Operations Centre. The programmes are due to be broadcast on Friday evenings at 8pm.

Patient and Public Involvement (PPI)

With the summer months have come a number of requests for LAS involvement in public events, such as Child Safety Week in Kingston town centre, an event for young people in Norwood Green, events at two schools in Newham, a community event in Blackfriars, a health day in St. Helier and an event in East Ham to mark the second anniversary of the London bombings.

Junior Citizens schemes have been held in Haringey and Wandsworth, with LAS staff running information sessions for children over periods of two weeks. LAS staff from Oval were involved in an open day at King's College Hospital.

Forthcoming events include a Community Resuscitation Training Officer speaking on an Asian radio station about Heartstart training, the London Mela festival (aimed at the Asian community), and LAS involvement at the Lambeth Show.

The Public Education Strategy Steering Group is keen to make progress following the recent survey of staff engaged in public education activity, even though funding for the strategy is still being sought. A series of workshops is planned for the autumn, to ensure that staff doing this important work have the right information about the Service, and the right skills and knowledge to represent the Trust appropriately. The survey showed a high level of commitment amongst this staff group, but the Steering Group were concerned that they are often unpaid for doing this work, and that there is a limited awareness of the need for risk assessments and evaluation.

A Patient Transport Service (PTS) Listening Event was held at the Brit Oval in May. 70 patients, carers, other PTS providers, commissioners and representatives from voluntary sector organisations attended and took part in facilitated discussions to share their views and experiences and consider the issues affecting PTS provision. The event was filmed and a report is being prepared to outline the main findings. It is likely that a number of working groups will be formed from those attending, to progress the ideas discussed on the day.

The NHS Centre for Involvement (NCI) carried out a baseline assessment of patient and public involvement in the LAS. Whilst they identified the LAS as having made significant progress in its patient and public involvement work, the NCI has produced a report with four key recommendations for the Trust so that it can move from "good" to "great". The recommendations, which will be shared with Trust Board members later in the year were discussed in detail at a Learning Event in June, and will be incorporated into the new PPI Strategy.

The Tower Hamlets project is continuing, and has led to some good links with colleagues at the Primary Care Trust. The PPI Manager and Events, Schools & Media Resources Manager are discussing the possibility of making some joint health promotion DVDs with the PCT, to be shown in public places such as libraries and post offices throughout the borough. It may also be possible for the PCT to help fund some joint work with the Health Guides, who work for Social Action for Health (a voluntary organisation) and have strong links with the Bangladeshi community. Other aspects of the Tower Hamlets project include planned training and feedback sessions for pregnant women and mothers with young children, via the Children's Centres.

The Head of Communications attended the June Patients' Forum meeting and presented the findings of the Ipsos MORI research on public opinions of the LAS. In July the Forum focused mostly on the transition from Forums to Local Involvement Networks (LINKs) which will come into being during 2008, once the Local Government and Public Involvement in Health Bill becomes legislation.

Three deaf members of the Patients' Forum attended a meeting with the Director of Information Management & Technology and the PPI Manager in May, to discuss the Trust's progress on improving access to the Service for deaf and speech-impaired people. This project is currently being scoped, and it is hoped that significant improvements can be made for deaf people accessing the Service from 2008.

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER
4 July 2007

LONDON AMBULANCE SERVICE NHS TRUST**Trust Board Meeting – 31st July 2007****Report on behalf of the Executive Trust Director Finance****Audited Annual Accounts for the year ending 31 March 2007****1. Annual Accounts**

The Audited Annual Accounts for the year ending 31 March 2007 are attached.

2. Audit Committee

The Audit Committee approved the accounts for presentation to the Trust Board on the 18th June 2007.

3. Audit Commission

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

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

Performance against the four statutory duties was as follows:

- **Breakeven performance – achieved**

The retained surplus for the year was £113k.

- **Capital Cost Absorption Rate – achieved**

The Trust is required to make a 3.5% financial return on average relevant net assets. The actual rate of return in 2006/07 was 3.99%; this was within the permitted range of 3.0% to 4.0%.

- **External Financing Limit – achieved**

The Trust achieved its External Financial Limit (EFL) target of (£5,828k) for the year.

- **Capital Resource Limit – achieved**

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend. The CRL was underspent by £2,804k against the limit agreed with the Strategic Health Authority of £10,423k.

5. Accounts Completion

The Annual Accounts were completed by the 1st May target date and submitted to the NHSE and the Audit Commission.

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

The PSPP performance for Non-NHS trade invoices was 83% and for NHS invoices it was 77% (in numbers of invoices), the target set by the Strategic Health Authority was 95%.

7. Auditors Local Evaluation (ALE)

The ALE assessment for 2006-07 has not been completed at the time of this report. Last year the Trust achieved a 'Good' rating out of a possible Excellent, Good, Fair or Weak rating. The table below shows the current position, the highest score achievable for any category is 4:

ALE	2005-06	2006-07	Comments
Financial Management	3	3	To be confirmed
Internal Control	2	2	To be confirmed
Value for Money	3	3	To be confirmed
Financial Standing	3		To be assessed
Financial Reporting	3		To be assessed
Final Overall Score	3		

8. Other Matters

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

The Trust Board are asked to approve the audited annual accounts for the year ended 31st March 2007.

Michael Dinan
Director of Finance
25th July 2007

Definition of Statutory Duties

External Financing Limit (EFL)

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

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

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

For 2006/07 the Trust achieved its EFL.

Capital Resourcing Limit (CRL)

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

Under spends against the CRL are permitted and are allowed to be carried forward, however over spends against the CRL are not permitted.

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

For 2006/07 the Trust achieved its CRL.

Capital Cost Absorption Rate

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £4,134,000, bears to the average relevant net assets of £103,552,000 that is 3.99%.

This was within the permitted range of 3.0% to 4.0%.

Break-even duty

The Trust is required to break-even each year. For 2006/07 the Trust exceeded this requirement and generated a surplus of £113k. (See board report for details).

NB: on the web site the 2006/07 audited accounts are presented separately to the main body of the Agenda.

LONDON AMBULANCE SERVICE NHS TRUST**Trust Board 31st July 2007****Report of the Medical Director****Standards for Better Health****1. First Domain – Safety****Annual Health Check**

The Use of Resources component of the Annual Healthcheck has been collated by the Audit Commission using the ALE (Auditors Local Evaluation) process. It is hoped that last year's score of "good" will be retained.

The Clinical Audit and Effectiveness team monitored the Trust's compliance with the thrombolysis target. We have complied with the low numbers rule and the data on the MINAP database has been verified by the team as mostly accurate. As the low numbers rule has been applied by the Healthcare Commission it is likely that we will improve on last year's performance score for the Quality of care component of the Annual Health Check. The Trust's rating by the Healthcare Commission for 2006-7 will be issued on 18th October.

NHSLA Risk Assessment

The NHSLA issued the pilot version of the NHSLA Risk Management Standards for Ambulance Trusts on May 8th. Since LAS staff attended an NHSLA workshop on 22nd May, the senior managers network have been working to deliver improvements based on a gap analysis of the risk management evidence required by the NHSLA for the pilot assessment visit on August 8th. Changes to policy documents and amendments to Board committees to enhance our compliance with the 50 core criteria are submitted as part of the report to the Board from the Chief Executive, included elsewhere on the agenda.

This part of the assessment on 8th August will be for the NHSLA to review documentation of risk management policies, procedures and process in accordance with Level 1 of the new standards being piloted. It does not change our current Level 2 rating for this year. NHSLA Assessors will give feedback from their assessment of the evidence submitted, to the Finance Director and the Medical Director at the conclusion of their assessment on August 8th. This will enable an action plan to be devised as appropriate, for completion by the senior managers' network

As one of two ambulance trusts holding Level 2 rating, we will receive a second visit from the NHSLA in November to review our compliance with the proposed new Level 2. This level is based on checking the implementation and application of the risk management approach of the trust as documented during the new Level 1.

Safety Alert Broadcasting System :

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

Twenty four alerts have been received during the period of 10th May 2006 to 3rd July 2006, of which two were deemed to require action by the Trust. The Trust reported one incident of its own to the MHRA in July 2007, and this is in connection with MDA/2007/052, (see below for further details).

- MDA/2007/052 – Pregnancy Test Kits, Clearview HCG
This alert relates to incidents reported that a particular batch was malfunctioning. The Trust withdrew all affected units, and replaced them with fresh units as directed by the Alert. However, in July 2007 an ECP reported that a similar problem had been found in a unit of a different batch number. The Medical Directorate advised that all units were to be withdrawn and the MHRA formally informed. This was done and the MHRA are taking further action to identify the extent of the problem.
- MDA/2007/043 – Invacare Flamingo Mobile Patient Hoists
This alert relates primarily to care settings in which these hoists are used and highlights the potential for the hoist to become unstable. Although Trust staff do not use this piece of equipment, the Trust is assessing whether to take further action, particularly in relation to PTS staff. The completion deadline for proposed action set by the MHRA is 1st October 2007 .

Comparative evaluation of six months data, pre and post introduction of the Braun Safety Cannula.

The data on this study is being collated and will be presented at the next Trust Board meeting. It would appear though that there is a decrease in the number of injuries involving IV cannulae.

High Risk Exposure Incidents Report

There were 13 reported incidents ranging from Low to Insignificant in regard to infectious disease in the period 1st April 2007 to 30th June 2007. All staff involved in all the incidents received the requisite Occupational Health Service(s), Counselling and Welfare as required. The incidents are broken down as follows:

- Meningitis 5 cases - either confirmed at time of contact or shortly after arrival at hospital
- Tuberculosis 2 cases - both confirmed as TB following hospital examination
- HIV 2 cases – one known at time of first contact, the second on arrival at hospital
- MRSA 1 case – patient grabbed lower lip of staff
- Impetigo 1 case – initially unspecified contagious disease later confirmed as impetigo
- Chickenpox 1 case – both crew staff had no immunity
- Pyrexia 1 case – patient returned from abroad with a chest infection that had not responded to treatment for several months

2. Second domain – Clinical and Cost Effectiveness

Clinical Audit and Research Unit

The Clinical Audit & Research Unit (CARU) has recently started producing a monthly Cardiac Care Pack that contains a wide range of clinical and operational information, broken down at a Complex, area and Service level, relating to both cardiac arrests and St Elevation Myocardial Infarction (STEMI) patients. This pack is widely disseminated across the LAS and its findings are discussed at area business meetings and governance meetings, and are used locally to measure performance against clinical targets.

The information presented below consists of selected findings from the Cardiac Care Pack reporting on incidents that occurred in March 2007. Issues around data collection and the identification of relevant cases for audit are also highlighted.

Findings

Cardiac Arrest

In March 2007, the LAS attended 837 cardiac arrests. Crews attempted to resuscitate 353 (42%) patients, almost two-thirds of whom had an arrest of a presumed underlying cardiac cause (72%; n=255/353). Resuscitation was not initiated for more than half of all patients (58%; n=484).

The following figures relate to the 353 cases where resuscitation was undertaken:

- The vast majority of cardiac arrests occurred in a private location (78%). 12% of arrests occurred on the street.
- The average call to arrive scene time was 6 minutes; call to arrival at hospital was 45 minutes, and total job cycle time (call to green time) was 103 minutes.
- The average call to 1st LAS CPR and call to 1st LAS defibrillation was 8 minutes and 9 minutes respectively. However, not all crews documented their CPR (15% missing) and defibrillation times (11% missing).

- A paramedic was in attendance at 310 incidents (88%) and attempted to intubate 266 (86%) patients. Where the patient was successfully intubated, 52% of patients had their end-tidal CO₂ measured.
- Return of spontaneous circulation was achieved in 18% of cardiac arrests.
- 14% of all resuscitation attempts were terminated on scene.
- 72% of PRFs had an ethnicity code documented (code A to Z4 inclusive).
- FR2 data files were downloaded and submitted to CARU for only 16% of incidents (n=55/353). Unfortunately, only 43 of these could be matched to a PRF because 12 files did not have the necessary information required to enable matching. Not only do these FR2 files form part of the patient's clinical record, and are important for audit and research purposes, they are also regularly reviewed by Cardiac Consultants who use the information to assist with clinical decisions (e.g. whether or not to provide a patient with an implantable defibrillator).

St Elevation Myocardial Infarction (STEMI)

In March 2007, the LAS treated 60 patients who had a confirmed STEMI. It is likely that the number of patients attended is actually higher than this because many crews do not regularly document primary illness code 87 (Confirmed MI – 12 Lead) and do not routinely submit 12 Lead ECG print-outs to CARU. CARU can only identify STEMI cases when code 87 is used and a 12 Lead ECG print-out is submitted.

The key findings relating to these 60 patients are as follows:

- 77% of patients (n=46) were taken directly to a Cardiac Catheter Laboratory by crews from 13 Complexes. A further 13% (n=5) of patients were appropriately conveyed straight to A&E because the patient was ineligible for direct access angioplasty.
- Across the LAS, the average call to scene time was 6 minutes. With an average on-scene time of 30 minutes and hospital journey time of 14 minutes, this results in an average call to arrival at hospital (call to door) interval of 50 minutes.
- 98% of patients were given aspirin and 97% were administered GTN.
- 90% of patients had both their initial and final pain levels assessed. Fourteen Complexes documented both an initial and final pain assessment in all cases.
- 46% of patients did not have any pain relief administered and of these, only 32% of crews documented a decrease in the patient's pain.
- A hospital pre-alert was placed for 87% of STEMI patients. This represents an increase of 8% from February (79%).
- An ethnicity code was documented on 70% of PRFs (code A to Z4 inclusive).

Immediate actions:

At a Service-wide level, the following issues need to be resolved to help increase the robustness of future audit.

- Team Leaders need to ensure that, prior to submission to CARU, they add to the FR2 data file the relevant information to enable each file to be matched to

a PRF. In many cases Team Leaders are unable to do this because the PRF and data card are not handed in to them at the same time. Complexes need to address this issue locally.

- Crews must be encouraged to print-out a copy of the 12 Lead ECG rhythm and submit it to CARU.
- Crews must be reminded to document primary illness code 87 when they identify a confirmed Myocardial Infarction using a 12 Lead ECG.

In addition, Complexes must continue to follow up on specific local actions, as described in the monthly report, to enable improvements in clinical care.

3. Third Domain – Governance

The major piece of work to highlight here is the NHSLA Assessment which is reported upon at the beginning of this report. Any work streams that result from that assessment will be reported back to the Board at a later date.

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

End of Life Care

The Senior Clinical Advisor to the Medical Director is a member of the Department of Health End of Life Care Programme, Care Pathways Working Group. Mr. Whitmore is feeding into the work of that group the use of the LAS Palliative Care Out of Hours Form (OOH Form), as well as learning about other areas of good practice in this area of care. Mr. Whitmore is intending to visit Leeds and Tayside to gain more knowledge about the use of dedicated “Palliative Care / End of Life Care” ambulances, and their potential for use in London.

In two other separate but related work streams Mr. Whitmore is also a member of the Executive Boards representing the LAS for the Marie Curie Delivering Choice Programmes that are starting in Barnet and SE London.

The Patient Specific Protocol system that was started some years ago, (and from which the OOH form was developed), continues to prove a valuable method by which clinicians can inform the LAS of complex care issues surrounding their more vulnerable patients who are being cared for at home. Currently there are 137 patients in the system, with the trend in new patients showing a rise to about one new case a week, though this is variable. The average amount of time required per protocol is approximately four hours, but some do require considerably more time, both to formulate and keep current. With the Mental Capacity Act coming into force and the initiatives being discussed at the End of Life Care work streams, this type of work will increase significantly. This is particularly so as there is already an indication that the End of Life Care Strategy will encourage all agencies to share information regarding such patients.

6. Sixth Domain – Care environment and Amenities

Nothing to report

7. Seventh Domain – Public Health

The Medical Director and the Senior Clinical Advisor to the Medical Director are continuing to give advice, along with a range of other healthcare professionals, to the Department of Health with regard to Pandemic Flu plans and the call prioritisation, should Pandemic Flu occur.

Recommendation

THAT the Board notes the report.

Fionna Moore
Medical Director
23rd July 2007

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

Freedom of Information Policy

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

The original FOI policy was approved by the Trust board in February 2005 and reviewed in July 2006. As a result of further experience, and on advice from legal services, it has been amended and incorporates in the following changes at paragraph 5.3 & section 6;

- i The Director of IM&T will assume overall responsibility for coordinating and reporting on FOIA appeals. He/she will endeavour to resolve appeals in the first instance. Where this is not possible a panel of 3 Directors (including at least 1 NED) will formally hear the appeal, before it is referred to the Information Commissioner
- ii There have been minor grammatical changes to improve the overall readability of the document.
- iii The next formal review date has been set for July 2010

4. Recommendation

That the Trust Board approves the revised Freedom of Information policy

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

Whistleblowing Policy

1. Sponsoring Executive Director: Caron Hitchen

2. Purpose: For noting

3. Summary

The Trust's Whistleblowing Policy has been reviewed and revised against current best practice. This is the second review on a three year cycle.

The policy remains consistent with the requirements of the Public Interest Disclosure Act (1998) and guidance from the government appointed expert body, Public Concern at Work, along with the Department for Trade and Industry has been incorporated in the revision.

Key changes are in relation to providing greater clarity particularly around confidentiality, monitoring and by providing a list of nominated officers.

A copy of the revised policy will be included, as usual, in all induction packs for new staff. A campaign to improve awareness and training for nominated officers will be developed to support the policy.

4. Recommendation

THAT the Trust Board note the revised Whistleblowing policy.



London Ambulance Service



NHS Trust

WHISTELBLOWING POLICY AND PROCEDURE

(JULY 2007)

1. Definition
 - 1.1 The term “whistleblowing” in this document refers to the disclosure by staff, whether within the London Ambulance Service NHS Trust or externally to certain appropriate bodies, of concerns about malpractice or illegal actions or omissions at work so that they can be investigated and, if appropriate, acted upon.
 - 1.2 Concerns can be about actual events / actions that have already taken place, are taking place or where the whistleblower genuinely and reasonably believes that there is potential for this to occur.
 - 1.3 This policy and procedure takes into account the requirements of the Public Interest Disclosure Act 1998, which protects workers who make disclosures about matters of concern where those disclosures are made in accordance with the provisions of the Act. In order to obtain the protection afforded to individuals by the Act, they must act reasonably and responsibly. An employee who makes a rash disclosure (i.e. to the media, for example), of a matter which could and should have been raised internally) will not be protected.
 - 1.4 Exceptionally, a disclosure to a body other than the employer or those listed in the Act may be protected. Disclosures to the police may be an example in this category. In such circumstances the following tests must apply.
 - The disclosure is made in good faith
 - The whistleblower has reasonable belief that the information disclosed, and any allegation contained in it, is substantially true
 - The disclosure is not made for purposes of personal gain
 - In all the circumstances of the case, it is reasonable for the disclosure to be made
 - That the additional conditions outlined in Appendix 1a are met
 - 1.5 Staff may access confidential advice from the charity public Concern at Work prior to deciding whether to raise a concern. Contact details are provided at Appendix 2.
2. Policy Statement
 - 2.1 London Ambulance Service NHS Trust is committed to achieving in all its practices the highest possible standards of service to staff, patients, the public and its Commissioners. In order to achieve this, it encourages staff to use all internal mechanisms to report malpractice or any illegal acts or omissions which may adversely affect the provision of high-quality care.
 - 2.2 As a publicly-funded body it is similarly committed to the highest standards of personal integrity for staff at all levels and from all disciplines, and concerns will be taken seriously and investigated.

2.3 The Trust has a range of policies and procedures relating to standards of behaviour at work, including those which cover Discipline, Grievance, Harassment, Recruitment and Selection, and Being Open. Staff are encouraged to use the provisions of these procedures when appropriate.

2.4 The Trust guarantees that staff who raise concerns responsibly and reasonably will be protected against victimisation.

3. Whistleblower's Procedure

3.1 It is recognised that staff may wish to raise issues or concerns which do not relate directly to their own employment situation, when procedures such as those listed at 2.3 above may be more appropriate. Examples may include:

- Ill-treatment of a patient
- An actual or potential criminal offence
- Suspicion of fraud
- Disregard for legislation, particularly that relating to Health and Safety at work
- Breach of Standing Financial Instructions
- Breach of a Code of Conduct
- Actual or likely damage to the environment
- Showing undue favour over a contractual matter or to an applicant for employment

In such cases the Whistleblower's Procedure should be utilised, albeit that, dependant upon the outcome of any investigation or inquiry, action under other procedures may follow. The above list should not be regarded as exhaustive. The Whistleblower's Procedure is also to be applied in situations in which information on any of the above or similar concerns has been, is being or is likely to be concealed.

3.2 London Ambulance Service NHS Trust will not tolerate any harassment or victimisation of a whistleblower, including informal pressures, and will treat this as a serious disciplinary offence to be dealt with under the formal Disciplinary Procedure.

3.3 It is recognised that staff may wish to seek advice from and be represented by Trade Union representatives when using the provisions of the policy. The role of accredited representatives is acknowledged and endorsed.

3.4 This Procedure has been approved by the Trust Board, which has confirmed the Director of Human Resources as the designated officer to whom concerns may be referred. Staff are, however, encouraged to raise concerns with their immediate line manager in the first instance. Where this is not possible, for example where that manager is the person or is also problematic, staff may still approach the Director of Human Resources, who may involve the Chief Executive, in the first instance. The Chief Executive may determine that an external inquiry is required.

- 3.5 Should the concern be related to the Chief Executive the matter should be raised with the Chairman of the Trust Board, who will decide how to proceed.
- 3.6 A list of nominated officers can be found at Appendix 3.
4. Procedure on receipt of a complaint or report
 - 4.1 On receipt of a complaint or report, the line manager or designated officer will arrange to meet the staff member to confirm details of the concern. Every effort will be made to safeguard the confidentiality of those concerned. In cases of suspected fraud it may be necessary not to divulge the complaint until evidence has been gathered or the investigation is underway. However, should patient care be compromised it is likely that the suspected perpetrator will be suspended from duty pending the investigation. Protection of patients is paramount.
 - 4.2 The line manager or designated officer will undertake to acknowledge formally and in writing the nature of the concern, and to keep the staff member informed as to the progress of the investigation as far as is possible.
 - 4.3 If the investigation indicates that there is a case to answer the Disciplinary Procedure will apply, and external bodies such as the police or enforcing authorities may also be involved as appropriate.
 - 4.4 Where it is found that there is no case to answer but there was a genuine concern and no malicious intent, the line manager or designated officer will ensure that there is no victimisation or harassment of the staff member who realised the concern.
 - 4.5 Only where false allegations are made maliciously will it be necessary to consider disciplinary action against the whistleblower. Such occurrences will be regarded as misconduct which may lead to consideration of dismissal.
 - 4.6 Feedback on the outcome of any investigation or disciplinary procedure short of dismissal will not include confirmation of the precise nature of formal action against the individual complained of, which should remain confidential to the individual. Any outcomes and resultant findings should respect the confidentiality of others at all times.
 - 4.7 Feedback will be arranged within ten days of the conclusion of any investigation or disciplinary proceedings.
 - 4.8 If the whistleblower remains dissatisfied with the outcome of the Investigation, he/she has the right to draw the matter to the attention of the prescribed authorities detailed at Appendix 2.

5. Confidentiality and Anonymity

- 5.1 If an employee asks to raise a concern confidentially, the Trust will not disclose the name of the individual raising the concern without his or her consent. Where the Trust is unable to resolve the issue without revealing a person's identity (e.g. evidence required at a disciplinary hearing or in court) this will be discussed with that person to establish whether and how the Trust can proceed.
- 5.2 If however the employee is not willing to identify himself at all, and wishes to raise the concern anonymously, it should be made clear that it may be impossible to investigate the concern, provide feedback to him / her or protect them from reprisals.

6. Monitoring

- 6.1 Reported instances of Whistleblowing will be recorded and reported to the HR Director along with other employee relations episodes. The HR Director will consider whether the instances were appropriate to the procedure and, retrospectively, whether other reported incidents contained within the report of employee relations episodes should have been regarded as Whistleblowing incidents.

7. Review

- 7.1 This policy will be regularly reviewed by the Trust Board; the next review will take place in 2010.

Appendix 1

a) Prescribed bodies

The following are amongst the prescribed bodies under the legislation to which disclosures of information may be made:

1. Health and Safety Risks: HSE and local authority
2. Environmental issues: the Environment Agency
3. Fraud and Fiscal irregularities: Serious Fraud Office; Inland revenue; Customs and Excise
4. Public Sector Finance: National Audit Office; Audit Commission
5. Trade Unions: Certification Officer
6. Others: Data Protection Registrar, Charity Commission; Occupational Pensions Regulatory Authority
7. In the case of complaints made by staff on behalf of a patient: the Health Service Ombudsman for England, Millbank Tower, London, SW1 4QP
in the proven absence of anyone more appropriate to act on the patient's behalf

b) Disclosure other than to the employer or to prescribed bodies (see section 1.3 above)

The additional conditions to be met are:

- a) That at the time of the disclosure the whistleblower reasonably believes that he/she will be subjected to a detriment by the employer if the disclosure is made to the employer in accordance with the Act.
- b) That, in a case where no person is prescribed for the purposes of the Act in relation to the relevant failure, the whistleblower reasonably believes that it is likely that evidence relating to the relevant failure will be concealed or destroyed if the disclosure is made to the employer.
- c) That the whistleblower has previously made a disclosure of substantially the same information, to the employer or to a prescribed body.

Appendix 2

Further Assistance

Public Concern at Work is a charitable body with a number of year's experience of running a confidential helpline for employees with serious concerns about malpractice. The helpline is open during normal office hours and is staffed by lawyers.

It may be contacted at:

Public Concern at Work
Suite 306
16 Baldwins Gardens
London EC1N 7RJ

Telephone: 020 7404 6609

Appendix 3

List of Nominated Officers

Trades union representatives

Human Resources Managers

Human Resources Director

Public Concern at Work

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

Annual Report on Complaints Handling

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For noting

3. Summary

To report on the activity of the Complaints Department and how the Trust has handled the complaints received from Service users and members of the public.

To advise on the types of complaints received by operational area and subject and highlight trends and potential emerging themes.

To advise on the complaints that have been referred to the Healthcare Commission and Health Service Ombudsman.

To advise on Serious Untoward Incidents and the cases that were reviewed as potential SUI's although not declared as such.

To advise on the level of compliance to performance standards in respect to complaints handling.

4. Recommendation

THAT the Trust Board

1. Note the contents of the report
2. Note the work done since the closure of the Professional Standards Unit.

Complaints Department Annual Report (2006/2007)

1. Purpose

The purpose of this report is to update the Board on the activities of the Complaints Department during 2006/2007 and to provide an analysis of complaints received by the department over the same period.

Although the financial year ends on the 31st March, the NHS Complaints Regulations provides a period of 25 working days for a complaint to be investigated and closed. The Regulations also allow for periods in excess of 25 working days with agreement from the complainant. The report was not therefore finalised until after the 15th May 2007.

2. A change from Professional Standards to a Complaints Department

2.1 A review of the Professional Standards Unit was conducted in the first quarter of 2006 and, following Trust Board approval, implementation commenced in the second quarter of the year. PSU staff were relocated to the three operational areas where it was thought that 'local resolution' may be most effectively achieved. The intention is that each area will be staffed by a 'Complaints Officer' and an 'Investigations Officer', the role of the former being self explanatory, the latter to deal with all other investigations including disciplinary investigations leading to hearings where appropriate.

2.1.1 A decision was taken that EOC had sufficient management capacity to be able to absorb the additional work involved in dealing with complaints that originated in that area of the service. This decision is currently subject to review and it is likely that a dedicated Complaints Officer will be recruited to EOC in the near future.

2.1.2 Complaints directed to the Patient Transport Service are dealt with by PTS managers as before and the Complaints Officers assist in collating the response.

2.1.3 The centralised office at HQ was closed in June 2006 and PSU staff moved to the operational areas. The title of the unit was changed to the Complaints Department. A small office was opened at Bow to act as the central hub of the department, to receive and process complaints, communicate with the public and administer the complaints database. The office has since been moved to Kenton.

2.1.4 One vacancy exists for a Complaints Officer in the East area. This is currently being filled by a member of staff as a development opportunity. Also, the Investigations Officer based at Ilford is currently seconded to the role of Acting AOM at Chase Farm Complex as a development opportunity.

- 2.1.5** One vacancy exists in the South area for an Investigations Officer and work is currently underway to fill that vacancy. A revised Job Description has been produced and is currently in the process of AfC Banding.
- 2.1.6** Assistant Directors of Operations and Performance Improvement Managers in each operational area are responsible for the management of the ex PSU staff, for all aspects of complaints management and disciplinary investigations in their respective area.
- 2.1.7** Traffic Incidents have, since June 2006, been investigated and dealt with by operational managers within areas and alleged traffic violations are now dealt with by the Fleet department.
- 2.1.8** Complaints handling staff continue to explain the complaints process and objectives at corporate induction courses. The CEO and Medical Director talk to staff on current issues, emerging trends etc. at consultation meetings and induction courses held throughout the service. The Complaints Manager has prepared and issued comprehensive guidance for managers on all aspects of complaints handling
- 2.1.9** The Complaints Panel was successfully re-convened following a gap of some months associated with the closure of the PSU. Meetings have taken place in October and December 2006 also January, March and May 2007.
- 2.1.10** The Complaints Manager attends Clinical Governance Committee meetings and provides updates on progress on all aspects of complaints handling.
- 2.1.11** Following a long delay, an internal audit on complaints handling was conducted by Bentley Jennison from the 12th to 16th February 2007. A number of recommendations were made in the report and an action plan has been agreed with target dates for completion.
- 2.1.12** A process for the consideration of potential Serious Untoward Incident cases has been devised. This requires the attendance of the Medical Director, Director of Operations and Complaints Manager. All available documentation is considered and reviewed to determine the status of incidents against the Trust risk Matrix. Reasons for the decision are recorded in a dedicated database. Work will commence this year to enhance the database with the intention of capturing additional data to enable more structured reporting.
- 2.1.13** The Complaints Manager oversees the management of all SUI investigations to ensure that they are conducted in compliance with policy.
- 2.1.14** Work is underway to establish a system that will ensure that recommendations are converted into actions and that these are recorded and completed within strict timeframes.
- 2.1.15** A new Complaints Policy has been produced and is now circulated throughout the Service. Significant revisions to the Complaints Procedure have been completed and the Procedure includes comprehensive guidance to staff on all

aspects of the handling of complaints. A 'Being Open' policy has been introduced. A 'Habitual and Vexatious Complaints' policy has been introduced. Significant revisions have been made to the LAS SUI policy and, following receipt of communications from NHS London, further amendments are currently being made to ensure that the policy is fully compliant with the latest guidance.

2.2 NHS Complaints Procedure

2.2.1 The NHS Complaints Procedure was introduced in 2004 and revised on 1st September 2006.

2.2.2 The revisions to this procedure include less reliance on the achievement of targets as a measure of successful complaints handling. The 20 working day target for closure of complaints was increased to 25 working days with a provision for longer targets to be negotiated and mutually agreed with complainants in difficult or complicated cases. In this case, the new agreed date, when complied with, counts as if the complaint had been concluded within the basic 25 day target.

2.2.3 HM Government has made it clear that significant changes will be made to complaints handling arrangements within the NHS and Social Care arena. These changes are due to be implemented in 2009 and the revised arrangements are expected to overturn previous assumptions – for example by providing a far greater involvement for the handling of complaints in an expanded PALS environment. The LAS is currently considering examples of best practice in the handling of complaints within other NHS organisations and will adapt internal arrangements as appropriate in order that we keep pace with this ever evolving environment.

3. Analysis of complaints received during 2006/2007

3.1 Update on complaints for 2006/2007

3.1.1 The total number of complaints received from 1 April 2006 to 31 March 2007 was 557 (an increase of 13 on the previous year). Of the 557 complaints received in the year, 529 are closed leaving 12 still open. Of the closed complaints:

- 19 were withdrawn by the complainant
- 82 were resolved to the satisfaction of the complainant through discussion and explanation
- 16 complaints resulted in a disciplinary investigation
- 165 members of staff received counselling or guidance
- 19 members of staff received supplemental training
- 1 case was referred to Legal Services.

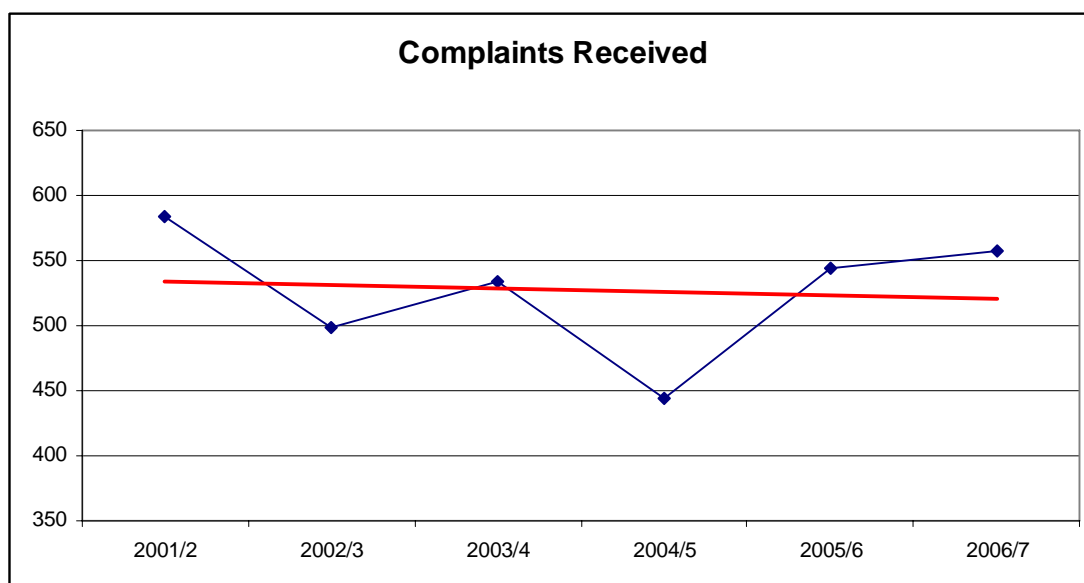
The number of cases sent to the Healthcare Commission in 2006/7 cannot be finally ascertained at this time. Being the second stage of the NHS Complaints

process, cases may be referred to the Healthcare Commission up to six months after they have been dealt with under local resolution (stage one). Cases can theoretically be referred to stage two up until the end of September 2007. At the time of writing this report, we were aware of 16 cases that had been sent for Independent Review and we believe that one case has been referred to the Health Service Ombudsman.

A full listing of all cases that are known to have been referred to the Healthcare Commission and Parliamentary Ombudsman has been produced in the appendices of this report. These provide historical and recent cases together with outcomes where these are known.

3.1.2 Comparison with previous years:

Year	Complaints Received	% Change
2006/7	557	2.3% increase
2005/6	544	18.3% increase
2004/5	444	20.2% decrease
2003/4	534	6.5% increase
2002/3	499	14.5% decrease
2001/2	584	



3.2 Comparison of total complaints received in 2004/2005 with 2005/2006

	All Complaints		
	2006/7	2005/6	2004/5
Accident & Emergency (A&E)	266	309	259
EOC	225	165	136
Patient Transport Service (PTS)	36	41	32
Unknown	0	0	0
Not Our Service (NOS)	26	27	11
Non-Operational (NOP)	4	2	6
Total	557	544	444

The table above indicates that the overall volume of complaints received in 2006/2007 has increased by approximately 2.3%% compared to 2005/2006. Significant areas to note are the decrease in complaints in respect of Operational (A&E) areas (16% decrease) and an increase of approximately 27% in the number of EOC complaints accounted for, almost entirely, by complaints arising from delayed responses.

3.3 Complaints by subject area for 2006/7, compared to previous years

3.3.1 Aggravating Factors (AF) is the main subject heading for the sub subjects, victimisation of disabled people, homophobia, racism and sexism. In 2005/2006 the Service received 6 complaints under this subject heading, which indicated a 33% increase compared to the figure received in 2004/2005. Again these complaints were put into the sub subject heading of racism as were those received in 2004/2005. In 2006/2007, eight complaints were received. Two of these cited racism as the main heading and the other six cited racism as a factor in their complaint.

3.3.2 Non Physical Abuse (NPA) which is the subject heading for attitude and behaviour complaints is again the highest field that people complain about (280 where NPA was a factor in the complaint and 232 where NPA was the main subject of the complaint). NPA is split into attitude and behaviour headings and this year 127 were recorded as attitude complaints and 105 were behavioural issues. In 2006/7 NPA amounted to 41.65% of overall complaints, a fall of 3% from the previous year. However, further analysis has been undertaken in an attempt to understand these figures and some of the result of this work is included in the appendices. It has become very clear that this category has been the subject of over-reporting for many years. It appears that the "Attitude and Behaviour" sub-subject has become a safety net for

many complaints that have not fitted easily into other headings, mainly because the list of alternatives was incomplete. Changes will be made in 2007/8 to ensure that complaints are more appropriately grouped and labelled.

- 3.3.3** Complaints regarding delays have risen this year to 33% (182) of the total complaints received. Comparisons with data from previous years confirms a 50% increase in the last 12 months which should be a cause of serious concern.

22% in 2002/3

26% in 2003/4

22% in 2004/5

21% in 2005/6

33% in 2006/7

- 3.3.4** Treatment complaints have fallen to 6.6% (37) of the total complaints received, compared to 12% in 2005/6 and 13% in 2004/2005.

- 3.3.5** Road Handling complaints decreased to 3% (18) in 2006/7 compared to 5% in 2005/6 and 7% in 2004/5.

- 3.3.6** Non-Conveyance complaints decreased to 8% (48) of complaints received compared to 11% in 2005/6 and 9% in 2003/2004. 26 of these allege that no vehicle arrived or that the patient was taken to hospital by other means because no vehicle had arrived at that point.

- 3.3.7** 25 complaints (4.5%) received in 2006/7 were found, upon investigation, not to refer to the London Ambulance Service.

3.4 Potential emerging issues

- 3.4.1** Of most concern is the number of complaints received that concern delayed responses. Members of the public dial 999 and their expectation is that they will receive an emergency response. Until they receive a telephone call from the LAS (CTA or EOC), they have no idea that their call has been classified at a green level of priority nor what this may mean in terms of delay. They may be angry at the delay when EOC call them back and make comments that are perceived as inappropriate but become increasingly upset if EOC staff respond inappropriately to their enquiries.

- 3.4.2** A substantial number of complaints relate to people who are ill or injured in a public place where a delay in attending is encountered. Even where a low priority triage is appropriately applied, the Service may feel that it is necessary to apply a different response regime to incidents in the public arena.

- 3.4.3** It is noteworthy that many of the final response letters that are sent to complainants in respect of complaints of long delays admit that the call was not handled very well and that a member of staff failed to follow some aspect of protocol. Although the numbers are small in relation to the number of calls

being handled, the evidence suggests a growing trend in protocol non-compliance.

3.5 Serious Untoward Incidents (SUIs)

- 3.5.1** Potential SUIs are reviewed by a panel, normally comprising the Medical Director, Director of Operations, Complaints Manager and, when required, Head of Legal Services. In the absence of any of the above, other Directors undertake the review.
- 3.5.2** The panel review all paperwork available and grade the incident against the Risk Grading Matrix to determine if the incident should be classed as a SUI.
- 3.5.3** The decisions of the panel are recorded by the Complaints Manager together with the reasons for each decision. The Complaints Manager oversees all SUI investigations to ensure that the SUI Policy is adhered to.
- 3.5.3** A table attached as an appendix (Incidents Considered as Potential SUIs) contains a summary of the cases that have been reviewed as actual or potential SUI's.
- 3.5.4** Two incidents that were originally declared as SUI's were subsequently downgraded in the light of information uncovered in the course of investigation.
- 3.5.5** The complaints Manager has attended a series of management conferences to bring staff up to date on Serious Untoward Incidents, particularly around the lessons learnt from these. One Senior management, two Middle management and two Team Leader conferences have been attended.
- 3.5.5** Inquests have recently taken place on two cases that have been investigated as SUI's. One, involving an incident at a visit to a nursery in West London, took place on 26th and 27th April 2007 and is the subject of a separate report. We are currently awaiting the outcome of the second inquest, involving the death of an adult male in police custody.

3.6 Performance against 20/25 day target.

- 3.6.1** The Service reached 76% for year ending March 2007 for written complaints (these are the complaints that are reported to the Healthcare Commission). The target set for NHS organisations to resolve 80% of written complaints within a 25 day deadline. The Service achieved 69% performance for written complaints in 2005/6, 81% in 2004/5 and 73% in 2003/4.
- 3.6.2** The target was increased from 20 to 25 working days in September 2006.
- 3.6.3** 100% compliance has been achieved for acknowledgement receipt of the complaint within 2 working days.

3.7 PALS

3.7.1 The interface between PALS and Complaints has been strengthened, particularly through a robust working relationship of the managers involved and the other staff within both departments. Since the PALS office was established, the number of enquiries has continued to increase although there is some indication that the rise may have levelled out.

Year	Number of PALS Enquiries
2006/7	4215
2005/6	4269
2004/5	3747
2003/4	2844
2002/3	773

4. Lessons Learnt

4.1 One of the principle reasons for the change from Professional Standards to a dedicated Complaints Department in 2006 was the need to adopt a new approach to complaints which focused on understanding the causes of and learning lessons from complaints. It has been difficult in the period covered by this report, to establish lessons that have been learnt as a result of complaints. In many cases lessons were learnt but were not recorded – the emphasis on this element of complaints handling have only recently been put into place. It is anticipated that more robust reporting of lessons learnt will be possible in future with the implantation of a new complaints procedure and complaints management process.

Some examples of lessons learnt from complaints are as follows:

4.2 The computer systems within the Emergency Operations Centre required an update to some of their software. This upgrade caused internal conflict with the result that the system ‘crashed’ on a number of occasions over a period of several days.

As a result of the subsequent investigation into the cause of the failure, several new procedures were introduced that were designed to a. alert staff before an upgrade was to take place so that preparations could be made, b. set out a process to call out experts and escalate the response to the level necessary to deal with the problem and c. set up a formal ‘on-call’ rota for IT experts available to deal with similar problems that occurred ‘out of hours’.

4.3 An ambulance crew conveyed a patient to Brent Birth Centre without providing a detailed handover of her condition to staff and checking to establish if it was appropriate for the patient to deliver her baby at the Centre. ‘They seemed in a hurry to leave’. Due to complications, another ambulance had to be called to take the patient to Northwick Park Hospital.

A protocol has been developed for Brent Birth Centre which clarifies exactly which patients should be taken to the Centre and which patients should not be taken there.

- 4.4** Patient fell and injured her knee in a well known store in Oxford Street. A Cycle Response Unit attended and advised the patient to take a black cab to the Minor Injuries Unit (MIU) nearby in Soho. The patient understood that she would see a Doctor at the MIU but could only see a Nurse. The patient believes that she should have been taken to University College Hospital even though it would have taken longer for her to be treated as she feels that the treatment she received at the MIU was not adequate and the subsequent delay in obtaining a correct diagnosis and optimum treatment resulted in her being in pain and immobile for a long period of time.

As a direct result of this patients experience and with input from the Soho MIU, revisions have been made to the LAS Walk-In Centre guidelines. Patients over 55 years of age will not be taken to WIC with any muscular pain or bony injury to their knees or ankles. In addition, the MIU is to review their internal guidelines and the 'Ottowa' rules for knee examination.

- 4.5** Ambulance crew called to a Residential Care Home wished to register their concerns over level of care and assessment made by Care Home staff to the residents.

Local managers provided the appropriate forms that need to be used in order to raise concerns and these have been placed onto local ambulances. In-Service Trainers to deal with training issues around vulnerable adults and the correct way to highlight concerns.

- 4.6** PTS transport failed to arrive for patient. Transport was arranged by a GP practice but sent to the wrong location.

System has been changed to prevent bookings from 'falling through the net'.

- 4.7** Complaint received from a voluntary response team who serve the Jewish community in north London. They arrived on scene before LAS and there was some difficulty encountered when LAS arrived in respect of diagnosis and treatment provided.

As a result of the complaint the LAS has appointed a liaison officer to work with the response team and help to foster mutual understanding of each others role etc.

- 4.8** A patient had a fall in his house and was told that an ambulance was on its way. Subsequent to this the LAS telephoned to inform the patient that the Service was busy and an ambulance would be there as soon as possible. A second call was made by the LAS and patients wife stated that any further delay would not be acceptable. She was told that the ambulance was then two miles away. When the crew arrived they stated that they had been on standby and available all the time.

As a result the Senior Operations Officer will meet the staff concerned to ensure that lessons are learnt in respect of their personal performance. He will also instigate a review of procedures to establish if there was the need for any changes to be made to prevent a similar situation happening again.

- 4.9** Complaint received concerning the disregard of parking regulations around Battersea ambulance station which were causing local residents some difficulty.

As a result of the complaint the complainant was invited to join a project team that was to be established to work on the re-development of the ambulance station. The complainant agreed and has since, introduced the AOM to local community groups and the LAS involvement in the local community has thus been enhanced.

- 4.10** Resident lives opposite an ambulance station and was being disturbed by vehicle movements taking place at night.

As a result of the complaint the AOM has instructed all staff not to swap vehicles during the small hours and to do this at shift changes only.

- 4.11** A member of BAA staff collapsed at Heathrow. There was a long delay in the arrival of an ambulance made worse by confusion over the location of the patient.

As a result of this complaint, local managers have liaised and met with airport staff to ensure that the LAS gazetteer is up-to-date and to try to establish if any improvements can be made to it with the benefit of local knowledge. Work was also done to minimise the use of terminology that may cause further confusion e.g. piers, stands, ramps, roadways etc.

- 4.12** 12 year old girl was conveyed by ambulance to a London Hospital with 'classic' history of diabetes. At hospital she was found to have a severe ketoacidosis following 3 days of vomiting and 'chest pains'.

The ambulance crew did not appear aware of the patients clinical condition and seemed to assume that the signs and symptoms she was displaying indicated that she was argumentative and misbehaving.

The LAS Medical Director acknowledged that the Service tended to focus on Hypoglycaemia and were not so good at recognising Hyperglycaemic emergencies.

An anonymised version of the incident was produced for the LAS News which focused on Hyperglycaemic emergencies, signs and symptoms and treatment, and some retraining was provided for the attendant.

- 4.13** A patient was being transferred from a London Hospital, accompanied by a Doctor. En route, the patient experienced ventricular tachycardia. The FR2 defibrillator advised no shock in automatic mode and the Doctor wished to

deliver shocks in manual mode to stabilise the patient. The crew were not familiar with switching to manual mode and, for some reason, did not think of using the LifePac 12, which only operates in manual mode.

A Medical Directors bulletin was produced advising all staff of the method to be followed should the need arise to switch an automatic defibrillator to manual mode. Additionally, Training Officers have been asked to reinforce this information both in-service and in formal classroom sessions.

- c. A patient, suffering from psychological illness, died following a struggle with Police whilst being restrained at his home address, taken to an ambulance and commencing the journey to hospital. An Inquest found that he died as a result of cardio-respiratory arrest caused by positional asphyxia. This condition, related to restraint or postural asphyxia, can rapidly lead to unconsciousness and subsequent death.

Following the inquest into this tragic death, the Service published articles in the LAS News that covered the subject of Positional Asphyxia – risk factors, signs and symptoms and treatment . Other articles followed which dealt with the associated condition of Excited Delirium and Acute Behavioural Disorder.

Complaints by Subject (primary) and Service

	CAC	E	NOP	NOS	PTS	S	W	Total
Aggravating Factors	0	2	0	0	0	0	0	2
Clinical Incident	0	0	0	0	2	2	0	4
Conveyance	0	5	0	0	0	2	1	8
Delay	167	1	1	0	9	0	4	182
Non-conveyance	35	2	0	1	6	1	3	48
Not our service	0	0	0	25	0	0	0	25
Non-physical abuse	23	59	3	0	16	75	57	233
Road handling	0	5	0	0	3	7	3	18
Treatment	0	13	0	0	0	14	10	37
Totals:	225	87	4	26	36	101	78	557

Reference	Complaint Details	SUI y/n	Reasons	Considered by	Date
0070/06	Delay in amb attendance	NO	Not able to state chances of survival	R M	13.02.06
	Diagnosis and destination not given to wife		All apparent steps taken to send nearest	M F	
	Patient died of cardiac arrest.		resources - FRV + 2 x amb		
	Complainant feels that he may have survived had an ambulance arrived sooner.		Good ALS given - patient regained spontaneous output on arrival at hospital		
PALS 11149	Incident at New Eltham Railway Station	NO	Need to understand what happened	R M	15/02/06
	Contingency plans appear not to have been followed		Contingency plans in existence	D J	
	EOC did not speak to Railtrack Control Room		need to establish if plans need revising	M B	
	Diesel rail lifting train in use on adjoining track		H&S needs are paramont		
	Railway contracting staff abusive to crews.				
	Railtrack control room not aware of amb attendance				
CAD 3496	Adult male admitted to ICU with chest injuries	NO	Insufficient evidence available	R M	07/03/06
06/03/2006	Patient fell beneath ambulance wheels		Appeared that incident may have been caused	M F	
	It is unclear if he had been pushed		by the behaviour of the patient.	F M	
	Patient had been aggressive to the crew who tried to drive away to a safer position		Police indicating that action is unlikely.		
0005/06/bp	Death in custody - crew slow to arrive at patient, issues around standard of care given.	YES	As stated in complaint details.	M F	20/04/06
	Possible criminal charges against the crew.			F M	
	Possible H&S Charges against LAS			R M	
	Significant reputational risk for LAS		Awaiting Date of Inquest	N F	
0150/06/smc	Complaints around delays, lack of urgency and walking a patient complaining of chest pains	NO	Difficult situation, well documented by crew.	F M	20/04/2006
			Crew appear to have taken the decision to remove patient without delay.	R M	
23/12/2005			Inconsistencies in times recorded	N F	
			Blue call placed with hospital.		

Reference	Complaint Details	SUI y/n	Reasons	Considered by	Date
CAD 2231 28-12-05	LAS Shop steward complained to MP's Cited case of 6 year old child who died from an Allergic reaction while the FRV waited for an amb.	NO	FRV arrived within 7 minutes of call. Everything that could have been done was done by first responders. Unlikely that the outcome would have been different if ambulance had arrived sooner. Need to understand the cause of death.	F M R M N F	20/04/2006
CAD 67 09-04-06	Intoxicated patient with head injury treated by ambulance crew and left at home address. Found dead approx 30 hours later.	NO	Patient with known alcohol abuse problem. Seen by neighbour some 12 hours of initial call going home from the pub in his 'usual state of intoxication' When found dead was found to have a more severe head injury - most likely caused after being seen by neighbour.	F M R M N F	20/04/2006
PALS 13156/06 02/07/2006	Call from Whipps Cross to transfer patient to Broomfield Hosp. Broomfield Hosp received at 00.25 hrs on 02-07-06. Patient had a severed ear and needed urg surgery. Patient not picked until 06:11 hrs	NO	Service under severe pressure with Cat A calls. Tried to arrange for a private amb service to deal but without success. Ptnt in a place of safety and not life threatening.	F M M F R M	11/08/2006
8th June 2006	School and events team at a schools visit. Ambulance rolled back and ran over a young child. Child fatally injured	YES	Full police investigation Severe adverse publicity Difficult inquest Potential for this to happen again.	M D R S	08/06/2006
			Inquest to take place on 26th/27th April 07		

Reference	Complaint Details	SUI y/n	Reasons	Considered by	Date
9th Aug 2006	Series of System crashes - EOC had to use paper caused by a system upgrade done two weeks B4 that had activated code that had been dormant since the programme was originally written. This resulted in the creation of multiple messages that overcame the system, causing it to crash	YES	Severe delays in call taking High risk to organisation High clinical risk	P S M F M D	09/08/2006
0407/06/ch CAD 2580 CAD 2551 CAD 2546 CAD 2643 Incident Date: 15/07/2006	MP Lynne Featherstone wrote re a complaint from Mrs N who stated that ambulance was delayed for "10 to 15 minutes" even though the accident was across the road from Nth Middx Hospital.	NO	An FRU and ambulance were sent without significant delay. MP appears to assume that ambulances are based at Nth Middx Hospital Not an SUI on current information. Sent for investigation. RRU on scene in 8 minutes - Amb in 10 minutes	R M M F	04/10/2006
Approx 21/22-11-06	Damage found to PRF collection box at Nth Ken Stn Thought that two days worth of PRF's missing. Severe concern over patient confidentiality issues	NO	No evidence of harm to a patient No evidence of loss of patient confidentiality No evidence of considerable adverse publicity * All PRF's accounted for - turned up at Management Information on 25th October.	F M M F R M	07/11/2006
CAD 3563 09-11-06	Maternity call - Patient stated that there was 'something' (umbilical cord), hanging down ? a prolapsed cord - emergency that should have prompted patient advice on action to take prior to arrival of the ambulance. AMPDS Prompt not acted upon and advice not given	NO	No delay in ambulance to patient Ambulance crew appear to have acted promptly and correctly No information available on adverse effect on baby or mother F Moore received advise from Hosp that baby was very well at birth and subsequently. Call taker now on alternative duties	F M R M M F	17/11/2006

Reference	Complaint Details	SUI y/n	Reasons	Considered by	Date
CAD 384 03-12-06	Em call - abdominal pain in an elderly female. Call triaged as Green 2 and passed to CTA. CTA telephoned caller 44 minutes later - caller twice Advised that he thought that his wife was dead. Call passed to Kent to deal with but the possibility that the lady was deceased was not mentioned. Kent arrived at 03:00 to find that patient was deceased	YES	Significant delay in attendance - 90 minutes. Critical information not passed from EOC to Kent Not known what information was passed from Call Taker to Sector Desk. Call Taker and Sector Controller redeployed. Likely to attract adverse publicity Downgraded following investigation	M F F M R M	04/12/2006
CAD 3445 and 3833 09-12-06	Called for DIB at 1914 hrs. Crew stated that pat was hyperventilating - patient not conveyed to hospital. LAS called back at 2050 hrs - cardiac arrest. Ptnt failed to respond to resuscitation attempts.	YES	Poor PRF completion - lack of observations Likely to attract adverse publicity - patient was an Asian gentleman - address in E5 - previous incidents in East London left strained relationship with local population. Downgraded following investigation	M F F M R M	11/12/2006
CAD 540 21/12/2006	Adult male ? Overdose. FRU and Ambulance sent Patient 'blued' into whittington hospital - fitting Patient died soon after arrival at hospital. Crew state that 3 amb's were on break at Tottenham ambulance station - near to the call but not sent	NO	Risk matrix score of 9 RRU on scene within ORCON One ambulance on break at Tottenham Two vehicles 'Off the road' at Tottenham	M F F M R M	21/12/2006
CAD 1840 31/12/2006	Call to shopping centre pat collapsed, banged head RRU arrived within 8 mins - amb arrived in 18 mins Patient went into cardiac arrest on arrival of amb Nearer amb's available at Edmonton - on break. Evening Standard running story - stating that people are dying while crews are being put on break.	NO	Arrived within ORCON and also with Cat B Times EOC not updated with cardiac arrest information Edmonton ambulances would have been sent if cardiac arrest had been known.	M F F M R M R W	02/01/2007

Reference	Complaint Details	SUI y/n	Reasons	Considered by	Date
CAD 764 07/03/2007	999 call to a 7/12 male infant by grandmother. Call categorised as Green 2. Following CTA, an ambulance was dispatched. Original call at 08:25 - ambulance arrived at 09:35 – blued into KCH but infant died soon after arrival. It appears that call should have been graded as Red 2 or 3 either of which would have attracted an 8 minute response.	YES	Call not correctly graded. Protocol compliance? Unknown if it would have made any difference to the outcome if ambulance had arrived sooner.	I T M F F M	07/03/2007
			Report completed.		

Approximate Breakdown of Complaint Subjects

(Number is higher than the 557 complaints received due to multiple causes being identified)

Primary Subject	Sub Subject	No.
Delay	Activation/no vehicle available to send	110
Delay	Activation/no staff	1
Delay	Alleged Delay	7
Delay	Went to wrong address	4
Delay	Incorrect AMPDS assessment	1
Delay	Into Clinic	5
Delay	Out of Clinic	4
Delay	Delay in answering phone	13
Delay	Due to AMPDS Questions	5
Delay	Due to running time	27
		177
Aggravating Factors	Victimisation of Disabled person	0
Aggravating Factors	Homophobia	0
Aggravating Factors	Racism	2
Aggravating Factors	Sexism	0
		2
Clinical Incident	Patient Injury	4
		4
Clinical Equipment	Equipment Failure	0
		0
Conveyance	Not Taken to Hospital of Choice	8
Conveyance	Refused to convey escort	0
Conveyance	No Paramedic Crew Available	1
		9
Non-Conveyance	No vehicle arrived - No PTS Booking Made	3
Non-Conveyance	Cancelled as called	0
Non-Conveyance	No vehicle arrived - incorrect classification (PTS)	3
Non-Conveyance	Reluctant to convey or tried to persuade not to travel	0
Non-Conveyance	Ambulance not sent because of CTA	7
Non-Conveyance	No Patient on scene	0
Non-Conveyance	No Send (LAS Refuses)	8
Non-Conveyance	No vehicle arrived - no vehicle available	12
Non-Conveyance	No vehicle arrived	14
Non-Conveyance	No vehicle arrived - high demand	0
Non-Conveyance	Refusal from patient	1
Non-Conveyance	Non-conveyance - felt threatened by patient	0
	CLINF	2
		50
Not LAS	Not our service	25
		25

Primary Subject	Sub Subject	No.
Non Physical Abuse	Attitude	134
Non Physical Abuse	Behaviour	106
Non Physical Abuse	Lack of concern/compassion	0
Non Physical Abuse	Inappropriate comments	0
Non Physical Abuse	Rudeness/obscene comments to ptnt/family/public	0
Non Physical Abuse	Rudeness to other Health Care Professionals	0
		240
Road Handling	Aggressively	2
Road Handling	Erratically	1
Road Handling	Poor driving standard	8
Road Handling	Poor parking	5
Road Handling	Speeding	1
Road Handling	Verbally abusive	1
Road Handling	Noise - sirens/engines/vehicles/premises	0
	Collision	1
		19
Treatment	Cardiac	4
Treatment	Drug Error	0
Treatment	Elderly patient	0
Treatment	No help or refusal to carry patient	3
Treatment	No/Inappropriate Clinical Assessment	27
Treatment	Non Immobilisation	0
Treatment	Obstetric	0
Treatment	Paediatric	0
Treatment	Inappropriate walking of patient	2
Treatment	Nursing or care home	0
Treatment	No/poor treatment offered	3
Treatment	Not listening to wishes of patient/family	1
Treatment	No/poor communication	1
	EQF	1
		42
		568

Healthcare Commission & Ombudsman

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0225/01/smc							Yes
0239/01/jn							
0364/01/					Panel Convened. Decision made on 19/12/02	IR panel held on 20 March 2003. 7 recommendations made. Final letter sent out on 22 August.	
0391/01/jn			04/02/02 - Lay Chair requested			Panel Refused. Decision given on 21/08/02	
0402/01/					Panel Convened.	IR panel held, 7 recommendations made.	
0536/01/smc			15/01/02 - Lay Chair requested			Panel Refused. Decision given on 25/02/02	
0032/02/jn			30/05/02 - Lay Chair requested			Panel Refused. Decision given on 09/07/02	
0083/02/smc			15/11/02 - Lay Chair requested.			Panel Refused. Decision given on 28/04/03	
0249/02/jn			05/02/03 - Lay Chair requested			Panel Refused. Decision given on 25/07/03	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0270/02/smc			14/10/02 - Lay Chair requested.			Panel Refused. Decision given on 12/02/03	
0028/03/jn			31/07/03 - Lay Chair requested.			Panel Refused. Decision given on 20/09/03	
0088/03/jn			13/05/03 - Lay Chair requested.			Panel Refused. Decision given on 24/09/03	Yes
0233/03/jn			23/07/03 - Lay Chair requested			Panel Refused. Decision given on 03/09/03	
0326/03/jn			17/11/03 - Lay Chair requested.				
0336/03/jn			18/11/03 - Lay Chair requested.				
0345/03/jn			14/10/03 - Lay Chair requested			Panel Refused. Decision given on 13/11/03	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0390/03/jn			19/12/03 - Lay Chair requested			<p><i>Director of Operations sent letter to complainant on 30/06/06 with update on action plan.</i></p> <p>HCC sent letter and report to LAS dated 23 March 2007. Recommendations from HCC 1, Paramedic receives supervision from an experienced Paramedic and identify areas of improvement and/or assist in development of a training plan. 2, LAS assures itself it has changed procedures in line with its own findings as a result of the SUI recommendations (equality & working with diverse communities).</p> <p>LAS sent letter on 24 April 2007 confirming actions taken in relation to the recommendations made</p>	
0547/03/jn						Panel Refused.	Yes
0057/04/jn	EAST		31/08/2004				

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0118/04/smc	SOUTH			Yes		Recommendations from HC received, 18/09/06. 1, why crew received advice ref use of CASMEET, to confirm advice given. LAS to review transcript meets our guidelines and report back. 2, Ensure staff aware of importance of ECG, referred back to trust other issue as not raised as it was with LAS as it was with HC. 3, review AVLS records to see if vehicle stopped and started. 4, point 6 to be referred back to trust as not originally raised with LAS only with HC. LAS sent final letters to complainant and HCC on 7 February 2007 actioning points raised	
0202/04/jn	SOUTH					No Further Action	
0428/04/jn	EOC					Pre-Arrival Instructions to be given to all instances	
0437/04/smc	EAST			Yes		08/11/06 - 1 issue sent back to LAS regarding whether cannulation was successful as discrepancy in paperwork. Further 3 issues raised in complaint are 'No Further Action'. LAS sent final letters to complainant and HCC on 20 November 2006 actioning recommendations made	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0005/05/smc	SOUTH			Yes		17/04/07 - HCC sent letter with recommendations. 1, apologise for first crew not adequately assessing patient condition. 2, Ensure all emergency personnel are aware of JRCALC Guidelines and the IHCD Paramedic Training Manual. 3, Address the issue of the crew not sharing information with each other	13/06/06 - Ombudsman dealing. 03/08/06 - Ombudsman referring back to HC
0132/05/jn	EOC		10/06/05	Yes - letter dated 08/09/05	21/09/05	<i>Letter dated 11/10/06 received, Independent Advisor appointed and his report is to be received by mid November. Case Manager hopes to complete his report by end of November</i> Recommendations from HCC received 30/11/06. 1, Categorisation of the call & dispatch criteria to be updated. 2, Resus guidance & electronic records be updated at the same time. 3, Statistics in complaints ? whether they should be used. LAS sent final letters to complainant and HCC on 8 January 2007 actioning recommendations made	
0216/05/jn	EAST			Yes		NFA on complaint (24/07/05). However, LAS to ensure that they inform complainants of HCC in final response letters and also inform complainants when LRES has ended.	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0239/05/smc	SOUTH			Yes		<p>Recommendations from HCC received 17/07/06. 1, time waited on complainant receiving response = re-org of Unit. 2, response did not detail what had been undertaken in the investigation = Unit to ack. 3, Communication, finding out patient name etc = covered in Training School.</p> <p>LAS wrote back to the complainant on 24/07/06 with recommendations actioned.</p> <p>Anonymised version of complaint and report to go in LAS News.</p>	
0276/05/jn	EOC		19/12/05	Yes - letter dated 25/09/06		<p>Recommendations from HCC received 05/03/07. 1, Assure new end of call instructions are in place. 2, EMDs involved in complaint made aware of complaint and issues this has raised regarding their actions. 3, Training to be given to the EMD's involved. 4, System put in place to deal with cases where there is a significant delay and call backs to be regular. 5, Callers made aware of alternative care pathways</p>	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0285/05/jn	SOUTH		29/09/05	Yes - letter dated 30/03/2005	06/04/06	Recommendations from HCC received 01/12/06. 1, Treatment plans to be explained to patients. 2, Apology to be given re lack of communication. 3, Morphine should be available in vehicles. 4, Apology to be given re moving patient without manual handling aids. 5, Trust to ensure all staff are trained on handling aids. LAS sent letter on 8 January 2007 to complainant and HCC actioning recommendations made	
0350/05/jn	WEST		17/08/06	Yes - letter dated 21/08/06		02/10/06 - Comment on PRF HC state No Further Action. HC have recommended that LAS look into two further issues with regards to crew attitude and review complaints handling. LAS letter dated 30/10/06 states one of crew off long term sick and not likely to be back and other left the Service. Also new Complaints Manager in post	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0367/05/smc	SOUTH / EOC		20/02/07 - LAS sent letter to HCC on 26/02/07 informing that this was still under LRES stage with the Trust				
0458/05/smc	WEST		05/10/06	Yes - letter dated 05/10/06		HCC letter dated 05/01/07 forwards further complaint letter to us for actioning at LRES stage.	
0475/05/jn	SOUTH		05/05/06	Yes - letter dated 23/05/05	25/05/05 Letter sent 01/08/06, LAS have sent all info 24/07/05 HC state case going for further review	28/11/06 - Recommendations from HCC received. 1, They have recommended the PRF should be amended to include a field where a patient or their relative/rep can sign to agree they understand how they have been assessed/seriousness of the situation/and what to do if the condition worsens. 2, Trust should also update on the implementation of Clinical Guidelines and 3, provide a response regarding her concerns on autonomy and the capacity of consent and it's policy with regards to consent. LAS sent letter on 08/01/07 to complainant and HCC actioning recommendations made	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0025/06/smc	SOUTH		21/03/06	Yes - letter dated 05/04/06	10/04/06	NFA on complaint (08/05/06). HCC state Service carried out a full and thorough investigation and interviewed all involved. Crew conducted themselves in a professional manner and their behaviour was beyond reproach	
0102/06/smc	EAST			Yes		Complaint dropped against LAS by complainant and HCC - they are happy with original findings	
0109/06/smc	EOC		23/06/06	Yes			

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0113/06/smc	PTS		20/06/06	Yes - letter dated 29/06/06		<p>Recommendations from HCC received 31/08/06. 1, level of service not to be provided to other patients. 2, Apologise to complainant ref Service provided. 3, Provide evidence of staff being trained in dignity & respect. 4, Remember obligations under NHS Complaint Reg's 2004. 5, Apologise for way in which complaint dealt with and give assurances for future. 6, System set up to chase information when complaints received via email. 7, Complaints Dept re-org be communicated to complainant. LAS sent letters to complainant and HCC with recommendations actioned on 26/09/06</p>	
0130/06/smc	EOC		24/10/06	Yes - letter dated 24/10/06		<p>HCC wrote to LAS on 17 April 2007 asking us to write to the complainant to confirm improvements made since her complaint. LAS sent letter 03/05/07 confirming improvements and actions made</p>	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0146/06/smc	EOC		05/07/06	Yes - letter dated 12/07/06	27/07/06	17/08/06 - Going for further review. 2nd complaint letter received dated 19/09/06 with further complaint issue. HCC letter dated 13/04/07 received requesting paperwork on 2nd part of complaint	
0150/06/smc	EAST		03/11/06	Yes - letter dated 09/11/06		HCC letter received stating going for further review (24/01/07)	
0169/06/smc	EOC		17/08/06	Yes - letter dated 29/08/06	01/09/06	17/10/06 - No Further Action, LAS investigated	Yes - letter received from Ombudsman asking for paperwork and comments (06/03/07)

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0213/06/jn	EAST		21/07/06	Yes - letter dated 17/08/06	05/09/06	<p>Recommendations from HCC received 13/10/06. 3 out of 4 points to be sent back to Service for re-investigation as no evidence to support LAS investigated fully. 1, ECG's being done on young female patient's - no evidence of investigation. 2, Member of staff going to court in uniform and in LAS car, Manager gave permission - no evidence of investigation. 3, Complaint handling - no evidence of investigation. 4, NFA on job application/interview as HR for LAS dealing under Disciplinary procedure and HC are excluded from reviewing LAS letter dated 08/11/06. No other complaints ref unnecessary ECG's. Line Manager gave authority to member of staff and Service has a new Complaints Manager.</p> <p>HCC letter received 10/01/07 requesting more information as complainant still not happy with response letter. LAS sent further information on 17/01/07. HCC sent further letter to LAS on 22/02/07 stating No Further Action against LAS</p>	
0226/06/jn	EAST		03/08/06	Yes - letter dated 03/08/06	11/08/06	<p>Letter dated 12/10/06 received Case Manager is passing complaint for further review to another Case Manager. Letter from HCC 14-05-07 Complaint Not Upheld - no further action required from LAS.</p>	

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0262/06/jn	EAST		30/01/07 21/02/07	30/01/07 05/03/07	05/03/07	<i>Letter from HCC – 4 recommendations – all discharged. Letter sent to Complainant 09/07/07. CLOSED</i>	
0325/06/smc	WEST		25/04/07	Yes - 25/04/07	09/05/07	<i>Letter received from HCC Complaint not upheld CLOSED</i>	
0378/06/ch	EOC		22/11/06	Yes - letter dated 01/12/06	18/12/06	HCC requesting clinical records (09/03/07)	
0473/06/jn	PTS		13/03/07		28/03/07 - LAS sent letter to HCC with further information to help with their review - actions were taken and apologies were given. Highlighted that the complaint originally given to RNOH Stanmore in 2004 and we received it some two years later		

Reference	Service Area	Patient Name	HCC notify LAS IR been requested (date)	HCC request paperwork to be sent (date)	PSU sent papers (date)	Outcome	Ombudsman
0505/06/ch	EOC		15/03/07	20/03/07	20/03/07	HCC sent letter with recommendations dated 16 April. 1, Trust to explain response times and how these relate to national targets. 2, Trust to explain sources of information used to respond to complaint. 3, Review investigation process. LAS sent letter back to complainant and HCC on 3 May explaining rec's 1 and 2. Point 3 never brought up at LRES stage but explanation given in response	

Analysis of 'Behaviour' Complaints 2006/7

105 cases were examined. Of these, 88 were directed towards ambulance staff, 7 towards EOC staff and 10 towards PTS staff.

Problems with communication are reflected in the analysis with 5 complaints that staff did not listen to what they were being told resulting in 3 not being conveyed to the hospital of choice. The analysis revealed 25 examples of inappropriate comments allegedly being made by staff, 5 cases of reluctance to convey or non conveyance and 3 cases relating to a refusal or reluctance to lift or assist the patient. 12 complaints mentioned 'cold, unfeeling, unsympathetic and brusque' encounters with staff, "a total lack of concern" being most frequently cited. 4 complaints relating to inappropriate comments were received from residential or 'care' homes where LAS staff appear to have been unimpressed with some aspect of the care given and appear to have caused grave offence when voicing their concern. Issues around clinical assessment or aspects of treatment figured in 8 complaints and a further 22 complaints suggested that staff had exercised poor judgement in the way that they dealt with the incident. 4 complaints related to delayed responses.

The analysis revealed 6 allegations of theft or loss of personal items and 4 allegations of assault by ambulance staff.

An argument exists that up to 49 'behaviour' complaints could have been more appropriately dealt with as enquiries or concerns without being labelled as complaints. These include 12 complaints relating to noise from sirens etc., 3 cases relating to staff issues and two complaints from members of the public relating to the cancellation of first aid courses.

Current practice is to register as a complaint any issue where it is expressly stated that an individual wishes to make a complaint. Many of these can be obscure and do not easily fit within existing subjects and this frequently results in the subject being recorded as an attitude or behaviour complaint.

Other examples of complaints that attracted a 'behaviour' label include:

- *Member of the public states that a member of staff at (an LAS ambulance) station, got into his FRU and mouthed 'I'm going to drop you on your head'. Complainant states she witnessed this from some distance and called the Police. She states the Police arrived and spoke to the member of staff.*
- *Hospital not happy with lack of information the crew entered onto the PRF. No comments in the free text box recorded either.*
- *Member of the public unhappy with what appears to be two ambulances and an FRU rushing through traffic on lights and sirens only to then be seen shopping in a store.*

- *Complainant concerned about ambulance staff in a Sainsbury's near UCH who were handling fruit and veg while wearing rubber gloves. Worried that staff had just attended a patient then gone into the supermarket and started handling produce.*
- *Ambulance uniform, green epaulettes for sale on EBay.*
- *Member of public wanted to complain about 'gray haired, fat man' who parked on the zig zags (sic) and then proceeded to go to a camping shop and into Robert Days. Complainant states that anyone else who would do this would get points and a fine.*
- *Coroners Officer unhappy that body brought to mortuary when he stated that the undertakers should attend scene. Have been previous incidents where control and crews have not abided by process and bodies have been left in hallways or he has received calls in the early hours for access code to doors.*
- *Patient taken to hospital for severe headache with her 3 year old daughter. Patient asked to sign papers for her daughter to be taken into emergency foster care without having been made aware of what it was she was signing (she was in no state to sign anything). Daughter suffered trauma due being forced into foster care.*
- *Wrong ambulance sent - Renault was booked but other one sent instead. Ambulance had no plug points for incubator, which was needed for safety of baby. Also crew was not trained how to put incubator into ambulance safely - incubator could have been freewheeling around in the ambulance! Dr had to show crew how to do this.*
- *Complaint of a LAS car using estate car park for standby. The male driver is parking in residents bay, litters cigarette butts on the ground and sirens go off when he leaves.*
- *Rapid response ambulance being parked on double yellow lines whilst ambulance officer takes comfort breaks and awaits to be called out.*
- *Patient was being convey to hospital by ambulance, with paramedic working on him. The paramedic took out a bag with a blue machine in it, he pricked the patient's finger to draw blood and then rubbed it against the machine. The paramedic then put the machine back in the bag without cleaning it.*
- *Docklands Medical Centre was contacted by the police who were enquiring why the Med Centre declined to send a doctor to confirm the death of a patient. When call taker replied they had no idea what they were talking about , the police responded that the LAS had said*

the Med Centre would not call out because it was an expected death. Complaint wants to know why the LAS would have said this.

- *Complainant feels patient needed the attention of the A&E department was advised instead to attend the practice nurse. The complaint also states that the nurse was given a 'misleading assessment of the severity of the patients wound when she agreed to treat her.'*
- *Elderly man fell at home and couldn't pick himself up. After calling 999 the Police arrived and then called an ambulance, when it arrived it was no longer needed. The female paramedic was questioning the patient's daughter whilst she was on the phone. The paramedic then picked up her medical bag and rudely stormed out of the house.*
- *Complainant arrived home to find rapid response vehicle parked in her parking bay outside her home. She called to see where the amb officer was and told he was next door and would be out shortly. When the amb officer came out to the vehicle he was rude and indignant saying 'have you got a problem' in an unfriendly manner.*
- *Patient returned home from hospital to find his back door had been smashed in and boarded up. The police had left a note explaining incident. Complainant wants to know why the police didn't know patient had not already been conveyed.*
- *Complainant arrived home from Portugal to find his door had been forced in by the police who were assisting the LAS after there was no answer. Complainant wants to know whether it was a wrong address or a malicious phone call.*
- *Ambulance driver, described as being fair, using mobile phone whilst driving with blue lights on.*
- *Social Worker unhappy with the crew who attended patient who was sectioned, patient was ready to go but the crew would not convey without the Police in case the patient became violent. There was a 30 minute wait which led to the patient locking himself in his room and threatening to jump out the bedroom window, the Police had to then intervene. However the patient was still willing to travel and did not need to be restrained.*
- *Complainant/Patient is blind. Injured his foot so neighbour called LAS. Crew arrived and treated patient. Female crew member was concerned about his living conditions and so stayed a bit longer after treatment. Complainant feels very offended by this and says he asked her to leave repeatedly and is very angry that she refused.*

- *Complainant unhappy that driver of LAS vehicle seems to be sitting in vehicle at the end of road all the time with engine running and reading newspaper. Complainant concerned that this is unnecessary pollution.*

Lessons to be learnt from the analysis of ‘behaviour’ complaints include:

- Behaviour complaints have been over-reported for many years
- DATIX categories should be reassessed so that future complaints are captured into more appropriate categories.
- Complaints should be allocated into a category when they first arrive but that category should be reassessed by the Complaints Officer once the investigation is complete to ensure that each complaint is correctly categorised.
- A continuing need for further staff education in the softer areas of patient interaction and communication.
- A need to educate staff on how to deal with challenging situations and to conduct risk assessments to assist in the process of making a judgement on the most appropriate way of dealing with a given problem.
- Education needed on how to avoid appearing cold and unfeeling towards patients or family members.
- Bridges to be rebuilt with nursing and care homes and staff encouraged to become more diplomatic in their approach.

Analysis of ‘Attitude’ Complaints 2006/7

166 cases were examined. Of these, 130 were directed towards ambulance staff, 30 towards EOC staff and 6 towards PTS staff..

18 complaints related to delayed responses and many of these also complained of inappropriate comments and, surprisingly, poor communication by call takers. 13 complaints directly related to the standard of treatment/care provided and 7 alleged poor or misdiagnosis. 7 related to inappropriate (allegedly) walking of patients and five related to failing to convey the patient to the hospital of choice. 4 of the complaints related to advice or comments received from CTA staff where this was believed to be wrong or not appropriate.

An argument exists that up to 35 ‘attitude’ complaints could have been more appropriately dealt with as enquiries or concerns without being

labelled as complaints. These include 3 complaints registered by one member of staff relating to the same incident against a second member of staff. Three other complaints were registered from members of staff against another. One complaint followed a road traffic collision with a RRU and appeared to be part of the process of apportioning blame.

Current practice is to register as a complaint any issue where it is expressly stated that an individual wishes to make a complaint. Many of these can be obscure and do not easily fit within existing subjects and this frequently results in the subject being recorded as an attitude or behaviour complaint.

Other examples of complaints that attracted an 'attitude' label include:

- *“Complainant unhappy that he had to convey his daughter to hospital. Then when at the hospital he asked an ambulance person about how to complain and was told to call 999, when he called 999 he was told off for calling the number to complain.”*
- *“Complainant unhappy with attitude of ambulance man. Was on the phone with ambulance man after ex-wife had to be taken to hospital. Complainant needed to know what was going on as his daughters were at the scene but ambulance man was very abrupt and refused to give out any information and eventually hung up on complainant. Complainant also asked for name of ambulance person which he refused to give out. Ex-wife told complainant that when in the ambulance the ambulance man told her that he would report the complainant for asking for his name.”*
- *“Children were playing in living room, patient fell onto vase and cut her back. Mother phoned for ambulance and asked neighbour for assistance whilst waiting for ambulance. Asked call taker for advice and was neither offered advice nor confirmed that the treatment being given was correct. Call taker would not give an estimate of the expected time of arrival of the ambulance, commenting that they were busy and did not have one available, would not advise whether to take patient by car or wait for ambulance, repeatedly asked how serious the wound was. Mother and neighbour decided to take patient to A&E by car, ambulance arrived sometime later and called police as 2 children were left unattended, though complainant claims only for 15 minutes.”*
- *“Nurse unhappy with the attitude of the crew who brought a patient into the hospital, they interrupted her whilst she was trying to deal with another patient and complained that their handover was not being listened to.”*
- *“Crew member was verbally abusive and accused complainant of being a murderer.”*

- *“Unhappy with the attitude of the ambulance man, he refused to assist wife in cleaning her husband up and said the hospital staff could see the condition he is in. Wife states she booked her husband in whilst the crew spoke to hospital staff about her husband. Wife is the main carer is concerned what the crew said.”*
- *“Bicycle Vs Car. Patient feared to have head injuries. Complainant was asked by the 999 call taker several time the postcode of where the incident had occurred. The complainant feels that this question shouldn't be procedure, as he gave very accurate non-postcode description and people may know there own postcodes but not of other areas.”*
- *“Patient called for ambulance because she was in a lot of pain. A man from the LAS called her back and asked questions to find out how important the incident was. Patient didn't know the LAS did this and was confused and p***** off. Male call taker was non sympathetic, professional in manner and had a sarcastic tone. This frustrated the patient.”*
- *“Domestic - man involved. Extremely unhappy with attitude of crew member who tried to section him.”*
- *“Ambulance was parked in the middle of the road, when complainant asked for them to move it because his daughter had an exam and he was taking her to school, the female member of staff said she didn't care about the exam. Complainant finds this very rude.”*
- *“Member of the public unhappy with the attitude of an ambulance person regarding using their mobile phone.”*
- *“Linked to LAS 0300/04 and 0195/06. Complainant states that "JS and S" at (an LAS ambulance station)y have been humiliating her and her son and the local shop keepers. She also states that they have ordered goods for £500 on her account for Littlewoods catalogue.” (It should be noted that staff records reveal that no staff answering to the description*
- *“Member of the public complaining about two members of LAS staff who are insulting a neighbour. The names she has given of the staff are John Smith and Simon Bouties.”*
- *“Complainant is wife of person who works for LAS, he was trying to find out about his leave from work but person hung up on him. He called back and a Team Leader answered who accused him of being rude, wife took over the phone and Teal Leader was rude to her.”*

- *“Hospital complaining about the attitude of a member of staff who was at the hospital and interfered with them trying to speak to one of their own colleagues.”*
- *“Ambulance was called to house because patient was having breathing problems. Complainant believes ambulance crew jumped to conclusions about the state of the complainant’s house without asking her any questions.”*
- *“Patient got a tablet stuck in her throat and was choking on it. Dialled 999 but could barely speak. When ambulance man arrived tablet seemed to have moved due to the coughing and patient tried to explain this. Ambulance man said patient could either stay at home or be taken to hospital to be checked. Patient conveyed to hospital but ambulance man showed no empathy, was dismissive and kept saying the tablets were allegedly taken. Ambulance man only apologised when patient asked for his name so she could complain about him.”*
- *“Member of staff at children's home unhappy with assumption of crew when they stated that the home had called LAS to take child to hospital so they got treatment quicker at hospital. This was not the case as it was a child who called 999 not the staff.”*
- *“Member of LAS staff raising complaint about another member of staff regarding a call they made to the Service and the person they spoke to said inappropriate things and the caller believes it was personal abuse and inappropriate behaviour.”*

In 24 cases the complaint concerned a very obvious reluctance on the part of the crew to convey the patient to hospital. The largest proportion of ‘attitude’ complaints, approximately 50%, (81 out of 166), relate to inappropriate comments made by members of staff, coupled with lack of empathy, lack of concern (or coldness towards the patient or family), lack (or absence) of sympathy and, in the majority of these cases, poor communication. In the majority of cases the comments that caused concern related either to the question why an ambulance had been called or the obvious reluctance to convey the patient.

Lessons to be learnt from the analysis of ‘attitude’ complaints include:

- Attitude complaints have been over-reported for many years
- DATIX categories should be reassessed so that future complaints are captured into more appropriate categories.
- Complaints should be allocated into a category when they first arrive but that category should be reassessed by the Complaints Officer once the investigation is complete to ensure that each complaint is correctly categorised.

- A continuing need for further staff education in the softer areas of patient interaction and communication.
- A need to educate staff on how to deal with challenging situations where hospitalisation is not required and how to impart that information without causing offence.
- Call Takers should show more professionalism and not 'rise to the bait' when dealing with difficult callers, particularly when they are seeking an ETA and have been waiting extended time frames.

London Ambulance Service NHS TRUST

TRUST BOARD, 31st July 2007

Annual Report from the Audit Committee

1. Attached is the Annual Report from the Audit Committee which will be presented by the Chairman of that Committee, Barry MacDonald.

2. Purpose: For noting

3. Recommendation
THAT the Trust Board note the contents of the annual report.

London Ambulance Service NHS Trust Audit Committee Annual Report

The Audit Committee

The aim of the Audit Committee is to provide one of the key means by which the Trust Board ensures effective internal control arrangements are in place. In addition, the Committee provides a form of independent check upon the executive arm of the Board.

As defined within the 'Audit Committee Handbook (2005)', the Committee has responsibilities for the review of governance, risk management and internal control covering both clinical and non-clinical areas. In discharging these duties the Committee is required to review:

- Internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information.
- Risks regarding disclosure statements (Statement on Internal Control and Standards for Better Health) which are supported by the Head of Audit Opinion and other opinions provided.
- The underlying assurances as detailed in the Assurance Framework.
- The adequacy of relevant policies, legality issues and the Codes of Conduct.
- The policies and procedures related to fraud and corruption.

The conduct of this remit is achieved firstly, through the Committee being appropriately constituted, and secondly, by the Committee being effective in ensuring internal accountability and the delivery of audit and assurance services.

This report outlines how we have complied with the duties delegated by the Trust Board through our terms of reference, and identifies key actions to address developments in the Committee's role.

Constitution

The membership was reviewed during the course of the year and is currently four Non-Executive Directors including one with 'recent relevant financial experience'. The Director of Finance is invited to attend, and the Committee may request the attendance of the Chief Executive and any other officer of the Trust to answer any points which may arise. In addition, the Internal and External auditors are invited along with the Local Counter Fraud Specialist. A schedule of attendance at the meetings is provided in Appendix A which demonstrates full compliance with the quorate requirements and regular attendance by those invited by the Committee.

Meetings are required 'not less than three times a year'; four meetings were held within the last financial year. The Committee has an annual work plan with meetings timed to consider and act on specific issues within that plan.

The Committee Chair reports to the Trust Board following each meeting.

Achievements

In discharging its duties the Committee meets its responsibilities through self assessment and review, requesting assurances from Trust officers and directing and receiving reports from the auditors and fraud specialists.

Self Assessment

During the year the Committee have complied with 'good practice' recommended through:-

- Maintaining a sound system of internal control including monitoring of compliance by the Trust with the Healthcare Commission's Use of Resources component of the Annual Healthcheck.
- Monitored the Risk Management Framework of the Trust using the Assurance Framework as a tool to measure the mitigation of risks by controls.
- Reviewed the Trust's system of internal financial controls
- Completion of a self assessment exercise to evaluate the Committee's effectiveness and compliance with requirements
- Updated the Committee's terms of reference.
- Conducted private discussions with the auditors.
- Agreed an annual work programme.

Key Conclusions

The key role of the Committee is to establish the following:

- Assurance Framework is fit for purpose
- Systems for risk management identify and allow for the management of risk
- Organisation has robust governance arrangements
- Organisation has self-assessed against the Standards for Better Health.
- Organisation has robust systems of financial control

Based on the information provided, the Committee members can confirm that they agree to the declaration reported to the Trust Board in respect of the Statement on Internal Control.

This opinion is based upon the Committee's processes for gaining assurance as summarised below.

Internal Processes

In accordance with the Committee's authority, in addition to the Director of Finance, other officers of the Trust were called to attend the Committee to provide updates regarding progress on implementation of recommendations following audit and other assurance reviews.

Following receipt of audit reports the Committee have directed audit resources to complete follow-up reviews and to perform detailed reviews into specific issues and high risk areas. Additionally, to support the Committee's control of implementation of key actions, a schedule of follow-up is reported by the governance development team.

To contribute to the principles of integrated governance the Committee regularly receive the Clinical Governance Committee and Risk Compliance and Assurance Group minutes.

The accounting officer presented the Annual Accounts which were subsequently reviewed by External Audit. Additionally, in accordance with the requirements of the Corporate Governance Manual regular reports are produced by the accounting officer

for the Committee's approval of tender waivers and write offs for Losses and Compensation.

Independent Assurances / Audit

External Audit

The provision of External Audit services is delivered by the Audit Commission. Their work can be divided into two broad headings:-

- To audit the financial statements and provide an opinion thereon,
- To form an assessment of our use of resources.

An unqualified opinion on the accounts for 2006/07 is anticipated to be given to the Trust in July 2007. The work on the 2007 accounts commenced in March and will conclude with a report anticipated early July. Work on the use of resources is going on through July and if there are any significant issues will be included in the ISA 260 although the formal scoring will not be available until October 2007.

The Committee approved the External Audit Plan at the start of the financial year and have received regular updates on the progress of work. In addition, we have received reports and briefings (as appropriate) from the External Auditors in accordance with the Audit Commission's requirements these have included; the Annual Audit Letter, Final Accounts Memorandum, report on the audit of financial statements SAS 610, Financial Management Report, in addition, briefings on the 'Early Lessons from Payment by Results and the requirements in respect of 'Key Lines of Enquiry requirements (KLOE)'. Updates have also been requested on the requirements and progress regarding the Annual Health Check and implementation of Audit Recommendations.

Internal Audit

The Internal Audit service is provided by Bentley Jennison, an independent organisation. Bentley Jennison have demonstrated their compliance with NHS mandatory Internal Audit Standards (as reported within their Head of Audit Opinion and Annual Report). Internal Audit provides an independent and objective appraisal service embracing two key areas:-

1. The provision of an independent and objective opinion to the Accountable Officer, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisations agreed objectives
2. The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

The Audit Committee contributed to the risk assessment and subsequently approved the content of the Internal Audit Plan. This plan was structured to provide the Head of Audit Opinion which gives an assessment of the:

- design and operation of the underpinning Assurance Framework and supporting processes;
- range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported

throughout the year, this assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses; and

- process by which the organisation has arrived at its declaration in respect of the Standards for Better Health.

The key conclusion from their work for 2006/07 as provided in the Head of Audit Opinion and Annual Report was that 'Significant Assurance' was given; that there were generally sound systems of internal control to meet the organisation's objectives and that controls are generally being applied consistently. However, there are some weaknesses in the design or inconsistent application of controls which could put the achievement of a particular objective at risk.

During the course of the year the Committee ensured that regular progress reports were received from Bentley Jennison on the delivery of the Internal Audit Plan. As part of this process the Committee have influenced changes to the plan to direct work to risk areas identified during the course of the year. Additionally the committee have been provided with briefings on the requirements of the Head of Audit Opinion, Standards for Better Health, and the assurance framework.

Fraud

As with the Internal Audit Service, Counter Fraud is provided by Bentley Jennison.

As requested by the Committee to meet mandated requirements an Annual Report was provided outlining the delivery of the fraud plan. The report highlighted that in addition to the work on the prevention and detection of fraud a number of investigations were conducted which resulted in a re-direction of this resource and appropriate redirection of the approved plan. The Committee received updates as appropriate on each of these issues during the course of the year.

Committee Developments

Whilst the Committee have performed its duties as delegated by the Trust Board and mandated through governance requirements, in the forthcoming year focus will be given to developing and responding to the system reforms and risks as detailed below.

- Reassess the function of the Committee in line with updated governance guidance (Integrated Governance, Audit Committee Handbook etc).
- Further development of the Committee shaping its own work plan based on the Assurance Framework and thereby influencing improvements in the internal control environment. And as a result of this committee direction of audit resources into risk areas and the provision of assurances from the organisation.
- Enhancement of the feedback to the Board on the key conclusions from the work performed against the key objectives of the Committee.
- Ensuring the Statement on Internal Control is presented and reviewed by the Audit Committee prior to Board approval.
- Developing its terms of reference in the light of the Governance Review.

Audit Committee Chair

	July 2006	December 2006	March 2007
Audit Committee (Non Executive Membership)			
Barry MacDonald	√	√	√
Sarah Waller	√	√	√
Caroline Silver (1 st meeting December 06)	-	√	√
Roy Griffins (1 st meeting December 06)	-	√	√
In attendance:			
Trust Officers (Executive Directors)			
Peter Bradley	√	√	√
Mike Dinan	√	√	√
Caron Hitchen	√	-	-
External Audit			
Terry Blackman (Mr Blackman's last meeting was December 06)	√	√	-
Keeley Saunders	√	√	√
Sue Exton	√	√	-
Bentley Jennison (internal auditors)			
Chris Rising	√	√	√
Tim Merritt	√	-	-
Robert Brooker (LCFS)	-	√	√
James Larkin	√	-	-
Michael Musgrave	-	-	√
Officers invited to attend to discuss specific issues			
Peter Suter	-	√	√
John Wilkins	√	√	√
Michael John	√	√	-
Christine McMahon	√	√	√
Chris Vale	-	-	√
David Selwood	-	-	√
Ian Todd	-	-	√
John Downard	√	-	-
Eleanor O Hare	-	-	√

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

Airwave Update

1. Sponsoring Director: Peter Bradley

2. Purpose: For Noting

3. Summary

The objective of this paper is to provide the Trust Board with an update on LARP, the LAS implementation of this new national radio system.

The project has implemented a PRINCE 2 structure. Set against a complex project background, this project is still on target for full live running by September 2008. However there are some high level risks to be brought to the Trust Boards attention:

- a. There are believed to be some coverage and capacity issues within London.
- b. The basic Airwave service is paid for centrally by the DoH. However, the core contract is not sufficient to provide the level of coverage that Ambulance Trusts require. Therefore each Trust has had to order additional services and the costs for these are not yet known.
- c. The Gateway review of the National project may raise concerns that could affect Trust implementation plans.
- d. The go-live in London requires the successful delivery of control room software, the chance of slippage of delivery is high.
- e. There ability of the new digital system to effectively carry data.
- f. The Airwave project relies upon the delivery of a complex national programme. Therefore the risk of issues and delay's outside of the control of the LAS project is high

The LAS project team remain focused however on being fully live within London by the end of September 2008.

4. Recommendation

THAT the Trust Board o note the progress of the project and the content of the report.

Trust Board 31 July 2007

Update on London Ambulance Radio Project

INTRODUCTION

The national ambulance radio program has been established to replace analogue radio-based voice and data services with a new digital system for NHS Ambulance Trusts in England and Wales. This is required because the VHF frequencies currently used for Ambulance communications, will not be available to Ambulance Trusts in the future and thus an alternative solution is required. Also, the current system uses technology that is at least 30 years old and is very much in need of replacement.

The objective of this paper is to provide the Trust Board with an update on the LAS implementation of this new radio system. Locally, the project is known as LARP – the London Ambulance Radio Project.

Background

On 19 July 2005, as a result of European procurement process, the Department of Health awarded a contract to O2 Airwave for the provision of a TETRA digital radio service. This includes the ICCS control systems, radio terminals and the integration of existing Computer Aided Dispatch (CAD) systems to the Airwave network. The solution, in terms of supplier and technology, is the same as that already installed in all UK Police forces. It has subsequently also been selected for all UK Fire & Rescue Services (national project known as Firelink). It should be noted that the scope of procurement and the way the technologies are used and implemented differ greatly between the agencies.

The new system provided to Trusts will be a managed digital radio service that will include the following elements:

- A managed digital radio network for voice and data services, including connection to Trust control rooms.
- Mobile and hand portable radios configured to use the network.
- Control room dispatcher equipment and integration to the network.
- Integration of existing voice and mobile data services with the new digital radio network, such that all facilities currently available to Trusts are maintained.

The main benefits of the new system are:

- Reduced maintenance and operational running costs from those associated with the use of analogue systems. This includes costs relating to; UHF/VHF systems (including base station and terminals), Hill top sites/mast sites and associated private circuits, control equipment, mobile data usage and maintenance charges (however, this does not necessarily mean that the overall costs to Trusts will be less).
- Removal of operational constraints due to limitations of legacy communications systems, e.g. number of operational sectors due to limited channel availability.

- Increased flexibility in operations due to roaming, talk groups, flexible control room operator positions and all resources having access to the same system, including PTS.
- Improved coverage.
- Improved communication between Ambulance Trusts and other emergency services.
- The possibility of improved communication between the ambulance and receiving acute units, which can help improve the readiness of the receiving unit to treat the patient instantly on arrival, if an emergency case. This can be achieved by using the terminals ability to be used as a phone over the Airwave network.
- Increased resilience.
- The ability of crews at scene to communicate with each other.
- Improved crew safety by the provision of an emergency call button and automatic location on the Tetra radio handset.

Financial Implications

There are two main elements of the financial components of the project, those that are centrally funded and those locally funded by the LAS.

Central funding will be provided to meet the minimum system requirements to enable the LAS to make use of the digital network. This includes:

- Assistance from the Central project team.
- Existing high levels of coverage as provided to the Police.
- Terminals as specified in the baseline requirements.
- ICCS provision.
- Upgrade of mobile data systems, only where they are currently in use, to use with the Airwave network.
- Training for nominated Trust trainers and technical training for System Administrators.

However, since the LAS' requirements were originally specified (some years ago), operational demand and configuration has changed. The result is that the services and equipment that will be centrally provided, are not sufficient to meet all of the LAS' requirements and additional (LAS funded) provision is needed.

Costs to be borne by the LAS include:

- Building works for equipment rooms.
- Provision of an extra duct for resilience if there is not one in place already.
- Costs associated with additional services and products over the last requirements return, e.g. additional operator positions, radios (vehicle

and hand portable), usage charges over the core allocation and functionality over and above the core.

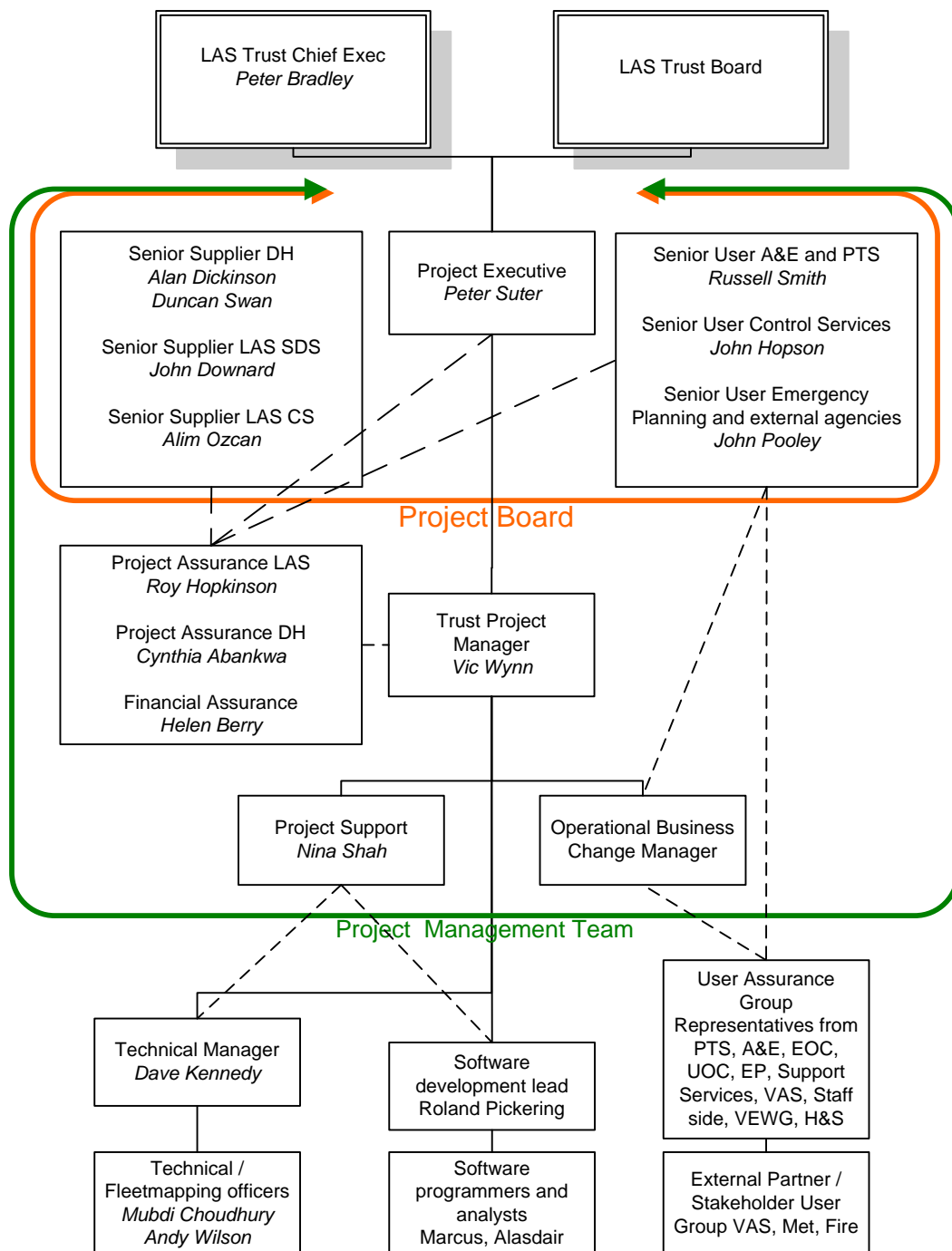
- Staff costs for staff assigned to the project by the LAS, including local project management and staff training.
- Costs to develop the existing EOC CTAK control system to integrate with the ICCS and radio network.

Currently one of the main implications for the project is the unknown value of the additional requirements.

Project Approach

Implementation of the LARP has been separated into two distinct projects. The first is concerned with the basic implementation of the system into the LAS, this project is currently live. The second will focus on business change and business benefits realisation – that is looking to fully exploit the new technology for operational benefit. This second project will be initiated towards the end of this current project, probably around April 2008.

A PRINCE 2 project methodology has been implemented with defined roles and named personnel. The project board is composed as follows:



The National Programme Director is an LAS employee who is seconded to the DH. He is now responsible to Peter Bradley in his role as National Ambulance Advisor.

The National Programme team regularly attend the national IM&T Directors' forum that meet on a two monthly basis. This allows the IM&T Directors to act in an assurance role.

The national project is about to undertake a Gateway review. As the LAS project is concerned with implementing a mandated national solution at a local level, a Gateway Review process has not been initiated within the LAS.

Current progress

Building works are completed at both HQ and Bow and central equipment has been installed. Technically the Airwave system is live across London in terms of basic coverage.

As a result of the events of 7 July 2005, a fundamental review of the timetable for the project was undertaken by the LAS and the DH. 200 handsets were released for implementation ahead of schedule with basic functionality. These have been issued to managers, duty officers, in pools as well as basic equipment in the control room. This work was completed by December 2006 and has been regularly tested and used operationally for special events and large scale incidents. They are also an integral part of the Major Incident response plan.

The whole project has been brought forward by 12 months, with installations for test vehicles starting by the end of July 2007. Installations for PTS vehicles, ambulances and response vehicles will commence in September 2007. However, due to a delay in essential Airwave control room software, A&E vehicles will not commence going live (that is in a phased manner) until at-least March 2008. It is therefore still realistic that the new system, within the LAS, will be completely live by the end of September 2008.

It has been agreed that radio handsets will be deployed on A&E vehicles to allow personal use by each crew member while on duty. That is two for each ambulance and one for each response vehicle. In light of operational experience, this will be reviewed in order to assess whether complete personal issue is operationally required and financially justified.

High Level Project Risks

As with any project of this size and complexity, there are risks and issues that are being managed. The following are the high level issues that need to be brought to the Trust Board's attention:

There are believed to be some coverage and capacity issues within London. In order to address this it is believed that O2 will need to install more base stations. It is understood that the work for this is currently being undertaken and completion is a pre-requisite to progression to the next stage (installation) and the next significant payment milestone to Airwave.

The basic Airwave service is paid for centrally by the DH. However, the core contract is not sufficient to provide the level of service and equipment that Ambulance Trusts require. Therefore, each Trust has had to order additional services and the costs for these are not yet known. This is a significant issue and is currently being pursued nationally by CEOs and Finance & IM&T Directors.

The Gateway review of the National project may raise concerns that could affect Trust implementation plans.

The go-live in London requires the successful delivery of control room software to be completed by the end of December 2007. Given the complexity of this requirement, the chance of slippage is high.

The ability of the new digital system to effectively carry data has always been in question. However, migration to data services is not part of the initial implementation (i.e. by September 2008) and the LAS has time to assess this as part of longer term national implementation.

The Airwave project relies upon the delivery of a complex national programme. Therefore the risk of issues and delays outside of the control of the LAS project is high. Discussions regarding re-planning of dates and potential technical difficulties are a regular occurrence. The LAS team remains focused however, on completion by the end of September 2008. Probably, one of the biggest issues is clear communication with and within the central DH project team.

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

CAD 2010 Update

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

The purpose of this paper is to update the Trust Board with the progress of the CAD 2010 Project.

The project is currently in Stage 3 – Procurement. The deliverable will be the FBC (Full Business Case) that, as a result of the European Tendering exercise will recommend a defined supplier(s), product(s) and costs. This will be supported by the independent Gate 3 review that will assess this process and comment on its fitness for purpose.

The Project Board met on 25 June and resulting from this evaluation agreed to a short list of 7 suppliers/consortia. At the supplier’s conference on 9 June, 5 suppliers/consortia attended.

The best information available at this point indicates that the preferred bidder will be determined in late January 2008, leading to the FBC, along with a Gate 3 review being presented to the Trust Board in March 2008. However, due to the unknown nature of the next stage of the procurement process, the Trust Board are asked to consider some flexible options regarding dates and the approval processes.

Given the commercially sensitive nature of the current procurement process, the actual report will be presented in part 2 of the Trust Board Meeting.

4. Recommendations

THAT the Trust Board note the progress of the project, and consider the detailed report and recommendations in part 2 of the meeting.

London Ambulance Service NHS TRUST

TRUST BOARD 31st July 2007

Updated Governance Arrangements for risk management

1. Sponsoring Executive Director: Mike Dinan
2. Purpose: For approval
3. Summary
Updated governance arrangements in line with
guidance from NHSLA
4. Recommendation
THAT the Trust Board approve updated arrangements

Risk Management Governance

The Board is requested to approve the following changes to our risk management arrangements in order to improve the Trust's compliance with NHSLA and Healthcare Commission requirements.

1) Risk Management Policy

Amendments to Terms of Reference

The main committees with overarching responsibility for the risk management approach of the LAS submit the amendments to their terms of reference for Board approval. These changes have been developed with the chairmen of these committees by the Head of Governance.

Audit Committee

This report will include a review of the effectiveness of the committee in achieving its terms of reference and identify action taken to deal with issues that arose during the period covered by the report.

Risk Compliance and Assurance Group

The Group will review its effectiveness annually by devoting one full meeting to consideration of to what extent it has achieved its terms of reference

Members are required to attend all meetings.

The requirements for a quorum are that the Chief Executive who is chair or an Executive Director, one Non Executive Director and the Head of Governance be present.

Clinical Governance Committee

The committee will review its effectiveness annually by monitoring performance against CPIs, management of risks under the heading "Clinical" from the Trust Risk Register and considering the quality of evidence provided for compliance with the core and developmental standards of the Annual Healthcheck.

The requirements for a quorum are that the Non Executive Director who is chair, the Medical Director who is vice chair, the Deputy Director of Operations or an empowered representative and the Head of Governance be present.

The frequency of attendance required by members is as follows;

Core membership to attend all meetings, and when unable to attend, send deputies who have been briefed concerning the business of the committee and empowered to make decisions. Other members to attend no less than three meetings per year.

Health and Safety (Corporate) Group

- The required frequency of attendance by members is that members attend all meetings.
- The requirements for a quorum are Director of HR and OD and/or Assistant Director, Employee Support Services Director of Operations or nominated representative, 1 AOM, 1 Safety and Risk Advisor and 3 Staff Side Health and Safety Representatives.
- To monitor the effectiveness, the committee will devote one meeting per year to evaluating to what extent it has achieved its terms of reference.

Information Governance Group

The Board is asked to approve the amendment to 3.1 of the Risk Management Policy and the terms of reference of the Information Governance Panel so that they can be incorporated into the Policy for dealing with risks that threaten information management .

The Information Governance Group identifies, manages and reviews Information risks across the Service and supports the implementation of any required controls.

Terms of Reference

Constitution and Function

Information Governance provides a framework to bring together the requirements, standards and best practice that apply to the handling of corporate and personal information.

It covers data quality, Caldicott principles, Information Security Management (ISO/IEC 17799 / ISO/IEC 27001), The Data Protection Act 1998, The Freedom of Information Act 2000, the Information Governance Toolkit and records management requirements as defined by the Standards for Better Health, the Public Records Act, and the DH Records Management Code of Practice.

The Information Governance Group is the management forum that will ensure that there is clear direction and visible management support for Information Governance initiatives within the LAS.

It will promote best practice within the organisation through appropriate direction and resourcing.

It will also act as a cross-functional forum of senior management representatives from relevant parts of the organization to co-ordinate the implementation of Information Governance controls.

The Group will meet quarterly, within six weeks prior to the Risk Compliance and Assurance Group (RCAG) where this is practicable, and review its effectiveness against these Terms of Reference annually.

A quorum for each meeting will be one Chair, one Non-Executive Director, one of the Head of Records Management or Information Security Manager and 2 others.

Members may send deputies to attend if necessary provided these are empowered to make decisions.

The meetings will be minuted, and reported to the Trust Board through RCAG. An annual report will be provided to the RCAG.

Group membership

Joint Chairs:

Director (IM&T)	Peter Suter
Medical Director (Caldicott Guardian)	Fionna Moore

Members:

Non-Executive Director	Roy Griffins
Non-Executive Director	Ingrid Prescod
Senior Operations Officer (Planning and Risk) A&E	Ops Lyn Sugg
Senior PTS Manager	Nic Daw
HR Manager	Andrew Buchanan
Assistant Chief Ambulance Officer	Ralph Morris
Head of Legal Services	Nicola Foad
Head of Management Information	Sue Meehan
Head of Records Management	Stephen Moore
Information Security Manager	Dinshaw Nazir

To attend on an as required basis:

PALS Manager

Gary Bassett

Responsibilities

1. Pro-actively manage Information Governance throughout the Trust by:
 - 1.1 Ensuring that appropriate policies and procedures are developed, approved, implemented and reviewed.
 - 1.2 Ensuring that specific roles and responsibilities for information governance are in place.
 - 1.3 Developing, introducing, supporting and monitoring major initiatives, processes, and systems to enhance and ensure compliance with information governance.

- 1.4 Promoting management support for, and staff awareness of, information governance.
 - 1.5 Reviewing information governance audit findings and ensuring that appropriate actions are taken.
 - 1.6 Coordinating and approving the annual LAS Information Governance Toolkit submission.
2. Ensure that effective information security is in place across the Trust by:
 - 2.1 Promoting information security awareness and best practice
 - 2.2 Assessing the adequacy and co-ordinating the implementation of specific information security controls for new systems or services.
 - 2.3 Reviewing and monitoring information security incidents and weaknesses.
3. Support, monitor and review Trust-wide records and information management initiatives including the Records Management Strategy.
4. Monitor information, and information management systems, availability by:
 - 4.1 Identifying, managing and reviewing Information risks across the Service and supporting the implementation of any required controls.
 - 4.2 Ensuring that Business Continuity plans are in place which will protect and enable continued provision of information and systems.

2) Risk Information Reporting Process

This process has been agreed by the Clinical Governance Committee and is recommended by the Risk Compliance Group for Board approval. It enhances our opportunity to learn from aggregated analysis of incidents, complaints, and claims.

RISK INFORMATION REPORT PROCESS

1. Introduction

This document is intended to describe the process used by the London Ambulance Service NHS Trust for ensuring a systematic approach to the analysis of incidents, complaints and claims. This core process for risk management is set out in support of the overall objectives of the Trust's Risk Management Policy (TP005).

The document is set out using the five headings as recommended in the pilot version of the *NHSLA Risk Management Standards for Ambulance Trusts* published in May 2007. It is intended to achieve compliance with a component identified as one of the criteria from *Standard 5: Learning from Experience*. This document may be changed, subject to the approval of the Clinical Governance Committee as the effectiveness of the process is reviewed or so that it continues to meet new requirements issued by the NHSLA, the Healthcare Commission, or NHS London.

1.1 The headings are described below.

Duties	This section encompasses the strategic and operational roles of committee groups and individuals in aggregating the data, producing analyses, and reporting to the Board subject to approval by the Audit Committee using the mechanism of the Risk Information Report.
Coordinated Approach	This section sets out details of how the report represents a coordinated approach.
Frequency	This section describes when the Clinical Governance Committee will receive the Risk Information Report.
Information	This section describes the information provided within each section of the report including qualitative and quantitative analysis.
Communication	This section describes how the information from the report and any recommendations related to it made by the Committee will be conveyed to individuals and the Trust Board.

2. Duties

The Clinical Governance Committee, with responsibility for ensuring the progression of high quality clinical care within the LAS, receives the Report and makes recommendations regarding the management of risk based on the analyses it contains. These recommendations if relating to a new risk, or regarding an existing risk already in the Risk Register, are made to the Risk Compliance and Assurance Group which is the Risk Management Committee of the Board.

The Audit Committee and the Risk Compliance Group may request the Risk Information Report is placed on their agenda, after it has been considered by the Clinical Governance Committee. Only the Audit Committee will make recommendations, based on the analysis from the Risk Information report, to the Board.

The Head of Governance is responsible for the collation, quality and presentation of the Risk Information Report to the Clinical Governance Committee in the first instance.

The Head of Legal Services is responsible for providing qualitative and quantitative analysis relating to claims, potential claims, and inquests.

The Complaints Manager is responsible for reporting qualitative and quantifiable data relating to external complaints and Serious Untoward Incidents.

The Senior Health and Safety Adviser is responsible for all incident reporting.

The PALS Manager is responsible for reporting on concerns/enquiries received by the PALS team.

The Diversity Manager is responsible for contributing analysis of the Trusts compliance with national guidance on diversity by the Trust including implementation of the Trust's Race Equality Scheme and related action plans that may represent risks to the achievement of the Trust's principal objectives.

3. Coordinated Approach

The report will contain data in the topic areas of Complaints, Claims and SUIs, Inquests, Incidents, Control Services, Concerns raised with the PALS team and the approach to Diversity.

Each data set will contain details of reports from every operational area. The recommendations in each section will make explicit links between different sections, for example if an increase in concerns about treatment of mentally ill patients has been mirrored by an increase in complaints.

Contributors to each section of the report liaise routinely with each other to identify whether a theme or trend is represented across more than one topic area, for example if incidents about patient care which have been reported by staff correlate to an increase in complaints around the same or similar aspect of patient care.

Each topic area will report for the same standard period (i.e. 3/4 months) so that a minimum of three Risk Information Reports are presented to the Clinical Governance Committee during the financial year. The reports will include details of lessons learned, actions taken, and where organisation-wide change has been made as a direct result of an action plan from an investigation, this change must be described in detail. Where new risks are identified then the contributor should provide a completed Risk Report form as detailed in the Trust's Risk Reporting and Assessment Procedure (TP035) and deliver it under the agenda item Risk Register Update at the same meeting of the Clinical Governance Committee.

At alternate meetings of the Clinical Governance Committee, when the Risk Information Report is not presented, contributors to the Report will collate a themed report with comprehensive information from their respective topic areas including analysis and suggested risk management action to be taken. If this is agreed then the action will be communicated as set out under the heading 'Communication' below.

4. Frequency

The report will be provided for a minimum of 3 and no more than 4 times per financial year to the Clinical Governance Committee, and key points relating to lessons learned, risk controls and action taken will be summarised for inclusion in the annual report of the Clinical Governance Committee to the Board.

5. Information

5.1 General

Each section of the report will include data of activity for the quarter with comparison against the previous quarter. Qualitative analysis, identifying trends and themes, identifying new risks will be set out at the end of each section and provided in summary format to introduce the report and highlight recommendations/analysis/risk management action for the attention of the Committee.

5.2 SUI's

- Brief description of any SUI reported during the period covered by the Report, including action taken to comply with the SUI Policy specifically reporting details communicated within advised timescales to NHS London and the NPSA.
- Update on implementation of SUI recommendations completed since the last SUI report.
- Action taken as a result of recommendations from an SUI report, i.e. clinical advice published trust-wide in Patient Care News.

5.3 Complaints

- % written complaints for which a local resolution was completed within 25 working days.
- % acknowledgment within 48 hours (quarterly).
- % of completed outcome reports (quarterly).
- Number of 2nd stage complaints referred to the Healthcare Commission.
- Summary of outcomes/actions taken as a result of complaints that contributed directly to improving patient care/provide evidence of organisational learning/will prevent reoccurrence.
- Breakdown of complaints by subject and service area.

5.4 Claims, Potential Claims and Inquests

- Closed Clinical Negligence Claims and 'Problematic' Inquests. Summary to include date of incident, synopsis, result, review of action taken by Medical Director, and any outstanding actions still to be done (including dates for implementation).
- Trend analysis by quarter of; patient claims opened, obstetric claims opened, clinical claims breakdown by type, number of problematic inquests.

5.5 Incident Reporting

- 1) Number of incidents per quarter logged on Datix compared with number of logged incidents for previous quarter.

- 2) Table of 15 most common incidents classifying by incident type on one axis and by Risk Rating category from the Trust's Risk Scoring Matrix, as set out in the Risk Reporting and Assessment Procedure.
- 3) Incidents by type. Graph using the following categories;
 - Accidents to Patients
 - Accidents to Staff
 - Clinical Accidents/Risk
 - Violence and Aggression
 - Others

Using data from current quarter to be compared with previous quarter.

Accidents to Patients

- Table with incident descriptor, e.g. slip, trip or fall, on one axis against risk rating category from the Trust's Risk Scoring Matrix.
- Analysis to compare number of patient accidents with previous quarter, with commentary on the level of risk rating most prevalent.

Accidents to Staff

- Table of 10 most frequently reported types of incidents/accidents to staff, again using risk rating. Analysis to include number of staff accidents with same category as in previous quarter. Graph to compare incidence and prevalence of three most common incidents/accident.
- Table of clinical incidents and near misses to include actions taken arising from investigation. This table is compiled from LA52s that are also reported to the NPSA. It should only include data from the current quarter and the previous quarter.

5.6 PALS

- Table of Activity, broken down by monthly comparison with data from the previous quarter to include analysis of case management.
- Table of PALS cases referred to complaints and outcome of referral, i.e. complaint investigation underway.
- Classification table using 10 most frequent concerns raised by public, compared with data from previous quarter.
- Summary of information from PALS case management circulated monthly to managers during the period covered by the report.
- Twenty outcome reports from PALS cases where there is evidence of improvement in patient care, reduction of risk, to include reference to working in partnership with other agencies that occurred during the period covered by the report.

5.7 Diversity

- To include tables, analyses to provide information for the Committee to assess progress against the milestones within the Trust's Race Equality Scheme and subsequent requirements of legislation relating to equality (i.e. Single Equality Scheme).

5.8 Control Services

- Without duplication of information previously presented as part of the Area Governance report, the data, formats, and analysis will follow the outlines given above for other sections of the report.
- This will mean that trends, themes and risk management treatment will be reported with comparison with previous quarterly report on this area and analysis to identify trends, themes, forecasts and new risks.

6. Communication

After the Report has been considered, lessons learned to be shared trust-wide from all sections of the report and the main decisions taken by the Committee regarding the management of risks highlighted in the report will be given to all area governance groups to be distributed to frontline staff at complex level. Feedback from frontline staff will be encouraged so that it can be included in Area Governance Reports. This is the process by which the organisation ensures that lessons learnt from analysis result in change in either organisational culture or practice.

At strategic level the Clinical Governance Committee will respond to recommendations and proposed new risks by referring them to the Risk Compliance and Assurance Group who act as the delegated Committee that manages risk on behalf of the Trust Board.

The Risk Information Report summary will be reported as a component of the Clinical Governance Committee report containing analysis of key improvements in risk management and learning outcomes during the period covered in the Risk Information Reports

6.1 Review of Effectiveness

The Committee agenda will include a review of the effectiveness of Risk Information Report after considering the final Risk Information Report each year, and the information given in reports during that period. The Clinical Governance Committee will give feedback to contributors, so that the process for producing the Risk Information Report remains an effective tool for assessing the quality and quantity of risk management in the Trust.

3) Process for responding to recommendations made by external review bodies

The Board is asked to formally approve the process. This process has been agreed by the Clinical Governance Committee at its last meeting. It clarifies arrangements for responding to recommendations from external agencies and enhances our compliance with NHSLA criteria.

Process for responding to external recommendations specific to the London Ambulance Service NHS Trusts.

(minimum requirements defined in Standard 1 Governance 1.1.7 of the NHSLA Risk Management Standards for Ambulance Trusts May 2007)

1. Introduction

This document sets out the process for responding to the recommendations and requirements arising from external agency visits, inspections and accreditations. It may be revised as new external agencies, inspections, and accreditations are developed or existing arrangements are changed.

2. Coordinating and reporting on reviews of the London Ambulance Service NHS Trust

In the event of an external agency reviewing the Trust's arrangements the Director responsible for that area of the Trust's service delivery will be accountable for nominating a senior manager to coordinate the Trust's arrangements with the Agency for the Review to be undertaken. The Chief Executive officer will agree the nomination and inform the Senior Management Group within 24 hours of receiving notification of the review.

The Senior Manager will be responsible for providing routine updates to members of the Senior Management Group as they require, including interim reports containing information on compliance, non-compliance and alerts to major areas of concern that require immediate executive action.

3. Review Dates

A schedule of review dates will be coordinated by the Chief Executive's office and included in the appropriate routine Senior Management Group Agenda, so that directors can ensure that nominations are made and other arrangements put in place, i.e. evidence gathered including Trust's current policy and procedural documents.

4. Maintaining action plans to implement recommendations made as a result of reviews

The nominated Senior Manager who has been appointed to oversee the Trust's arrangements for reviews by external agencies will agree with the member of SMG, who is accountable for producing the action plan to implement any recommendations made by external agencies.

The action plan will be produced with time-limited actions to be undertaken by identified senior managers. Progress with implementation of it will be reported as part of the Balanced Scorecard internally to the Senior Management Group. Updates with the progress of the action plan will be provided to the external agency(s) subject to agreement by the Director accountable.

5. Ensuring that the organisation-wide Risk Register is populated with risks identified in reviews

When feedback from reviews by external agencies is received, the nominated senior manager appointed for the purpose described in 4 above, will analyse it to identify any potential risks and complete the appropriate risk form (LA167) in accordance with the guidance set out in the Risk reporting and assessment Procedure (TP035). Any risk will then be considered by the membership of the Risk Compliance and Assurance Group for admission onto the Trust's Risk Register and subsequent monitoring by the appropriate committee or group as set out in the Trust's Risk Management Policy (TP005).

6. Monitoring the effective of all the above

The effectiveness of this process will be reviewed as part of the Senior Managements Team's routine consideration of the outcome of reviews of the Trust undertaken by external agencies.

4) Infection Control Assurance Framework

The Board is asked to approve the Infection Control Assurance framework as the overarching mechanism, for the management of risks relating to infection control by the Infection Control Steering Group.

The objectives are based on the Essential Steps to Safe, Clean Care Self-Assessment Tool for Ambulance Services, which was used by the Infection Steering Control Group and reported to the Board in the Infection Control Annual Report.

The framework will incorporate all risks, controls and insurances relating to the management of infection control that are accepted onto the Risk Register.

If Board approval is gained, the framework will be populated at the next meeting of the Infection Control Steering Group.

London Ambulance Service NHS Trust

Infection Control Assurance Framework

Principal Objectives		Principal Risks				Healthcare Core Standards	Key Controls	Assurances on Controls	Board Assurance		Compliance
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
That the action plan identified from Essential Steps to safe, clean care – self-assessment tool for Ambulance Service is not implemented.											
Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.											
Review the patient journey in order to reduce the risk of transmission of infection.											

Principal Objectives	Principal Risks					Healthcare Core Standards	Key Controls	Assurances on Controls	Board Assurance		Compliance
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.											
Ensure effective auditing of infection-control standards across the care providers through monitoring and implementation of new findings.											
Ensure the organisation has a programme of education and training for infection-control that is tailored to the needs of care delivery.											
Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning											

Principal Objectives	Principal Risks					Healthcare Core Standards	Key Controls	Assurances on Controls	Board Assurance		Compliance
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the Organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
services are available.											
Implement an organisation-wide policy / procedure for the decontamination of re-usable medical devices including but not limited to surgical instruments.											
That the Make-Ready Scheme does not achieve the four Key Performance Indicators directly relevant to Infection Control.											
Risk of infection to staff due to needlestick injury	46			9	RS						
The risk of incurring liability through the re-use of single use devices	63			8	FM						

London Ambulance Service NHS Trust

Remuneration Committee Meeting

LAS HQ 1st Floor, Conference Room

27 March 2007 at 0900 hours

Draft minutes

Present:	Sigurd Reinton	Chairman
	Sarah Waller	Non Executive Director
	Beryl Magrath	Non Executive Director
	Roy Griffins	Non Executive Director
	Ingrid Prescod	Non Executive Director
	Barry Macdonald	Non Executive Director
	Caroline Silver	Non Executive Director

In attendance: Peter Bradley Chief Executive

1. There were no apologies
2. The minutes of the previous meeting were approved and signed by the Chairman.
3. **Matters arising**

Beryl Magrath asked what constituted ‘good’ financial performance for the purposes of assessing the performance of executive teams. Peter Bradley said that at the Department of Health it was 1 percent surplus but at the Heath Care Commission it was “break even”. Sigurd Reinton said that we were juggling three things: these two plus the requirement to break even ‘taking one year with another’ (i.e. on a rolling three year basis).

3(a) **Car leasing**

A report was presented which showed that neither the principles behind nor the practice applied to the provision of cars are as clear as they might be. In the discussion that followed, it became clear that different principles and criteria for eligibility and rules are needed to govern the provision of blue-light cars (to members of staff who need them to fulfil their duties) from those that apply to the provision of a car as part of someone’s remuneration package.

The Committee therefore requested that the review recommended in the report be carried out. The review should include a quick scan of the car policies adopted by other relevant London NHS trusts. It was noted that the Treasury is reported to be embarking on a review of the tax treatment of company cars. If the outcome of this review is likely to be available soon, it might make sense to wait for that before making recommendations on new/clarified rules

in regard to cars that are provided as part of the remuneration package.

Action: PB

4. Remuneration decisions

The Committee received a comprehensive written report from the Chief Executive and noted the existence of the VSM pay framework and the recommendations from the Chief Executive in regard to directors and executive directors.

After discussion, the Committee then made the following decisions:

Name	Performance**	Salary as at 1 st April 2007	Leasing car allowance	Bonus in respect of 2006/07
Mike Dinan	Standard	£100,000 plus uplift as per the recommendations of the VSM pay review body*	£5,034	Nil
Caron Hitchen	Standard	£86,880 plus uplift as per the recommendations of the VSM pay review body*	£5,034	Nil
David Jervis	Standard	£80,500 plus uplift as per the recommendations of the VSM pay review body*	£5,386	Nil
Martin Flaherty	Standard	£100,000 plus uplift as per the recommendations of the VSM pay review body*	£5,550	Nil
Peter Suter	Exceeded Expectations	£86,000 plus uplift as per the recommendations of the VSM pay review body*	£5,034	£4,300
Kathy Jones	Exceeded Expectations	£81,500	£5,034	Nil
Fionna Moore	Exceeded Expectations	Paid by Hammersmith Hospitals NHS Trust	n/a	£5,000

* - Expected at the time to be either 1.9% or £1,000 but since set at 1.3%

** - CEO assessment – not yet finalised with individuals when the Committee met

The Committee recognised that there are some differences (from £ 7,000 under to £1,000 over) between these levels and the VSM framework if applied literally but felt these were justified in view of the performance of the individual or (in one case) the need to recognise market rates.

Peter Bradley (Chief Executive) left the room while the Committee discussed his performance and remuneration. After discussion it was decided that he should be paid a 5% bonus (i.e. £7,500) in recognition of ‘above standard’ performance during the year. His current salary (at £150,000) is marginally above the VFM spot rate but less than that of at least one other Chief Executive of another (smaller) ambulance service, and the Committee could see no justification for reducing his pay just to bring it into line with the VSM framework. For 2007/08 it should be increased in line with the recommendations of the VSM pay review. In addition, he is entitled to a 10%

'responsibility allowance' (£15,000) in respect of his work as the DH Ambulance Advisor.

Finally, the Committee noted that the LAS had omitted to pay him the 10% responsibility allowance for his DH work in 2004-5 (11 months). This would be £11,917 plus the £15,000 for 2006/07. The Chairman agreed to make sure this was now paid.

The meeting closed at 9.55 am.

London Ambulance Service NHS TRUST

**Summary of the minutes
Clinical Governance Committee - 11th June 2007**

1. **Chairman of the Committee** **Dr Beryl Magrath**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC).**

3. **Agreed:**
 - 31/07 That a draft annual clinical governance report be presented to the Committee in October 2007
 - 34/07 The process used to produce the enhanced Risk Information Report.**Noted:**
 - 29/07 That a decision regarding the submitted SPPPs has been deferred; lost property bags will be trialled from July 2007 on a Trust wide basis.
 - 29/07 That a letter has been drafted to send to people whose addresses have been placed on the high risk address register; there are currently approximately 2,500 addresses to be reviewed. Recent additions to the register will receive a letter informing them that their address has been placed on the register.
 - 29/07 That although there is a manual system in place to identify skill mixes on ambulances and FRUs there is no automated process. The Deputy Director of Operations is considering how this manual process could be more robust.
 - 29/07 The issue of the Clinical Audit & Research Unit not receiving all data cards for cardiac arrests has been raised with ADOs/AOMs/Team leaders.
 - 29/07 The Deputy Director of Operations has indicated that participation in the frequent users initiative; will be included in ADOs and AOMs 2007/08 objectives In addition, ADOS will be considering how they can offer support to the PALS office. It is anticipated that there is potentially £3m savings to be realised from the full implementation of the frequent users' initiative.
 - 29/07 That a form of wording has been written for crews to ask patients the question regarding ethnicity when they are filling in the PRF form. The Committee suggested that it be reviewed with emphasis on the clinical reasons why ethnicity data is required by the service.
 - 30/07 That Dr Daryl Mohammed has drafted a handover form to replace the letter written by GPs that accompanies the patient to A&E. He is proposing to trial this at his surgery. The Committee proposed some amendments to the form.
 - 31/07 The Committee reviewed the proposal for ECPS to have a personal development portfolio and clinical competency log . The Medical Director said that the ECP Strategy Group and SMG would be more suitable forum for discussion of the portfolio/log.
 - 35/07 The Committee considered the clinical risks on the Risk Register; no risk was proposed for regrading as there was insufficient evidence to suggest that the level of risks had changed.
 - 36/07 The Senior Operations Officer, Planning and Risk gave a presentation on clinical governance taking place the Emergency Operation Control. The Deputy Director of Operations reported on clinical governance in the remainder of the Trust. Both reports contained information regarding: PDRs, complaints, SUIs, CPI completion rate and rest breaks.**Minutes/oral reports received from:**
 - 38/07 Training Services Committee, 10th and 26th April & Standards for Better Health

4. **Recommendation:** THAT the Trust Board NOTE the minutes of the Clinical Governance Committee

LONDON AMBULANCE SERVICE NHS TRUST

DRAFT Minutes of the Clinical Governance Committee
11th June 2007, Committee Room, LAS HQ

Present:

Beryl Magrath (Chair)	Non-Executive Director
Sarah Waller	Non-Executive Director (from 10.00)
Fionna Moore (Vice chair)	Medical Director (from 9.40)
Kathy Jones	Director of Service Development
John Wilkins	Head of Governance
Keith Miller	Acting Head of Education & Development
Chris Vale	Head of Operational Support
John Selby	Health & Safety Adviser
Lyn Sugg	Senior Operations Officer, Planning and Risk
Nicola Foad	Head of Legal Services
Stephen Moore	Head of Records Management
Russell Smith	Deputy Director of Operations
Gary Bassett	PALS Manager (representing David Jervis)
Ricky Lawrence	Diversity Officer (from 9.45)
Christine McMahon	Trust Secretary (minutes)

In Attendance

Dan Dufield	ECP Clinical Lead
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Apologies

Ingrid Prescod	Non-Executive Director
David Jervis	Director of Communications
Malcolm Alexander	Chairman, LAS Patients' Forum
Ralph Morris	Head of Complaints

28/07 **Minutes of the Clinical Governance meeting held on Monday 16th April 2007**

Agreed **The minutes of the Clinical Governance Committee meeting held on 16th April 2007 with the following corrections: (1) minute 21/07 the number of ECG electrodes supplied was queried (minuted as being in packs of 1 and 60); and (2) 26/07 (7) should read 'paediatrics' not 'paediatricians' audit.**

29/07 **Matters Arising**

Minute 40(2): **The Director of Service Development said that a decision regarding SPPPs that had staffing implications had been deferred by the Strategic Steering Group. The trial of lost property bags is being undertaken on a trust wide basis from 2nd July, it is being funded out of existing budgets.**

Minute 40(3): **the bulletin regarding the disposal of single use equipment has been written and will be published on the Pulse this week. ACTION: A/Head of Education & Development**

Minute 44(7): **The Committee reviewed the draft letter that is to be sent to people whose addresses have been added to the High Risk Register since April 2007. The PALS Manager said that the letter had been drafted using guidelines issued by the Information Commission and the Trust's solicitors, Capsticks. Work is continuing on reviewing addresses on the high risk address register; those addresses that remain on the register will receive a letter informing them that their address is held on the register. It was estimated that there are approx. 2500 addresses on the register.**

Minute 63(1): **In regard to the risk that EOC cannot guarantee to identify a Paramedic to despatch to those calls which require that specific skill level; furthermore a Paramedic may not always be available the Medical Director said that until there is a strong link between PROMIS and CTAK this will continue to be a risk**

for the Trust. The Deputy Director of Operations said that there is a manual system which allows EOC to identify the staffing mix on vehicles so that they know which vehicles are staffed by Technicians and which by Paramedics.

If an incident arises where a Paramedic's skills are required then EOC have the option to locate a paramedic, divert them to another incident if they are already in attendance or call upon Team Leaders/DSOs if necessary. If a technician on scene requests a paramedic and EOC is unable to send one then the technician should submit a LA 52, enabling the Service to monitor the risk. The Deputy Director of Operations said he would give this further thought and come back to the Committee on how this matter could be monitored. **ACTION: Deputy Director of Operations.**

The Safety & Risk Adviser said that referring to the LA 52s reported in the last two months there has been 9 near misses.

Minute 05/07: the Deputy Director of Operations said that the matter of CARU receiving less than 100% of data cards for cardiac arrests attended by crews had been raised with ADOs/AOMs and at the recent Team Leader Conference.

Minute 07/07: the Committee considered the best practice guidelines drafted by HR following their observing of PDR interviews; this was recently shared with Senior Managers across the Trust to remind them of good practice. This year Team Leaders will be undertaking PDR interviews with front line crews.

Minute 07/07: that CARU will be undertaking an in-depth audit into this in September when the 2006/2007 data becomes available and an update will be presented to the Committee in December 2007. **ACTION: CARU**

Minute 07/07: the Deputy Director of Operations said that following a conversation with the Head of Communications it was felt that the LAS News was not the appropriate forum for an article re. Completion of CPI paperwork. He said he had emailed Team Leaders reminding them of the clinical importance of undertaking CPI checks.

NOTED: that Dr Paul Dargan (NPIS) will be speaking to the SMG in August 2007 regarding the Trust continuing to use the NPIS service. It was recognised that the advisory service would need to be available 24/7 and to all staff for it to be useful to the Trust.

Minute 17/07: The Head of Governance said that one/two of the Overview and Scrutiny Committees had shown interest in having a dialogue regarding the service provided by the LAS so that they could provide detailed commentary for the Annual Declaration; many of the other Overview and Scrutiny Committees however felt the consultation to be an artificial process imposed by the HCC.

Minute 19/07: the review of the TP/018 and TP/019 policies is still ongoing. A complicating factor is the current reorganisation of EOC as the Senior Operations Officer, Planning and Risk's post is disappearing. A meeting is to be held at which the policy and process will be reviewed and amended to reflect the re-organisation within EOC

Minute 19/07: the 'no send' policy is being reviewed given the introduction of CTA and PSIAM and will be brought back to this Committee in August. **ACTION: Head of Records Management.**

Minute 20/07 : the Diversity Officer said that discussions are being held with SM as to how the Trust can ensure that DATIX captures all the areas covered by discrimination legislation and records aggravating factors for biased incidents.

Minute 21/07 (3): risk information report to AOMs/DSOs – a summary of the risk information report that will be presented to the Committee in August will be shared

with ADOs and other staff with the opportunity to come back if they have any questions; this ensures that there is a feedback loop in the process.

Minute 21/07: PALS presentation: the potential savings through the continuation of the frequent call initiative was discussed. The Deputy Director of Operations said that participation in the initiative had been included in AOMs and ADOs objectives for 2007/08. The ADOs have agreed to consider how to allocate extra resources to the PALS office, the details of which will be agreed by the ADOs at their meeting being held the afternoon of the 11th June. The Head of PALS estimated that there is approximately £3m savings that could be realised through the pursuit of the initiative. The Deputy Director of Operations said this would also link in with the agreement with the Commissioner to reduce the number of patients being conveyed to A&E when it is safe to do so.

Minute 22/07: the Head of Governance said that a report identifying what risks on the register were specific/generic was considered by SMG in May; a report will be presented to the Audit Committee on 18th June.

Minute 26/07 (3): the Deputy Director read out the suggested wording for front line crews to use when asking patients their ethnicity. The Committee considered that more work was needed; that the wording needed to be simple and to the point, and include the clinical reason for the question. **ACTION: Deputy Director of Operations**

Minute 26/07 (5): A/Head of Education & Development to take forward the action concerning the issue of a bulletin on the use of single use bag and mask and other single use items of equipment. **ACION: A/Head of Education & Development.** The Medical Director said that complex training officers should be involved in taking this forward through discussion with their staff.

Minute 26 (1): PPI audit of public education events will be reported at the next Committee meeting. **ACTION: Director of Communications/Head of PPI.** The Deputy Director of Operations said that is part of the ADOs' objectives to improve PPI in their areas; the Head of PALS said that an additional benefit is that this will also tie in with stakeholder engagement. RL said that a community engagement pack has been updated and will be shared with the Clinical Governance Committee in August. **ACTION: Diversity Officer**

Minute 26(5): Head of Operational Support reported that the infection control action plan had been included in the Annual Infection Control Report. The Infection Control Steering Group will meet on 12th June to discuss how to take forward the action plan in 2007/08.

Minute 26(7): the Director of Service Development said CARU now circulate a monthly report that includes data on STEMI and Cardiac Arrest.

Post meeting note: The Head of Clinical Audit & Research explained that the first of the new monthly cardiac arrest and STEMI reports was disseminated in May. CARU are able to produce these monthly reports because they re-organised the way in which they receive and process data, which means that more up-to-date figures can be provided, more quickly. This change to the process had been in the pipeline for some time and was implemented in March. The action reported in April's minutes is no longer necessary as the re-organisation was already implemented prior to the meeting

30/07

Handover document from GPs to LAS crews

Dr Daryl Mohammed has drafted a handover form which will replace the current system of GPs writing a letter to give to attending crews to take to hospital; he is proposing to trial the

new handover document at his surgery. Sarah Waller said it needed to be made explicit that the handover document was replacing the traditional letter from the GP to A&E. The PALS Manager will feedback comments on the handover form to Dr Mohammed. **ACTION:**
PALS Manager

- Noted:**
- 1. That the document needed to be amended to include data re. the CAD number so that it can be linked to the relevant PRF documentation and that the title be changed to 'handover to LAS and secondary care'.**
 - 2. That the Director of Service Development said she would try and identify other GPs who would be willing to participate in a trial of the handover documentation.**

31/07 **ECP personal development portfolio and clinical competency log**

The Committee considered the ECP personal development portfolio and clinical competency log which was recognised as a substantial piece of work undertaken by Dan Dutfield, ECP Clinical Lead. Following discussion it was said that the introduction of the portfolio/log should wait for the update of the Skills for Health Guidelines as the LAS may wish to incorporate the updated guidelines. It was hoped that in the long term the portfolio/log would be rolled out not just for ECPs but, in a shortened and simplified form also for Paramedics and Technicians.

In response to Sarah Waller's question as to what would happen if an ECP failed to meet the stated standards it was confirmed that if there was any doubt about an ECP's clinical practice he/she would be taken off the road for re-training.

The Medical Director said that the ECP Strategy Group, chaired by ADO, Urgent Care, would be a more suitable forum for discussion of the portfolio/log and thereafter the SMG meeting. She also suggested that the requirement of six standards be simplified.

The Director of Service Development said that the portfolio/log should refer to the AfC key skills framework which would enable ECPs skills to be measured in a constant fashion.

- Noted:**
- 1. The contents of the portfolio and log**
 - 2. That the ECP Clinical Lead will present the portfolio/log to the ECP Strategy Group for further discussion and thereafter to SMG. ACTION: ECP Clinical Lead**

32/07 **Annual Clinical Governance Report**

At the October meeting the Committee will receive a draft annual clinical governance report, which will highlight good practice, risk management and risk assurance based on the activity of the Clinical Governance Committee utilising details from the Risk Information Report. The former requirements of the report have now been superseded by the Assurance Framework and the Standards for Better Health.

- Agreed:**
- 1. That a draft annual clinical governance report would be drafted for discussion at the Clinical Governance Committee's meeting in October. ACTION: Head of Governance.**
- Noted:**
- 2. That the annual clinical governance report would then be presented to the Trust Board in November and be published on the Trust's website.**

33/07 **Training Needs Analysis**

- Noted:**
- 1. That there are ongoing discussions regarding the training needs analysis to ensure that the training programme is fit for purpose.**
 - 2. The training needs analysis will be reported to RCAG with details on training delivered against training plan.**

34/07 Risk Information Report

1 The Head of Governance produced a paper on the process for the Risk Information Report that would enable the Trust to streamline its approach and comply with criteria of the NHSLA for the pilot visit in August 2007. The proposed changes are in line with the guidelines from the NHSLA on the Trust being able to evidence an aggregated approach across the Trust from incidents, complaints and claims.

He recommended that a Full Risk Information report, which would contain contributions from a number of different departments, be presented to the full meeting of the Committee. The NHSLA suggested that PALS queries be treated as 'informal complaints' and therefore these and any learning points to be disseminated across the Trust will be included in the report. A summary of the report will be shared with the ADOs and other operational colleagues, with feedback welcomed. It was recommended that there would be themed presentations, including feedback from all the areas contributing to the risk information report, to the Core Committee. A report on the risk associated with obstetrics cases will be presented at the October meeting. The subject of the themed reports would be drawn from risks identified in the full risk information report; this would be discussed at the next meeting.

The Medical Director supported the proposal as it should be a comprehensive description of how different departments are sharing information on lessons learnt from incidents, claims and complaints. It was suggested that it would be useful to review the data to identify trends. It was recognised that the area governance reports that the Committee has received demonstrated that there are good examples of clinical governance taking place at a local level.

Agreed:

1. **The process to produce the enhanced Risk Information Report which will be presented to the full meeting of the Committee (August and December 2007), with 'themed' presentations will be given to the core meetings e.g. obstetrics in October.**
2. **That the Risk Information Report (process) would be presented to the June meeting of the Audit committee for information. ACTION: Head of Governance**

2 **Complaints: 'out of date' complaints**

The Committee considered the report concerning complaints which outlined the number of days taken to resolve complaints on an area by area basis.

Noted:

1. **The contents of the report.**
2. **That the PALS volunteered to provide a report on outcomes of PALS enquiries. ACTION: PALS Manager**
3. **The Deputy Director of Operations said he would be raise at the next ADOs meeting the time taken to respond to complaints; the majority are responded to within the required 25 days there were examples of some that took in excess of 101-200 days to finalise.**
4. **That changes made as a result of these complaints should be recorded on a database to ensure that such complaints did not recur & that the LAS had learnt as a result of the complaints. ACTION: Head of Complaints**

3 **Complaints: internal auditor's recommendations and action plan re. the handling of complaints.**

Noted: The contents of the report

35/07 Clinical Risks on the Risk Register

The Committee reviewed each of the clinical risks on the Trust's Risk Register and **NOTED** the following:

Risk	Update	Future action
269 At shift changeover times, LAS performance falls as we take longer to reach patients.	There was some progress made with this however as it was introduced at the same time as rest breaks the improvements in performance have been offset by the drop in performance experienced by the introduction of rest breaks.	Rest break agreement is under discussion in particular the current arrangement whereby if a crew is not allocated a rest break they finish their shift 30 minutes early.
71 Risk of not learning and changing practice, as appropriate, as a result of complaints	Medical Director said that the significance of this was how the Trust learnt from incidents.	Action plan to be updated with timescales. <u>ACTION: Head of Complaints</u>
138 Failing to appreciate the significance and urgency of psychiatric illnesses.	A/Head of Education and Development said that the initial modules that are being run will not include mental health specifically. Head of PALS said that two groups of patients who feature amongst the frequent callers are those who are mentally ill or people who abuse alcohol.	The Medical Director said that the subject could be included in the 'patient assessment' module that is being run in July for Paramedics; When further modules are being offered from October 07 mental health could be included as a separate module
31 Adverse outcome in maternity cases	The A/Head of Education & Development said that this continues to be of concern. Efforts are underway to recruit to the post of Midwife.	Risk level unchanged.
207 Risk of not being able to download information from Defibrillators		The risk rating remains unchanged in recognition of the difficulty in CARU receiving data.
22 Failure to u/take comprehensive clinical assessments which may result in the inappropriate non-conveyance or treatment of patients	A/Head of Education & Development said that positive feedback had been received concerning patient assessment following the EMT4 modular training.	Summary of progress to be re-written. <u>ACTION: A/Head of Education & Development</u>
20 Failure to fully complete the Patient Report Form.	CPI compliance has improved but not sufficiently for the risk rating to be changed.	Risk level unchanged.

<p>211</p> <p>Drug errors and adverse events not being reported.</p>	<p>There is currently no evidence that would support a change in the risk rating. It was suggested that an analysis be undertaken of LA52s linked to complaints and SUIs and feedback from other agencies to determine whether the risk had decreased. <u>ACTION: RM, as he can track back on complaints to see how many have LA 52 associated with them</u></p>	<p>Risk level unchanged.</p>
<p>194</p> <p>Risk to patients after handover and to the viability of research projects with financial ethical and reputational impacts.</p>		<p>This risk to be re-worded. <u>ACTION: Head of CARU</u></p>
<p>188</p> <p>Paramedics fail to re-certify on time and have to revert to Technician Status.</p>	<p>There has been a lot of publicity reminding Paramedics that it is their individual responsibility to re-register. If they fail to do so they will revert to Technician status until they are re-registered.</p>	<p>This risk will be reviewed in October when the number of re-registrations will be available to ascertain if this risk can be downgraded.</p>
<p>179</p> <p>Trust failing to meet responsibilities under the Race Relations Act</p>	<p>Recruitment of new Diversity Manager is underway.</p> <p>Currently approximately 30% PRFs contain information re. ethnicity which is an improvement but more work needs to be done. Check with RD on this; she suggests the data is inaccurate and the figures of ethnicity coding is better than reported</p>	<p>Risk level unchanged.</p>
<p>165</p> <p>Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones</p>	<p>Although there are a number of referral pathways in place it continues to be a high risk for the Trust.</p>	<p>Risk level unchanged.</p>
<p>133</p> <p>Risk of potential legal action/negative publicity due to staff being unaware of how to report suspected abuse of children</p>	<p>Concern was raised that with the changes being made in the EOC managerial structure this area would be inadequately managed.</p>	<p>This risk will be re-assessed in six months time.</p>

46 Risk of infection to staff due to needlestick injury	The Head of Operational Support said that the next Infection Control Steering Group will assess the last quarter's data on needle stick injuries.	Risk level unchanged.
63 The risk of incurring liability through the re-use of single use devices	Some examples of single use equipment have been introduced however Operational Support are waiting on bulletin to be issued to complex trainers before including all the single use equipment on the catalogue.	<u>ACTION: Pat Billups to issue training bulletin re. single use equipment in June 2007.</u>

36/07

Operation's Pan London Governance report

The Deputy Director of Operations presented the pan London governance report. He said that the ADOs discuss risks bi-monthly and he highlighted the following from his report:

Clinical Performance Indicators (CPI): the completion of CPIs is improving (currently 60% - target is 80%). There were four complexes that achieved the target of 80% which demonstrates it is possible. The Deputy Director of Operations said that management meetings held on station will give positive feedback to those staff that are performing well. It was noted that there is still not enough active feedback being given to crews regarding their Patient Report Forms; currently 42% of staff receive active feedback.

Complaints: the average for the whole service for responding to complaints within 25 days is 76%. Complaints regarding attitude and behaviour continue to be the main source of complaints.

Modular training: given the poor attendance at training events in the past the Service has introduced a modular system of training which as staff are self-selecting the courses should have an improved attendance record. When the Hanwell Complex revised the FRU rotas to include built-in training days it resulted in more staff volunteering to work on FRUs. Training requested as a result of PDR meetings includes 12 lead ECG; paediatric assessment; minor injuries and mental health.

It has been agreed that staff should work on FRUs for a maximum of 12 months, thereafter working on an ambulance; this is to avoid skills degradation.

Approximately one third of FRUs are staffed by Paramedics with the remainder being mostly Technicians. In response to a question from the Chair the Deputy Director of Operations confirmed that ECPs are continuing to be tasked to staff FRU vehicles. ECPs are also being used for Urgent Care calls when appropriate.

Return to work guidance has been written for those staff that have been on long term leave for whatever reason.

High risk address register, work has been undertaken to review and remove addresses that should not be on the register. When the project was started there were approximately 3,000 addresses on the register, to date 500 have been deleted. Once the local networks are embedded there will be much faster turnaround. The PALS Manager said that work is being undertaken to simplify the process; this will be shared with the Committee in August.

ACTION: PALS Manager

The Committee was informed of a *Serious Untoward Incident* that involved a death in police custody

Rest breaks: with the introduction of a new reporting system the Trust now has accurate data as to the percentage of rest breaks allocated. On average 59% of staff receive rest breaks; this

includes the 90-95% of FRUs allocated rest breaks. The Rest Break Agreement is currently under review. The Committee will be informed of the outcome of the discussions.

ACTION: Deputy Director of Operations.

PDR was successfully implemented in 2006/07; this year Team Leaders will have a role in undertaking PDR reviews which was welcomed by the Committee as it will lead to Team Leaders having the role originally envisaged as part of the New Front End Model. Staff side representatives were in agreement that Team Leaders undertake the PDR reviews but asked that AOMs meet with their front line staff once a year to review the process.

The Committee's attention was drawn to examples of *Patient Public Involvement*: the LAS will be assisting with an audit of Obstetric services at the Royal London Hospital, Homerton and Newham General Hospitals. Friern Barnet complex has been invited to take part in a palliative care programme being set up by the Marie Curie Charity.

Emergency Operations Control (EOC):

This report was presented by the Senior Operations Officer, Planning and Risk who deputises for the ADO, EOC at the Clinical Governance Committee meeting. To date EOC has not held separate governance meetings, instead issues raised by example complaints were discussed at the regular Watch/Senior Management meetings. It has however been agreed that the department will adopt the clinical governance approach being used in the Areas. She highlighted the following from the pan London governance report that specifically concerned with EOC:

- LA52s: the majority that are submitted are non-clinical in nature
- Call handling – work is being undertaken by quality assurance advisers
- Caller Line Identify (CLI) should be available for all networks from the autumn as Cable and Wireless have completed their necessary preparatory work.
- Clinical Telephone Advice compliance: new staff and high level of sickness has led to a drop in compliance, but this is expected to improve over the current quarter.
- Complaints: the majority received are concerned with delays in response which is mostly due to the unavailability of vehicles.
- MPDS Version 11.3 is in progress. A complicating factor in the implementation of this upgrade is the introduction of new national framework for MPDS procurement.
- The production of a Quality Assurance tool for PSIAM has been delayed until September. This will provide an easier process to quality assure the CTA function and will provide greater capacity for CTA QA.

Dispatcher Assisted Resuscitation Trail (DART); this is a joint research project undertaken with Seattle to assess the effectiveness of compression only CPR. This project has been undertaken for some time with mixed levels of participation; there was a renewed focus from April 2007 and completion has considerably improved. The project will be reinforced with staff through fortnightly updates showing participation levels.

The Chair thanked Lyn for her contribution to the Clinical Governance Committee (and previously to the Clinical Risk Group) as she will now be taking up a new post in the Olympics team. Discussions are being held to determine who would be best suited to join the Committee in Lyn's place.

Noted:

- 1. The contents of the report.**
- 2. That the Chair said it was good to see examples of clinical governance being embedded in the organisation.**

37/07 **Update on Safety Alert Bulletins & NICE**

The Health & Safety Adviser presented the update on the Safety Alert Bulletins issued by the Medicines & Healthcare Products Regulatory Agency; the Department of Health Estates and Facilities and the National Patient Safety Agency. The Committee's attention was drawn to those Alerts that were still under assessment as to their relevance to the Trust. The Health & Safety team were liaising with colleagues in Operational Support, Procurement and Estates.

Noted: **That there were no new NICE guidelines at present relevant to the Trust. The LAS has registered interest in the review of the Head Injury Guidelines and the Acute Coronary Syndromes once they are published.**

38/07 **Reports from Groups/Committees**

1 Training Services Group – 10th April and 26th April

26th April: as the Medical Director had not been at the meeting and the minutes were unavailable a verbal report was provided by the Assistant Head of Education and Development. The Group discussed the development and implementation of the initial three modules that are to be offered to front line crews. There was also a discussion on how many Paramedics the Trust would be training in 2007/08.

Noted: **The minutes of the Training Services Group meeting held on 10th April and the oral update on the meeting held on 26th April**

2 Risk Compliance & Assurance Group – 1st May 07

Noted: **That these minutes were not available and would be circulated between meetings. ACTION: Trust Secretary**

3 Complaints Panel – 22nd May 07

Noted: **That these minutes were not available and would be circulated between meetings. ACTION: Trust Secretary**

4 Standards for Better Health

Noted: **1. That a meeting of the SfbH group will be held as soon as possible;
2. That the objective of the SfbH group is to identify and collate evidence that will be used in the Trust's assurance framework to demonstrate the Trust complies with the SfbH.**

Noted: **That the following groups have not met since the last CGC meeting: PPI Committee; Clinical Audit & Research Steering Group; the Infection Control Group; Race Equality & Diversity Strategic Group and the Clinical Steering Group.**

39/07 **Dates of next meeting:**

Full: Monday, 13th August 2007 at 9.30 in the Conference Room, HQ
Core: Monday, 15th October 2007 at 9.30 in the Conference Room, HQ

Meeting concluded at 12.30

London Ambulance Service NHS TRUST

Trust Board 31st July 2007**SUMMARY OF THE MINUTES
Audit Committee 18th June 2007.**

1. **Chairman of the Committee** **Barry MacDonald**
2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Audit Committee**
3. **Agreed:**
 - The final draft of the Audit Committee's annual report which, following some amendments, will be presented to the Trust Board, July 2007;
 - To recommend the 2006/07 audited accounts to the Trust Board, the auditors having signalled their intention to give an unqualified report;
 - The Internal Auditor's plan for 2007-08 to 2009-10;
 - The Audit Commission's annual audit plan for 2007/08.
 - The Committee will conduct a major review of financial reporting and budgetary control at its November meeting.
- Noted:**
 - That the Trust had received significant level of assurance overall for the year 2006/07 from the Internal Auditors that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently across the organisation. The improvement year on year was illustrated by the fall in the percentage of reports of limited assurance from 27% to 6%;
 - Internal audit reports on the Emergency Bed Service, Training and Development, Mental Health Strategy, and Budgetary Control gave adequate or significant assurance. The report on Complaints gave limited assurance and a detailed action plan was discussed.
 - The Internal Audit plan for 2007/08 will include reviews of CAD 2010, Cost Improvement Plan, meal breaks/payroll/ESR, and budget setting and control. The Committee meeting in September will set parameters for the latter.
 - The progress report regarding the Auditors Local Evaluation (ALE);
 - The majority of the CAD 2010 development costs will be capitalised as an intangible asset, rather than being written off, subject to Audit Commission clearance.
 - The Local Counter Fraud Officers' progress report and the contents of the annual report which is under discussion with regard to the NHS compound indicator assessment. This self assessment process has many unsatisfactory features.
 - The progress being made in implementing the Auditor's recommendations;
 - The process for producing the quarterly Risk Information Report;
 - That the Trust will be undertaking a Trust Wide Risk Assessment in the forthcoming months which will inform the organisation's risk register.

- That following discussion at the Audit Committee, RCAG will review certain risks. These include risk 223 (*no ability to hold team meetings/briefings*); whether risk 248 (*EOC staff not checking logs of Category C calls*) was deleted prematurely from the register in February 2007, internal communications of clinical and other matters, and risk 265 (lack of week end cover) in the light of the sustainability of weekend rotas for new recruits,
 - A national risk register for ambulance services may be created in the near future.
- **Standing items:**
- Hospitality declared by the Chairman, the Director of Communications and the Director of Service Development.
 - That there were no waivers of standing orders since the last Audit Committee meeting held on 12th March 2007.
- **Minutes Received:**
- Minutes of the Clinical Governance Committee (16/4/07) and an oral update re. the Clinical Governance Committee meeting that took place on the 11th June 2007. Special note was made of the cost savings from the frequent callers' initiatives.
 - Risk Compliance & Assurance Group (1/5/07)

4. **Recommendation** **That the Trust Board NOTE the minutes of the Audit Committee**

LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE
2.30pm, Conference Room, LAS HQ

Monday 18th June 2007

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Caroline Silver	Non-Executive Director
	Sarah Waller	Non-Executive Director (from 2.40pm)
	Roy Griffins	Non-Executive Director (from 3.15pm)
In Attendance:	Peter Bradley	Chief Executive
	Mike Dinan	Director of Finance
	Peter Suter	Director of Information Management & Technology
	John Wilkins	Head of Governance
	Michael John	Financial Controller
	Tim Merritt	Bentley Jennison
	Chris Rising	Bentley Jennison
	Sue Exton	Audit Commission
	Keeley Saunders	Audit Commission
	Kelly Jupp	Audit Commission
	Dominic Bradley	Audit Commission
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist
	Christine McMahon	Trust Secretary (Minutes)

Sue Exton, Audit Commission, introduced Dominic Bradley who will replace Keeley Saunders as the Trust's External Audit Manager. Ms Saunders is leaving the Audit Commission to join the CIPFA. Kelly Jupp is in attendance as she was the team leader of the recently completed 2006/07 audit.

18/07 Minutes of the last Audit Committee meeting 4th December 2007

Agreed: The minutes of the last audit committee meeting held on 12th March 2007.

19/07 Matters Arising

Minute 26/06: Between meetings the Finance Director had circulated data on the use of the language line in a graphical form.

Minute 26/6: The issue of how the Trust acquires feedback from users was raised by the Audit Committee's Chairman at the Trust Board in March 2007 and has been added to the Board's programme of work.

Minute 29/06: Following discussion with the HR Director the Chief Executive said that it was the view of the Senior Management team that enhanced checks should not be undertaken for existing staff as it would be a very expensive and time consuming exercise. The Trust's policies are in line with guidance issued by the NHS Employers Association. New staff receive a Level 1 CRB check.

Minute 06/07: Keeley Saunders said that the National Audit Office is undertaking a benefits realisation study of the new GP and Consultants' contract.

Minute 07/07: the Chief Executive said that as the marching band has ceased operating the risk of it using the Trust's insignia no longer exists.

Minute 08/07: Keeley Saunders confirmed that she had given feedback to the Finance Director on the future provision of internal audit services.

Minute 14/07: the Head of Governance reported that the Trust is currently reviewing the 'No Send' Policy following the introduction of PSIAM and CTA to manage Green 1 and Green 2 calls. A report will be presented to the Audit Committee in due course.

ACTION: Head of Governance / ADO UOC

Minute 15/07: the Finance Director said that RCAG will consider whether it was premature to remove risk 248 (EOC staff not checking logs of Category C calls) from the risk register when it meets on 3rd July. The Audit Committee will be kept informed of progress. **ACTION: Director of Finance.**

20/07 Final Draft of the Audit Committee's Annual Report

The Head of Governance presented the final draft of the Audit Committee's annual report for approval. Comments made when the draft annual report was considered at the Committee's March meeting have been incorporated into the report.

- Agreed:** 1. **The contents of the Audit Committee's annual report which will be presented to the Trust Board in July 2007.**
- Noted:** 2. **That the Annual Report has been produced in compliance with the recommendations of the Audit Handbook.**
3. **That the reference to Foundation Trust status will be deleted from the Annual Report. ACTION: Head of Governance.**
4. **That the reference to Director of Audit Opinion should read Head of Internal Audit Opinion (Tim Merritt, Bentley Jenison). ACTION: Head of Governance.**
5. **That the Audit Commission would provide its unqualified opinion on the 2006/07 audited accounts on 25th June 2007 and not July as stated in annual report. ACTION: Audit Commission.**

22/07 Internal Audit

Progress Report for 2006/07 and 2007/08

The report contained five reports which received the following level of assurance from the auditors: Budget Setting & Control (substantial); Complaints (limited); Emergency Bed Service (adequate); Mental Health Strategy (adequate) and Training & Development (substantial).

The report outlined the key issues highlighted by the internal audit. The Auditor said that Mental Health Strategy and Emergency Bed Service were audited for the first time in 2006/07.

Emergency Bed Service: Sarah Waller asked about there being no reconciliation between staffing levels and services provided. The Chief Executive said that this is being done as part of a restructuring of Emergency Bed Service.

Mental Health Strategy: there was a presentation to the Trust Board in March 2007 regarding Mental Capacity Act and there will be a presentation regarding Community Treatment Orders in due course.

Budgetary setting and control: the Internal Auditors said that within the scope of the audit (to ascertain the adequacy of the design of the internal control system and its application in practice) and the sample reviewed, they were satisfied that the Trust had good processes in place.

It was recognised that of the sample reviewed not all budget holders had returned their budgets with a signature signifying their acceptance of the budget. The Committee was assured by the Director of Finance that the budget setting process includes a bottom up as

well as top down element. The Director of Finance said that accountability and responsibility is reasonably strong across the organisation. The percentage of managers who sign off their budgets will be identified and reported back at the next meeting.

ACTION: Director of Finance.

Complaints handling received limited assurance due to the identified weakness of outcome process whereby the Trust can demonstrate what has been changed as a result of a complaint to ensure there is no repetition.

The Chief Executive said that he now receives a regular report tracking the completion of outcome reports. Approximately 35% of closed complaints have outcome reports in place. The Finance Director said that one of the Complaints Panel's functions is to review trends identified by complaints and to ensure that learning is disseminated across the Trust.

The Chairman of the Audit Committee asked whether the defensive/disciplinarian approach previously adopted in handling complaints had ceased. The Chief Executive said that this had not been fully resolved. There is a further restructuring of the complaints handling process to take place that should address this point.

The Chief Executive said it was noteworthy that at this year's Consultation meetings members of staff had not raised any issues with complaints handling. This compared favourably with last year's consultation meetings when a number of members of staff expressed dissatisfaction as to how complaints were handled.

The Head of Governance said that the outcomes of complaints would be incorporated into the quarterly Risk Information Report presented to the Clinical Governance Committee and the RCAG. The Clinical Governance Committee now receives regular governance reports from the Areas (East, West, South, Urgent Care and EOC) that included information on complaints handling.

Noted: The detailed findings of the complaints handling audit and the agreed action plan.

Annual report of the internal audit services

Tim Merritt of Bentley Jennison presented the annual report of the Internal Audit Service. He drew the Committee's attention to the reference to the Trust's assurance framework and the Standards for Better Health (section 2.2). He said that the Internal Auditors were confident in giving the Trust a 'clean' opinion as there was significant assurance in respect of the Trust's policies and processes and the existence of robust controls. Only one audit had received a limited assurance in the 2006/07 round of audits (complaints handling).

In respect of the benchmarking data included in the report it was noted that the percentage of reports giving substantial assurance had risen sharply compared to the previous year and the percentage giving limited assurance had fallen correspondingly.

The Director of Finance expressed his thanks to the Finance Controller, Michael John, and his team at Loman Street for their excellent work this year.

The Chairman of the Audit Committee said that the auditor's significant assurance is no mean feat considering the 24/7 nature of the organisation and the number of dispersed sites.

- Noted:**
- 1. That the Trust had received significant level of assurance from the Internal Auditors that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently.**
 - 2. That the Internal Auditor's annual report will form part of the Trust's assurance framework in respect of compliance with Standards for Better Health.**

Draft Audit Plan 2007/08

In March 2007 the Committee commented on the draft 2007/08 audit plan. Further work has been undertaken and a revised plan including the outline of a strategic audit plan for 2007/08-2009/10 was presented to the Committee for approval.

The proposal to audit the procurement process will include a review of the CAD2010 tendering. In response to a question from the Chairman of the Audit Committee the Director of IM&T said that the perspective of the Gateway Review is in some respects narrower than that of the Internal Auditors who will be able to take a more holistic view. The Gateway Review is very specific to specific projects and will focus on the business realisation of CAD 2010.

- Agreed:** 1. **The draft audit plan for 2007/08 – 2009/10**
- Noted:** 2. **The number of days allocated for the audit in 2007/08; 200 days at a cost of £55,501.**
3. **That the audit of Payroll (including ESR) will include an audit of meal breaks.**
4. **That Drug Controls and Medical Devices will be audited following the introduction of asset tracking devices.**
5. **That the audit of Budget Setting & Control will be discussed further at the Committee’s September meeting and incorporated into the scoping of that audit. ACTION: Director of Finance**
6. **That an audit will be undertaken of the Cost Improvement Programme as part of the audit of Strategic Planning.**

Audit Recommendations

The Director of Finance presented a progress report on the implementation of the Auditor’s Recommendations. The main body of the report focussed on the progress of accepted significant and fundamental recommendations that are assessed as implemented or not implemented. Action plans will be monitored and reported in the next progress report.

The Chairman of the Committee said that where the implementation of a recommendation becomes “on-going” management should consider whether all necessary action had been undertaken to establish and communicate correct processes and if so the recommendation could be dropped from the report. The Director of Finance said that SMG will consider the recommendations in August. **ACTION: Director of Finance.**

The Chief Executive said that the Trust is undertaking a full test of the back up facilities at Bow in mid July. Detailed planning and a table top exercise have been undertaken as part of the preparations for the test. It is anticipated that there will be lessons to be learnt from the exercise which will be fully documented and worked through.

The Committee considered the text in the ‘recommendations’ concerning Business Continuity and IT back up to be misleading as it states no testing has been undertaken; different parts of the system have been tested. For example Bow has been used as to manage demand on New Year Eve and when other special events were held in London. The Internal Auditor recognised that there is general testing and back up undertaken as part of the Trust’s wider business continuity plan. The deadline for completing all the work remains March 2008. The wording of R6, R10 and R11 will be revised to reflect the work undertaken by IM&T. **ACTION: Director of IM&T**

- Noted:** 1. **The progress to date in implementing the Auditor’s recommendations.**
2. **That the ‘merits attention’ recommendations do not need to be presented to the Committee. ACTION: Head of Governance**

23/07 Audit Commission

Sue Exton introduced the reports from the Audit Commission.

The Audit Plan has been agreed in principle with the Finance Director; the Committee's attention was drawn to pages 13 and 14, Initial Risk Assessment regarding the use of resources. The Audit fee for 2007/08 was stated as being £125,250.

In response to a question from Sarah Waller Sue Exton said that the review of the Trust's estate strategy would be undertaken with the intention to identify best practice as identified across the Public Sector. In terms of identifying comparable trusts with diverse portfolio of estates mental health trusts are similar to the LAS in the dispersed nature of their estates. The Audit Commission would not be undertaking a valuation of the estate; this is undertaken by the District Auditor every five years. The Trust is currently reviewing its Estates Strategy as part of the SP20102 process.

Auditors Local Evaluation (ALE). Keeley Saunders gave an oral update on progress to date. The evaluation has five components: financial reporting; financial management; financial standing; internal control and value for money. She anticipated that the scores will remain the same as last year's with the Trust receiving 'good' for use of resources. The evaluation is still ongoing on in respect of financial reporting and financial standing. The results will be finalised in September and submitted to the Healthcare Commission for inclusion in the final assessment of NHS Trusts.

- Noted:**
- 1. The Annual Audit Plan**
 - 2. The progress report of the ALE**

24/07 Final 2006/07 Audited Accounts

SA 260 Governance Report

Keeley Saunders presented the SA 260 Governance Report which detailed the progress of the 2006/07 audited accounts and it is the means by which the Audit Commission would highlight any issues it wished to bring to the Committee's attention

Sarah Waller asked about the use of 'average number of permanent employees' which was a weighed average for the last six months. She was assured that for 2007/08 ESR will provide full data on the number of permanent employees

In response to Sarah Waller's query about the ongoing potential liability for tax on subsistence payments the Finance Director said this would be progressed and he would report back at the next meeting. **ACTION: Finance Director.** The Trust has back to back agreements with Commissioners should the Inland Revenue rule that there is a liability.

The Finance Director referred the Committee to an outstanding issue identified on page 6 (item 10) regarding finalising the review of the accounting treatment of two new vehicle leases (approximate value £1,103k). The Finance Director said that this was being resolved and he did not think it would be a contentious issue.

Ms Saunders introduced Kelly Jupp, who managed the 2006/07 audit. Ms Jupp said that the audit had been very smooth and expressed thanks to Michael John and his team for their assistance. The Committee asked that the thanks be passed on to the Finance team.

Ms Saunders referred to the letter of representation contained in the appendices which requires a signature on that template before the Audit Commission sign off opinion.

ACTION: Finance Director

2006/07 Audited Accounts

The Financial Controller apologised but said that there were a couple of minor text changes (page 18 and 19) in relation to Directors Remuneration and with some Non Executives

being incorrectly referred to as Associated Directors. The Chief Executive's remuneration has been amended to include his role as Department of Health's National Ambulance Adviser.

The Chairman of the Committee asked about the Public Dividend Capital (PDC) dividend payable which is stated in the monthly management accounts under finance costs. The Finance Director said that the trend report is shown in the management accounts presented to the Trust Board. The dividend is estimated twice a year, September and March, based on a snapshot of the Balance Sheet.

In response to a question asked by Roy Griffins the Financial Controller said that the income figures shown under 6.4 Management costs includes income from NMET (Nursing, Midwifery, Education & Training) which is why the income figures are not the same (Income figures on Page 2 or 15 compared to page 21).

Agreed: To recommend to the Trust Board that it accept the 2006/07 audited accounts.

25/07 CAD 2010 accounting treatment capital/revenue

The Finance Director presented a paper outlining the proposed accounting treatment for expenses incurred in the progressing of the CAD business case i.e. in terms of capital/revenue classification. Confirmation is awaited from the Audit Commission that the approach meets with their approval. The Trust has followed the guidance of an external consultant in drafting the policy.

It is intended that the Trust will capitalise most of the development work as an intangible asset in keeping with accounting standards. It is anticipated that the sum involved will become material as further work is undertaken in relation to the CAD 2010 project.

Sue Exton said that with effect from 2008/09 international financial reporting standards will be applicable.

Noted: The approach being adopted in relation to the accounting expenses incurred in the progressing of the CAD business case.

26/07 Report of the Local Counter Fraud Specialist

Robert Brooker, Local Counter Fraud Specialist (LCFS), presented his progress report to the Committee. He had nothing further to add to his progress report.

LCFS Annual report included Compound Indicator which is a self assessment tool developed by the CFSMS to measure the effectiveness of the Local Counter Fraud resource provision (pages 21 and 22). Certain point scores, however, can only be achieved if the LCFS receives a large number of allegations and subsequent convictions. Following the 2006/07 self assessment the LAS scored 156 out of a maximum of 300. The main element that reduces the compound indicator score is the number of LCFS days as compared to the CFSMS guidance.

The Trust was also marked down because counter fraud was insufficiently discussed at the Trust Board; the view of the Finance Director was that counter fraud is discussed at the Audit Committee, whose minutes are received by the Trust Board and if necessary any issues would be raised with the Board.

The Finance Director said that the Trust had been proactive in undertaking counter fraud work in terms of the LCFS meeting with the Assistant Director of Operations and attending team meetings to raise awareness. The Committee will receive an update on the score achieved by the Trust in September. **ACTION: LCFS**

Sarah Waller said it was annoying that the Trust is marked down due to the number of days counter fraud work is paid for, that there is no discretion.

The Chairman of the Audit Committee said that some of the text in such sections as 'detecting fraud' (page 11) could be made stronger, as the LCFS did not just meet with the Director of Finance but met with various managers and their teams to discuss counter fraud measures. The LCFS said that some of the text was prescribed. The Committee felt that unless the information was captured elsewhere in the document it should be added so as to give a fuller picture of what counter fraud activity is undertaken by the Trust.

In response to a question from Sarah Waller the LCFS said that the matching exercise undertaken to uncover members of staff who are working at different Trusts identified a total of three members of staff from the sample of staff (9,000) reviewed.

- Noted:**
- 1. The progress report of the LCFS**
 - 2. The contents of the annual report and the on-going discussions regarding the compound indicator assessment.**
 - 3. That the compound indicator assessment will be included in the Healthcare Commission's overall assessment of Trusts.**

27/07 Risk Register Update

The Head of Governance presented the Risk Register to the Committee. The Register has been reviewed and risks identified as being either generic to the Ambulance Service or specific to the LAS.

The Trust will be undertaking a Trust Wide Risk Assessment in the forthcoming months which will inform the Risk Register. The risks on the Register will be reviewed and reframed with action plans that contain time limited actions as part of the Trust Wide Risk Assessment. RCAG will consider the proposed new risks to the Risk Register. A progress report will be presented to the Committee showing progress against the individual action plans. **ACTION: Head of Governance.**

In response to a question from the Chairman of the Audit Committee, the Head of Governance said that the Trust Wide Risk Assessment will receive input from various levels of the organisation. The Area Directors of Operation will discuss the risk register with their management teams at station level. In addition LA52s will be reviewed to ascertain what risks identified by front line staff have implications for the Trust as a whole.

The Finance Director said that the governance reports submitted to the Clinical Governance Committee demonstrate that risk is being considered as part of the day to day business of the Trust.

Sarah Waller said that the score of 6 for risk 223 (*no ability to hold team meetings/briefings*) should be reviewed as perhaps the Trust has become over-reliant on disseminating information via the LAS News, the Pulse etc. The Chairman of the Audit Committee asked that RCAG when it meets in July consider the quality and reliability of internal communications. **ACTION: Director of Communications/Deputy Director of Operations (owner)**

It was suggested that risk 262 be linked to risk 71 as both relate to dealing with complaints and learning lessons. **ACTION: Head of Complaints**

With regard to Patient Report Forms (PRF) [risk 20] the Chairman said that the progress report referred to the capture of ethnicity data. There was recognition that crews have found it difficult to ask patients their ethnicity. A suggested form of wording was discussed at the recent Clinical Governance Committee and a number of suggestions were made as to how it could be improved, notably by emphasising the clinical importance of the question. RCAG will consider risks relating to PRFs at its next meeting. **ACTION: Deputy Director of Operations.**

Risk 265 *Inability to match resource to demand. Rosters do not match current demand. Weak at weekends.* This risk had been mitigated by recruiting staff that worked 7/10 weekend shifts. The Committee asked how sustainable was it to expect staff to work such a rota. The Chief Executive said that this had been raised in staff consultation meetings and the whole question of rotas would be reviewed as part of the New Front End Model.

The Chief Executive said that in his role as Department of Health's National Ambulance Adviser he is collating a national risk register for Ambulance Services in England. This information will be shared with the LAS Trust Board in due course. **ACTION: Chief Executive.**

- Noted:**
- 1. The high level risks held on the Risk Register.**
 - 2. That, following the Trust Wide Risk Assessment, a revised risk register will be presented to the Audit Committee in September.**
 - 3. That should members have comments regarding the identified generic/specific risks they should contact the Director of Finance.**

11/07 Risk Information Report

The Head of Governance presented a paper outlining the process for undertaking a systematic approach to the analysis of incident reporting, complaints and claims on an aggregate basis. This was done in response to a request from the NHSLA for the process to be available for review. The Clinical Governance Committee approved the process when it met on 11th June 2007.

The Risk Information Report will be presented on a quarterly basis to the Clinical Governance Committee; it will be a stream lined report with comparative data set, containing information on trends etc. The quarterly reports will form the basis of the Clinical Governance Committee's annual report to the Trust Board.

- Noted:**
- 1. The process used to draft the risk information report.**
 - 2. That the risk information report is presented on a quarterly basis to the Clinical Governance Committee and RCAG.**

12/07 Standing Committee Items

- Noted:**
- 1. The hospitality declared by David Jervis, Kathy Jones and Sigurd Reinton**
 - 2. That there were no waivers of the Trust's Standing Orders since the last Audit Committee meeting.**

13/07 External Accreditation reports

NHSLA: the Head of Governance reported that preparations are underway for the NHSLA visit. The Trust will retain its level 2 (attained in 2006/07) whilst the new NHSLA assessment process is finalised.

Although the *Healthcare Commission* is still analysing data initial feedback has been received. Five Ambulance Trusts have stated they are fully compliant with Standards for Better Health with two Ambulance Trusts have received spot visits by the Healthcare Commission to verify their submissions.

- Noted:**
- 1. The work being undertaken with regard to the NHSLA and the HCC.**
 - 2. That benchmarking work will be undertaken with the eleven other Ambulance Trusts. ACTION: Head of Governance.**

14/07 Draft minutes of the Clinical Governance Committee and the Risk Compliance & Assurance Group.

Clinical Governance Committee minutes (16/4/07): minutes

Clinical Governance Committee minutes (11/6/07): oral report

Sarah Waller said that the Clinical Governance Committee had discussed savings achieved by the Frequent Caller Initiative (£1m) and the potential £3m still to be achieved by pursuing the initiative. The Deputy Director of Operations is liaising with the ADOs and PALS on how this initiative can be progressed.

The Head of Governance said that the Committee had received a report on the proposed portfolio/log for ECPs. It was suggested that the proposal be reviewed by the ECP Strategy Group and the Senior Management Group. Sarah Waller said that the portfolio/log should eventually be rolled out for Technicians and Paramedics.

In response to the Chairman of the Audit Committee's question the Head of Governance said that the following risk had been added to the Risk Register: that EOC cannot identify what vehicles are staffed by paramedics in order to direct them to calls specifically requiring paramedic skill levels.

Risk Compliance & Assurance Group: 1/5/07

The Chairman of the Audit Committee said the minutes show RCAG to be doing a lot of work in managing the risk register.

In response to a question as to whether there were no incidences of violence against staff it was clarified that there were no claims received by the Trust due to such incidences. There were incidents of verbal and physical abuse recorded on LA52s but no claims received.

15/07 Audit Committee's workplan

- Noted:**
- 1. That the Committee will focus on financial matters, including the 2008/09 budget, at its meeting on 19th November 2007.**
 - 2. There will be a discussion at the September meeting as to what the Committee wishes to receive when it meets in November. The Finance Director will bring a proposal to the Committee in September. ACTION: Finance Director.**
 - 3. The Audit Commission will present the Audit Management Letter at the September meeting. ACTION: Audit Commission.**
 - 4. The Committee will meet privately with the Internal and External Auditors at the start of the September meeting.**

16/07 Any Other Business

On behalf of the Committee the Chairman expressed his thanks to Keeley Saunders for her efforts as the Trust's Audit Manager; he wished her well with her new role with CIPFA

Meeting finished at 4.45

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 26th June 2007 at 10:00 a.m.
Held in the Conference Room, LAS HQ

Draft Minutes

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive (from 10.25)
	Beryl Magrath	Non Executive
	Ingrid Prescod	Non Executive
	Roy Griffins	Non Executive
	Caroline Silver	Non Executive (until 12.00)
In attendance:	Caron Hitchen	Director of Human Resources & Organisation Development
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations
	David Jervis	Director of Communications
	Peter Suter	Director of Information Management & Technology
	Kathy Jones	Director of Service Development
	Ian Todd	Assistant Director of Operations
	Nic Daw	Head of PTS
	Christine McMahon	Trust Secretary (minutes)

15/07 Minutes of the last meeting of the Service Development Committee, held on 27th February 2007.

The Chairman **signed** the Minutes as a correct record of the meeting held on 27th February 2007.

Matters Arising

Minute 11/07: In response to Beryl Magrath's query the Finance Director said that risk management training had not been undertaken at the Board's away day in April but would take place later in the year.

16/07 Chairman's Update

The Chairman met with Lord Warner in his new role as Chairman of the Provider Agency. Lord Warner is keen for the LAS to have a central role in the delivery of the London NHS Strategy. Lord Warner and Malcolm Stamp, Chief Executive of the Provider Agency, have asked the LAS to cost a number of proposed initiatives that would dovetail nicely with what Professor Sir Ara Darzi is proposing for London.

The Chief Executive informed the Committee that the Trust will receive £6.8m in 2006/07 and £12m recurrent funding to enable it to respond to 75% of Category A (life threatening) calls within 8 minutes counted from when the call is connected to the LAS ("Call Connect").

The Board of the Ambulance Service Association (ASA) recently rejected the proposed terms for a merger with the NHS Confederation. The Chairman said it is

likely that the ASA will have some form of affiliation with the Confederation but a merger now seems less likely.

It was generally agreed by those Members of the Board who had attended the NHS Confederation's annual conference that it had not been as good as in previous years.

The Chairman reported that he had co-hosted a well attended farewell dinner for James Johnson, former Chairman of the British Medical Association (BMA). At its recent annual conference the BMA elected Dr Hamish Meldrum as the new Chairman.

18/07 Follow up to SDC Away Day

As a reminder to Board Members of what had been agreed at the Committee's Away Day in April the Chairman, prior to the meeting, had re-circulated a list of ideas that had been produced during the day.

The Chief Executive presented a list of the top twenty issues raised at the recent annual round of Chief Executive Consultation meetings. He said it was pleasing to see a considerable overlap between the two lists.

The top five issues raised at the consultation meetings were: training and development; rest breaks; skill mix; B relief rota, and referral pathways. Pay proved to be less of an issue than was anticipated. The implementation of Make Ready was reported to be patchy across the Trust. Vehicles were reported to be generally clean but not always fully equipped. The Chief Executive recognised that there is a balance to be struck with members of staff taking some responsibility for their vehicles. Members of staff raised concern about some patients who had been triaged as green waiting too long for an ambulance - notably the elderly. The Chief Executive said that attendance at the Consultation meetings had been quite good with the exception of a small minority of stations where there was a low turnout. There was a good level of interaction, with some meetings lasting longer than the allotted two hours.

The Medical Director agreed with the Chief Executive's summary. She said there was a lot of interest expressed by members of staff concerning access to training and development with the suggestion that time needs to be built into rotas. Concern was expressed regarding delays in responding to Green calls which involved the elderly and children who were in a lot of pain; the Medical Director said this is currently not captured sufficiently by AMPDS.⁹

The findings of the Consultation meetings had been shared with the Director of Operations and his team who have been asked to draw up an action plan to respond to the issues in order that the Chief Executive can feedback on progress at next year's round of Consultation meetings.

Beryl Magrath said that at the consultation meeting she had attended there had been veiled criticism of the local management team. The Chief Executive said that at three or four of the meetings members of staff had been critical of local management.

The Director of Communications said that although there had been some tension at a few meetings, in general members of staff were very positive about having the opportunity to have face to face communication with the Chief Executive, to ask questions and express their concerns.

The Chief Executive thanked the Director of Communications and the Medical Director for their support during the Consultation meetings.

⁹ AMPDS: Advanced Medical Priority Despatch System

One outcome of the Chief Executive's Clinical Leadership group has been a plan to introduce a new model for a modern ambulance station. As part of his presentation at the consultation meetings the Chief Executive outlined a vision of what the 'ideal' station would look like. The 'ideal' station will be a significant innovation for the Trust. The following areas will be reviewed so as to ensure the new mode of working is fully supported:

- education and development;
- targeting of calls;
- public education and community liaison;
- management and leadership.
- good clinical support;
- self-managing teams;
- internal communications;
- technology enhancements;

In order to make this vision a reality the following work needs to be undertaken: finalising the vision; identifying what resources will be required to make it work, and what will be the selection and application process for choosing the first three ambulance stations where the new approach will be trialled. It is essential that members of staff at the chosen stations are fully signed up to the trials as there will be significant changes to the culture of the organisation. It is estimated that it will take approximately three years to implement the programme across the organisation. It was recognised that there will need to be careful linkages with the Control Room when the new mode of working is being trialled. A further update will be presented to the Committee in October. **ACTION: Chief Executive.**

- Noted:**
- 1. That the Health Minister, Andy Burnham, is expected to announce at Ambex that NHS Ambulance Services will be expected to apply for Foundation Trust status from 1 April 2009.**
 - 2. That a meeting has been scheduled with Ken Livingstone on 23rd July. One key issue is the financial impact of the low emission zone as this is likely to cost the LAS a lot of money.**
 - 3. That the Tour de France is being held in London on the 7th and 8th July; the GLA/TfL have turned down the LAS' request for additional funding.**
 - 4. That £350,000 has been received to fund the HART project until September 2007. The Department of Health is expected to fund the project from September 2007 onwards until the end of the financial year, with London NHS funding it from 2008/09 onwards. The Chief Executive is meeting with Paul Corrigan, Director of Strategy and Commissioning, at NHS London, to clarify the position.**
 - 5. The testing of the Fall Back Control room, which the Audit Committee was told would be undertaken mid July, has been rescheduled to the 24th and 25th September 2007.**

19/07 Update regarding SIP 2012

The Director of Service Development gave a brief presentation updating the Committee on progress to date with the Service Improvement Programme (SIP) 2012. The Director of Service Development said that progress had been mainly dependent on having dedicated project portfolio managers in place.

Substantial resources had been allocated to the *Operations Programme*. One of the core objectives of that programme is to implement changes needed for the Trust to achieve "Call Connect" response time performance. It was recognised that the

Organisation Development (OD) and People Programme underpins the work being undertaken in the Operations Programme.

The *OD and People Programme* is holding its first programme board meeting on the 26th June when it will focus on drawing out the project portfolio in detail following on from the workshop held in May 2007.

Corporate Processes: Martyn Salter, Deputy Director of Finance, has been appointed the programme manager. A project manager has been appointed to oversee the programme and will start before Martyn Salter goes on extended leave.

Olympics: Peter Thorpe is the programme manager. A portfolio manager has been recruited and will commence working for the LAS in October.

Access and Connecting for Health: This programme already covers CAD 2010 and LARP which are well underway. The rest of the programme is being currently scoped.

Noted: The update

20/07 Receive update on implementation of new operating model including Performance and Rest Break update

Performance: with the proviso that not all the data from Patient Report Forms (PRFs) had been captured the Director of Operations reported that Category A 8 minute and A 19 minute performance in April and May were on target. June is likely to be more problematic given an increased workload.

The Trust is not currently achieving the Category B target which is 83.5% for the quarter. A further progress report will be made to the Board in July. **ACTION: Director of Operations.** The Director of Operations was confident that the target would be achieved for the year.

“Call Connect” performance is currently at 55% of Category A calls within 8 minutes –in line with the trajectory submitted to the Department of Health in April 2007.

Rest Breaks: the HR Director said there had recently been two key developments in implementing rest breaks. The enhancements to CTAK¹⁰ prompt EOC staff to allocate rest breaks and centrally record the allocation thereby enabling accurate monitoring to be undertaken. Reports generated by CTAK show that there has been a drop in the allocation of rest breaks.

The Rest Break Agreement that was agreed December 2006 is being reviewed with staff side representatives following its six month implementation. The Head of Workforce Modernisation has returned from sick leave and is meeting with operational staff and staff side representatives. The review should be concluded in July 2007.

It was recognised that the failure to allocate rest breaks, which meant that 7-8% of staff finish their shifts 30 minutes early, has adversely affected performance. Work is being undertaken to improve allocation by EOC and to review the agreement with staff side. The Chief Executive said that from 2nd July there will be a new management structure in place in EOC that should help refocus efforts to improve allocation. The Finance Director said that the current level of allocation of rest breaks has been estimated to be costing the Trust £3,600 per day.

Ian Todd, Assistant Director of Operations, gave a presentation outlining the progress to date with implementing various initiatives that will enable the Trust to achieve “Call Connect” by the deadline of April 2008. The projects have been grouped under

¹⁰ CTAK: call taking database that is used by LAS EOC to log calls and despatch appropriate response.

Tranche 1, 2 and 3; the majority of tranche 1 projects have been delivered while tranche 2 and 3 projects are being scoped and project plans are being written up. The presentation included a process map for Category A and Category B calls showing the breakdown of time taken to respond to a call from the time the call is taken in EOC, the despatch of the vehicle, time to on scene and at scene.

Tranche 1 included the following projects: to reduce red call volume; to increase despatch capacity and improve despatch of Fast Response Units (FRUs). It is now complete and the Assistant Directors of Operations are ensuring that the gains are embedded in the organisation. Three of the projects still have to be completed: decreasing job cycle time, addressing the fall in performance at shift change-over, and home responding.

ORH estimated the Trust would gain 1.5% improvement in performance by changing shift change-over times for FRUs. The initiative actually delivered 2.3% improvement in performance. The introduction of rest breaks which ORH estimated would reduce performance by 2-4%, actually reduced it by 5%. The various changes cancelled each other out and Category A8 and A19 performance has been maintained.

Tranche 2 (New Clock Start) has been divided into two segments:

- A&E Portfolio (dynamic deployment, increase in the number of solo responders and tasking managers to emergency calls);
- Control Service Portfolio (paperless control room; re-engineering call taking; Control Service management restructure; Urgent Control Room taking workload from A&E and FRED¹¹ and associated CTAK upgrades).

In response to a question from Barry Macdonald, the ADO UOC explained that the main reasons why activation time for FRUs is shorter (10 seconds) than for Ambulances (90 seconds) was that FRUs are more often activated while mobile and are now automatically despatched by FRED¹². With the introduction of FRED¹², the intention is to introduce similar auto despatch for ambulances.

Double responding¹³ is currently 1.5% for Category A and 1.2% overall; this is an improvement over figures for last year but there is more to be done.

In response to a question from the Chairman, it was confirmed that the Gazetteer system will be improved in September; at the moment it does not always show the precise locations of an incident.

In response to a question from Beryl Magrath it was confirmed that First Responders and Co-responders will receive basic life support training and be able to administer oxygen.

Frequent Callers: in conjunction with other agencies, work will be undertaken to manage the Trust's 200 most frequent callers. This will be done by identifying alternative care pathways that are designed to reduce the need for an ambulance despatch. It has been estimated that the 200 most frequent callers make circa 10-12,000 calls per annum. This will require extra resources being made available to the PALS¹⁴ team but will result in a reduction of the number of 999 calls made by this group of patients.

Tranche 3 (New Front End Model): the project board has not yet been established and its membership has yet to be finalised. It will report to the Operations Programme

¹¹ FRED¹¹: First Response Electronic Despatch Ambulances

¹² FRED¹²: First Response Electronic Despatch

¹³ Double responding: This is when more than one resource are despatched to a call.

¹⁴ PALS: Patient Advice & Liaison Service

board which reports to the SSG, who report to the Trust board. The Senior Management Group is monitoring progress on a weekly and monthly basis.

Another project that is currently being scoped is the auto-reporting of status that will introduce performance reporting for all calls 'at scene'. It will also introduce electronic status reporting for 'red at scene' and 'green at station' and will eliminate the need for retrospective analysis of 'on scene' times and the need to routinely check PRF times.

The Chief Executive said that the Trust has adopted MSP Programme Management to manage the SIP 2012; it is a comprehensive and robust approach.

The Chief Executive said that it took the LAS two years to move from 55% to 75% Category A8 performance; with "Call Connect" the Trust is aiming to achieve the same feat over a nine month period. The biggest challenges for the Trust are reducing job cycle time, implementing dynamic deployment and introducing changes to rotas; all of which will have an impact on front line staff.

There was a discussion about the necessity of a Plan B with regard to achieving Call Connect. It was recognised that "Call Connect" is on trajectory, that progress is being carefully monitored and there are a number of initiatives being undertaken to ensure the target of 75% "Call Connect" is achieved by April 2008. A number of scenarios are being considered whereby "Call Connect" can be achieved through a number of discrete initiatives e.g. increasing the use of motorbikes; dramatically increasing the number of first and co-responders and increasing the number of defibrillators situated in London and more dynamic deployment.

Roy Griffins' asked whether there will be a financial repercussion if "Call Connect" is not achieved. Although there is no financial penalty at this stage if "Call Connect" is not achieved, the Department of Health is closely monitoring ambulance Trusts' progress and, if it is deemed necessary, the Recovery and Support Unit will be sent to Trusts not on track. The Trust expects to receive £6.8m from London PCTs in 2007/08 with a recurrent £12m for future years.

Agreed: 1. That the SDC will receive regular updates on the progress of the SIP 2012 programme. ACTION: Director of Service Development

Noted: 2. That the Director of Finance will present an amended budget as funding has been received for "Call Connect" and the HART project to September 2007. ACTION: Director of Finance

21/07 Receive analysis of effects of Agenda for Change on take home pay

The HR Director presented the findings of an investigation into the effects of Agenda for Change (AfC) on take home pay for three members of staff from each front line staff grouping (EMT3s, Paramedics and EMT4s) from each Area. The data demonstrated average gross pay by grade before and after the implementation of AfC. It also illustrated the financial impact of reducing overtime and introducing rest breaks. It was noted that EMT3s in particular have been adversely affected by the reduction in the availability of overtime and the loss of subsistence pay in lieu of rest breaks.

The Chairman said that the requirement under AfC that overtime is paid at time and a half has proved to be unduly constraining for the ambulance service. Barry MacDonald said it should be remembered that the Trust had difficulty getting staff to work particular shifts e.g. at weekends. Staffing levels were so poor that the B

Rota was introduced whereby new staff were recruited to work the 7/10 weekend rota.

The HR Director said that the impact of AfC should be seen in the wider context of increased basic pay, a decreased working week; an increase in annual leave entitlement and the ability of staff to use their rest days to rest rather than work overtime

- Noted:**
- 1. The report which was considered to be very useful.**
 - 2. That consideration will be given as to how the information can be shared with staff**

22/07 Update on the NHS' London Strategy

The Director of Service Development said that Professor Sir Ara Darzi is expected to publish his strategy for London on July 11th.

Reconfiguration of acute services is being considered across London and the LAS has been involved in many of the discussions. It was recognised that some very unpopular decisions are going to be required regarding the cessation of certain services being provided by local hospitals. Richard Webber, ADO Control Services, has attended a number of the meetings to discuss how the proposed local reconfigurations in North Central and North East London would affect the LAS. The Chairman said that Richard Webber has been praised by Caroline Berkeley, Chairman of the Enfield PCT (and of the reconfiguration panel), for being 'highly convincing and credible.'

The Director of Service Development said that the four outer South East London hospitals are endeavouring to work together and have held several workshops at which the provision of future services was discussed. She is representing the LAS at the project board for this reconfiguration debate.

Stroke Strategy: as reported at previous meetings, the Director of Service Development is sponsoring activity amongst PCTs and Acute Trusts to resolve the practical and financial issues in order to support the implementation of a London wide Stroke Strategy.

Following conversations with NHS London the Director of Service Development is drafting a paper describing the ways in which the LAS could support the London Strategy, such as the provision of response hubs. The paper will also include what the implications would be for the LAS in setting up and running a response hub in terms of the opportunity costs for the Trust i.e. the management time required to execute such a strategy while the Trust is implementing "Call Connect". The Chairman said that the current workforce plan calls for 200 ECPs and 150 CTAs to be in place at the end of 5 years; with the response hub the Trust would require 500 ECPs and with a commensurate increase in CTA.

Representatives of Out of Hours Providers, NHS Direct and PCTs have met to view software that will allow real time information sharing and enable organisations to access information regarding the capacity of the local NHS system; it would in a sense be a virtual response hub. A business case is being developed to submit to NHS London.

- Noted: The report.**

23/07 Finance report – month 2 2008/08

The Trust is planning to break even this year. The year to date financial position is £800,000 surplus. The Finance Director highlighted the following from the finance report:

- A&E service contract (page 10), the Trust is prudently providing £300,000 should the LAS not achieve the B19 performance target.
- HART: funding has been received until September 2007.
- Olympics: funding application for £600,000 has been submitted. The Director of Finance is liaising with Richard Douglas, Department of Health, on a regular basis and is optimistic that the funding will be received.
- CBRN: the LAS has a letter confirming recurrent funding and paperwork has been raised and sent to NHS London.
- The year to date expenditure is on track averaging £18m per month.
- The Committee's attention was drawn to the Expenditure Trends report (page 13) which showed the Trust's actual expenditure to date and its budgeted expenditure for the remainder of the year.

The Cost Improvement Programme (CIP) is on track and is being closely monitored. A table showing the 14 month view by expense type was included in the finance papers; this allows trends to be discerned e.g. overtime which in April 2006 was £1.4m, it is now half that due to A&E being at full establishment.

Barry MacDonald commended the layout of the finance report but suggested that the standard of the commentary needed to be improved. The Chairman said he had already raised the matter with the Finance Director who had taken the feedback on board.

Barry Macdonald queried how Category B funding was accounted for as an expense. The Finance Director said he would review accordingly. The budget will be re-forecast once the Trust has received written confirmation that additional funding is to be received for "Call Connect" and HART.

Noted: The month 2 finance report.

24/07 Discussion of PTS strategy

There was a brief presentation by the Finance Director and the Head of PTS, Nic Daw . In 2006/07, PTS made a small surplus of £50k compared to a loss of £200k the previous year. This was an excellent result in the context of improved patient quality metrics, increased competition and relatively low investment in equipment and IT. PTS also provided critical support to A&E on a number of key initiatives such as the Alternative Response Vehicles.

The focus for PTS in 2007/08 will be to continue to provide improved patient care while maintaining profitability.

The PTS team are currently working on a number of strategic options with a review to providing the SDC with a revised strategy plan later in 2007/08.

In response to a question from Beryl Magrath the Head of PTS said that PTS is not actively seeking to develop private hospitals business. This will be further analysed as part of the PTS Strategic Review.

The Chairman said the contents of the presentation were very encouraging and it was good for the Committee to receive an update on what is happening with PTS.

Noted: 1. The contents of the presentation

2. That the PTS strategy will be presented to the SDC in October. ACTION: Finance Director

25/07 Any Other Business

Noted: The Chief Executive said that since May 2007 the Trust recommenced training with the introduction of modular training sessions which have received very positive feedback from attending staff. The Medical Director said that members of staff who have not been in a classroom for five years were being specifically targeted to attend the modular training sessions. A twenty month training plan will be presented to the Trust Board in September. ACTION: HR Director.

26/07 Date of future meetings:

The next meeting of the Service Development Committee will be held on 30th October 2007.

The meeting concluded at 13.05pm

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 31st July 2007

**Report of the Trust Secretary
Tenders Received and Use of the Seal**

1. Purpose of Report

- i. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.

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

2. Tenders Received

There have been 3 tenders received since the last Trust Board meeting.

Occupational Health Tender	Atos Origin International SOS Assistance Adastral Health Heales Medical Ltd Team Prevent Kings College Hospital NHS Trust Nuffield
Reconfiguration Works, Silvertown AS	Lakehouse Contracts Ltd TCL Granby Fairhurst Ward Abbott Coniston Ltd Mitie Property Services
Upgrade of EOC Telephony	Echo Sabio

3. Use of the Seal

There have been 2 entries, reference 108 and 109 since the last Trust Board meeting. The entries related to:

- No. 108 Lease, Millwall Fire Station, between the London Fire
Emergency Planning Authority and the LAS

- No 109 Lease, Acton Fire Station, between the London Fire
Emergency Planning Authority and the LAS

Recommendations

THAT the Board note this report regarding the receipt of tenders and the use of the seal.

Christine McMahon
Trust Secretary