London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 16th DECEMBER 2014 AT 09.30 – 11.00
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.30	1.	**Welcome and apologies for absence** Apologies received from: Fionna Moore, Medical Director			
	2.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda		JC	
09.35	3.	**Minutes of previous meetings** To approve the minutes of the meeting held on 25TH November 2014	Approval	JC	TAB 1
	4.	**Matters arising** To review the matters arising from previous meetings	Information	JC	
09.45	**SAFETY**				
	5.	To receive assurance on the provision of a safe service	Information	ZP/ MW	Presentation
10.15	**PERFORMANCE REPORTING**				
	6.	To receive assurance on 6.1 Current and mitigating actions 6.2 Plan to manage the service over Christmas and New Year	Discussion and direction	JK PW	Oral
10.45	**OTHER BUSINESS ITEMS**				
	7.	**Questions from members of the public**		JC	
	8.	**Any Other Business**			
	9.	**Date of next meeting** The date of the next Trust Board meeting is on Tuesday 27th January 2015			
	The public meeting will close at 11.00				

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 25th November 2014 at 09:30 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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Present:	
Richard Hunt	Chairman
Ann Radmore	Chief Executive
Fergus Cass	Non-Executive Director
Theo de Pencier	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
John Jones	Non-Executive Director
Jason Killens	Director of Operations
Steve Lennox	Director of Nursing and Quality
Nick Martin	Non-Executive Director
Bob McFarland	Non-Executive Director
Fionna Moore	Medical Director
In Attendance:	
Sandra Adams	Director of Corporate Affairs/Trust Secretary
Tooba Ahmadi	Corporate Governance Officer, KCH, cover secretary (Minutes)
David Prince	Director of Support Services
Mark Whitbread	Director of Paramedic Education and Development
Paul Woodrow	Director of Performance
Members of the Public:	
Darren Sharman	Business Development Manager, Ferno
Liz Ekhart	Interim Quality & Safety Lead, NWLCSU
David Hill	Senior Contracts Manager, NWLCSU
Members of Staff:	
Peter Rhodes	Ambulance Operations Manager
Alice Ridley	Paramedic and Diabetes Darzi Fellow, Hanwell Complex
Adam Kenningham-Brown	Bank Paramedic

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130.	**Welcome and Apologies**
130.1	Apologies had been received from Steve Lennox, Nick Martin and Briony Sloper.
131.	**Patient Story**
131.1	The Board welcomed Peter Rhodes, Ambulance Operations Manager for Brent and Harrow to the meeting. Peter provided the Board with an account of what his team does to drive quality, safety and create a positive culture.
131.2	Peter highlighted the following key focus areas: ▪ **Clinical quality**, in particular in the Kenton complex - The complex has a strong team leader and dedicated staff. A project on pain relief and a number of CPI work has been undertaken to drive safety and quality. Feedback on the outcome of these projects will be

	provided to team in due course.
131.3	▪ **Ambulance police and clinical objective**, in particular for category A calls - A number of objectives with the aim to improve staff engagement was identified and shared with the staff. As a result, there has been significant improvement in category A performance as well as culture within the teams. There is now better engagement between the management team and the staff.
131.4	▪ **Promoting education and providing placements for university students** – It was highlighted that both complexes are doing significant amount of work in promoting education. Students are passionate about the 'clinical core skills, doing it right and doing it well' with good success rates. To create a positive culture within the complexes success stories, letters of thanks and feedbacks are shared amongst staff and students.
131.5	▪ **Driving quality standards in terms of cleanliness and tidiness** - There has been significant investment in estates, in particular the use of open and unused spaces to provide purpose built offices and quiet areas for mentoring, clinical feedbacks and access to PCs for education and clinical training for all staff.
131.6	▪ **Quality indicators** - such as uniforms, behaviours, equipment and vehicles. The Hospital Liaison Officer deals with issues in relation to behaviours, status of the vehicles and any clinical equipment issues. Peter highlighted that personal engagement in dealing with incidents and staff assaults is vital. Peter gets involved in these issues and provides personal feedbacks.
131.7	In response to questions from Board members, Peter confirmed that staff assaults are very significant and it is being taken very seriously. The Trust needs to ensure there is staff engagement in relation to these issues and provide some assurance that the Trust cares for individual staff. Ann Radmore added that taking forward prosecutions against assaults is an issue but the Trust has set principles and guidelines in place to ensure the level of outcome sought is achieved. The message that, the Trust would not tolerate violence and abuse against its staff and that the Trust would respond in every way it can, should be highlighted.
131.8	Peter also confirmed that the Trust is very good in the care it provides to staff and the aim is to create positive cultures locally. This would help retain staff and reduce turnovers further. Karen Broughton added that there is no golden rule for staff retention and culture is absolutely an important factor.
131.9	Jason Killens commended Peter Rhodes for his work and efforts at the two complexes. He informed the Board that Peter's team is well presented and professional. Staff have been awarded promotions due to excellent development. The team provides high quality of service in a very pressured and challenging environment. These are good signs of success of good leadership at the complexes.
131.10	The Chair thanked Peter for attending the meeting and sharing his work and improvements achieved with Board. The Chair noted that Peter and his team's job is important in maintaining safety, quality and clinical care standards of the London Ambulance Service within his complexes. It was also noted that identifying ways of communicating with individual staff and providing assurance that the Trust is aware of their issues, concerns and supports them is vital.
132.	**<u>Declarations of Interest</u>**
132.1	None declared.

133.	**Minutes of the Part I meeting held on 30th September 2014**
133.1	The minutes of the Part I meeting held on 30th September 2014 were approved subject to amendments to paragraphs 116.2, 121.4 and 123.1. Change in 116.2, last sentence change the date to: "26th November 2014" Changes in 121.4, second sentence change to read: *"Andrew Grimshaw responded that commissioners had formally agreed to 'reinvest' penalties and that formal confirmation was still outstanding."* Changes in 123.1, last sentence change to read: *"The Trust Board noted the closedown report on efficiency and effectiveness. Monitoring of the ongoing performance improvement plan has been scheduled on a weekly basis."*
134.	**Matters Arising**
134.1	The following matters arising was discussed:
134.2	In relation to enhancing safety monitoring and the dip in Patient Report Form (PRF) samples, Fionna Moore reported that over 330 PRF samples have been reviewed and feedback from four patient representative groups have been considered. The potential outcomes of this review will be presented and discussed at the Executive Management Team (EMT) tomorrow, 26 November 2014. An update will also be provided to the Board in due course.
134.3	**Bob McFarland suggested that outcomes of the findings should also be discussed at the next Quality and Governance Committee on 13 January 2015.**
135.	**Report from the Trust Chairman**
135.1	The Chair noted the following: ▪ Yesterday was the second day in national dispute over pay. Circa 22% of control room staff and circa 74% front line staff from London Ambulance Service took part in the strike; ▪ This was an increase from last year's strike and there was good support from the police, military, MPs and other NHS organisations; ▪ The Chair thanked all the staff who came to work and responded to patients professionally and calmly. He also thanked other organisations for their support in monitoring and providing a safe service as well as the Trust Board for their planning; ▪ There will be a debrief session about the dispute this Friday and any unresolved and open issues would be concluded. There has been a discussion with Fiona Moore and lessons learnt for the organisation will be updated accordingly. The level of labour withdrawal is very high and this will also be considered in the discussions; ▪ Zoe Packman has formerly started her post as Director of Nursing and Quality; ▪ The Chair attended the Foundation Trust Network (FTN) Annual Conference in November 2014. FTN did a presentation on 5 year view as well as launched the new branding for the organisation. 'NHS Providers' is now the new name for FTN; ▪ At the Ambulance Leadership Forum awards on Tuesday, 18 November 2014 two LAS

	control room workers have been recognised for 'outstanding service'. Acting Operations Centre Manager Cathy-Anne Burchett topped the 'welfare and wellbeing' category and Acting Area Controller Theresa Browring, won the 'control services' title; ▪ The Chair has taken part in the 'Fit and Proper Person's Test', which is led the NHS Providers (formerly known as FTN); ▪ The Chair had given a presentation about greater collaboration and integration at the Blue Light Innovation Summit on 11 November 2014; and ▪ The Chair will present on behalf of the Association of Ambulance Chief Executives (AACE) on the future of urgent and emergency care at the next King's Fund conference.
136.	**<u>Integrated Board Performance Report</u>**
136.1	Paul Woodrow gave the following update on performance: ▪ The Trust remains challenged against the national standards and has failed to achieve on red 1 and red 2 targets in month 7; ▪ The Trust continues to deliver the actions contained within the performance improvement programme, which had been approved by the Board, Trust Development Authority (TDA), NHS England and the Commissioners with assigned leads to review each workstream on weekly basis; ▪ There has been an increase in the number of complaints in month 7. This is as result of increase in activity and demand; ▪ Achieving the call answering performance target has been a challenge. To manage this demand an additional 42 call handlers have been appointed to the control room; ▪ The key issue remains around matching capacity and demand. This is due to the continued challenge around the high level of workforce vacancies; and ▪ In month the Trust is reporting in line with financial plan and cash positions remain robust. The Trust is forecasting a surplus for the year-end plan.
136.2	The Chair noted that the Board meets on weekly basis to review performance challenges and track actions. It was highlighted that the FRU performance remains significantly below 75% and the Trust reviews FRU performance on daily basis. Attaining the right balance between FRU and Double Crew Ambulances (DCA) is crucial. The FRU plan and the supplementary roster should be reviewed to ensure the correct ratio of FRU and DCA. It was noted that FRU percentages remain a key performance indictor and additional measures needs to be put in place to achieve the right balance.
136.3	Fergus Cass referred to CSR delivery chart (chart 10) under quality and queried the downward trajectory in frontline staffing levels. It was noted that new rosters have been put in and the chart will be revised to include the new data and see improvements in figures.
136.4	Theo de Pencier asked if there any backups to FRUs. Paul responded that the Trust is now deploying more PTS sweeper vehicles where clinically appropriate. It was also highlighted that alternatives to FRUs is part of the action plan and CCG colleagues are being encouraged to consider the use of PTS sweeper vehicles for multiple occupancy.

137.	**Performance Improvement Plan**
137.1	Andrew Grimshaw reported that weekly progress meetings are being held to scrutinise the actions and maintain momentum in the development and delivery of the performance improvement plan.
137.2	Ann Radmore added the following points: ▪ The Trust is seeing a higher level of CAT activity then predicated due to increased activity and limited capacity. CAT activity is being reviewed on weekly basis; ▪ It was highlighted that there are a number of factors that may impact trajectories. These include industrial actions, actions by other organisations to enhance their recruitment of paramedic staff and bad weather condition; ▪ The Board should note that the Trust was not asked to report or track performance against these factors previously. Reporting against these factors would now have a significant impact on the performance; ▪ As a result of tracking against these factors, the Trust is in discussions with the TDA in relation to surplus plans; and ▪ It is now clear that Trust is working to trajectories against these factors but Trust is waiting to receive a formal letter and additional funding from the TDA before the formal sign off of the trajectories.
137.3	Karen Broughton commented that one of the key areas of discussion with the CCGs has been hospital breaches and this will be another factor that Trust would be asked to track and report on.
138.	**Workforce Update**
138.1	Karen Broughton presented the recruitment outturn positions for 2014/15 and outlined the actions that have been undertaken to redesign recruitment and training processes. The aim is to ensure new staff are operational and deployed on frontlines as quickly as possible.
138.2	Karen highlighted the following points: ▪ Against the planned establishment for 2014/15, the Trust has 407.64 vacancies from October 2014 to March 2015 and holding to a 5% vacancy factor, the recruitment requirement from now until March 2015 would be 436.81WTE; ▪ Based on the number of new starters currently on training, the Trust is projecting a total of 221 staff to be operational by year end and leaving circa 215.81 vacancies; and ▪ A number of actions are being implemented to redesign the recruitment and training process. These include reviewing EAC training course and reducing it by 3 weeks to 17 weeks, reviewing supervision requirements and EACs will no longer be supernumerary from January 2015 as they will be supervised on the job, advertised for fast tracked EAC roles, who are currently at interview stage and if successful they will be operational ready by May 2015, the application process from overseas was reviewed and discussions regarding speeding up their registration is underway with the HCPC.
138.3	The Board noted the update and in response to questions from Board members the following points were noted: ▪ The Trust is working hard to close the gap of losing circa 26 paramedics per month. There will be circa 215 vacancies against the whole establishment plan by year end and the Trust

	will continue to hold on the 5% vacancy factory whilst taking the turnover rate into account; ▪ It was highlighted that it would be difficult to predict the new norm for turnover and length of time in service for an organisation like LAS. The demography of staff would have an effect on turnover figures and this is a London wide issue. It is important to take account of the turnover figures for the 2015/16 integrated recruitment and training plans. The vacancy factor will provide some flexibility; ▪ The Trust is confident of delivering the right level of training to the new staff that have applied and have been selected for this year. Training the new staff in 2015/16 would be an issue due to capacity of trainers and resource for the training. However, mapping is in place to ensure tutors focus on clinical trainings; and ▪ It was highlighted that staff expectations should be considered and some assurance needs to be provided. There needs to be engagement and clear communication with staff on recruitment issues and turnarounds.
138.4	The Chair noted that the Trust is operating in a competitive market with scarce resource. Therefore the Trust's objectives in relation to recruitment needs to be very clear and focused.
139.	**<u>Clinical Directors' Joint Report</u>**
139.1	Fionna Moore reported the following: ▪ The cardiac annual report highlights increasing cardiac arrest survival figures. The UTSTEIN survival rate has increased by 4% to 32.4%. This is inductive of quality of care delivered by the ambulance service, where more patients received by-stander CPR than ever before; ▪ Completion rate for Clinical Performance Indicators (CPI) have dropped significantly over the past months but the CPI compliance remains high; ▪ There has been a steep rise in the number of Serious Incidents (SIs) being declared. There has been significant improvement in identifying and better reporting of SIs; and ▪ The trends in high volume of complaints and the rise in SIs mainly relate to long delays experienced by patients. However, it should be noted that there has been an increase in tendency for cases to involve multiple heads of complaints such as delay, poor attitude of staff and poor quality.
139.2	In response to a question from the Chair about the completion of Patient Record Form (PRF) and issues in completing CPIs, Fionna Moore stated that the Trust has undertaken an audit to identify the reason for failing to complete PRFs correctly and whether correct process has been followed and appropriate care bundle provided. The Trust is aware that some responders find the Trust's PRF challenging. The Trust is looking into the clinical hub elements as well as the illness codes, which have been highlighted to be key issues in completing PRFs. There are some underlying factors and the Trust is reviewing PRFs complex by complex to ensure adequate level of documentation have been maintained.
139.3	It was also noted that the PRF completion levels have been low for some months and the team leaders may not be available to complete audits in the coming months. A paper will be discussed by the EMT tomorrow where reduced auditing process can be undertaken whilst assurance level for provision of clinical care is maintained by the Trust. The recommendation that sample sizes calculated at 90% confidence level should be accepted as oppose to 95%.

139.4	Jessica Cecil queried the underlying trends and concerns in relation to clinical safety due to increase in number of SIs. Fionna Moore responded that the key issue are the long delays experienced by patients and errors in clinical categorisation in the control room. However, it should be noted that the number of errors are very small compared to the overall safety levels. The EMT will discuss and review the safety levels in relation to delays in detail at their meeting tomorrow.
139.5	Bob McFarland asked if there was a bottleneck in Quality Assessment (QA) report for complaints. Fionna Moore responded that the number of QA staff has increased and with the new requirement to QA all complaint calls has added additional pressure on the team. Jason Killens added that a review of control services and staffing level is currently underway to identify the additional support required to deal with SIs and complaints.
139.6	Bob was concerned that the Trust may slip in other areas of quality if the focus remains on front line issues. Mark Whitbread assured that although CPI performance has dropped the quality remains very high in standard. The Trust has reviewed PRFs for the six areas of care and whilst there are some areas that require improving the quality that is provided is of very high standard.
139.7	Fergus Cass highlighted that there are a number of new people joining the Trust, therefore monitoring their performance and how they operate is very important. Ann Radmore added that the nature of workforce and developing clinical team leader roles are vital as signing to the performance plans would put the team leaders in the front line.
139.8	The Chair asked whether there was anything new to be brought to the attention of the Trust Board in terms of prioritising safety and quality. Fionna Moore responded that most safety and quality issues are covered within the report. Fionna highlighted that in the UK and in particular in London there are more rigours safety measures and record keeping compared to the US, where not all paramedics are interviewed.
140.	**Quality Governance Committee Assurance Report**
140.1	Bob McFarland gave an overview of the key items of discussion at the meeting held on 29 October 2014. It was noted that the open meeting of the Quality & Governance Committee was rescheduled to early 2015 as most staff are focusing on the current performance issues and challenges experienced by the Trust.
141.	**Board Assurance Framework and Corporate Risk**
141.1	Sandra Adams noted that the Board Assurance Framework (BAF) had been updated to reflect current status of risks and new risks had been identified relating to safety for category C patients, developing and delivering cost improvements and financial planning risks. The Board also noted the risk movements in the risk register since July 2014.
141.2	Jason Killens asked whether risk 354 should be re-graded (There is a risk of on-going industrial action due to national ballots leading to disruption of service provision). Sandra would review the likelihood of this risk and rate accordingly.
141.3	The Chair asked how risks are linked into the discussions with the commissioners. Karen Broughton responded that it depends on the nature of the risk as some risks are internal issues such as Fleets, which would be the responsibility of the Trust to respond and not a commissioner related issue. John Jones highlighted that the process of assurance for the risk register was reviewed and the Board should have a deep dive session on high risk areas at a future Board meeting.
141.4	Bob McFarland noted that risk register should reflect on potential risks and its underlying issues that

141.5	may affect the Trust in future. Bob suggested this should be considered for discussion at a future SPR meeting in 2015. Fergus Cass suggested that PRFs and CPIs should be identified as a clinical risk. Fionna Moore responded that these issues will be reviewed and risk assessed, and if necessary it will be added to the risk register with an appropriate scoring matrix.
142.	**Report from the Audit Committee**
142.1	The Trust Board noted the report from the Audit Committee meeting which was held on 10 November 2014. The Committee had noted and considered that the Trust's External Auditors would change with effect from 01 April 2015 with PriceWaterhouseCoopers performing their last audit for the 2014/15 reporting year.
142.2	The Committee had also received positive assurance in relation to the AQI Peer Review Audit from the Association of Ambulance Chief Executive. The outcomes of the audit and its recommendations will be discussed at a future Committee meeting.
142.3	John Jones noted that the November meeting was held without the presence of the Auditors and the Audit Committee is required to have Auditors present at their meetings only once a year. The Committee reflected on the effectiveness of this and agreed for Auditors to be present in all the future Committee meetings. John also noted that it has been one year since the establishment of the Committee. The effectiveness of the Committee will be assessed through a 360 degree process.
143.	**Standing Orders, the Schemes of Delegation, and Standing Financial Instructions**
143.1	The Board received the updated standing orders, the schemes of delegation and standing financial instructions, which were extensively reviewed and scrutinised by the Finance and Investment Committee as well as the Audit Committee over the last two months. The Board noted that comments and recommendations from the Committees had been incorporated and the documents were fit for purpose.
143.2	**The Board approved the documents for adoption by the Trust.**
144.	**Finance Report**
144.1	Finance Report – Month 7 Andrew Grimshaw reported the following: ▪ At month 7 the Trust forecast continues to report a £3.0m surplus for the financial year and as part of the Trust's recovery plan a request to vary the surplus to a £1.0m has been made to the NTDA; ▪ Income is 0.2m adverse from plan in month an YTD. Commissioners have indicated that any penalties will be reinvested; ▪ There has been good performance in expenditure with a favourable total spend of £0.4m in the month. This is mainly driven by revised performance and recruitment costings. A revised expenditure plan to achieve an improved run rate in Cat A performance is being finalised with the support from NTDA and NHSE; ▪ CIPs remain on plan but capital expenditure remains behind trajectory. Milestones have been developed to ensure the capital programme is completed by year end; and ▪ Cash positions are ahead of plan and it is expected to come in line with the plan by year end.

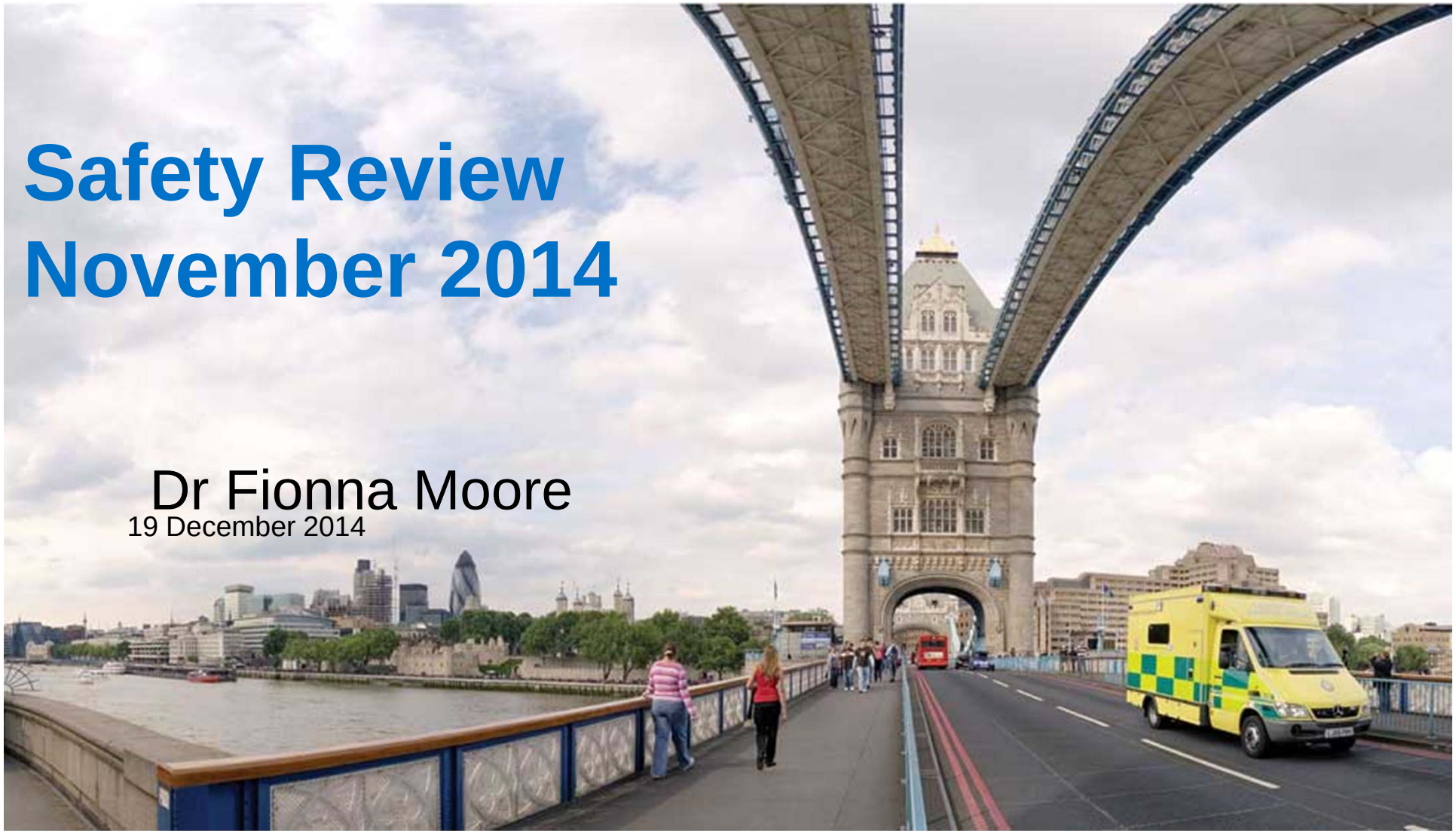
144.2	Report from the Finance and Investment Committee (FIC) Theo de Pencier gave an update from the last meetings of the Finance and Investment Committee held on 23 October and 24 November 2014. The following key points were discussed at the meetings: ▪ All returns have been submitted to NTDA within the required time frame; ▪ The Committee noted the 2014/15 forecast and discussed additional funding; ▪ The E ambulance case was discussed and the Committee agreed to proceed with the Outline Business Case (OBC) by April 2015. Andrew Grimshaw updated the Board that there have been further discussions and the Trust now has the approval to move directly to the Full Business Case (FBC). The draft FBC will be presented to the Board at its next meeting in January 2015; ▪ The Committee approved the risk management strategy, the 2015/16 financial plan assumptions and the timeline at its 24 November meeting; ▪ The KMPG review of the FIC governance structure and performance was discussed at the meeting. A response to the KMPG review will be drafted; and ▪ The approach to maintaining the ambulance fleets and capital expenditure was also discussed.
144.3	The Chair noted that in the past there were some issues with establishing meeting dates for the Committee. Andrew assured that the issues have been resolved and Committee is serviced and supported effectively.
145.	**Capital Strategy**
145.1	Andrew Grimshaw presented the paper outlining the actions required to deliver the capital expenditure plan for the Trust over the next 5 years. It was noted that that the capital strategy plan is broadly consistent with the financial investment plan that was approved by the Board in March 2014.
145.2	The key areas of investments and capital programme were outlined in page 3 and 4 of the report. The key focus will be to address the issues in relation to IT, ambulance fleets and estates. Page 5 in the report highlighted possible funding solutions and associated risk ratings over the five years. The Board noted specific projects and associated actions to help deliver the capital plan. It was highlighted that Estates renewal project is likely to require TDA approval in addition to all the other significant projects.
145.3	In response to questions from Board members, Andrew reported the following: ▪ The command point resilience project is not a new project, it was included in the plan in January 2014 and the plan was approved by the Board in February 2014. This project will be discussed in detail at the Executive Management Team (EMT) meeting tomorrow; ▪ It was noted that there are significant investment in estates renewal plans and the Board need to have sight of the fuller Estates Strategy; ▪ The estates strategy is currently under review as part of a wider piece of work undertaken by an independent organisation, which will be considered in conjunction with the clinical and

	operational requirements of the Trust in order to develop a more clear plan; ▪ It was highlighted that the estates strategy is a circa £100m investment and appropriate resource and facilities are being developed to help deliver the plan. It is expected that 75 new ambulance vehicles will be delivered and fit for operation by March 2015 with a further 104 vehicles to come on line during 2015/16; ▪ In addition, the estates strategy, condition of vehicles and appropriate equipment are critical in motivating staff and there needs to be clear communication in relation to these issues with staff; and ▪ The Trust should also be minded of the estates Strategy Planning Review (SPR) as any changes to the estates would have an impact on SPR.
145.4	**The Board approved the Capital Investment Strategy.**
146.	**Report from Chief Executive**
146.1	The Board noted the Chief Executive's report and in relation to the NHS preparedness for winter pressures, the Chair asked if there are plans for additional Alcohol Recovery Centres (ARC) in London. Jason Killens responded that the only ARCs operating in London are at Soho and Kingston. The Soho ARC is the only centre that would benefit the Trust. A proposal for funding for additional ARC was submitted to the Commissioners but the Trust is disappointed that the Commissioners were not able to fund this in 2014/15.
147.	**Board Declarations – self certification, compliance and board statements**
147.1	Sandra Adams reported that the positions in relation to Board declarations remain similar to as previously reported to the Board. The full set of declaration and self-certifications will be presented to the Board at its meeting in January 2015.
147.2	**The Trust Board approved the submission of the board declarations for November 2014 as set out in the paper.**
148.	**Report from Trust Secretary**
148.1	The Board received and noted the report from Trust Secretary.
149.	**Forward Planner**
149.1	The Trust Board noted the forward planner for 2015. Andrew Grimshaw highlighted that the TDA, Monitor and NHS England requires the Trust to submit the finance and operational plan by the end of February 2015. A Board meeting has not been timetabled for February 2015 and the **Trust should consider using the Strategy Review and Planning (SPR) meeting on 24 February 2015 to approve the finance and operational plan as well as the standing orders before submission.**
150.	**Questions from members of the Public**
150.1	There were no questions from the members of the public.

151.	**Any other business**
151.1	Bob McFarland highlighted that minutes of the Board Committees are presented to the Board some months after the actual meeting had taken place and discussions of the Committee may seem out of date. The Board noted that the Committee minutes has to be approved by the Committee at its next meeting before it is presented to the Board and hence results in the delay.
151.2	**The Board agreed that a process to approve the Committee minutes in between meetings should be established.**
152.	**Date of next meeting**
	The next meeting of the Trust Board is on Tuesday 27th January 2015. ……. Signed by the Chair

London Ambulance Service NHS
NHS Trust

Safety Review November 2014



Dr Fionna Moore

19 December 2014

Quality and Safety

A spectrum?

Quality:

- Care that is safe, clinically effective and provides a positive patient experience
- For all our patients

Safety

- Care that allows us to prevent further injury or damage

Routine safety monitoring

Feedback from:

- Patients, relatives and carers
- Health Care Professionals
- Commissioners
- Routine reports
- Staff (incident reports)

Routine safety monitoring

Regular reports:

- AOMs regular reports (X5 per 24 hrs)
- Complaints
- Serious Incidents
- Problematic Inquests and legal claims
- Incident reports (LA 52s)

Other safety metrics

- Survival from OOH cardiac arrest
- Performance by call categorisation
- CPI completion and compliance
- Ambulance Clinical Quality Indicators (ACQIs)
- National Clinical Performance Indicators
- Learning from other Services (PFDs and SIs)

Complaints

- 2013/14 (1st April to 6th November 2013)

Total Complaints – 658 (297 delay)

- 2014/15 (1st April to date)

Total Complaints – 839 (458 delay)

- 21% overall increase
- 35% increase regarding delays
- 0.06% of total incidents attended

Serious Incidents

- 2013/14 (total)

Incidents declared – **35** (year total)

Incidents not declared – **91** (year total)

- 2014/15 (1st April to date)

Incidents declared - **27** (including 7 closed)

Incidents not declared - **57**

Common Themes:

- Delays (c50%)
- EOC Issues / incorrect categorisation
- Clinical errors

Mitigating Risk

- Triage: Medical Priority Dispatch System (MPDS)
- Surge Plan: – directs patients to appropriate alternatives
- Welfare ring backs: – to check on patients awaiting ambulances
- Clinical Hub: – registered HCP enhanced clinical assessments
- Monitoring of vulnerable patient groups: – elderly fallers, mental health patients
- METDG: – Dedicated team to manage MPS calls

Lessons from other ambulance services

- Summer 2014 Yorkshire Ambulance Service experienced a rise in SIs
- Undertook a ‘deep dive’ reviewing call logs and PRFs for 2000 cases
- Identified 2 cases outside their routine monitoring

LAS Sampling Exercise

- To test current processes
- Dip sample of PRFs from cases outside 95th centile for all categories
- 5 day period (17-22.10)
- Total 336 calls reviewed
- Graded using existing template

Template

- No risk – no evidence of significant delay or deterioration in the patients condition
- Low risk – no evidence of clinical deterioration, apparent minor injury or illness, no evidence of any clinical impact of delay in response or reputational impact
- Medium risk – significant delay, unrelieved pain, deteriorating vital signs, worrying symptoms and no documented clinical ring-back, reputational risk to service
- High risk – evidence of delay leading to clinical deterioration. Blue call to hospital placed as an indication of the crew's assessment of the serious nature of the patient's condition.

Results

- Clinical review of 336 Patient Report Forms
- 15 graded as ‘High Risk’
- On review 1 patient at risk (red 2 – septic patient attended in 33 mins
- 2 further patients at risk: 32 week gestation BBA, and elderly male with urosepsis. Both Red 2 patients.
- Overall results confirmed the Yorkshire experience

Questions?