



TRUST BOARD

Meeting to be held at 10.00am on Tuesday 25th May 2010
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

AGENDA

			Tab
1.	Welcome and Apologies		
2.	Minutes of the Part I meeting held on 30th March 2010 To approve the minutes of the meeting held on 30 th March 2010		1 (A)
3.	Matters Arising		2 (A)
	3.1 Minute 29/10 Clinical Quality and Patient Safety Report – assurance on quality governance for Foundation Trust application	SA	
	3.2 West London Fleet Workshop full business case	MD	
	3.3 West London HART full business case	MD	
	3.4 Full update on core standards compliance – risks to Foundation Trust application	SA	
	3.5 Board assurance framework and risk register	SA	
4.	Report from sub-committees		
	4.1 To receive a report on key items discussed at the inaugural meeting of the Quality Committee on 5 th May 2010	BM	Oral
5.	Chairman’s Report	RH	Oral
	To receive a report from the Trust Chairman on key activities		
6.	Update from Executive Directors		
	To receive reports from executive directors on key matters		
	5.1 Chief Executive Officer	PB	3 (A)
	5.2 Finance Director	MD	4 (A)
7.	Clinical Quality and Patient Safety Report	FM	5 (A)
	To receive the monthly report on clinical quality and patient safety		
STRATEGIC AND BUSINESS PLANNING			
8.	2010/11 Trust Objectives	PB	6 (A)
	To review and approve the updated corporate and 2010/11 annual objectives		
9.	Integrated Business Plan and Long Term Financial Model 2010/15		
	9.1 To comment upon the latest draft of the IBP	SA	7 (A/B)
	9.2 To discuss the long term financial model	MD	8 (A)
	9.3 To note the current position with the Foundation Trust Application	SA	Oral

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD MEETING
Part I**

DRAFT Minutes of the meeting held on Tuesday 30th March 2010 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

Present:

Richard Hunt	Chair
Peter Bradley	Chief Executive
Mike Dinan	Director of Finance
Martin Flaherty	Deputy Chief Executive
Roy Griffins	Non-Executive Director
Caron Hitchen	Director of Human Resources and Organisation Development
Brian Hockett	Non-Executive Director
Beryl Magrath	Non-Executive Director
Fionna Moore	Medical Director
Caroline Silver	Non-Executive Director
Sarah Waller	Non-Executive Director (Vice Chair)

In Attendance:

Sandra Adams	Director of Corporate Services
Malcolm Alexander	Chair of Patients Forum
Philip De Bruyn	Performance Improvement Manager (agenda item 11 only)
Nick Evans	Project Manager CommandPoint (agenda item 15 only)
Paul Gates	Performance Improvement Manager (agenda item 16 only)
Francesca Guy	Committee Secretary (minutes)
Kathy Jones	Director of Service Development
Angie Patton	Head of Communications
Peter Suter	Director of Information Management and Technology
Richard Webber	Director of Operations
John Wise	ECS Project Manager (agenda item 11 only)

22/10. Welcome and Apologies

Action

The Chair welcomed everybody present to the meeting. No apologies had been received.

23/10. Minutes of the Part I meeting held on 26th January 2010

Beryl Magrath commented that an amendment should be made to paragraph 4.1 of the minutes of 26th January 2010 to state that EBS (rather than CTA) was dealing with a record number of safeguarding referrals. In addition, there were two further points which had been omitted from the report from the Clinical Governance Committee meeting on 25th January 2010. These were:

- The Committee noted that there was a large variation between the east, west and south areas in the number of drugs audits which had been undertaken;
- The Committee commented that the risk register should include all the assurances that were in place for each risk.

FG

Subject to these amendments, the minutes of the meeting held on 26th January 2010 were approved.

24/10. Matters Arising

8/09 Infection Prevention and Control: The Trust Board would be provided with an update on the infection prevention and control action plan as part of the Clinical Quality and Patient Safety Report.

9/09 Care Quality Commission Registration Requirements: Sandra Adams explained that LAS had received unconditional registration for 'Transport services, triage and medical advice provided remotely'. However, the CQC had since advised that all ambulance trusts were also required to apply for registration for 'Diagnostic and screening procedures' and 'Treatment of disease, disorder or injury'. The CQC had confirmed that LAS could continue to carry out these activities in the meantime. Management was confident that the Trust would be able to provide adequate evidence to support the registration of both these activities.

10/09 Risk Management Committee Structure: The Risk Management Committee structure had been discussed at the pre-meeting and the Trust Board would be asked to approve the structure at today's meeting.

11/09 Estates Strategy: This would be discussed at today's meeting.

16/09 Trust Board and Service Development Committee forward planner: Sandra Adams confirmed that the two items suggested at the last Trust Board meeting had been added to the forward planner.

15/09 Nominations for Board members with responsibilities for Security Management: Sarah Waller reported that she had contact the LSMS lead regarding her role as non-executive director with responsibility for security management to seek clarification about how this role would align with the counter fraud work undertaken by RSM Tenon. The lead had expressed some concern regarding conflict resolution training. Caron Hitchen responded that all but 180 operational staff had received conflict resolution training, which compared favourably with other ambulance trusts.

7/09 Penalty: Mike Dinan reported that negotiations had taken place to minimise as far as possible the amount of penalty paid.

25/10. Formal Reports from the sub-committees

4.1 Audit Committee

Caroline Silver provided the Trust Board with a summary of the key discussion points at the Audit Committee meeting on 8th March 2010. The following points were noted:

- The Committee had received a report on issues relating to the financial close, including the transition to IFRS and this year's stock take which would be attended by both internal and external auditors;
- The Committee had received a report from the local counter fraud specialist. It was noted that more cases were being reported, but that this could see further improvement;
- The Committee had received a report from the external auditors which had highlighted some internal control issues. The auditors were exploring this further, but were confident that this was not indicative of fraudulent activity;
- The auditors' approach to ALE assessment areas would be less rigorous this year.

- The external auditors were expecting a similar audit result to that of previous years;
- The Committee received a progress report against the 2009/10 internal audit plan and suggested some additional areas for the 2010/11 internal audit plan. These were:
 - Implementation of CommandPoint;
 - Olympic preparedness;
 - Non-conveyance and use of alternative care pathways.
- It was agreed that the Audit Committee would review a three year internal audit plan at its next meeting in June;
- The Committee had made some suggestions about the way in which the presentation of the audit recommendations progress report could be improved;
- The Committee noted that the Trust might be required to register for an additional two activities with CQC;
- The Committee noted the Taking it On Trust checklist for Boards.

The Chair asked Caroline whether, as chair of the Audit Committee, she was satisfied with the way in which the Committee was working and with the level of support the Committee received. Caroline responded that the Audit Committee received a good level of support from the executive and had a good relationship with both the external and internal auditors. Caroline was supportive of the new risk committee structure and hoped that the new structure would help to define roles in relation to risk management. Caroline asked how Committee members could assure themselves that activity which was reported to the Committee was actually taking place on the frontline. Peter Bradley commented that improvements needed to be made in the way in which progress was evidenced.

Caroline confirmed that she was willing to continue to chair the Audit Committee.

26/10. Chairman's update

The Chair reported the following:

- The Chair had met with non-executive directors informally and had discussed the risk management structure. The Chair would continue to meet with the non-executive directors outside of Trust Board meetings and would be holding one to one meetings with each of the non-executive directors;
- The Chair had held a meeting with the PCT sector chairs and had provided them with an update on the Trust's performance and activity. It was hoped that these meetings would continue on a biannual basis;
- The Trust had appointed a new non-executive director, Nigel Walmsley. It was hoped that an additional offer would be made on a lead-in basis to replace Sarah Waller at the end of her tenure in November 2010;
- The Chair's appraisal was in mid-May and would be held with Richard Sykes from NHS London.

27/10. Chief Executive Officer's report

The Chief Executive Officer reported the following:

- Commissioning negotiations for the 2010/11 contract had now been completed at a contract value of £251.5 million. The Chair expressed his gratitude for the effort which had been put into achieving this settlement;

- The major trauma system would be operational from 6th April 2010. Operational staff had been released for a minimum of three hours training;
- Both Cat A8 and Cat A19 targets would be achieved in full for the 2009/10 financial year and the Trust would achieve its best ever performance on Cat B. Peter expressed his gratitude to Richard Webber and his team for the achievement;
- Hospital turnaround times remained a focus for improvement and the Trust was working with hospitals to reduce delays;
- Sickness absence remained lower than target;
- The results of the staff survey had shown improvements in a large number of areas. The Board would receive a full report of the results together with an action plan on how the areas of concern would be addressed;
- Following the inspection by HSE, the Trust had been issued with an improvement notice in relation to manual handling refresher training arrangements. The Trust Board would be provided with an action plan on how the issues raised would be addressed;
- It was hoped that the Trust would receive SHA approval to apply for Foundation Trust status by the end of the year;
- The Trust was holding stroke awareness events in 18 venues across London. The Trust Board would be provided with further details in due course;
- The CEO had met with the PCT and had agreed a trajectory for Cat A and Cat B for 2010/11 financial year. The Cat B trajectory showed significant improvement for next year which reflected the fact that motorbike and pushbike responses would be included in Cat B performance reporting. Performance against both trajectories would be reported to the Trust Board on a regular basis;
- The CEO stated that, in light of recent media coverage on ambulance waiting times, patient safety remained a priority. If the Amber Trial highlighted any causes for concern with regard to patient safety, it would not be pursued further.

In response, the Trust Board made the following comments:

- Performance in the east sector was consistently worse in a number of areas. The root cause of this should be explored further;
- There was a need to ensure that the Trust had the evidence in place to support the activity reported in the balanced scorecard;
- The number of RTAs was high and perhaps LAS should undertake analysis on how this compared with other ambulance trusts.

A conversation followed about whether any research had been undertaken into why demand was increasing. It was suggested that this was partly a result of service improvement and a widening of access to the service. Concerns were raised about whether response to demand was sustainable if it continued to increase at this rate. The Chair commented that this should be considered further at a future SDC meeting. Peter Bradley commented that some research had been undertaken into demand management and the Department of Health had recently published a Demand Toolkit. Peter Bradley suggested a presentation on this at a future Trust Board meeting.

PB

Malcolm Alexander asked whether A&E/hospital turnaround had any impact on the service. Richard Webber responded that SUIs had been investigated but that commissioners had put in place much more stringent measures to scrutinise these.

28/10. Report of Director of Finance

Mike Dinan reported that the result for this month is a surplus of £497k and the year to date result showed a surplus of £1581k.

The Trust Board noted the Trust's expenditure for March 2010 and noted the cost of the HART vehicles. Martin Flaherty explained that the cost of these vehicles reflected the high level of communications technology. The purchase of these vehicles would provide a second HART team for London and was therefore a necessary purchase.

Mike Dinan commented that he had previously received more questions from Trust Board members by email and would be happy to continue to answer questions by email.

29/10. Clinical Quality and Patient Safety Report

Fionna Moore reported the following:

- Five SUIs had been declared since January 2010 and investigations were underway. The Trust Board would be provided with further information after the investigation reports had been finalised;
- The findings from Cycle 3 of the National CPI database show good performance from LAS, particularly in the Stroke National CPI;
- The Trust's Safeguarding declaration was being amended to reflect that 59 per cent of clinical staff who had joined the Trust since 2005 had received safeguarding training to the CQC benchmark standard. The target was 80 per cent;
- There had been no incidents relating to loss, misuse or adverse effects of LAS drugs since January. However, work was being undertaken to strengthen compliance with existing policies and procedures and where necessary, to review policies and procedures;
- A Medicines Management Committee was being established which would have oversight of all aspects of any drug utilised by the Trust;
- A review of the Controlled Drugs policy had been undertaken in response to the findings of the recent internal audit. Unannounced spot-checks would be undertaken to review compliance with the new policy, the results of which would be reported to the Trust Board;
- Progress had been made on the Infection Prevention and Control Action plan with a blanket exchange trial underway at Chase Farm hospital;
- The Amber trial findings had been presented to the Emergency Call Prioritisation Advisory Group (ECPAG). ECPAG had requested further clinical evidence and the Trust was currently reviewing clinical outcomes and identifying any significant clinical risks. The Trust Board would be updated on the outcomes of this review.

Malcolm Alexander commented on the Amber Trial with regards to Cat C performance. He stated that there needed to be more public assurance on Cat C performance. Kathy Jones reported that SMG would be presented with an action plan. Fionna Moore explained that the Amber trial excluded children under 5 years and elderly over the age of 70.

Beryl Magrath raised concerns that performance in the east area was consistently worse in comparison with the west and south areas. Richard Webber responded that performance in the east area should show improvement following a growth in staff numbers and the introduction of new rotas. Peter Bradley added that the new ADO appointed to the east area was starting to have an impact.

Roy Griffins noted paragraph 69 of the Executive Summary of the Francis Report which referred to the Trust Board's role in ensuring that an NHS Trust was in a fit state and provided high quality care before embarking on the process of applying for Foundation Trust status and ensuring that the focus was on outcomes and not processes. Sandra Adams agreed to review this further.

SA

The Trust Board noted the progress made and evidence available for core standard C4d and that there were no significant lapses in compliance with the standard.

30/10. Annual Business Plan and Budget 2010/11

Mike Dinan reported the following:

- 8 per cent of the income for 2010/11 was at risk. This was being discussed with the Department of Health and SHA and there should be more clarity by the time of the SDC meeting in April;
- Mike was currently developing the Cost Improvement Plan for 2010/11 with managers to identify any associated risks. The target for the Cost Improvement Plan was £17, 575k which was larger than in previous years. The achievement of the CIP would be reliant on process change and a reduction in the level of activity the Trust undertook;
- The budget included pay inflation of 2.25 per cent and an increase in National Insurance costs of £2 million;
- The staffing levels had not yet been finalised.

Martin Flaherty commented that activity had been focussed on retaining income associated with KPIs and CQUIN. Richard Webber added that the KPIs needed to be challenging but achievable. AOM's objectives would be more closely aligned with the KPIs in the future.

Caroline Silver suggested that the internal auditors should review the outcomes of programmes.

31/10. Procurement Strategy

Mike Dinan explained that the Procurement Strategy was essential to the success of the Cost Improvement Programme. Roy Griffins asked whether the purdah period prior to the general election would have an impact on funding. Mike responded that he was confident that the Trust had sufficient funding to survive the purdah period.

The Trust Board approved the Procurement Strategy.

32/10. ECS Business Case (EPRF)

Peter Suter explained that this was an important business project, the aim of which was to equip emergency vehicles with a portable computer capable for wireless data transmission. The Trust Board was asked to note the total cost of the project over a three year period and to note that funding for the project could be affected by the upcoming general election.

The Trust Board commented that this was an essential project and gave its support for the project in principle. The Trust Board approved the combined business case and agreed that work should continue to allow completion of negotiations allowing the potential to sign a contract in June 2010.

33/10. West London Fleet Workshop Combined Business Case

Mike Dinan explained that the Trust Board had approved the development of a consolidated workshop in West London as part of the Fleet Workshop review in July 2008.

There followed a discussion about the estimated increased revenue costs. Mike explained that cost savings were likely to be made only after two or more workshops had been developed. Caron Hitchen added that there might also be cost savings with regards to the utilisation of the workforce that had not been included in this paper. The Chair added that the Trust Board would not be asked to commit to expenditure today.

The Trust Board approved the Combined Business Case and noted that the Full Business Case would be presented to the Trust Board at a future meeting.

MD

34/10. West London HART Combined Business Case

The Chair asked Mike Dinan to review the Combined Business Case with regards to the Business Case for the West London Workshop.

Subject to this comment, the Trust Board approved the Combined Business Case and noted that the Full Business Case would be presented to the Trust Board at a future meeting.

MD

35/10. Vehicle Leasing

Mike Dinan explained that the national trend was to lease vehicles rather than to buy.

The Trust Board approved the leasing of 130 ambulances.

36/10. CommandPoint Update

Peter Suter reported that overall the Factory Acceptance Testing sequence had been thorough and 6619 individual test scripts had been tested. However, a number of errors had been identified which meant that the system had not passed the test criteria and several areas of functionality would need to be retested.

Roy Griffins asked what impact this would have on the overall timetable. Pete Suterr responded that the timetable would be discussed in further detail in Part II of the meeting.

Peter Suter added that the project was currently within budget. Any additional costs which had been incurred had been met by the contingency budget.

37/10. Rota Change Project Update

Richard Webber explained that the Rota Change Project was a key operational project which would ensure that new staff were used effectively. Paul Gates joined the meeting to give an update on the progress of the project. Paul reported that there had been some initial setbacks to the project but that, as a result of the implementation of new rotas, compliance in some areas had improved. Paul showed a comparison of compliance on Wednesdays and Sundays, two days which historically had worst compliance. Richard Webber added that it was hoped that compliance would improve further in August/September 2010 as new rotas were introduced in neighbouring areas.

Beryl Magrath asked whether there had been any opposition to the introduction of the new rotas. Paul responded that there had been little opposition as the new rotas had been introduced at station level.

The Chair commented that this was a necessary project and acknowledged the progress made.

38/10. Full update on core standards compliance 2009/10

Mandatory training

Caron Hitchen reported the following:

- The Trust had submitted a declaration of 'insufficient assurance' against this core standard in December 2009;
- Progress had been made in collating data on training in all locations, although as yet there was no central database;
- All new employees and students had attended the corporate induction which provided the mandatory Health Safety and Risk training required. In the current year, the Trust employed 835 staff which represented 18 per cent of the workforce. Over the last two years, 1385 new staff had been recruited which represented 30 per cent of the workforce;
- In the two New Ways of Working complexes, 100 per cent of staff had received their mandatory training for 2009/10;
- 77 per cent of operational staff had received infection control training, which it was anticipated would rise to 90 per cent by the end of March;
- 64 per cent of operational staff had received manual handling training;
- The results of the staff survey also showed that the majority of staff had received health and safety training, infection control training and training in how to handle violence to staff/patients/service users.

Caron Hitchen added that a project was underway to look at developing a central database to record all training activity. Various options were being considered and a decision would be made in 4 to 6 months.

Beryl Magrath asked whether the Trust held details of work-related injuries and how much absence due to work-related injuries had cost the Trust.

Sarah Waller commented that the risk register should include a risk pertaining to the fact that the Trust did not hold a central database on all training. Sandra agreed to check this and its potential impact on the Trust's application for Foundation Trust status.

SA

Caron Hitchen agreed to circulate the following documents to the Trust Board:

- LAS Clinical Training Plan;
- Health, Safety & Risk Management Training and Provision of Health and Safety Information.

CH

The Trust Board considered the information supporting compliance with core standard C11b and the progress that had been made in implementing the training plan during 2009/10. There were no significant compliance issues to note.

39/10. Risk Management Structure including terms of reference for Quality Committee

The Trust Board approved the Risk Management Structure subject to the addition of the Remuneration Committee to the structure diagram.

SA

40/10. Interim Risk Management Policy and Strategy

Sandra Adams explained that the Risk Management Policy and Strategy was a live document and should be reviewed annually. The strategy document included the

implementation plan and the process for future review of the strategy.

Roy Griffins suggested re-ordering the annexes to reflect the hierarchy of committees. Subject to this comment, the Trust Board approved the Risk Management Strategy.

SA

41/10. Board Assurance Framework and Risk Register

Sandra explained that she had begun the process of aligning the strategic risks to the strategic goals. The corporate risk register contained those risks which had a severity rating of 15 or more. The Trust Board should review the Board Assurance Framework biannually. More work needed to be done in the way risks were reported to the Board, particularly with regard to the controls and assurances that were in place to help manage and mitigate individual risks.

The following comments were made:

- The rating of risks and scoring methodology needed to be reviewed;
- The top 5 – 10 highest rated risks should have further reporting;
- Whilst it was recognised that a number of people would have input into the risk register, it should ultimately be reviewed by one person to ensure consistency.

SA

Peter Bradley commented that the top 10 highest rating risks would be reported to the Trust Board meeting in May.

SA

42/10. Annual review of Standing Orders

The Trust Board approved the updated Standing Orders.

43/10. Expenses Policy

The Trust Board approved the Expenses Policy.

44/10. Carbon Reduction Policy

Mike Dinan reported that this was an ALE requirement.

The Trust Board approved the Carbon Reduction Policy.

45/10. Taking it On Trust

The Chair commented that this checklist could be used to inform discussions on Board development at a future SDC meeting. Sandra Adams clarified that the checklist could be used as an internal tool to assess Board performance. Caron Hitchen added that the checklist would inform the Board development plan.

46/10. Quality Account 2009/10

Kathy Jones explained that the Trust had an obligation to produce an annual quality account. The draft document had been subject to consultation at the Patient Care Conference and by the commissioners. The quality account would be produced in the same format and style as the annual report so that the two documents could sit alongside each other. The draft document would be available to Trust Board members on request.

47/10. Trust Secretary Report

The Trust Board noted the following:

- There had been two tenders received, opened and entered into the tender book:
 - Redevelopment of 88 Brewery Road;
 - Perceptions Audit
- There had been one entry to the register for the Use of the Trust Seal:
 - Lease and deed for 88 Brewery Road, London N7.

Sandra reported that the Register of Interests was being updated for the Trust Board members and senior managers.

48/10. Forward planner

Sandra explained that there were a number of items from today's meeting that would be added to the forward planner and asked that the non-executive directors put forward any items for discussion.

Sandra confirmed that the new governance structure would come into effect on 1st April 2010 and that she would contact committee members with dates for the Quality Committee. **SA**

49/10. Questions from Members of the Public

Joe Haines reported that he had been successful in his application for the role of student paramedic. However, he had since been informed that the funding had been cut and therefore no longer had a place on the training programme. He asked whether there had been any further update on the recruitment of paramedics. The Chair responded that Joe could speak with Caron Hitchen outside of the meeting.

50/10. Any Other Business

a) Service Improvement Plan

Sarah Waller commented that the Infrastructure and Support workstream of the Olympic and Paralympic programme showed slippage. Peter Suter responded that this was due to a delay in recruitment caused by budget constraints, but was controllable.

b) Trust Board meeting

The Chair asked the Trust Board members to comment on the running of the meeting. Roy Griffins responded that he appreciated the additional communications that non-executive directors had received in between meetings. He asked whether more business could be conducted by email eg items for the Trust Board to note. It was suggested that minutes of Trust Board meetings include those items which had been noted since the last meeting.

The Chair commented that he felt that the debate at this meeting had been more interactive but that more work needed to be done to ensure that the Board was working as one Board.

Caroline Silver commented that more work needed to be done to ensure that the quality of the cover sheets was consistent.

51/10. Next meeting

The next Trust Board meeting would be held at 10:00 am on Tuesday 25th May 2010 in the

Conference Room at LAS HQ.

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Chairman

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|-----|---|----|-------|
| 10. | Board Assurance Framework and five key risks
10.1 To review the progress made with the board assurance framework
10.2 To specify five key risks that the Trust Board will hold under review in 2010/11 | SA | 9 (A) |
|-----|---|----|-------|

GOVERNANCE

- | | | | |
|-----|---|-------|----------|
| 11. | 2009/10 Annual Report and Accounts (incorporating Quality Report)
To receive and approve the draft Annual Report and Accounts for 2009/10 | MD | 10 (A/B) |
| 12. | KA34 Compliance Statement
To note the Department of Health KA34 statistical return compliance statement | PS | 11 (A) |
| 13. | 2009/10 Annual Infection Prevention and Control report
To receive the annual report on infection prevention and control | FM | 12 (A) |
| 14. | Quarter 4 integrated assurance return
To note the return submitted to NHS London for quarter 4 finance and governance assurance | SA | 13 (A) |
| 15. | Corporate Social Responsibility Report
To note the report on corporate social responsibility | MF | 14 (A) |
| 16. | 2009/10 Annual Equality Report
To receive the 2009/10 Annual Equality Report | CH | 15 (A/B) |
| 17. | NHS Values and NHS Constitution
To note the Trust's responsibilities within the NHS Constitution | SA | 16 (A) |
| 18. | Report on the Francis Inquiry into the Mid-Staffordshire NHS Foundation Trust
To provide assurance on the London Ambulance Service position | FM/SA | 17 (A) |
| 19. | Report from the Trust Secretary
To note the report from the Trust Secretary for the period since 30 th March 2010 | SA | 18 (A) |

ITEMS FOR APPROVAL

- | | | | |
|-----|---|----|----------|
| 20. | Policies
To approve the following policies: | | |
| | 20.1 Complaints and Feedback Policy | MF | 19 (A/B) |
| | 20.2 Serious Untoward Incidents Policy | MF | 20 (A/B) |
| 21. | Strategies
To approve the following strategies: | | |
| | 21.1 Staff Engagement Strategy | CH | 21 (A/B) |
| | 21.2 Wellbeing Strategy | CH | 22 (A/B) |
| | 21.3 Equality and Inclusion Strategy | CH | 23 (A/B) |
| | 21.4 Mental Health Strategy | KJ | 24 (A/B) |

22. **Questions from Members of the Public**

Members of the public are invited to ask questions of the Trust Board

23. **Forward planner**

To review the Trust Board forward planner and agree items for future meetings

25 (A)

24. **Any Other Business**

25. **Date of next meeting**

*The next meeting of the Trust Board of Directors will be held on Tuesday 29th
June 2010*

ACTIONS

from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 30th March 2010

<u>MINUTE NO.</u>	<u>PART I MEETING</u>	<u>RESPONSIBILITY</u>	<u>DATE</u>
<u>23/10</u>	<u>Minutes of the Part 1 meeting held on 26th January 2010</u> To amend the minutes of the meeting following comments made.	FG	25/05/10
<u>27/10</u>	<u>Chief Executive Officer's Report</u> Peter Bradley suggested a presentation on demand management at a future Trust Board meeting.	PB	Forward planner 29/06/10
<u>29/10</u>	<u>Clinical Quality and Patient Safety Report</u> Roy Griffins noted paragraph 69 of the Executive Summary of the Francis Report which referred to the Trust Board's role in ensuring that an NHS Trust was in a fit state and provided high quality care before embarking on the process of applying for Foundation Trust status and ensuring that the focus was on outcomes and not processes. Sandra Adams agreed to review this further.	SA	25/05/10
<u>33/10</u>	<u>West London Fleet Workshop Combined Business Case</u> The Trust Board approved the Combined Business Case for the West London Fleet Workshop and noted that the Full Business Case would be presented to the Trust Board at a future meeting.	MD	29/06/10
<u>34/10</u>	<u>West London HART Combined Business Case</u> The Trust Board approved the Combined Business Case and noted that the Full Business Case would be presented to the Trust Board at a future meeting.	MD	tbc

<u>38/10</u>	<u>Full update on core standards compliance 2009/10</u> Sarah Waller commented that the risk register should include a risk pertaining to the fact that the Trust did not hold a central database on all training. Sandra agreed to check this and its potential impact on the Trust's application for Foundation Trust status.	SA	25/05/10
<u>39/10</u>	<u>Risk Management Structure including terms of reference for Quality Committee</u> The Trust Board approved the Risk Management Structure subject to the addition of the Remuneration Committee to the structure diagram.	SA	Completed and circulated
<u>40/10</u>	<u>Interim Risk Management Policy and Strategy</u> Roy Griffins suggested re-ordering the annexes to reflect the hierarchy of committees	SA	Completed
<u>41/10</u>	<u>Board Assurance Framework and Risk Register</u> Risk register and Board Assurance Framework to be updated following comments made by the Board. Peter Bradley commented that the top 10 highest rating risks would be reported to the Trust Board meeting in May.	SA	Completed and review by Risk Compliance and Assurance Group 17/05/10
<u>48/10</u>	<u>Forward Planner</u> Sandra confirmed that the new governance structure would come into affect on 1 st April 2010 and that she would contact committee members with dates for the Quality Committee.	SA	Completed



TRUST BOARD - 25 May 2010

Document Title	Chief Executive's Report
Report Author(s)	Peter Bradley
Lead Director	N/A
Contact Details	CEO Office
Aim	To Update Trust Board

Key Issues for the Board

This report details activities across the Trust of interest to the Board:

- Staff are now routinely taking stroke patients with onset of symptoms within the last two hours to hyper-acute stroke units and as of April, all major trauma patients have been taken to one of three major trauma units. Decision making is supported by the new Clinical Coordination desk in EOC
- Within the SIP steady progress is reported however eight projects are classified as 'red'
- LAS successfully delivered both Category A targets for the seventh year in succession and Category B, whilst not achieved, showed a 2% improvement – some 15,500 more patients being seen within 19 minutes
- Demand for services continues to rise however Call Answering performance has still improved.
- LAS has been selected to receive the prestigious Customer Service Excellence Award by the Cabinet Office for customer service in EOC and UOC.
- Three fleet workshops are now working seven days a week and extended hours
- The first Mercedes ambulance is due from MacNeillie (the converters) on 20th May
- The Cody Road site in E16 is now open and housing numerous LAS services
- All AOMs & ADOs have received updated incident management training
- LAS has reduced its 'handover to green' time but did not meet its 5 minute reduction target. To further improve, LAS is developing a web based information tool to assist patient management for both LAS and hospital staff
- Central funding for the ePRf has been withdrawn. LAS will now explore alternative funding options.
- A Workforce plan and recruitment requirement will be finalised on confirmation of MPET funding for existing students.
- Sickness levels and staff turnover for the year were both pleasingly low
- A comprehensive action plan has been implemented following the HSE improvement notice issued in March
- 19 Health Fairs were put on by the LAS in support of Stroke Awareness day and over 2,000 Londoners were given checks and advice.

Mitigating Actions (Controls) N/A
Recommendations to the Board To note the report
Equality Impact Assessment Key Issues from Assessment
Risk Implications for the LAS (including clinical and financial consequences) N/A
Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing) N/A
Corporate Objectives that the report links to N/A

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 25 MAY 2010
CHIEF EXECUTIVES REPORT**

1. SERVICE DEVELOPMENT

Strategic Goals and annual objectives

Work has taken place to incorporate the work on strategic goals and corporate objectives into the IBP, and further work is taking place to ensure that the Service Improvement Programme acts as the delivery mechanism for the IBP and to streamline reporting on progress. This will be discussed in more detail in a later item on today's agenda.

Commissioning

Following the successful negotiation of the contract with commissioners, the next step has been to communicate its terms as widely as possible within the organisation. AOM objectives have been aligned with the contract provisions, and progress has been made on both meeting the requirements and reporting on the contract areas.

Healthcare for London

Staff are now routinely taking stroke patients with onset of symptoms within the last two hours to hyper acute stroke units. The date for extension of the change to cover all stroke patients, regardless of the time of onset of symptoms, is still set as July.

As of April, all major trauma patients have been taken to one of the three major trauma units that are up and running. By the time the change was made, 98% of front-line staff had been trained in the use of the decision tree, a major achievement in light of the performance issues during the period the training was taking place. The Clinical Coordination desk in the Emergency Operations Centre has gone live and is providing extra support and advice to crews in making decisions about the appropriate destination of patients.

Service Improvement Programme

The service improvement programme (SIP) board report has been circulated alongside the main board papers. Key points to note are:

- SMG have approved a new format for reporting which will encompass not only enabling projects (inputs) but also business changes and the consequent benefits to the Trust (outputs). This will go live in June and will be reported to the Board;
- Progress is steady with live projects rolling over from 2009/10 mostly being delivered on time or within acceptable tolerances. Decisions as to what projects will be prioritised for funding in 2010/11 can only be made once the total financial envelope is clear. The early part of the financial year is

- Eight projects are classified as 'red': NWoW estates refurbishment at Barnehurst; e-PRF; annual leave; vehicle fleet procurement; Intelligent Trust; starters, movers and leavers; inventory management; and asset tracking. Of these the last four are on hold due to financial issues.

2. SERVICE DELIVERY

Accident & Emergency service performance and activity

I am pleased to be able to report that the LAS did, for the seventh year in succession, achieve the Category A8 and A19 performance targets. Whilst the Category B target was not achieved, there was an improvement over the previous year of nearly 2%. In terms of patients this meant that the LAS attended 6,500 more Category A calls in under 8 minutes and 15,500 more Category B calls in under 19 minutes over the previous year.

The table below sets out the A&E performance against the key standards for the last financial year (2009/10), the complete validated performance for March and April and the un-validated performance for the first 12 days of May.

	CAT A8	CAT A19	CAT B19	CAT C60
Standard	75%	95%	95%	90%
2009/10	75.5%	98.7%	86.4%	NEW MEASURE
March 2010	78.0%	99.2%	86.8%	91.6%
April 2010	77.2%	99.5%	91.0%	92.7%
May 2010 (to 12th)*	77.5%	99.5%	93.3 %	92.7 %

** Estimated prior to data validation*

The key focus for the first two months has been on delivering a step change in Category B performance. There were a range of strategies put in place to support the delivery of an improved Cat B position without threatening the success of Cat A. These have included 30% of total volume of all solo responders workload being Category B, tasking Motor Cycle and Cycle Response Units to more Category B calls, increasing the use of more effective Area Cover using the Blue 8 software and ensuring that all Category B calls are not held and are responded to as soon as possible. Further work is still underway to both develop the Cat B trial and to implement lessons learned from the demand reduction group.

Demand on the LAS has continued to rise with overall activity up. The incoming call demand for 2009/10 was up by 6% and responses up by 4% above the previous year. Activity rose by 4.1% in March and the new financial year has shown no let-up with an

overall demand increase of 6.2% in April. Ambulance utilisation has remained above our ideal of 55%, with March at 72% and April at 71%.

Call answering performance for the last quarter was 95.7% and for the year was 94.4%- our best ever which is a creditable achievement. The new year has seen a slight dip, broadly as a result of the increased activity as described earlier, with April achieving 94.5% of calls answered within 5 seconds. Quality Assurance compliance of the calls assessed was high with 96.4% compliance against the target of 95%.

Control Services has been awarded a Customer Service Excellence Award, valid for three years, by the Cabinet Office. This followed a detailed external scrutiny of both UOC and EOC and they were deemed to provide service to a very high standard with some notable examples of good practice. The LAS is now one of only 16 NHS Organisations to receive this highly prestigious award and the first Ambulance Service.

We produced circa 260,000 Ambulance Hours resourcing for March and April this year which was circa 17,000 hrs more than for the same period last year, with both months showing an increase in Ambulance hours. This is just over a 7% increase in staffing. FRU hours produced for March and April decreased by circa 12% to 101,026 compared to 115,348 for the same period last year. March saw a decrease of 16% and April 8%. I anticipate a slight fall in the hours produced over the next 3 months, as we are implementing a large number of Mandatory and Statutory Training days for all staff.

The planned overtime budget for the two months stood at 28K hrs for March and 32K hrs for April. Actual Planned O/T spend for the period was 57K hrs. This is a decrease of circa 54% compared to the same period last year when we spent 123,600hrs on planned overtime and is encouraging that we achieved the performance we did despite a greatly reduced overtime allocation.

As a direct result of the improved staffing position, which has aided in achieving target performance, the Trust reduced its REAP level to Level 1 from the 11th May. This has ensured an increased focus on improving Clinical standards by Team Leaders who are now undertaking more CPI reviews, feedback sessions and ride-outs.

Following the closure of the UK's airspace due to the ash cloud emitted from the Icelandic volcano, a number of staff were unable to return to the UK from leave. Initially this was only a few staff but as the closure was extended more and more staff were affected. In total 19 days, from the 16th April to 4th May 2010 were compromised. During this period we had 45 operational staff reporting difficulties, losing the Trust 177 shifts which equated to 1,919hrs of cover. Arrangements were subsequently made to arrange for the time to either be taken as Annual Leave or for additional shifts to be undertaken to make up for the lost time.

The rota project continues to progress well against the plan. By the end of May 2010 the project will be 85% complete in terms of process and there will be 32 of the 69 rotas (46%) implemented across the Trust. There are currently a further 27 rotas in the final stages of being checked for quality compliance to ORH modelling and will be implemented mostly in June. The final ten are requiring additional negotiation with staff side colleagues due to disagreement surrounding the required 0300 hr shift finish. On a number of stations these finishes have been successfully agreed and implemented. In cases where agreement is not reached these will be dealt with through the agreed process involving Joint secretaries. The project continues to be on plan to be completed by the end of August.

CTAK changes have previously been frozen to facilitate the move to Command Point, however following a review some limited changes have now been agreed and work is underway to facilitate them. The changes include an upgrade to the Mobile Data Terminals in Ambulances with additional drop down menus. These will support Alternative Care Pathway usage, Hospital pre-alerts for specific conditions and arrival at agreed RVPs.

Within EOC arrangements have continued to reconfigure the location and number of Airwave ICCS systems (Integrated Communication Control System = digital radio communication control screens). This has led to changing the way in which we handle and dispatch calls and has reduced the number of resources being handled by any one operator to below 30. It has resulted in better and quicker communication between the Control Room and crews on the road in NW London where it has first been implemented. Plans are now underway to roll this out across the rest of the Service in the next 2 months.

The reduction in the number of crews under the control of one operator has allowed us to role-out dispatch directly to the airwave handset and thus bypass the need to call a station to allocate a call to a crew. This was initially implemented in Brent and was extended to Pinner and Friern Barnet a month ago. The early indications are of a relatively significant reduction in dispatch times

Two new trials were introduced at the beginning of May involving UOC staff. One is based in the South area and includes Greenwich, Bromley and Barnehurst step down crews. The purpose of the trial is to better focus these staff who can attend a wider range of calls than A&E Support staff. The second trial is a good example of joint working between UOC & EOC. The trial allows specific FRUs to be backed up by one of 2 UOC A&E support crews working under the control of the FRU desk. The purpose of this trial is to reduce waiting times for patients and improve utilisation rates of UOC vehicles. Initial reports are very encouraging with satisfaction levels high for both patients and staff.

The ongoing UOC review has continued with regular meetings and has produced a detailed project plan which covers areas such as hours of operation, technology, process, communication and fleet. The plan which also has subsumed any of the outstanding actions left over from the previous recovery plan is set to deliver by September and I will update the Board in due course.

There are now 3 Fleet Workshops working 7 day rotas (Camden, Croydon and Fulham). They are providing extended hours of cover from Monday to Friday up until 10pm and from 7 am to 5pm on Saturdays, Sundays and Bank Holidays. New Malden have also agreed a rota which is due to go live before the end of the month. Negotiations to establish extended hours at smaller Workshops (acting as consortiums to cover the requisite hours) are taking longer than initially expected, although we are confident of reaching agreement soon. Additional mobile Workshop cover has been established in the North East Area at weekends to bolster support in the interim.

The first Mercedes ambulance is due for sign off at the converters (MacNeillie's) on 20th May. Vehicles should then initially be delivered at the rate of 2 per week (rising to 3) from June. A total of 65 vehicles are being converted to replace the rest of the LDV fleet. Discussions continue with the administrators of UVM over the future of the 24 ambulance base vehicles which are still being held at the Brighouse facility.

The new Emergency Preparedness Department HQ has been established at Cody Road in Canning Town E16. This brings together the management teams of Emergency Planning, HART and CBRN in one place. Also co-located on the site is Operational Support Unit which includes Vehicle Resource Centre, Fleet and Logistics. The operational part of HART will move from Deptford when the building work is complete in September. Work continues through the Estates Department to secure a HART west site in the Isleworth area.

The Emergency Preparedness Department continues to manage a high workload in relation to pre-planned and spontaneous events with many events such as; St. Patrick's Day, London Marathon, Mayday and the General Election taking place since the last report to the board. The London Marathon was the busiest on record with over 7,000 patients treated and over 50 transported to hospital.

In March Lord West visited HQ and was shown the capabilities of HART by staff working within the Team. In April the second module of the strategic leadership training (Gold) was carried out at Fulham Training Centre and was well received by all. There has also been a two day workshop covering Incident Management and Lessons Learned from previous incidents for all AOMs and ADOs which will ensure that the Trust remains well prepared for any future incidents.

All ambulance Trusts across the UK will be subject to an Emergency Preparedness audit on behalf of the Ambulance Chief Executives Group (ACEG) in the coming months. LAS has been given a date in September and the EPD is currently working to ensure we are well prepared for this audit.

The Trust agreed for the 2010/11 commissioning round that it was imperative that both the LAS and the acute Trusts were held robustly to account for delivering improved hospital turnaround in line with the ORH modelling. The hospitals have been commissioned to deliver the patient arrival to handover time within 15 minutes on 85% of occasions and within 30mins on 95% of occasions. LAS will provide the data for this measurement from the PRF data. Total hospital turnaround dropped 8% during 2009/10 to 32.3 minutes. During April the patient arrival to handover was within 15mins on approximately 68% of occasions.

LAS crews and management teams worked hard during 2009/10 to reduce our element of the handover, from patient handover to 'green' and successfully reduced this time by 3.5mins. Although not achieving the target of 5 mins overall a number of complexes were exemplary in their efforts to reduce their handover times these were Pinner, Camden, Brent, St. Helier, Chase Farm and Islington complexes. LAS have been commissioned to deliver an average handover to 'green' time of 15mins by the end of March 2011. The handover to green time at the start of the new financial year was 19.3mins.

To support the continued efforts to deliver improved handover times the LAS have developed a new web page that will enable emergency departments (EDs) and other health care centres, such as minor injuries units, to see the number of ambulances that are in bound to their location and the length of time each patient has been waiting to be seen. This new system will be initially trialled at Whipps Cross and Charing Cross EDs in June 2010 followed by a broader pilot over the summer with the intention to role out to all sites before the winter provided the outcome of the pilot is positive. This approach has been welcomed by the acute Trusts.

During April LAS developed a new strategy for increasing the number of Appropriate Care Pathways utilised within the service. The aim of this work is to increase the

number of patients conveyed to Minor Injuries Units and Walk In services and therefore reducing the number of attendances at Emergency Departments. In addition there will be a focus on improving the management and care of people over 65 who have fallen. This work will be developed in conjunction with the LAS and Whole Systems Transformational Programme hosted by North West London Commissioning Partnership and will be delivered in the autumn

2.1 PATIENT TRANSPORT SERVICE

London Procurement Programme (LPP): The LAS gave a presentation to a group of Acute Trusts and PCTs on 19th April 2010. There wait for the result to see which contracts we have secured as a result of this round of commissioning.

Imperial College Healthcare NHS Trust: Following a presentation to this Trust on 6 April 2010, we have been advised that we are not being taken forward to the next stage of the process. Following feedback we were advised that we ranked 3rd in order of preference and as set out in the initial specification only the first two companies would complete the final dialogue stage. The two existing providers DHL and Medical Services have been selected for this final stage of the process.

Activity in March was in line with forecasts at 27,000 journeys, however, activity in April fell to 23,000 journeys, 2000 less than expected. This was due in part to the Easter break. There has been a steady increase in extra contractual journey during April and this income has offset the deficit resulting from contracted income.

Performance against the three main quality standards in April are shown below:

- Arrival time: 91%
- Departure time: 93%
- Time on Vehicle: 96%

3. IM&T UPDATE

ePRF

At the Trust Board on 30 March, the business case for the ePRF (electronic Patient Report Form) was approved. On 1 April the LAS were informed that the central funding (that was crucial to the business case) had been withdrawn. This effectively invalidated the Trust Board decision to proceed with the project as proposed because;

- the Trust may be required to absorb additional costs,
- benefit profiles and priorities have changed,
- stakeholder relationships have changed and therefore, governance arrangements will need to be reconsidered,
- other options are now open to the Trust.

LPfIT has since confirmed that LAS is free to pursue its own procurement if it so chooses but that no funding would be made available through the National Programme. The SMG have considered the following options:

Option	Commentary
1. Cease all project work with immediate effect and review the situation in 12 months.	This is not favoured – momentum will be lost and additional cost and time penalties will be incurred when the project is restarted.
2. Undertake a full redevelopment of the Business Case and submit for Trust Board approval.	<p>This is a significant piece of work comprising:</p> <ul style="list-style-type: none"> • value-for-money evaluation of benefits, • full option appraisal, • reassessment of risks, • preparation of procurement strategy and timetable. <p>The SMG may wish to establish the availability of funding with more certainty before committing resource to this exercise.</p>
3. Re-estimate high-level costs and explore alternative funding options. Seek SMG approval before proceeding with any further work.	<p>This will involve:</p> <ul style="list-style-type: none"> • Formal dialogue with NHS London and Commissioners to establish the likelihood alternative funding options and to outline a suitable governance structure. • Some limited market testing by meeting with the known suppliers (Medusa, Ortivus, Valentia Technologies and Safe Patient Systems) to obtain an understanding of their product capabilities and some indicative pricing. • The preparation of a proposal for completing further work on the project. <p>This option is preferred. It will allow a degree of forward momentum to be maintained while minimising the risk of wasting resource.</p>

SMG have agreed with option 3 and will update the Trust Board in due course.

CommandPoint Update

Overall the project remains on track for a go-live in 2011. However there are a number of issues currently under review and subject to detailed negotiations with NG. In brief these are;

1: Factory Acceptance Testing (FAT)

NG continues to make progress with the fault resolutions that were identified during the full FAT process that took place during March. It is important that the quality of this work is not compromised and the LAS project team remain in close contact with their NG counter-parts. Progress is positive but at the time of writing no re-test date (for those areas that did not pass FAT) has yet been agreed.

2: Site Integration Testing (SIT)

This is the second stage of testing involves the testing of the actual system interfaces on site in London with the live interfaces. While this cannot formally start until FAT is completed, preparation work has started. This includes testing the actual interfaces using the current FAT version of the software. This work is progressing well with positive results that will assist in mitigating delay caused by FAT slippage.

3: Contract change agreements

The outstanding issue with the simulator delays has now been agreed between the LAS and NG. The response to the request for change for the inclusion of the Dynamic Deployment interface has now been received and is subject to detailed negotiations. The current planning assumption is that it will be delivered in release 1.1 of the software, along with the other 5 change requests that the LAS have raised. The issue regarding the Fast Response Unit desk remains and is currently under discussion (within the LAS) in order to decide whether or not a further request for change is required.

4: Project Controls

There have been some changes within NG regarding senior management responsibilities for the project. Clarification is currently being sought to ensure that there are effective project controls and decision making processes.

The Trust Board will be kept up to date with progress as negotiations are completed for the project and confirmation of the go live date..

4. HUMAN RESOURCES

Workforce Plan implementation

The report for A&E staff in post against funded establishment of 3353 shows a vacancy level of 33 at the end of March 2010. This vacancy is against the additional 42 wte added to the establishment for an additional HART team.

A workforce plan and associated recruitment requirements for 2010/11 will be finalised once confirmation on the level of MPET funding is received for continuation of training of existing students. This is anticipated within the next month.

Final establishment in the Emergency Operations Centre has been delivered in year against the increased establishment for 2009/10 in preparation for the implementation of CommandPoint. This position will continue to be maintained

I and the Director of Finance are holding meetings with individual Directors to review and where possible reduce management costs in 2010/2011.

Workforce information

The attached workforce report shows the regular workforce information giving sickness levels, staff turnover and A&E staff in post against funded establishment.

Sickness levels in March are reported at 5.01% giving a final yearly level of 4.61%. This successfully achieves the target of under 5% for the year as a whole and has been reported as one of the best sickness absence levels in England compared with other Ambulance Trusts with South Central reporting similar figures.

Staff turnover remains low at 5.54% for the year as at April 2010.

Development of the MPET funding SLA

The Trust is currently in discussion with the SHA regarding potential funding allocation for 2010/11. This funding is related to the continuation of existing student paramedics. It is anticipated that a decision will be made within the next few weeks and this will be supported through formal SLA arrangements.

Partnership working, staff engagement and joint consultative arrangements

The interim Staff Engagement Manager has been undertaking a programme of meetings with Directors to present findings in the area of responsibility from the NHS staff survey. This will enable the process of identifying Trust wide and local priorities for action and formulating associated Trust-wide and local action plans. The headline results of the survey were also reported at the recent Senior Managers' and Managers' conferences.

Draft staff engagement and staff well-being strategies have been prepared and presented to SMG on 10 May. The approaches outlined are informed by the nationally commissioned MacLeod review and Boorman report respectively. Further information on each of these strategies is presented to Trust Board elsewhere in this agenda.

As previously reported, the Trust's LINC scheme (peer support) has been short-listed as one of the three finalists for the national HPMA (Healthcare People Management Association) awards in the stress category. Staff Support Manager Fatima Fernandes and Senior LINC Worker Jackie Bishop made a formal presentation to the judges on May 6, and the winner will be announced at an awards ceremony on 17 June 2010.

Health and Safety

The formal report compiled by the team of Health and Safety Executive (HSE) Inspectors following the formal inspection visit undertaken 2 and 5 March has now been received and includes a number of recommendations and suggestions for consideration. The steering group established to co-ordinate the Trust's response to the Improvement Notice already served is also reviewing this report and the associated recommendations. A comprehensive draft action plan has been prepared, and Deputy Director of Operations Jason Killens and Assistant Director, Employee Support Services Tony Crabtree visited the offices of HSE to out-line progress to date on 12 May.

The Trust had proposed and requested the meeting with the HSE lead Inspector in order to update and discuss progress against the Improvement Notice, including that core refresher training has already commenced with almost 500 staff having access to

this course in the month of May. The aim was also to seek assurance that the current plans provide a foundation for that Notice to be removed. No specific concerns were raised by the Inspectors. The meeting was also used to update the Inspectors on general progress and to offer the opportunity of comment on the proposed response to the full inspection report. The meeting was positive in nature, and will be repeated in early June.

Reported levels of adverse incidents for the calendar year to date against the key categories of clinical incidents, manual handling incidents, and physical and non-physical assault are included in the table below.

Incidents by Incident date and Category (Month)

	Clinical Incident	Lifting Handling Carrying	Non Physical Abuse	Physical Violence	Total
Apr	81	49	101	22	253
May	100	65	89	25	279
Jun	95	35	68	31	229
Jul	92	32	102	30	256
Aug	70	33	73	42	218
Sep	82	46	56	20	204
Oct	97	50	86	31	264
Nov	128	61	86	25	300
Dec	123	64	83	33	303
Jan	119	37	79	33	268
Feb	132	38	68	26	264
Mar	113	31	57	17	218
Totals:	1232	541	948	335	3056

The Health and Safety team continues to work with local managers to encourage timely reporting of all incidents. Summary reports detailing the interval between date of incident and receipt of incident report by the Health and Safety team are provided to Assistant Directors of Operations. Where late reports are received, these are included in the above updated totals. The review of incident reporting arrangements will seek to address the issue of timeliness of submission of reports and also the staff feedback requirements

As part of that Trust-wide review of incident reporting arrangements, a group of Trust Managers has met representatives of the Medicines and Healthcare products Regulatory Agency (MHRA) to discuss reporting requirements related, in the main, to equipment failures and drug-related incidents. The Trust put itself forward to undertake this work with MHRA as a pilot site to for ambulance trusts nationally.

Appeals against dismissal and Employment Tribunals

Since the last Trust Board meeting, 3 appeals against dismissal have been heard within the following timescales:

Case No.	Date of appeal	Hearing date	Further comments

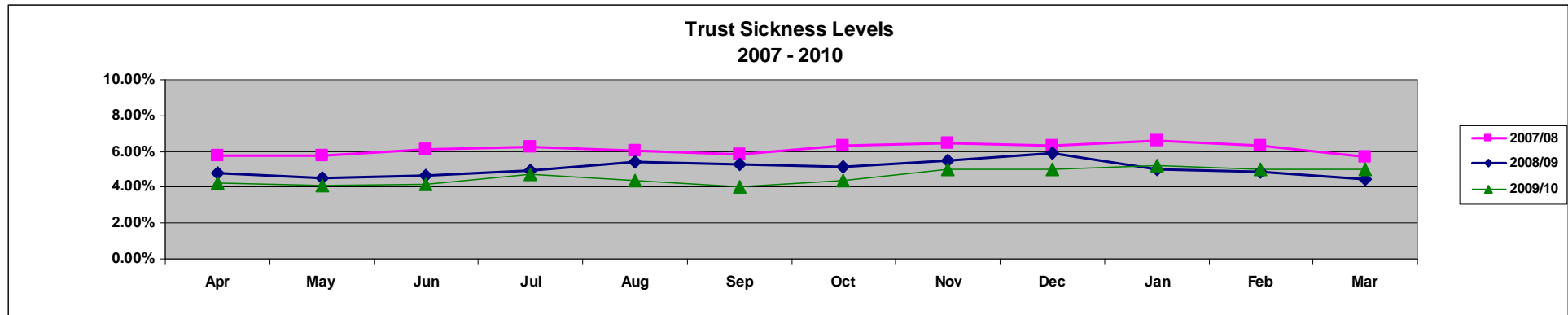
	letter		
1	31/12/09	09/02/10	
2	07/12/09	19/02/10	
3	16/01/10	08/03/10	

Since the last Trust Board five Employment Tribunal cases have been resolved.

One joint claim (two male claimants) for sex discrimination and one single claim for unfair dismissal were withdrawn by the claimants; one joint claim (two claimants) for unfair dismissal and one single claim for unfair dismissal were dismissed following full hearings; and one single claim for unfair dismissal was struck out by the Tribunal

Trust Sickness Levels

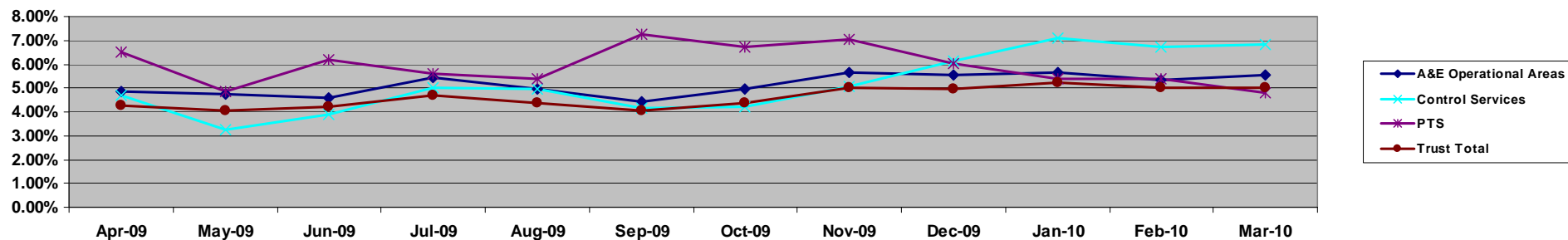
Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2007/08	5.73%	5.73%	6.10%	6.25%	6.05%	5.80%	6.33%	6.47%	6.34%	6.61%	6.32%	5.66%
2008/09	4.79%	4.49%	4.64%	4.96%	5.41%	5.26%	5.12%	5.50%	5.89%	5.01%	4.87%	4.44%
2009/10	4.27%	4.07%	4.19%	4.70%	4.39%	4.03%	4.38%	5.01%	4.99%	5.24%	4.99%	5.01%



A&E Ops Sickness Levels

	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Calendar YTD	Financial YTD
A&E Operational Areas	4.84%	4.76%	4.61%	5.46%	4.98%	4.41%	4.96%	5.65%	5.55%	5.66%	5.36%	5.55%	5.16%	5.16%
Control Services	4.71%	3.25%	3.92%	5.03%	4.95%	4.14%	4.20%	5.09%	6.14%	7.10%	6.72%	6.80%	5.18%	5.18%
PTS	6.51%	4.84%	6.20%	5.62%	5.36%	7.25%	6.72%	7.03%	6.01%	5.39%	5.39%	4.79%	5.92%	5.92%
Trust Total	4.27%	4.07%	4.19%	4.70%	4.39%	4.03%	4.38%	5.01%	4.99%	5.24%	4.99%	5.01%	4.61%	4.61%

A&E Operations Sickness Levels



Staff Turnover

Staff Groups	Jun-08/May-09	Jul-08/Jun-09	Aug-08/Jul-09	Sep-08/Aug-09	Oct-08/Sep-09	Nov-08/Oct-09	Dec-08/Nov-09	Jan-09/Dec-09	Feb-09/Jan-10	Mar-09/Feb-10	Apr-09/Mar-10	May-09/Apr-10
A & C	12.30%	11.56%	10.03%	10.91%	9.94%	9.55%	8.70%	8.62%	9.36%	9.38%	9.28%	9.48%
A & E	4.86%	4.50%	4.34%	4.59%	4.49%	4.36%	4.28%	4.29%	4.22%	4.29%	4.61%	4.93%
CTA	2.56%	2.44%	4.88%	2.38%	4.26%	4.35%	3.92%	4.35%	3.77%	4.00%	3.57%	3.64%
EOC Watch Staff	10.00%	9.55%	10.54%	10.10%	9.30%	8.87%	8.91%	8.78%	8.70%	8.54%	8.78%	9.16%
Fleet	8.62%	8.47%	8.47%	8.62%	8.62%	3.45%	1.79%	1.72%	1.79%	5.56%	8.77%	8.62%
PTS	9.39%	9.05%	8.64%	8.68%	7.50%	6.25%	6.84%	6.47%	5.65%	6.14%	6.67%	7.59%
Resource Staff	4.17%	4.17%	4.17%	4.17%	8.33%	8.51%	7.84%	8.51%	8.00%	6.12%	3.77%	5.66%
SMP	5.47%	5.24%	5.43%	5.05%	5.15%	4.92%	4.42%	4.26%	3.37%	3.16%	2.31%	2.74%
Trust Total	6.14%	5.77%	5.64%	5.78%	5.58%	5.28%	5.12%	5.09%	4.95%	4.99%	5.18%	5.54%

**A&E Establishment as at March
2010**

Position Titles	Staff in post(Fte)	Funded Est.	Variance	Leavers
Team Leader				
Paramedic	169.19	194.00	24.81	1.00
ECP	65.96	74.00	8.04	0.00
Paramedic	908.30	1047.00	138.70	4.00
EMT 2-4	1110.37	956.00	-154.37	6.07
Student Paramedic 1	242.00	404.00	-222.00	6.00
Student Paramedic 2	384.00			2.00
Student Paramedic 3	83.00	300.00	216.00	0.00
Student Paramedic 4	1.00			0.00
EMT 1	20.60	328.00	26.34	0.00
A&E Support	281.06			0.00
EMD1	113.02	54.00	-59.02	3.00
EMD2	103.25	90.55	-12.70	0.00
EMD3	74.47	100.76	26.29	0.00
EMD Allocator	69.69	78.00	8.31	0.00
CTA	53.80	50.00	-3.80	0.00
Total	3679.71	3676.31	-3.40	22.07

5. COMMUNICATIONS

Health promotion

Stroke awareness day: Free blood pressure checks were given to 2,173 Londoners who attended 19 health fairs during the biggest health promotion initiative ever organised by the Trust. The events were held across the capital in April to raise awareness of the danger of undiagnosed high blood pressure, which is the biggest risk factor for causing a stroke.

Of those who attended:

- 1,666 were found to have normal blood pressure
- 502 were found to have high blood pressure and were referred to their GP
- five were taken to hospital on the day.

Staff also taught Londoners the simple FAST test (**F**ace, **A**rm, **S**peech, **T**ime to call 999) to increase their ability to identify a stroke in others.

The initiative is currently being evaluated, with feedback being sought from the people who attended the events and staff who were involved.

Chief Executive's charity

Fundraising for Epsom-based charity, MERU, has exceeded £11,000 in the first seven months since it was announced as the Chief Executive's charity. MERU designs and makes specialist equipment for children and young adults with disabilities in London and the south east. The majority of funds have been raised by staff who ran this year's London Marathon – current figures show that over £9,000 was raised through their efforts. A number of local initiatives have also raised money including the millionth call sweepstake, auction of England v Wales rugby tickets and cakes sales. The Pennies from Heaven initiative which allows staff to donate the small change from the end of their payslip to MERU currently provides the charity with a regular monthly income of £150. Future fundraising initiatives include a dress down day, carol concert and a raffle at the forthcoming awards night. The Service is well on track for raising its two-year target of £25,000.

Staff recognition

LAS Awards: Final preparations are under way for the Service's staff awards ceremony which takes place in Covent Garden on Thursday 10 June. A total of 170 nominations were received for staff who have gone the extra mile, and the finalists will be announced ahead of the event.

Media

Handling of calls and funding for non-conveyance: The Sunday Telegraph published two articles on consecutive weekends towards the end of March regarding the use of ambulance priority dispatch systems. The second of the stories focussed on the London Ambulance Service and its trial on behalf of the Department of Health of offering clinical telephone advice to some Category B callers. It highlighted the tragic death of a patient who had initially been referred for clinical advice. The report led on how part of the funding received from primary care trusts - equivalent to £38 per person - was based on the number of patients attended who didn't need to go to hospital. As these board papers were being prepared, a response to a Freedom of Information request from the same newspaper was also being finalised.

The Evening Standard also covered the £38 story, although also recognised that this form of funding had been in place for three years. The details were published as part of a wider article about the Service's 'Choose Well' adverts on the side of ambulances. LBC radio station subsequently picked up the story of the adverts as part of an evening phone-in programme, during which the Deputy Director of Operations took part in a challenging interview with the presenter.

Other stories: Two Whipps Cross paramedics were reunited with a cardiac arrest survivor, who had been resuscitated in his local pub. The story has appeared in the local media.

Local coverage was given to some of the Service's runners pre and post the marathon.

PPI and Public Education activity report

Category C Service User Survey:

- The action plan arising from the above survey was presented to Commissioners at the end of March and to SMG in mid-April. The activities within the plan were accepted by both groups, with views expressed that priority should be given to (a) increasing the use of alternative care pathways and (b) finding out more about the experiences of Category C patients. Most actions will be incorporated into the Service Improvement Programme, and the action plan will continue to be overseen by the action planning group.

Tower Hamlets:

- As part of the Tower Hamlets project, a new DVD is being created for Get the Right Treatment, with scenarios aimed at children and young people. The scenarios are going to be developed and filmed with the participation of young people at a Tower Hamlets school.
- A representative from Tower Hamlets Local Involvement Network (THINK) has now joined the steering group, and a number of joint initiatives are planned between THINK, the LAS and the PCT. These include targeting specific health messages at white unskilled / unemployed men in the borough, who now have the worst health outcomes compared to any other group.

Public education:

- The next public education staff development programme will run for 8 days in June and July, and 12 members of staff will take part. As well as training in presentation skills, risk assessments and session planning, the programme will increase the delegates' understanding of the Trust's key messages and policies. It will also include, for the first time, a session specifically on deaf awareness.
- Recent public education activities have been the stroke awareness day, knife crime events, school events and activities in Tower Hamlets. This has included a training day for 67 Imams at Tower Hamlets mosque.
- A pan-London information-sharing event is being planned for June, focusing on knife crime. The aim of the event is to bring together key people across London who are working on knife crime initiatives, so they can share information about their various activities and consider how to make a greater impact with their work across London.

- Since a fatal incident in 2006 at a nursery school, the Trust has not been undertaking visits to nurseries. At the last Public Education Strategy Steering Group meeting, it was agreed that staff may now attend nurseries to talk to the children about the ambulance service, as long as they do not take an LAS vehicle with them.

Peter Bradley CBE
Chief Executive Officer

18 May 2010

TRUST BOARD

M01 April

Document Title	M01 April - Finance Report
Report Author(s)	Finance Department
Lead Director	Mike Dinan
Contact Details	0207 7463 2585
Aim	Information
<p>Key Issues for the Service Development Committee The result for the month is a surplus of £249k. The year to date result shows a surplus of £2359k. The full year result is forecast to be a surplus of £2359k. Total average monthly cost year to date was £282419k and Total average monthly cost for the full year is forecast to be £23535k.</p>	
<p>Mitigating Actions (Controls) Monitoring of expenditure and associated cost improvement plans . Intervention as required.</p>	
<p>Recommendations to the Service Development Committee To note the contents of this report.</p>	
<p>Equality Impact Assessment</p> <p>Has an EIA been carried out? No</p> <p>(If not, state reasons) Not relevant for this paper</p> <p>Key Issues from Assessment</p>	
<p>Risk Implications for the LAS (including clinical and financial consequences)</p>	
<p>Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)</p>	
<p>Corporate Objectives that the report links to</p>	



**LONDON AMBULANCE SERVICE NHS
TRUST**

FINANCE REPORT TO THE SERVICE
For the Month Ending 30th April 2010 - (Month 1)

Contents:

- Page 4: EBITDA Summary
- Page 5: Forecast by Month
- Page 6: Comparison of Month to Month Actual Results
- Page 7: Comparison of Monthly Actual Result to Monthly Budget

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LONDON AMBULANCE SERVICE NHS TRUST

Finance Report - Summary For the Month Ending 30th April 2010 - (Month 1)

	£000s					
	<i>IN THE MONTH</i>			<i>ANNUAL</i>		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Forecast</u>	<u>Budget</u>	<u>Variance</u>
Total Income	23,877	23,718	159F	284,778	284,619	159F
Total Operational Costs	22,220	21,334	(886)U	262,592	262,201	(391)U
EBITDA	1,657	2,384	(727)U	22,186	22,418	(232)U
EBITDA Margin	6.9%	10.1%	-3.1%	7.8%	7.9%	-0.1%
Depreciation & Interest	1,408	1,674	266F	19,827	20,092	266F
Net Surplus/(Deficit)	249	710	(461)U	2,359	2,325	34F
Net Margin	1.0%	3.0%	-2.0%	0.8%	0.8%	0.0%

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends

For the Month Ending 30th April 2010 - (Month 1)

	MONTHLY SPEND												£000s
	April	May	June	July	August	September	October	November	December	January	February	March	Total
	<i>Actual</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	<i>Fcast</i>	
Income	23,877	23,718	23,718	23,718	23,718	23,718	23,718	23,718	23,718	23,718	23,718	23,718	284,778
Pay Expenditure													
A&E Operational Staff	10,287	11,232	11,398	11,524	11,648	11,840	11,885	11,901	11,926	11,945	11,967	11,995	139,548
Overtime	1,209	462	462	462	462	462	360	360	360	360	360	360	5,679
Overtime Incentives	3	0	0	0	0	0	0	0	0	0	0	0	3
A&E Management	1,222	960	951	942	933	924	915	906	897	888	879	870	11,288
EOC Staff	1,146	1,254	1,254	1,254	1,254	1,254	1,254	1,254	1,254	1,254	1,254	1,254	14,943
PTS Operational Staff	475	427	427	427	427	427	427	427	427	427	427	427	5,171
PTS Management	88	39	39	39	39	39	39	39	39	39	39	39	515
Corporate Support	2,962	2,609	2,589	2,569	2,549	2,529	2,611	2,591	2,571	2,551	2,532	2,512	31,175
Sub Total	17,390	16,984	17,120	17,218	17,313	17,476	17,491	17,478	17,474	17,464	17,458	17,456	208,321
<i>Average Daily</i>	<i>580</i>	<i>548</i>	<i>571</i>	<i>555</i>	<i>558</i>	<i>583</i>	<i>564</i>	<i>583</i>	<i>564</i>	<i>563</i>	<i>623</i>	<i>563</i>	<i>571</i>
Non-Pay Expenditure													
Staff Related	300	238	238	238	238	238	238	238	238	238	238	238	2,913
Subsistence	177	54	54	54	54	54	54	54	54	54	54	54	771
Training	53	142	142	142	142	142	142	142	142	142	142	142	1,615
Medical Consumables & Equipment	428	526	526	526	526	526	526	526	526	526	526	526	6,219
Drugs	59	31	31	31	31	31	31	31	31	31	31	31	398
Fuel & Oil	454	415	415	415	415	415	415	415	415	415	415	415	5,016
Third Party Transport	102	11	11	11	11	11	11	11	11	11	11	11	225
Vehicle Costs	649	678	678	678	678	678	678	678	678	678	678	678	8,109
Accommodation & Estates	991	1,151	1,151	1,151	1,151	1,151	1,151	1,151	1,151	1,151	1,151	1,151	13,651
Telecommunications	723	713	713	713	713	713	713	713	713	713	713	713	8,567
Depreciation	992	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	14,903
Other Expenses	894	536	536	536	536	536	536	536	536	536	536	536	6,786
Profit/(Loss) on Disposal FA	0	0	0	0	0	0	0	0	0	0	0	0	1
Sub Total	5,822	5,759	5,759	5,759	5,759	5,759	5,759	5,759	5,759	5,759	5,759	5,759	69,174
<i>Average Daily</i>	<i>194</i>	<i>186</i>	<i>192</i>	<i>186</i>	<i>186</i>	<i>192</i>	<i>186</i>	<i>192</i>	<i>186</i>	<i>186</i>	<i>206</i>	<i>186</i>	<i>190</i>
Financial Expenditure	416	410	410	410	410	410	410	410	410	410	410	410	4,924
<i>Average Daily</i>	<i>14</i>	<i>13</i>	<i>14</i>	<i>13</i>	<i>13</i>	<i>14</i>	<i>13</i>	<i>14</i>	<i>13</i>	<i>13</i>	<i>15</i>	<i>13</i>	<i>13</i>
Monthly Expenditure	23,629	23,153	23,289	23,387	23,482	23,645	23,660	23,647	23,643	23,633	23,627	23,625	282,419
Cumulative	23,629	46,781	70,070	93,457	116,939	140,584	164,244	187,891	211,533	235,167	258,793	282,419	
Monthly Net	249	566	429	332	236	73	59	72	76	85	92	93	2,359
Cumulative Net	249	814	1,243	1,575	1,811	1,884	1,943	2,014	2,090	2,175	2,266	2,359	
Impairment	0	0	0	0	0	0	0	0	0	0	0	0	0

LONDON AMBULANCE SERVICE NHS TRUST

For the Month Ending 30th April 2010 (Month 1)
Month 1 Actual V Month 12 Actual

	<u>M1 Actual</u>	<u>M12 Actual</u>	<u>var</u>	<u>Notes</u>
	£000s	£000s	£000s	
Income	-23,877	-23,236	-641	Increase in A&E Contract £600k
Pay Expenditure				
A&E Operational Staff	10,287	10,082	206	24 additional Student Paramedics (24 x £2.1k = £50k) plus pay increment effect (2.25%).
Overtime Incentives	3	9	-7	
Overtime	1,209	904	304	£150k Time-Off in Lieu for A&E staff. A&E overtime hours has increased by 4,724 hours which equates to approx £99k (4,724 x £21). EOC Overtime increased by £26k.
A&E Management	1,222	1,167	55	Pay increment effect
EOC Staff	1,146	1,139	7	
PTS Operational Staff	475	463	11	
PTS Management	88	87	1	
Corporate Support	2,962	4,189	-1,227	£290k CIP achieved for agency. M12 contained a £650k reallocation of consultancy related costs
Sub Total	17,390	18,040	-650	
Non-Pay Expenditure				
Staff Related	300	512	-213	£149k reallocated from Other Expenses in M12. £65k reduction in uniform purchase.
Subsistence	177	191	-14	
Training	53	119	-66	Reduction in MPET and training course related spend as part of MPET plan and CIP
Medical Consumables & Equipment	428	-268	697	Year end adjustments were made to reconcile Inventories and expenditure in Month 12.
Drugs	59	55	4	
Fuel & Oil	454	484	-30	
Third Party Transport	102	246	-145	As part of planned CIP initiatives. £33k reduction in PTS third party transport usage. £107k reduction in A&E.
Vehicle Costs	649	1,555	-905	M12 UVM write-off costs (£116k) and adjustment to vehicle provision (£645k). In Month 1 reduction of accidents and repairs activity of £135k.
Accommodation & Estates	991	1,266	-275	Reduction in planned estates maintenance.
Telecommunications	723	898	-175	M12 actuals included Airwave decommissioning costs of (£46k). M01 reduction in PC related and IT Maintenance spend (£99k)
Depreciation	992	1,101	-109	
Other Expenses	894	144	750	M12 Year end reductions in spend
Profit/(Loss) on Disposal FA	0	35	-35	
Sub Total	5,822	6,338	-516	
Total Expenditure	23,213	24,378	-1,166	
Financial Expenditure	415	258	157	Increase in PDC dividends of £133k
Total	-250	1,401	-1,650	

LONDON AMBULANCE SERVICE NHS TRUST

For the Month Ending 30th April 2010 (Month 1)
Month 1 Actual V Month 1 Budget (FiMs)

	<u>M1 Actual</u>	<u>M1 FiMs Budget</u>	<u>var</u>	<u>Notes</u>
	£000s	£000s	£000s	
Income	-23,877	-23,718	-159	Additional Variable income recognised
Pay Expenditure				
A&E Operational Staff	10,287	11,014	-727	25 Additional Student Paras were expected to be in place (£62k)
Overtime Incentives	3	0	3	
Overtime	1,209	462	746	M1 budget splits overtime equally but higher actual usage at start of the year
A&E Management	1,222	969	252	A&E Management currently overestablishment. CIP will be included in budget but not actually expected to be achieved until Q2
EOC Staff	1,146	1,254	-109	More EMD1 trainees were expected in FiMs
PTS Operational Staff	475	427	48	
PTS Management	88	39	49	
Corporate Support	2,962	2,629	334	CIP savings have been partially achieved in Month but full actual savings will occur after quarter 1
Sub Total	17,390	16,794	596	
Non-Pay Expenditure				
Staff Related	300	238	62	
Subsistence	177	54	123	Phasing adjustment in M01
Training	53	142	-89	
Medical Consumables & Equipment	428	526	-98	
Drugs	59	31	29	
Fuel & Oil	454	415	39	Increase in fuel costs above expected plan
Third Party Transport	102	11	90	
Vehicle Costs	649	678	-29	
Accommodation & Estates	991	1,151	-160	Phasing adjustment in M01
Telecommunications	723	713	10	
Depreciation	992	1,265	-272	Phasing adjustment in M01
Other Expenses	894	581	313	M1 CIP pressures partially achieved due to phasing
Profit/(Loss) on Disposal FA	0	0	-0	
Sub Total	5,822	5,804	18	
Total Expenditure	23,213	22,599	614	
Financial Expenditure	415	410	5	
Total	-250	-710	460	



TRUST BOARD - 25th May 2010

Document Title	Clinical Quality and Patient Safety Report
Report Author(s)	Dr Fionna Moore
Lead Director	Dr Fionna Moore
Contact Details	Executive Offices LAS Headquarters
Aim	To provide the Board with evidence of progressing clinical quality and patient safety.
Key Issues for the Board The Medical Director's report has been renamed to ensure that greater assurance is provided on clinical quality matters and that patient safety issues are made more explicit. The report will continue to focus on the 7 Domains of Standards for Better Health. Issues to highlight: Safety: <ul style="list-style-type: none">• Update provided on SUIs under consideration, including the overall numbers for the year 2009/2010• Compliant with Central Alerting System (CAS) reporting arrangements. Clinical and cost effectiveness: <ul style="list-style-type: none">• An update is provided on work undertaken by the Frequent Callers Unit• CPI completion rates show a marked improvement in March 2010, reaching 82% across the LAS. Many more feedback sessions have also been delivered than in the preceding 6 months.• Update provided on a baseline audit on oxygen use, based on a snapshot of 50 cases, and on the plans for collecting data on stroke and trauma. Governance: <ul style="list-style-type: none">• Report from the Medicines Management Group detailing progress and work plan.• No loss misuse or adverse effects reported relating to LAS drugs, including controlled drugs and those used under PGDs. 3 incidents relating to incorrect drug or fluid administration; none of which led to adverse effects.• Details provided of the very high level of training activity being undertaken. This relates to new members of staff (student paramedics, A&E Support and the HE programme). Risks and challenges described• Written feedback from Training courses; very positive feedback from Clinical Update for Team Leaders. Actions planned to address concerns around driver training, consistency of tutor availability on courses, standardised marking pre course support, lack of residential accommodation are included• Evidence provided of up to date appraisals for Training Officers.• Details of additional training delivered which is inconsistently recorded but very popular and of a high standard.	
Mitigating Actions (Controls)	
Recommendations to the Board Trust Board is asked to note this report as further work in progress and to note the very	

significant progress in Frequent Caller initiatives, CPI completion, reporting of Training activity and medicines management.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Corporate Objectives that the report links to

Delivering high standards of clinical care

Meeting the educational needs of the workforce

Providing a safe environment for patients and staff

Undertaking high quality audit and research studies

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 25th May 2010

Clinical Quality and Patient Safety Report

Standards for Better Health

First Domain – Safety

1.1 Update on Serious Untoward Incidents (SUIs)

Work is underway on the revised SUI policy and practice guidance, the Head of Patient Experiences having been in close liaison with NHS London. It is anticipated that this will be presented to the Board for formal adoption after SMG consideration in May.

A summary is provided of all the possible SUIs considered during 2009 / 2010 under Appendix 1

None of the reports on the declared cases (save the ambulance fire) have been completed as yet, in progress, so no clinical lessons have been identified. However, as individual cases are identified case studies are prepared for the Clinical Update included in quarterly editions of the LAS News

1.2 Central Alerting System (CAS) formerly the Safety Alert Broadcasting System (SABS):

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

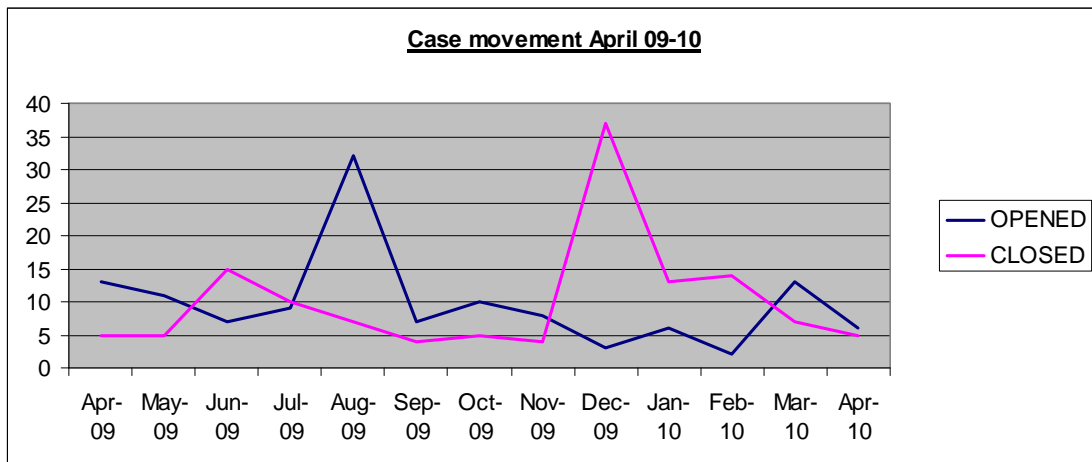
26 alerts were received from 10th March to 13th May 2010. All alerts were acknowledged; one required action that has been completed, relating to Flexible Water Supply Hoses.

Second domain – Clinical and Cost Effectiveness

2.1 Frequent callers

The Frequent Caller Unit (FCU), as part of the Patient Experiences Department, has now been established for 18 months and is the focal point within the LAS for co-ordinating frequent caller enquires and subsequent actions. The FCU comprises of three Frequent Caller Officers, each co-ordinating a Sector of London (West, South and East), and a Social Work Liaison Officer. The current number of open cases being taken forward by the Unit is 120, with 39 in the West, 40 in East and 41 in the South Area. Case movement over the past year is demonstrated in Diagram 1.

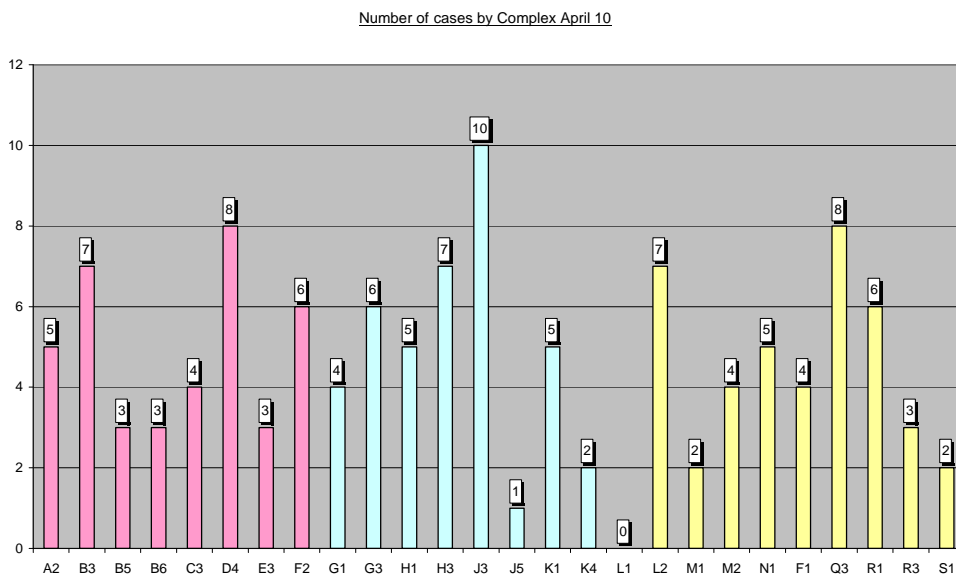
Diagram 1: Frequent caller case movement April 2009 – 2010



The FCU has recognised that the original aim to involve ambulance Complexes in the management of frequent caller cases has not been successful. Four of the twenty-six ambulance Complexes currently do not have a dedicated Frequent Caller Representative (FCR) and while there are a few notable exceptions, the majority of Complexes do not have any involvement with the management of cases.

On a more positive note some London PCTs have now established frequent attender/caller groups to manage the dual issues of frequent attenders to their Emergency Departments and frequent callers to the London Ambulance Service (LAS) who reside within their PCT. It is hoped that each London PCT will have a Frequent Attender Group in place by the end of the year. Each group's purpose will be to ensure that this patient group is managed effectively and that the appropriate care pathways are in place to reduce their dependence on EDs and the ambulance service. They will work in partnership with other key stakeholder organisations including the Acute Trusts, Mental Health, Drugs & Alcohol Teams and Intermediate Care, as well as the LAS.

Diagram 2: Frequent callers by LAS Complex.



A series of illustrative cases is included under **Appendix 2**

2.2 Clinical Performance Indicator completion

The current target for CPI completion is **95%**. The March figures show a dramatic improvement with **13 Complexes achieving 85% completion rates**. This is predominantly due to improvements made by the Clinical Audit and Research Unit whereby PRFs are electronically sorted and prepared for Team Leaders to audit, rather than relying on manual sorting. The improvements also reflect a period of more stable operational performance.

Diagram 3. CPI completion August – March 2009 / 2010

Area	CPI Completion						
	August	September	October	November	December	January	March
East	23%	23%	31%	30%	20%	23%	77%
South	30%	46%	40%	45%	44%	46%	82%
West	32%	56%	40%	49%	36%	56%	86%
LAS	30%	43%	46%	43%	36%	43%	82%

For the year 2009/10, Team Leaders across the LAS also gave 3,681 feedback sessions, which is 64% of the target. Encouragingly, in March 461 sessions were completed, achieving 96% of the target for the month.

Camden, Hanwell and Islington Complexes have demonstrated excellent commitment to feedback by meeting and exceeding their full year target for 2009/10. **Barnehurst, Chase Farm, Greenwich, Isleworth and New Malden** Complexes were within 25% of their target for the year.

CARU, AOMs and their Team Leaders are to be congratulated on this marked recent improvement.

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

Summary of Findings from a Baseline Clinical Audit into the use of Oxygen

Author: Frances Sheridan, Clinical Audit Assistant

Introduction

Oxygen administration is used in the treatment of a variety of medical conditions by the London Ambulance Service (LAS). In October 2008 the LAS implemented the new British Thoracic Society guidelines for emergency oxygen use in adult patients. The Joint Royal Collages Ambulance Liaison Committee (JRCALC) later released updated oxygen guidelines in April 2009, based on the recommendations from the British Thoracic Society, outlining dosages and administration methods for a variety of clinical conditions. A baseline audit into oxygen usage has assessed LAS compliance to the updated guidelines.

Method

A baseline clinical audit examining 50 consecutive administrations of oxygen in July 2009 was conducted.

Results

- An initial oxygen saturation measurement was taken for 96% of patients.

- An oxygen saturation measurement was taken after treatment for 94% of patients.
- In 100% of cases LAS staff had documented the patient's medical history.
- The use of oxygen was clinically indicated for the patient's presenting condition in 68% of cases but was not indicated in 24% of patients to whom it was administered. For 8% of cases poor documentation prevented an assessment of the clinical indication of oxygen.
- Dosage administration could not be assessed for 60% of cases due to poor documentation. The correct dosage was administered to 16% of eligible patients.

Discussion

This baseline clinical audit found that LAS staff demonstrated good practice when measuring a patient's oxygen saturation and documenting their medical history. However, documentation of oxygen dosage was poor.

Almost a quarter of patients in the sample received oxygen when it was not clinically indicated. This finding suggests that not all staff are familiar with the latest JRCALC oxygen guidelines.

The clinical audit recommended that staff are reminded of the changes made to the oxygen guidelines and that crews should be made aware of best practice for documenting oxygen dosage. Following this, a re-audit should be conducted.

Development of Stroke and Trauma Audit Systems

Author: Gurkamal Viridi, Assistant Head of Clinical Audit & Research

In response to the re-modernisation of stroke and major trauma services in London, the LAS' Clinical Audit and Research Unit (CARU) has developed audit systems that evaluate the utilisation of the new pathways and review the care given to stroke and major trauma patients by ambulance staff.

The stroke audit system collates information on patients where a stroke or Transient Ischaemic Attack (TIA) is suspected following a clinical assessment known as the Face Arm and Speech Test (FAST) by the attending ambulance crew. For each patient, general incident details are captured, including the response level allocated to the emergency call by the Advanced Medical Priority Dispatch System (AMPDS), use of the Clinical Co-ordination Desk and response times. Using data extracted from the Patient Report Form (PRF) the care provided to the patient by ambulance staff is examined. Compliance to the pathway is assessed by determining whether the patient was appropriately transported to one of the eight Hyper Acute Stroke Units, (HASU) in London or to a local unit. The time taken to transport the patient to the unit will be used to assess the impact of the new pathway on journey times. In addition, as part of the audit of LAS care, it is intended that patient outcomes will be collected.

The trauma audit system has been created to collect information on patients transported to the four Major Trauma Centres, (MTC) in London. Dispatch information including the type of responses activated and the skill level dispatched will be captured alongside details on the use of the Clinical Co-ordination Desk. Response times will be collated to evaluate time spent on scene and journey times to each MTC. Management of the patient including basic observations and treatment details will also be collected from PRFs. The trauma audit system will report compliance to the trauma triage tool that has been developed to direct ambulance staff in their decision making in determining whether a patient should be transported

to a MTC or a trauma unit. It will also gather data from the Trauma Audit and Research Network on patient injury severity and patient outcomes.

Monthly operational reports examining stroke and major trauma care will be produced by CARU and disseminated across the LAS and to external stakeholders. The information reported will be used to provide evidence on the use of the pathways to ensure that appropriate patients are conveyed to the specialist centres (HASU and MTC) and to improve patient care. To support the audit system, CARU have recruited three full time staff responsible for collecting, interpreting, analysing and reporting on the data.

Third Domain – Governance

3.1 Update on drug management; recent audit findings and progress

No incidents relating to loss, misuse or adverse effects of LAS drugs, including Controlled Drugs and those used under Patient Group Directions (PGDs) have been reported since my last report of March 2010. 3 incidents relating to drug therapy have been recorded; no adverse effects were reported.

3.2 Medicines management group (MMG)

This is a new group which had its first meeting on 20th April 2010. It will report to the Clinical Quality, Safety and Effectiveness Committee. The MMG is under the chairmanship of the Senior Clinical Adviser to the Medical Director. Membership of the group also includes: Assistant Medical Director - West (Vice-Chair); Pharmacy representation from Hinchingsbrooke and Frimley Park hospitals; Finance Directorate; Procurement & Logistics; Audit and Compliance (GDU); Staff-side; Operations Management (AOM) and a member of front line staff.

The primary functions of the MMG will be to ensure that high quality patient care is being delivered by the London Ambulance Service NHS Trust through effective use and management of medicines by the Trust. The group will look at all aspects of the introduction of proposed new drugs and also review existing drugs. This will include:

- Ensuring that criteria are set for approving the future funding of potentially high cost drug implementations, to include some cost, benefit and clinical risk analysis.
- Those existing drugs which are outliers for high cost, low usage or high wastage are reviewed for cost, benefit and clinical risks of alternatives.
- Available presentations, content of drug bags and staff training and communications. Plans for any implementation of new drugs.
- That any requirements and recommendations from other audits of medicines management will be managed and overseen.

Items dealt with at the first meeting included:

- Changes to the flucloxacillin Patient Group Direction (PGD), due to an increase in the cost of one presentation of the drug.
- Looking at the feasibility of introducing intravenous paracetamol as an adjunct to pain relief.

- Starting the process to introduce a PGD for midazolam, to assist in the treatment of acute behavioural disturbance. (This is in relation to a recent Rule 43 from HM Coroner in the matter of a death in custody).

Subsequent matters referred to the Chairman for consideration include:

- Use of 5% dextrose for flushing amiodarone
- Complete overhaul of the “general drug bag” system, and all attendant policies / procedures.

3.3 Delivery of education

The Clinical Training Department continues to deliver a high volume of paramedic student programmes and Accident and Emergency Support programmes. Student Paramedic recruitment has now been suspended and the last cohort for the financial year started on 29 March 2010. This report sets out some of the key clinical education activity and actions being undertaken in order to promote continuous quality improvement in clinical education.

3.3.1 Third and Fourth Quarter Activity.

The activity set out below identifies the training offered and uptake against planned places. Training uptake has continued to be challenging due to the pressures of service delivery targets and the management of the large cohorts of students. Overall 1998 places were offered and 1522 taken up. These places included new starters (Student Paramedic and A&E Support, Control Services) as well as modules delivered on the APL (in house) paramedic programme, Team Leader courses, LARP training, Clinical Update Training for Operational Managers and courses for Practice Placement Educators.

Particular areas to highlight include the training offered at the two NWOW Complexes, a review of reasons for students failing to complete courses, Higher Education activity and course feedback More detail is provided under each area as follows:

3.3.1.1 NWOW Complex training

Chase Farm

Module	Number trained	Percentage (% of work force - not all staff eligible for module i.e recent para course)
A&E Support (BM, FAST, Resus)	22	100%
12 Lead (EMT/Para)	51	70%
Resus (EMT/Para)	52	72%
Patient assess't (level2) (A/A)	61	84%
Other (EZIO etc.) All staff	70	97%

Barnehurst

Module	Number Trained	Percentage (% of work force - not all staff eligible for module i.e recent para course)
12 lead	90	75%
Resus	90	75%
Patient assess't	82	68%
Other (EZIO etc...)	118	99%

Both complexes are struggling to get staff through theatres for LMA placement.

Although Barnehurst completed their core competency training at the end of Q3 by making good utilisation of the task force little training has taken place since then due to specific training time allocation Barnehurst only started their new rotas incorporate the protected training time at the end of April. As a result there has been limited training time due to limitations on overtime, the prioritisation of mandatory training and annual leave.

3.3.1.2 Pre Registration Course attrition.

A&E Support

The year to date attrition rate of A&E Courses out turning between 1st October 2009 and 31st March 2010 is 4.23% the two areas of failure are driving (3 students) and Lifting (1 student).

Subject area	Number of students Q1&2	Number of Students Q3& 4	Total and % in year
Driving	3	3	6 (3.5%)
Resigned	1	0	1 (0.55%)
lifting	1	0	1 (0.55%)
Dismissed	2	0	2 (1.11%)
Did not attend first day of course	1	0	1 (0.55%)
Returned to PTS	0	1	1 (0.55%)

Student Paramedic

The cumulative attrition rate of student Paramedic Courses to 31 March 2010 is 7% and 1.25% in year 2 The key areas of attrition across the year are as detailed below:

Year 1

Subject area	Number of students Q1&2	Number of Students Q3& 4	Total and % in year
Resignations	5	11	16 (2.2%)

Mod D, Anatomy and Physiology, driving	5	11	16 (2.2%)
	3	6	9 (1.24%)
OSCE's	5	4	9 (1.24%)
Mod F	3	1	4 (0.55%)
Dismissals	1 (student went AWOL)	2 (CRB issues)	3 (0.4%)

A number of actions have been taken to reduce the attrition rate, though this has had little impact on the overall rates. Research on attrition in course of this type show that the LAS' rate is very low. There are usually multiple factors which affect the rate including age of students, socio economic factors, how recently they have studied and to what level. Having reviewed comparable three year vocational programme data the LAS' rate of attrition is at a level which would be deemed to be " healthy" suggesting that those who do not meet the required standard are not passing. The area which remains of concern is the number of people who resign due to changes in personal circumstances and for personal reasons. This is not an unexpected trend in such a severe economic downturn but will be continually monitored. Having analysed the detailed data, a number of these students gave personal reasons for resigning including complex family and socio economic issues.

Having had a number of issues with staff who had commenced in post who then received CRB checks which were below the required standard the process for undertaking checks was changed. Check outcomes are now received prior to commencement in post. In 2009/10 there were 4 members of staff for whom adverse CRB checks were received. One person resigned, 2 people have been dismissed following disciplinary investigations and hearings and the outcome for one person is yet to be determined.

The issue of low course attrition in the centres has been considered and whilst there is no equivocal evidence the complete lack of attrition in centres may be attributed to the smaller class sizes. The student tutor ratios are much the same but the smaller groups seem to enhance learning and improve assessment performance.

Year 2

Subject area	Number of students Q1&2	Number of Students Q3& 4	Total in year
Resignations	2	3	5 (2.9%)
SP2 gateway assessments	0	3	3 (6%)
Dismissals	0	2	2 (1.19%)

The two dismissals were as a result of capability issues. Of those who resigned two students cited incompatible working relationships; should this trend persist then a deeper analysis of what this means should be instigated.

3.3.1.3 Student Paramedic (SP) Gateway Assessments Details

The SP2 Gateway assessments only commenced in January 2010 and so comparatively small numbers have so far undertaken these. The current picture is promising, however this may change as more students are engaged in the process. This will be monitored and any trends will be analysed to identify actions to address these. Of the 3 students who have thus far failed the gateway assessment; in one case there are extenuating circumstances and the individual is being given another opportunity to resit; in one case the results have been referred for moderation as there is evidence that the marking at the resit was more rigorous than the benchmark for the cohort and the third case has not yet been resolved with the individual.

Number of Students Attended GA 1	168	
Number of Students Passed	110	65%
Number of Students Failed	58	35%

Number of Students Attended GA 1 Resits	52	
Number of Students Passed	49	94%
Number of Students Failed	3	6%

3.3.1.4 Higher Education (HE)

The London Ambulance Service currently has three higher education programmes; based at the University of Hertfordshire, the University of Greenwich and St Georges University of London and an approved HE Practice Placement Education Programme.

Part time diploma / BSc (Hons) degree programme

At the University of Hertfordshire (UH), the London Ambulance Service runs a part-time paramedic science degree programme. This programme has been designed to facilitate higher education for qualified paramedics. The programme currently runs over four years with sponsorship in the form of payment of academic fees and study leave allowance of 70 hours per semester. The four year breakdown is as follows: Successful completion of years one and two results in the award of a diploma in higher education and successful completion of years three and four result in the award of BSc (Hons). We have completed the design of a 3 year part time MSc paramedic science programme which should be available from September 2009. The LAS are currently supporting 24 students through the Diploma element and 22 students through the degree element.

Full Time BSc (Hons) degree

The London Ambulance Service also runs a full time paramedic science BSc (Hons) degree in partnership with the UH which runs over four years. Students educational and practice placement are supported by the London Ambulance Service practice placement structure throughout the four year programme. Students are LAS secondees. On completion of year one the students will have obtained the skill sets equivalent to an EMT 2 = HE SP2. On completion of year two the students will be eligible for the award of a diploma in higher education. Year three is a sandwich year where successful students are awarded a one year fixed term contract as EMT 2 = HE SP2 with the London Ambulance Service. During this year they work for the London Ambulance Service in a relief capacity allowing the students to consolidate theory and practice and acquire clinical experience in the workplace while providing operational cover. During year four the students undertake analytical research activity. The LAS are currently supporting 110 students through this programme.

Foundation degrees

The London Ambulance Service has three foundation degrees programmes based at the University of Hertfordshire, University of Greenwich and St George's, University of London. These foundation degrees are run over three years. The first year is full time student status, with educational and practice being co-delivered by HE and the LAS. Year two is 50% student status and 50% LAS employed status, with the same 50%/50% format for year three. During the employed periods the students work for the London Ambulance Service in a relief capacity allowing the students to consolidate theory and practice and acquire clinical experience in the workplace while providing operational cover. The LAS are currently supporting 170 students through these programmes.

We are currently working on a new foundation with St George's, University of London degree based on a two year educational model with a one year period of LAS praeceptorship post qualification. This programme has been put forward for validation by the HPC in July 2010 for a September 2010 start. The programme will be evaluated along side the current three year model to assess the effectiveness of the two year course and how this may benefit future work force planning models. We plan to offer 20 places this year.

Practice Placement Education

An ambitious programme for the development of Associate Practice Placement Educators (APPEDs) and Practice Placement Educators (PPEDs) has been rolled out pan London. Practice placement educators are a vital link in the development of paramedic students. Practice placement educators will have a paramedic student assigned to them for each of their supernumerary placements for a period of one year. The Practice Placement Educators will be supported by Complex teams i.e. Team Leaders, Duty Station Officers, Sector Training Officers, Ambulance Operation Managers, and the Department of Education and Development university teams. We have delivered module one of the programme to 620 LAS staff to date and are currently delivering module two and three of the programme. We have put on 42 development days in this financial year which equals 500 module development places. We will have our first cohort of Practice Placement Educators attain the HE certificate in practice education this year.

The service will be expanding the HE programmes along with the practice education programme over the coming years to meet the changing developments and demands of ambulance service delivery.

Module J: social sciences

We have developed a social science module known as module J. This module achieved successful programme approval with HPC in 2009 and brings paramedic programmes into line with all HPC health service approved programmes. The programme consists of, Health Promotion, law and ethics, sociology, psychology, clinical audit and research, clinical decision making. Tutors have been developed in these areas and the module is delivered solely by the LAS Education and Development team. We have appointed an external examiner to ensure the quality is maintained throughout the programme. We have planned in the following place for this year, Clinical Decision Making – 54 courses (648 places), Sociology - 61 courses (732 places), Health Promotion – 53 courses (636 places), Ethics & Law – 49 courses (588 places), Clinical Audit - 45 courses (540 places), Psychology – 35 courses (420 places).

3.3.1.5 Course Feedback

Clinical Skills Update for Clinical Leads

This programme commenced in September 2009 and concluded in January 2010. The Education & Development Team alongside members of the Medical Directorate developed and delivered a two week course to 160 Team Leaders and Training Officers. The course included the requisite material to equip the team leaders to cascade information about projects developed by Healthcare for London, particularly the introduction of Major Trauma Centres and Hyper Acute Stroke Units, as well as introducing new concepts and new equipment (eg the EZIO). In addition to this the course provided a comprehensive skills update on patient assessment and advanced life support management.

The feedback from the course has been collated and analysed and a full report has been provided to the Director of HR and the Medical Director. The feedback indicates a high level of student satisfaction from the course which met the majority of the students training needs and increased operational confidence. The learning from the course has been consolidated operationally. This course has helped the Team Leader cohort to regain it's clinical focus and enhanced their ability to provide credible clinical leadership on the complexes.

Key Themes/Actions arising from Course Feedback Sessions (October 2009–March 2010)

<i>Course/Programme</i>	<i>Main Issues Highlighted</i>	<i>Background/Current Position</i>	<i>Further Actions Planned</i>
A&E Support	Feedback continues to highlight time constraints as a key problem. Students were particularly critical of limited 'practical' sessions, where opportunities to practice the use of equipment had felt insufficient.	Course length at present is eight weeks. However, new developments such as BM testing, FAST, Escape Hood, Flu Masks, New Vehicle Training & LARP have impacted on an already full programme.	Following referral to Training Strategy Group, a full review of the course programme is scheduled for completion by June. The outcome will help inform subsequent decisions over adjustments to the course length.
	Lack of suitable vehicles for Driver training purposes.	(see 'Student Paramedic' section)	(see 'Student Paramedic' section)
Student Paramedic	Absence of 'Blue Light' driver training during Driving Course.	Current IHCD Driving Course excludes a 'blue light' training element. (Topic has traditionally been covered during LAS operational training).	Following successful trials of 'blue light' driver training within the FRU programme, plans are currently being devised to reflect this training as part of standard ambulance driver training provision. This will include all new A&E Support Staff, as well as the remainder of students entering the Student Paramedic programme.
<i>Course/Programme</i>	<i>Main Issues Highlighted</i>	<i>Background/Current Position</i>	<i>Further Actions Planned</i>
Student Paramedic (cont'd)	Inappropriate and outdated driver training vehicle fleet.	Project to replace and enhance fleet had been subject to various organisational and contractor delays. Director of Finance intervened Autumn 2009 to	The six new Driver Training Vehicles have recently been delivered to the LAS. Although these are still largely in the commissioning stages, early

		authorise delivery of new fleet.	feedback from tutors and students has been very positive.
	Insufficient time between Gateway 2 assessment and Student Paramedic Level 4 element of course.	Experience has shown that previous arrangements didn't allow for adequate study time when students were required to retake assessments.	A two week period has been added within the programme to enhance study time provision. This period also allows for any Module J referrals that require additional support etc.
	Confusion over whether Practice Assessment Document (PAD) applies to direct entrant Student Paramedics.	PAD document had previously applied to HE students only. Work has subsequently been undertaken to adapt this for use by all paramedic students.	PAD document has been updated to clarify that it applies equally to direct entry Student Paramedics, as with those students entering via HE pathways.
	Module J Student Handbook – concern from students that the 'appeals process' information was unclear.	Students are currently entering the appeals process, regardless of the reasons for their dissatisfaction. The new process defines and expands on the grounds for appeal.	Module J Student Handbook has been reviewed and updated to include additional information. This change has recently been communicated via the RIB system.
APL Paramedic	Lack of pre-entry and pre-course study support.	Provision of study events such as evening classes has been subject to inconsistencies.	PLM team are continuing to work closely with area management teams to provide local events in support of pre-course study.

<i>Course/Programme</i>	<i>Main Issues Highlighted</i>	<i>Background/Current Position</i>	<i>Further Actions Planned</i>
APL Paramedic (cont'd)	Lack of pre-entry and pre-course study support. (cont'd)		Module G study days are now being provided at Fulham as standard practice.
	Provision of residential accommodation.	Financial constraints have reduced the residential component to three weeks (from an original position of six).	Following referral to the Training Strategy Group, work is currently underway in costing various options associated with this item.

	Limited access to Fulham Education Centre during evenings.	Students engaged on the residential elements of Paramedic course had previously been restricted to the hotel study facilities.	A review of our tutor resourcing arrangements has enabled additional tutor support to be provided during evening periods, with increased student access to the Fulham Centre.
	Equity in marking of Module J assignments.	Student feedback has highlighted various anomalies in the current assessment process.	Work is continuing to resolve consistency issues, along with the development of additional tutors to help deliver Module J sessions.

Key Themes/Actions arising from Course Feedback Sessions (October 2009-March 2010)

Clinical Education Team Profile

Paramedic training

Course venue	Number of staff Funded	Number of staff rostered	Variance	Reason for variance
Higher Education	8	8	0	
Direct Entrants Paramedics (Hannibal House)	18	23	+5	Identified need for greater support
APL Paramedics Fulham)	8	8	0	
Other Centres	3.6	4.5	+0.9	Identified need for greater support
A&E support	10	10	0	

3.3.1.6 Complex Based Training

The planned transition to NWoW complexes over the next two years combined with the need to complete delivery of the Student Paramedic and A&E Support courses alongside Core Training and continuing professional development creates a complex and challenging agenda to fulfil. The manpower resource requirements alone create significant challenges which mean that at the current time providing individual complexes with named tutors is unrealistic.

In order to address feedback from the Chief Executive's Consultation meetings about the lack of Complex based training officers the Clinical Education Team have made a commitment to deliver as much training as is reasonably practicable as close to Complex as possible. This commitment will be combined with making sure each area has named leads. These short term solutions will increase the visibility and availability of Clinical Tutors (Training Officers) at Complex level that arrangements will over time be superseded by the allocation of dedicated Clinical Tutors at NWoW sites. Named Clinical Tutors have been allocated as Area Leads as follows:

South x 3 T/O's

East x 2 T/O's

4 named individuals rotating through.

West x 2 T/O's

These Area Lead arrangements support and compliment the work of the 3 Area Practice Learning Managers who make a significant contribution to the development delivery and management of Complex level training and provide a constant presence in the areas.

3.3.1.7 Clinical Training Team Appraisals

Staff Group	Number and % of staff who have had an appraisal since April		Number and % of appraisals outstanding		Number and % of staff with a current PDP		Number and % of PDP's outstanding		Target date for completion
Hannibal House	23	100%	Nil		15	65%	9	35%	
Bromley	3	100%	Nil		Nil	0%	3	100%	
New Malden	3	100%	Nil		3	100%	Nil	Nil	
Kenton	2	100%	Nil		2	100%	Nil	Nil	
Ilford	4	100%	Nil		4	100%	Nil	Nil	
Fulham	9	100%	Nil		9	100%	Nil	Nil	
Control Services	5	100%	Nil		5	100%	Nil	Nil	
Complex Trainers (West)	3	100%	Nil		3	100%	Nil	Nil	
Staff Group	Number and % of staff who have had an appraisal since April		Number and % of appraisals outstanding		Number and % of staff with a current PDP		Number and % of PDP's outstanding		Target date for completion
Complex Trainers (East)	3	100%	Nil		3	100%	Nil	Nil	
Complex Trainers (South)	3	100%	Nil		3	100%	Nil	Nil	
HEI's	8	100%	Nil		8	100%	Nil	Nil	
Managers Paul and Keith	2	100%	Nil		2	100%	Nil	Nil	
PLM's	4	100%	Nil		4	100%	Nil	Nil	
ECM's	6	100%	Nil		5	85%	1	15%	

3.4 Challenges and Risks

The Trust Board have identified within the Risk Register the risk to the organisation which has resulted from the lack of Core Training (previously known as CPD training) for staff. This priority has been brought into sharper focus following the HSE visit which resulted in an improvement notice being served. In particular this highlighted the perceived lack of training for Manual Handling, which is a statutory requirement. Whilst this notification was served after the reporting period it is worth noting that in Quarter 4 the Clinical Education Team had started to write a one day refresher programme for clinical staff to include:

- ALS/BLS
- Manual Handling
- Infection prevention and control
- Vulnerable adults
- Child protection

This programme is in the process of being finalised and will roll out from 10 May 2010 onwards. The Clinical Education Team will also develop a portfolio of Core Education provision alongside this refresher which will ensure training packages are available to meet the needs of different clinical staff i.e. new starters will get an induction package and those returning to work may have a more intensive update than the refresher programme and other refresher programmes. The suite of packages will include e-learning and will seek to use Operational Work Based Reviews to ensure that what is taught is practiced in service environments.

The Clinical Education Team continues to experience challenges in managing the allocation of resources to the programmes planned and are focused on:

- achieving resolution of the issued raised by the improvement notice;
- implementing training to address the priorities identified by SMG
- delivery of the training to support Command point implementation
- delivery the Student Paramedic and A&E Support courses.
- ensuring that the Clinical training plan is delivered.

Cumulatively these actions will contribute to the LAS' ability to meet its statutory duty of quality, as well as promoting patient safety, maximising the effective use of resources and managing the clinical and organisational risks.

The Clinical Education Team are continually reviewing the commitments, resources, delivery models and outputs in order to identify areas of efficiency, productivity gain and actions to address shortfalls.

The substantial increase in the workforce will have an impact on the volume of clinical education provision in forthcoming years therefore work is ongoing to scope the change in education activity required and the resources to support this and how NWoW roll out will impact on the methods and patterns of training design delivery and monitoring.

3.5 Locally delivered training sessions

In addition to the formal training programmes described the LAS delivers a significant and often less well documented Complex based and other training sessions.

Following the Clinical Update for Team Leaders over 90% of front line staff were stood down from operational duties to receive a 3 hour training session which included the Major Trauma Field Decision Tool, Hyper Acute Stroke Units, familiarisation with the Lifepac15 and EZIO, and an update on Infection Prevention and Control.

Andrew Lingen Stallard, the LAS Consultant Midwife has delivered a number of sessions both to Control staff and front line crews on obstetric emergencies. The Assistant Medical Directors have delivered session within their Areas, and a small number of staff attend sessions in preparation for the Diploma in Immediate Medical Care examination held monthly at Fulham.

Between 60 and 70 staff attend the '12 lead ECG and assessment of the patient course' a year (and for past 5 yrs) which gives 15 credits at level 3. This course is delivered by the Clinical Practice Manager (Mark Whitbread).

Fourth Domain – Patient Focus

Patient Experience Report is presented under a separate agenda item.

Fifth Domain – Accessible and Responsive Care

Update on the Amber Trial

Further to the report presented to the March Trust Board, The LAS is continuing to formulate the results of this trial. ECPAG reviewed the information generated from a clinical review of 10% of the calls from the 12 determinants within this pilot. A minority of the group requested a further review of those determinants where a very small number of calls were identified. The group also suggested that the findings be tabulated in such a way that the clinical outcomes from each determinant could be compared more easily. This additional information will be presented at a telephone conference in June.

Sixth Domain – Care Environment and Amenities

The Annual Infection Prevention and Control Report is included as a separate agenda item.

Seventh Domain – Public Health

Nothing further to report

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director
14th May 2010

Appendix 1

Summary: SUI Cases 01 April 2009 - 30 April 2010

N	8	26	34
Y		10	10
2010/1368		1	1
Ambulance Fire		1	1
2010/2484		1	1
Patient Jumped from Ambulance		1	1
2010/3011		1	1
Delay in attending patient with allergic reaction		1	1
2010/3839		1	1
Delay in attending elderly patient		1	1
2010/3842		1	1
Amber Green Determinants		1	1
2010/3845		1	1
Delay in attending patient with DIB II		1	1
2010/3851		1	1
HSE Improvement Notice		1	1
2010/4875		1	1
Delay in attending BBA		1	1
2010/634		1	1
Delay in attending patient with DIB		1	1
2010/887		1	1
Data Loss		1	1
Grand Total	8	10	44

53 cases raised as SUIC Considerative,
Of these, 10 cases have been declared by LAS, STEIS Reference stated.

The remainder:

8 were externally declared (by other agencies (SUIED) but where the care provided by LAS was not the primary issue.

9 cases are pending retrospective declaration as part of the exercise we undertook with NHSL.

A further 26 exclusively LAS incidents considered but not declared.

Key:

SUIC	SUI Considerative
	SUI Externally
SUIED	Declared
	SUI Declared by
SUIID	LAS
	SUI Not Declared by
SUIND	LAS

Appendix 2

Frequent callers - case studies:

1. Present case. Elderly female, bedbound, lives alone. Has capacity. Full care package plus Linkline call button. No immediate clinical needs. Good support from Social Worker, GP and Community Matron.

Frequent calls to 999 exceed 250 since May 2008. Patient calls for domiciliary issues (moving pillows/making tea). To address issue:

- Case conference with GP
- Review of care package
- Visited patient twice with Community Matron
- Liaised with Social Services and other care providers

Outcomes:

- Individual Dispatch Protocol (IDP) put in place, GP deals with 999 calls during surgery hours
- Letter sent to patient outlining how to access the appropriate help
- Patient has not significantly reduced call volume despite these measures, patient to be assessed for possible Cognitive Behaviour Therapy
- Met Police Community Liaison Officers have suggested the issue of a fixed penalty notice to the patient if calls continue

2. Past case. Elderly female, poor mobility lives alone. Has capacity. Some home care. Suddenly began falling and phoning 999 with 12 calls per month in April 2008. To address issue:

- Letter sent to GP with call volume and analysis of the times of day patient calls
- Follow up telephone conversation with GP

Outcomes:

- GP arranged for care plan to be increased
- Home hoist fitted
- Patient's call volume reduced to 0 and case closed

3. Past case. Female in mid twenties lives with flatmate in supported housing. Has mental health problems. Has capacity. Since 2006 she has called 999 6-8 times per month with various issues, underpinning these calls is anxiety. To address issue:

- Contact made with patient's Key worker
- Meeting with patient and Key worker in May 2008 to discuss patient's needs and the reasons why she uses 999

Outcomes:

- Telephone number for the supported housing team placed above patient's telephone
- Patient's call volume reduced to 0 and case closed
- **4. Present case.** 46 year old male lives alone. Wheelchair user through past Stroke. Has a speech problem. Has capacity. Has 30 hours of care a week, 3 times a day. Patient has called in excess of 250 times in past year for falls from wheelchair (anecdotally crews state patient is often not out of wheelchair

- 24/06/08 Letter written to GP with call volume
- 23/10/08 Case conference with GP, Social Worker and Careline

Outcomes:

- Social Worker is applying for additional funding for care from the Independent Living Fund
- Request made for GP to arrange psychiatric evaluation
- Patient has failed to pay for his community alarm and said he no longer wants to use it – to be addressed with Social Services
- Patient is still calling frequently at this time

5. Past case. 68 year old male has one live in carer. Patient has poor mobility, obese, COPD. Has capacity. Patient has called over 125 times in first seven months of 2008, 25 of these conveyed to A&E. Makes call whilst carer is on scene for chest pain and breathing difficulties. Often anxiety based calls. Patient's house is unsecure and strangers known to take money. (Vulnerable Adult referral had been placed by a crew 22/10/07). To address issue:

- June 2008 contacted GP with call volume
- 22/07/09 Case conference with Social Services.

Outcomes:

- Care package increased to two full time live in carers
- House now secured with locks
- September 2008 call volume past and present provided to Social Services to assist with review of patients care needs. As a result the increased package has remained in place
- Patient's call volume reduced to one call every 2-3 months since care package increased. Case closed



TRUST BOARD - 25th May 2010

Document Title	Strategic Goals, Corporate Objectives and Annual Objectives 2010/11
Report Author(s)	Kathy Jones
Lead Director	Peter Bradley
Contact Details	Peter.bradley@lond-amb.nhs.uk
Aim	To update the board on the development of our strategic goals, corporate objectives and annual objectives for 2010/11
Key Issues for the Board Since earlier versions of this material were last shared with the Board: <ol style="list-style-type: none">1 The strategic goals have been consolidated into three;2 The corporate goals have been consolidated into ten3 Annual objectives have been confirmed. Further work happening or required: <ol style="list-style-type: none">1 Revision of the IBP to reflect this formulation2 Alignment of the Service Improvement Programme to be a delivery vehicle for the IBP3 Streamlining of reporting arrangements such as the balanced scorecard in order to support our understanding of how we are doing against the corporate goals and objectives.	
Mitigating Actions (Controls) N/A	
Recommendations to the Board To comment on and approve the attached presentation of the goals and objectives To comment on and agree the further work described above	
Equality Impact Assessment Has an EIA been carried out? No (If not, state reasons) Needs to happen after approval and as part of the Equality Impact Assessment of the IBP Key Issues from Assessment	
Risk Implications for the LAS (including clinical and financial consequences) N/A	
Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing) The goals and objectives present an opportunity for internal and external communication and consultation. They set the framework for all the issues described above.	
Corporate Objectives that the report links to N/A	

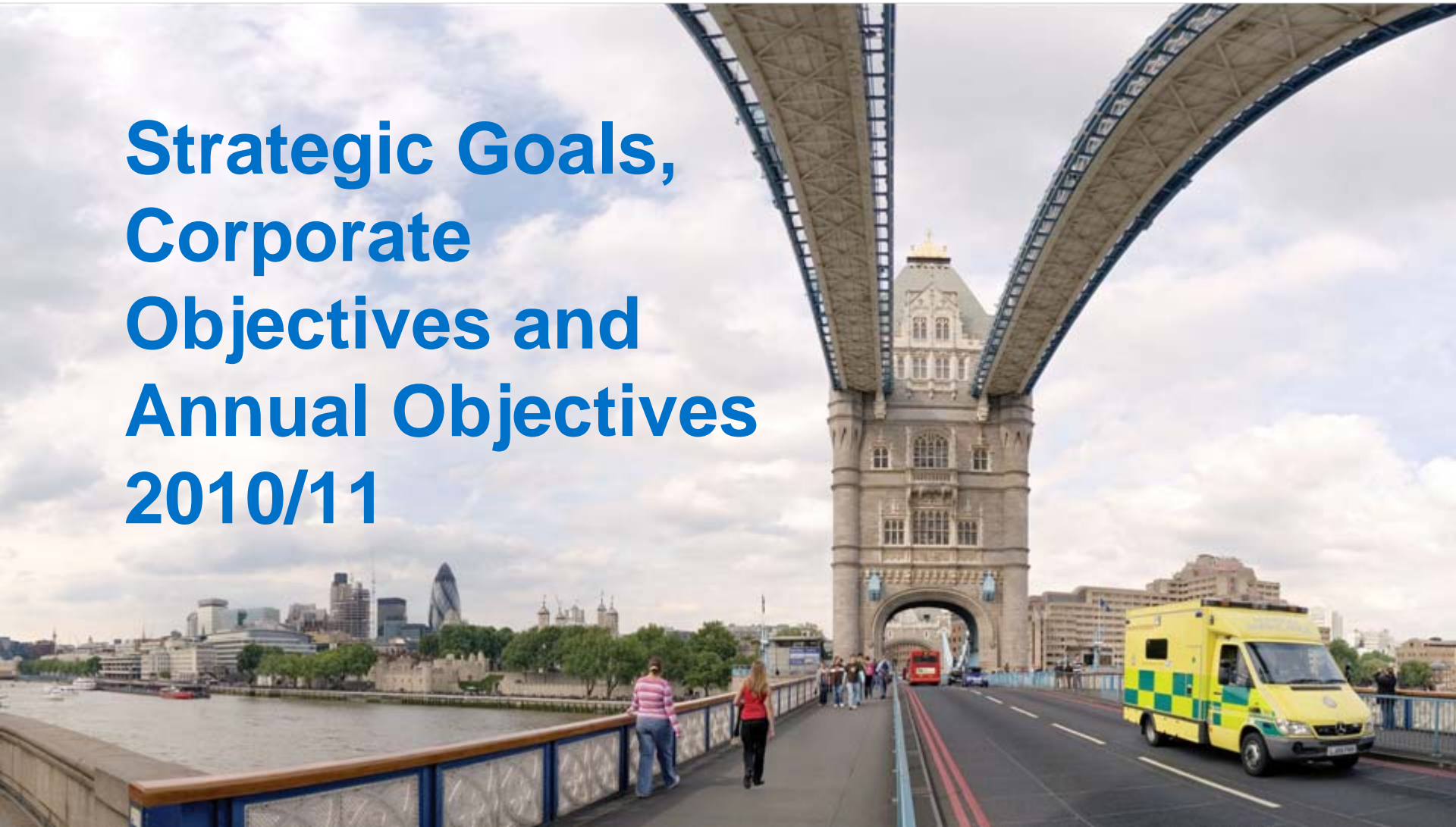


London Ambulance Service



NHS Trust

Strategic Goals, Corporate Objectives and Annual Objectives 2010/11



Annual Board review

VISION

VALUES

STRATEGIC GOALS

CORPORATE OBJECTIVES

ANNUAL OBJECTIVES delivered:

AS NORMAL BUSINESS

THROUGH THE SERVICE IMPROVEMENT PROGRAMME

Summarised in IBP



Vision

Our vision is:

- Our vision is to meet the needs of the public and all our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.



Our critical values

- **Our values are:**

- **Clinical Excellence**

- We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patients' needs.

- **Respect and Courtesy**

- We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

- **Integrity**

- We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

- **Teamwork**

- We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

- **Innovation and Flexibility**

- We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

- **Communication**

- We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

- **Accept Responsibility**

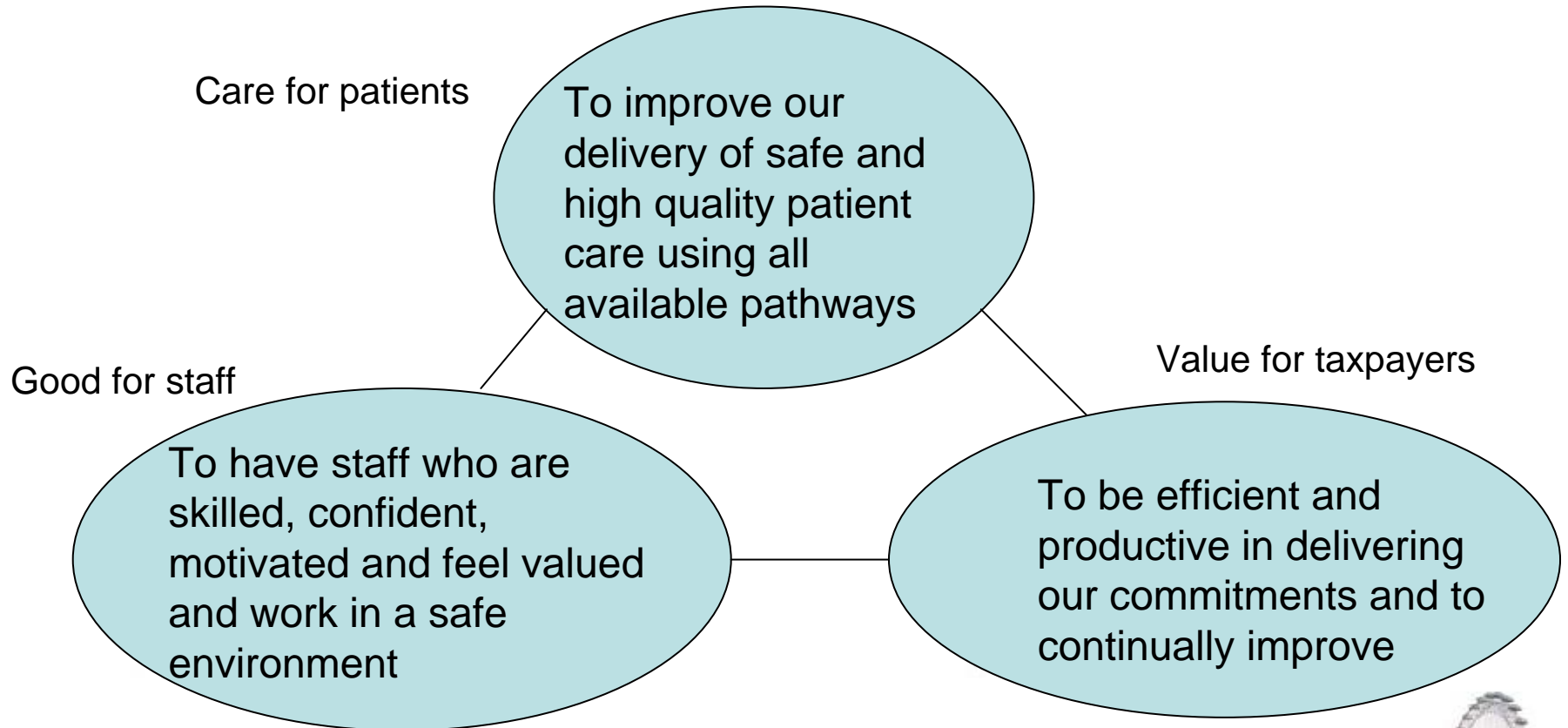
- We will be responsible for our own decisions and actions as we strive to constantly improve.

- **Leadership and Direction**

- We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.



Three Strategic Goals



To improve our delivery of safe and high quality patient care using all available pathways

Key corporate objectives (3-5 years)

- To meet response time targets routinely
- To meet all other regulatory and performance targets
- To improve outcomes for patients who are critically ill or injured
- To provide more appropriate care for patients with less serious illnesses and injuries



To have staff who are skilled, confident, motivated and feel valued and work in a safe environment

Key corporate objectives (3-5 years)

- To develop staff so that they have the skills and confidence they need to do their job
- To improve the diversity of the workforce
- To create a productive and supportive working environment where staff feel safe, valued and influential



To be efficient and productive in delivering our commitments and to continually improve

Key corporate objectives (3-5 years)

- To use resources efficiently and effectively and be in the top 25% of ambulance services on efficiency measures
- To maintain service performance during major events, both planned and unplanned including the 2012 Olympic Games
- To communicate and engage with key stakeholders



Care for Patients objectives for 2010-11

- Achieve response time targets
 - Cat A8 75%
 - Cat A19 95%
 - Cat B19 93%
- Achieve locally agreed Cat C targets (90% call back within 30 minutes; 90% receiving vehicle within further 30 minutes if they need one)
- Introduce advanced paramedic role and new clinical response model
- Complete next NWOW roll out phase
- Make demonstrable progress with implementing alternative referral pathways
- Implement trauma and stroke strategies
- Improve cardiac outcomes



Staff objectives for 2010-11

- Deliver the eleven priority training commitments issued to staff
- Deliver at least 90% staff appraisal
- Introduce new equality and inclusion strategy and implement 2010/2011 action plan (also patient care)



Efficiency and productivity objectives for 2010-11

- Achieve financial targets
 - Deliver cost Improvement Programme and plan for less resource in 2011 – 2012
 - Capital plan
 - Control total
 - Ensure PTS profitability
- Continue to plan for safe delivery of the Olympic and Paralympic Games
- Implement Command Point
- Become a Foundation Trust
- Improve operational support
- Agree three year fleet plan and implement year one
- Implement year one estates strategy objectives





TRUST BOARD - 25th May 2010

Document Title	Progress report on the development of the Integrated Business Plan
Report Author(s)	Sandra Adams/Erin Heinrich
Lead Director	Sandra Adams
Contact Details	020 7783 2045
Aim	<p>1) The IBP is fundamental to our application to become an NHS foundation trust. The final version, complete with the long term financial model and the appendices, will be submitted towards the end of the SHA assurance process as part of the completed FT application;</p> <p>2) This is the 2nd version that the Trust Board is asked to review and comment upon and it incorporates many of the points raised at the Strategy Review & Planning Group (SRP) last month;</p> <p>3) A further draft will be sent to commissioners and the SHA in June for comment prior to the final version coming to the Trust Board in June for approval.</p>

Key Issues for the Board

1. Since the SRP review of the 2nd draft and the discussion on what the service will look like in 5 years time, further work has been undertaken on section 4: market assessment. There are a number of areas for which Trust Board comment is needed:

- Section 4.2 – key factors driving demand: what will be the impact on the Trust and its services?
- Sections 4.2 through to 4.7 - how do we use the information in these sections to answer 4.8: how the Trust will address these key factors?
- Section 4.9 – being clear about our competitors, both A&E and PTS for example, and how we compare performance to support our market position;
- Section 3.2 – is there anything else we need to consider in the rationale for the London Ambulance Service NHS Trust becoming a foundation trust?

2. The Trust Board is asked to note that work is progressing on the following areas:

- Section 6 – financial model and evaluation;
- Section 7 – risk. The Risk Compliance and Assurance Group is undertaking a full review of the risk register at its meeting on 17th May and the board assurance framework is elsewhere on the board agenda for 25th May. The narrative will then need tidying and strengthening in this section;
- Section 8 – the workforce plan is key to this section;
- Section 9 – governance arrangements: work still required on compliance, audit, performance, financial controls and IT systems.

3. The next stages of development are:

- Discussion with commissioners in May and June

- Continuing updates through to the FT board meeting on 25th June and then the Trust Board on 29th June for approval of final draft
- Over the coming weeks we will discuss with NHS London the timing for commencing historical due diligence (HDD), possibly from July onwards
- We will also start to prepare for HDD in terms of the requirements for the Board.

Mitigating Actions (Controls)

NHSFT project board

NHSFT timetable and issues/assurance schedule; risk register

Recommendations to the Board

To consider the questions raised under Key Issues item 1.

To note the work in progress identified in 2 above.

To note the next stages of development with the IBP and the FT application.

Equality Impact Assessment

Has an EIA been carried out? Not at this stage.

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Delays in the application process – financial implications with additional project resources currently deployed; maintaining momentum; changes at Board level during the application process.

External factors – changes within the local health economy such as NHS London or within the commissioning teams which then delay the application process.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Corporate Objectives that the report links to

All plus the annual objective of becoming an NHS foundation trust



TRUST BOARD - 25th May 2010

Document Title	Board assurance framework and key risks
Report Author(s)	Sandra Adams
Lead Director	Sandra Adams
Contact Details	020 7783 2045
Aim	1) To provide an update with the ongoing development of the board assurance framework 2) To propose a number of key risks for the Trust Board to focus on in 2010/11.
Key Issues for the Board <p>The Risk Compliance and Assurance Group (RCAG) met on 17th May and undertook a full review of the full trust risk register through to the level of those risks with a gross and net severity rating of 12.</p> <p>Of the top 10 risks reported in the board assurance framework (BAF), two remain as reported, two are recommended for re-grading and then removal from the corporate risk register, 4 require details to be updated to reflect action being taken, one is to be merged with other risks and the description updated, and one requires the grading to be reviewed by the risk owner as the RCAG believe it to be too high. This work will not be completed by the time the board papers are distributed so it is proposed to bring the updated board assurance framework to the June meeting. At that stage the BAF will incorporate the updated corporate objectives (an item elsewhere on this board agenda), the strategic goals, and the principal risks.</p> <p>The remaining risks on the full trust register will be reviewed in detail with the risk owners with the support of the governance and compliance team.</p> <p>Following the discussion at the previous board meeting and then at the Strategy Planning and Review group in April, the RCAG considered the risk descriptors that it would recommend the Trust Board focuses on in more detail in 2010/11. After consideration the RCAG recommended 9 risks that fall directly under 4 out of 5 of the strategic risks and reflect current concerns as well as the work underway to implement the Trust's 5 year strategy as captured in the integrated business plan. These are as follows:</p> <p><u>Strategic risk 1: care and safety</u> Risk focus – a) CPI and CPI feedback; and b) key clinical skills training</p> <p><u>Strategic risk 2: core service delivery and performance</u> Risk focus – a) Demand management; and b) performance delivery against trajectories</p> <p><u>Strategic risk 4: financial resources</u> Risk focus – a) CIP b) KPIs</p>	

Strategic risk 5: strategic direction

Risk focus – a) clinical response model; b) single point of access; c) delivering Healthcare for London.

If the Trust Board are in agreement with these recommendations then the SMG will agree the risk owners (directors) and develop the risk descriptions ready for further work by the Trust Board.

As part of the development of the BAF, the corporate risks were mapped to the strategic risks to identify the strength of the relationships between them. What became clear from this exercise was that the 3rd strategic risk (the pace of innovation) did not have any direct correlation to the corporate risks. This suggested that either a) the strategic risk was not as much a risk as originally thought, or b) we had not started to assess the risks to the organisation with this risk in mind. The outcome of the RCAG discussion was that it recommends to the Trust Board that this strategic risk is merged with no 5 – strategic direction – but recognising that innovation is a key component of the other 3 strategic risks and the success of the Trust's strategic goals. The proposed new risk description for strategic direction and innovation is as follows:

'There is a risk that our strategic direction and the pace of innovation to achieve this are compromised'.

Mitigating Actions (Controls)

Risk compliance and assurance group

Corporate risk register

Board assurance framework

Recommendations to the Board

- 1) To note the ongoing review and updating of the risk register
- 2) To note the proposal to bring the updated board assurance framework to the June meeting
- 3) To discuss and agree the recommended risk areas for the board to focus on during 2010/11; and
- 4) To agree to merge strategic risk 3 with 5 and to re-word the risk as proposed.

Equality Impact Assessment

Has an EIA been carried out? Not at this stage

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

See below

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Governance risk of not having an up to date and accurate risk register and board assurance framework

Corporate Objectives that the report links to

Regulatory and other performance targets



TRUST BOARD - 25 May 2010

Document Title	2009/10 Annual Report and Accounts (incorporating Quality Report)
Report Author(s)	Angie Patton/Tim Edmonds/Sandra Adams/Kathy Jones/Michael John
Lead Director	Angie Patton, Head of Communications
Contact Details	020 7783 2110
Aim	To comment on the content of the draft annual report which will be presented as a final draft to the Audit Committee on 7 June 2010
<p>Key Issues for the Board</p> <ul style="list-style-type: none"> • As an NHS organisation, we have a statutory requirement to publish, as a single document, an annual report and accounts to include the annual report; the remuneration report; a statement of the Accounting Officer's responsibilities; a statement on internal control; the primary financial statements and notes and the audit opinion and report. • The minimum content for the annual report is set out in the Department of Health's NHS Finance manual (Manual for accounts chapter 2). • This year the Service's annual report will focus on meeting the minimum requirements for content, but will also include the Quality Report for 2009/10. • In providing comment on the current draft of the Annual Report, the Trust Board is asked to note the following: <ul style="list-style-type: none"> - All Trust Board members to check their details (pg 4-6) - Statements from the Chairman and Chief Executive (in the form of Q&As) are still to be completed (pg 8 and 9) - Corporate objectives to be confirmed, subject to Trust Board approval (pg 10). - Financial statements subject to change once audit is completed at end May 2010 (p20) - Final version of independent auditor's report awaited (p23) - Quality report not included at present – awaiting statistics for 2009/10. The report will follow the best-practice format recommended by Monitor and the Department of Health • All comments to be received by close of play on Tuesday 25 May and to be incorporated into the final draft that will be presented to the Audit Committee on 7 June. • An annual review, based on the format of the Ambulance News newspaper, will be produced for the Service's wider stakeholder base and this will be published prior to the AGM in September. • Both the annual report and the annual review will be presented at the AGM in September. 	
<p>Mitigating Actions (Controls)</p> <p>Department of Health finance manual</p> <p>Audit Commission review as the Trust's external auditors.</p>	
<p>Recommendations to the Board</p> <ul style="list-style-type: none"> • To note progress to date in the preparation of the annual report 2009/10 and provide comment on the current content by the stated deadline • To agree to the publication date of Wednesday 30 June 2010. 	

Equality Impact Assessment

Has an EIA been carried out? Not applicable

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Quality report developed with input from stakeholders including the Patients' Forum

Corporate Objectives that the report links to

Statutory compliance requirement



TRUST BOARD - 25th May 2010

Document Title	KA34 Compliance Statement
Report Author(s)	Peter Suter
Lead Director	Peter Suter
Contact Details	Peter.suter@lond-amb.nhs.uk
Aim	To note the KA34 Compliance Statement 2010/11
Key Issues for the Board <p>This paper describes the rules on how the LAS captures, records and calculates performance information. It also includes information on how various systems are synchronised and other general issues associated with measurement of performance standards. The paper incorporates LAS compliance with the guidance issued by the DH Information Centre for the KA34 yearly return (version 10/11). It also confirms that LAS reporting procedures conform with the additional operational clarification provided by the National Directors of Operations Group (NDOG). There are four appendices to this paper:</p> <p>Appendix 1: Glossary of Terms Appendix 2: Technical specifications Appendix 3: KA34 Guidance 10/11 Appendix 4: NDOG Operational Clarification</p> <p>The basis of the document remains the same as in previous years.</p>	
Mitigating Actions (Controls) N/A	
Recommendations to the Board To note the contents of this report.	
Equality Impact Assessment Has an EIA been carried out? N/A	
Key Issues from Assessment	
Risk Implications for the LAS (including clinical and financial consequences) N/A	
Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing) N/A	
Corporate Objectives that the report links to <ul style="list-style-type: none">• Meet response time targets routinely• Meet all other regulatory and performance targets	



TRUST BOARD - 25th May 2010

Document Title	Annual Infection Prevention and Control Report
Report Author(s)	Trevor Hubbard; Dr Fionna Moore
Lead Director	Dr Fionna Moore (Director of Infection prevention and Control)
Contact Details	Executive Offices, LAS Headquarters
Aim	To provide the Trust Board with assurance that progress against the action plan in infection prevention and control has been achieved over the year 2009 / 2010
Key Issues for the Board Infection Prevention and Control (IPC) continues to be a key quality measure for the LAS and is reportable to the Trust Board on an annual basis. This report shows the progress made in IPC over the period 2009 / 2010 Points to note: <ul style="list-style-type: none">• There are 12 separate work streams described within the report.• Progress has been made in each against each, with very considerable improvements described in some.• An update on IP&C was included within the 3 hour stand down for training for front line crew staff. Over 90% staff attended.• Each Complex and Department has identified an IP&C Champion; training days have been arranged and have been well attended with positive feedback.• More attention is required at Area and Complex level to complete the regular audits of vehicles and premises• The recommendations made following the HSE review in March are described and actions should be completed by June 2010	
Mitigating Actions (Controls) Described in the report	
Recommendations to the Board The Trust Board is asked to note this report as further work in progress. There has been significant progress against each of the work streams identified following the CQC visit, however engagement at Complex level is still inconsistent and requires greater attention.	
Equality Impact Assessment Has an EIA been carried out? N/A (If not, state reasons) Key Issues from Assessment	
Risk Implications for the LAS (including clinical and financial consequences) Lack of focus on Complex based audits of vehicle and premises cleaning, leading to failure to provide evidence of a clean environment for patients and staff.	


Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Plans for a PEAG (Patient Environment Action Group) but no progress as yet

Corporate Objectives that the report links to

Achieving compliance with the Health and Social Care Act through demonstrating compliance with the 9 criteria set out by the Care Quality Commission



London Ambulance Service 
NHS Trust

Director of Infection Prevention & Control

Annual Report 2010

1. Executive Summary

The London Ambulance Service NHS Trust is required under the Health & Social Care Act 2008 to comply with regulations on infection prevention and control. This report outlines the progress in this area for 2009/10 for the Trust and includes a report on the visit by the Care Quality Commission, Health & Safety Executive and the Trust's infection control programme.

The Trust has worked hard to comply with legislation and improve infection prevention and control practice during the year. The subject has remained high on the agenda for all staff and the Trust Board.

All clinical staff have received infection control training in the past year and a system of infection control champions has allowed each department and ambulance complex to have an individual to support the management team to meet the local requirements.

1.1 Organisation

The organisation is a statutory NHS ambulance trust serving the people of London with a population of nearly 8 million. The Trust has a workforce of 4000 staff with a predominance of clinically trained practitioners delivering telephone advice and pre hospital care to patients and the public of London. The Trust takes over 1.5 million calls per year and responded to over 1 million emergency calls in 2009. In addition the Trust undertakes 330,000 patient transport journeys each year.

1.2 National Context

The trust is one of 11 NHS ambulance trusts in England which provide statutory services. There is a National Ambulance Service Infection Control Network (NASICN) incorporating representatives from all English trusts plus Northern Ireland, Scotland and Wales. The Network meets every 2 months to discuss IPC issues nationally and aims to standardise care across the UK. The LAS is a regular participant and has been the main host for the meetings in 2009.

2. Infection Control Arrangements

2.1 Organisational Arrangements

The Chief executive takes overall responsibility for all IPC issues within the organisation.

The Trust's Medical Director is the designated Director for Infection Prevention & Control and is the person responsible for reporting IPC issues to the Clinical Governance Committee and to the Trust Board.

2.2 Infection Control Team

An Ambulance Operations Manager for Infection Prevention & Control is currently seconded from an operational post to oversee IPC issues. He is supported by a team of co-opted IPC Champions from Departments and Complexes around the Trust who undertake audits and provide support to management teams around IPC issues.

2.3 Infection Control Steering Group

The Head of Operational Support chairs the Infection Control Steering Group (ICSG) for the Trust which is a well established group, meeting quarterly, that reports to the Clinical Governance Committee. The group comprises representatives from all key areas and departments within the Trust and oversees the IPC agenda.

2.4 Reports to the Trust Board

The DIPC should provide a quarterly update to the Trust Board on any issues relating to IPC. Over the past 12 months and as a result of inspections by both the Care Quality Commission (CQC) and the Health & Safety Executive (HSE) those reports have been more frequent and additional briefs have been given to the Strategic Development Committee (SDC) on progress made.

2.5 Links to Clinical Governance/Risk Management/Health & Safety

Minutes from the ICSG are tabled at the Clinical Governance Committee as a standard agenda item. All risks including those relating to IPC are tabled at the Risk Clinical Advisory Group (RCAG). The Corporate Health & Safety Group also includes an infection control update provided by the AOM IPC.

2.6 Performance Accelerator

There is a specific performance accelerator module on the Trust Assurance Tool relating to the Health & Social Care Act 2008 and the requirements of the London Ambulance Service NHS Trust to comply with IPC legislation. The owner of this module is the AOM for IPC with the DIPC as the sponsor. In addition there is an IPC element of the Balanced Scorecard relating to IPC audit completion and compliance of clinical sites across London.

3. Care Quality Commission

3.1 CQC visits

Following the registration of the Trust in February 2009 all ambulance trusts were visited by CQC assessors to examine compliance against 17 elements of the Health & Social Care Act 2008. Of the trusts in England, 4 received an improvement notice with 1 getting an immediate improvement notice.

3.2 London Ambulance Service visit

The LAS was visited in July 2009 for a 2 day period. Seven ambulance stations were visited by the team who also went to a number of Accident & Emergency departments to talk to crews and to inspect vehicles. The following day a number of managers within the organisation were interviewed and the team then provided initial feedback to the trust.

3.3 Result of visit

The London Ambulance Service received 8 recommendations from the 17 areas examined. These focussed on training and information for staff, a programme of audit to ensure cleanliness, suitable and well maintained environment, cleaning schedules being available, the supply of linen for patients, hand washing facilities and the adequate decontamination of single use of equipment.

3.4 Trust actions

An infection control programme with 12 work streams has been in place for 2009/10 which tackles the issues raised and additional areas to improve for the service. A preliminary action plan and programme was sent to the CQC on receipt of our initial report and this was well received by the team. In October a follow up visit was undertaken by 2 of the original assessors who stated in their report that *'the trust provided assurance that it had addressed all eight areas for improvement'*.

4. Infection Control Programme

Twelve areas were identified to form the infection control programme for 2009/10 as a result of the CQC visit and following discussion with the ICSG.

The areas identified are listed below:-

- Vehicle and Equipment Cleanliness
- Premises Cleaning
- Sluice Areas
- Linen Exchange
- Implementation of the DH Ambulance Guidelines 2008
- Board Assurance Framework
- Training & Development
- Infection Control Champions
- Single Use Equipment / Decontamination
- Patient Environment Action Group
- Sharps and Inoculation Injury Management
- Policy and Procedure Review

The AOM for IPC has led the programme and progress has been reported both to commissioners in a monthly report and to the ICSG on a quarterly basis. Each work stream has included appropriate representation to deliver against each element.

The infection control programme for 2010/11 will be submitted to the ICSG for agreement at the next meeting building on the existing programme and adapting for future needs. **Details of progress against each of the areas is as follows:**

(see also appendix 1)

4.1 Vehicle & Equipment Cleanliness

A review of the cleaning materials used by the make ready provider and station within the service underwent a review to ensure that vehicles and equipment were being cleaned in accordance with the National Patient Safety Agency (NPSA) guidance. A new provider was sought which has standardised the cleaning of vehicles by crew staff and contractors across the Trust, has reduced the stockpiling of cleaning materials on station, improved safety of chemical management in accordance with COSHH regulations and made the systems in place easier, safer and quicker for crew staff whilst ensuring that areas are suitable and clean for patients.

Regular meetings with the make ready provider has re-focussed their attention on the cleaning aspect of the contract for vehicles and in the monthly review with them there has been an improvement in the standard of vehicle cleanliness demonstrated by the quality and number of vehicle audit forms reported back to the logistics teams. In addition a system of using a tax disc

format to identify deep clean dates is to be introduced pan London to improve the system.

A review of the make ready contract and re-tendering process is currently underway with a new tender in the coming financial year.

4.2 Premises Cleaning

There has been an opportunity to bring together both of the current cleaning providers for the Trust to ensure that the NPSA guidance is being followed and that new cleaning products have been introduced and standardised across the Trust.

There is now a cleaning schedule at each site, operational and non-operational. All sites have updated COSHH information and are part of a regular audit programme to provide assurance and local ownership of any issues.

The cleaning aspect of the make ready process will be separated from the make ready tender for the future and will be tendered in the coming financial year also.

4.3 Sluice Facilities

The provision of an adequate area to clean equipment and vehicles at each station and to provide hand washing facilities was highlighted as part of the CQC visit. As a result a specification for satellite and main stations was agreed by the group and a number of pilot sites fitted out across London. These include stainless steel janitor sinks, storage for chemicals and hand washing facilities on all sites and a review of the placement of sluice facilities to reduce the risk of blood and bodily fluid splashes.



New sluice at Tottenham station

4.4 Linen Exchange

Following a process mapping exercise a trial has been underway at Chase Farm A&E since February 2010 (?) where clean blankets are delivered directly to the A&E and the used blankets go into the hospital system for return back to the laundry without the need for logistic support unit to transport dirty blankets and ensuring a one for one exchange at hospital. This trial will be rolled out to SE London in May this year.

There has also been a trial of Flexislide™ which is a cover for the trolley bed and acts as a lateral transfer sheet also which aids in movement and handling of patients. This was a short term trial over 5 sites including PTS across London. Further trials of other types of disposable cover will be taking place before any decision is made on procurement.

4.5 Implementation of Department of Health (DH) Guidelines 2008

In May 2008 the DH issued guidance for ambulance trusts for infection control practices which included a number of changes in clinical practice and training for the service. These include the following:

4.5.1 Hand Hygiene

A hand hygiene policy now exists within the trust. The trust has embedded the '5 moments of hand hygiene' in clinical practice with the roll out of this NPSA programme from the 'clean your hands' campaign to all clinical staff.

Each staff member has access to hand washing facilities and personal issue alcohol gel. Detergent wipes have been introduced which can be used for hand hygiene in the absence of access to soap and water.

A revision of the uniform policy has been made to include 'bare below the elbows'. Sleeve protectors have been issued to all vehicles for staff to use when it is not possible to remove sleeves. The sleeve protectors are clear so that they can be used for covering the sleeves of hi visibility clothing. A review of personal protective equipment is included within this policy.

Carabiner style watches are being procured to remove wrist watches to improve hand hygiene.

4.5.2 Aseptic No Touch Technique (ANTT)

The trust is the only ambulance trust to have joined the DH ANTT programme and we have worked with the ANTT team at UCLH to bring our procedures in line with national best practice. Cannulation packs have been introduced and all staff has been trained in their use. Chlorhexidine 2% is now used for skin preparation in place of alcohol wipes in accordance with EPIC 2 guidelines.

Disposable tourniquets have been agreed to replace the current items and reduce the risk of healthcare associated infection.

A research proposal has been put forward to the Clinical Audit and Research Unit to undertake a study of the risk of infection from pre hospital cannulation.

The service does not undertake catheterisation or elective central venous cannulation and so the guidance in these areas has not been implemented. However, guidance on the management and transportation of patients with an indwelling urethral catheter has been written and agreed nationally with the NASICN.

4.5.3 Intubation

A review has taken place of the intubation roll and procedure to ensure that it is compliant with infection control guidance. The number of items within the roll have been reduced and all items should now be disposable and remain within their wrapper until use.

4.5.4 Cleaning Vehicles

The revision of the cleaning procedures for vehicles and updating of the processes in line with current practice has been undertaken and the roll out of the Chemex products and systems will be in place by the end of April 2010 for all A&E complexes and formed part of a separate work stream within the infection control programme.

4.5.5 Linen Exchange

This has formed a separate work stream as part of the infection control programme. (see 4.4)

4.6 Board Assurance Framework

The hygiene code module of Performance Accelerator, the Trust's governance tool, went live in September 2009 with evidence provided against each of the criteria of the Health & Social Care Act 2008. The DIPC is the sponsor for this module and the AOM IPC is the owner with key managers inputting data to the system.

A series of audits have been developed to ensure that contractors are meeting obligations; this is monitored regularly at local level. A quarterly infection control audit tool has been developed which provides a report for monthly complex meetings to ensure local managers are updated on progress. Completion and compliance is measured at a corporate level and reported to the Trust Board as part of the balanced scorecard and to commissioners on a monthly basis.

4.7 Training & Development

Training has been provided to all new starters in the organisation as part of the induction programme. the training package was updated in 2009 to reflect changes in procedure.

All clinical basic training courses for PTS staff, A&E support staff and Student Paramedic training include an IPC session.

An all in one session for non operational staff now incorporates an IPC session related to their workplace.

Internal paramedic courses have had all sessions relating to invasive procedures updated to reflect current practice.

From November 2009, all clinical leads undertook a 2 week refresher programme which included sessions on ANTT and the 5 moments of hand hygiene which was then disseminated to all operational staff during a dedicated stand down period during January to March 2010.

Both the AOM IPC and training lead for IPC have been undertaking a specialist course in Health Protection at London South Bank University to improve the specialist knowledge in IPC within the trust.

Further training as a result of H1N1 influenza took place which will be outlined later in this report.

4.8 Infection Control Champions

A proposal was put to the Senior Managers Group (SMG) in May 2009 for the development of a network of infection control champions across the service in all departments and complexes similar to link nurse schemes in hospitals to support local management to improve the service and raise the profile of IPC at local level.

In August 2009 the initial launch of the programme took place in Greenwich with a conference which included speakers from the NPSA, DH and other trusts to put IPC issues in perspective for the champions group.

The responsibility lies with champions to provide regular audits of vehicles, premise and the quarterly audit on stations as well as to help with the introduction of changes in practice and product at local level.

Both the CQC and Health & Safety Executive (HSE) have commended the Trust in their reports on the use of champions to drive the agenda and to involve staff at all levels within the organisation linking this to the 'Board to Ward' approach seen in hospitals.

The champions have had further development which not only develops skills in IPC and audit but also in managing difficult situations and teaching small groups which has helped them to initiate change.

4.9 Single Use Items / Decontamination

The Head of Operational Support is the designated decontamination lead for the trust. A new decontamination policy is currently under review by the ICSG.

In their visit the CQC identified the re-use of some items such as stiff neck collars and the potential for the single use of others, such as laryngoscopes. These items have been reviewed a part of the ICSG and any new agreed items of equipment are reported to the Vehicle & Equipment Working Group (VEWG) for information.

4.10 Patient Environment Action Group

The proposal is for a group of foundation trust members or patient forum members to undertake visits to ambulance stations, A&E departments and to inspect vehicles to ensure that the trust is compliant with our own audits and to ask crew staff and patients their opinion on issues relating to infection control and cleanliness. This is in line with current practice in both PCTs and Acute trusts with PEAT teams.

The group has considered this but there has been no further action taken awaiting the foundation trust approval and performance pressures to be prioritised.

4.11 Sharps & Inoculation Injuries

Despite the introduction of safety cannulae the numbers of sharps injuries has not declined across the trust in the past 2 years. Once they occur the injuries were not always being followed up in the correct way.

It was decided that further action in the form of root cause analysis should be undertaken to identify trends and issues that arose from these injuries to staff. This work is still in progress but since the additional scrutiny the numbers have declined for the past quarter.

Reports are now quarterly to the ICSG.

4.12 Policy & Procedure Review

In 2008 the trust failed to achieve NHSLA level 1 approval for the infection control policy so that is now under review. The infection control manual is now also out of date due to the changes made in the past 18 months and requires a full revision. In addition an outbreak policy, hand hygiene policy and decontamination policy have been added to the trust portfolio in relation to IPC.

The trust has joined national colleagues in developing a national overarching IPC policy which meets the NHSLA requirement but allows trusts to personalise to meet local need.

5 Audit

5.1 Vehicle Audits

Each station should provide assurance that the make ready provider is adequately re-stocking and cleaning the vehicles. This is completed in the form of a tick box 12 point audit form which is then returned to the logistics department. Low scoring vehicles are sought by make ready and cleaned at the earliest opportunity.

Compliance with this has been patchy and has been closely monitored. Results of Q3 and Q4 are listed by area below.

Area	East	West	South
Q3	29	83	208
Q4	9	13	105

5.2 Premises Audits

With the requirement for station premises to be more closely monitored an audit of station cleaning was made more readily available to complexes. These should be completed weekly with a walk round of each station within the complex to check on the cleanliness of all areas.

Compliance has been poor with this audit with few stations completing these and many not.

Area	East	West	South
Q3	7	3	22
Q4	6	9	28

5.3 Quarterly Audits

Each station should complete a quarterly audit of infection prevention and control aligned to the health and safety audits and undertaken by the IPC champion with local management teams. Each report generates a compliance score which should be above 85% for full compliance, 75% – 85% for partial compliance and below 75% for non compliance. The report then forms part of the monthly complex meeting as a standard agenda item for ensuring or working towards full compliance for each station within the complex and owned by the AOM.

There has been an improvement in completion of quarterly audits with an increase in compliance also for the past 2 quarters which are the first measured.

Area	East	West	South
Q3	8 (42%)	8 (36.3%)	6 (21.4%)
Q4	11 (57.9%)	14 (63.6%)	14 (50%)

5.4 Audit Focus for 2010/11

The focus for the previous year was the introduction of new audit tools and ensuring their completion. The focus for the next financial year will be to work with complexes to reach compliance, external scrutiny by cross area and cross organisational audit, the introduction of the PEAG team and a new hand hygiene audit tool to measure individual compliance.

6.0 Swine Flu Outbreak

The emergence of H1N1 in 2009 as a potential pandemic raised the profile of infection control not only internally but across the public domain.

The Trust trained all operational staff in the use of personal issue FFP3 masks and developed a flow hart for clinical care for infected patients.

Both the DIPC and AOM IPC were involved in the writing of the DH Ambulance Guidelines for Pandemic Flu and several members of the Trust were part of the DH Ambulance Pandemic Steering Group.

Each AOM was involved in the local Influenza Pandemic Committee as part of the local health economy and there were several exercises to test plans at borough level and internally within the organisation as the pandemic mounted.

The service undertook to immunise staff against seasonal flu and later H1N1 and the uptake for this was the greatest since immunisation of staff started with an organised local programme of immunisation from registered practitioners to all staff. 1730 staff had the seasonal flu vaccine in 2009/10 compared to approximately 400 in the previous year and 860 had the H1N1 vaccine.

An outbreak policy has been adapted for the trust and is currently under review by the ICSG.

7.0 Health & Safety Executive Visit

In March 2010 the HSE undertook an announced inspection of the trust with a specific focus on 3 areas which included infection prevention and control.

As a result of this inspection a number of areas were highlighted for improvement, many of which were already being addressed as part of the infection control programme.

These included:-

- Updating and enforcing policy and procedure
- Risk assessments
- Immunisation information and updates for staff

These improvements or actions will all be in place for the middle of June.

Appendix 1

Infection Control Work Stream	Actions to Date	Future Actions	Expected Completion Date
1. Vehicle Cleaning	<ul style="list-style-type: none"> • Renewed focus on cleanliness • Audit Programme • New Chemicals in place • Review system in place to capture those not made ready 	<ul style="list-style-type: none"> • Audit review • Make Ready Tender 	Ongoing TBC
2. Premises Cleaning	<ul style="list-style-type: none"> • Regular forum with providers • Agreed cleaning audit • Cleaning Schedules • Introduction of Chemex and training for all cleaners 	<ul style="list-style-type: none"> • Training for LAS cleaners • Ongoing audit • Cross Departmental Audit 	June 10 Ongoing Ongoing
3. Sluice Areas	<ul style="list-style-type: none"> • Agreement of specification for main and satellite stations • Renewal programme in place • 6 pilot sites agreed and implemented 	<ul style="list-style-type: none"> • Review of specification • Agreement on next steps 	July 10 TBC
4. Linen Exchange	<ul style="list-style-type: none"> • Process mapping of Linen Exchange • Discussion with laundry provider • Agreement of trial site for blankets • Initial trial underway • Trial of flexi-slide 	<ul style="list-style-type: none"> • 2nd trial site in SE London for blanket exchange • 2nd trial of stretcher covers • Laundry Contract Review • Implementation of Trust wide system 	June 10 TBC June 10 March 11
5. DH Guidelines	<ul style="list-style-type: none"> • Hand Hygiene • Single Use Items • ANTT • Training • Linen Exchange 	<ul style="list-style-type: none"> • All in place or as part of another specific work stream 	Complete
6. Board Assurance	<ul style="list-style-type: none"> • CQC Registration • Performance Accelerator • Board to Ward presentation • Quarterly Audit, Premises Audit and 	<ul style="list-style-type: none"> • All ongoing for 2010/11 	Ongoing

	<ul style="list-style-type: none"> • Audit and Governance Reports • Commissioners Reports • Monthly Balanced Scorecard 		
7. Training	<ul style="list-style-type: none"> • Changes to Induction Training • Revised session for all basic clinical training (PTS, AES, SP) • 5 Moments for all clinical leads and then roll out to all operational staff • ANTT training for all operational staff • All in One trial • FFP3 training for all patient facing staff • Bulletins and information to all staff 	<ul style="list-style-type: none"> • All in One roll out for all non operational staff • Patient & Staff Safety Module • Review of Cat 3 Procedures • HART training 	<p>May 10</p> <p>June 10</p> <p>July 10</p> <p>TBC</p>
8. Infection Control Champions	<ul style="list-style-type: none"> • Agreement of champions programme by Trust Board • Launch in Aug 09 • Roll out of Chemex, ANTT, 5 Moments to champions • Audit programme in place 	<ul style="list-style-type: none"> • Specific audit training • Formal review of Champions roll and future plans • Continued champions training and development 	<p>June 10</p> <p>Aug 10</p> <p>Dependant on r/v</p>
9. Single Use / Decontamination	<ul style="list-style-type: none"> • Review of re-usable items • New decontamination policy 	<ul style="list-style-type: none"> • Ongoing 	Ongoing
10. P.E.A.G.	<ul style="list-style-type: none"> • Meeting with FT team, Margaret Vander and Patient Forum to discuss proposal • Development of scope of operation 	<ul style="list-style-type: none"> • Trial with small team 	Sept 10
11. Sharps Injury	<ul style="list-style-type: none"> • Review of policy, OH procedure and numbers of incidents • RCA of all high risk cases since Jan 210 • Inoculation injury r/v 	<ul style="list-style-type: none"> • Quarterly focus for operational areas • Review of cases at ICSG • Article for LAS News • OH Review 	<p>Aug 10</p> <p>Quarterly</p> <p>Aug 10</p> <p>TBC</p>

12. Policy & Procedure	<ul style="list-style-type: none"> • Hand Hygiene Policy • Decontamination Policy • Procedures for FFP3 • Bulletin for New IPC Equipment • Initial revision of IPC Manual 	<ul style="list-style-type: none"> • Formal review of IPC policy for NHSLA 1 • IPC Manual Review • Outbreak Policy Agreement • Pocket Book for Staff 	<p>May 10</p> <p>Sept 10 Aug 10</p> <p>Sept 10</p>
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TRUST BOARD - 25th May 2010

Document Title	Quarter 4 governance assessment
Report Author(s)	Sandra Adams
Lead Director	As above
Contact Details	020 7756 2045
Aim	For the Board to note the compliance requirements and assurance for the integrated governance and finance return for the period 1st January 2010 – 31st March 2010.
<p>Key Issues for the Board</p> <p>The Trust submits a quarterly return to NHS London of compliance against an integrated governance and finance framework. The key issues for the final quarter of 2009/10 are as follows:</p> <ul style="list-style-type: none"> ○ Board composition and processes: recruitment to the non-executive director vacancy and plans to re-advertise the Director of Health Promotion post; ○ Clinical governance & performance management: the Trust does not have a framework in place for data quality but has discussed it within the context of Taking it on Trust; also, since the return was submitted and discussed with NHS London, the HSE Improvement Notice has been added against d) in this section ○ Safeguarding children: the LAS has been invited to participate in 19 serious case reviews across London during the quarter (10) in the previous quarter; ○ Other issues: the Category B penalty payment for 2009/10, and the potential reduction of MPET funding in 2009/10 which would result in a shortfall for the year. <p>Based on the information within the return, the SHA determines whether closer performance management is required.</p> <p>On becoming an NHS foundation trust we will be required to submit detailed quarterly returns for governance and finance.</p>	
<p>Mitigating Actions (Controls)</p> <ul style="list-style-type: none"> ○ Incorporated within the Trust's compliance framework ○ SMG review and sign-off prior to submission 	
<p>Recommendations to the Board</p> <p>To note and take assurance from the return and the issues raised.</p>	
<p>Equality Impact Assessment</p> <p>Has an EIA been carried out? N/A</p> <p>(If not, state reasons)</p> <p>Key Issues from Assessment</p>	
<p>Risk Implications for the LAS (including clinical and financial consequences)</p> <ul style="list-style-type: none"> ○ Non-compliance can lead to increased performance from the SHA and 	

commissioners.

- The HSE Improvement Notice is to be risk assessed and added to the risk register.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

To meet regulatory and performance targets

To become an NHS foundation trust



TRUST BOARD - 25th May 2010

Document Title	Corporate Social Responsibility (CSR) Annual Report 2009/10
Report Author(s)	Margaret Vander
Lead Director	Martin Flaherty
Contact Details	0207 783 2039
Aim	To update the Board on CSR Activity in 2009/10

Key Issues for the Board

This paper provides a summary of activities and initiatives over the last year that demonstrate the Trusts commitment to good corporate citizenship.

Good Corporate Citizenship refers to the way in which NHS organisations can embrace sustainable development and promote health through their day to day activities. It was first identified as a priority for Health Service organisations in *'Choosing Health: Making Healthy Choices Easier (2004)* This annual report summarises those activities over the last year and broadly breaks them down into internal and external activities.

Some of the key points covered include:

Internal

- The work with the new CEO's charity the Medical Engineering Resource Unit (MERU) which will now benefit from 2 years of LAS fundraising activity
- The Pennies from Heaven initiative whereby staff donated the pennies from their pay each month to MERU
- LAS marathon runners in 2010 will also be running on behalf of MERU
- The service continued to provide a range of work experience places to a wide range of young people in 2009/10
- The 'Go Walk' campaign run by the Olympic Planning Team in 2009/10 where more than 600 members of staff took part so raising overall levels of fitness within the organisation.
- The work that the service is doing to promote cycling
- The work that the service is doing to promote a recycling culture within the organisation.
- The operational developments such as the introduction of Clinical Telephone Advice and the referral of appropriate patients to NHSD saving 60,000 conventional responses per year and in tern saving on fuel and lessening our impact on the environment.
- The work we are doing to reduce our overall carbon footprint by continuing to modify operational practices where appropriate, reduce fuel consumption , introduce energy efficient lighting and heating and many more.

External

- Proving ongoing support to disaster relief teams across the world and general support to overseas communities including Romania and Tanzania .
- Hosting numerous delegations from other countries designed to promote learning and show how the ambulance service works in London and the UK. In 2009/10 we have

had visits from staff from Scandinavia, the USA, Australia, New Zealand and India.

- Working with the Prince's Trust to provide staff to work with them on their TEAM programme which provides development for 16-25 year olds.
- The work individual staff within the LAS have done to support various charities in 2009/10
- The activities within the Trust's Patient and Public Involvement (PPI) Action Plan and its Equality and Inclusion Strategy aim to tackle health inequalities in London. An example of this is the Tower Hamlets project where we are actively supporting the Bengali community in Tower Hamlets.
- The work to provide defibrillators in the community and the development of Community First Responder schemes across London
- The scale of Public Education initiatives which the trust was involved in during 2009/10.

Finally we undertook a self assessment exercise promoted by the NHS during the year which showed that we making significant progress against all the areas that we should be considering.

Building on and developing these areas of work will continue to be a priority going forward into 2010 and beyond.

Mitigating Actions (Controls)

N/A

Recommendations to the Board

That the Board notes the annual report on Corporate Social Responsibility

Equality Impact Assessment

N/A

Risk Implications for the LAS (including clinical and financial consequences)

None

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

N/A other than demonstrating our commitment to good corporate citizenship.

London Ambulance Service NHS Trust

Corporate Social Responsibility

Annual report 2009-2010

1. Introduction

Good corporate citizenship refers to the way in which NHS organisations can embrace sustainable development and promote health through their day to day activities. It was first identified as a priority in "Choosing Health: Making Healthy Choices Easier" (2004).

The London Ambulance Service NHS Trust (LAS) supports a number of activities and initiatives which demonstrate its commitment to being a good "corporate citizen." The aim of this short paper is to provide an outline of those activities and initiatives over the last year.

The report divides the Trust's corporate social responsibility activities into those which are mostly internal (e.g. carbon reduction activities) and external (e.g. public education activities).

2. Internal

2.1 *Chief executive's charity*

In 2009 staff voted the Medical Engineering Resource Unit (MERU) as the new Chief Executive's charity. MERU will now benefit from two years of Service fundraising activity.

The charity designs and manufactures bespoke pieces of equipment for disabled children and young adults, mainly from London and the South East, from birth to the age of 24. These are unique pieces that fill a need specific to each person. The equipment is provided free of charge.

Between 50 and 100 projects are completed each year, including a small range of items that are reproduced to fill a gap in the market where a recurring problem has been identified.

A Charity Fundraising Committee has been set up (including members of front-line staff) to support and co-ordinate fundraising for the charity. Activities have taken place throughout the LAS to raise money.

2.2 *Pennies from Heaven*

Staff have been invited to donate to MERU via the Pennies from Heaven scheme. This is a quick and simple way to make contributions to the charity, and works by the 'pennies' being deducted automatically from staff's pay.

2.3 *Places at the Virgin London Marathon*

The Service has guaranteed places for staff each year to take part in the London Marathon (20 places for the 2010 Marathon). Priority is given to staff who have been unsuccessful in the main public ballot. Staff running for the Service in 2010 will be required to run for MERU, with a minimum fundraising target of £400 each.

2.4 *Work experience*

The Service has a long history of providing work experience placements for a wide range (and number) of young people. A notable example of this is the projects undertaken by 6th form students in the Barking & Dagenham borough over the last two years. Barking & Dagenham run a scheme called "Insight into Management", where students work in small groups on real projects in their host organisation, rather than undertaking routine tasks.

In the first year the students from Barking & Dagenham undertook a survey of young people's perceptions of the LAS, based on the Ipsos-MORI research the Service had commissioned the previous year. This provided useful information for the Trust, as well as giving the young people exposure to life in a 'real' organisation and an opportunity to develop new skills in communication, research methods and giving presentations.

This year, a second group of students helped the Trust to evaluate its "Go Walk" campaign (see section below). Again, this gave the students a useful insight into developing a project of this nature, and presenting the results.

The Trust is considering activities it could undertake with young offenders, to provide them with employment and work experience opportunities. This is currently under discussion and no firm plans have yet been made. However there are a number of public education activities which involve youth offending teams, e.g. knife and gun crime activities (see section 3.9).

2.5 *Go Walk campaign*

One aspect of corporate citizenship is to promote health amongst the workforce, as well as in the communities we serve. An example of how the LAS has done this is the Go Walk campaign, undertaken in June 2009, where teams of staff competed to complete the greatest number of steps each day. More than 600 members of staff took part in the challenge.

This project was led by the Olympic Games Planning Office (OGPO) team. Funding was secured from NHS London to purchase pedometers for all staff taking part in the challenge, and to produce the communication aids (posters etc.). As well as promoting the health benefits of walking, the campaign also raised awareness of other forms of exercise.

Following the success of this campaign, a new (lower profile) campaign – "Go Stretch" – was introduced later in the year.

2.6 *Cycling*

The IM&T Department, based at London Bridge, encourage staff to cycle between meetings in the HQ area (between Waterloo, Blackfriars and London Bridge).

In March 2009 the Trust launched its own Cycle Loan Scheme, allowing staff to obtain a bicycle through the LAS and pay the money back in instalments. To date 110 members of staff have taken this up. In a recent survey approximately 9.5% of staff stated that cycling was one of their means of getting to work.

The Trust is in discussions with external providers regarding government endorsed "cycle2work" schemes that would be beneficial to both members of staff and to the Trust; once a scheme has been agreed and chosen, it will be widely publicised across the service.

Members of the Cycle Response Team also take part in a number of initiatives to promote safe cycling in London.

2.7 *Recycling*

All LAS sites now have recycling bins, apart from a small number of leased offices. Products that can be recycled include paper products, cans, plastic bottles and cups, carrier bags and other packaging.

2.8 *Procurement*

The Procurement Strategy for 2010 to 2013 has been approved by SMG and the Trust Board, and incorporates the following sections:

- Equality and Inclusion in procurement: the procurement department is committed to ensuring its practices support the Trust's Equality and Inclusion Policy to enable it to meet its duties under equality and anti-discrimination legislation. As part of this commitment, the procurement department and its processes will ensure there is a consistent approach to equality within all contracts and procurement activity across the Trust.
- Supplier diversity: the Trust is committed to fostering a diverse supplier base and its aim is to ensure that businesses of diverse backgrounds and ownership have the opportunity to become valued suppliers of the Trust.
- Corporate and Social Responsibility: the Trust is committed to sustainable procurement by ensuring that social, economic and environmental issues are considered during all stages of a procurement process and as part of the whole life of a contract.

The procurement department will follow the guidance of the Official Government Commerce (OGC) detailed in “Make Equality Count” and “Office of Government Commerce & Department for Environment, Food & Rural Affairs - Joint Note on environmental issues in purchasing – 2003.”

2.9 *Operational developments*

A number of operational changes within the Service have reduced its fuel consumption and had other positive effects on the environment. These changes include the expansion of the cycle response team and motorcycle response team, the increased use of Clinical Telephone Advice, and the referral of some Category C patients to NHS Direct, all of which can save unnecessary ambulance journeys.

The Service is now saving 60,000 – 70,000 ambulance responses per year by finding appropriate alternatives for patients, so reducing vehicle journeys and associated fuel, pollution and congestion issues.

The work to manage 'frequent callers' has also contributed to the positive impacts described above. By calling case conferences of all those involved in the care of patients who often call 999, the Trust is able to secure agreement and funding for suitable care plans for those patients, again reducing the number of ambulance journeys.

2.10 *Carbon reduction*

The LAS Trust Board approved a carbon reduction policy, management action plan and communication plan in March 2010. The management action plan will be overseen by the Carbon Reduction Working Group which will meet bi-monthly from May 2010, and report to the Senior Management Group.

The carbon reduction policy and action plan outline the Trust's commitment to making improvements in environmental performance and preventing pollution. They state the Trust's aim to meet the requirements of current environmental regulations, laws and codes of practice as a minimum standard, and to reach the NHS target (set out in the NHS Carbon Reduction Strategy) to reduce its 2007 carbon footprint by 10% by 2015.

A number of initiatives are underway or being planned within this project to reduce the Trust's carbon footprint. Some examples are:

- Changes to how we provide help to patients (e.g. Clinical Telephone Advice)
- Better designed vehicles (e.g. body work, fuel consumption, use of materials which can be recycled)
- Use of improved technology (e.g. telephone or video-conferencing, remote access)
- Changing lighting, boilers and other systems so they are more efficient, which will save both carbon and money.

- The new lease car policy includes a carbon monoxide limit, so that staff entitled to a lease car cannot obtain a high-polluting vehicle.

The project is set to timescales within three stages, starting in 2009-2010 and being completed by 2014-2015.

Early actions within the plan for 2010-2011 include:

- The implementation of a number of projects which have been submitted to SALIX for match funding that will reduce the Trust's carbon footprint.
- The further roll out of inventory managed by the Logistics team which will reduce stock and, by ensuring a decrease in the disposal of out of date stock, reduce wastage.
- Communications exercise re. 'switch off and shut down,' i.e. staff to be reminded to turn off lights, air conditioning, PCs, printers etc.
- The conclusion of the Green Fleet Review currently being undertaken by the Energy Saving Trust; whose recommendations will be incorporated into the Carbon Reduction Management Plan.

3. External

3.1 *Disaster relief and overseas support*

Over the years, a number of LAS staff have been supported to take part in trips providing disaster relief and other support to communities overseas, including Romania, Tanzania, and following the tsunami in south-east Asia.

The LAS is currently working with colleagues in other parts of the country, and the Department of Health, to provide a team of suitably trained staff, ready to respond at very short notice to official requests for aid following a disaster. It is anticipated that an ambulance team would respond alongside our Fire Service colleagues in this specialist role.

The Service has also hosted a number of delegations from other countries, who have been keen to learn about how the ambulance service runs in London. We have hosted visits from across Scandinavia, Europe, the USA and as far afield as Australia and New Zealand.

The LAS maintains a special relationship with 'Ambulance Access for All' based in Mumbai India and we have been pleased to support the expansion of their services and also visits to LAS by their senior team.

3.2 *The Prince's Trust*

The Prince's Trust is the UK's leading charity working with disadvantaged young people. The Prince's Trust helps them to develop the skills and confidence they need to break down barriers and move forward with their lives.

Since 2009, the LAS has worked with the Prince's Trust by providing staff to

work on a secondment basis with them, taking part in their TEAM Programme. The TEAM Programme is a 12-week personal and social development programme for 16-25 year olds, aiming to support them to progress into training, education and employment.

LAS secondees work with the TEAM Programme either for the full period of the programme or on a 20-day placement during the period of the programme. This provides significant opportunities for staff development as well as supporting this very important programme and the young people themselves.

Having supported two cohorts of secondees in the first year, an information-sharing event is currently being organised for May 2010 so that individual learning can be shared and plans made to improve the scheme.

3.3 *Supporting other charities*

Individual staff across the Trust give their time and support to a wide range of other charities. A current example of this is the Voluntary Care Centre (VCC) in Forest Hill and Sydenham, which supports local residents in need.

VCC aims to alleviate hardship over the festive period by providing non-perishable food items in hampers and children's gifts to individuals and families. The charity targets the elderly, disabled, unemployed, single parent families, asylum seekers, children and people experiencing mental health problems.

In 2008 the Christmas Project helped over 1,400 people - including 240 families, 295 elderly and vulnerable people, and 400 children and teenagers.

3.4 *Annual trip to Disneyland, Paris*

Each autumn a party of children with serious illnesses and conditions is taken to Disneyland, Paris, on a trip ("the Magical Taxi Tour") organised by the Worshipful Company of Hackney Carriage Drivers. The Service supports this trip by providing ambulance vehicles and staff, to provide emergency care and transport if required on the journey or during the stay in Paris.

3.5 *Tackling health inequalities*

The Trust's Patient & Public Involvement (PPI) Action Plan and Equality & Inclusion Strategy both aim to tackle health inequalities. A prioritisation system has been developed for PPI activities, ensuring that projects are targeted at communities with the greatest need.

An example of this is the Tower Hamlets Project, which includes the provision of basic life support training to women with babies and young children. These sessions are targeted at the Bengali community in Tower Hamlets, who experience a higher rate of infant mortality than other groups. The infant mortality rate is now beginning to fall.

The Tower Hamlets Project has also initiated a training programme for front line staff and community groups called Get the Right Treatment, which uses a range of scenarios to show which NHS service should be accessed in a variety of situations. A version for young people, with different scenarios, is currently being developed.

A group has recently been established to improve the service provided to people with learning disabilities. This group is prone to certain medical conditions which may go undetected, either because they may find it difficult to articulate their symptoms, or because those health risks are not known by health professionals. There are plans to increase staff training in this area, and to provide materials to support patients with learning disabilities (e.g. what to do if they are ill).

The Trust is also in the process of piloting a text messaging service for patients and the public who are deaf and/or speech-impaired, but who need to call 999.

A number of current policy developments pay attention to the Service's role in addressing health inequalities, e.g. the mental health strategy, the long term conditions strategy and the older people's strategy.

3.6 *Community Defibrillation Programme*

The Community Defibrillation Team works in partnership with the British Heart Foundation to place defibrillators in public places (stations, tourist attractions etc.), maintain them, and train the staff in the host organisations. To date, 207 defibrillators have been placed in the community, and over 6,000 members of the public have been trained (by the LAS) to use them.

The team also provides refresher training for members of the public as defibrillator users require refresher training on an annual basis. This has resulted in six more long-term survivors in the past year, with the overall cardiac arrest survival rate for these sites being 31%.

3.7 *Community Resuscitation Training*

The Community Resuscitation Training team provides basic life support training to community groups across London, free of charge. They have trained more than 10,000 people in the last year.

3.8 *Community First Responders*

Community First Responders can provide an initial response to some 999 calls in more 'remote' communities, where it may take an ambulance longer to arrive. There are now 350 Community First Responders across London, operating in 27 different areas. They are mainly based in outer London, in more sparsely-populated areas.

Other ways of using volunteers from communities are currently being explored, for example the possibility of having volunteers who are wheelchair-users based in the control rooms.

3.9 *Public Education*

Staff across the Trust are involved in a wide range of public education activities.

A number of materials and resources have been designed and introduced for staff involved in public education work. These range from lesson plans, presentations and display banners, through to give-away items such as pens, rulers, oyster-card holders and leaflets. The Trust has also introduced a development programme for this group of staff, to help them develop their skills and knowledge in this area.

A public education resource library has been launched, and is available on *the pulse* for all staff to access.

Examples of the Trust's public education activities in the last year include:

- Consultation events with Healthcare for London, including consultation on the Trust's plans to become an FT.
- Consultation events on policy developments, e.g. stroke and trauma services.
- Open evenings for the Community Responder scheme.
- Youth Workers events and Child Safety weeks.
- School visits.
- Junior Citizen Schemes.
- Talks about the LAS, e.g. Ethnic Minority Advocacy Groups, Neighbourhood Watch groups, and Older People's Forums.
- Attendance at voluntary sector meetings, e.g. Age Concern board meetings.
- Anti-knife and gun crime events.
- Emergency services open days (e.g. Metropolitan Police).
- Health awareness events (e.g. health and social care fairs, "hearty lives" events, hospital open days).
- Other community events, e.g. summer festivals and fairs, fun days, community days, town shows.
- Faith events, e.g. "Faith in Health".
- First aid demonstrations and basic life support training sessions.
- Road Traffic Collision reconstructions and road safety events (e.g. "driven by consequences" and "safe drive, stay alive").
- Visits to ambulance stations.
- Careers talks.
- Visits to cubs, scouts, beavers, brownies and guides groups.

There are 297 events or activities on the PPI and public education database for the period April 2009 to March 2010. More activities have almost certainly

taken place during that time, but have not been reported to the PPI and public education team. Reporting is improving significantly with the introduction of the resource library on *the pulse* and the recruitment of the PPI & Public Education Co-ordinator.

4. Good Corporate Citizen Assessment Model

The website www.corporatecitizen.nhs.uk allows organisations to take a self-assessment to monitor their progress on sustainable development, and includes guidance on how to develop good corporate citizenship. It poses a number of questions for organisations, grouped under the following headings:

- Travel
- Procurement
- Facilities management
- Workforce
- Community engagement
- Buildings

A self-assessment exercise was undertaken against these criteria during the year, led by Christine McMahon, Project Manager. The exercise showed that the Trust was making significant progress against all the areas considered, although naturally there was still room for improvement.

An action plan for sustainability development management was developed following the self-assessment exercise. This sets out – in some detail - energy and carbon reduction activities, who within the Trust will be responsible for them, how they will be implemented and how the impact will be evaluated.

5. Conclusion

This paper provides an overview of the Trust's activities which relate to its corporate citizenship during 2009-2010.

This demonstrates that the Trust is taking a number of important steps in addressing its responsibilities as a good corporate citizen, which can be built on for the future.

Margaret Vander
Head of Patient & Public Involvement and Public Education
April 2010



TRUST BOARD - 25th May 2010

Document Title	ANNUAL EQUALITY REPORT 2009/10
Report Author(s)	Janice Markey, Equality and Inclusion Manager
Lead Director	Caron Hitchen
Contact Details	caron.hitchen@lond-amb.nhs.uk 020 7783 2042
Aim	To provide the Trust Board with an update on the progress on equality and diversity issues in the year 2010/11
Key Issues for the Board The key recommendations of the Annual Equality Report 2009/10 are as follows: <ul style="list-style-type: none">• The resourcing, IM&T systems, protocol sharing requirements highlighted in this report by respective service managers as being obstacles to the collection of comprehensive, robust equality data in their service areas be looked at urgently by respective Directors and Heads of Service to identify a positive and practical way forward.• Directors and Heads of Service resource the actions identified in the Equality & Inclusion Action Plan, to enable the Trust to progress its strategic equality & inclusion goals.• The PDRs of all Trust staff include equality & inclusion objectives through KSF.• The Trust consider new ways of finding out staff satisfaction with the Trust as an employer, including career development, by equality strand groups.• Directors and Heads of Service encourage and enable their staff to access the new equality & inclusion training programme to be rolled out across the Trust.• Directors and Heads of Service actively support staff who join the new Staff Diversity Forums, in order to enable their active participation on behalf of the Trust in future equalities initiatives.	
Mitigating Actions (Controls)	
Recommendations to the Board Trust Board are asked to: <ul style="list-style-type: none">• Note the Executive Summary, which highlights the progress on equality & diversity issues in the year April 1 09 – 31 March 10, detailed in the attached report• Note the key recommendations.	
Equality Impact Assessment Has an EIA been carried out? Key Issues from Assessment	
Risk Implications for the LAS (including clinical and financial consequences) N/A	

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

- Gain the right skill mix and deployment regime to maximise efficiency while improving quality of care
- A supportive working environment
- Better reflecting the diversity of the city we serve



TRUST BOARD - 25th May 2010

Document Title	NHS Constitution & Values
Report Author(s)	Sandra Adams
Lead Director	Sandra Adams
Contact Details	020 7783 2045
Aim	To ask the Trust Board to note the requirement for NHS Trust Boards to have regard to the NHS Constitution in their decisions and actions and to note the discussion which took place at the Strategy Review and Planning meeting on 27th April 2010.
Key Issues for the Board <ul style="list-style-type: none">a) From 19th January 2010, Trust Boards are required by law to 'have regard to' or 'take account of' the NHS Constitution in their decisions and actions. Organisations will have to be able to show that they have had regard to the Constitution, and be able to give good reasons for any departures from it.b) The two documents attached are the NHS Constitution (summary); and the summary from the State of Readiness Group, the 6 NHS Values, and the LAS CRITICAL values. These were discussed at the Strategy Review and Planning (SRP) meeting on 27th April 2010.c) The SRP noted that there was clear and considerable alignment between the LAS CRITICAL values and the NHS Constitution, but that the Trust needed to ensure that the values were embedded. This could be measured through the staff survey and patient feedback mechanisms. It was suggested that the NHS values and constitution be incorporated into the induction process. It was noted that following a successful application for Foundation Trust status, the Board of Governors would also hold the Trust to account against the NHS Constitution.d) The SRP suggested that this paper be presented to the Trust Board and discussed in a public forum.	
Mitigating Actions (Controls) <ul style="list-style-type: none">▪ The LAS CRITICAL values are already in place and known and understood by staff▪ The work of the patient experience department and the patient and public involvement team supports patient rights▪ The developing staff engagement strategy will encompass the rights of staff.	
Recommendations to the Board <p>The Trust Board is asked to note the requirement for NHS Trust Boards to have regard to the NHS Constitution in their decisions and actions and to note the discussion which took place at the Strategy Review and Planning meeting on 27th April 2010.</p>	
Equality Impact Assessment <p>Has an EIA been carried out? N/A</p>	
Key Issues from Assessment	

Risk Implications for the LAS (including clinical and financial consequences)

The SRP identified two areas where the Trust could be at risk:

- Non-conveyance: does this breach a patient's right of access? After discussion it was agreed that this would have to be managed if the occasion arose.
- Does a patient have the right to see their PRF? Do staff know this?

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

None identified

Strategic Goals that the report links to

To improve our delivery of safe and high quality patient care using all available pathways

To have staff who are skilled, confident, motivated and feel valued and work in a safe environment

To be efficient and productive in delivering our commitments and to continually improve



TRUST BOARD - 25th May 2010

Document Title	Report on the Francis Inquiry into the Mid-Staffordshire NHS Foundation Trust
Report Author(s)	Sandra Adams/Fionna Moore
Lead Director	Sandra Adams/Fionna Moore
Contact Details	020 7783 2050
Aim	To ask the Trust Board to note the findings of the Francis Inquiry into the Mid-Staffordshire NHS Foundation Trust and to note the discussion which took place at the Strategy Review and Planning meeting on 27th April 2010.
Key Issues for the Board <p>Sir Robert Francis published this report on 2nd March 2010. Although the conclusions and recommendations are specifically relevant to acute Trusts there are lessons to learn for all NHS organisations. The attached paper contains extracts from the executive summary, listing issues around Governance, the actions of the Trust Board, the conclusions and recommendations.</p> <p>The Strategy Review and Planning (SRP) group was asked to consider the findings of the report at their meeting on 27th April 2010, in particular the conclusions and recommendations and their relevance to the London Ambulance Service NHS Trust.</p> <p>The SRP agreed that there were some issues in the Francis report which resonated, including: training and personal development; embedding clinical quality and safety; clinical audit; follow up on issues (from complaints for example) actions taken, improvements and outcomes. However the SRP had a reasonable degree of confidence that the failings of the Mid-Staffordshire NHS Foundation Trust would not be repeated in the LAS. The recent governance structure and risk management reviews would ensure that these issues would be addressed. Other points that were also noted included:</p> <ul style="list-style-type: none">• Information on complaints and follow-up, and trend analysis was available and is review by the Trust Board;• Staff were free to speak and raise concerns but feedback should be improved;• Clinical audit was in place and should be more prominent.	
Mitigating Actions (Controls) External auditors: Audit Commission ALE 2009/10 assessment on internal control Internal audit: board assurance framework 2009/10 review of strategic goals and risks Corporate risk register	
Recommendations to the Board To note the findings of the Francis Inquiry into the Mid-Staffordshire NHS Foundation Trust	

and to note the discussion which took place at the Strategy Review and Planning meeting on 27th April 2010.

Equality Impact Assessment

Has an EIA been carried out?

N/A

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Corporate Objectives that the report links to

Become a Foundation Trust

LONDON AMBULANCE SERVICE NHS TRUST

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009

"People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences. This is what must be remembered by all those who design and implement policy for the NHS." (Sir Robert Francis)

This report was published on 2nd March 2010. I have included the sections from the Executive Summary on Governance, the Board, the Conclusions and Recommendations.

The report can be seen in full on

http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-Vol1.pdf

SRP is asked to consider the report and the extracts provided and to discuss their relevance to the LAS

Fionna Moore

19th April 2010

Governance

55. ♦ In 2002, the Commission for Health Improvement (the predecessor of the HCC) reported that the Trust lacked effective clinical governance. This had not been corrected by the beginning of the period under review. The new Chair who arrived in August 2006 understood this deficiency existed and the need to remedy it. Part of her solution was to pursue Foundation Trust status as a driver for improvements in governance. The structure had several layers of management between divisional governance groups and the Board. The Medical Director and the Director of Nursing were the only two routes through which clinical or nursing concerns were likely to reach the Board. Higher level committees focused on financial matters and did not appear to have been receiving or addressing clinical issues as a priority.

56. ♦ Clinical audit was poorly developed at the Trust. Many individual clinicians were reluctant to engage in it and there was a lack of resources and support for those who did.

57. ♦ Incident reporting systems were criticised by many staff, in particular because of the lack of feedback and because reports attributing incidents to staffing issues were perceived to be discouraged. These factors led some staff to be reluctant to file incident reports. There was, at least for a time, a lack of clarity about the requirements for filing a serious untoward incident report. The Inquiry found evidence that a number of deaths which led to inquests had not been reported in this system when they should have been.

58. ♦ The investigation of complaints was frequently delegated to staff in the area with which the complaint was concerned. This could result in defensive rather than

constructive reports which lacked credibility with complainants who perceived them to lack impartiality. Replies to complaints were often provided too slowly and did not always address all the issues raised. There was a formulaic approach which appeared to value process over substance. Apologies when offered were not always well thought out. Staff who were the subject of complaints did not always have the full details put to them, devaluing any investigation.

59. ♦ A particularly disturbing feature of the complaints process was that the Trust often did not apply effective remedial action. This is evidenced by a series of complaints raising similar issues in which the response each time was an action plan which, if implemented, would have avoided a subsequent incident. It is difficult to understand how the Chief Executive, if he read the complaints, could have been unaware of systemic failings in the delivery of care. Some letters acknowledged multiple failings. There is no evidence that the substance of complaints were reported to the Board. If they had been told of some of the experiences of those who complained, they would not have been as shocked as they were when finally members of Cure the NHS were able to speak to them directly.

60. ♦ A poor complaints system has a negative impact on the patients and others who seek to use it. Inadequate responses cause distress and may exacerbate bereavement. Complainants are left desperate for answers to their questions. While the Board received reports of themes of complaints, these were too broad to be informative. With a serial filtering of information with no involvement from non-executive directors, the Board was distanced from the reality of complaints.

61. ♦ Appraisal and professional development were accorded a low priority, as indicated by national surveys. There was evidence that staff were not supported by a robust appraisal system and that continuous professional development was sporadic. There was also evidence of a reluctance to take robust disciplinary action where this appeared to be needed. Concerning cases of alleged misconduct and deficient performance have either not been addressed at all or only in a hesitant manner. This is starkly evidenced by two Royal College of Surgeons' reviews of the hospital's surgical division and the dysfunction brought to light by them.

62. ♦ The few instances of reports by whistleblowers of which the Inquiry was made aware suggest that the Trust has not offered the support and respect due to those brave enough to take this step. The handling of these cases is unlikely to encourage others to come forward, and the responses to the investigation of the concerns raised have been ineffective.

The Board

63. ♦ The Inquiry examined the experience of Board members during the period under review together with their explanations of what happened and their reactions to the HCC report. It also examined the process leading up to the departure of the Chair and Chief Executive in March 2009. It was noted that the non-executive directors recruited by the Trust were on the whole inexperienced in NHS board positions. While this may be inevitable in a relatively small trust, it does give rise to a need to call on more training or outside assistance.

64. ♦ The codes of conduct and guidance for directors make it clear that their duty is to provide strategic direction and that they should refrain from intervening in operational detail, but that they are collectively accountable for all aspects of the performance of the Trust. The Board may have interpreted the division between the strategic and the operational too rigidly, particularly at a time when they were aware that there were serious deficiencies in the governance structure. They may have failed to understand that in such circumstances there will be many instances when a non-executive director can only understand the issues by being informed of operational detail.

65. ♦ The styles and characteristics of various Board members may help to explain how they functioned as a group. The Chair throughout the relevant period was a strong leader with a clear vision admired by her colleagues. The clinicians taking the role of medical director were reluctant recruits to part-time posts. They may have been handicapped in presenting the professional view to the Board by the disinclination of consultants to engage with management issues. They were not natural leaders and lacked an external perspective which might have alerted them more readily to issues about standards. The registered nurse who had the post of Director of Clinical Standards was unpopular with staff and lacked the confidence of the Chair and was replaced. Her successor may have had a disadvantage in coming from a trust which would have offered fewer challenges and greater support. She was able, however, to demonstrate to the Inquiry that she was conscientious and able to work out what needed to be done, although she may have found prompt implementation difficult to achieve. The Director of Operations gave an impression of having focused on individual tasks, such as the achieving of targets, at the expense of leading the overall operation of the Trust.

66. ♦ The non-executive directors, including the Chair, had an appreciation that there were serious deficiencies in certain areas of the Trust's operation. The Chair provided a list of them to the Inquiry. The other non-executives supported her to set about remedying these by the replacement of the Chief Executive. Likewise, the Director of Nursing who arrived in December 2006 appreciated that there were serious nursing issues to be addressed. In spite of that appreciation, too often the initiation of a process such as the appointment of a new chief executive or the setting up of a new governance structure was regarded as sufficient and the executive could then be left to get on with things. Remedial action has often not been pursued with the vigour and urgency warranted by the situation.

67. ♦ The Inquiry examined the clinical floors project and the Board's management of this issue. The Board approved this without an adequate examination of the implications. While placing reliance on the advice of the Executive Director who was the architect of the project, little attention was paid to any other opinion, and little attempt was made to engage front-line staff. There was no adequate impact or risk assessment and, once set in motion, no proactive assessment of how it was working. Their approach was symptomatic of a passive style from which challenge and engagement with the key issues was absent.

68. ♦ With regard to the Board's approach to workforce reduction, this was agreed at a time of maximum financial pressure when there may have been no alternative to staff cuts. However, assurances were too readily accepted as to the safety of the proposals and there was little challenge evident. When the deficiencies were

appreciated as a result of the commencement of the skill mix review, this was not progressed with the speed required by the circumstances.

69. ♦ The application for Foundation Trust status was pursued by the Board in part as a means of furthering the need for improvement in governance structures rather than ensuring that the Trust was in a genuinely fit state for the application before embarking on it. There may have been external encouragement to seek Foundation Trust status, but it remained the Board's duty to ensure that it was an appropriate step to take. The pressures of the process are likely to have distracted the Board from other tasks. The Inquiry does not accept that the Board set out to deceive anyone with the application, but their declarations in relation to the quality of care provided at the Trust revealed a profound misunderstanding of their responsibilities. The focus seems to have been on processes not outcomes.

70. ♦ The Board did not engage with the public as it should have done; in particular, it conducted more business than was appropriate in private. The Board's reaction to the HCC report was individually and collectively one of denial instead of searching self-criticism. The most common reaction among directors was that the report was unfair because it did not adequately reflect the progress that had been made. During the investigation itself, a degree of complacency was shown and there continued to be a lack of urgency in seeking solutions to the problems identified.

71. ♦ Although the Chief Executive between January 2005 and March 2009 was not medically fit to attend the Inquiry, documentary material was obtained from which his response to the criticisms of the HCC report could be gleaned, as could the process leading to his departure from the Trust. He asserted that he had been appointed to a failing trust and had achieved a turnaround of the organisation by putting in place a sustainable future, robust governance, and improving quality and standards of care. He considered that the high mortality figures were attributable to coding issues, and that skill mix issues had been identified and were being addressed. Acknowledging that there was work to do, he described the Trust's culture as being inwardly focused and complacent, resistant to change and accepting of poor standards. He considered the HCC report to be unfair. Whatever Mr Yeates may have believed at the time of his departure, in reality the issues raised in this report had not been remedied. He focused on systems, not their outcomes. There was a need for senior management to be deeply involved in service delivery until they could be satisfied that the systems were actually working. He did successfully get to grips with some issues, but the concerns described by both him and his Chair were largely the same as those discerned by the current Chief Executive on his arrival. This does not suggest a successful period of management.

72. ♦ The Chair was asked to leave by the Chair of Monitor on the publication of the HCC report. While such a termination is efficient in the sense that it allows the Trust to move on under new management, it is unsatisfactory that there is no process of accountability which allows for a fair determination of the performance of the individual as against the standards and codes of conduct to be expected of someone in such an important public position.

73. ♦ The Chief Executive stepped aside before being formally suspended by the Board which then commissioned an external report into his performance. Although the report recommended that there was a prima facie case for disciplinary action, the Board decided on pragmatic and commercial grounds to negotiate terms for an

agreed departure. The result was that the Chief Executive was also forced out of office without any determination of whether his own performance was in breach of any relevant standards or the code of conduct. There was no public accountability of the type that would be expected in the case of, for instance, a doctor.

Conclusions & Recommendations

76. ♦ The deficiencies in staff and governance began before the period under review and were recognised by the management. Any trust where there have been long-term serious organisational challenges will be difficult to turn around. However, the action taken by management to address many of the issues they identified was ineffective. Many of the problems found by the Chair on her arrival in 2004 were still present when the current Chair and Chief Executive took over in 2009.

77. ♦ A theme of the evidence about the Board has been reliance on the distinction between strategic and operational issues and a disclaimer of responsibility for the latter. The distinction does not justify directors not interesting themselves in operational matters when it is known that governance systems are either not in place or are untested. There was also a lack of clarity about responsibilities for nursing issues.

78. ♦ The Board's approach to some problems such as governance was characterised by a lack of urgency. The issues identified in this report required constant follow-up, review and modification. It was unacceptable that the staff review should have been allowed to take so long to complete and implement.

79. ♦ A common response to concerns has been to refer to generic data or benchmarks such as star ratings, rather than the experiences of actual patients. While benchmarks and data-based assessments are important tools, these should not be allowed to detract attention from the needs and experiences of patients. Benchmarks, ratings and status may not always bring to light serious systemic failings.

80. ♦ Among other themes the Inquiry has identified from the evidence are:

- a corporate focus on process at the expense of outcomes;
- a failure to listen to those who have received care through proper consideration of their complaints; ♦
- staff disengaged from the process of management;
- insufficient attention to the maintenance of professional standards;
- lack of support for staff through appraisal, supervision and professional development;
- a weak professional voice in management decisions;
- a failure to meet the challenge of the care of the elderly through provision of an adequate professional resource. Some of the treatment of elderly patients could properly be characterised as abuse of vulnerable persons;
- a lack of external and internal transparency;
- false reassurance taken from external assessments; and
- a disregard of the significance of the mortality statistics.

Recommendations

Recommendation 1: The Trust must make its visible first priority the delivery of a high-class standard of care to all its patients by putting their needs first. It should not provide a service in areas where it cannot achieve such a standard.

Recommendation 2: The Secretary of State for Health should consider whether he ought to request that Monitor – under the provisions of the Health Act 2009 – exercise its power of de-authorisation over the Mid Staffordshire NHS Foundation Trust. In the event of his deciding that continuation of foundation trust status is appropriate, the Secretary of State should keep that decision under review.

Recommendation 3: The Trust, together with the Primary Care Trust, should promote the development of links with other NHS trusts and foundation trusts to enhance its ability to deliver up-to-date and high-class standards of service provision and professional leadership.

Recommendation 4: The Trust, in conjunction with the Royal Colleges, the Deanery and the nursing school at Staffordshire University, should review its training programmes for all staff to ensure that high-quality professional training and development is provided at all levels and that high-quality service is recognised and valued.

Recommendation 5: The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis.

Recommendation 6: The Board should review the Trust's arrangements for the management of complaints and incident reporting in the light of the findings of this report and ensure that it:

- provides responses and resolutions to complaints which satisfy complainants;
- ensures that staff are engaged in the process from the investigation of a complaint or an incident to the implementation of any lessons to be learned;
- minimises the risk of deficiencies exposed by the problems recurring; and
- makes available full information on the matters reported, and the action to resolve deficiencies, to the Board, the governors and the public.

Recommendation 7: Trust policies, procedures and practice regarding professional oversight and discipline should be reviewed in the light of the principles described in this report.

Recommendation 8: The Board should give priority to ensuring that any member of staff who raises an honestly held concern about the standard or safety of the provision of services to patients is supported and protected from any adverse consequences, and should foster a culture of openness and insight.

Recommendation 9: In the light of the findings of this report, the Secretary of State and Monitor should review the arrangements for the training, appointment, support and accountability of executive and non-executive directors of NHS trusts and NHS foundation trusts, with a view to creating and enforcing uniform professional standards for such posts by means of standards formulated and overseen by an independent body given powers of disciplinary sanction.

Recommendation 10: The Board should review the management and leadership of the nursing staff to ensure that the principles described in the report are complied with.

Recommendation 11: The Board should review the management structure to ensure that clinical staff and their views are fully represented at all levels of the Trust and that they are aware of concerns raised by clinicians on matters relating to the standard and safety of the service provided to patients.

Recommendation 12: The Trust should review its record-keeping procedures in consultation with the clinical and nursing staff and regularly audit the standards of performance.

Recommendation 13: All wards admitting elderly, acutely ill patients in significant numbers should have multidisciplinary meetings, with consultant medical input, on a weekly basis. The level of specialist elderly care medical input should also be reviewed, and all nursing staff (including healthcare assistants) should have training in the diagnosis and management of acute confusion.

Recommendation 14: The Trust should ensure that its nurses work to a published set of principles, focusing on safe patient care.

Recommendation 15: In view of the uncertainties surrounding the use of comparative mortality statistics in assessing hospital performance and the understanding of the term 'excess' deaths, an independent working group should be set up by the Department of Health to examine and report on the methodologies in use. It should make recommendations as to how such mortality statistics should be collected, analysed and published, both to promote public confidence and understanding of the process, and to assist hospitals to use such statistics as a prompt to examine particular areas of patient care.

Recommendation 16: The Department of Health should consider instigating an independent examination of the operation of commissioning, supervisory and regulatory bodies in relation to their monitoring role at Stafford hospital with the objective of learning lessons about how failing hospitals are identified.

Recommendation 17: The Trust and the Primary Care Trust should consider steps to enhance the rebuilding of public confidence in the Trust.

Recommendation 18: All NHS trusts and foundation trusts responsible for the provisions of hospital services should review their standards, governance and performance in the light of this report.



TRUST BOARD - 25th May 2010

Document Title	Report of the Trust Secretary
Report Author(s)	Sandra Adams
Lead Director	Sandra Adams
Contact Details	0207 7832045
Aim	To ensure compliance with Standing Orders and Standing Financial Instructions
Key Issues for the Board There has been one entry to the register for the Use of the Trust Seal: <ul style="list-style-type: none">o Counterpart lease for 1 Fort Street, London, E16 2BB between London Ambulance Service NHS Trust and JT Downey (Investments) Limited. Three entries have been made on the Register of Interests in the period 31 st March – 14 th May 2010.	
Mitigating Actions (Controls) Standing Orders and Standing Financial Instructions	
Recommendations to the Board To note the report.	
Equality Impact Assessment Has an EIA been carried out? No - Not applicable (If not, state reasons) Key Issues from Assessment - Not applicable	
Risk Implications for the LAS (including clinical and financial consequences) None identified.	
Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing) As above.	
Corporate Objectives that the report links to To meet regulatory and performance targets.	



TRUST BOARD - 25th May 2010

Document Title	Staff Engagement Strategy
Report Author(s)	Tony Crabtree – Assistant Director, Employee Support Services Kelly O’Brien – Staff Engagement Manager
Lead Director	Caron Hitchen – Director of Human Resources and Organisation Development
Contact Details	Caron Hitchen caron.hitchen@lond-amb.nhs.uk 020 7783 2042 Tony Crabtree tony.crabtree@lond-amb.nhs.uk 020 7783 2059
Aim	To seek Trust Board approval of the Staff Engagement Strategy
Key Issues for the Board The strategy covers a three-year period (2010-13) and sets out the following key strategic aims: <ul style="list-style-type: none">• Increase staff satisfaction levels and subsequently engagement levels across the service• Support staff to maintain their health and wellbeing• Improve patient experience/care• Improve organisational performance• Involve staff in influencing• Become an Employer of Choice• Support embedding of the NHS Constitution – Staff Pledges, also support promotion of joint accountability• Support service objectives and priorities• Support Foundation Trust Application• Share best practice and lessons learned with external organisations• Identify additional measures to monitor performance in the areas of staff satisfaction and engagement The associated action plan sets out the priority actions for year 1.	
Mitigating Actions (Controls)	
Recommendations to the Board The Trust Board is asked to review and support the work set out to increase staff satisfaction and engagement levels across the service.	

Equality Impact Assessment

EqIA to be completed.

Risk Implications for the LAS (including clinical and financial consequences)

Lack of appropriate priority from staff/management would/will undermine success of this initiative and strategy.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

To be tabled at Staff Council. Joint Staff Engagement Steering Group to be established (successor to Staff Survey Steering Group). Focus groups using facilitators trained with funding support from the Social Partnership Forum initiative will be held to better understand staff needs and views.

Established post of Staff Engagement Manager, currently filled by interim appointment, needs to be advertised and filled on a permanent basis. Where (financial) resource implications are identified within priority actions applications for funding support will be made. Otherwise, key support is staff time for identified Area/Directorate “champions”

Corporate Objectives that the report links to

This work links to objectives set out in the corporate objectives 2009/2010 “*Good employment practice and organisation development*” Specifically linking to;

- Agree to implement service wide action plan in response to staff survey results
- Reinvigorate the personal development review (PDR) process across the Trust and ensure as many staff as possible receive a review
- Make significant progress at the two New Ways of Working Sites
- Deliver agree training against training plan
- Successfully apply to become a foundation trust

The strategy supports;

LAS Human Resources and strategy
LAS Visions, Values and Strategy
NHS Constitution – Staff Pledges
The new Improving Working Lives standards
New Ways of Working

And considers guidance and evidence illustrated in;

NHS London Engagement Strategy
Engaging for Success – The MacLeod Review
Employer of Choice; The 6 core principle of engagement
The Boorman Review



TRUST BOARD - 25th May 2010

Document Title	Wellbeing Strategy
Report Author(s)	Fátima Fernandes
Lead Director	Caron Hitchen
Contact Details	Caron.hitchen@lond-amb.nhs.uk
Aim	To seek Trust Board approval for the Wellbeing Strategy
Key Issues for the Board Wellbeing initiatives and their business benefits are out-lined and promoted in the Government-endorsed Boorman report. The Strategy takes full account of Boorman Report and all other relevant wellbeing government publications. The London Ambulance Service has a vision that all staff members enjoy the greatest possible state of Wellbeing and our goal is to help staff stay healthy longer. Included in the Strategy are 12 Strategic Aims: <ol style="list-style-type: none">1. To manage stress effectively and build resilience2. To increase knowledge and understanding of mental health issues3. To increase physical activity levels4. To increase adoption of healthy eating habits and maintenance of healthy weight5. To increase the percentage of non-smokers6. To reduce the incidence of addiction-related problems7. To promote workplace wellbeing8. To promote the adoption of long term healthy lifestyles9. To increase the focus of health promotion and prevention and increase the remit of Occupational Health services10. To promote healthy work environments11. To promote healthy organisation12. To design and action robust measuring and monitoring systems which will enable us to assess whether we are achieving stated aims and objectives and also to inform evidence-based research projects	
Mitigating Actions (Controls) N/A	
Recommendations to the Board That the Trust Board approves the Wellbeing Strategy	
Equality Impact Assessment Has an EIA been carried out? (Currently underway) (If not, state reasons) Key Issues from Assessment	
Risk Implications for the LAS (including clinical and financial consequences) Decrease in staff wellbeing; increase in sickness absence and all related costs; decrease in staff morale; increased costs in reactive staff support requirements from external organisations	

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Negatively impacting patient care, Employer of Choice Status and public image

Corporate Objectives that the report links to

- Improved patient care
- Improvement in service delivery
- Decrease in absenteeism
- Better physical and mental health in staff
- Increased productivity across the organisation
- Achieving Employer of Choice status
- Cost savings in terms of improved attendance and reduced use of health benefits from implementing workplace Wellbeing programmes.
- Greater self-image, increased staff morale and engagement, and feelings of belonging and achievement for individuals.



TRUST BOARD - 25th May 2010

Document Title	Equality and Inclusion Strategy 2010 - 13
Report Author(s)	Janice Markey, Equality and Inclusion Strategy
Lead Director	Caron Hitchen, Director of Human Resources and organisation Development
Contact Details	caron.hitchen@lond-amb.nhs.uk 020 7783 2042
Aim	To seek Trust Board approval of the Equality and Inclusion Strategy 2010 - 2013
Key Issues for the Board <p>The report provides detail on the new generic Equality & Inclusion Strategy 2010-13, which supersedes the previous Race, Disability and Gender Equality Schemes and incorporates within its remit the additional three equality strands of age, religion or belief and sexual orientation, in preparation for the new Equality Act 2010.</p> <p>The new strategy has been extensively consulted on, including with:</p> <ul style="list-style-type: none">• The Patient's Forum including LINKs representatives• Staff• The Equality & Inclusion Steering Group• Staffside partners• The public, including through the online consultation questionnaire and workshops at the Patient Care Conference in January 2010• The National Ambulance Diversity Forum• All six leading employers' equality forums, of which the Trust is a member organisation: Employers Forums on Age, Belief and Disability, Opportunity Now, Race for Opportunity and Stonewall <p>Feedback has been overwhelmingly positive and the above will form the basis for the formal review of the strategy in 2013.</p> <p>The accompanying Action Plan sets out the specific activities for each service area to take forward. The strategy is a living document and should be added to and complemented, where appropriate, to include any new initiatives taken forward by the Trust.</p>	
Mitigating Actions (Controls)	
Recommendations to the Board Trust Board are asked to: <ul style="list-style-type: none">• Note the report	

- Note the key recommendations, which include:
 - ❖ The strategy and how staff can be involved in its implementation to be discussed at managers' and team briefings throughout the Trust;
 - ❖ Directors and Heads of Service resource the actions identified in the Equality & Inclusion Strategy Action Plan;
 - ❖ Directors and Heads of Service consider any future additional actions from their service areas for the annual monitoring of the strategy;
 - ❖ The strategy be officially launched at a launch event with key partners and stakeholders.

Approve the strategy, which supersedes the previous Race, Disability & Gender Equality Schemes and ensures compliance with the new Equality Act 2010

Equality Impact Assessment

Has an EIA been carried out?

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

N/A

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

- Gain the right skill mix and deployment regime to maximise efficiency while improving quality of care
- A supportive working environment
- Better reflecting the diversity of the city we serve



London Ambulance Service



NHS Trust

Mental Health Strategy v1.0

Nick Lawrance
Head of Policy Evaluation and
Development

May 2010

DRAFT

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1. Executive Summary and Recommendations

- 1.1. Department of Health policy, Acts of Parliament and the recommendations made following investigations into incidents involving patients, combined with the unique role of The London Ambulance Service (LAS) require that the Service is aware of its responsibilities to patients with mental health problems and works effectively with stakeholders to deliver care to this group.

This strategy is intended to coordinate the LAS's work being undertaken towards the provision of effective care, and to drive and monitor future service improvements to users with mental health problems.

- 1.2. After consultation with internal and external stakeholders this strategy focuses on four key areas of work:
- Providing appropriate responses
 - LAS response to issues around capacity and consent
 - Mental health facilities and places of safety
 - Stakeholder engagement
- 1.3. Recommendations made related to improving care in this area will be implemented via an action plan that will support the Service Improvement Programme. The delivery of this action plan will be coordinated by the Mental Health Steering Group.
- 1.4.1. Recommendation 1: evaluate the use of the Oxleas pathway to assess whether LAS should pursue the idea of direct referrals to mental health units as an alternative to A&E departments.
- 1.4.2. Recommendation 2: evaluate Lambeth 'Improving Access to Psychological Therapies' and the Camden 'Psychiatric Assessment Team' pathways with a view to rolling out to other areas and provide an alternative to A&E for patients who could benefit from a psychological assessment but are otherwise well.
- 1.4.3. Recommendation 3: In light of the review of LAS responses requested via the CAD link with Metropolitan Police Service (MPS), LAS to investigate the most appropriate response to offer to Metropolitan Police Service and British Transport Police for patients they have detained under Sec 136 of the Mental Health Act.
- 1.4.4. Recommendation 4: After the evaluation of the Urgent Care Service model to provide LAS responses to requests for attendance at Mental Health Assessments, LAS should:
- commit to a model of meeting demand generated by requests to attend assessments,
 - publicise the model to stakeholders, and
 - roll out the model across London.

Performance should be reported and share with stakeholders.

- 1.4.5. Recommendation 5: Building on the work carried out by the Medical Directorate, a concerted effort should be made to improve crews' awareness of capacity and consent tools and their confidence in using them. This will improve the quality of care delivered to patients by acting in the patients' best interests and creating a clear, auditable paper trail.
- 1.4.6. Recommendation 6: To address risk around the capacity of Mental Health Units to accept patients from LAS, the Service should develop the proposal of networking sites to which Mental Health patients are conveyed at a local (i.e. Mental Health Trust) level, and make this information available to front line LAS and MPS staff
- 1.4.7. Recommendation 7: To improve local stakeholder engagement a member of each complex management team should be appointed who will take responsibility for liaising with the Local Authority, Borough Metropolitan Police and Patient and Carers Groups regarding Mental Health issues.
- 1.4.8. Recommendation 8: Building on the success of the dedicated GP section of the Service web site, a similar resource is to be developed for use by professionals working with LAS around Mental Health. It will detail how to contact LAS, the work we do and what type of response LAS offer.
- 1.4.9. Recommendation 9: The 'Guide to admitting mentally ill patients to hospital' to be replaced with a new document, downloadable from the Service website, detailing LAS's role re Mental Health, how to contact LAS before and during any assessment and the responses we can offer.
- 1.4.10. Recommendation 10: A clear commitment needs to be made to ensure staff are made available for training in using mental health pathways, where they exist, and pathways developed where none are available.
- 1.4.11. Recommendation 11: An updated Mental Health Training Model to be rolled out as part of the paramedic training course. The possibility of developing it as an e-learning module should be investigated as a means of capturing existing staff.

2. Introduction

In 2009, the NHS Information Centre published the latest results from its regular Psychiatric Morbidity Survey of Adults Living in Private Households in Great Britain. They reported that 1 in 6 (16.2%) of the population surveyed in England exhibited symptoms in the week prior to interview sufficient to warrant a diagnosis of a common mental health problem.

As the only NHS organisation with a remit to respond to potentially any member of the public in London, it is imperative that the London Ambulance Service NHS Trust (LAS) delivers high quality care to this group of patients.

This document provides an update to the previous LAS Mental Health Strategy (2005) and sets out next steps for improving the quality of care provided by the LAS to people with mental health problems.

After analysing policy developments and the current situation across London the paper will look at four key areas across which LAS can act to improve the quality of care offered. Recommendations made in these areas are then taken up by an action plan to be authorised by LAS's Trust Board before being implemented. This report will also acknowledge related but separate initiatives within the LAS with which links must be developed.

3. Background

3.1. Policy context

This section describes a selection of the legislation, policy and guidance available in the field of mental health.

The NHS Plan (DoH 2000) states that "modernising mental health services is one of the government's core national priorities," and that people with mental illness should receive services that are more responsive to their needs. It outlines improvements in responding to people in crisis situations, reducing suicide, developing alternatives to taking patients to hospital and reducing pressure on inpatient units. Improvements for particularly vulnerable groups are mentioned, including those who are hard to engage, people from minority ethnic groups, women, people in prison and carers.

The National Service Framework (NSF) for Mental Health (DoH 1999) sets out standards for the mental health services provided to adults up to the age of 65. There are standards for health promotion (including reduction of discrimination), accessibility of services, assessment of people's mental health needs, effective treatment and referral, rehabilitation, the needs and role of carers and the action required to reduce suicide.

The 5-year review of the NSF (DoH 2004) describes some of its early achievements and highlights some key areas for further action, e.g. improving

services for people with 'dual diagnosis' (mental illness and substance misuse), reducing social exclusion, and improving services for people from ethnic minority communities.

Delivering Race Equality in Mental Health Care (DRE) (DoH 2005) is an action plan for achieving equality and tackling discrimination in mental health services for people of black and minority ethnic (BME) status. Educational programmes and protocols need to take the DRE plan into account, as it impacts on how risk is managed, including the role of the police in dealing with difficult situations.

A Framework for Action (Healthcare for London 2007) sets out the need for change in the provision of healthcare in London. It highlights mental health as a significant issue in London and sets out recommendations to develop and build on the NSF. These include improving multi-agency links and the development of clear care pathways.

3.2. Andrew Jordan Recommendations

Following the tragic death of Andrew Jordan, a number of recommendations were made in an internal report and the Rule 43 coroner's report to prevent a similar event occurring in the future. The development and implementation of the LAS Mental Health Strategy was a key component of the recommendations and provides a mechanism to drive and monitor change.

The issues raised in the reports into the Jordan case will be addressed within the strategy. In particular emphasis will be placed on the importance of training and education in all aspects of mental health for LAS staff. The policy "Admitting Mentally Ill Patients to Hospital" will be updated to provide staff with a clear guide on the management of mental health patients.

3.3. Paul Coker Inquest

In March 2010 an inquest at Southwark Crown Court recorded a narrative verdict on the death of a man who died in police custody. The inquest recorded the cause of death as cocaine intoxication with a variant of acute behavioural disorder. The coroner will write to the Metropolitan Police Service (MPS), the Faculty of Forensic Medicine and LAS with recommendations during early summer 2010.

3.4. LAS Mental Health Strategy 2005-2008

The original mental health strategy, written in June 2005, set out a plan to improve the service provided by the LAS to patients suffering from a mental health problem. The strategy identified internal challenges for the LAS and reviewed these in the context of the external landscape and policy context. The work strands that emerged focussed on staff training and education, referral mechanisms and options for ambulance staff "on scene", alternative destinations (other than emergency departments) and staff mental health needs.

The benefits the strategy sought to achieve were:

- People in crisis situations will receive a more appropriate initial response and onward care and treatment, taking into account their own wishes and choices.
- There will be a better understanding and co-ordination between agencies and increased awareness of service users needs.
- Frontline staff will have better training, access to specialist advice, more knowledge and confidence in the areas identified. They will also receive better support themselves when they are experiencing stress or other problems.

These objectives are still very relevant today and although progress has been made in some areas, there is still much that can be done to improve the service we offer to mental health patients. Pertinent themes identified in 2005 continue to pose challenges, particularly relating to how the LAS can provide the most appropriate response to patients and the lack of alternatives to emergency departments.

Improving multi-agency working will be key to moving forward with this strategy. It is in this respect, thanks to a growing focus on the use of referral pathways by commissioners and the attachment of CQUINS¹ to this area of LAS performance, that there has been no better time to engage stakeholders.

However, in contrast to the 2005 strategy, the updated document will focus solely on the needs of patients. The issues raised in the original strategy concerning the mental health needs of staff remain a priority, but are better placed in a dedicated employee support strategy.

3.5. Amendments to the Mental Health Act

The 2007 Mental Health Act received Royal Assent in July 2007 and amends the 1983 Mental Health Act. The new Act updates legislation to reflect changes in service provision over the past twenty years. It also intends to strengthen safeguards for service users whilst ensuring that people with serious mental health disorders can be compelled to have treatment if this is necessary to protect their own safety or the safety of others.

3.5.1. The Key Amendments

- *Definition of mental disorder:* a single definition of mental disorder is now used throughout the act and it abolishes references to categories of disorder.
- *Criteria for detention:* an “appropriate medical treatment” test will be introduced for all longer-term powers of detention. This means that it will

¹ “CQUIN” stands for Commissioning for Quality and Innovation, a mechanism available to commissioners of NHS services where a small part of the overall funding is dependent on the delivery of specific initiatives by the provider.

not be possible for patients to be compulsorily detained or have their detention continued unless medical treatment that is appropriate to the patient's mental disorder is available to them.

- *Professional roles*: the group of practitioners that can take on the roles currently performed by the Approved Social Worker (ASW) and Responsible Medical Officer (RMO) is widening. The ASW role became known as Approved Mental Health Professional (AMHP) while the RMO becomes the Responsible Clinician to reflect these changes.
- *Nearest relative*: Patients now have the right to make an application to displace their Nearest Relative (NR) where there are reasonable grounds to do so. Civil Partners also been added to the list of relatives that can be recognised as an NR.
- *Supervised Community Treatment orders (SCTs)*: SCTs can be given to patients following a period of detention in hospital. This allows a small number of patients to live in the community whilst subject to certain conditions under the 1983 Act to ensure they continue with the medical treatment they require.
- *Mental Health Review Tribunal (MHRT)*: introduces an order-making power to reduce the time before a case has to be referred to the MHRT by hospital managers. It also introduced a single Tribunal for England.
- *Age appropriate services*: Hospital managers are required to ensure that patients under 18 years old admitted to hospital with a mental health disorder are accommodated in an environment that is suitable for their age (subject to their needs).
- *Advocacy*: it places a duty on the appropriate national authority to make arrangements for help to be provided by independent mental health advocates.
- *Electro-convulsive therapy*: introduces new safeguards for patients.

(DoH 2007)

3.5.2. The Bournemouth Gap

The 2007 Mental Health Act also includes an amendment to the 2005 Mental Capacity Act (MCA) to address the issue of the "Bournemouth Gap". The Bournemouth Gap refers to the case of an autistic man with severe learning disabilities who, the European Court of Human Rights ruled, had been unlawfully deprived of his liberty when he was informally admitted to the Bournemouth Community Hospital. (DoH 2006) The case highlighted the issue of patients who lack capacity to give informed consent to care or treatment, but who are not covered by the 1983 Mental Health Act and so are not protected by the same legal safeguards.

The amendment to the 2005 MCA provides safeguards for patients in these circumstances and follows the guiding principles of the 2005 MCA of acting in the best interests of the person lacking capacity and in the least restrictive manner. When a hospital or care home identifies that a patient is being or is at risk of being deprived of their liberty they must apply to a "supervisory body" for authorisation of that deprivation of liberty. The supervisory body will carry out an assessment to determine whether the patient meets the criteria for deprivation of liberty and that it is necessary. If the patient is to be

deprived of their liberty, a person will be appointed to represent the patient's interests. The government believes that the vast majority of people this amendment applies to will be in a hospital or care home setting. (DoH 2006)

3.5.3. What are these changes likely to mean for the LAS?

- *Supervised Community Treatment orders (SCTs)*: SCTs are intended to address the issue of patients who are released and do not continue with their treatment leading to deterioration in their health and readmission, sometimes referred to as the "revolving door". (DoH 2007). The Care Services Improvement Partnership (CSIP), whose work concluded in September 2009, had developed a Best Practice Guide pocketbook for professionals (CSIP 2007a). However, this 92-page document only refers to ambulances six times so there is still an opportunity to distil information for LAS staff.
- *Professional roles*: The LAS need to be aware of the changed terminology for the professionals they work with under the Mental Health Act and understand the potential changes this could bring to practice and skill mix. The ASW has been replaced by Approved Mental Health Professionals (AMHPs), who have similar functions but are drawn from a wider range of professional groups. They are also subject to the same training and approval mechanisms previously in place for ASWs (CSIP 2007b).

The Responsible Medical Officer (RMO) been replaced with "the Responsible Clinician". RMOs were usually consultant psychiatrists, but the responsible clinician could be any professional with the appropriate skills and training. (Mental Health Network 2007) This includes psychologists, social workers, nurses and occupational therapists. Responsible clinicians are likely to be assigned based on the skills available in the local workforce and the service user's needs and treatment plan rather than from one fixed professional group. Responsible clinicians have to meet a set of competencies and be formally trained and approved. (CSIP 2007b)

3.6. Activity at other Ambulance Services

Urgent Mental Health Care Forum (North West)

The Greater Manchester Urgent Care Network holds an "Urgent Mental Health Care Forum" four times a year to discuss issues. A wide range of stakeholders are invited to this event including Patient and Public Involvement groups, ambulance service, police, approved mental health professionals nurses, voluntary organisations etc. The agenda is set by the forum and there are key note speakers. The LAS may benefit from engaging with this forum to learn what is happening elsewhere and assess whether a similar group would be of use locally.

Mental Health Handbook (North West)

The Greater Manchester Mental Health Handbook provides general and local information for professionals who may be involved in the assessment, treatment or transportation of patients with mental illness. It sets out the roles and responsibilities of the various agencies that might be involved and provides information about the relevant legislation. From an ambulance perspective, it is intended that there should be a copy in every ambulance station and on each vehicle so that staff have something they can refer to.

Scotland's Mental Health First Aid (Scottish Executive 2005)

The concept of Mental Health First Aid was originally developed in Australia at the Centre for Mental Health Research at the Australian National University in Canberra. The Australian programme has proved effective in promoting an understanding of mental health and increasing mental health literacy. A Scottish pilot was undertaken between January and July 2004 and following feedback from this pilot the programme was adapted for use in Scotland as part of a national approach to improving awareness of Mental Health problems funded by the Scottish Executive National Programme for Improving Mental Health and Wellbeing.

The Scottish Executive was keen to raise awareness about the need for good mental health amongst the general public and also to improve the quality of life and social inclusion for people experiencing mental health problems. A 2002 survey on public attitudes to mental health issues in Scotland found that 3 in 5 respondents reported that someone close to them had experienced a mental health problem while 1 in 4 reported personal experience. However the survey also highlighted the stigma attached to mental health problems.

Half of those surveyed said they would not want others to know if they were suffering from a mental health problem while a third of people believed that people with a mental health disorder were often dangerous. A follow up survey in 2004 showed an improvement in attitude however many people were still reluctant to get close to somebody with a mental health problem. In contrast 4 out of 5 people who reported suffering from a mental health problem said that the support of friends and family had been the most important aid to their recovery.

The premise for the first aid programme was therefore that mental health would greatly improve if people were more aware of mental health issues and knew how they could help themselves and others. The Scottish programme is supported and endorsed by the Scottish Ambulance Service.

Mental health first aid is intended to preserve life where a person may be a danger to themselves or to others, to provide help to prevent a mental health problem developing into a more serious state, to promote the recovery of good mental health and to provide comfort to the person experiencing a mental health problem. The course enables participants to recognise symptoms of mental health problems, instructs them on how to provide initial

help and teaches them how to guide the sufferer towards appropriate professional help.

4. Current situation in London

4.1. Place of Safety terminology

The original Mental Health Strategy (2005) raised concerns about the term “Place of Safety” and how this was understood between different agencies. Under the Mental Health Act 1983 a person detained under Section 136 (in a public place) should be taken directly to the local authority’s designated “Place of Safety”. This could be a hospital, mental health facility, police station or other suitable location that is willing to receive the patient. Although it recommends that police stations should only be used in exceptional circumstances. However there may be occasions when the patient is also suffering from an illness or injury that requires medical attention and in these circumstances the ambulance crew may advise that the patient is taken to an Emergency Department (ED).

Issues were also reported concerning the most appropriate destination for patients suffering from a mental health problem but who were not detained under a section of the Mental Health Act. Without direct access to mental health facilities for these patients, an ED may be the only available option. However at the time the strategy was written it was reported that some EDs had refused access to ambulance borne patients with a mental health problem as they were not the designated Place of Safety for the local authority.

There needs to be a multi-agency debate to clarify these issues so that staff and partners are working to the same definitions and have shared expectations. More work needs to be done on a local level to agree pathways for mental health patients so that access to appropriate services can be improved (see section 6.1).

4.2. Patients with Dual Diagnosis

Another area that requires multi-agency agreement and the development of pathways and protocols is for patients under the influence of drugs or alcohol (dual diagnosis). Mental health facilities generally do not allow access for this patient group which restricts the options available. It is important for LAS staff to have clarity about what services are accessible for these patients.

5. LAS Activity Related to Mental Health.

5.1. Frequent Callers Initiative

As has already been noted, LAS are the only part of NHS whose remit is to respond to any caller within London. This often means the service acts like a safety net; picking up members of the public whose needs are not being met or have simply not been identified, by other providers.

Many of our most frequent callers who telephone LAS are not engaging with mainstream mental health, substance abuse or social care services. They may be experiencing the breakdown of a complex web of services. Many of these services are often not aware of these patients or are not aware of this aspect of their behaviour. Addressing the real causes of their calling requires an in depth case management approach.

With this in mind the LAS became the first ambulance service in the UK to recruit a social worker to promote improved liaison with social care services through a care management approach to individual cases with the intention of tackling these issues at cause. Many of the cases focus on unmet or diagnosed mental health needs and having a professional who understands the social care system has brought significant benefits in properly addressing patients' needs.

5.2. Learning Disabilities Project

It is important to clarify that LAS does not assume that patients with learning disabilities have a mental health problem. Some patients with mental health problems will also present with learning disabilities but the reason for focusing on this group in the strategy is less related to an assumption that many patients will fit into both groups than it is on appreciating the similar issues they face in accessing care.

In a report laid before Parliament in March 2009, the Local Government Ombudsman called for an urgent review of health and social care for people with learning difficulties. The report ("Six Lives") shows that on many occasions basic policy and guidance were not observed, the needs of people with learning disabilities were not accommodated and services were uncoordinated.

Based on the findings of these investigations the Ombudsmen recommended that all NHS and social care organisations in England should review urgently:

- the effectiveness of the systems they have in place to enable them to understand and plan to meet the full range of needs of people with learning disabilities in their areas;
- the capacity and capability of the services they provide and/or commission for their local populations to meet the additional and often complex needs of people with learning disabilities;
- and should report accordingly to those responsible for the governance of those organisations within 12 months of the publication of the Ombudsmen's report.

The LAS have a short life working group dedicated to implementing these recommendations.

5.3. Dementia

To some extent the LAS is addressing the areas set out by the National Dementia Strategy, especially regarding capacity and consent forms and vulnerable adult policies.

It is worth highlighting that many of these patients are managed by our PTS and Urgent Care staff so any training developments need to consider the requirements of these staff groups (see Section 7).

5.4. High risk register review

A group has been reviewing the addresses flagged on the LAS high risk register and removing those that were not appropriate. The group found that the vast majority of patients flagged fell into two distinct groups. The first was people who were drunk or suffering from long term alcohol abuse and the second group was people with mental health problems. In comparison, very few of the individuals placed on the high risk register with Mental Health problems had received a vulnerable adults referral.

This put the LAS in a potentially vulnerable position and leaves the Service open to accusations that these groups are discriminated against.

Therefore the group has been rewriting the risk register policy and one of the changes aims to encourage more of this type of patients to be flagged as vulnerable adults rather than placed on the risk register. This process will also link with the frequent caller programme. Complexes will be encouraged to set up forums in local areas with partner organisations e.g. PCTs, Social Services and Mental Health Trusts to build links with local agencies. When patients are flagged these forums will be used to devise care plans so that the service users can be better managed and receive the care that they require. This work is currently in draft form is expected to be agreed during 2010-11.

The LAS Mental Health Strategy should take in to account these changes to ensure that an integrated approach is developed. The setting up of local forums reflects the direction of the strategy and it will be important to ensure that information about these groups is shared so that they can be fully utilised and there is not duplication on a local level. For example it may be appropriate to use these groups to discuss patients on Supervised Community Treatment Orders if a similar care plan approach is to be taken and the relevant people are on the forum, rather than setting up another group.

5.5. Stakeholder Feedback

In October 2008, LAS held a Mental Health Workshop to engage stakeholders on key issues affecting the way the Service cares for patients with mental health problems. Over sixty people attended the day long event, representing

a diverse range of interests from patients and their carers, through social work and the Metropolitan Police Service to LAS Commissioners and staff. The sessions focused on four broad areas:

- LAS Attendance at Mental Health Assessments
- Issues around Places of Safety
- Implications of the Amendments to the Mental Health Act
- How stakeholders use LAS services

Outputs from the day are included at appendices 2-5 and much of the feedback has been incorporated in the next section and associated recommendations.

6. Key Areas of Focus for 2010 LAS Mental Health Strategy.

6.1. Providing appropriate responses

LAS respond to two specific groups of patients with mental health needs:

- Patients in crisis situations
- Patients who are being assessed under the Mental Health Act and where LAS attendance is booked in advance.

6.1.1. Patients in crisis situations

The majority of patients with a mental health problem for whom an ambulance has been called, but who have not been detained under a “section” of the Mental Health Act will be taken to an A&E department. However this is often not the most appropriate place for the patient to receive the assessment and treatment they require. A busy A&E department can be a distressing environment for any patient and this can be a disincentive for patients agreeing to access the care they require.

However mental health facilities do not have direct access for ambulance-borne patients who are not detained under the Mental Health Act. Most facilities also restrict access to patients under the influence of alcohol or drugs.

Some time ago, a pilot of direct access to mental health facilities was undertaken at Oxleas Mental Health Trust which was thought to be highly successful from an LAS perspective. However the pilot finished and the mental health assessment team was relocated to the neighbouring A&E department so direct access was no longer possible. It would be beneficial to establish which outcomes from this trial would be worth trying to replicate at similar initiatives. This information would also help the LAS develop proposals for direct referrals to mental health facilities and understand the obstacles for mental health providers.

Recommendation 1: evaluate the use of the Oxleas pathway to assess whether LAS should pursue the idea of direct referrals to mental health units as an alternative to A&E departments.

There is also a need for better understanding of existing services to ensure that crews have access to up to date information about the options available as alternatives to A&E. This could be used to inform the development of care pathways. Three examples of current work being undertaken in this area are:

- Due to go live mid 2010, an assessment tool is being drafted to assist crews with identifying the needs of mental health patients.
- Discussions are underway in Lambeth to investigate the possibility of referring consenting patients to an ‘Improving Access to Psychological Therapies’ pathway in Lambeth.
- In Camden, crews have access to the local psychiatric assessment team who are available 24 hours per day and accessed via the local duty social worker. The scheme is intended to avoid the unnecessary conveyances to A&E by arranging assessments in the community instead.

However, across London there is a general absence of referral pathways for patients with a mental health related illness. Given the increased focus on utilisation of referral pathways, now is an excellent time to address this. But work will need to be undertaken to understand what resources and teams are available locally to each complex.

Recommendation 2: evaluate Lambeth ‘Improving Access to Psychological Therapies Pathway’ and the Camden ‘Psychiatric Assessment Team’ pathways with a view to rolling out similar pathways to other areas and provide an alternative to A&E for patients who could benefit from a psychological assessment but are otherwise well.

Another group of patients the LAS come into contact with in a crisis situation are those detained by the police under Section 136 of the Mental Health Act (i.e. in a public place). As the statutory Ambulance Provider it is LAS’s responsibility to convey these patients to a Place of Safety for further assessment.

The care LAS crews are called upon to provide is minimal but, following the recommendations made following the Andrew Jordan inquiry (p4, 2.2) an awareness of positional/restraint asphyxia is critical. The inquiry also made clear that these patients should be conveyed in an ambulance. The only exception would be the tiny minority of cases where a patient is too violent to be conveyed in an ambulance and in these cases a paramedic should travel in the police vehicle and the ambulance should follow.

These journeys, like all those received from the Metropolitan Police Service and British Transport Police are currently received via CAD link and

automatically receive a CAT A response. However, this practice is currently being reviewed.

Much like LAS's response to patients detained under Section 135 (after an assessment on private premises, 5.1.2. below) resourcing such journeys where the main requirement is transport, rather than clinical intervention, presents an opportunity to review the type of response sent.

Recommendation 3: In light of the review of LAS responses requested via the CAD link with Metropolitan Police Service, LAS to investigate the most appropriate response to offer to Metropolitan Police Service and British Transport Police for patients they have detained under Sec 136 of the Mental Health Act.

6.1.2. Pre booked journeys

As the local statutory ambulance service it is LAS's responsibility to provide transport for patients detained under Sec 135 of the Mental Health Act (after an assessment on private premises). More often than not, these patients are known to social services and the need for an assessment established several days in advance.

Historically, LAS have found it difficult to resource these journeys due to the relatively low priority allocated to these calls compared to others. Furthermore, given the nature of the assessment, resources were often committed for an indeterminate amount of time and may not even have been required if the assessment concluded that there was no need to detain. Resourcing issues were compounded by the fact that, in order to ensure the highest chance of catching the patient at home, most journeys across London were booked for the same time: first thing in the morning.

For the social workers booking these journeys the inability of LAS to commit to an arrival time (due to the potential prioritisation of other, more life threatening calls) posed problems when arranging the assessment and, when on scene, deciding whether to commence, delay or cancel the assessment if the LAS were late. The knock-on effects of LAS non-attendance (on MPS, locksmiths, psychiatric doctors, friends and family and, not least, the patient) could range from inconvenient to highly distressing. A financial cost could also be attached.

It was also clear that, for the vast majority of assessments where the patient was compliant (even if requiring restraint: e.g. handcuffed but content to be escorted to a vehicle), the skills of a front line crew were not required for what is essentially a transport-only request. With this in mind two different approaches have been trialled to improve LAS performance for Mental Health Assessments.

The first attempted to control demand and also offer a more appropriate response. Demand was managed by booking journey requests into slots so that no more than four journeys across London would require a response at

the same time. The process was managed via the Urgent Operations Centre (UOC) in an attempt to ensure front line A&E crews controlled via the Emergency Operations Centre (EOC) were left to focus on emergency calls.

Unfortunately, social workers reported that too often slots were not available when required. The consequence of this is that, due to the risk associated with delaying the assessment, some requests are escalated and are conveyed on front line A&E resources. At the time UOC also experienced difficulty in resourcing the workload due to the need to maintain performance across the Trust. This meant that journeys often defaulted back to EOC, accompanied by all the issues associated with trying to provide an ad hoc response to pre booked journeys.

The second approach intended to address poor LAS attendance at assessments in Camden by dedicating a resource for two x 5 hours shifts per week. In order to respond as appropriately as possible, it was decided to pilot using a Patient Transport Services crew and vehicle. This required the development of a triage tool to isolate bookings where compliance (and consequently positional/restraint asphyxia) might be an issue so they could be forwarded to a front line resource.

This pilot was evaluated summer 2009 and the following results noted and presented to SMG:

- LAS performance (based on a resource arriving within 30 mins of the booked time) increased from 50% to 100%.
- Out of 55 journeys clinically assessed none required escalation to a front line resource
- When compared to deploying a front line resource, costs to the LAS were higher (£159 for the dedicated response versus £117 for the traditional response)
- One extra journey per shift would have made the pilot cost effective under this indicator
- When compared to deploying a front line resource, costs to the whole system (i.e. including those costs incurred by other stakeholders for failed assessments due to the ambulance failing to arrive) were lower (£159 for the dedicated PTS response versus £284 for the traditional response).

In October 2010 the availability of extra Urgent Care Services crews persuaded SMG to meet demand using these resources. The evaluation of this response will be presented to LAS Senior Management Group during summer 2010.

Recommendation 4: After the evaluation of the Urgent Care Service model to provide LAS responses to requests for attendance at Mental Health Assessments, LAS should:

- **commit to a model of meeting demand generated by requests to attend assessments,**
- **publicise the model to stakeholders, and**
- **roll out the model across London.**

Performance should be reported and share with stakeholders

6.2. LAS Response to issues around capacity and consent

Case study:

LAS attended a call where the patient's social worker was present. The social worker was concerned about the patient's condition (query severe chest infection) and their capacity to offer consent to be conveyed to A&E for tests. The patient did not wish to attend A&E and the LAS crew conducted a capacity assessment, using form LA5. This process highlighted that, whilst some consent was lacking, the patient was capable of making a decision. Therefore his wishes were respected.

After some discussion between the crew and the social worker which required input from Clinical Support Desk and a DSO deployed to the scene (both of whom backed up the crew's original decision) the social worker relented. The outcome was that a GP was called. They diagnosed a severe chest infection. The GP wrote a prescription for antibiotics which was collected on behalf of the patient so that treatment could commence without their having to leave home.

Clinical Support desk have highlighted that situations such as that detailed in the case study above are becoming less rare. In the example the crew were able to use the tools available to them to reach a decision in the best interests of the patient (and as it happened in this instance, the wider health economy). However, faced with pressure from non LAS colleagues, it is difficult to be certain how many LAS staff would have been confident enough in using the Capacity and Consent Tool to

- i) ensure capacity had been properly assessed and
- ii) any action taken was the least intrusive option which acted in the patients' best interests.

Work led by the Medical Directorate will shortly see the publication of an updated Operational Policy and a revised tool designed to assist LAS staff in assessing the capacity of patients to consent to examination, treatment or conveyance to hospital. Staff training packages will incorporate use of the revised guidance.

Recommendation 5: Building on the work carried out by the Medical Directorate, a concerted effort should be made to improve crews' awareness of capacity and consent tools and their confidence in using them. This will improve the quality of care delivered to patients by acting in the patients' best interests and creating a clear, auditable paper trail.

6.3. Mental Health Facilities and Places of Safety

Case Study

At 1935 hrs a call was passed to the LAS Clinical Support Advisor (CSA) regarding a patient at a police station who had been detained under section 136 of the Mental Health Act. The LAS crew had been at the police station for an hour while the police (MPS) attempted to find a suitable place for the patient to be assessed. The patient was known to police as having mental health issues. He had been consuming alcohol, and it was considered possible he had also taken some drugs.

Detail

MPS had contacted four places of safety, all of which were listed as being able to accept patients that had been detained under the Mental Health Act (known locally as the 136 suites). Two units stated they were full, and a third was closed, diverting its patients to a fourth unit. The fourth unit advised LAS they were not aware of this diversion and, as they had not got the staff to manage this patient, they were not willing to accept.

Staff at the third unit advised that an email was sent to the fourth unit advising them that they were closed until 2100 but could accept patients after that.

The Bed Manager at the fourth unit was not aware of any email advising of closure and was not happy to believe LAS that the third unit was closed. He phoned the third unit to confirm, as well as other units to confirm that they were also full. At 2020 the Bed Manager at Unit 4 contacted CSA and advised that they would take the patient, although he would have to be transferred back to the 3rd unit at some point. At 2055 the crew arrived at the 4th unit, only to inform CSA at 2134 that the night duty bed manager was refusing to take the patient

CSA established that the 4th unit would not accept the patient as he was drunk. He could not sleep it off as they did not have beds. The charge nurse advised going to the 3rd unit.

The LAS crew started travelling to the 3rd Unit whilst CSA tried to get through to the third unit. The LAS crew arrived just as the CSA had their call answered. The CSA spoke to the bed manager, who advised that a member of the night staff had accepted a 136 patient at 2045 so there was now no room to take LAS's patient. He advised CSA to contact the on call service manager at the local hospital.

After being contacted by the CSA the on call manager tried to resolve the situation but the 4th unit still insisted that patient had to sober up in the cells before they could be accepted.

At 2315 the CSA spoke to the crew who, after liaising with police, were conveying the patient back to the original police station. Police had possibly secured a bed at one of the first 2 units contacted, which would be available after midnight. Police were willing to keep the patient in cells until then as nowhere else that was safe and appropriate was able to take him.

The crew were told to advise police to call LAS if any change in the patient's condition. He was left in police custody still under 136. At 0222 the Police called LAS requesting transport for this patient to a fifth unit, where the patient was finally accepted.

As well as issues already referred to around dual diagnosis (3.2) the case study above highlights the issues created by units in a system operating at close to capacity not having an effective way of passing patients between them.

During 2008 the LAS worked with MPS and the Department of Health to audit the service delivered by Places of Safety across several criteria, one of which being their ability to operate as a network rather than individual units.

The table below details the responses from the thirty units who took part in the survey:

How are the MPS/LAS informed when the place of safety cannot take any more patients due to being full or for other reasons?	Snr Mgmt Team in police or LAS are informed	0/30	0%
	Mental Health Liaison Officer in police or LAS is informed	2/30	7%
	Control Rooms for Police or LAS are informed	7/20	23%
	No information is passed on	20/30	67%

The results of this work, along with the case study highlighted above were presented to the London Group of Mental Health Trust CEOs. They offered their support to setting up networks of Places of Safety to assist with the management of capacity across sites and improve communications with LAS and MPS.

Recommendation 6: To address risk around the capacity of Mental Health Units to accept patients from LAS, the Service should develop the proposal of networking sites to which Mental Health patients are conveyed at a local (i.e. Mental Health Trust) level, and make this information available to front line LAS and MPS staff

6.4. Stakeholder Engagement for Mental Health

The LAS is required by our regulators to engage with local stakeholders with the aim of delivering better patient outcomes through partnership working. In areas where this engagement occurs LAS have developed solid, mutually beneficial relationships and implemented innovative local initiatives. However, across London, LAS engagement with such groups is inconsistent.

One clear piece of feedback from the Mental Health Workshops was that everyone would benefit from more LAS engagement with local working groups to address operations at a borough/local authority/PCT/ and mental health trust level. Colleagues from social care reported they found it difficult to identify who to contact locally should an issue arise, as the network of LAS complexes does not reflect the local authority borders to which they work, and contact details are difficult to locate.

Local engagement in multi-agency liaison meetings will be an important factor in promoting a shared approach and developing appropriate responses for people in crisis situations. These forums encourage greater understanding between the various agencies involved and can be used to develop agreed protocols and to address operational issues that occur.

Better engagement with these local partnerships (most usually accessed via Borough Mental Health Liaison meetings, attended by representatives of the local MPS borough mental health team, social workers and the local Mental Health Trust) will also improve LAS knowledge of local services and deliver better patient outcomes via partnership working. A more strategic approach can be developed with each Mental Health Trust.

Recommendation 7: To improve local stakeholder engagement a member of each complex management team should be appointed who will take responsibility for liaising with the Local Authority, Borough Metropolitan Police and Patient and Carers Groups regarding Mental Health issues.

Another area where LAS could improve the way it communicates with stakeholders is around the information we provide. Many social workers still have copies of the "Admitting Mentally Ill Patients to Hospital" guide published and distributed by LAS in the mid 90s. It is now very much out of date but there is still a requirement and a hunger for the type of information it covered and most attendees at the workshops thought an electronic, easily updateable version would be of benefit.

In the mean time, a separate piece of work has recently seen the development of dedicated part of the web site for the benefit of GPs

Recommendation 8: Building on the success of the dedicated GP section of the Service web site, a similar resource is to be developed for use by professionals working with LAS around Mental Health. It will detail how to contact LAS, the work we do and what type of response LAS offer.

Recommendation 9: The 'Guide to admitting mentally ill patients to hospital' to be replaced with a new document, downloadable from the Service website, detailing LAS's role re Mental Health, how to contact LAS before and during any assessment and the responses we can offer.

7. Education and Training

The 2005 Mental Health Strategy stated that staff education was probably the most crucial and urgent aspect of the strategy. Although there has been progress made in this area and staff now receive mental health awareness

training as part of the CPD programme, coverage remains far from universal. Increasing staff awareness and understanding of mental health problems is vital to ensure that the LAS provides appropriate responses to patients.

At the same time, one in four people in the general population experiences a mental health problem in the course of a year (Mental Health Foundation 1999) and staff themselves are at a relatively high risk of developing mental health problems such as anxiety, depression and post-traumatic stress disorder. Promoting an understanding of mental health problems amongst staff is therefore not only of benefit to patients, it may also reduce stigma and encourage help seeking behaviour on complexes.

Staff will also require training in the aspects of the Mental Health Act amendments that will affect their working practices. Two types of training need have been identified as necessary if the LAS are to deliver the recommendations set out in this document.

The first, and simplest, is that required in order to deliver new pathways in local mental health services. This can be cascaded down, via Practice Learning Managers and complex Mental Health Champions to Team Leaders and frontline staff and can be addressed as part of the Alternative Pathways Project.

From 2010-11 there will be a much greater focus on the use of referral pathways to deliver the most appropriate care to patients with CQUIN funding worth 1.5% of total LAS funding contingent on the delivery of pathways for all LAS patients.

Recommendation 10: A clear commitment needs to be made to ensure staff are made available for training in using mental health pathways, where they exist, and pathways developed where none are available.

The second type of training involves general awareness amongst staff, both of the level of incidence of mental health problems in the community, how to identify them, as far as is possible, and what to do in order to deliver the best outcomes for patients.

The issue becomes even more acute in certain age groups, with depression affecting 1 in 5 older people in general but 2 in 5 of those living in care homes.

To deliver a quality service to mental health patients, LAS staff also need a keen understanding of the various legislation which applies to this group of patients.

Recommendation 11: An updated Mental Health Training Model to be rolled out as part of the paramedic training course. The possibility of developing it as an e-learning module should be investigated as a means of capturing existing staff.

References

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TB FORWARD PLANNER

Date	Strategic and Business Planning	Items for approval (eg Policies and Business Cases)	Performance and Other	Governance		Committee dates
29 June 2010 TB	Clinical dev, leadership & workforce	Estates Strategy (MD)	Cat A and B Trajectory	Q1 governance & finance declaration		Audit Committee 07/06/10 2.00 - 5.00pm
<i>SMG 9th</i>	New Ways of Working progress report	A13/West London Workshop Business Case (MD)	Patient Experience Report	Board and sub-committee effectiveness review		
	External communication plan (AP)	Infection Control Policy		Demand Management Presentation (MF)		
	CommandPoint Update (PS)	West London HART Business Case (MD)		Audit Committee Annual Report (SA)		
27 July 2010 SRP	Olympic & Paralympic games		Cat A and B Trajectory	Constitution and governance arrangements		
<i>SMG 14th</i>	CommandPoint Update (PS)		Balanced scorecard			SSG 7th 9am - 2pm
	*CEO, Finance Director and Medical Director's reports		Cat C Survey			
	Standing items: safeguarding/ patient safety/quality/ HCAI		PTS accounting issues			
31 Aug 2010 TB	CommandPoint Update (PS)		Cat A and B Trajectory			RCAG 23rd 2-5pm
<i>SMG 11th</i>	SIP Update					
28 Sept 2010 TB	CommandPoint Update (PS)		Cat A and B Trajectory	Q2 governance and finance declaration		AGM 13th Audit Committee 2-5pm
<i>SMG 14th</i>	*CEO, Finance Director and Medical Director's reports		Balanced scorecard	Board assurance framework and corporate risk register - 6 month progress report (SA)		SSG 8th 2-5pm
	Standing items: safeguarding/ patient safety/quality/ HCAI					
	SIP Update					
2nd November 2010 SRP awayday - all day			Cat A and B Trajectory			
<i>SMG 14th</i>						

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30 Nov TB	CommandPoint Update (PS)		Cat A and B Trajectory		8th Audit Committee
<i>SMG 10th</i>	*CEO, Finance Director and Medical Director's reports		Balanced scorecard		SSG 3rd 2-5pm
	Standing items: safeguarding/ patient safety/quality/ HCAI				
	SIP Update				RCAG 22nd 2-5pm
14 Dec 2010 TB	Financial and commissioning intentions 2011/12		Cat A and B Trajectory	Q3 finance and governance declaration	
<i>SMG 8th</i>	CommandPoint Update (PS)		Balanced scorecard		
	SIP Update				
		Presentations			
		Approval			
		Compliance			