

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 27<sup>th</sup> November 2007 at 10am**

**Conference Room, 220 Waterloo Road, SE1**

**A G E N D A**

1. Apologies & Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the meeting held on 25<sup>th</sup> September 2007 Part 1 and synopsis of the Part II meeting held on 25<sup>th</sup> September 2007. Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Financial Report, Month 7 2007/08, Enclosure 4
8. Report of the Medical Director Enclosure 5
9. Receive Infection Control Report Enclosure 6
10. Approve Interim Assurance Framework Enclosure 7
11. Receive update Workforce Strategy Enclosure 8
12. Approve Alternative Response Policy Enclosure 9
13. Cardiac Arrest Annual Report – Sarah Mawson Presentation
14. Receive update re Healthcare for London Oral
15. Receive Annual Clinical Governance Report Enclosure 10
16. Receive Annual Report of the Charitable Funds Enclosure 11
17. Receive update on the Service Improvement Programme 2012 Enclosure 12
18. Draft Minutes of the Annual Public Meeting held 25<sup>th</sup> September 2007 To follow
19. Draft Minutes of the Audit Committee, 10<sup>th</sup> September and 19<sup>th</sup> November 2007 Enclosure 13  
Enclosure 14  
Annual Audit & Inspection letter 2006/07 Enclosure 15

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| 20. Draft Minutes of Clinical Governance Committee, 15 <sup>th</sup> October 2007                           | Enclosure 16 |
| 21. Draft minutes of the Charitable Funds Committee, 30 <sup>th</sup> October 2007.                         | To follow    |
| 22. Report from Trust Secretary on tenders opened since the last Board meeting                              | Enclosure 17 |
| 23. Opportunity for members of the public to ask question   | Oral         |
| 24. Date of next meeting: 10.00am on 29 <sup>th</sup> January 2008, conference room, LAS HQ, Waterloo Road. |              |

**LONDON AMBULANCE SERVICE**

**TRUST BOARD**

**Tuesday 25<sup>th</sup> September 2007**

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

<b>Present:</b>	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	<u>Non Executive Directors</u>	
	Ingrid Prescod	Non Executive Director
	Roy Griffins	Non Executive Director
	Sarah Waller	Non Executive Director
	Beryl Magrath	Non Executive Director
	Caroline Silver	Non Executive Director
	Barry MacDonald	Non Executive Director
	<u>Executive Directors</u>	
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Martin Flaherty	Director of Operations
	Caron Hitchen	Director of Human Resources & Organisation Development
<b>In Attendance:</b>		
	Angie Patton	Head of Communications
	Peter Suter	Director of Information Management & Technology
	Martin Brand	Head of Planning and Programme Management
	Richard Webber	Assistant Director of Operations, Control Services
	Mark Somerville	Staff Officer, East Area
	Andrew Bland	Acting Director of Commissioning, Harrow, PCT
	Mark Mitten	LAS Patients' Forum
	Robin Standing	LAS Patients' Forum
	George Shaw	LAS Patients' Forum
	Kim Mead	Call Vision Technology
	Kate Outhwaite	British Sign Language Interpreter
	Maria Munro	British Sign Language Interpreter
	Christine McMahan	Trust Secretary (Minutes)

**96/07 Declarations of Further Interest**

**There were no declarations of further interest.**

**97/07 Opportunity for Members of the Public to ask Questions**

**There were no questions from members of the public.**

**98/07 Minutes of the Meeting held on 31<sup>st</sup> July 2007**

- Agreed:**
- 1. The minutes of the meeting held on 31<sup>st</sup> July 2007 with the following corrections:**
  - 2. Minute 82/07: Olympics. The funding application submitted to the first Comprehensive Spending Review amounted to £16m and not as stated £7.4.**

3. **Minute 77/07: The Director of Finance said that the LAS had received £50,000 from Bromley Hospital and not as stated £500,000.**
4. **Minute 78/07: In terms of the Audit Commission's Auditors Local Evaluation (ALE), the Finance Director said that the Trust scored an overall score of 'good' and not as stated 'adequate'.**

**99/07 Synopsis of the Trust Board's Part II minutes held on 31<sup>st</sup> July 2007**

- Noted:**
1. **The contents of the synopsis of the Trust Board's Part II minutes.**
  2. **That Roy Griffins and the Director of Information Management & Technology would be interviewing candidates to act as an independent consultant to advise the Board, via Roy Griffins, in regard to CAD 2010.**

**100/07 Matters arising from the minutes of the meeting held on 31<sup>st</sup> July 2007**

- Noted:** **That since August 2007 the Trust received the increased Call Connect funding (£6.8m) on a monthly basis from a majority of the 31 PCTs. The Director of Finance said he was confident that the outstanding funding would be shortly received from the remaining PCTs.**

**101/07 Chairman's remarks**

Following two terms of service, Barry MacDonald would be retiring from the Board in November 2007. Advertisements for a replacement Non Executive Director would appear in the Sunday Times (a copy of which was circulated amongst the Board for information) and the Financial Times. Interviews for a new Non Executive Director would be held on 11<sup>th</sup> December 2007. The Appointments Commission would be asked to ratify the Interviewing Panel's decision at its meeting in January 2008.

The Chairman of NHS London's acceptance of Lord Darzi's 'Strategy for London' had been accompanied by the recognition of the Trust's potential contribution to the implementation of the strategy. The Trust was engaged in a number of initiatives associated with the strategy: the transport of patients with specific illnesses to specialised centres; the delivery of an integrated response for urgent and emergency care and possibly being involved in one of the pilots of the polyclinic pilots. The Chairman said that at a recent Kings Fund meeting concerning 'Driving improvement in Londoners' NHS – the role of commissioning', Paul Corrigan (Director of Strategy & Commissioning, NHS London) made some very positive comments about the LAS.

Recent visitors to the Trust included Ben Bradshaw (Junior Minister for Health, whose brief includes the Ambulance Service) and the Shadow Minister for Health, Mike Penning

The Chairman said that his second term of office would expire at the end of October 2007. He was in discussion with the Appointments Commission and the Provider Agency as to whether he would continue as Chairman of the Board for a further 18 months.

The Ambulance Service Association (ASA) would be holding an Extraordinary General Meeting on 18<sup>th</sup> October 2007; a motion would be put to the membership

in regard to merging with the NHS Confederation. A guarantee had been received from the NHS Confederation that the ASA's assets would be ring-fenced for the benefit of the Ambulance Services. If the motion is approved, there would be an Ambulance Service Network established within the NHS Confederation.

## **102/07 The Chief Executive's report**

The Chief Executive said that he wished to highlight firstly, the good news; secondly, forthcoming challenges and thirdly, items that were for information.

- Category A<sup>1</sup> 8 minute performance was the best it had ever been, with performance year to date being nearly 80%.
- Call handling, as illustrated by the graphs included in the Chief Executive's report, was also the best it had ever been, and the high levels of performance had been maintained for the last two months.
- Category B<sup>2</sup> 19 minute performance was also the best it had ever been, with 84.2% being achieved for the year to date. Achieving the Category B 19 minute performance target of 90% for the year to date and 95% in the last quarter remained a considerable challenge for the Trust.
- The number of complaints received had significantly fallen in the last few weeks; of those that were received, 90% were resolved within 25 days. Outcome reports were being routinely produced following the resolution of complaints. The report demonstrated what lessons had been learnt from the complaint and, where applicable, how it had changed practices.
- The cardiac survival rate for 2006/07 had shown a significant improvement on the previous years' figures.
- The informal feedback received from the Independent Emergency Planning Audit was very positive. An action plan had been drawn up to implement the recommendations of the Audit. A final report would be presented in due course to the Trust Board. **ACTION: Director of Operations.**
- Following the annual review undertaken by the Audit Commission (ALE) (which contributes to the annual declaration to the Healthcare Commission) the LAS was the only Ambulance Service to receive a rating of 'good' for use of resources
- The Trust's financial position was good.
- The Patient Transport Service (PTS) was performing well against targets.

The challenges facing the Trust include:

- The continuing concern regarding funding of HART and the Olympics;
- Achieving the Call Connect target of 66% within 8 minutes for Category A in September. The Trust had forecast it would achieve 64%. One of the main reasons for not achieving the target was poor manning and increased demand at the weekends. This could be seen clearly in the 'utilisation' graph, included in the Chief Executive's report that showed the ambulance fleet having an average utilisation rate of 62-63% and long periods when it was much higher. The Chief Executive said that the LAS was the highest utilised ambulance service in England. The Chairman said that the graph showed an unacceptable level of utilisation and commented that this had a direct impact on the ability to hit performance targets.
- Allocation of rest breaks was currently 55%; efforts were continuing to improve allocation levels.

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<sup>1</sup> Category A: presenting conditions which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

<sup>2</sup> Category B: presenting conditions which though serious are not immediately life threatening and must receive

- Discussions were being held with Commissioners in respect of the Category B performance targets, in particular the financial penalty clause in the agreement. The argument would be made that the Commissioners should recognise the significant progress being made in achieving the Category B target. The current agreement contained a penalty of £2m if 90% were not achieved for the year as a whole and £1m if 95% were not achieved in the final quarter. The Trust was aiming to achieve 90% for the year as a whole. The Director of Operations said that the Commissioners had indicated that they want the Trust to spend the money to achieve the very best performance, and that they recognise the improvements in Category B performance achieved to date.
- Transport for London has changed the definition of ‘private hire vehicle’ and this may have serious implications for PTS. The Trust would be seeking an exemption under the new regulations.
- The Chief Executive said that although it was good news that the Trust was closely involved in discussions on the implementation of Lord Darzi’s ‘Strategy for London’, it must also be recognised that there was only a limited resource available in terms of management capacity. The Chief Executive was urged not to hesitate to call upon the Non Executive Directors to provide additional senior level capacity in order to implement the multiple initiatives.
- Ensuring that the Cost Improvement Programme (CIP) was successfully completed and the savings target achieved.

The items for information were:

- When the Mayor of London visited the Trust in the summer, funding for the Emergency Life Support (ELS) initiative was discussed. The Trust has been asked to submit a bid for delivering emergency life support training to the public over the next two-three years.
- Following the appointment of a new Director of Public Health for London the LAS would no longer be taking responsibility for emergency planning in London. This would remain the responsibility of the Director of Public Health.
- The Board’s attention was drawn to the ‘Communications’ section of the Chief Executive’s report; it included details of various media stories that involved the Trust and members of staff.

*It was Noted that:*

A number of initiatives had contributed to the improving performances as outlined in the Chief Executive’s report. The initiatives undertaken in the Emergency Control Room demonstrated there were performance gains to be achieved by improving individual performance within Control Services.

The Director of Operations said it was proving a significant challenge to achieve both the ‘Call Connect’ and Category B performance targets. He said that focussing on driving up Category B performance would need to be carefully managed if the Trust was not to see a fall in ‘Call Connect’ performance as a result.

Efforts were being made to do things differently, with shorter turnaround times at hospitals and with front line managers expected to be fully engaged in implementing the new operating model. It was recognised that if the improvements were to be sustainable the Trust would need to do things differently. The Director of Operations said a conference would be held with Staff Side on 15<sup>th</sup> October to discuss how the Trust would take forward further modernisation in working practices.

In respect of weekend working, the Chief Executive said this had been a problem for the Trust over the last 15 years. With staff side agreement a new rota had been introduced a couple of years ago, the 'B relief rota', which required new members of staff to work seven weekends in ten. The existing core rotas required staff to work either four or five weekends in ten. When the 'B relief' rota was first introduced the expectation was that there would be a continuous recruitment of Technicians. This year, due to a combination of the financial pressures associated with the Cost Improvement Programme and the need to recruit A&E Support Staff, this was no longer been the case. Discussions would be held with Trade Unions and staff concerning changing rotas to ensure that adequate resourcing at the weekend.

The Chairman, referring to the list of suspensions included in the Chief Executive's report, asked about a member of staff who had been suspended for two months. The HR Director said that this was unusual and that, generally, there had been a 'huge' improvement in achieving much shorter timescales in resolving matters.

**Agreed: That in recognition of the collective effort involved, an expression of thanks be expressed to everybody in the organisation in achieving the good performance as reported by the Chief Executive. In particular, to the Emergency Operations Centre, where performance had improved by 20% since last year.**

#### **103/07 Month 5 Finance Report**

The Director of Finance said that for the year to date the Trust had a surplus of £1,560k and was forecasting a surplus of £151k at year end.

##### Income

The revenue forecast included: Category B income (£3m) without any deduction of penalties, funding for the preparations for the Olympics (£650k), and CBRN (£8m) without any top slicing by NHS London. There were risks associated with not receiving this funding and this would be kept under review. To date there had been no definite assurance as to who would be funding the Trust in respect of preparing for the Olympics, it had however been made very clear that additional funding must be forthcoming.

The Director of Finance said that he was in discussion with NHS London concerning the proposed top slicing of the CBRN funding by £750,000; an invoice would be raised for the remainder of the funding (£7,550k). An update on the discussions would be given at the next Trust Board. **ACTION: Director of Finance.**

The Trust received £167,000 from NHS London in respect of Infection Control (further details of this were included in the Medical Director's report).

The Trust received £390,000 from the Workforce Development Confederation (WDC). Efforts were continuing to obtain additional funding as the Trust had received approximately £750,000 in previous years.

##### Expenditure

On page 5 of the finance report the Director of Finance outlined how the additional funding received to achieve 'Call Connect' was been spent. An element of the 'Call Connect' funding was being spent on 'Managing Frequent Callers' project.

The Trust's monthly average expenditure would increase from £18.5m to £19.5 for the remainder of the year.

The Director of Finance highlighted the following from the financial report: payroll expenditure was down; overtime was in line with the forecast; non pay was higher than Month 4 due to additional expenditure on medical consumables and estates and the purchase of mapping software. PTS' profit was less than forecast due to the use of additional third party transport; this would be kept under review and closely monitored. A year end surplus of £420,000 was being forecast for PTS.

The Director of Operations said that the Trust had been unsuccessful in obtaining additional funding from Transport for London in connection with the Tour de France.

A forecast showing the estimated recurrent position would be presented to the SDC in October for 2008/09. **ACTION: Director of Finance.**

*It was Noted that:*

The Trust was assuming that it would meet the Category B performance target or get close and be able to reach a compromise regarding the penalty charges with the Commissioners; accordingly, no reserves were being held back to fund potential penalties. The Chairman said that this was in line with the discussion at the July Trust Board. The Director of Finance said that a range of options would be presented for consideration to the Service Development Committee in October in respect of the achievement of Category B performance targets, and the possible penalty incurred by the Trust should the agreed targets not be achieved. **ACTION: Director of Finance**

The Finance Team were reviewing the invoicing process to ensure more accurate and timely cross-charging was taking place between A&E and PTS. In respect of possible fuel and oil price increases, the Director of Finance said he was confident in the forecast budget but the matter would be kept under review.

#### **104/07 The Medical Director's report**

The Medical Director highlighted the following from her report to the Trust Board:

*Obstetrics:* a themed report was presented to the Clinical Governance Committee in August 2007 in respect of Obstetrics. The review highlighted that, although there were relatively few obstetric incidents, they were potentially financially and reputationally damaging for the Trust, and the cause of much distress to members of staff. Of the obstetric cases reviewed it was apparent that relatively few had been highlighted as an incident prior to a claim being received. A Consultant Midwife would be recruited to work with the Medical Director.

*Stroke:* there has been upsurge of interest in the provision of stroke units in the London area. Since August 2007, UCLH had provided a 24 hours service for patients in its own catchments area and that of the Whittington hospital. In South London acute stroke services were provided at King's College Hospital, St Thomas's and most recently at St George's. St George's was working closely with their local District General Hospitals (Mayday, St Helier and Kingston), with the intention that all the sites provide Thrombolysis to appropriate patients 'in hours' and St George's provides cover out of hours and at weekends. The LAS was working closely with representatives from the local PCTs to ensure that the necessary funding follows the patient flows. In regard to scanning, it was generally available in all hospitals during office hours; the difficulty arose in accessing scanning for patients suspected of suffering a stroke within the window of three



hours from the onset of symptoms. A number of hospitals have extended the window to six hours and would provide thrombolysis treatment if it is safe to do so.

*Modular training:* the five day Continuing Professional Development (CPD) course has been replaced by modular training courses. Since the Trust introduced modular training courses in May 2007; 466 staff attended a 'Patient Assessment' course and 308 Paramedics attended the 'Advanced Life Support' courses. Plans were underway for a course updating staff on manual handling techniques.

*Drugs:* Following the acquisition of foam inserts Hydrocortisone and Naloxone have been added to the Technician bag. Chlorphenamine and Oramorph would be included in the Paramedic Bag.

*Trials:* Two potential drug trials were currently being explored in conjunction with cardiologists from the London Chest Hospital and Barts and the London NHS Trust. The first trial would explore the benefits of ambulance crews administering clopidogrel to STEMI patients. The second would trial the use of Adenosine in patients with specific abnormally fast heart rhythm (narrow complex tachycardia). This drug was not currently used outside hospital in the United Kingdom, although it was widely used by Emergency Medical Services in the United States.

*Healthcare Commission:* it was anticipated that the Trust would achieve a score of 'good' for quality of clinical care this year as it was exempt from the Thrombolysis target due to the low numbers of patients taken for Thrombolysis treatment. The Medical Director said it was unfortunate that the Healthcare Commission does not recognise the significant improvement in the standard of care possible due to Primary Angioplasty.

*Infection Control:* the Trust had been successful in its bid to NHS London for additional funding in respect of infection control. The funding was accompanied by a number of conditions, one of which was that work be undertaken around infection control issues connected to cannulation.<sup>3</sup> The Medical Director said this was a very low risk for the Trust as very few patients are cannulated.

Although the new safety cannulae has not been popular with some members of staff, there have been fewer needle stick injuries since its introduction. Incidents that have been reported were considered to be low or insignificant. A recent incident involving a needle stick injury by a member of staff was due to the use of a needle sourced from a hospital.

*Cardiac Survival Rates:* the Medical Director said the recently published Utstein<sup>4</sup> figures for patients treated in 2006/07, were very encouraging, with a 5.1% improvement on the 2005/06 figures, giving an Utstein survival rate of 15.8%. In 1998/99 the comparable rate had been approximately 4%. The Medical Director praised the efforts of Dr Rachael Donohoe and the Clinical Audit Research Unit (CARU) for their work in liaising with the London hospitals to obtain the data.

*It was Noted that:*

CARU provide feedback on a monthly basis regarding cardiac care at a complex basis. Two areas of concern for the Trust are obstetrics and non-conveyance, both of which were high risk areas. It was recognised that although information was disseminated to stations it was not known how that information was subsequently shared with staff, i.e. notice boards, copies distributed in pigeon holes etc. So as to

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<sup>3</sup> Cannulation: the insertion of a small plastic tube into a vein to allow the administration of intravenous drugs

<sup>4</sup> The internationally agreed Utstein calculation is based on patients suffering a witnessed cardiac arrest with the initial rhythm being diagnosed as either ventricular fibrillation (VF) or ventricular tachycardia (VT).

ensure that members of staff were kept aware of clinical developments the Medical Director's Clinical Update would be posted on a monthly basis on the Pulse. The Director of Operations said that the dissemination of information was recognised as being variable across the Trust.

Fifteen alerts were received from the Medicines and Healthcare products Regulatory Agency between 4<sup>th</sup> July 2007 and 10<sup>th</sup> September.

#### **105/07 Service Improvement Programme 2012**

Martin Brand, Head of Service Planning and Programme Management, introduced the report on behalf of the Director of Service Development. The Service Improvement Programme (SIP) 2012 had been divided into five programmes, each led by a Director. He reminded the Board that a 'Managing Successful Programmes' (MSP) approach had been adopted to manage SIP 2102, with an emphasis on achieving benefits and milestones rather than just carrying out activity. A pragmatic approach had been adopted and it was accepted that, in practice, we would do well to complete 80% of the annual work programme. The Head of Planning & Programme Management said that although the 20% leeway might appear too generous it would become clear as the programme matures if this was the case – in which case the tolerance level would be amended.

Of the 60 projects planned for 2007-08: 27 were live, none of which were reported as 'red', 5 have been flagged as 'at risk' of not being completed by March 2008 and 22 were on track.

*It was Noted that:*

The monthly progress reports, presented to the Strategic Services Group, would be circulated to Board Members. **ACTION: Head of Planning & Programme Management.**

A rota would be drawn up for more detailed presentation of individual programmes to the SDC. **ACTION: Head of Planning & Programme Management.**

Operational Programme: the reduction of job cycle time was a project undertaken as part of Tranche 1 of the Operation Model where the expected benefits have not been realised. Consideration was given as to whether to have this as a new project as part of Tranche 2 or 3, or whether the desired benefits could be achieved via the front line management taking responsibility for fully implementing the initiatives. The Chairman said that the Board wished to receive a further update on this matter. **ACTION: Director of Operations**

*Access Programme:* in respect of the London Airwave Radio Programme the Director of IM&T said that very little of that programme was within the control of the Trust. It was a national programme, managed by the Department of Health in partnership with Airwave.

**Agreed: That an update on overall progress would be provided to the Board at every meeting and that at each SDC meeting there would be an in-depth review of one of the programmes.**

#### **106/07 Management of Change Policy and Procedure**

The HR Director presented the new management of Change Policy and Procedure, drafted in advance of potential restructuring being undertaken by the Trust. The policy included the legal requirements placed upon the Trust in terms of staff changes and good practice as advocated by ACAS. The HR Director said that the purpose of the documents was to ensure that any re-organisation would be undertaken in an efficient manner with disruption to service delivery kept to a

minimum. In addition, it would ensure that managers and staff were aware of how the process should be managed and that a consistent, transparent approach adopted across the Trust. The policy set out the requirement for staff to be consulted and the procedure by which assimilation would be undertaken. The Policy and Procedure were agreed with Staff Side representatives at the recent meeting of the Staff Council.

The HR Director said that the 'ring fencing of a post' meant existing staff would be given first consideration but the appointments panel would be free to reject an unsuitable candidate. Direct assimilation would usually be considered when 70% of the duties were to remain the same. There was discussion about the inclusion of the percentage of 70%; the HR Director said it was recommended good practice to include a percentage as guidance for managers considering the question of assimilation. The Chairman said that this should be kept under review and, if necessary, amended.

*It was Noted that:*

The title of the Policy would be reviewed so as to indicate it was staff related and reference should be included concerning performance reviews and personal development plans as these may be material to discussions around redeployment.

**ACTION: HR Director**

**Approved: The Management of Change Policy and Procedure.**

#### **107/07 Training and Development Plan, July 2007-April 2009**

The HR Director presented the training and development plan; the plan had been drawn up following discussion by the Training Services Group and in liaison with the Resource Centre. A key element in the plan would be the recruitment of 144 A&E support members of staff. The plan included up to 34 EMT1s converting to full technician status, and 200 paramedic placements.

Contact time with Trainers has been expanded by 40% through the introduction of 10 hour shift based training days, which was an improved and cost effective approach to the delivery of training. The target for attendance at training courses was 85%. This would be monitored via the Trust's Balanced Scorecard which was regularly reviewed by the Senior Management Group and the Training Services Group. The recurring complaints concerning 'attitude and behaviour' would be addressed through the training module 'excellence in patient care'.

The plan included placements at University and non-clinical training and development. It did not include training and development time for CBRN<sup>5</sup>, LARP<sup>6</sup>, CAD 2010 or professional qualifications being undertaken by members of staff. In due course it is hoped that the Trusts' training and development plan would include all of these elements. The Emergency Bed Service (EBS) was also not included in the training plan as a review was been undertaken of that function and EBS did not represent a specific training requirement provided corporately.

*It was Noted that:*

Further updates to the Board would include a schedule of provision of training courses over the year and what training individual members of staff receive per annum. **ACTION: HR Director.**

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<sup>5</sup> CBRN: Chemical, Biological, Radioactive and Nuclear incidents

<sup>6</sup> LARP: London Airwave Radio Project

In response to a question about leadership training the HR Director said this was included in specific role development i.e. for Team Leaders, Duty Station Officers, and Ambulance Operation Managers etc.

When the further update is presented to the Trust Board the relationship of the Training and Development Plan to the Workforce Development Plan would be clearly demonstrated. **ACTION: HR Director.**

**108/07 Supplementary Equality Report**

The HR Director presented the supplementary report to the Equalities Report presented to the Board in May 2007. The following data was included in the supplementary report: recruitment and profile of staff leaving the trust.

In 2006-07 26.4% of applications to the Trust were from Black and Minority Ethnic (BME) people; this included both internal and external applicants. 16% of successful candidates were from a BME background. 47% of all applications were from women and 53% of the successful candidates were women. One person with disability was appointed in 2006-07. During the year, 112 applicants declared a disability when applying for a post; of which 75% failed at short listing and assessment with the remainder failing at interview.

The HR Director said that the Trust was continuing to work with CITE; an organisation that offers pre application training to unemployed people, which will include a high proportion of people from BME communities.

*It was Noted that:*

The HR Director said the percentage of applicants according to ethnic background and gender was available for each stage of the recruitment process.

**109/07 Major Incident Plan**

The Director of Operations presented the Major Incident Plan to the Board for information, which would be reviewed on an annual basis. He said that the unique identifiers used by the London Underground were now the same as those used by the London Fire Brigade.

The Director of Operations said that a major exercise is undertaken annually; the most recent exercise took place in July 2007 and involved 65 managers as well as external agencies. The recent Independent Reviewers of Emergency Preparedness recommended that such exercises be undertaken on a routine basis.

The Chairman said that in the event of a major incident there would inevitably be gaps in the information available which was a major challenge in co-ordinating a response. He said he had been very impressed with the leadership displayed by the Director of Operations on the 7<sup>th</sup> July 2005. Pre-planning and improvising creatively on the day, with the information available, enabled the Trust to provide a very good response to those injured by the London Bombings.

*It was Noted that:*

There were extensive contingency plans in place should there be a 'dirty' incident which would necessitate the deployment of the CBRN team.

**110/07 Managing Sickness**

The HR Director presented a report concerning the management of sickness in the Trust. A number of initiatives have been implemented to support staff including

LINC (a peer support scheme), access to counselling services, to the Employee Assistance Programme and to manual handling training and equipment.

The Trust introduced a new Management of Attendance policy in January 2007 to support Managers in managing all aspects of sickness absence, including long term sickness. The report stated that there had been a slight increase in the level of absence in the last two months and this underscored the need for a constant focus on attendance by management at a local level.

The HR Director said that the Occupation Health Service was tendered, and with effect from November 2007, Atos Origin would be the new provider with contract details being finalised. One of the reasons for choosing Atos Origin was that it had a number of sites that could be accessed by the Trust's dispersed workforce.

*It was Noted that:*

A review would be undertaken of the short and long term absences in the control room in comparison to the rest of the Service. **ACTION: HR Director.**

Work being undertaken nationally to create benchmarks for the ambulance services would include sickness levels to enable comparisons to be undertaken.

### **111/07 Presentation: Emergency Operations Centre**

Richard Webber, Assistant Director of Operations, Control Services, outlined a number of developments that have taken place in EOC over recent months in terms of staffing and the management of absences.

Fast Response Electronic Dispatch (FRED) identified a possible Category A call and excluded certain categories e.g. high risk addresses; it sourced eligible vehicles and sent a call to the MDT<sup>7</sup> and a SMS message if staff were away from their vehicle. It was dispatching 80% of all FRU calls; activation time was down to 12 seconds and 90% of Category A calls were being reached in 8 minutes. The evidence of the clinical benefit being derived from the introduction of FRED was clear from the data presented regarding patients with cardiac problems (arrest, arrhythmia, chest pains etc.). In June 2007, 80.4% of FRUs dispatched manually to such calls arrived within 8 minutes while 95.1% of those dispatched by FRED arrived within that time.

Phase one of the EOC restructure had been implemented; it included the appointment of an AOM leading each watch and Operations Centre Managers responsible for call taking and for despatch. The second part of the restructure would be implemented over the forthcoming months and would include: automated ambulance dispatch (FREDA); auto-reporting and analysis and re-engineering of call handling.

Performance: this was broken down between call processing and call handling. The Board viewed anonymous individual performance management data for the last 6 months. The data showed the time taken by the call taker to get an address and to get to the purpose of the call i.e. the chief complaint.

There was recently a strong focus on call answering which resulted in long waiting times being dramatically reduced. In the last two months, 90% of calls were answered within 5 secs. There was a reduction in ETA<sup>8</sup> calls, a general

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<sup>7</sup> MDT: Mobile Data Terminal that enable data to be received electronically in ambulances and FRUs.

<sup>8</sup> ETA: Estimate time of arrival, when EOC receives further calls from patients/carers enquiring when an ambulance would arrive on scene

improvement in the quality of service in the room, and a decrease in the number of complaints received.

The following initiatives have also been implemented:

- The introduction of formal rest breaks allocation has proved popular with members of staff and improved call takers' availability by 6-8%.
- Since April 2007, 80 of 300 members of EOC staff have done a ride out with operational colleagues.
- GMT Planet, a dynamic workforce management tool, was recently introduced. It assisted performance management by ensuring resources were matched to forecasted demand and had benefits for both staff and managers alike. In time, it would enable staff to view their rota, request annual leave and change shifts.

**112/07 Draft minutes of Charitable Funds Committee**

**Noted: The draft minutes of the Charitable Funds Committee of 31<sup>st</sup> July 2007.**

**113/07 Draft minutes of Clinical Governance Committee – 13<sup>th</sup> July 2007**

Beryl Magrath, Chairman of the Clinical Governance Committee, highlighted the following from the minutes:

- Two representatives from the National Patient Safety Agency (NPSA) attended the meeting; the Medical Director would appoint a suitable representative from the Trust to attend the London-wide obstetrics forum.
- the Finance Director had agreed that a further small trial be undertaken of the lost property bags.
- CTAK<sup>9</sup> was able to provide information on the number of times a Paramedic was requested and despatched; this was been monitored and would be included in the routine Area Governance report.

**Noted: The draft minutes of the Clinical Governance Committee, 13<sup>th</sup> July 2007**

**114/07 Report from Trust Secretary on tenders opened since the last Board meeting**

Three tenders have been opened since the last Trust Board:

Window and roof replacement, Kenton AS	Fairhurst Ward Abbot Expert Property Solutions Coniston Ltd Diamond Build W. C. Evans & Son
CAD 2010 (company appraisal)	Integrgraph Fortek Northrop Grummon EADS (incl. Integrgraph) BAE Systems (incl. Asset Co Team) BAE Systems (incl. Fortek)

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<sup>9</sup> CTAK: Call taking database that is used by the LAS Emergency Operations Centre to log and despatch an appropriate response.

First floor extension, Tolworth AS      Kilby & Gayford  
Russell Crawberry  
GB Group  
Eugena Ltd.

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

**Noted:**    **1. The report of the Trust Secretary on tenders received**  
**2. That the Trust's seal has not been used since the last Trust Board meeting.**

**115/07    Any Other Business**

The Committee AGREED the 2009 dates for Trust Board and SDC meetings.

The Chief Executive said that a review was being undertaken of the Resource Centre and a number of options were being considered; a report would be presented to the Board in due course.

The Head of Communications reported that following the accidental death of a two year old boy which occurred during a school visit, a ban was imposed on all Trust vehicles being taken to public events. A procedure had recently been introduced for managing attendance at public events. It included the requirement for members of staff to undertake a comprehensive risk assessment each time a public event was attended.

**116/07    Opportunity for members of the public to ask questions**

There were no questions asked by members of the public.

**117/07    Date of next meeting**

**Tuesday, 27<sup>th</sup> November 2007, 10.00, Conference Room, LAS headquarters, Waterloo Road.**

Meeting concluded 13.00

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD  
Part II**

**Summary of discussions held on 25<sup>th</sup> September 2007  
held in the Conference Room, LAS HQ, London SE1**

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

On the 25<sup>th</sup> September 2007 in Part II the Trust Board had a brief discussion concerning working practices and the need for further discussion with Staff Representatives regarding the review of core rotas.



**LONDON AMBULANCE SERVICE NHS TRUST**  
**TRUST BOARD MEETING 27 NOVEMBER 2007**  
**CHIEF EXECUTIVE’S REPORT**

**1. ACCIDENT & EMERGENCY SERVICE**

**1.1 999 Response Performance**

The tables below set out the A&E performance against the key standards for September and October of 2007 and for the year to date. Please note that call connect is not a cumulative target and has therefore been omitted.

	CAT A8 (current)	CAT A8 (call connect)**	CAT B19
Standard	75.0%	75.0%	90.0%
September 2007	80.8%	63.8%	86.2%
October 2007	80.5%	64.4%	86.5%
YTD*	79.9%	n/a	84.8%

\* Accurate as at 1000, 20th November 2007

\*\* Applicable from April 2008

**Key highlights**

- i. I am pleased to report that the Trust is continuing to perform well above the current Category A target of 75%. The year to date position is 79.9% and the Trust is now regularly performing at over 80% on the current measure, including for the full 3 month period August to October.
- ii. We are also continuing to make progress towards the new call connect target, delivering 63.8% performance in September and 64.4% performance in October. We are however, behind our trajectory targets for each of these months of 66% and 68% respectively. The plateauing of performance we are seeing has been replicated in many ambulance trusts across the early autumn and illustrates the challenges associated with meeting the new targets. Category A volumes have risen steadily over the last three months but we have still managed to improve call connect performance albeit slowly. To give some perspective here Cat A volumes for October are broadly on par with those seen in July but call connect performance is 3.5% better.
- iii. Category B performance whilst improving slowly is proving more challenging. We are currently at 84.8% ytd and the best in month performance has been 86.5% in October with many days at 89% and 90%. Weekends are still difficult due to the lower number of rostered ambulance hours and B performance has consequently been falling to the low 80s across most weekends Whilst in overall terms current Cat B performance

is the best the Trust has ever achieved it is clear that there is still much improvement required. Good ambulance staffing and fast activation is the key to this improvement and we are concentrating on improving both in the coming weeks.

- iv. Call answering performance continues to improve steadily and reached 91.3% in 5 secs for the month of October. This is a 20% improvement over the same period last year and represents a step change in performance. Long waits for callers dialling 999 are now negligible.
- v. The Trust has remained at REAP level 2 'Concern' throughout the period since the last Trust Board report although there will be pressure to upgrade to level 3 'Severe Pressure' if workload continues to rise and call connect performance remains off trajectory.

## **1.2 Activity**

- The number of incidents attended in October 07 rose 3.9% compared to the same month last year.
- Overall workload, year to date, is up 2.5% on the same period in 2006/7
- The proportion of Category A workload increased marginally from 31% in August to 32% and 33% of total incidents in September and October respectively however the Trust responded to 37% and 38% as 'Red' calls respectively.

## **1.3 Resourcing**

- Resourcing has improved over the same period last year, with FRU cover 11% higher and ambulance cover 0.3% higher. However, resourcing continues to be an area of intense daily scrutiny. Due to the high number of unfunded secondments (HART, FRUs etc) we are reliant on overtime to cover many shifts. Recently, the appetite for overtime has diminished and the Trust is currently under-spending by approximately 10,000 hours of overtime a month.
- The LAS-wide training plan has been finalised which identifies all training commitments and other abstractions through to March 09. This will allow us to profile the training across this period to find a 'best fit' with operational demand whilst allowing staff to access the development training which they need. The new modular one day training package continues to be successful and more effective now that the day has been extended to 10 hours.
- Every complex management team has recently been provided with a new 'ideal' staffing picture for their complex. Recognising that current rotas do not accurately match demand, it is our intention to deliberately under-staff against the few shifts which overprovide whilst putting on extra vehicles on other shifts where there is currently underprovision in order to more accurately match demand. This important piece of work will allow managers to make informed decisions on flexible and 'family friendly' rosters, allocate relief staff more effectively and get the most benefit from overtime spending.

- An extensive review of the Resourcing function has been carried out to determine the best configuration which allows for both optimal resourcing and best value for money. This resulted in a comprehensive discussion paper which was circulated to all staff. Following feedback, various changes have been made to the initial proposal and a formal consultation paper was then submitted to SMG on 14<sup>th</sup> November for a decision on the way forward. In essence, the paper proposed the following:
  - a. An immediate reduction to two Resource Centres followed by a period of no further change for two years.
  - b. That we should ultimately move to a single resource centre but that during the next two years we should take time to revisit this intention and take into account the effect of planned changes to technical and administrative procedures on station and within the resourcing environment and also to the proposed changes to ambulance complexes designed to deliver enhanced levels of clinical leadership.
  - c. A gradual reduction in the number of managers and Resource Centre staff, mainly through ‘natural wastage’ and introduces a new administrative role into the Resource Centres.

The SMG approved the paper and formal consultation has now started with staff.

- A new facility called Promis Web is now available via *the Pulse*. This facility allows relief staff to check their shift patterns without contacting the Resource Centre. Ultimately all staff will be able to check shift patterns, see with whom they will be working and book annual leave, *remotely*.

#### **1.4 Emergency Operations Centre (EOC)**

- The second phase of the EOC reorganisation has now been scoped and is being actively considered by EOC managers. It is intended that discussions will commence with staff later this month and a final document will be produced by late December. The preliminary work undertaken by the national group, who are currently reviewing the roles and competencies across Control Services, has assisted in the formation of the document and will ensure our staff more closely match their colleagues in other services. The new structure will ensure that the EOC structure in dispatch more closely mirrors the operational structure across the areas. It will also enhance the managerial overview of call taking as well as providing a career structure for staff who wish to remain in call-taking.
- The Automatic Dispatching of Ambulances is being implemented in late November. It is believed that this will result in a step change in dispatch times for Ambulances which will produce an uplift in performance for Category A and Category B calls. The planning has also indicated that it

will reduce the number of dual assignments to calls. The resultant increased capacity in the FRU fleet will further support an increase in performance under Call Connect.

- There are a number of further improvements that are to be implemented in November. Amongst them are changes to the information provided by the Met Police via the CAD Link. This will allow the crews to automatically receive updates as to police actions in cases where they have been requested; such as whether or not Police are en route and their estimated time of arrival.
- Caller Line identity for Cable and Wireless calls (20% of incoming call volume) will also be introduced before Xmas albeit later now than originally planned. This system which is already in place for BT calls will speed up the time required to take these calls and ensure that there is a greater degree of accuracy in locating addresses which will in turn speed up despatch.
- The effects of relatively low levels of sickness and absences coupled with additional overtime from the clock-start funding has seen a sustained improvement in the level of staffing within EOC. The staffing levels for the first 7 months of the year are 100.1%. The new workforce management solution, GMT Planet, is helping to ensure better staffing at times of greatest weakness and will assist in further improvements. It is also influencing responses to further requests for flexible working. Discussions are currently underway with staffside concerning an amendment to the current relief rota, which will allay staff concerns, whilst maintaining cover within call taking. Amendments to the core rota which will greatly improve our weekend cover within control services are also under consideration.
- Call taking has seen a sustained improvement in performance since July; with the last 2 months exceeding 90% of calls being answered in under 5 seconds. September came in at 90.7% with October attaining 91.3%. The number of calls with a long wait has continued to fall. In order to put the percentage achieved into context it is worth noting that there has been a relatively significant increase in the volume of calls received. In October 2006 there were 93,508 calls received by EOC with 68,398 answered within 5 seconds. In October 2007 the number of calls increased to 105,409 and 96,257 were answered within 5 seconds; more than the total number received for the same period one year ago. As well as more consistent staffing levels, the implementation of the rest break arrangements within EOC have produced a greater availability of call takers.
- In terms of the quality of call handling, the level of compliance within AMPDS has further improved with 2 watches, A and E, attaining compliance levels of over 98% - levels not seen over the last 10 months. In addition all members of staff are currently being reviewed by the Quality Assurance Team. This is already highlighting some differing practices

which are being changed and is contributing to the improvements in the quality of call handling.

- Activations on Emergency calls have continued to improve. Category A activations within 2 minutes were greater than 93% for the last 2 months. Activations on category B calls within 2 minutes have improved to attain 65.8% in October; 5% better than last October.

### **1.5 Urgent Operations Centre (UOC)**

- CTA staffing is currently 49 WTE with an establishment target set at 50 members of staff by Christmas 2007. A recruitment campaign by the UOC Management Team and the Recruitment Centre is in progress, with the objective of reaching this establishment target. 7 new starters are booked for the course starting Monday 19<sup>th</sup> November 2007. An additional external advert was placed in November to attract ambulance personnel from other services to the role of Clinical Telephone Advisor within the LAS. It is still envisaged that we will achieve full establishment of 70 WTE by March 2008.
- CTA call volumes are steadily increasing in line with the target of 1600 calls per month set for March next year. Over the last seven weeks we have seen an average of nearly 1300 calls a week, the highest to date being 1375.
- The recruitment campaign continues for A&E Support Crews for Urgent care and we currently have 81.9 WTE in place with a target of 162 by March 2008. Training courses are being progressively filled and a further external recruitment campaign is planned for November using the Evening Standard. Additional application forms are also being received through ‘‘NHS Jobs’’ Given the fact that we are still recruiting to the new establishment, we are at present supplementing the Urgent care fleet with additional vehicles from St.John and Red Cross
- There is continued focus on all aspects of managing attendance due to high absence levels. A detailed and structured approach to attendance management has now been adopted by the UOC management team in line with the Service’s Managing Attendance Procedure (MAP). It is envisaged that this will result in significant reductions in absence rates over the coming weeks.
- The vast majority of UOC staff have now had Personal Development Reviews (PDRs) with their managers.
- The Control Services Resource Centre now takes overall responsibility for staffing both EOC and UOC. An increasing number of EOC staff now routinely work in UOC assisting in both resourcing the desk and also encouraging the transfer of knowledge between the two Operations Centres.

## **1.6 Emergency Preparedness**

- At the beginning of September the Trust underwent an extensive audit of its emergency preparedness by a team from the Department of Health. The team were with the Trust for a period of 4 days. During this period they had the opportunity to examine all our documentation, visit operational sites and interview external partners and Trust staff.
- An extremely positive interim report has been received and verbal feedback is that the LAS is well prepared. The full report is expected in the new year.
- Following extensive consultation, the new Major Incident Plan and action cards have now gone to print. The plans will be issued shortly to all stations. The action cards will be a personal issue to all uniformed staff.
- In October the service declared a major incident on the M1 motorway. This was a coach overturned with multiple casualties some of whom were trapped. The incident was dealt with effectively using the service's major incident procedures.
- In October the service carried out a successful test of its fallback control at Bow. The call taking and despatch functions were successfully switched to Bow and then following the test, the control system was migrated back to HQ with minimal disruption to operational service delivery. There were however a number of issues identified which will be explored within a full debrief process. It is planned to hold a regular series of fallback tests with the next one scheduled for February 08.
- Planning is well under way for the service response to the New Year celebrations in central London, which will be led by ADO Killens this year.
- Two points of note are that on 31<sup>st</sup> October Emergency Planning Advisor Laurie Strugnell retired from the service after 37 years service. Laurie based in west London was the initial designer and implementer of all our Heathrow airport procedures. He also set up the first LAS response to the Notting Hill Carnival.

On a more sombre note it is with regret that the Emergency Planning Unit reports the death of Emergency Planning Advisor Christine Shea who had recently retired due to ill health. Christine will be particularly remembered as the LAS representative in the design and operation of all our stadia procedures throughout London.

## **2. PATIENT TRANSPORT SERVICES**

### Commercial

Following the re-tender for the non-emergency patient transport contract at UCLH (existing business) we have been advised that we have been unsuccessful in our bid

with the work being split between M&L and Door 2 Door Ambulance Services. The LAS is currently awaiting feedback from UCLH with regard the award and will consider whether to submit a further appeal. Any appeal will need to be lodged by Friday 23<sup>rd</sup> November 2007.

A presentation was made to Kingston Hospital (existing) on 27 September 2007 for core and out of hours PTS provision. We have subsequently been invited back to answer further clarification questions and it is expected that an announcement will be made by 1<sup>st</sup> January 2008.

We have presented our tender for Whipps Cross University Hospital (existing) on 15<sup>th</sup> November 2007 and have asked to attend a further clarification meeting on 20<sup>th</sup> November 2007. This service includes the core contract currently supplied by the LAS and also out of hours and courier services.

Darrent Valley Hospital (new) are still to announce the decision following our presentation in August. There has been further dialogue surrounding our tender and additional work undertaken on our costings. There has been no indication of when a result will be announced.

Following a period of negotiation we are now undertaking a number of journeys each day for Croydon PCT which is providing additional income. We are hoping that this will lead to growth of further business with the PCT in the new year.

Expressions of interest have been made to:

- Richmond and Twickenham PCT;
- Lewisham PCT; and
- Tower Hamlets PCT.

In each case we are awaiting the tender specification so that we can bid for this new business.

## HR

With the exception of 1 PTS Co-ordinator who chose to transfer to OSL following the loss of Camden PCT contract; the other 6 staff were redeployed within the LAS. This included 2 Ambulance Persons who were successful in their applications to join A&E Support staff.

The loss of the UCLH will affect a total of 22 people. TUPE arrangements for these staff will be complicated by the fact that the current contract has been divided into three areas which will be serviced by 2 different providers.

The first 18 Ambulance Persons to complete their NVQ 2 in Road Transportation will attend a presentation ceremony in December to receive their certificates. Further NVQ courses will be provided for Ambulance Persons, PTS Coordinators and Crew Team Leaders in February 2008.

## Performance

Performance for Arrival Time, Departure Time and Time on Vehicle remained static in October at 88%, 89% and 93% respectively.

The new planning system is due to go live at the end of January 2008 with the new Transport Operations Centre (TOC) at New Malden due to open at the same time. The TOC planned for Becontree Ambulance Station is unlikely to be operational until April 2008. Each of these measures should have a positive effect on the performance statistics.

The LAS has responded to the Department of Transport consultation document with regard the changes to the Road Traffic Act 2006 and subsequent belief that PTS will have to become licensed. It is expected that the DfT will produce definitive guidance by the end of November and we will review the position at this time.

### **3. HUMAN RESOURCES**

#### **National pay award**

Confirmation of the agreed pay award for 2007/2008 has now been received. This provides a staged increase in pay, with a 1.5% uplift back-dated to 1 April and a further 1% increase payable from 1 November. New rates are being included in salaries for November, as are any arrears due. As part of the deal, staff required to maintain a clinical professional registration are also entitled to an allowance of £38 per year, and clarification is being sought on the eligibility criteria. National discussions on a multi-year pay deal effective from April 2008 will commence in due course.

#### **Partnership**

A revised Partnership Agreement has been agreed with the recognised Trade Unions, and will be circulated once appendices, including an agreed programme of initial priority work, have been finalised. A Partnership Conference was held on 15 October at Millwall; and local events, including joint management and staff side presentations, are being held to promote the principles of partnership working at local level.

#### **Occupational Health Services**

After a formal consultation and tendering process, the contract for provision of occupational health and counselling services will transfer to Atos Healthcare on 1 December 2007. Atos Healthcare is a leading supplier of occupational health, counselling and health screening services in the United Kingdom. Nationally, the company employs over 400 full time doctors and nurses, and manages a further 2,000 contract doctors and nurses. It also governs a national physiotherapy network of 500 clinics, and employs corporate occupational therapists.



### **Sickness Absence**

The Trust Board received a full report on the management of sickness absence in September. Current levels of absence (September) show a slight reduction though slightly higher than the same period last year.

### **Workforce/establishment**

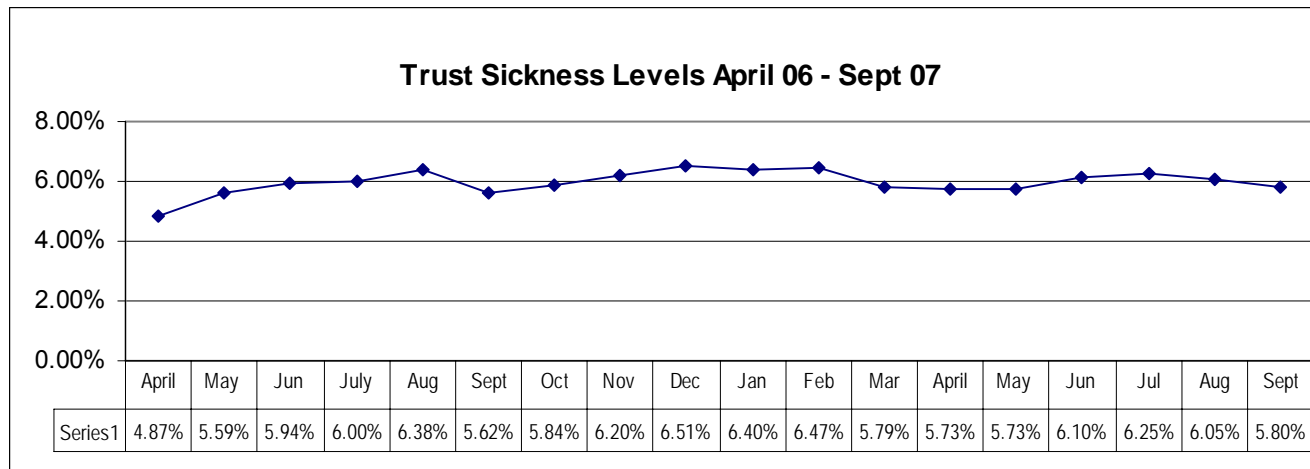
The figures presented show staff in post against establishment for A & E staff (not including urgent care at this stage), and show a vacancy rate of only 1%. Work is progressing to reconcile true establishment figures within ESR to enable future reporting across the Trust as a whole. It should be noted that the vacancy rate shown is “true” vacancies and does not therefore account for gaps in resources created by abstractions such as secondments and maternity leave etc.

## INTERIM WORKFORCE INFORMATION

Absence 2007	Jul	Aug	Sept
A & E Ops East	6.43%	5.76%	5.31%
A&E Ops South	6.56%	5.76%	6.35%
A&E Ops West	6.40%	7.34%	6.12%
Control Services	6.73%	6.53%	7.25%
PTS	8.07%	7.79%	6.76%
<b>Trust Total</b>	<b>6.25%</b>	<b>6.05%</b>	<b>5.80%</b>

Staff Turnover Oct 2006/Sept 2007	
Staff Group	Turnover %
A & C	12.54%
A & E	4.59%
CTA	8.82%
EOC Watch Staff	12.42%
Fleet	14.55%
PTS	8.24%
Resource Staff	0.00%
SMP	5.87%
<b>Grand Total</b>	<b>6.32%</b>

A&E ESTABLISHMENT REPORT - October 2007			
Position	Funded Establishment	Staff in Post	Variance
Team Leader	169.50	163.23	6.27
ECP	56.00	50.56	5.44
Paramedic	910.89	808.64	102.25
EMT4	713.48	865.40	-151.92
EMT3	682.75	437.41	245.34
EMT2	0.00	173.61	-173.61
EMT1	30.00	35.00	-5.00
<b>Total</b>	<b>2562.62</b>	<b>2533.85</b>	<b>28.77</b>



SUSPENSIONS as at 16.11.07	Date of Suspension	Reason	Stage in Investigation	Investigating Officer	Hearing Date
East	1	11.09.07. Reviewed by letter 28.09.07 stating suspension will remain in place while police investigation in progress. Further review letter sent 13.11.07 in view of being rebailed.	Police investigation. [ Seen by Police 12.11.07 and rebailed until January 2008.]	To be confirmed	
South	1	17.07.07	3 attitude and behaviour related incidents	Ruth Williams	
West	1	13.09.07	Failure to provide a specimen.	Paul Smith	13.11.07
EOC	1	12.10.07	Not following protocols whilst call taking	Andy Heward	
HQ/Fleet/Others	0				

## 4. COMMUNICATIONS

### Media issues

Healthcare Commission: The Service's achievement of the highest ambulance trust rating in the country received widespread media coverage in the capital, including items on radio stations LBC and Heart 106.2, BBC London television, the BBC website and an article in the London Paper. The Director of Operations was also interviewed on LBC on the morning of the report's publication.

Cardiac care: This excellent publicity was followed the next week with coverage of the Service's improved cardiac arrest survival rates.

It was arranged for London Tonight to meet and interview two patients who had been successfully resuscitated, and the resulting three and a half minute feature was very positive in describing the improvements that have been made in the care and treatment of cardiac patients in recent years. LBC radio also covered the story, including a live interview with the Service's Community Defibrillation Officer.

The reunions between the two patients and the staff who treated them were also featured in a number of local newspapers, including a full page article in one Bromley paper.

Television feature: BBC London followed up their Healthcare Commission coverage with a feature about the future direction of the Service. As well as interviewing the Chief Executive, the reporter also spent some time filming with a Waterloo crew and in the Emergency Operations Centre. The story ran throughout the day in their breakfast, lunchtime and evening bulletins.

Evening Standard vehicle story: An article about the Service's plans to buy a 'fleet' of bariatric ambulances for very heavy patients appeared in the Evening Standard and was picked up by a number of newspapers and radio stations. The original story – which was published following a previous meeting between the Chief Executive and the paper's Health Editor – wasn't considered to have accurately reflected the Service's position, and it was clarified in response to further media enquiries that consideration was being given to purchasing just a small number of these specialist vehicles.

Successful resuscitation of a premature baby: Arrangements were made for a paramedic and emergency medical technician to be reunited with the family of a baby born 14 weeks prematurely who they successfully resuscitated in February this year. The family had previously been featured in the local paper after the baby had been allowed home from hospital a number of months later, and the same paper ran an article about the reunion. The story later also appeared in the Daily Mirror, and then as a feature on London Tonight.

Serious incidents: An early morning crash on the M1 left 18 people injured, one of whom sadly later died in hospital. The on-call communications officer liaised with the on duty ambulance operations manager who attended the scene and later gave radio interviews to explain the Service's role in the rescue operation.

A couple of weeks later, an ammonia leak at the O2 Arena left nearly 30 people needing hospital treatment. Enquiries were received from a wide range of national media, and Assistant Director of Operations Jason Killens later gave telephone interviews to both BBC News 24 and Independent Radio News.

A fire in a disused warehouse close to where the main stadium for the London Olympics will be built led to significant regional and national media interest in the Service's response, although thankfully no one was hurt.

A media statement was also issued following the tragic death of a two-year-old girl at a nursery in Essex, and the story was covered by all the national press.

Other media stories: A few newspapers and radio stations covered a story about calls from the Association of Professional Ambulance Personnel (APAP) for all ambulance staff across the country to be issued with stab vests. Unfortunately, some of this coverage failed to mention that the Service has already issued crews with this equipment, and clarification of this fact was subsequently provided to the appropriate media organisations.

Other coverage has included articles about meeting performance targets in Enfield, a piece in the same paper about the skills and training of ambulance staff, and features about the motorcycle response unit in two motorcycling publications.

Additionally, as part of Channel 4's National Book Week, an East area duty station officer appeared in a three-minute film of a short story written and narrated by a collection of members of the public and celebrities.

On a less positive note, a north east London newspaper ran two stories – about a child taken to hospital by his family because there was no ambulance immediately available, and a delay in attending a call to a patient fallen over at home – on two consecutive weeks. A delay in arrival at a patient who collapsed in the street and who later died in hospital in July was also covered by the Ham and High newspaper.

Recruitment: A case study was provided run alongside an advert for A&E Support and emergency medical dispatcher positions. The resulting positive half-page article in the Evening Standard was closely based on the feature provided to the paper by the Communications department.

Station opening: Communications support was given to the opening of the new Silvertown station by HRH The Duke of Gloucester. Local journalists were supplied with information both before and after the opening, with subsequent coverage in a number of newspapers.

Internal communication

Brand and visual identity guidelines: Guidelines on the use of the Service's brand and visual identity were published at the end of September. They cover a full range of potential uses and issues – including signage, stationery and templates and vehicle livery – and are available on the intranet for all staff to refer to and follow. The guidelines also include a number of downloadable templates, and the

Communications Department will be encouraging their use in the coming months to ensure that there is more consistency in the use of the Service's brand and visual identity.

Fallback test: A Communications Officer was on duty throughout the night of the test of the fallback control room at Bow, both to deal with any potential media interest and to report back to staff on the test.

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

PPI activity during September and October included:

- a number of recruitment events, including a successful one at Brent Town Hall, where a large number of packs for EMD and A&E Support roles were given out
- a safety day at Fulham, which was attended by 77 young people
- a visit to Westminster Ambulance Station by a group of Rainbows and Guiders (5-7 year olds)

At the beginning of November staff from Romford ambulance station worked with the Events & Schools Team and Transport for London on a crash reconstruction scene in Chingford Town Centre, to raise awareness of road safety and the role of the emergency services. The Assistant Director of Operations (East) also attended the 2007 VIP day for Safe Drive Stay Alive in Hornchurch.

In September the Deputy Director of Operations (Control Services) attended a joint Scrutiny meeting for Barnet, Enfield and Haringey to discuss the implications of the proposed hospital reconfigurations in that area. In October the Director of Service Development attended a meeting of the Hounslow PCT and West Middlesex University Hospital joint PPI Forum to discuss the implications of Professor Darzi's report on the London Ambulance Service.

Six members of the Patients' Forum attended a Public Education Workshop in early November, working with LAS staff involved in public education activity to develop appropriate messages, materials and deciding priority audiences for this work.

The Director of IM&T addressed the October Patients' Forum meeting to talk about CAD2010 and access for deaf people, and in November the meeting focused on the work of HEMS.

The PPI Committee met in early October and discussed membership of the Committee, Terms of Reference, and the first draft of the revised PPI Strategy.

The PPI Manager attended a Strategic Steering Group meeting in October to emphasise the importance of involving patients and the public in projects within the Strategic Plan, in order to meet the organisation's legal obligations and to ensure the Plan benefits from patient involvement. The Programme & Project Management Team is now devising a system to establish what level of involvement is appropriate for each of the projects.

In Tower Hamlets, three pilot training sessions have been held to evaluate the Health Education Packs which have been jointly developed between the LAS, the PCT and Dr Foster. The Events, Schools and Media Resources Manager scripted and produced the DVD which forms a key part of the sessions. Part of one of the events was filmed for a forthcoming NHS Confederation conference. Once the pilot sessions have been evaluated, arrangements will be made to roll them out across Tower Hamlets over the next 18 months.

The PPI Manager worked with Picker Europe to identify patients who recently received a Category C response, so they could be invited to focus groups to discuss their experiences. The findings from the focus groups will be used to inform a national survey of Category C patients next year.

The PPI Manager addressed a national conference organised by the NHS Centre for Involvement (NCI) at the beginning of October, to inform PPI colleagues in other Trusts about the Tower Hamlets project. She also led a discussion group about involving minority groups in PPI activities. The main points from this workshop have been published on the NCI website.

The Chief Executive of the NCI attended the Service Development Committee in October to discuss the findings of the report into how PPI activity is embedded in the Service. A number of recommendations have been made, which will be incorporated into the new PPI Strategy. These include ensuring that PPI activity takes place throughout the organisation, and that a wider range of patients and the public are involved in the Trust's PPI activities.

The Local Government and Public Involvement in Health Bill received Royal Assent at the end of October. This means that, during 2008, Patients' Forums will be replaced by Local Involvement Networks, or LINKs. LINKs will be established in each local authority area and will work across health and social care services rather than being attached to one NHS Trust. Consideration is currently being given to how best the Service can maximise the benefits of working with LINKs. With 32 LINKs being established across London, it is likely that the most effective model will be a local one, with local management teams getting involved with the LINK in their area and feeding their learning into a central point so that it can be used across the Trust.

The PPI leads for all ambulance services in England met at the beginning of October to discuss LINKs and other issues affecting all ambulance Trusts. A national network of PPI leads has now been established and will meet quarterly in London.

**Peter Bradley CBE**  
Chief Executive Officer  
21 November 2007

**LONDON AMBULANCE SERVICE NHS TRUST****Trust Board 27<sup>th</sup> November 2007****REPORT OF THE MEDICAL DIRECTOR****Standards for Better Health****1. First Domain – Safety****Update on Serious Untoward Incidents (SUIs)**

A robust system has been implemented whereby any event flagged up as a potential SUI is reported to the Assistant Chief Ambulance Officer who then convenes a discussion of the case with the Director of Operations and the Medical Director. These cases include those where the LAS cooperates with other Trusts who have declared an SUI. The outcome of the discussions along with the outcome of the investigation and any lessons learned, are recorded on Datix. Since implementing this process in January 2007, 42 cases have been discussed and 3 SUIs declared

In the past two months one SUI has been declared. This involved a patient at an address flagged as high risk on the Metropolitan Police register where a significant delay arose while the ambulance crew awaited the attendance of the police.

**Safety Alert Broadcasting System:**

The Safety Alert Broadcasting System (SABS) is run by the Medicines and Healthcare products Regulatory Agency (MHRA). When a SAB is issued 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.

Sixteen alerts were received during the period from 10<sup>th</sup> September until 7<sup>th</sup> November 2007. Three alerts were deemed to be of relevance to the Trust as detailed below.

**Date issued: 07/11/2007 MDA/2007/085:****Automatic External Defibrillator - Welch Allyn AED 20.****Action: Under investigation****Date issued: 31/10/2007 DH (2007) 09: Window restrictors (DH Estates and Facilities)****Action: Under investigation**

**Date issued: 24/10/2007 MDA/2007/080:**

**EMS ventilator circuits,**

(these are breathing systems for use with Smiths Medical emergency and transport ventilators including: parapac, ventipac, rescupac and transpac models.)

**(Medicines & Healthcare products Regulatory Agency): Acknowledged; action is on going.**

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

**Update on Cardiac Care**

**i) Feasibility study into the provision of therapeutic hypothermia**

Cooling obtunded patients who have a return of spontaneous circulation following resuscitation from cardiac arrest is evidence based, producing improved neurological outcome and practiced widely in Scandinavia and, increasingly, in the USA. Few Emergency Departments in the UK routinely provide this intervention  
A feasibility study in providing therapeutic hypothermia will commence in February 2008. This study will involve patients in the catchment areas of Hammersmith and Charing Cross Emergency Departments and LAS crews from Fulham and Hanwell Complexes.

**ii) Pilot of emergency transfers for non STEMI patients**

The London Chest Hospital has commenced a pilot whereby non STEMI patients presenting to Newham and the Royal London Emergency Departments with ongoing chest pain will be booked into the next available slot for angiography. These patients will be transferred as an emergency, for further intervention, rather than waiting as in patients, for a routine appointment to become available.

**Update on Stroke Care:**

Representatives from the Service Development and Medical Directorates met with Mr Chris Streather, Medical Director of St George's Healthcare NHS Trust, the NHS London lead on Stroke, to agree a potential way forward to coordinate the increasing enthusiasm for thrombolysis. We plan to implement bypass protocols from 1<sup>st</sup> April 2008, to ensure that FAST positive patients are expedited to units offering acute stroke care either 12 or 24 hours a day.

**Clinical Update Newsletter**

The Medical Directorate now publishes a monthly 'Clinical Update' on the Pulse. This brings attention to topical issues such as national guidance, (eg the rising incidence of measles), trends in clinical incidents and any changes to protocols or procedures. It includes an 'ECG of the month' reinforcing the need to capture, and file, ECG records and demonstrating some of the more interesting and challenging examples.



*Copies of past updates will be available at the meeting.*

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

The LAS Cardiac Arrest Report is presented as a separate item on the agenda. Our survival figures to hospital discharge, for patients who present in a shockable rhythm, have trebled in the past four years. This is a fantastic achievement.

**3. Third Domain – Governance**

**Annual Health Check**

To consolidate the achievement of the scores for the 2006/7 Annual Health Check, work is underway to meet the criteria for 2007/8. The assurance for the Board is being collated through the Assurance Framework which is featured elsewhere on the agenda.

**Balanced Scorecard**

Progress is reported to the Senior Management Group (SMG) on the principal objectives, targets and milestones that the Trust is required to achieve. Monthly updates are now received from the majority of stakeholders and more sophisticated reporting systems are under development as part of the Corporate Governance work stream of the Service Improvement Programme.

**Policies update**

**The Infection Control Policy** has been reviewed and updated as part of our routine governance system; this policy was agreed at the Clinical Governance Committee. The revision takes into account the recommendations from the Healthcare Commission's report of their investigations into the outbreak of Clostridium difficile infection at Maidstone and Tunbridge Wells NHS Trust. The policy and action plan relating to this report are included elsewhere on the agenda. In my role as Director of Infection Prevention and Control (DIPC), I am in the process of appointing the Infection Control Manager to lead this work.

**The Alternative Response Procedure** was approved by the Clinical Governance Committee on 13<sup>th</sup> August 2007, subject to a diversity impact assessment.

**TP1018 Suspected Cases of Child Abuse Procedure** and **TP1019 Suspected Abuse of Vulnerable Adults Procedure** have been revised and approved by the Clinical Governance Committee on 15<sup>th</sup> October 2007 and the Board is asked to ratify this decision.

## **Quality Impact Assessment**

The Diversity Manager is leading the development and application of the Trust's equality impact assessment procedures and these three procedures will be assessed as the Training and Awareness programme for staff is implemented.

### **4. Fourth Domain – Patient Focus**

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

### **5. Fifth Domain – Accessible and Responsive Care**

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

### **6. Sixth Domain – Care Environment and Amenities**

#### **Infection Control**

This item will be reported separately, including both the Infection Control Policy and the LAS response to the concerns expressed by the SHA, over Infection Control issues raised at Maidstone and Tunbridge Wells NHS Trust.

### **7. Seventh Domain – Public Health**

#### **Pandemic Flu**

The DH document giving guidance on the ambulance response in the event of a pandemic influenza epidemic is still out for consultation. As part of the LAS internal plan Flu Coordinator has been appointed and a working group set up. The next print of the PRF will include a 'suspected flu' diagnostic code.

#### **Recommendation**

THAT the Board:

1. Note the Medical Directors report;
2. Approve the revised procedures relating to Suspected Cases of Child Abuse and Suspected Abuse of Vulnerable Adults which have been agreed by the Clinical Governance Committee.

Fionna Moore,  
Medical Director

**18<sup>th</sup> November 2007**



London Ambulance Service **NHS**  
NHS Trust

## **Suspected Cases of Child Abuse Procedure**

### **Introduction**

All children have the right to be safeguarded from harm and their safety and welfare is paramount.

Social Services and the Metropolitan Police have statutory authority and responsibility to investigate allegations or suspicions about child abuse. The London Ambulance Service (LAS) will refer all such concerns to Social Services. However, in circumstances which could be described as an emergency, cases should be referred immediately to the Police. To help staff recognise cases of child abuse a set of Recognition of Abuse notes are attached at Appendix 3.

The LAS has responsibilities under the Children Act (1989), which states:

*"All those working in the field of health have a commitment to protect children, and their participation in inter-agency support to Social Service departments is essential if the interests of children are to be safeguarded."*

Each borough has protocols which subscribe to an Area Child Protection Committee, thereby complying with the guidelines under the Children Act. In addition staff have a responsibility to inform Social Services of children who fall within the definition of a child in need. These are situations where, although the child is not being subjected to abuse, they are not receiving the care and support all children need.

### **Objectives**

1. To ensure all LAS staff are aware of, and can recognise, cases of suspected child abuse and where a child and/or their family need support.
2. To provide guidance enabling operational, PTS and EOC staff to assess and report on cases of suspected children at risk and in need.
3. To ensure that all LAS staff involved in a case of reported abuse are aware of the possible outcome of any subsequent actions.

### **Procedure**

## **1.0 Principles of Safeguarding the Child**

- 1.1 All health professionals may seek advice from a designated nurse or doctor for Child Protection in their area during normal working hours. LAS staff may obtain contact information from the Ambulance Operations Manager (AOM) in the Emergency Operations Centre (EOC).
- 1.2 In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to work in partnership with the child and family, taking into consideration their race, culture, gender, language and experience of disability.
- 1.3 Although parents/carers should generally be kept informed of the actions required in the interest of child protection, this may not always be practicable for LAS staff. It is particularly important that parents should not be informed of an ambulance crew's concerns in circumstances when this may result in a refusal to attend hospital, or in any situation where a child may be placed at further risk.

## **2.0 Action when abuse or risk of harm is suspected**

- 2.1 There are a number of ways in which LAS staff may receive information or make observations which suggest that a child has been abused or is at risk of harm. For example, the nature of an injury to a child might suggest that the child has been abused (e.g. the story given for an injury may be inconsistent with what is observed).
- 2.2 Observations about the condition of other children or adults in the household might suggest risk (e.g. a child living in an environment where domestic violence has taken place). Staff may observe hazards in the home, or find that children have been locked in a room. Signs of distress shown by other children in the home should be recorded.
- 2.3 An ambulance crew will often be the first professional on scene and their actions and recording of information may be crucial to subsequent enquiries.

## **3.0 Patient Assessment**

- 3.1 LAS staff should follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in calling for assistance. They should limit any questions to those of routine history-taking, asking questions only in relation to the injury or for clarification of what is being said. It is important to stop questioning when their suspicions are clarified. They should not question the child, but should listen and react appropriately to instil confidence. They should avoid unnecessary questioning or probing, as this may affect

the credibility of subsequent evidence. They should write down exactly what they have been told.

- 3.2 LAS staff should accept the explanations given, and not make any suggestions to the child as to how an injury or incident may have happened. Similarly, if they are told of abuse, they should not question the child, but should accept what they are being told and act appropriately.
- 3.3 Remember the LAS is not there to investigate suspicions. The task for LAS staff is to be aware of the issues of child abuse (see Appendix 3), but not to be experts in this area. They should ensure that any suspicion is passed to the appropriate agency, i.e. staff in the A&E department, social services or the police. This should be achieved by following the guidelines in Section 4.0.
- 3.4 Where the concern is regarding a child's general welfare, but there is no suggestion of abuse, it is helpful to try and gather information regarding the child's care, social and family support networks and document these, along with contact numbers, to facilitate subsequent Social Services contact. This should include GP details.

#### **4.0 Actions to be taken by LAS staff**

- 4.1 If LAS staff attend/speak to a child and are concerned that the child may have been either physically, sexually, emotionally abused, or neglected, they should take the following actions:
  - 4.1.1 If the child is the patient, and the parents/carers agree that he/she is to be conveyed to hospital, they should not let the parents/carers know they are suspicious if this may result in refusal to go to hospital. They should speak to the most senior member of nursing staff on duty and ensure that the white copy of the Patient Report Form (PRF) is handed over and a LA279 completed, with a copy provided to the hospital. This should be done away from a public area and in private if possible. Full details of their concerns or suspicions should be relayed to the receiving nurse, with a recommendation that the Child Protection Register should be consulted if available. Although individual A&E Departments have access to the Child Protection Register for their area, they may need to ask for police assistance if the central register needs to be consulted. PTS crews should complete a copy of the LA279 and provide a copy to the ward/clinic staff. They should also inform their site manager, as the LAS is acting as a contractor for these services on behalf of the Acute/Primary Trust.
  - 4.1.2 The staff should inform EOC about the situation so that they can report it. As soon as reasonably possible the staff should fax a copy of the LA279 with an aim of ensuring all referrals are made within 24 hours (see Appendix 1) to EOC.

- 4.1.3 If the child is the patient and the parents/carers refuse to allow them to be conveyed to hospital, the staff should inform EOC and complete an LA279. EOC will call the police and contact Social Services on the 24-hour emergency number, and will also arrange for an LAS officer to attend the scene. PTS crews should follow the same procedure, also informing their site manager of the circumstances.
- 4.1.4 If the child is not the patient but the circumstances are suspicious, staff should consider the implications of leaving the child. If the child is accompanying another person (e.g. a parent) who is being conveyed, staff should inform A&E staff of their concerns. If no-one is conveyed to hospital, and the crew leave the scene, they should contact EOC and inform them of the incident. At the earliest opportunity they should complete the report form LA279 and fax it to EOC.
- 4.2 In all cases where abuse of a child is suspected an LA279 must be completed and, where the child is conveyed to hospital, a copy provided to the A&E or other relevant hospital department. In all cases a copy must be faxed to EOC. The original form should be sent to the Management Information department for recording and archiving.

## **5.0 Action to be taken by EOC Staff**

- 5.1. On receiving details about a potential case of child abuse/child in need from LAS staff the AOM or Operational Control Manager (OCM) should contact the 24-hour Social Services number in that area to start the referral process. They should also consider if the staff require support either at scene, at hospital, or immediately afterwards and dispatch a Duty Station Officer/Team Leader if appropriate.
- 5.2 The Social Services staff may ask for details of the incident and what the staff consider to be the level of risk. This will include whether the child is at risk of 'significant harm'.
- 5.3 When the AOM or OCM receives the completed form from staff, they should forward a copy to the relevant Social Services Department. An entry should be logged on the Patient Advice & Liaison service (PALS) component of Datix case management system and the LA279 scanned and included within the electronic case record. A record of this will be made within the electronic case record. The referring crew's Ambulance Operations Manager (or Site Manager for PTS crews) must be informed that the crew have made a referral so that any need for support of the crew by managers can be identified and provided. EOC must facilitate crews to complete and fax the LA279 as soon as practicable, utilising LAS Officers and Team Leaders to provide access to fax machines where that is difficult out of hours.

## **6.0 Police Assistance**

- 6.1 The police have a number of legal powers to protect children. These

include the power to gain entry into a building in some circumstances and the power to remove a child into police protection for up to 72 hours. Any Police Constable may effect this if he/she considers that a child is at risk of 'significant harm'. The child should have a clinical assessment before being taken into police protection.

- 6.2 In urgent circumstances where an ambulance crew think that a child is at immediate risk of significant harm, they should inform EOC, who will request police attendance.
- 6.3 There may be circumstances where there are concerns for an unborn child, e.g. when a pregnant woman has been physically assaulted. In a situation of this type, advice should be sought initially from Social Services, although the advice given may include reporting the incident to the police.

## **7.0 Actions to be taken by PALS**

- 7.1 PALS will check for any referrals that have been entered on a daily basis and ascertain if the child has come to the attention of the service before. PALS will ensure follow up with the relevant Social Services/Police/PCT department to ensure that information has reached the appropriate persons and to establish what action is planned.

## **8.0 Subsequent Action**

- 8.1 Child protection concerns notified by the LAS will be subject to enquiries by Social Services departments and will be investigated by Social Services and/or the Police. PALS will act as the coordinating unit for the LAS, save where there is an immediate request out of office hours when EOC will assume this role until PALS can assume responsibility. In these circumstances, all action undertaken will be recorded in the electronic case record. Ambulance crews may be required to assist by giving a statement to clarify their observations in more detail. LAS staff may be requested to attend a case conference, accompanied by an LAS manager and supported by other designated professionals for Child Protection.

## **9.0 PALS and Senior Management Responsibilities**

- 9.1 PALS will furnish Social Services and/or the police with copies of the PRF or any other information, on request, save where the circumstances in para 8.1 apply or where an approach for documentary records is made by a relevant agency under child protection auspices, where Operational Information and Archives Department will respond to that but advise PALS accordingly. PALS will also enlist the assistance of Senior Managers to ensure that any request from a statutory agency for a statement or other information will be

communicated through the crew's line manager. They will also ensure that any member of LAS staff instructed to attend court to give evidence will receive appropriate support and advice from the Trust. This will include ensuring the documentation is available in good time, allowing time for brief / debrief before and after a court appearance or case conference, and that the member of staff will be accompanied by an LAS Officer.

**References:** Children Act 1989/2004  
 Data Protection Act 1998  
 Department of Health (1999) "Working Together to Safeguard Children: guide to inter-agency working to safeguard and promote the welfare of children"

**Signature:**

Peter Bradley CBE  
 Chief Executive Officer

**Appendix 1  
 LA279**

LONDON AMBULANCE SERVICE NHS TRUST  
 CHILD AT RISK/IN NEED REPORT FORM

<b>Child's name(s)</b> ..... .....	<b>Address</b> ..... ..... .....
<b>Age / DOB</b> ..... <b>Next of kin</b> (give name & relationship) .....	<b>School / Nursery</b> .....
<b>GP(inc. address/tel no)</b> ..... ..... .....	<b>Child's/parents Tel number</b> .....
<b>Details of significant family members, members of staff, friends or other people who are with the child, e.g. childminder:</b> <div style="text-align: center; font-size: 4em; opacity: 0.5;">SAMPLE</div>	



<b>Home circumstances - is the child:</b> <b>Fostered</b> Yes    No <b>With a childminder</b> Yes    No <b>Living with parents</b> Yes    No <b>Living with other relatives</b> Yes    No	
<b>Date</b> ..... <b>Time</b> ..... <b>CAD no.</b> .....	<b>Crew 1.</b> ..... <b>2.</b> ..... <b>Call sign</b> .....
<b>Concerns (please tick):</b> <b>Physical abuse</b> <b>Sexual abuse</b> <b>Emotional abuse</b> <b>Neglect</b> <b>Parental incapacity</b>	<b>Reason for concern (please tick):</b> <b>Physical signs</b> <b>Inconsistent story</b> <b>Behavioural / developmental signs</b> <b>Environment</b> <b>Disclosure by victim/other person</b>
<b>Please give a written description of your concerns, including the general appearance, state of health, demeanour and behaviour of the child:</b>          	
<b>Version of events given by the child:</b>  Child too young to speak    Child does not speak English Not possible to speak to child alone  <b>If child able to speak, what he / she says happened:</b> ..... ..... ..... .....	
<b>Is the child a resident of a residential care home / hostel?</b> Yes    No  <i>If Yes, please state name and address of the home / hostel</i> ..... .....  <b>Do you have concerns about the standard of care received by the child at home or in a residential home/hostel?</b> Yes    No <b>Do you have concerns about the welfare of other people there?</b> Yes    No <i>If Yes, please include in 'Details of the Environment' below.</i>	

**List your concerns about the environment or home (including residential care homes / hostels):**

General level of care    Safety

**Other (please give details)** .....

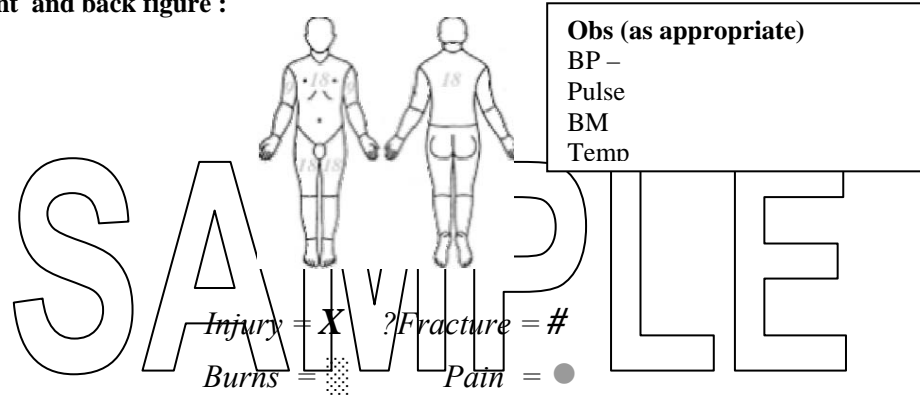
**Has an adult on scene been aggressive towards the child (or the crew)?** Yes No

**Is there evidence of family / domestic violence?** Yes No

**Do you think the child has suffered / is likely to suffer significant harm if he/she remains in this environment?** Yes No

**Are the parents aware of your concerns?** Yes No

**Please give a description of your findings. If the child has a physical injury, please mark it below using the front and back figure :**



The figure consists of two human outlines, one facing forward and one facing backward, standing on the letters 'S', 'A', 'V', 'I', 'P', 'L', 'E'. The 'V' is replaced by the letters 'SAWVIPLE'. Below the front figure, there are markings: 'Injury = X', 'Burns = [dotted pattern]', '?Fracture = #', and 'Pain = ●'. To the right of the figures is a box labeled 'Obs (as appropriate)' containing 'BP -', 'Pulse', 'BM', and 'Temp'.

Child conveyed to hospital	Parent / carer conveyed to hospital
Not conveyed to hospital	Accompanied by other person .....
Hospital .....	<b>Reported to:</b> EOC
Hospital staff signature .....	Social Services    Police
Hospital Staff Name.....	In person        By telephone
... ..	Form sent to .....
LAS signature .....	By e-mail        Fax
Date / Time .....	

**CONSENT (where applicable to be completed by parent/guardian or child)**

**The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.**

**Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.**

**Name:** ..... **Signature:** .....

**For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager ; during office hours advice may also be sought from PALS – 020-7887-6678.**

**When completed this form must be faxed to the Operational Control Manager in charge of the Emergency Operations Centre on: 020 7921 5231**

**The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.**

SAMPLE

London Ambulance Service NHS Trust  
Protection of Children & Vulnerable Adults

**Guidelines for Staff**

These guidelines summarise what you need to be aware of if someone tells you they have been abused, or if you suspect that someone has been abused.

The guidelines should be used in conjunction with the Protection of Children and Vulnerable Adults Operational Procedures, Recognition of Abuse booklet and Report Form LA279.

It is your role and responsibility:

- to listen to the person telling you about the abuse
- to ensure their safety and your own safety
- to report the abuse via the appropriate channels
- to keep a detailed record of your observations and / or what you have been told

**If someone tells you they have been abused**

If the person is an adult, move to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this. (This will give them the chance to stop talking if they are not happy for this to happen.)

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser, for example, you may be later accused of "corrupting evidence" or "alerting."

**Reporting**

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Complete the Report Form LA279 in as much detail as possible and follow the *Operational Procedure* for reporting the abuse.

**Remember:** As a health care worker who may come into contact with children and vulnerable adults, you have a duty to report concerns about abuse. If you do not report the abuse you may be putting the victim at greater risk. You may

also discourage them from disclosing again, as they may feel they were not believed. This may put other people at risk.

## INTRODUCTION

For the purposes of child protection procedures, a child is anyone under the age of 18. All children deserve the opportunity to achieve their full potential. They should be enabled to be as physically and mentally healthy as possible, receive maximum benefit from educational opportunities, live in a safe environment, experience emotional well-being, feel loved and valued, become competent in looking after themselves, have a positive image of themselves and have opportunities to develop good interpersonal skills and confidence. If they are denied the opportunity to achieve their potential in this way they are at risk, not only of an impoverished childhood, but of experiencing disadvantage and social exclusion in adulthood.

## SIGNIFICANT HARM

The Children Act (1989) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the degree of threat and/or coercion.

Some children may be suffering, or at risk of suffering, significant harm, either as a result of a deliberate act, of a failure on the part of a parent or carer to act or to provide proper care, of the child being beyond parental control, or all of these factors. These children need to be made safe from harm, as well as their other needs being met. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Examples of abuse are:

- |                        |  |
|------------------------|--|
| <b>Physical abuse</b>  | Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill-health to, a child they are looking after. This situation is commonly described using terms such as 'factitious illness by proxy' or 'Munchausen syndrome by proxy.'  |
| <b>Emotional abuse</b> | Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. |
| <b>Sexual abuse</b>    | Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve  |

physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **WHO IS VULNERABLE TO ABUSE?**

Although any child can potentially be a victim of abuse, there are some groups of children who may be particularly vulnerable. These include children with learning disabilities, severe physical illnesses or sensory impairments. Sources of stress within families may have a negative impact on a child's health, development or well-being, either directly or because they affect the capacity of parents to respond to their child's needs. Sources of stress may include social exclusion, domestic violence, the unstable mental illness of a parent or carer, or drug and alcohol misuse. Parents who appear over-anxious about their child when there is no sign of illness or injury may be a sign of their inability to cope.

Children with special needs

This group of children have particular needs because of a psychological or medical difficulty. For example, deaf or autistic children may demonstrate challenging behaviour, which may or may not be as a result of abuse. Children with special needs are more likely to be abused than children in the general population.

## **RECOGNITION OF CHILD ABUSE**

### **Non-accidental injury**

For an injury to be accidental it should have a clear, credible and acceptable history and the findings should be consistent with the history and with the development and abilities of the child. When looking at injuries in children you should be aware of the possibility of the injury being non-accidental and consider it in every case, even if you promptly dismiss the idea.

Examples of abuse indicators may be:

- any injury in a non-mobile baby
- frequent accidents in unlikely places, e.g. the buttocks, trunk, inner thighs
- soft tissue injuries under clothing
- bruises of the same age on both sides of the body or of varying ages
- small deep burns in unlikely places or repeated burns and scalds, or 'glove and stocking' burns
- poor state of clothing, cleanliness and/or nutrition
- late reporting of the injury or delay in seeking help

When assessing an injured child, you should use your judgement regarding what level of accidental injury would be appropriate for their stage of development. Although stages of development vary (e.g. children may crawl or walk at different ages), injuries can broadly be divided between mobile and non-mobile children.

### **Non-mobile babies**

Any injury in a non-mobile baby must be considered carefully and have a credible explanation if it is to be considered accidental.

Healthy babies do not bruise or break their bones easily. They do not bruise themselves with their fists or toys, bruise themselves by lying against the bars of a cot, or acquire bruises on the feet when they are held for a nappy change.

Bruising on the ears, face, neck, trunk and buttocks is particularly suspect. Petechial spots (tiny blood spots under the skin) which disappear very rapidly, may indicate attempted smothering. A torn frenulum (behind the upper lip) is rarely accidental in babies, and bleeding from the mouth of a baby should always be regarded as suspicious.

### **Fractures**

Fractures in babies are seldom caused by 'rough handling' or putting their legs through the bars of the cot. Babies rarely fracture their skull after a fall from a bed or a chair. After a difficult delivery the clavicle (collar bone), humerus or femur may be broken and not noticed until a lump appears about 2-3 weeks later. In this case the baby would require paediatric assessment to confirm any suspicions of non-accidental injury.

### **Shaking injuries**

When small babies are shaken violently their head and limb movements cannot be controlled, and this results in severe brain damage from haemorrhage inside the skull. It may also cause metaphyseal fractures of the limbs as a result of the rotary movement. Finger bruising on the chest may indicate that a baby has been held tightly and shaken.

### **Burns and scalds**

Accidental burns and scalds are fairly common in older babies (over six months). Burns from grabbing hot objects (e.g. hair tongs, irons etc.) are found on the palms of the hands, and not the back of the hands. Scalds caused by pulling over hot liquids are usually on the front of the face, neck, chest and legs, with multiple splash marks.

### **Mobile babies and toddlers**

A torn frenulum at this age may occur when the child falls flat on a carpet while running, but there are usually friction burns of the nose and chin at the same time. Non-accidental fractures are uncommon after the age of two years. Once the child can talk he/she is more able to tell how the injury was sustained.



## Bruising

Bruises are collections of blood under the skin or in the tissues. They are a bluish-red in the beginning, then turn purple and brown, and finally to yellow. The exact dating of bruising is difficult as it depends on the individual, the depth of the bruise and the tissues affected.

It is normal for toddlers to have accidental bruises on the shins, elbows and forehead. They usually fall forward, so bruises on the back or buttocks are suspect. They do not bruise both sides of the body at the same time and the bruise cannot be round a curved surface.

Two black eyes may appear 2-3 days after an accidental blow in the middle of the forehead when the bruise begins to resolve. This sign is significant, however, if it occurs without forehead swelling.

Bruising caused by a hand slap leaves a characteristic pattern of 'stripes' representing the imprint of fingers. Forceful gripping leaves small round bruises corresponding to the position of the fingertips. 'Tramline' bruising is caused by a belt or stick and shows as lines of bruising with a white patch in between. Bites result in small bruises forming part or all of a circle.

## Burns and Scalds

Burns are caused by the application to the skin of dry heat and the depth of the burn will depend on the temperature of the object and the length of time it is in contact with the skin.

Abusive burns are frequently small and deep, and may show the outline of the object, whereas accidental burns rarely do so because the child will pull away. For example, a burn reflecting the shape of the soleplate of an iron cannot be accidentally caused.

Flame burns are usually less deep, have a less definite outline and may be fan-shaped. Friction burns may look similar to a flame burn and are usually seen on the prominent areas of the body such as the nose and chin, the heels or the shoulders.

Cigarette burns are not common. They are round, deep and have a red flare round a flat brown crust. The burns usually leave a scar and should not be confused with chickenpox scars or impetigo.

Scalds are caused by steam or hot liquids. Accidental scalds may be extensive but show splash marks, unlike the sharp edges of damage done when the child is dunked in hot water (although splash marks may also feature in a non-accidental burn, indicating that the child had tried to escape hot water). The head, face, neck, shoulders and front of the chest are the areas affected when a child pulls over a kettle. If the child turns on the hot water in the bath, the soles of the feet are in contact with the bath and will be less affected than the tops.

## Fractures

Children's bones bend rather than break, and require considerable force to damage them. There are various kinds of fractures, depending on the direction and strength of the force which caused them.

**Greenstick** The bones bend rather than break. This is a very common accidental injury in children.

**Transverse** The break goes across the bone and occurs when there is a direct blow or a direct force on the end of the bone, e.g. a fall on the hand will break the forearm bones or the lower end of the humerus.

**Spiral or is Oblique injuries.** A fracture line which goes right around the bone or obliquely across it due to a twisting force, which is often a feature in non-accidental injuries.

**Metaphyseal** Occur at the extreme ends of the bone and are not seen accidentally. Caused by a strong twisting force.

**Skull fractures** These must be consistent with the history and explanation given, as babies and small children do not fracture their skulls from falls of only a few feet. Complex (branched), depressed or fractures at the back of the skull are suspect.

**Rib fractures** These do not occur accidentally, except in a severe crushing injury. Any other cause is highly suspicious of non-accidental injury.

**Deliberate poisoning and attempted suffocation**

These are very difficult to assess and may need a period of close observation in hospital. Deliberate poisoning, such as might be found in a case of a child in whom illness is fabricated or induced by carers with parenting responsibilities (Munchausen syndrome by proxy), may be suspected when a child has repeated puzzling illnesses, usually of sudden onset. The signs include unusual drowsiness, apnoeic attacks, vomiting, diarrhoea and fits.

### **Older children and adolescents**

If the injury is accidental, older children will give a very clear and detailed account of how it happened. The detail will be missing if they have been told what to say.

Overdosing and other self-harm injuries must be taken seriously in this age-group, as they may indicate sexual or other abuse (such as exploitation).

### **NEGLECT**

Neglect is more difficult to recognise and define than physical abuse, but its effects can be life-long. When a child is neglected this means his or her basic needs are not met. Neglect comprises both lack of physical care and supervision and a failure to encourage the child in terms of their emotional, physical and educational development. Impairment of growth, intelligence, physical ability and life-expectancy are only a few of the effects of neglect in childhood.

A neglected or abused infant may show signs of poor attachment. They may lack the sense of security to explore, and appear unhappy and whining. There may be little sign of attachment behaviour, and the child may move aimlessly round a room or creep quietly into corners.

In pre-school and school-age children, indicators of neglect include poor attention span, aggressive behaviour and poor co-operative play. Indiscriminate friendly behaviour to unknown adults is often a feature of children who are deprived of emotional affection. Other signs include repetitive rocking or other self-stimulating behaviour. Personal hygiene may be poor because of physical neglect, and this may lead to rejection by peers.

## **EMOTIONAL ABUSE**

Emotional damage occurs as a result of all forms of abuse, but emotional abuse alone can be difficult to recognise as the child may be physically well cared-for and the home in good condition. Some factors which may indicate emotional abuse are:

- If the child is constantly denigrated before others
- If the child is constantly given the impression that the parents are disappointed in them
- If the child is blamed for things that go wrong or is told they may be unloved / sent away
- If the parent does not offer any love or attention, e.g. leaves them alone for a long time
- If the parent is obsessive about cleanliness, tidiness etc.
- If the parent has unrealistic expectations of the child, e.g. educational achievement / toilet training
- If the child is either bullying others or being bullied him / herself

Children can be at risk of emotional abuse because of the circumstances of adults in their immediate surroundings, e.g. if there is an atmosphere of domestic violence, adults with mental health problems or a history of drug or alcohol abuse. It cannot be assumed that a child is safe in a care setting, as children in this environment can be subject to exploitation, e.g. for prostitution.

## **Sexual abuse**

Although some children are abused by strangers, most are abused by someone known to them. Some are abused by other children, including siblings, who may also be at risk of abuse. The majority of abusers are male, although occasionally women abuse children sexually or co-operate with men in the abusing behaviour.

Both girls and boys of all age groups are at risk. The sexual abuse of a child is often planned and chronic. A large proportion of sexually abused children have no physical signs, and it is therefore necessary to be alert to behavioural and emotional factors that may indicate abuse.

### **Allegation of abuse by the child**

Any allegation of abuse by a child is an important indicator and should always be taken seriously. It is important to note that children may only tell a small part of their experience initially. Adult responses can influence how able a child feels to reveal the full extent of the abuse. If abuse is alleged, the adult being told about the abuse must be careful not to ask probing questions (*see Guidelines and Operational Procedures*).

## Physical signs and symptoms

The following symptoms should give cause for concern and further assessment:

- soreness, discharge or unexplained bleeding in the genital area
- chronic urinary and vaginal infections
- bruising, grazes or bites to the genital or breast area
- sexually transmitted diseases
- pregnancy, especially when the identity of the father is vague
- a change in bowel habit, such as soiling or constipation

## Behavioural and emotional indicators

- inappropriate sexual knowledge for the child's age
- overt sexual approaches to other children or adults
- fear of particular people or situations, e.g. bath time or bedtime
- drug and alcohol abuse (older children)
- suicide attempts and self-injury
- running away and fire-setting
- environmental factors and situation of parents (e.g. domestic violence, drug or alcohol abuse, learning disabilities)

**These notes have been developed for training purposes and should be read in conjunction with The London Ambulance Service's procedure Suspected Cases of Child Abuse (TP/018) and report forms for the Protection of Children and Vulnerable Adults.**



London Ambulance Service **NHS**  
NHS Trust

## **Suspected Abuse of Vulnerable Adults Procedure**

### **Introduction**

All vulnerable adults have the right to be protected from harm and the London Ambulance Service (LAS) will refer all cases of suspected abuse to the appropriate Social Services Department. Where there are concerns about the standard of care provided in a nursing or residential home, or by a domiciliary care agency, the case will also be referred to the Regional Office of the Commission for Social Care Inspection (CSCI). In circumstances which could be described as an emergency, cases will be referred to the Police.

In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to meet the needs of the vulnerable person, taking into consideration their race, culture, gender, language and level of disability. To help staff recognise cases of abuse a set of notes are attached at Appendix 3.

### **Objectives**

1. To ensure all LAS staff are aware of, and can recognise, cases of suspected abuse of a vulnerable adult and where a vulnerable adult is in need.
2. To provide guidance enabling operational and control staff to assess and report on cases of suspected abuse/ concern of a vulnerable adult.
3. To ensure that all LAS staff involved in a case of reported abuse are aware of the possible outcome and of any subsequent actions.

### **Procedure**

#### **1.0 Principles of Adult Protection**

- 1.1 The principles of adult protection differ from those of child protection, in that adults have the right to take risks and may choose to live at risk if they have the capacity to make such a decision. Their wishes should not be overruled lightly. For example, most older people are not 'confused.' Similarly, people with learning disabilities or mental health

problems may have the capacity to make some decisions about their lives, but not others. Guidance about assessing patients' capacity is available in OPO/31 Procedure on Patient consent for examination, and treatment

- 1.2 All local authorities should have Interagency Adult Protection Procedures which comply with the "*No Secrets*" guidance (Department of Health / Home Office 2000) and many authorities will also have an Interagency Adult Protection Committee/Safeguarding Adults Board. In addition, the Commission for Social Care Inspection is responsible for inspecting the standard of care provided in nursing homes, residential care homes and by domiciliary care agencies.

## **2.0 Actions when abuse or risk of harm is suspected**

- 2.1 There are a number of ways in which LAS staff may receive information or make observations which suggest that a vulnerable adult has been abused or is at risk of harm. LAS staff will often be the first professional on scene and their actions and recording of information may be crucial to subsequent enquiries. It is particularly important that other people who may be present should not be informed of staffs' concerns in circumstances when this may result in a refusal to attend hospital, or in any situation where a vulnerable adult may be placed at further risk.

## **3.0 Patient Assessment**

- 3.1 LAS staff should follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in calling for assistance. If necessary, they should ask appropriate questions of those present to clarify what they are saying.
- 3.2 LAS staff should be aware that someone who is frightened may be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present. It may be helpful to make a note of the person's body language. It is important to stop questioning when suspicions are clarified. Avoid unnecessary questioning or probing, as this may affect the credibility of subsequent evidence.

**Remember:** The LAS is not there to investigate suspicions. The task for ambulance staff is to ensure that any suspicion is passed to the appropriate agency, i.e. staff in the A&E Department, the appropriate local Social Services Department, the London Regional Office of the CSCI or the Police. This should be achieved by following the guidelines in Section 4.0.

#### **4.0 Actions to be taken by LAS staff**

- 4.1 If LAS staff come into contact with a vulnerable adult (see Appendix 3) and are concerned that they may have been abused or are at risk of abuse:
  - 4.1.1 If there is another person present and the staff are concerned that they may be the abuser, they should not let the person know they are suspicious. If the patient is conveyed to hospital, the staff should inform a senior member of the A&E staff or nursing staff if conveying to another department, of their concerns about possible abuse. They should ensure that the white copy of the Patient Report Form (PRF) is handed over and a LA280 completed, with a copy left with the A&E staff. They should be careful not to do this in a way that would alert the alleged abuser or place the vulnerable adult at risk of further abuse or intimidation. EOC should be informed of the incident and a copy of the LA280 faxed to EOC at the earliest opportunity, with an aim of ensuring all referrals are made within 24 hours. PTS crews should also inform their Site Manager as the LAS is acting as a contractor for these services on behalf of the Acute/Primary Trust.
  - 4.1.2 It is important to ascertain the wishes of the patient and to take into account whether or not they want to be conveyed to hospital. However, the decision not to convey a patient to hospital is one that must not be taken lightly. In some cases staff may assess that the patient clearly does not have the capacity to make a judgement with respect to their need for medical care, and may decide to act under OPO/31 Procedure on Patient consent for examination, and treatment or make alternative arrangements for the patient if their condition requires less immediate treatment (e.g. a GP visit the following day).
  - 4.1.3 If the patient needs to be conveyed to hospital and another person tries to prevent this, staff may need to consider whether to involve the police. The staff should inform EOC about the situation and complete a reporting form LA280. EOC will take any further action (see below). The LA280 should be faxed to EOC at the earliest opportunity
  - 4.1.4 If the patient is not conveyed to hospital, or if the staff have concerns about someone else in the household or on the premises, they should contact EOC and inform them of their concerns. If the vulnerable person is not the patient but is accompanying someone else to hospital, the staff should inform A&E, or other hospital nursing staff of their concerns. At the earliest opportunity they should complete a report form LA280, leaving a copy at the hospital and faxing it to EOC.
  - 4.1.5 In all cases where abuse of a vulnerable adult is suspected an LA280 must be completed and, where the vulnerable adult is conveyed to hospital, a copy provided to the department. In all cases a copy must be faxed to EOC. The original form should be sent to the Management Information Department for recording and archiving.

## **5.0 Actions to be taken by EOC staff**

- 5.1 On receiving details about a potential case of abuse of a vulnerable adult, the Ambulance Operations Manager (AOM) or Operational Control Manager (OCM) will contact the appropriate Local Authority Social Service Department.
- 5.2 If the patient needs to be conveyed to hospital and another person tries to prevent this, the AOM/OCM may need to request police attendance and / or contact Social Services. The AOM/OCM will also arrange for an LAS officer to attend the scene. In some circumstances, they should also inform the London Regional Office of the Commission for Social Care Inspection.
- 5.3 As well as reporting the matter to the appropriate Social Service Department, it should also be reported to the London Regional Office of the Commission for Social Care Inspection if either of the following conditions apply:
  - The alleged abuse has taken place in a nursing or residential care home.
  - The alleged abuser is employed by a domiciliary care agency (including domiciliary care provided directly by the local authority).
- 5.4 Any observations / concerns about the standards of care provided by any of these services should also be reported to the London Regional Office of the Commission for Social Care Inspection, even if this did not directly contribute to the condition of the patient, as other people may be at risk.
- 5.5 The AOM/OCM should make a decision whether to also report the incident to the police and/or ask the LAS Duty Officer to attend the scene, based on the information received from the crew.
- 5.6 When the AOM/OCM receives the completed form from the crew, they should forward a copy to the relevant Social Services Department. An entry should be logged on the Patient Advice & Liaison Service (PALS) component of Datix case management system and the LA280 scanned and included within the electronic case record. If there are concerns about the standards of care in a nursing or residential care home, or the service provided by a domiciliary care agency, a copy should also be sent to the London Regional Office of the Commission for Social Care Inspection. The referring crew's Ambulance Operations Manager (or Site Manager for PTS crews) must be informed that the crew have made a referral so that any need for support of the crew by managers can be identified and provided. A record of this and all action taken will be made within the Datix electronic case record. EOC must facilitate crews to complete and fax the LA280 as soon as possible, utilising LAS



Officers and Team Leaders to provide access to fax machines where that is difficult out of hours.

## **6.0 Subsequent Action**

- 6.1 Adult protection concerns notified by the LAS will be subject to enquiries by Social Services departments, who will co-ordinate an investigation. Investigations may be carried out jointly between Social Services, the police and healthcare professionals, depending on the circumstances. All cases of institutional abuse will also be referred to the London Regional Office of the Commission for Social Care Inspection. PALS will act as the coordinating unit for the LAS, save where there is an immediate request out of office hours when EOC will assume this role until PALS can assume responsibility. In these circumstances, all action undertaken will be recorded in the electronic case record.

PALS will check for any referrals that have been entered on a daily basis and ascertain if the patient has come to the attention of the service before. PALS will ensure follow up with the relevant Social Services/Police/PCT department to ensure that information has reached the appropriate persons and to establish what action is planned.

- 6.2 Ambulance crews may be required to assist by giving a statement to clarify their observations in more detail. LAS staff may be requested to attend a case conference or to provide information.

## **7.0 Actions to be taken by PALS**

- 7.1 PALS will furnish Social Services and/or the police with copies of the PRF or any other information, on request, save where the circumstances in 6.0 above apply or where an approach for documentary records is made by the police under adult protection auspices, where Operational Information and Archives Department will respond to that but advise PALS accordingly.

## **8.0 PALS and Senior Management Responsibilities**

- 8.1 PALS will also enlist the assistance of Senior Managers to ensure that any request from a statutory agency for a statement or other information will be communicated through the crew's line manager. They will also ensure that any member of LAS staff instructed to attend court to give evidence will receive appropriate support and advice from the Trust. This will include ensuring the documentation is available in good time, allowing time for brief / debrief before and after a Court appearance or case conference, and that the member of staff will be accompanied by an LAS Officer.

**References:** Procedure on Patient consent for examination, treatment or care.

'No Secrets' guidance by DoH / Home Office 2000

Medical Director's Bulletin No. 1/2001

Doctrine of Necessity

Procedure for the Maintenance of the High Risk Address

Register

and Notification of High Risk Addresses.

**Signature:**

**Peter Bradley**

**Chief Executive Officer.**

LONDON AMBULANCE SERVICE NHS TRUST  
**VULNERABLE ADULT IN NEED/AT RISK FORM**

**REPORT FORM**

<b>Patient's name</b> .....	<b>Address</b> .....	
Age / DOB .....	.....	
<b>GP (inc address/tel no)</b> .....	<b>Patient's Telephone Number/other contact nos</b> .....	
<b>Details of significant family members, members of staff, friends or other people who are with the patient:</b>  		
<b>Date</b> .....	<b>Crew 1.</b> .....	
<b>Time</b> .....	<b>Crew 2.</b> .....	
<b>CAD / ref no</b> .....	<b>Call sign</b> .....	
<b>Concerns (please tick):</b> Physical abuse <input type="checkbox"/>	<b>In your opinion, why is the person vulnerable? (please tick):</b> Older person <input type="checkbox"/>	<b>Reason for concern (please tick):</b> Physical signs <input type="checkbox"/>
Sexual abuse <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Inconsistent story <input type="checkbox"/>
Emotional abuse <input type="checkbox"/>	Learning disability <input type="checkbox"/>	Behavioural signs <input type="checkbox"/>
Financial abuse <input type="checkbox"/>	Mental health problem <input type="checkbox"/>	Environment <input type="checkbox"/>
Neglect <input type="checkbox"/>	Other <input type="checkbox"/>	Disclosure by victim/other person <input type="checkbox"/>
Discriminatory abuse <input type="checkbox"/>		
<b>Is the patient a resident of a nursing / residential care home / hostel?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick): If Yes, please state name and address of the home / hostel: .....		
<b>Do you have concerns about the standard of care received by the patient at the home / hostel?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Do you have concerns about the welfare of other residents?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please include in 'Details of the Environment' below.		

**Does the patient use a Day Care Service? (please tick):** Yes  No

*If Yes, please state address where the service is based (if known):* .....  
.....

**Do you have concerns about the standard of care received by the patient at the Day Care Service?**

Yes  No

**Do you have concerns about the welfare of other service users?**

Yes  No

*If Yes, please include in 'Details of the Environment' below.*

**Does the patient receive a service in their home from a domiciliary care agency?** Yes  No

*If Yes, please state name and address of the agency (if known):* .....  
.....

Local Authority area: .....

**Do you have any concerns about the standard of service provided by that agency?** Yes  No

*If Yes, please include in 'Details of the Environment' below.*

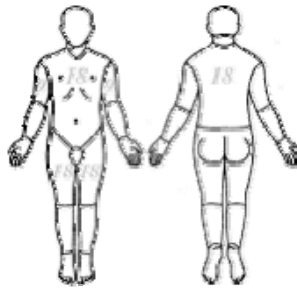
**Details of the Environment (including concerns about nursing / residential care homes / hostels / Day Care Services / Domiciliary Care Agencies):**

SAMPLE

**Please give a written description of your concerns, including the general appearance, condition and behaviour of the patient - give an example if possible: (include circumstances of call if relevant)**

**Version of events given by the victim (and what they want to be done about the situation):**

Please give a description of your findings. If the patient has a physical injury, please mark it below using the front and back figure :



Injury = X ?Fracture = #

Burns = [dotted pattern] Pain = ●

Obs (as appropriate)

BP –  
Pulse  
BM  
Temp

Is the patient adequately hydrated?

Yes/No

If no – give evidence:-

Patient conveyed to hospital

Not conveyed to hospital

Accompanied by .....

Reported to:  
Social Services   
In person

EOC   
Police   
By telephone

Hospital .....

Hospital staff signature .....

Hospital Staff Name .....

Form sent to .....

LAS signature .....

Date / Time .....

By e-mail

Fax

Post

**CONSENT (where applicable to be completed by patient)**

The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.

**Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.**

Name: ..... Signature: .....

For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager, or (during office hours) PALS, Tel 020-7887-6678

When completed this form must be faxed to the Operational Control Manager in charge of the Emergency Operations Centre on: 020 7921 5231

The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.

London Ambulance Service NHS Trust  
Protection of Children & Vulnerable Adults

### **Guidelines for Staff**

These guidelines summarise what you need to be aware of if someone tells you they have been abused, or if you suspect that someone has been abused. The guidelines should be used in conjunction with the Protection of Children and Suspected Abuse of Vulnerable Adults Operational Procedures, Recognition of Abuse booklet (Appendix 3) and Report Form LA280.

It is your role and responsibility:

- to listen to the person telling you about the abuse
- to ensure their safety and your own safety
- to report the abuse via the appropriate channels
- to keep a detailed record of your observations and / or what you have been told

#### **If someone tells you they have been abused**

If the person is an adult, move to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this. (This will give them the chance to stop talking if they are not happy for this to happen.)

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser, for example, you may be later accused of "corrupting evidence" or "alerting."

#### **Reporting**

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Complete the Report Form LA280 in as much detail as possible and follow the appropriate Operational Procedure for reporting the abuse.

**Remember:** As a health care worker who may come into contact with children and vulnerable adults, you have a duty to report concerns about abuse. If you do not report the abuse you may be putting the victim at greater risk. You may also discourage them from disclosing again, as they may feel they were not believed. This may put other people at risk.

## RECOGNITION OF ABUSE

### INTRODUCTION

Abuse is the violation of an individual's human and civil rights by any other person. It can vary from the seemingly trivial act of not treating someone with proper respect to extreme punishment or torture. In the context of vulnerable adults, the recognised forms of abuse include:

- **Physical abuse**
- **Sexual abuse**
- **Emotional or psychological abuse**
- **Financial or material abuse**
- **Neglect and acts of omission**
- **Discriminatory abuse**

A person may be subject to one or a combination of these.

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with someone else. It may occur in the vulnerable adult's own home, either when they receive a service there or when the abuser either lives with them or visits them. It may also occur within nursing, residential or day care settings, in hospitals, or in public places.

### Causes of abuse

A person may be vulnerable to abuse if they are unable to protect themselves from the actions of others. They may live or come into contact with people who inflict harm upon them or take advantage of their vulnerability to exploit them. In some cases, the place where they live or the services they receive may be of a poor quality. The nature of a person's disability, ability to communicate or mental capacity may increase the likelihood of abuse remaining undiscovered.

### Who abuses?

All types of abuse may be inflicted deliberately; some may be as the result of negligence, ignorance, or lack of understanding. The person responsible for the abuse is often known to the person being abused. They may be:

- a family member, friend or neighbour
- someone providing health or social care services
- a volunteer
- another resident or service user
- an occasional visitor or service provider
- a stranger

The person responsible for the abuse may be misusing alcohol or substances, or may be dependent on the vulnerable adult for housing or emotional support, or may have other special needs themselves.

### Who is vulnerable to abuse?

Particular groups of people may be more vulnerable to abuse. These include people from minority ethnic groups, people with physical disabilities, people with learning disabilities, mental health problems, severe physical illnesses, older people, the homeless, people with sensory impairments or those diagnosed as HIV positive.

Some people with special needs (e.g. sensory impairment or learning disabilities) may demonstrate challenging behaviour, which may or may not be as a result of abuse.

### **Abuse within personal relationships**

A carer is a person who looks after an ill, disabled or frail relative, friend or neighbour at home. Some vulnerable people are themselves carers, and may find themselves being abused by the person they care for. The risk of abuse may increase if a vulnerable person is living or in contact with someone who has a history of violence, including domestic violence, or a history of sexual offences. The abuse of alcohol or other substances may also be a factor. Older people, people with disabilities and people with mental health needs often find themselves in unequal power relationships and this may lead to a situation where there is exploitation and abuse.

### **Institutional abuse**

Abuse can take place in hospitals, day care, residential homes, nursing homes, hostels and sheltered housing. People living in their own homes may also be abused by staff employed to provide support to them. Abusive behaviour may be part of the accepted custom within an organisation, or it may be carried out by an individual member of staff or a particular staff group. It may be difficult to draw a line between poor quality care and abuse, and it is important that the London Regional Office of the Commission for Social Care Inspection is informed of any concerns about poor standards of care.

Institutional abuse is more likely to occur if staff are inadequately trained, poorly supervised or work where there are inadequate staffing levels. It is also more likely to occur if staff feel powerless to influence practice and feel afraid of losing their job if they report any concerns.

### **Is abuse a crime?**

Statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse, in that the responsibility for initiating the action rests with the state in the form of the police and the Crown Prosecution Service. This is usually done by working in partnership with health and social care colleagues. When a complaint about alleged abuse suggests that a criminal offence may have been committed, it is imperative that reference should be made urgently to the police by the person receiving the complaint. In the LAS, this will be undertaken by Central Ambulance Control on behalf of the ambulance crew.

### **What degree of abuse justifies intervention?**

The law, as it stands, does not give a definition of the degree of abuse of a vulnerable adult that requires intervention. However, in determining how serious or extensive abuse must be to justify intervention, *"No Secrets"* suggests that a useful starting point can be found in *"Who Decides?"* Building on the concept of 'significant harm' introduced in the Children Act (1989), the Law Commission suggested that: *"harm' should be taken to include not only ill-treatment (including sexual abuse and*



*forms of ill-treatment which are not physical), but also the impairment of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development."*

The seriousness or extent of abuse is often not clear when anxiety is first expressed. Once reported, Social Services will take the lead in co-ordinating an investigation, including making a judgement on the level of intervention required, based on the details of the case. In making any assessment of seriousness they consider the following factors:

- the vulnerability of the individual
- the nature and extent of the abuse
- the length of time it has been occurring
- the impact on the individual and
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults

## **ABUSE OF VULNERABLE ADULTS**

In *No Secrets* and *Who Decides?*, a 'vulnerable adult' is defined as any person over the age of 18 who is, or may be, in need of community care services by reason of mental or other disability, age or illness. Vulnerable adults may be unable to take care of themselves and are therefore unable to protect themselves against significant harm or exploitation.

### **Types of abuse**

Abuse may consist of a single act or repeated acts. It may be an act of neglect or a failure to act. It may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

### **Physical abuse**

Physical abuse is non-accidental harm to the body, for example:

- being hit, slapped, pushed, shaken, kicked, bitten, burned or scalded
- purposely under- or over-medicating or other misuse of medication
- deliberately being underfed, being given alcohol or a substance that is known to cause harm (e.g. sugar for diabetic)
- being confined, locked up or otherwise physically restrained

#### **Some indicators of physical abuse are:**

- any injury not explained by the history given
- different versions of the cause of an injury given to different people
- any self-inflicted injury
- unexplained fractures, lacerations, bruises or burns
- weight loss, dehydration, complaints of hunger
- untreated medical problems
- poor personal hygiene including incontinence

## **Sexual abuse**

Sexual abuse is the involvement of someone in sexual activities which they do not have the capacity to understand, have not consented to, or to which they were pressurised into consenting. It can also include the involvement of people in sexual activities where one party is in a position of trust, power or authority, or where a sexual relationship is outside law and custom. Sexual abuse can include:

- rape or sexual assault
- unwanted touching or being forced to touch another person in a sexual manner
- being subject to sexual innuendoes and harassment
- not having a choice about someone of the same sex to undertake intimate personal care

Indicators of sexual abuse include:

- full or partial disclosure, or hints, about sexual abuse
- inappropriate sexualised behaviour
- torn, stained or blood-stained underclothing or bedding
- pain, itching or bruising in the genital area, thighs and/or upper arms
- sexually transmitted disease, urinary tract infection and vaginal infection
- obsession with washing
- pregnancy in a person who is unable to give consent to sexual relations.

## **Emotional or psychological abuse**

Emotional or psychological abuse is any action which has an adverse effect on an individual's mental well-being, causing suffering and affecting their quality of life. This may include the threat that other types of abuse could take place. Psychological abuse can include:

- living in a culture of fear and coercion
- being bullied, controlled or intimidated
- being humiliated, ridiculed or blamed
- being threatened with harm or abandonment
- being isolated or deprived of contact
- being withdrawn from services or supportive networks
- having no choice about who to live with or spend time with
- being consistently ignored

Abuse occurs where there is a power imbalance and a person may be reacting to living in fear because of threats and coercion.

Indicators of psychological abuse include:

- self harm
- emotional withdrawal and symptoms of depression
- unexplained fear or defensiveness
- severe lack of concentration

## **Financial abuse**

Financial abuse is the theft or misuse of money or personal possessions, and can include:

- money being withheld or stolen

- goods or services purchased in someone's name without their consent
- being deliberately overcharged for goods or services
- misuse or misappropriation of property, possessions or benefits
- money being borrowed by someone who is providing a service to the vulnerable adult

Indicators of financial abuse include:

- someone being dependent on the vulnerable adult for the provision of accommodation (this may also apply to other forms of abuse)
- a person lacking goods or services which they can afford
- a person living in poorer circumstances than other members of a household
- a person being encouraged to spend their money on items intended for communal use in a residential home
- benefits being absorbed into the household income and not being used for the vulnerable person

### **Neglect and acts of omission**

A person will suffer if his or her physical and/or emotional needs are being neglected.

Examples of neglect can include:

- failing to respond to a person's needs or preventing someone else from meeting their needs
- ignoring someone's medical or physical care needs
- failing to provide access to appropriate health, social care or educational services
- withholding necessities of life such as medication, adequate hygiene, nutrition or heating
- preventing someone from interacting with others

When a professional or paid care provider does not ensure that the appropriate care, environment or services are provided to those in their care, they may be open to a charge of 'wilful neglect.' It should be noted, however, that adults have the right to choose their own lifestyle in their own home (including self-neglect) if they have the capacity to make such a decision.

Indicators of neglect can include:

- neglect of accommodation, including inadequate heating and lighting
- failure to provide basic personal care needs
- inadequate or unsuitable food
- failure to give medication or giving too much medication
- failure to ensure appropriate privacy and dignity

### **Discriminatory abuse**

Discriminatory abuse includes ill-treatment motivated by racism, sexism, homophobia or on the basis of religion or disability. This can include:

- harassment
- denying people their rights
- belittling or humiliating people
- not providing appropriate food
- preventing access to places of worship
- preventing people from carrying out cultural or religious practices
- regarding someone as being intrinsically different from other human beings

Indicators of discriminatory abuse include:

- lack of self-esteem
- emotional withdrawal and symptoms of depression
- self harm

**These notes have been developed for training purposes and should be read in conjunction with The London Ambulance Service's procedure Suspected Abuse of Vulnerable Adults(TP/ 019) and reporting forms for the Protection of Vulnerable Adults.**

London Ambulance Service NHS Trust

TRUST BOARD 27<sup>th</sup> November 2007

## INFECTION CONTROL POLICY

1. Sponsoring Executive Director: Fionna Moore

2. Purpose:

To approve the Infection Control Policy and note the action plan attached as appendix one to the policy

3. Summary

The Infection Control Policy has been revised and updated to reflect the requirements of the Code of Hygiene. It was approved by the Clinical Governance Committee held on 15<sup>th</sup> October and the Board is asked to ratify that decision.

This Policy provides the Trust Board with assurance that the organisation is compliant with the core standards (C1a, C1b) relating to patient safety for the period from 1<sup>st</sup> April 2007 to 31<sup>st</sup> March 2008. Appendix one to the Infection Control Policy is the action plan drafted in response to the recommendations set out in the Healthcare Commission's report of the Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust. This plan will be taken forward by the Infection Control lead and has been sent by the Chief Executive to the SHA (NHS London) in response to the letter dated 15<sup>th</sup> October 2007 from the NHS Chief Executive, David Nicholson.

When the Final Declaration is submitted to the Healthcare Commission in accordance with their deadlines in April 2008 it will record our compliance with these standards when the work plan attached as appendix one to the policy will have been fully implemented.

4. Recommendation

THAT the Board

1. Approve the Infection Control Policy.
2. Note that the action plan attached to the Policy as appendix one will be progressed and updates provided by the Medical Director as part of her routine report to the Board.



London Ambulance Service **NHS**  
NHS Trust

## **INFECTION CONTROL POLICY**

### **DOCUMENT PROFILE and CONTROL.**

**Purpose of the document:** Provides a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

**Sponsor Department:** Medical Directorate

**Author/Reviewer:** Medical Director: To be reviewed by October 2010.

**Document Status:** Final / Draft

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
10/05	1		
11/10/07	1.1	Stephen Moore	Major Revision

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Clinical Governance Committee		2.0
Ratified by:		
Trust Board		2.0

Published on:	Date	By	Dept
The Pulse		Bob Whittington	GDU
LAS Website			Comms

Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Control Procedures	
	Health Act 2006	
	ICSG Terms of Reference	
	Specification for the Cleaning of Trust Vehicles and Premises	

**Document Status:** This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## 1. Introduction

This policy has been developed as part of the London Ambulance Service NHS Trust's (LAS) ongoing commitment to promote high standards of infection control throughout the organisation and to ensure that it complies with the Health Act 2006 and its associated Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAI). It aims to minimise the risks of healthcare associated infection to all patients and members of our staff and ensures that so far as

reasonably practicable patients, staff and other persons are protected against risks of acquiring HCAI through the provision of appropriate care, in suitable facilities, consistent with good clinical practice. The Policy aims to ensure that patients with an infection, or who acquire an infection during treatment, are identified promptly and managed according to good clinical practice for the purpose of treatment and to reduce the risk of transmission.

The LAS sets out to achieve this by the continual review of its practices, utilising both audit and compliance monitoring processes to identify areas for further improvement. By analysing the resultant outcomes, the LAS seeks to constantly develop safer systems of work to maximise the wellbeing and safety of patients, as well as all of those involved in the delivery of our Service.

## **2. Scope**

This Policy covers arrangements to ensure effective infection control in all aspects of the Trust's operations.

## **3. Objectives**

To provide a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

## **4. Organisational Framework**

Infection control will be monitored through the Infection Control Steering Group (ICSG) which ***'aims to provide a robust mechanism for assuring infection control arrangements, providing advice on infection control matters and establishing a framework for developing improvements in order to optimise patient care and staff safety'***.

The ICSG will be chaired by a senior manager nominated by the Medical Director and will meet on a quarterly basis. It reports through to the Trust Board via the Clinical Governance Committee and Group membership will comprise of appropriate management representation, staff representation and an external advisor in Infection Control (see Terms of Reference).

## **5. Infection Control Programme**

To assess the compliance of the Service with the Code of Practice for the Prevention and Control of Health Care Associated Infections a Department of Health self assessment tool, 'Essential Steps to Safe, Clean Care' has been utilised by the ICSG to develop an Infection Control Programme Action Plan to improve infection control arrangements. This will ensure that the LAS meets the requirements of the Safety standard domain and related Healthcare Standards that form part of the Healthcare Commission's requirements for NHS Trusts. The Programme's implementation and progress will be monitored by the ICSG and reported to the Clinical Governance Committee on a quarterly basis.



## **6. Infection Control Procedures**

The Trust has developed Infection Control procedures to ensure that staff are clear about their personal responsibilities for controlling infection and to provide underpinning information relating to the mechanisms involved in the spread of infection; personal hygiene; personal protective equipment; authorised cleaning materials; cleaning of vehicles and equipment and other issues such as the management of clinical waste and linen. The Trust will regularly review its Infection Control procedures to ensure that they continue to reflect best practice.

## **7. Duties and Responsibilities**

Infection Control is the direct responsibility of operational staff who have contact with patients, and all staff throughout the Trust are responsible for minimising the risk of infection. Specific responsibilities are as follows:-

The Trust Board has overall responsibility for monitoring the effectiveness of infection control measures. It will monitor using the Assurance Framework, the Annual Infection Control report and Infection Control updates contained within the Medical Director's reports.

The Chief Executive is ultimately responsible for Infection Control measures, a responsibility which is discharged through the Medical Director.

The Medical Director has overall day to day responsibility as Director of Infection Prevention and Control, accountable directly to the Board for the management of infection control issues within the Trust.

The Head of Operational Support is Chair of the ICSG with day to day responsibility for monitoring the implementation of the Infection Control Programme and related action plans.

AOMs are accountable for infection control at Complex level and, in effect, are the Trust's operational Infection Control team.

A Practice Learning Manager acts as clinical lead supporting the Head of Operational Support.

The Head of Governance will advise whether or not the LAS complies with external requirements, identifying gaps in compliance, and report to the ICSG and the Trust Board as appropriate. The Head of Governance will also monitor Infection Control related risks and report them to the Risk Compliance and Assurance Group, including them on the Trust's assurance Framework as appropriate.

The Head of Education & Development has responsibility for ensuring that an Infection Control Training programme, including updates, is in place and

delivered to all staff as required by Infection Control legislation (Code of Hygiene, Healthcare Core Standards).

The Governance Development Unit Audit Manager is responsible for developing, in partnership with the Clinical Audit and Research Unit, appropriate audits and enabling operational staff at Complex level to carry these out on a regular basis and report through to the ICSG.

Area Infection Control leads will be appointed as Infection Control champions to support the GDU Audit Manager and local H&S Representatives on all Infection Control issues including audits, and will report on these to their Area Governance Committees, the ICSG, and the Clinical Governance Committee regarding the mitigation of Infection Control risks.

Local H&S representatives are the Complex Infection Control leads and are responsible for carrying out local audits in their Complexes, including the Infection Control aspects of Workplace Inspections.

## **8. Education and Development**

The Infection Control Training Programme will ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection. They will be shown where to access this information as a follow up reference source for use as necessary.

Training records of infection control instruction given will be kept to offer evidence to internal and external agencies (i.e. National Health Service Litigation Authority) that all clinical staff are routinely educated in current infection control practice.

All new staff will receive instruction in the importance of good hand hygiene and basic infection control awareness through the corporate induction programme.

As an integral part of personal development, all members of operational staff will receive ongoing guidance and support in the control of infection from Complex Training Officers, Duty Station Officers, as well as via the Team Leader interface with operational staff and these will be recorded in individual staff training portfolios.

The Trust will explore opportunities for increasing the level of expertise in respect of infection control with the view to create improved arrangements for the provision of advice, guidance and education relating to infection control practice.

## **9. Audit**

The LAS will ensure that every Complex conducts regular and routine audits and this will be monitored for consistency by the ICSG. Audits will be undertaken quarterly led by the local Health & Safety representatives who are

the Complex infection control leads overseen by AOMs. Audit data will be collated by the Audit Manager for reporting to the ICSG and placing on the Trust's Intranet. These quarterly audits will be expected to demonstrate continuous improvement of infection control at station level, maintain compliance with the Safety standard domain of the Healthcare standards, and ensure that all clinical staff are aware of the LAS Infection Control procedures. The results of these audits will be reported to the ICSG by the Area Infection Control leads and form a major part of the annual infection control report to the Trust Board. The ICSG will feedback their response through the Area Governance Committees.

## **10. Cleaning products and contracts**

Only cleaning products approved by the ICSG are to be used to clean and disinfect Trust premises and vehicles. Any sub - contracted work will include the requirement that only approved products are to be used.

An agreed Specification for the Cleaning of Trust Vehicles and Premises has been developed and is to be adhered to when employing sub - contractors for any cleaning related work. The Trust will offer advice and guidance in respect of infection control arrangements where appropriate and monitor that the LAS Infection Control procedures are complied with.

## **11. Equipment**

Any clinical equipment proposed to improve infection control arrangements will be evaluated through the Trust trial and acquisition processes. Staff side engagement will be secured through the ICSG and/or the Vehicle and Equipment Working Group as appropriate. The Education and Development Department will provide the lead on clinical advice.

## **12. Make Ready Scheme**

The Make Ready Scheme has been introduced to ensure that ambulances are clean, fully equipped and ready for action. Whilst daily routine cleaning of ambulances and regular deep cleaning of ambulances is a significant component of the scheme, the scheme is not a substitute for clinical staff being accountable for the consistent achievement of best infection control practice.

Performance of the Make Ready Contractors is monitored through the Make Ready Contract Group which oversees Key Performance Indicators as determined by the contract. The components of the Make Ready contract or any subsequent cleaning contract relating to Infection Control will be reported quarterly, using Key Performance Indicators, to the ICSG to monitor compliance to Infection Control standards.

<b>IMPLEMENTATION &amp; MONITORING PLAN</b>	
<b>Intended Audience</b>	All LAS staff
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS Website
<b>Communications</b>	Revised Policy to be announced in the RIB and a link provided to the document
<b>Training</b>	Training to be carried out as outlined in Section 8 of this Policy
<b>Monitoring*</b>	<p>To ensure adherence to this Procedure Audit Manager to develop annual programme of audits to take place in a sample of stations.</p> <p>Monitoring of Audits and Checks to be carried out by the ICSG on receipt of reports from local Infection Control leads.</p>

\* A detailed audit form to monitor compliance with this policy will be developed as an appendix.

**APPENDIX ONE - Analysis of key recommendations from Healthcare Commission:**  
Investigation into outbreaks of clostridium difficile at Maidstone and Tunbridge Wells NHS Trust

<b>FINDING</b>	<b>RECOMMENDATION</b>	<b>CURRENT</b>	<b>ADVISED</b>
<p><b>The Trust Board and Infection Control.</b></p> <p>The board stated that infection control had always been a priority.</p> <p>Until recently the board considered the annual report on control of infection solely as a retrospective document rather than a prospective plan for the coming year where the board could influence and agree priorities.</p> <p>Information presented to the board was often incomplete and inaccurate leaving Non Executives at a disadvantage in being able to perform their role.</p>	<p>Boards must understand the role of the Director of Infection prevention and control and receive information on incidents and trends in healthcare associated infections.</p>	<p>Annual Infection Control Report presented to the Board.</p> <p>Infection Control mentioned 'as and when in Medical Directors Report.</p>	<p>Clinical Leadership of Infection Control is strengthened by</p> <ul style="list-style-type: none"> <li>▪ introducing Medical Director's direct report to membership of Infection Control Steering Group</li> <li>▪ Clinical Leadership model to support/nominate Infection Control champions on every station</li> <li>▪ AOMs to have generic infection control objective for complying with Code of Hygiene and ensuring Infection Control Audits take place quarterly on every station and results are discussed at Area Governance meetings and forwarded to Clinical Governance Committee.</li> </ul>

<p>The Trust's board paid insufficient attention to its responsibilities to protect patients against infections.</p>			<p>See appendix 1 reporting</p>
<p><b>GOVERNANCE</b></p>			
<p>The Trust's system for handling serious untoward incidents was poor, with little evidence of adequate investigation and very few reports being provided</p> <p>A new structure of Governance was introduced in January 2007. It aimed to increase the involvement of senior clinical staff in making decisions and taking responsibility.</p> <p>Infection Control incidents (page 6) required considerations and resolution at a strategic level but were rarely considered by the board whether as a whole board or at its governance and risk sub-committees. There was no systematic mechanism to</p>	<p>Compliance with SUI policy is monitored in particular implementation of recommendations.</p> <p>Senior clinical staff make decisions and take responsibility.</p>	<p>SUI Policy in place as requested by SHA and reports provided for electronic system.</p> <p>2 Non Clinical Managers lead the Infection Control Group.</p>	<ul style="list-style-type: none"> <li>▪ All SUI reports monitored by SMG and Infection Control actions implemented</li> <li>▪ Senior Clinical manager(s) join ICSG and monitor findings of clinical audits of infection control</li> <li>▪ Infection Control co-ordinator post becomes permanent in next financial year</li> <li>▪ Compliance with Infection Control Standard of the Annual Health Check becomes routine part of Business Plan via Assurance Framework</li> </ul>

follow up any actions required to share lessons			
<b>ARRANGEMENTS FOR THE CONTROL OF INFECTION</b>			
<p>The DIPC had no real understanding of the role at the outset and failed to find out procedures and processes such as surveillance and feedback.</p> <p>Management of the Infection Control team was inadequate There was no strategic direction and there was confusion over who actually managed the team.</p> <p>Policies for the control of infection were on the Trust's intranet, but they were nearly all out of date and not all staff could gain access to the intranet.</p> <p>The Trust did not have several key policies that the Healthcare Commission expected to see. Updated training in infection</p>	<p>Surveillance and feedback should be tightened with appropriate guidelines for C difficile prevention and Infection Control management.</p> <p>Visible line management for Infection Control by DIPC</p> <p>Policies are accessible and up to date</p> <p>Mandatory attendance on infection control update training and follow up system in place to monitor attendance</p>	<p>Incident reporting system Infection control risks monitored by ICSG. Surveillance and feedback by clinical team leaders</p> <p>No designated infection control staff. Confirmation awaited from Paramedic to lead and develop team, (6 months funding provided by SHA bid)</p> <p>Infection control manual requires updating and availability on every station assured</p> <p>TNA and Training Services Group needs to monitor and provide Infection Control update training</p>	<p>Review of procedures and process with interim report by December to be done by Infection Control lead.</p> <p>Infection control team to be devised (see appendix 2) Utilising £156K for months + plan beyond.</p> <p>Action plan to update from gap analysis of current manual to include issue of procedures on PULSE in a prominent visible place</p> <p>Training sessions on stations to provide updates on infection control cannulating etc documented in central training record held on database by Infection Control Co-ordinator</p>

<p>control was mandatory in the trust but in 11 months only 51% of clinical staff had attended this.</p> <p>In the National Staff Survey of the Trust's staff only 38% agreed with the statement "infection control applies to me in my role – typical acute score was 79%</p>	<p>Message given out that infection control is a responsibility to be owned by all</p>	<p>Staff survey question to be checked to provide insight into LAS staff perception</p>	<p>Infection control being the responsibility of all transferred into generic statement for all job descriptions and emphasised at consultation meetings</p>
<p><b>PREVENTION AND CONTROL</b></p>			
<p>Role of the DIPC</p> <ul style="list-style-type: none"> <li>▪ Oversee Infection Control</li> <li>▪ Be responsible for infection control team</li> <li>▪ Report directly to Chief Executive and Board</li> <li>▪ Challenge inappropriate Clinical hygiene practice</li> <li>▪ Assess the impact of all existing and new plans and policies on infection control and make recommendations for change</li> <li>▪ Be an integral member of clinical governance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Paper to the Board as an interim report for health check 07/8 about the Code of Hygiene</li> <li>▪ Training as a special interest area for Non Executive director(s) in infection control</li> <li>▪ Changes to infection control reporting</li> <li>▪ Improved attendance by senior clinical managers at Infection Control meetings</li> </ul>	<p>Annual Infection Control Report has tended to be retrospective the next report will include updates from local infection control champions.</p>	<ul style="list-style-type: none"> <li>▪ Paper to Board on Code of Hygiene including as an appendix role of DIPC, Code of Hygiene '12 duties'</li> <li>▪ Training of a lead NED to become a member of the Infection Control steering group</li> <li>▪ Improvement in prioritising clinical risk reporting to the Board</li> <li>▪ Prospective planning framework to go to the Board. Should include update on audits, mandatory infection control</li> </ul>

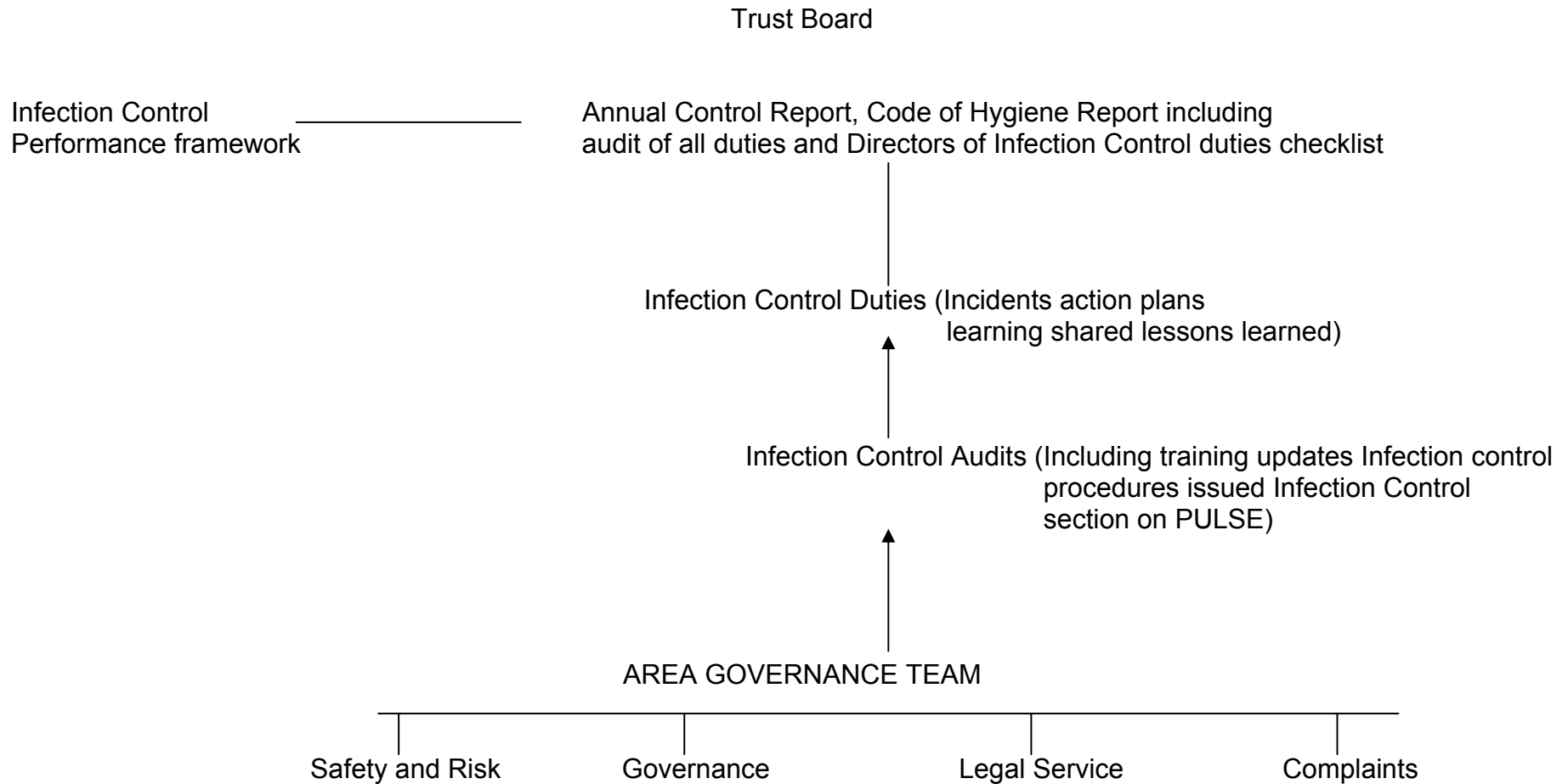


<p>and patient safety teams and structures</p> <ul style="list-style-type: none"> <li>▪ Produce an annual report on the state of healthcare associated infection in the organisation and release it publicly</li> </ul> <p>It had never been proposed as an area of special interest for Non Executives</p> <ul style="list-style-type: none"> <li>▪ The Board has received no paper on the role of the DIPC</li> <li>▪ None of the Non Executive Directors had any training and guidance</li> </ul>			<p>updates from each area and proposal for including infection control as a priority in Area Governance Group activity</p> <ul style="list-style-type: none"> <li>▪ Observational audits of clinical infection control practice</li> <li>▪ Develop infection control teams</li> </ul>
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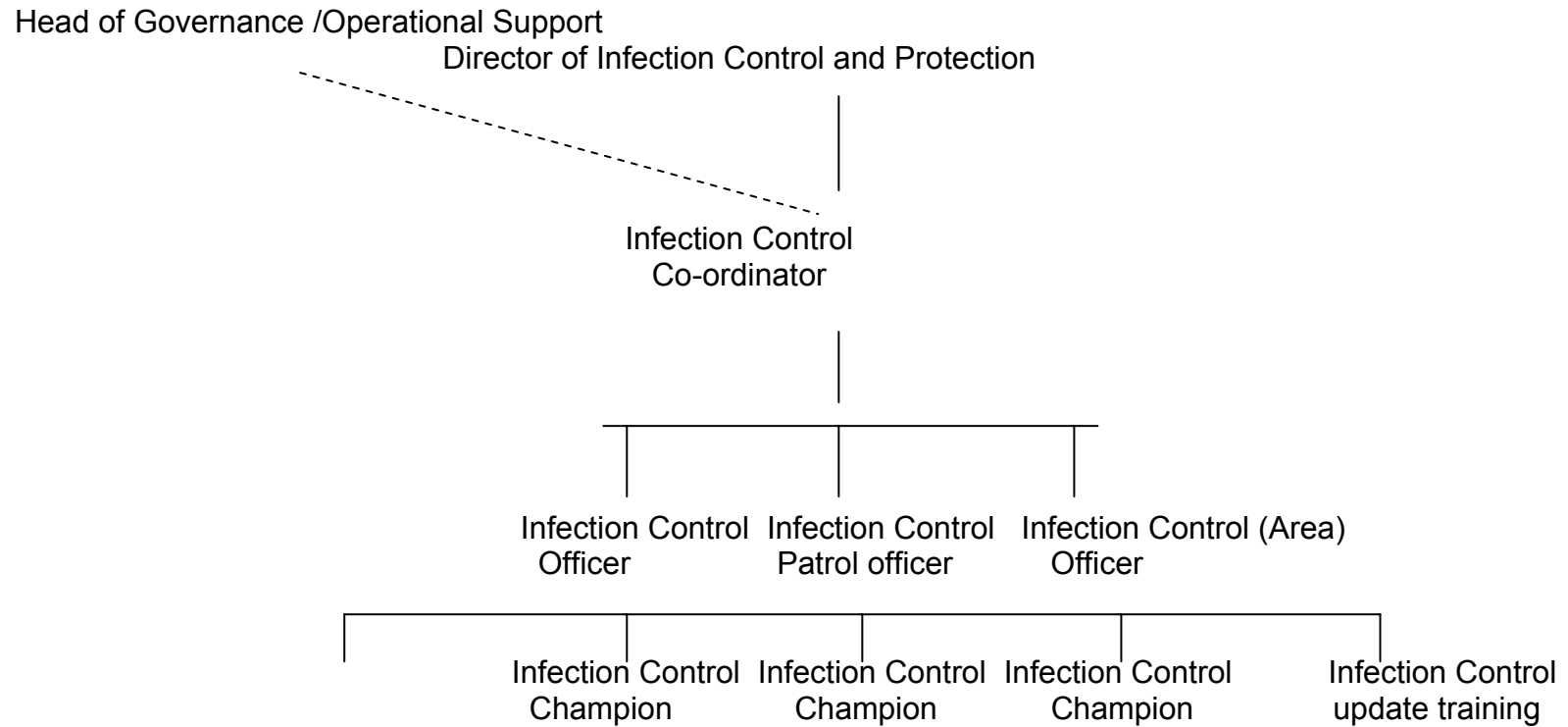
#### Key points from David Nicholson's letter

- While infection control is everyone's concern, ultimate accountability lies with the Trust Board.
- Trust Boards are expected to drive local improvements
- Follow the "comprehensive guidance on infection control and ensure that there is good practice in infection prevention and infection control is day to day core business
- Consider how to demonstrate progress on introducing the number of MRSA blood stream infections (clinically relevant to ambulance services ?) i: reduction in clostridium difficile infection
- Ensure that recommendations laid out in this report \*are fully understood by your Board and that any local actions necessary are implemented with immediate effect.

**Infection Control Reporting Arrangements**



## Proposed Infection Control Infrastructure



### Infection Control Team

- Interim appointment of Co-ordinator (Six month appointment)
- Area Co-ordinator
- Clinical Leadership scheme
- Infection Control Champions
- AOMs – clinically accountable for infection control on every station
- Team leaders/training officers accountable for infection control updates

London Ambulance Service NHS Trust

TRUST BOARD 27<sup>th</sup> November 2007

## **INTERIM ASSURANCE FRAMEWORK**

1. Sponsoring Executive Director: Michael Dinan

2. Purpose:

To approve the Interim Assurance Framework as a mid term report on compliance with the core standards for the Annual Health Check 07/08

3. Summary

The Assurance Framework is the process that links clinical governance, controls assurance and risk management systems so that they provide support to enable the Board to meet the challenge of Governance. In preparation for the next Statement of Internal Control and the Final Declaration of the Annual Health Check 2007/8 this Interim Assurance Framework has now been produced from the previous Assurance Framework and includes the twenty five most serious (risks with the highest risk score) risks currently held on the Trust's Risk Register. The Strategic Development Committee received an early draft of the Interim Assurance Framework as part of the Board training programme on risk management on 30<sup>th</sup> October. The Audit Committee considered the governance and approach of the Interim Assurance Framework on 19<sup>th</sup> November. The Committee agreed the governance and approach but made proposals to change the format of the Framework changes to the format so that the information it contains is more accessible.

The Framework is reported in the attachments to this front sheet as follows:

Appendix one:

- a. Analysis sheet illustrating the risks mapped on the framework to the Healthcare Standards and principal objectives of the Trust
- b. Principal Objectives of the Trust
- c. Interim Assurance Framework

Appendix two:

Core standards that are not included on the Interim Assurance Framework (because there are no risks currently on the Risk Register relating to these standards), but are currently held under review by the Standards for Better Health Group who update the controls.

4. Recommendations

THAT the Board

1. Approve the Interim Assurance Framework as the first part of compliance evidence with the core standards of the annual health check for 2007/8.
2. Note that this Framework and the Trust Wide Risk Register will be updated and presented to the Board in March 2008 as evidence of compliance supporting the Final Declaration of the Annual Health Check, the Statement of Internal Control for 2007/8.

**Analysis illustrating the risks mapped on the framework to the Healthcare Standards and principal objectives of the Trust**

Chart 1 – Shows % of standards with risks against them, and % of standards without risks but with controls in place, [N/A = standards for which we are not assessed (c3, c15, c22b)].

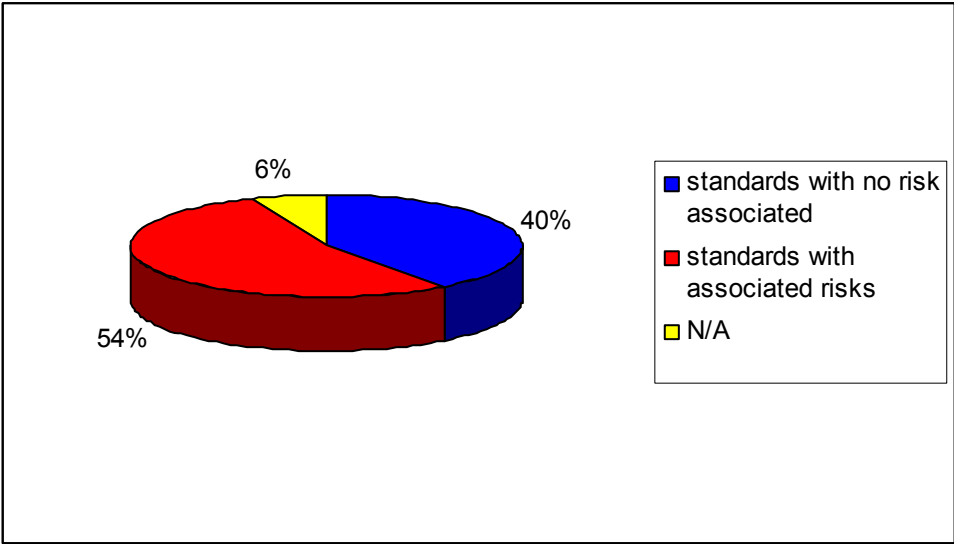
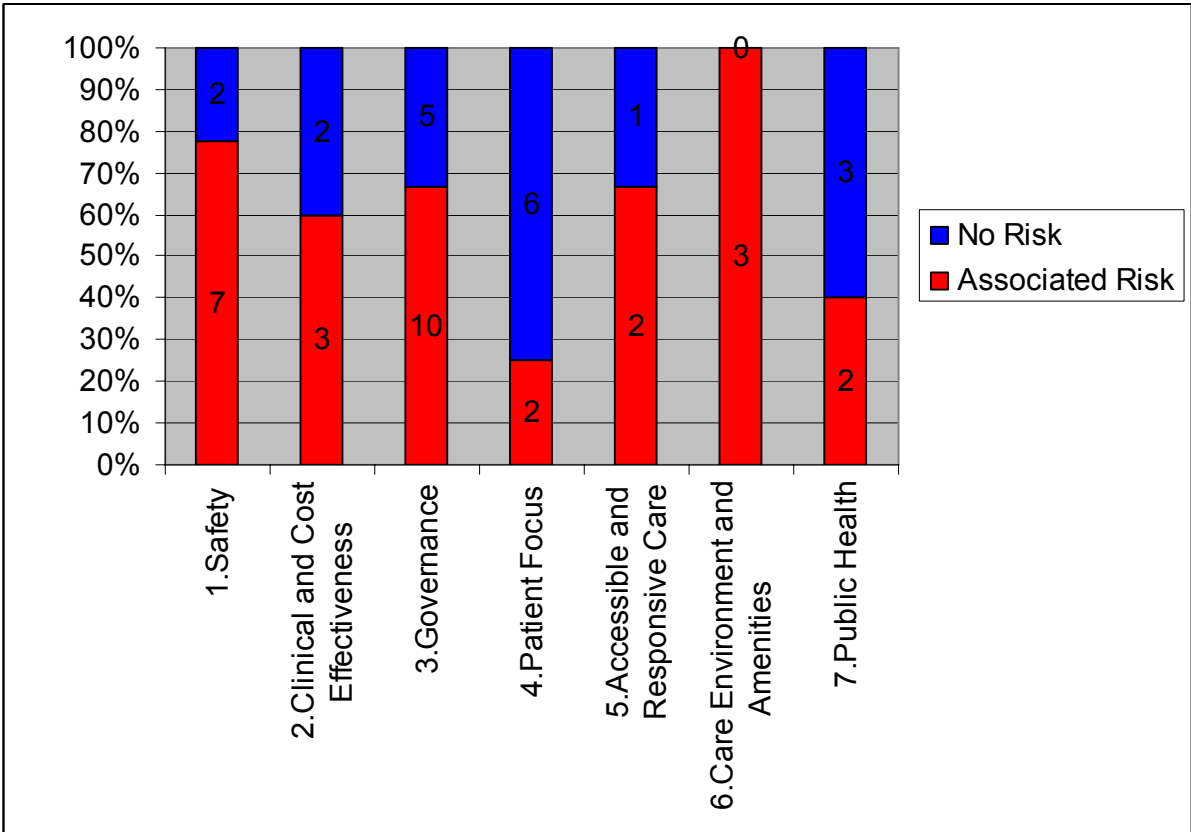


Chart 2 - Shows which domains have the most standards complied with.



The numbers represent how many standards there are in each domain. Those in red have associated risks and controls in place as set out in the Assurance Framework. Those in blue have no associated risk.

London Ambulance Service NHS Trust  
Trust's Principal Objectives

Appendix 1b

Interim Assurance Framework

**Top 25 risks on the risk register cross-referenced to the Trust's principal objectives, with the highest scoring risks at the start of the document. These risks and their controls have been mapped against the domains and healthcare standards of the Annual Health Check.**

**Where there is no principal objective listed there are no risks currently identified among the highest scoring 25 risks that threaten the achievement of these objectives**

- 1) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:-
- (a) Rest breaks,
  - (b) Individual Performance Monitoring,
  - (c) Home responding,
  - (d) Improved standby and area cover arrangements,
  - (e) Reduced job cycle times,
  - (f) Shift Change over (roster changes).
- 2) (a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt,
- (b) To meet Accident and Emergency targets and prepare for new ones, as follows:-
- (1) 75% category A 8 minute (for the year as a whole),
  - (2) 95% Category A 19 minute (for the year as a whole),
  - (3) 95% Category B 19 minute by March 2007,
  - (4) Doctors Urgent (15 minute) by March 2007.
- 3) (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard,
- (b) Implement Actions from diversity plan,
  - (c) Disability Equality Scheme,
  - (d) Review and changes to recruitment practice and policy (including life skills),
  - (e) Gender Equality Scheme prepared for publication in April 2007,
  - (f) Work with DH to prepare a single Equality Scheme,
  - (g) Introduce summary level SMG balanced scorecard,
  - (h) Complete key supplier review,
  - (i) Replace EROS purchasing system,
  - (j) Revise Trust Standing Orders,
  - (k) Implement ESR.

4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.

5) (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services),

(b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.

7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews,

(b) Processes with DH to prepare Single Equality Scheme for publication in 2007,

(c) Improve Trust administrative and five management processes.

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
<i>What the organisati on aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisati on this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
1		No risk currently on the Trust Wide Risk Register				1. Safety - C3 - Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) Interventional Procedures guidance	<ul style="list-style-type: none"> <li>• Designated Manager reports to Clinical Governance Committee.</li> <li>• Medical Director reports to the Board.</li> <li>• Medical Director and Director of Development review relevance of international procedures guidance to ambulance services and recommend action as appropriate to designated manager</li> </ul>	The number of NICE Guidelines that affect Ambulance Services is low, however the Trust is following the 'How to put NICE Guidance into action' (published Dec 2005)			✓
1		No risk currently on the Trust Wide Risk Register				1. Safety - C4 (e) Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety to the staff, patients, the public and the safety of the environment	<ul style="list-style-type: none"> <li>•Clinical Waste Audit•Infection Control Audit (Nov06) .</li> <li>•Infection Control Policy</li> <li>•Premises Inspections monitored at Corporate Health and Safety Group .</li> <li>•LA52 reports. Waste Policy.</li> </ul>	<ul style="list-style-type: none"> <li>•Operational bulletin to remind staff of the infection control guidance and their responsibility surrounding infection control issues. Ongoing Infection Control training. Routine premises inspections.</li> <li>Infection Control manual section on clinical waste being updated</li> <li>Waste procedure under development</li> </ul>			✓



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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4•Manager appointed to review NICE guidelines and report to Clinical Governance Committee.			√
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost Effectiveness -C6 - Health care organisations co-operate with each other and Social Care organisations to ensure that patients individual needs are properly managed and met.	<ul style="list-style-type: none"> <li>•The reporting of suspected abuse of children and vulnerable adults by ambulance staff which is then referred on to Social Services initiating the process of securing the protection, safety and welfare of that individual.</li> <li>•Patient specific protocols/information: Referrals regarding specific patients are accepted from other healthcare organisations and a protocol is drawn up with the input of the specialist healthcare professional to ensure the most appropriate care or most appropriate place of care for that individual.</li> <li>•ST elevation myocardial infarction patients being taken directly to a 'Heart Attack Centre'</li> <li>•Concerns about other Healthcare Professionals reported by Staff and processed by PALS.</li> <li>Cardiac care audit</li> </ul>	Use of FAST to identify and fast track Stroke patients. Primary angioplasty arrangements London – wide, individual patient protocols, recent work by D Whitmore on living wills, memorandum of understanding with Police from recent board meeting. LA279 and LA280 available on ' The Pulse' Anonymised patient specific protocol/information. High Risk Address Register held in EOC. Handover form for patients with specialist palliative care needs. Case Conferences –PALS records.		Development of systematic joint clinical audit between the LAS and A&E Departments on the outcomes of clinical care provided by LAS.	√

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C7 (c) - Healthcare organisations undertake systematic risk assessment and risk management	<ul style="list-style-type: none"> <li>•Risk Register</li> <li>•Risk Compliance and Assurance Group and other groups regularly review progress against risks on the Risk Register.</li> <li>•Clinical Governance Committee monitor clinical risks. Risk Information Report. Annual Trust Wide Risk Assessment.</li> </ul>	<ul style="list-style-type: none"> <li>•Annual Risk Management Report</li> <li>•Statement of Internal Control</li> <li>•Trust Annual Report. Trust Wide Risk Assessment. Assurance on Controls.</li> </ul>			√
3		No risk currently on the Trust Wide Risk Register				3. Governance - C8 (a) - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of the service delivery, treatment and or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> <li>•LINC Scheme</li> <li>•Consultation visit programme</li> <li>•Development of new Service Plan with staff input. Whistle Blowing Policy approved by Trust Board.</li> <li>•Employee Assistance Programme (EAPS)</li> </ul>	<ul style="list-style-type: none"> <li>•25 trained support workers underpinning the LINC scheme</li> <li>•Senior Management Review of Services by Head of Employment Services.</li> <li>•Support for staff reporting concerns raised by care provided by other Healthcare Professionals.</li> </ul>			√
3		No risk currently on the Trust Wide Risk Register				3. Governance -C10(a) - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<ul style="list-style-type: none"> <li>•NHSLA Risk Management Standard Review (Jan-05).</li> <li>•We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks.</li> </ul>	<ul style="list-style-type: none"> <li>•90% of new staff are checked (A&amp;E staff and intermediate tier)</li> <li>• Compliance with CRB disclosures in the NHS (NHS Employers 2004)</li> </ul>			√

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Completion
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (a) - Healthcare organisations require that all employed professionals are appropriately recruited, trained and qualified for the work that they undertake.	•Recruitment policy, workforce recruitment and turnover plans routinely reported to the Board	<ul style="list-style-type: none"> <li>• Disciplinary policy and other related HR Policies and Procedures.</li> <li>• Capability Policy</li> <li>• PDR</li> </ul>	Board Minutes	Causes for concern addressed via additional training/ capability policy.	✓
3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (c) - Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	Well Person Medicals available. IWL standards compliant. KSF rolled out. 5 Day CPD course EMT 4 course ECP programme. Use of New Resuscitation guidelines DSO training programme AOM development programme AMPDS course for EOC staff PSIAM training PDR ELSA	KSF implementation IWL Practice plus			✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Consent Policy has been Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Information Governance Group	Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		✓

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13( c ) - Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary		AS ABOVE. Data Protection Policy in place. Access to patient data strictly controlled. Written requests required on official LAS form to facilitate release of such information to specific authorities. Locally, database views are employed to restrict access to specific fields of patient data on a per individual / role basis. Policy for Access to Health Records - TP009 Feed into staff induction: patient confidentiality / legislative requirements through presentation and handouts.	Information Governance Panel and Management of IG Toolkit have produced positive scores using national performance indicators		✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. Advice on trust website about how to make a complaint. Routine complaints reporting to the Board. PPI Committee Public Education Strategic Steering Group	New Complaint PALS leaflet. Being Open Policy. Complaints Panel. Bangladeshi project in Tower Hamlets			✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made		Complaints Policy, Public Education Strategy PPI Strategy			✓

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register			<b>Director of Communications</b>	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	<p>Patients' Forum monitors the effectiveness of local PALS PPI Strategy</p> <p>Public Education Strategy under development. Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.</p> <p>PPI Committee AOM objective to build community link</p> <p>Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Resuscitation Training Team who provide free training to community groups. The Community Defibrillation Programme. Defibrillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.</p>	PALS enquiries trend monitoring PALS report to Clinical Governance Committee. Public Education Strategy PPI Strategy update NHS Centre for Innovation baseline audit community involvement officer project under development		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	✓
5		No risk currently on the Trust Wide Risk Register			<b>Director of Service Development and Director of Communications</b>	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	<p>PPI Strategy Delivery plan.</p> <p>PPI Committee, Patient forum member on CARSAG.</p> <p>Patient representation on Clinical Audits.</p> <p>Stakeholder Workshops as part of development of Annual Service Plan.</p> <p>Service Improvement Programme involvement</p> <p>Access Programme</p> <p>Project management Board</p>	Patients Forum represented on Senior Governance Committees. Access Programme papers			✓

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			<b>Direct ors : Medic al Opera tions and Servic e Devel opme nt Servic e</b>	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	PPI Policy PPI Committee PALS reports	Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.			√
7		No risk currently on the Trust Wide Risk Register			<b>Medic al Direct or</b>	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November 05.			

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7		No risk currently on the Trust Wide Risk Register			<b>Director of Human Resources</b>	7. Public Health - C22 (c) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction partnerships		Evidence provided for Healthcare Commission visit (Feb06) Patient Specific Protocols LAS Protocol for use of Whitechapel WIC Stakeholder goals from NHS Partners workshop to develop 7 year strategic plan PPI strategy LESLEPNICE Manager identified and reporting in to Clinical Governance Committee Mental Health Strategy		
7		No risk currently on the Trust Wide Risk Register			<b>Director of Service Development</b>	7. Public Health -C23 - Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Infection Control Steering Group	Mental Health Strategy approved by Board November 2005 Annual Clinical Audit Programme Infection Control Annual Report NSFs, Patient education programmes see above Compliance with new national target indicators for ambulance trusts NICE Guidelines applicable to Ambulance Trusts (NICE Guideline 16) and application of JRCALC guidelines will be assessed for compliance using an audit co-ordinated by the Clinical Effectiveness dept Make Ready Scheme NICE Manager identified and reporting in to Clinical Governance Committee. Training provided by LAS in First Aid and Basic Life Support. Schools and Event Team carry out numerous visits to schools and community settings.		

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<i>What the organisation aims to deliver</i>		<i>What could prevent this objective being achieved</i>	<i>Which area within our organisation on this risk primarily relate to</i>			<i>Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.</i>	<i>What controls/systems we have in place to assist in securing delivery of our objective</i>	<i>Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.</i>	<i>We have evidence that shows we are reasonably managing our risks and objective are being delivered.</i>	<i>Where are we failing to put controls /systems in place. Where are we failing in making them effective</i>	
1		No risk currently on the Trust Wide Risk Register				1. Safety - C3 - Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) Interventional Procedures guidance	<ul style="list-style-type: none"> <li>• Designated Manager reports to Clinical Governance Committee.</li> <li>• Medical Director reports to the Board.</li> <li>• Medical Director and Director of Development review relevance of international procedures guidance to ambulance services and recommend action as appropriate to designated manager</li> </ul>	The number of NICE Guidelines that affect Ambulance Services is low, however the Trust is following the 'How to put NICE Guidance into action' (published Dec 2005)			✓
1		No risk currently on the Trust Wide Risk Register				1. Safety - C4 (e) Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety to the staff, patients, the public and the safety of the environment	<ul style="list-style-type: none"> <li>•Clinical Waste Audit•Infection Control Audit (Nov06) .</li> <li>•Infection Control Policy</li> <li>•Premises Inspections monitored at Corporate Health and Safety Group .</li> <li>•LA52 reports. Waste Policy.</li> </ul>	<ul style="list-style-type: none"> <li>•Operational bulletin to remind staff of the infection control guidance and their responsibility surrounding infection control issues. Ongoing Infection Control training. Routine premises inspections. Infection Control manual section on clinical waste being updated</li> <li>Waste procedure under development</li> </ul>			✓



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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4•Manager appointed to review NICE guidelines and report to Clinical Governance Committee.			√
2		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost Effectiveness -C6 - Health care organisations co-operate with each other and Social Care organisations to ensure that patients individual needs are properly managed and met.	<ul style="list-style-type: none"> <li>•The reporting of suspected abuse of children and vulnerable adults by ambulance staff which is then referred on to Social Services initiating the process of securing the protection, safety and welfare of that individual.</li> <li>•Patient specific protocols/information: Referrals regarding specific patients are accepted from other healthcare organisations and a protocol is drawn up with the input of the specialist healthcare professional to ensure the most appropriate care or most appropriate place of care for that individual.</li> <li>•ST elevation myocardial infarction patients being taken directly to a 'Heart Attack Centre'</li> <li>•Concerns about other Healthcare Professionals reported by Staff and processed by PALS.</li> <li>Cardiac care audit</li> </ul>	Use of FAST to identify and fast track Stroke patients. Primary angioplasty arrangements London – wide, individual patient protocols, recent work by D Whitmore on living wills, memorandum of understanding with Police from recent board meeting. LA279 and LA280 available on ' The Pulse' Anonymised patient specific protocol/information. High Risk Address Register held in EOC. Handover form for patients with specialist palliative care needs. Case Conferences –PALS records.		Development of systematic joint clinical audit between the LAS and A&E Departments on the outcomes of clinical care provided by LAS.	√

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3		No risk currently on the Trust Wide Risk Register				3. Governance - C8 (a) - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of the service delivery, treatment and or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> <li>•LINC Scheme</li> <li>•Consultation visit programme</li> <li>•Development of new Service Plan with staff input. Whistle Blowing Policy approved by Trust Board.</li> <li>•Employee Assistance Programme (EAPS)</li> </ul>	<ul style="list-style-type: none"> <li>•25 trained support workers underpinning the LINC scheme</li> <li>•Senior Management Review of Services by Head of Employment Services.</li> <li>•Support for staff reporting concerns raised by care provided by other Healthcare Professionals.</li> </ul>			√
3		No risk currently on the Trust Wide Risk Register				3. Governance -C10(a) - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<ul style="list-style-type: none"> <li>•NHSLA Risk Management Standard Review (Jan-05).</li> <li>•We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks.</li> </ul>	<ul style="list-style-type: none"> <li>•90% of new staff are checked (A&amp;E staff and intermediate tier)</li> <li>• Compliance with CRB disclosures in the NHS (NHS Employers 2004)</li> </ul>			√

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3		No risk currently on the Trust Wide Risk Register				3. Governance -C11 (c) - Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	Well Person Medicals available. IWL standards compliant. KSF rolled out. 5 Day CPD course EMT 4 course ECP programme. Use of New Resuscitation guidelines DSO training programme AOM development programme AMPDS course for EOC staff PSIAM training PDR ELSA	KSF implementation IWL Practice plus			✓
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Consent Policy has been Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Information Governance Group	Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		✓

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4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. Advice on trust website about how to make a complaint. Routine complaints reporting to the Board. PPI Committee Public Education Strategic Steering Group	New Complaint PALS leaflet. Being Open Policy. Complaints Panel. Bangladeshi project in Tower Hamlets			√
4		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made		Complaints Policy, Public Education Strategy PPI Strategy			√

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Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
4		No risk currently on the Trust Wide Risk Register			<b>Director of Communications</b>	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	<p>Patients' Forum monitors the effectiveness of local PALS PPI Strategy</p> <p>Public Education Strategy under development. Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.</p> <p>PPI Committee AOM objective to build community link</p> <p>Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Resuscitation Training Team who provide free training to community groups. The Community Defibrillation Programme. Defibrillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.</p>	PALS enquiries trend monitoring PALS report to Clinical Governance Committee. Public Education Strategy PPI Strategy update NHS Centre for Innovation baseline audit community involvement officer project under development		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	✓
5		No risk currently on the Trust Wide Risk Register			<b>Director of Service Development and Director of Communications</b>	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	<p>PPI Strategy Delivery plan.</p> <p>PPI Committee, Patient forum member on CARSAG.</p> <p>Patient representation on Clinical Audits.</p> <p>Stakeholder Workshops as part of development of Annual Service Plan.</p> <p>Service Improvement Programme involvement</p> <p>Access Programme</p> <p>Project management Board</p>	Patients Forum represented on Senior Governance Committees. Access Programme papers			✓

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			<b>Directors : Medical Operations and Service Development Service</b>	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	PPI Policy PPI Committee PALS reports	Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.			√
7		No risk currently on the Trust Wide Risk Register			<b>Medical Director</b>	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November 05.			

Principal Objective	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Comp
Objective No.	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
7		No risk currently on the Trust Wide Risk Register			<b>Director of Human Resources</b>	7. Public Health - C22 (c) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction partnerships		Evidence provided for Healthcare Commission visit (Feb06)Patient Specific Protocols LAS Protocol for use of Whitechapel WICStakeholder goals from NHS Partners workshop to develop 7 year strategic plan PPI strategyLESLEPNICE Manager identified and reporting in to Clinical Governance CommitteeMental Health Strategy			
7		No risk currently on the Trust Wide Risk Register			<b>Director of Service Development</b>	7. Public Health -C23 - Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Infection Control Steering Group	Mental Health Strategy approved by Board November 2005Annual Clinical Audit ProgrammeInfection Control Annual Report NSFs, Patient education programmes see above Compliance with new national target indicators for ambulance trustsNICE Guidelines applicable to Ambulance Trusts (NICE Guideline 16) and application of JRCALC guidelines will be assessed for compliance using an audit co-ordinated by the Clinical Effectiveness deptMake Ready SchemeNICE Manager identified and reporting in to Clinical Governance Committee. Training provided by LAS in First Aid and Basic Life Support. Schools and Event Team carry out numerous visits to schools and community settings.			





London Ambulance Service NHS TRUST

TRUST BOARD 27 November 2007

## **WORKFORCE STRATEGY UPDATE**

1. Sponsoring Executive Director: Caron Hitchen, Director HR-OD

2. Purpose: For noting

3. Summary

A presentation to update the Trust Board on the development of a Workforce Strategy setting the direction of travel and key strategic aims for Human Resources within London Ambulance Service to 2012.

4. Recommendation

THAT the Board note the Workforce Strategy will be brought to the Trust Board for approval in January 2008.

London Ambulance Service NHS TRUST

TRUST BOARD 27<sup>th</sup> November 2007

## **ALTERNATIVE RESPONSE PROCEDURE**

1. Sponsoring Executive Director: Fionna Moore
  
2. Purpose: The Board to approve the Alternative Response Procedure
  
3. Summary

A 'no send policy' has been in operation in the Trust since November 2003, but although approved in principle by the Trust Board, has not been formally adopted. Recent developments have led to this 'policy' being revisited and following review and approval by the Clinical Governance Committee on 13<sup>th</sup> August and the Senior Management Group on 12<sup>th</sup> September it is now presented for approval by the Trust Board as the Alternative Response Procedure.

The Trust Board is requested to note that an Equality Impact Assessment will be carried out on this Procedure as soon as the necessary training and awareness programme has been implemented across the Trust.

4. Recommendation

THAT the Board approve the Alternative Response Procedure.



## Alternative Response Procedure

### Introduction

The London Ambulance Service NHS Trust aims to provide the most appropriate pre-hospital care to the patients it serves. However, the routine dispatch of an emergency ambulance does not always achieve this. Low priority calls may often be better managed by enabling an alternative care pathway, e.g. utilizing Minor Injury Clinics, NHS Walk-in-Centres or self care advice, as opposed to the routine conveyance of the patient by emergency ambulance to an Acute Trust Accident & Emergency department. Similarly, this enables dispatch to patients with immediately life threatening conditions which may be otherwise be potentially compromised through the lack of available resources.

### Objective

To enable consideration of alternative pathways when managing an emergency call categorised as a low priority, including the option to decline to dispatch an emergency resource.

### Procedure

- 1.1 The incoming emergency call must be triaged through the Medical Priority Dispatch System (MPDS) by a qualified Emergency Medical Dispatcher (EMT).
- 1.2 The determinant allocated to the emergency call by MPDS is allocated a priority level agreed by the Medical Director.
- 1.3 Those calls identified via MPDS as suitable for telephone advice are passed to a Clinical Telephone Adviser (CTA) to call back and undertake a further assessment; where appropriate, advice and guidance as to an alternative care pathway will be provided.
- 1.4 When carrying out an assessment, the CTA must, wherever possible, speak directly to the patient in order to make a full clinical assessment using Clinical Decision Support Software.

1.5 The CTA must be satisfied that the patient has capacity to make competent decisions and that they have consented to the care management proposed.

1.6 'Capacity' is assessed by consideration of all of the following:

- Is the patient able to communicate a decision effectively?
- Does the patient understand in simple language what is proposed and why it is being proposed?
- Is the patient able to understand the principal risks and benefits of what is proposed?
- Does the patient understand the consequences of not receiving the proposed treatment?
- Can the patient retain the information long enough to make an effective decision?

If the answers to all of the above are in the affirmative, CTA may presume the patient has capacity and is able to make competent decisions.

1.7 'Consent' for the purposes of this procedure is a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally, orally, or in writing. For the consent to be valid, the patient must be competent to take the particular decision, have received sufficient information to take it and not be acting under duress. Gaining the consent of a patient to examination and treatment will most often happen as a natural progression of the interaction of staff with their patient. For CTA, consent is very likely to be implied through entering into the discussion for the assessment to take place. It is rarely a legal requirement to seek written consent.

See also 'Policy for Consent to Examination or Treatment' (OP/031).

1.8 A telephone consultation or assessment with or through a third party (other than Language Line) is not sufficient for a patient to be declined an ambulance response. In keeping with OP/031 (section 30), it is recommended that no one other than the Language Line facility is used to translate. This will ensure patient confidentiality and confidence in the nature of the translation.

1.9 Wherever possible a mutual agreement should take place between the CTA and the patient as to the best course of action based upon the information available at that time.

**NB:** Even where a patient may need to undergo further hospital assessment, it is often appropriate for the patient to travel by

independent means although the CTA must ensure s/he is satisfied that it is safe for the patient to do so.

- 1.10 If, after CTA have assessed and triaged the call and the end disposition is 'General Practitioner 1-3 days' or lower, then the patient must be given appropriate advice accordingly.
- 1.11 If a patient insists on receiving an emergency ambulance response a CTA may where this is not judged to be an appropriate response, exercise a decision to decline to dispatch. In this event the patient should be advised of their right to express any concerns they may have to PALS and/or to pursue a formal complaint under the NHS Complaints Procedure.
- 1.12 The CTA must conclude a telephone consultation with the patient by advising the patient to call 999 again if their condition deteriorates in any way.
- 1.13 Once the telephone consultation is complete, the CTA must advise the Sector Allocator of the outcome of the patient consultation and update the electronic log accordingly.
- 1.14 Any calls that appear to be inappropriately coded must be brought to the attention of the Priority Dispatch Quality Assurance Unit (PDQAU) at the earliest possible opportunity.
- 1.15 The CTA should endeavour to contact another health or social care provider, or enact the Trust's vulnerable adult or child protection procedures, where they consider they have cause to do so. See TP / 018 and TP/ 019.
- 1.16 The CTA must take regard of any care plan information that has been made available via the Care Management component on the LAS Computer Aided Dispatch System (CTAK) and advise the relevant department lead of any patient encounter where such information was enacted.
- 1.17 Quarterly reports on CTA activity will be provided to the Deputy Director of Operations and Clinical Governance Committee.

## References:

Policy and Procedure for Consent to Examination or Treatment (OP/031)

Management of Frequent Callers (OP / 0XX)

Procedure for the Maintenance of the High Risk Address Register and Notification of High Risk Addresses (OP/010).

Suspected Cases of Child Abuse Procedure (TP/018)

Suspected Abuse of Vulnerable Adults Procedure (TP/019)

**Signature:**

Peter Bradley CBE  
Chief Executive Officer.

London Ambulance Service NHS Trust

TRUST BOARD 27<sup>th</sup> November 2007

## **ANNUAL CLINICAL GOVERNANCE REPORT 2006/7**

1. Sponsoring Executive Director: Fionna Moore

2. Purpose:

To approve the Annual Clinical Governance Report 06/7, as evidence of compliance with the core standards for the Annual Health Check 07/08

3. Summary

The Annual Clinical Governance Report 06/07 is compiled by the Governance Development Unit. It provides a record of clinical governance activity trust-wide for the period October 2006 –October 2007. The activity has been classified using the domains of the Annual Health Check and highlights the achievements in clinical governance that have been reported to the Board via Clinical Governance Committee Minutes and the Medical Director's Reports.

The Report provides evidence to corroborate compliance with the healthcare standards included as part of the Final Declaration of the Annual Health Check 2007/8. The Clinical Governance Committee considered the Report on 15<sup>th</sup> October and approved it subject to some minor amendments being made.

4. Recommendations

THAT the Board approve:

1. The Annual Clinical Governance Report 06/7 which evidences compliance with the core standards of the annual health check for 2007/8.
2. The Report's presentation to the SHA lead for clinical governance as the Trust's formal record of clinical governance achievements for the period from October 06-October 2007.

London Ambulance Service NHS TRUST

TRUST BOARD 27<sup>th</sup> November 2007

**ANNUAL REPORT OF THE TRUSTEES OF THE  
LAS CHARITABLE FUND**

1. Sponsoring Executive Director: Caron Hitchen
2. Purpose: For noting
3. Summary

Charitable funds received by the Charity are accepted and held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Act 1990 and these funds are held on trust by the corporate body.

Annual Report of the LAS Charitable Funds for the year ended 31<sup>st</sup> March 2007 are attached for the Board's attention.

4. Recommendation

THAT the Trust Board note the contents of the Annual Report of the LAS Charitable Funds for the year ended 31<sup>st</sup> March 2007.



**LONDON AMBULANCE SERVICE CHARITABLE FUND**  
**ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED**  
**31 MARCH 2007**

**FOREWORD**

The Charity's annual report and accounts for the year ended 31 March 2007 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

The Charity has a Corporate Trustee, the London Ambulance Service NHS Trust. The members of the Trust Board who served during the financial year were as follows:

<b>Board Member</b>	<b>Designation within the Trust</b>
Sigurd Reinton	Chairman
Peter Bradley	Chief Executive
Barry MacDonald	Non Executive Director
Sarah Waller	Non Executive Director
Beryl McGrath	Non Executive Director
Roy Griffiths	Non Executive Director
Ingrid Prescod	Non Executive Director
Caroline Silver	Non Executive Director
Fionna Moore	Medical Director
Michael Dinan	Director of Finance
Martin Flaherty	Director of Operations
Caron Hitchen	Director of Human Resources and Organisation Development

The Charity is registered (No 1061191) in accordance with the Charities Act 1993.

**Reference and Administrative Details**

The London Ambulance Service Charitable Fund (No 1061191) was entered on the Central Register of Charities on 7 March 1997. It is an NHS Special Purpose Charity.

Charitable funds received by the Charity are accepted and held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990, and these funds are held on trust by the corporate body.

## **Trustee**

The London Ambulance Service NHS Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and also the law applicable to Charities which is governed by the Charities Act 1993.

The Board has devolved responsibility for the ongoing management of the funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

This committee was formed on 7 March 1997 and the names of the people who served during the year as agent for the Corporate Trustee, as permitted under regulation 16 of the NHS Trust (Membership and Procedures) Regulations 1990 and reports to the Board Members, were as follows:

Barry MacDonald (Non Executive Director)  
Caron Hitchen (Director of Human Resources and Organisation Development)  
Michael John (Financial Controller)  
Eric Roberts (UNISON representative)  
Tony Crabtree (Head of Employee Services)  
Christine McMahon (Trust Secretary)

The Charitable Funds Committee normally meets once a year and the minutes of the meeting are received by the Trust Board in the public agenda. In addition, a sub group of the Charitable Funds Committee meets on a quarterly basis to review grant applications for the quarter and financial performance of the fund.

## **Principle Charitable Fund Adviser to the Board**

Caron Hitchen, Director of Human Resources and Organisation Development, is the budget holder who, under a scheme of delegated authority approved by the corporate trustee, has day to day responsibility for the management of the Charitable Fund, and must personally approve, on behalf of the corporate trustee, all expenditure over £1,000 with an upper limit of £5,000 using her delegated authority.

Michael John, Financial Controller, acted as the principal officer overseeing the day to day financial management and accounting for the charitable funds during the year.

## **Principal Office**

The principal office for the charity is:

Finance Department  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London  
SE1 8SD

## **Principal Professional Advisers**

### **Bankers**

Lloyds Bank plc  
South Bank Branch  
2 York Road  
London SE 1 7LZ

### **Auditors**

Audit Commission  
1<sup>st</sup> Floor Millbank Tower  
Millbank  
London  
SW1P 4HQ

### **Investment Managers**

Investec Investment Management Limited  
2 Gresham Street  
London  
EC2V 7QP

## **Structure, Governance and Management**

The majority of the charity's funds are held in an unrestricted fund, which was established using the model declaration of trust, and all the funds held on trust as at the date of registration were part of this fund. Almost all the subsequent donations and gifts received by the charity have been attributable to that fund and have been added to the existing balance.

At the start of the year, the charity had one restricted fund relating to support and training of staff in the cycle response unit. This was spent in full during the year.

Members of the Trust Board and The Charitable Funds Committee are not individual trustees under Charity Law but act as agents on behalf of the corporate trustee. Non Executive members of the Trust Board are appointed by the NHS Appointments Commission and Executive members of the Board are subject to recruitment by the NHS Trust Board. The NHS Trust, as corporate trustee, appoints a Charitable Funds Committee to manage the charitable funds under delegated authority.

Newly appointed Trustees receive copies of the standing orders, which include the terms of reference for the Charitable Funds Committee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Control, manage and monitor the use of the fund's resources;
- Manage and monitor the receipt of income and support/guide any fundraising activities;
- Ensure that best practice is followed in the conduct of its affairs fulfilling all its legal responsibilities;

- Ensure that the Investment Policy approved by the NHS Trust Board as Corporate Trustee is adhered to - performance is continually reviewed whilst being aware of ethical considerations;
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The financial record and day to day administration of the funds are dealt with by the Finance Department whose address is given above.

### **Risk Management**

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified was possible losses from the fall in the value of investments and the level of reserves available to mitigate the impact of such losses. This has been carefully considered and there are procedures in place to review the investment policy and also to ensure that both spending and firm financial commitments remain in line with income.

### **Partnership working and networks**

London Ambulance Service NHS Trust and its staff are the main beneficiaries of the charity; and it is a related party by virtue of being a corporate trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect and so, when deciding on the most beneficial way to use charitable funds; the corporate trustee has regard to the main activities and plans of the Trust. The corporate trustee fulfills its legal duty by ensuring that funds are spent in accordance with the objects of the fund.

### **Objectives and strategy**

The Charity has the following objective:

"the trustee shall hold the trust fund upon trust to apply the income and, at its discretion so far as may be permissible, the capital for any charitable purpose or purposes relating to the National Health Service"

The Charitable Funds Committee has agreed that the main purpose of the fund is to fund projects for the benefit of all employees

### **Annual review**

The majority of donations received by the fund in the past and currently are specifically given to thank ambulance staff. Hence the main charitable activities undertaken by the fund are those which will benefit staff by providing goods and services that the NHS is unable to provide. Typical examples are grants towards improved facilities for staff at ambulance stations, long service awards and contributions towards retirement, and Christmas parties.

The funds in the Cycle Response Unit Restricted Fund were specifically given to provide training and support to the staff in this unit and were spent in full during the financial year.

### **Grant Making policy**

Each year, applications are invited from any member of the London Ambulance Service. Based on their knowledge of the Service, the Charitable Funds Committee agrees funding priorities and reviews the applications for quality and value for money.

### **Reserves Policy**

Reserves are needed to provide funds, which can be designated to specific projects to enable these projects to be undertaken at short notice.

The policy of the Trustees is to maintain expenditure at its current level for as long as possible. The level of expenditure has exceeded income in recent periods. The strategy of the Trustee is to continue to utilise reserves to fund the level and type of expenditure experienced in the current and recent periods.

The level of reserves are monitored and reviewed by the Trustee, usually once every 5 years.

### **Our future plans**

The future plans for the Charity are to continue to fund projects for the benefit of staff in line with the current level of funding.

### **A Review of Finances, Achievements and Performance**

The net assets of the Charity as at 31<sup>st</sup> March 2007 were £421,000 (2006 £429,000). Overall net assets decreased by £8,000 due to the net expenditure of £40,000 exceeding the gain on the value of investments of £32,000.

The main sources of income of the charity are donations and investment income. Total incoming resources for the year were £15,000.

Expenditure totalled £55,000 during the year, with the largest items of expenditure being Christmas grants of £27,380 and £20,431 on other amenities.

The charity has no employees so relies on the London Ambulance Service NHS Trust to review the appropriateness of grant applications. Each year the Charity Funds

Committee sets a budget and reviews income and expenditure against this budget on a quarterly basis. In addition, the Charity Funds Committee reviews and manages the performance of the Charity's investments in accordance with the investment policy.

### **Investments**

The Corporate Trustee invests the charitable funds with Investec Investment Management.

The funds are managed in accordance with an investment policy which is set by the Charity Funds Committee. Currently the investments are split approximately 83%/17% by value between pooled funds and interest bearing bonds and cash. The performance of the pooled funds is monitored against the performance of similar funds.

The Trustees operate an ethical investment policy. Investments are not made in companies dealing predominantly in the tobacco trade or in the manufacture and sale of arms.

Signed: .....

Peter Bradley, Chief Executive of the Trust Board  
on behalf of the Corporate Trustee

Date:.....

London Ambulance Service NHS TRUST

TRUST BOARD 27<sup>th</sup> November 2007

**SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE**

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: For noting.

3. Summary

The report provides an update on progress in implementing the Service Improvement Programme (SIP2012).

The following reporting procedure to Trust Board and SDC was approved by the Board in September:

- a. Trust Board – every meeting;
- b. SDC – one (or more) of the five sub-programmes which make up the Service Improvement Programme will be presented to each of the five SDC meetings which take place during the year in rotation.

4. Recommendation

THAT the Trust Board note the progress made with the Service Improvement Programme 2012 outlined in the report.

## LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 27 November 2007

### **Service Improvement Programme 2012 update**

#### **1. Purpose**

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP2012). The Office of Government Commerce “Managing Successful Programmes” (MSP) methodology requires emphasis not just on performance managing delivery of project progress and outputs but also on realising the benefits that these outputs are intended to deliver by enabling business change. Inevitably however Trust Board update reports on SIP2012 can initially only cover project progress.

#### **2. Approach to Performance Management of SIP 2012**

At the September 2007 meeting the Trust Board discussed the approach to performance managing the service improvement programme based on tracking achievement of planned milestones. It was accepted that in principle there will not be 100% planned milestone achievement in any given year as the practical reality is that operational requirements and resource constraints will inevitably re-shape project scheduling as the year progresses.

In recognition of this it was accepted that at the start of the year a tolerance level should be set for milestone achievement. Over time the average level of within year milestone achievement will be established, however for 2007 a best guess tolerance level was set at 80% achievement against the baseline of planned milestones (i.e. a tolerance of 20% slippage). The Trust Board asked for consideration to be given as to whether the 80% target was sufficiently stretching which is the subject of review.

#### **3. Overall Progress**

The service improvement programme is made up of five sub-programmes:

- *Access and Connecting (the LAS) for Health* led by the Director of Information Management and Technology);
- *Improving our Response* (known as the “Operational Model”) led by the Director of Operations;
- *Organisation Development and People* led by the Director of Human Resources and Organisation Development;
- *Preparing for the Olympics* led by the Director of Operations;
- *Corporate Processes and Governance* led by the Director of Finance.



There is also a supporting *Stakeholder Engagement and Communications Strategy* led by the Director of Communications. Currently there are 34 live projects and another 55 being scoped within SIP2012. A progress summary follows and schematic Gantt Charts are appended giving an overview of progress against planned milestones for the formally scoped programmes.

#### 4. Access and Connecting (the LAS) for Health Programme

Due to resource pressures to support other programmes in SIP2012, the Access programme has not been able to formally commence. It has therefore been decided to delay formal scoping work until the start of Financial Year 2008/09. However, the programme has been able to focus on the following five main projects, and will report on each, in-line with the overall programme reporting structure.

- Project Progress

*CAD 2010* - The Project is currently in Stage 3 (Procurement) and approximately half of the stage is completed. Suppliers short-listed via the Pre Qualification Questionnaire (PQQ) have provided an initial response to the tender. The results are positive and encouraging and the Procurement Team has started an 'Initial Engagement' with the suppliers. The technical solutions are currently being discussed which includes presentations of the proposed systems.

*CTAK Enhancements* - The November release of CTAK enhancements is proceeding and will facilitate a number of important enhancements, for example Automated Despatch of Ambulances and calling line identity data from Cable & Wireless (BT facility has been available for some time). Work is progressing to plan for future updates, for example Dynamic Deployment, Mapping and LARP.

*Data Warehousing* - In the LAS data is stored in many different databases that are not connected to each other and that have many different access interfaces presenting interrogation and access difficulties. A data warehouse will be developed that stores LAS data which eventually will encompass the whole of the LAS, including A&E and PTS data, resources, fleet, finance, estates, staff, recruitment and more. This project is the first step towards that goal and will limit the scope of its data to A&E data and vehicle manning and availability. A Project Initiation Document was prepared for first project board meeting in early November and other preparatory work has been undertaken.

*LARP* - Due to various issues witnessed nationally during testing of the ICCS (Integrated Communications and Control System), the touch screen radio system in the control rooms, the DH have paused Airwave implementation and testing of the ICCS nationally. The DH have made it clear that the programme is not stopping and that project resources will continue at current levels. The LAS project will continue with activities such as network testing and implementation, vehicle installations, generation of working practices, support processes and training packages etc. The DH, Airwave and one Trust IM&T lead are working at strategic,

tactical and work-stream levels to identify the way forward nationally (See Issues and Risks).

*Text Emergency Access for Speech or Hearing Impaired People* - A method tried in a number of independent schemes piloted by several U.K. police services is to use texting from mobile telephones and at present this would appear to offer the most promising solution to meet users' needs to summon assistance or seek advice. The intention is to adopt this solution for call taking and this will be achieved by proactive engagement and alignment with a national trial of SMS texting technology to be set up next year. This proposed scheme uses an intermediary bureau to relay the text messages from the caller verbally to EOC / UOC, and vice versa to facilitate triage. A meeting of the Department for Communities and Local Government '999' sub-committee was attended in October at which a draft Memorandum of Understanding was agreed between the various network operators. LAS is the only ambulance service represented on the group which is made up principally of network service providers plus representatives from RNID, OfCom and three emergency services.

- Programme Issues, Risks and Actions of Interest to Trust Board

*CAD 2010* - This stage has been seeking to deliver the Full Business Case for the March 2008 Trust Board meeting. However, scheduling the necessary visits to, and meetings with, the competing suppliers is presenting a major challenge to that timescale. Robust discussions are underway to examine the current plans and approach. This is in order to identify an appropriate balance between the extent of supplier investigation and the degree of confidence provided to the selection of the most suitable supplier.

*LARP* - The full roll-out and go live target of September 2008 is now in doubt due to the national programme outside control of the LAS nevertheless presenting risk to reputation. The project team believe that Airwave have a significant problem in managing capacity for the LAS (and other customers) at major events and incidents and there is a risk to the Trust's performance at such incidents. There is no clear message from DH as to when issues around Control Room software will be resolved.

*Text Emergency Access for Speech or Hearing Impaired People* - There is a risk that triaging emergency calls using text, a time-consuming iterative process, in addition to the detrimental effect on patient care, will adversely affect overall call handling performance targets. There is a risk that the national initiative is inadequately resourced to adequately project manage the planned user trail in mid-2008. Delay in achieving the project completion date, which has been shared with LAS's stakeholders, would adversely affect LAS reputation and give rise to pressure to pursue a London-only solution.

*Access Project Scope* - Recently more resource has become available. Work is currently underway to establish additional Access projects, based upon existing IM&T activities, and these will be reported accordingly.

## 5. Improving Our Response (the Operational Model) Programme

The Operational Model programme comprises two portfolios of projects, one focused on changes in Area Operations consisting of six projects and one focused on changes in Control Services also comprising six projects. Of the twelve live projects ten are on track and one (Paperless Control) is on hold pending decision in January as to whether it will be progressed. The Additional Complex Response project has delivered the specified capability for DSOs and Team Leader provision to staff FRUs, however there is an issue with compliance and this now becomes an issue for ADOs to deliver operationally.

- Project Progress

### A&E Project Portfolio

*Increasing Solo Response Capacity* –Seven FRUs are ready to be placed where they will give maximum benefit. Current delivery dates for both the MRU and CRU initiatives are expected to fall around the end of December 2007, but there is a need to recruit additional MRU riders.

*Mobile Fleet* - As a result of an internal evaluation meeting on the 25<sup>th</sup> October to review the tenders for software, a decision was made to shortlist two suppliers one of which has been subsequently selected. The project is on track to deliver functionality in the Control Room mid February (see Issues and Risks below).

*Referral Pathways* - Work is ongoing to rescope this project to focus on the operational effectiveness of existing referral pathways rather than expansion of numbers for the sake of it. A one day stand down for staff to train on the new referral pathways process has been advised by the training department (see issues and Risks).

*First and Co-Responder Schemes* – A tasking regime has now been tested in EOC on two occasions and lessons are being learnt for future development. A bid to the British Heart Foundation for circa 200 defibrillators is currently being prepared and a detailed Project Plan will be available imminently.

*Managing Frequent Callers* –Milestones for this project have now been revised and agreed and following recruitment to establishment in the PALS unit it is anticipated that the project will resolve 50 cases by March 2008 and 120 by September 2008.

### Control Services Project Portfolio

*Automated Ambulance Despatch* – Delivery of a technical capability in CTAK has been delayed by one week to 21<sup>st</sup> November. At a meeting with

Unison Health and Safety representatives the proposal met with a positive response. Staff took the proposal away and their comments are awaited.

*Automated Data Reporting and Analysis* - There is concern regarding the capacity to upgrade MDTs to match with the rate of CTAK developments. Work is expected to begin mid-November and to be completed by the end of February 2008. Implementation of the new gazetteer is expected in the latter half of January 2008 although this is dependent on a number of other factors. (See Risks and Issues)

*Control Services Management Restructure* - The formal consultation process will begin this month and will be completed by the end of December. There will be no need for further staff recruitment.

*Re-engineering Call Handling* - Consistent answering of calls (95%) within 5 seconds with capture of Location and Brief Description within 50 seconds and completion of the call within 2 minutes is anticipated by the end of January. The Individual Performance Management pilot implementation is continuing, GMT Planet resource planning software is live and the Stage 2 'E'-watch study was completed at the end of October.

*Urgent Care Workload* – It is expected that the number of Clinical Telephone Advice staff will be increased to 50 wte by late December. PTS Central Services have been relocated to new office accommodation and a proposal paper on skill mix, white work and skilling up has been with staff side for consultation since 20<sup>th</sup> September awaiting comment.

- Programme Issues, Risks and Actions of Interest to Trust Board

*Mobile Fleet* - The use of this tool is hugely dependant on staff and union engagement and the agreement of a new partnership and consultation agreement going forward. Lack of progress in this area could significantly delay the use of this tool which is being addressed through the Staff and Union Engagement project led through the OD and People Programme (see section 6).

*Referral Pathways* - Delivering a suitable training package across the service given the training restrictions imposed between January and March 2008 presents a problem if staff are required to stand down for a days training, this need is being reviewed.

*Automated Data Reporting and Analysis* - There is a risk that automatic status data will be misleading or inaccurate. With the current gazetteer the notional location is the geographical centre of the road. This will result in some responses apparently “arriving” significantly earlier than the real time, thus inadvertently extending the time before treatment commences. Conversely some responses will apparently never “arrive”. The countermeasure is a replacement of the existing gazetteer to provided finer resolution of locations, which is now expected to be implemented in January 2008.

A second risk is that not all MDTs have received updated software to provide automatic status functionality. Approximately 20% of incidents attended by MDT-equipped vehicles are not reporting automatic status. The countermeasure is software upgrades via the CTAK Enhancement project – indicative dates are mid-October continuing through to end of February.

*Control Services Management Restructure* - There are two risks associated with this project:

- Control room staff may be reluctant to engage with further changes to processes and changes in working practices. The countermeasure is further engagement by staff in these organisational developments facilitated by the additional management resource at AOM level now in place;
- Radical change to established working practice may lead to a transitional drop in performance. The countermeasure is again greater engagement with staff through individual and group meetings.

## **6. Organisation Development and People Programme**

The Organisation Development and People Programme has developed apace since the project portfolio manager took up post and a lot of work has been undertaken since the last Trust Board meeting.

Particular areas of activity have been staff and union engagement and shaping the embryonic cross-programme “New Ways of Working: Clinical Leadership on Complexes”. This envisages development of “exemplar complexes” both in terms of the way front-line services are delivered through the New Front-End Model and organisation development regarding how staff work in teams and the associated clinical leadership.

In addition to New Ways of Working the current position of the project portfolio is as follows.

- Project Progress

The following projects are currently live:

- Workforce Reconfiguration;
- Staff & Union Engagement;
- Training Restructure;
- Training Plan;

The following projects are being planned, although some work has already started with the Leadership Development and Modularised Training projects:

- Leadership Development Programme;
- Modularised Training;
- Recruitment & Induction;
- Performance Management Framework.

The following projects will be planned in the next period:

- Talent Management;
- Learning Management Systems;
- Team Briefings.

Recent communication activity includes the launch of ELSA6 announced in October, the Partnership Conference on 15<sup>th</sup> October (see also section 9) and subsequent follow up meeting to prepare for disseminating the partnership agenda on 2<sup>nd</sup> November. Additionally a formal consultation on the training restructure took place during October.

- Programme Issues, Risks and Actions of Interest to Trust Board

*New Ways of Working* - There is a potential risk for slippage of the agreed timescales during November and December in regard to consultation and publication of the information pack. Every effort is being made to ensure that this does not happen.

*Workforce Configuration* - Delay in final agreement of the workforce model could result in staffing gaps of trained staff. All necessary steps are being taken to achieve agreement through discussion with staff and unions.

*Staff and Union Engagement* - A number of operational initiatives to address the new clock start targets are underway with some being implemented in quick time and other implementation plans being well advanced prior to communicating with Staff and Unions. The speed of implementation potentially gives rise to a risk of staff believing that they are not part of the overall discussion on modernisation and therefore not able to contribute in partnership. This is being addressed through the discussions with relevant parties.

## **7. Preparing for the Olympics Programme**

The Olympics programme is at the stage of being scoped to identify the portfolio of projects which will comprise it. Scoping progressed at pace from the beginning of October when the project portfolio manager took up post. A Programme Brief has been produced and a Business Case is in production.

- Project Progress

The Programme Brief envisages that planning for 2012 is split into four Tranches reflecting the phases being used by the Olympic Games authorities as follows:

*Tranche 1 – Foundation*, where further work is undertaken in scoping out the effect of 2012 on the Trust activities and the resources required to plan and deliver services during Games Time. There are seven areas of work in this Tranche covering 31 projects;

*Tranche 2 – Operational Planning and Readiness*, where activities will revolve around the building of the capacity, skills and knowledge required for the Games. Some 59 initiatives have been identified for this Tranche;

*Tranche 3 – Testing*, where activities will revolve around testing and exercising the plans and capabilities of the LAS to ensure that there is no compromise to the service provided during the Games. To date four high level areas of activity have been identified but this will without doubt expand in number as further analysis and planning is undertaken.

*Tranche 4 – Games Time and Transfer of Knowledge*, where activities will revolve around gaining information advantage from the 2012 Olympics and undertaking effective knowledge transfer. Definition of activity within this Tranche will be dependant on the work undertaken in the earlier Tranches.

The next step will be to initiate the Tranche 1 projects with identified leads and to allocate project teams with some products planned for delivery this financial year.

Other ongoing work has continued including working with ODA/LOCOGT on design principals and with their onsite First Aid provider, addressing security issues with OSD and as part of the Safety Advisory Groups covering the Stadia Licensing process. The Trust has also continued to act as National Coordinator for UK Ambulance Services including submissions on finance to the Home Office and Department of Health.

- Programme Issues, Risks and Actions of Interest to Trust Board

There are no significant issues or risks for the programme to draw to Trust Board attention at this time other than the need to flag to NHS London that the London health economy as a whole is not adequately engaging with the challenges presented in preparing for the Olympics.

## **8. Corporate Processes and Governance Programme**

Tranche 1 of the Corporate Processes and Governance Programme is well underway and the programme manager has returned from long-term sick absence. The Fleet Strategy and Workshop Review project has produced a

draft initial report which is currently the subject of consultation in preparation for a submission to SMG. This is a key enabler of the New Ways of Working initiative (see section 6) along with the Staff Administration and Flexible Fleet Management projects both of which are progressing satisfactorily although project definition work needs completion in regard to the latter.

- Project Progress

The seven projects listed below have been initiated and although there has been some minor slippage all are on track:

- FISC (e-Series) Rollout (Running over)
- Fleet Strategy & Workshop Review (At closure)
- Staff Administration
- Meeting Room Booking System (Running over)
- Re-engineer Income Collection
- Payment by Results Pilot
- Inventory Management

The following two projects are proceeding but re-definition in terms of milestones is in progress:

- Asset Management
- Flexible Fleet Management

Two additional projects are being started up (project briefs drafted and approved by the Senior Responsible Owner) and plans are being developed:

- Performance Measurement (Phase 1)
- Incident Data Recording

- Programme Issues, Risks and Actions of Interest to Trust Board

There are no significant issues or risks for the programme to draw to Trust Board attention at this time.

## **9. Stakeholder Engagement and Communications**

A draft Communication and Engagement Strategy to support the Strategic Plan was created in the late summer and a further draft is nearing completion. The strategy focuses on delivering the Service's strategic aspirations.

There are four communication objectives outlined in the Strategy document. They are:

- To increase Londoners' understanding of our role and future plans;
- To involve the public and patients in shaping the way we deliver our service;



- To build relations with those people who are key stakeholders in our Strategic Plan;
- To develop an environment where members of staff feel valued, feel proud to work for the Service, and actively contribute to improving patient care.

The first draft of the Strategy document has been presented to SMG and feedback sought, the next draft will be shared with the Trust Board before Christmas.

- Key Communication Activity

Key communication activity since the last Trust Board meeting includes:

*Partnership Conference* – A Partnership Conference was held with managers and union representatives in early October to share and discuss envisaged operational changes and how they should be communicated to staff and actioned. A follow up meeting was subsequently held as described in section 6.

*Operational Model communication plan* – a proposed communication schedule related to the Operational Model programme project roll-out has been drafted for approval by the Senior Responsible Owner;

*Automated Despatch of Ambulances* - Communication support was provided ahead of changes to CTAK mid-November to enable the automated despatch of ambulances along the lines of the automated despatch of FRUs earlier in the year.

## **10. Recommendation**

THAT the Trust Board notes the progress made with the Service Improvement Programme 2012.

**Kathy Jones**  
**Director of Service Development**

## London Ambulance Service NHS TRUST

Trust Board 27<sup>th</sup> November 2007

**SUMMARY OF THE MINUTES**  
**Audit Committee 10<sup>th</sup> September 2007.**

1. **Chairman of the Committee**            **Barry MacDonald**
2. **Purpose:**                                    **To provide the Trust Board with a summary of the proceedings of the Audit Committee**
3.     **Agreed:**
  - That the recommendations in the Action Plan from the Audit Commission concerning the Trust's ALE scores be added to the 'Audit Recommendations' report so as to enable the Committee to monitor progress.
  - That future presentations of the Trust's Risk Register will have the most significant risks identified as 'red' at the front of the report. Future summaries of the RCAG minutes will highlight any changes in regard to the Risk Register, in particular those risks identified as 'red'.
  - That, in November, the Audit Committee will hold an informal meeting with senior members of the finance team which will include lessons that have been learnt in respect of the 2007/08 budget.
- Noted:**
  - the contents of a number of reports from the Audit Commission, including the external audit plan progress report, the annual audit and inspection letter 2006/07 etc
  - that the National Audit Office is undertaking a national review of the benefits of the new workforce contract.
  - The Internal Auditor's audit plan for 2007/08 and the client briefings concerning 'Foundation Trust update' and 'Towards Safer Recruitment'.
  - The progress in implementing the Auditors' Recommendations.
  - The contents of the Local Counter Fraud Specialist's report
  - The update received regarding NHSLA and the Healthcare Commission.
- Standing items:**
  - Hospitality declared by the Director of IM&T.
  - That there were no waivers of standing orders since the last Audit Committee meeting held on 18<sup>th</sup> June 2007.
- Minutes Received:**
  - Minutes of the Clinical Governance Committee (13//08/07); RCAG (3/07/07).
4. **Recommendation**    **That the Trust Board NOTE the minutes of the Audit Committee**

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

**Monday 10<sup>th</sup> September 2007**

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Caroline Silver	Non-Executive Director
	Roy Griffins	Non-Executive Director
Apologies:	Sarah Waller	Non-Executive Director
In Attendance:	Peter Bradley	Chief Executive
	Mike Dinan	Director of Finance
	John Wilkins	Head of Governance
	Michelle Johnson	Financial Controller
	Chris Rising	Bentley Jennison
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist
	Sue Exton	Audit Commission
	Dominic Bradley	Audit Commission
	Christine McMahon	Trust Secretary (Minutes)

Before the start of the meeting the Committee held their annual private meeting with the Internal and External Auditors.

**32/07 Minutes of the last Audit Committee meeting 18<sup>th</sup> June 2007**

**Agreed: The minutes of the last audit committee meeting held on 18<sup>th</sup> June 2007 with the following corrections:**

**Minute 23/07: it was clarified that the income figures shown under 6.4 (management costs) excludes income from NMET which is why the income figures are not the same as those show on Page 2 or 15 compared to page 21.**

**Minute 25/07 (3): Sue Exton, Audit Commission, said that the compound indicator assessment would not be included in the Healthcare Commission's overall assessment of Trusts. Although it will not be part of the 2007/08 ALE the score achieved as part of the compound indicator assessment will be part of the evaluation as part of looking at the Trust's overall arrangements.**

**33/07 Audit Commission**

Sue Exton, Audit Commission, presented the Annual Audit and Inspection Letter 2006/07 to the Committee prior to its presentation to the Trust Board in November 2007.

Sue Exton said that the Trust had good financial stewardship as evidenced by the findings of the ALE. There were some areas for improvement and an action plan was in place to address them.

*Tax Liability relating to staff subsistence payments to staff:* the Finance Director said that in regard to this issue quotes are being sought from a number of financial advisers including PriceWaterhouseCooper; following the appointment of a consultant work will be undertaken to resolve this matter and discussions will be undertaken with the Inland Revenue. Although PriceWaterhouseCooper had previously advised the Trust the Director of Finance had deemed it advisable to get a number of quotes for the next stage of the work to be undertaken. The Finance Director said subsistence payments that are currently being

paid by the Trust are being taxed. If the Trust is found to have a liability for outstanding tax it will need to call upon the back to back agreement in place with the Primary Care Trusts. A prudent provision of £7m has been made should the Inland Revenue decide that the Trust has liability.

*Auditors Local Evaluation (ALE)*: the Chairman asked why the Trust had received a low score for internal control (2). It was explained that this was due to inadequate training in risk awareness, lack of review of procedure manuals, and no review of the effectiveness of the audit committee there being no evidence that the Trust Board regularly reviews the Trust's risks and its risk management procedures. It was reported that the Board will shortly receive a report concerning the recent civil contingency audit..

The Committee requested the Auditors to provide examples from other Trusts of reports to the Board from the Audit Committee that would meet their criteria for a review of the committee's effectiveness. The Trust with examples of what is required in order that this weakness can be addressed, as demonstrated by other organisations.

**ACTION: Audit Commission to liaise with Head of Governance.**

*Agenda for Change (AfC)*: this review was undertaken as part of the Audit Commission's 2006/07 annual audit plan. It was undertaken as it was recognised that the LAS had particular issues with the new workforce contract which might present a risk to the organisation. The review had looked at how the Trust had embedded the changes introduced by AfC. The Finance Director said that the key people in the Trust had participated in the review.

The Committee suggested that there was little evidence that AfC had delivered any major benefits to the Trust; initiatives that have been introduced would probably have been implemented regardless of AfC. Only one aspect of AfC may deliver benefits, if it is done correctly, and that is Key Skills Framework. The Chief Executive said that the introduction of a 37½ hour week and rest breaks have been broadly welcomed.

In regard to the national reference costs for ambulances, the Director of Finance said that data for the last three/four years has been collated to provide a benchmark for reference costs. A report will be presented to the Board this financial year. **ACTION: Director of Finance**

The Chairman thanked the Audit Commission for their reports and said that the Trust is determined to improve performance so as to increase the scores achieved by the ALE.

**Agreed: 1. That the recommendations in the Action plan from the Audit Commission relating to the ALE scores be added to the 'Audit Recommendations' and be kept under review by the Committee.**

**Noted: 2. The contents of the following reports:**

- the external audit plan progress report;
- the ALE action plan;
- the annual audit and inspection letter 2006/07;
- the final accounts memorandum;
- the report regarding Agenda for Change.

**3. That the National Audit Office is undertaking a national review of the benefits of the new workforce contract.**

### **34/07 Internal Audit**

Chris Rising, Bentley Jennison, presented the Internal Auditor's progress report. One audit has been finalised since the last meeting, Asset Register. This area received significant assurance with no recommendations being made by the Auditors. A draft report concerning Annual Leave Management has been circulated to management for a response;

seven significant recommendations have been made by the Auditors. The Director of Finance said that the report will be considered by the Senior Management Group and Assistant Director of Operations when they meet on 12<sup>th</sup> September.

- Noted:**
- 1. The audit plan for 2007/08; the majority of audits will be undertaken between September and December 2007.**
  - 2. The client briefings concerning ‘Foundation Trust update’ and ‘Towards safer recruitment’. The Finance Director undertook to share the latter with the HR Director. ACTION: Finance Director.**
  - 3. That Bentley Jennison is now part of Europe wide organisation and its new name is RSM Bentley Jennison. The management structure will remain unchanged.**

### **35/07 Audit Recommendations**

The Chairman commended the presentation of the ‘Audit Recommendations’ report which he said provided a clear picture of what progress had been made in implementing the recommendations. He said he was pleased that the items relating to IT had been reworded to reflect the work that had taken place; a test of the fall back control room is scheduled to take place on 16<sup>th</sup> October 2007.

In response to a question from the Chairman, as to whether there had been any progress in introducing bar coding and hand held scanners to address the concerns relating to drug control and medical devices, the Finance Director said that this is work in progress. The Internal Auditors will be asked as part of the 2008/09 audit plan to revisit these two areas.

Complaints: in July 2007 the Trust Board received an annual report regarding complaints, which included what lessons had been learnt and how practice had changed as a result of complaints. The Head of Governance said that outcome sheets are now being produced for all complaints which will enable the Trust to evidence how practice has changed as a result of complaints. With effect from 1<sup>st</sup> October, Gary Basset (currently the PALS Manager), will also be responsible for managing complaints.

The Head of Governance said that when the NHSLA recently undertook a level one assessment of the Trust as part of the pilot of the new approach, the Trust received 8/10 in for the standard “Learning from Experience” which assessed arrangements for complaints management, incident reporting and claims handling.

**Noted: The progress in implementing the auditors’ recommendations.**

### **36/07 Report of the Local Counter Fraud Specialist**

Robert Brooker, the Local Counter Fraud Specialist, said that he and the Director of Finance had met with the London Regulatory Team of the Counter Fraud and Security Management Service, (CFSMS); following which the compound indicators had been strengthened.

The CFSMS, in response to feedback it had received concerning the compound indicators (which were introduced at the end of the year), were proposing an amended format for 2007/08. The new format will take account of both strategic and operational levels and reflect both reactive and proactive work undertaken in respect of counter fraud. The CFSMS has stated that it is not interested in the scores achieved by Trusts but in the counter fraud activity undertaken by the organisation.

The Chairman asked about the score of ‘O’ given for ‘undertaking fraud proofing on a sample of procedures and policies’ and ‘ensure there is an effective link between the Risk Register and counter fraud work’. There was some discussion about developing a process to ensure that risks identified by the Counterfraud service can be submitted to the Risk Compliance and Assurance Group to be entered onto the Trust’s Risk Register.

The self assessment for 2007/08 will reflect the following: that the LCFS will be giving

presentations to Assistant Director of Operations and Ambulance Operations Managers during 2007/08, and that the Trust's fraud policy is being reviewed and will be presented to the Trust Board in due course.

The LCFS said that in terms of the Local Risk Measurement Exercise, focus this year will be on procurement. The LCFS is currently reviewing documentation and will be submitting his report at the end of January. The Director of Finance said that the cross matching exercise undertaken in 2006/07, identified three possible LAS employees who might be working elsewhere in the NHS.

**Noted: The contents of the Local Counter Fraud Specialist's report.**

### **37/07 Risk Register**

The Head of Governance presented the Risk Register to the Committee. Two risk assessment workshops have been undertaken and a further three are planned. The participants at the workshops were introduced to the risk reporting form, the Trust's risk matrix to enable them to identify the severity of the risk and the Trust's risk management procedures. Ten new risks were identified by the participants at the workshops and these will be considered by the Risk Compliance and Assurance Group (RCAG) on 30<sup>th</sup> October 2007.

**Agreed:**

- 1. That future reports of the Risk Register will have the most significant risks identified as 'red' at the front of the report.**
- 2. That the summary of the minutes of the RCAG will highlight what risks have become red, which have ceased to be red and what has changes have been made to the Register since the Committee's last meeting.**

**Noted:**

- 3. The progress in managing the risk register**
- 4. That the wording of the risks on the Register were being reviewed so as to ensure they properly described the risk.**

### **38/07 External Accreditation Reports**

*NHSLA:* the Head of Governance said that the Trust is participating in the piloting of the new assessment approach by the NHSLA. In August the Trust was assessed at Level One of the new system. This focused on ensuring that the Trust had policies and procedures in place for managing risk. An action plan has been drawn up to address the areas where administrative processes need more detailed documentation and this will be presented to the Senior Management Group on 12<sup>th</sup> September. A further assessment will be undertaken in the Autumn in respect of Level Two; this will involve reviewing the evidence for the implementation of policies, procedures etc. The new system will be introduced in April 2008. The Head of Governance is liaising with the assessor to clarify the guidance issued by the NHSLA. An update on the Trust's preparation for compliance with the new system and a forecast of the level to be applied for will be presented to the Audit Committee in March 2008. **ACTION: Head of Governance.**

*Healthcare Commission:* the Head of Governance said that the Healthcare Commission is undertaking a data collection exercise in October. The Trust is expected to achieve 'good' for the Use of Resources and 'fair' for Quality of Care components of the Annual Healthcheck for 2006-7. Although the low numbers rule will apply in respect to achieving the Thrombolysis target, the Trust's rating will be adversely affected by its failure to achieve Category B performance targets.

**Noted: The update regarding the NHSLA and the Healthcare Commission.**

### **39/07 Standing Committee Items**

**Noted: 1. The two declarations of hospitality by the Director of IM&T.**

2. **That there has been no waiving of the Trust's Standing Orders since the last Committee meeting.**

**40/07 Charitable Fund Accounts**

**Noted:** The Charitable Funds annual report; the annual accounts and the Governance report for 2006/07.

**41/07 Draft minutes of the Clinical Governance Committee, 13<sup>th</sup> August 2007**

The draft minutes of the Clinical Governance Committee were considered by the Committee.

Roy Griffins asked about the 'alternative response policy'; it was explained that this was a revision of the previous 'no send' procedure following the introduction of the recent Mental Health Act and the introduction of Clinical Telephone Advice in the Control Room.

**Noted:** The draft minutes of the Clinical Governance Committee, 13<sup>th</sup> August 2007.

**42/07 Draft minutes of the RCAG, 3<sup>rd</sup> July 2007**

The draft minutes of the RCAG were considered by the Committee.

RCAG briefly discussed the risks flagged up by the Audit Committee in July: responsible leads have been asked to investigate and report back to the RCAG when it meets in October. The risks in question concerned internal communication; the checking of logs in EOC which the Committee suggested had been prematurely deleted and the risk surrounding the shift that requires newly recruited members of front line staff to work 7/10 weekend shifts. Peter Bradley said that at its recent Awayday the SMG had considered a report in respect of that rota.

**Noted:**

1. **That RCAG will review the risks flagged up by the Committee when it meets on 30<sup>th</sup> October 2007.**
2. **The draft minutes of the RCAG.**

**43/07 Audit Committee work plan and timetable for meetings 2007 and 2008.**

The Committee considered a list of topics that the November meeting might wish to have on its agenda.

**Agreed:**

1. **That the first part of the meeting in November will be an informal meeting between the Committee and the senior members of the finance team. The meeting is intended to be a forum for an informal, interactive discussion between the Committee and the members of the finance team about what lessons have been learnt in regard to the 2007/08 budget and any 'near misses'. The Director of Finance will circulate a draft agenda in the interim to the Committee for comment. ACTION: Director of Finance.**
2. **That in terms of 'routine business' the Committee will receive the minutes of the previous meeting; matters arising; standing committee items and draft minutes.**
3. **That the meeting will commence at 12.00, will be held in the large committee room at Loman Street with a sandwich lunch being provided.**

**Noted: 4. The suggested dates for the Audit Committee's meetings in 2008.  
3<sup>rd</sup> March; 16<sup>th</sup> June; 8<sup>th</sup> September and 10<sup>th</sup> November.**

Meeting finished at 4.00pm



## London Ambulance Service NHS TRUST

Trust Board 27<sup>th</sup> November 2007SUMMARY OF THE MINUTES  
Audit Committee 19<sup>th</sup> November 2007.

3. **Chairman of the Committee** Barry MacDonald
4. **Purpose:** To provide the Trust Board with a summary of the proceedings of the Audit Committee
3.  **Agreed:**
1. That the Interim Assurance Framework, incorporating amendments suggested by the Committee, be presented to the Trust Board on 27<sup>th</sup> November as mid term assurance for the Annual Health Check
  2. That the Finance Director would circulate a draft specification and evaluation criteria to the Committee in preparation for a mini-tender of the internal audit function.
- Noted:**
3. The presentations given by the senior members of the finance team which outlined the different activities undertaken and the interaction with other parts of the Trust, in particular A&E and the projects that were being taken forward as part of the Corporate Processes & Governance Programme (SIP 2012).
  4. That preparations were in hand for the 2008/09 budget, a draft of which would be presented to the SDC in December 2007.
  5. That the current timeline for the initial submission of the 2008/09 budget to the SHA is mid January. This deadline would be prior to the Trust Board's approval of the budget at its meeting on 29<sup>th</sup> January and the Board would discuss the governance implications.
  6. That a number of items were identified for future internal audit review.
  7. That the RCAG was asked to further consider the concerns raised by the Audit Committee in respect of what assurance there was in respect of crews receiving and implementing disseminated clinical information and what processes were in place for the management of calls being passed from EOC to UOC.
  8. That this was Barry MacDonald's last meeting; the Committee thanked him for his stewardship of the Audit Committee over the last eight years.
- Standing items:**
9. Hospitality declared by the Chairman, the Director of IM&T and the Medical Director.
  10. That there were no waivers of standing orders since the last Audit Committee meeting held 10<sup>th</sup> September 2007.
- Minutes Received:**
11. Minutes of the Clinical Governance Committee (15/10/07) and Risk Compliance & Assurance Group (30/10/07)
4. **Recommendation** That the Trust Board NOTE the minutes of the Audit Committee

**LONDON AMBULANCE SERVICE NHS TRUST  
AUDIT COMMITTEE**

**Noon, large meeting room, Loman Street.**

**Monday 19<sup>th</sup> November 2007**

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Caroline Silver	Non-Executive Director
	Roy Griffins	Non-Executive Director
	Sarah Waller	Non-Executive Director
In Attendance:	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations (12.30-1.40)
	John Wilkins	Head of Governance
	Michael John	Financial Controller
	Helen Berry	Financial Manager (Corporate Services)
	Andy Bell	Senior Financial Analyst
	Michelle Johnson	Capital Accountant
	Meena Shah	Finance Systems Manager
	Ken Thompson	Cashier
	Victoria Hastings	NHS Finance Trainee
	Kevin Canavan	Resource Manager (Control Services)
Christine McMahon	Trust Secretary (Minutes)	

Circulated at the meeting: handout of the presentations given by the finance team; list of accruals and daily cashflow forecast September 2007

**44/07 Minutes of the last Audit Committee meeting , 10<sup>th</sup> September 07**

**Agreed: The minutes of the last audit committee meeting held on 10<sup>th</sup> September 2007 with the suggestion that the following paragraph be amended:** Although it would not be part of the 2007/08 ALE, the compound indicator score would be part of the Audit Commission's review of the Trust's overall arrangements.

**45/07 Senior Finance Team Review**

The Director of Finance introduced senior members of the Finance Team: Michael John (Finance Controller); Helen Berry (Finance Manager, Corporate Services); Andy Bell (Senior Financial Analyst); Meena Shah (Finance Systems Manager); Ken Thompson (Cashier) and outlined their areas of responsibility. Vicky Clark, who was responsible for A&E Finance, was unable to be at the meeting due to personal commitments and Chizoba Okoli was attending a CAD 2010 meeting.

Current structure: the presentations set out the different activities undertaken by the finance team, how the team interacts with other parts of the Trust, in particular A&E; and how the information provided by PROMIS, ESR and Management Information was used to identify trends and forecast future expenditure. Though the reconciliation between the different systems was not perfect, significant improvements had been achieved with the process. The Director of Finance said that as part of the SIP 2012's Corporate Processes Programme work would be undertaken in respect of quick data capture and validation.

A&E: Kevin Canavan (Resource Manager, Control Services) said that a reconciliation was undertaken on a weekly basis to ensure that budgeted and actual staffing was correct. Though it was hoped that there would be closer integration between PROMIS and ESR in the future, at present the Trust had to work with both systems.

In response to a question about what flexibility there was in the system; the Director of Operations said that although the budget was drawn up on a corporate basis there was some flexibility within that for local initiatives. AOMS were expected to work within the allocated establishment figure but how they deployed their resources was up to them to some extent. The Director of Operations cited the example of Silvertown Ambulance Station. It was established to address a shortfall in performance in that area; the station was staffed by 68 staff that had been transferred from surrounding stations with the overall establishment figure for the area remaining unchanged.

In regard to overtime and subsistence payments, the Director of Finance hoped that the information would eventually be available on a daily basis. Information regarding overtime was currently available on a weekly basis and subsistence payments on a monthly basis. Analysis was undertaken to identify trends in regards to the payment of subsistence and the allocation of rest breaks.

A spreadsheet was currently used to record data relating to the fleet, such as the expiry of the lease and depreciation; this was an additional control brought in 2006. The future introduction of technology into the workshop operations would be an important development.

The Senior Finance team regularly meet with the Director of Operations, the Assistant Directors of Operations and Area Operations Managers. The bulk of the A&E budget was concerned with staffing; staffing levels were determined by the Director of Operations and the AOMs. The Committee was assured that there was a good level of interaction between the A&E and the Finance Team; monthly budget statements were issued electronically to budget holders and management accountants attend Area meetings.

Income project: the Director of Finance said that work was being undertaken in respect of Stadia income to improve income collection; it currently takes approximately six weeks for an invoice to be produced following stadia work. A similar approach was being taken in respect of paying third party invoices with purchase orders being raised as/when other organisations were utilised. This work was part of the Corporate Processes Programme.

Corporate Support: Helen Berry said that an arrangement was in place to ensure that the Finance Team were kept informed of the use of agency staff and contractors e.g. there was a shared drive used by IM&T that held information on agency staff and contractors employed by the Trust. A management accountant and senior financial analyst meets with the Director of IM&T and his senior team to discuss that department's financial performance and resolve any issues that might have arisen. The Finance Team were also in close contact with the training department so as to ensure that people were accounted for correctly as they moved through training to their permanent post. This information was also used for forecasting expenditure relating to training and general business planning.

Strategic Planning Project Profile, SPPPs, (formerly known as Initial Statement of Need - ISON) were introduced in 2006; the SPPP is used to make a bid for development funding that must support the Trust's strategic objectives. A deadline of 30<sup>th</sup> November has been given for SPPPs relating to 2008/09 and following an initial screening by the Senior Finance Team and the Head of Programme Planning, the Senior Management Team will review, approving some, rejecting others. There is a second stage, AFA, which also has to be approved, when actual costs have been ascertained and further detail is available. Prior to the Strategic Steering Group meeting an email is circulated, with hyperlinks to supporting paperwork for individual SPPPs or AFAs.

2008/09 business planning: The Trust began its planning for 2008/09 in October 2007. Helen Berry circulated the timeframe for 2008/09 business planning which included submission of a draft 2008/09 budget to NHS London by mid January. The Director of Finance said that the same deadline would have been given to the London Primary Care Trusts. NHS London was aware that the Trust Board was not due to meet until

29<sup>th</sup> January 2008; the Director of Finance was in discussion with the Chief Executive and the Chairman on how to proceed. The Chairman expressed concern that the 2008/09 budget would be submitted to the NHS London prior its approval by the Trust Board. The Director of Finance said that by January the Trust's income for 2008/09 should be known and discussions would have been held internally as to departmental expenditure. The Chairman was assured that discussions were taking place to ensure that the final budget was acceptable to the different departments. A draft 2008/09 budget would be presented to the Service Development Committee in December 2007. ACTION: Director of Finance.

The Director of Finance said that in 2008/09 there would be a change in how the Trust was allocated capital; funding will be based on anticipated depreciated, anything over that will be required to be bid for and will effectively be a loan to the Trust. Traditionally the Trust has under spent its capital allocation.

Integrated Supply Chain: Meena Shah explained how the new web based ordering system, Integra, worked; the aim is to have 80% of non-pay expenditure being undertaken via this system. In time the system will link with asset tracking. The system will enable the Trust to have a good oversight of its committed expenditure.

General Ledger: financial accounting has taken over responsibility for preparing the accruals and prepayments for non-pay expenditure and the handover was expected to be completed by March 2007. The major accruals performed each month are for: goods or services received in month but not receipted and the invoices arrive after the month-end date; ambulance lease costs; vehicle accident damage. The major prepayments made each month are for: insurance premiums, rent and rates and annual maintenance contract. Checks are carried out on the significant accruals and prepayments made by financial accounts and management accounts on a monthly basis. Internal audit undertake an annual review and the External Auditors review as part of the year-end audit process.

In response to a question about purchase orders, Michael John said that a strong line was being taken with Suppliers and Managers about the use of purchase orders. The Director of Finance said that as it was fairly easy to set up new Suppliers on the system there was no excuse for managers not to use it. Purchase cards have been issued to 55 managers with controls in place in respect of expenditure type; statements were received from the Bank on the 27<sup>th</sup> of each month.

Michael John explained the system now in place to ensure that the expiration of vehicle leases was captured to avoid any recurrence of the error that occurred in 2006.

Cashflow: Ken Thompson, Cashier, said that he aimed to ensure that the Trust had sufficient cash flow and maximised its return on investment. Since April 2001 NHS Trusts were required to invest their surplus funds with the National Loan Fund which was managed by the Treasury; the rate of return was less than on the open market. One of the restrictions the Trust operates under was the requirement of having .3% of its annual turnover in cash on 31<sup>st</sup> March 2007. The Trust's cashflow was carefully monitored in the lead up to 31<sup>st</sup> March to ensure that this target was achieved.

The Finance Director said that should the Trust decide to apply for Foundation Trust status there would be a need to improve financial understanding across the Trust e.g. to change the existing culture that considers capital as being 'free.'

Cost Improvement Programme: the Director of Finance said that the 2006/07 cost improvement programme would be taken forward in 2008/09 as part of the Corporate Processes Programme. He believed that there were substantial savings to be made in reviewing processes across the Trust whereby costs can be lowered and quality improved.

Helen Berry said that one aspect of the closer working relationship was that other departments were coming to Finance before and not after the event to discuss costings.

- Noted:**
- 1. That the Trust was required to provide two reports with the same information to the Department of Health via the SHA (FIMS) and the LPA return to the PCTs.**
  - 2. That the following were identified for future internal audit review: the reconciliation undertaken between the different systems; assessment of benefits realisation for projects to ascertain whether they delivered the planned performance improvements or savings, e.g. Integra; the use of the Trust's purchase cards; the Trust's cashflow management system;**

#### **46/07 Update on the tendering of Internal Audit**

The Director of Finance said following further consideration of the audit options open to the Trust; given the current workload, the fact that other ambulance services are not as open to audit collaboration at this stage as expected and the need to intensify our financial audit activity in preparing for a Foundation Trust application, he recommended re-tendering for an outsourced internal audit provider in line with the current arrangement.

An additional operational auditor would join John Wilkins team to strengthen the Trust's existing internal resource. This should significantly improve our 'internal' internal audit capacity.

As there were existing internal audit providers on the Office of Government Commerce framework this should allow the LAS to run a competitive tender with these suppliers without going through a full OJEU process. The plan at this stage would be to have a choice of three providers at the final stage of the process. The final selection could be linked to the Audit Committee meeting planned for 3<sup>rd</sup> March 2008 with appropriate Audit Committee involvement.

Roy Griffins said he hoped that the Finance Director would explore further the option of bringing the internal audit function in-house.

- Agreed:**
- 1. That the Director of Finance would circulate a draft specification and evaluation criteria for comment by the Committee prior to running the tender. ACTION: Director of Finance**
  - 2. That a mini-tender would be held in respect of the Internal Audit function.**

- Noted:**
- 3. The allocation of 200 days for the 2006/07 internal audit.**

#### **47/07 Interim Assurance Framework**

The Committee considered the Interim Assurance Framework prior to its presentation to the Trust Board on 27<sup>th</sup> November 2007. The Assurance Framework was a process that links clinical governance, control assurance and risk management systems so that they provide support to enable the Board to meet the challenge of Governance.

In preparation for the next Statement of Internal Control and the Final declaration of the Annual Health Check 2007/08, this interim Assurance Framework has been produced from the previous Assurance Framework and included the twenty-five most serious (risks with the highest risk score) risks held on the Trust's Risk Register. It will be updated to include controls/assurance for healthcare standards which do not have risks that currently threaten compliance.

A number of suggestions were made in regards to the presentation and the contents of the Assurance Framework; these included:

- that the Trust's objectives be listed at the start of the document and the column 'principle objectives' be amended so that it simply referred to which ever objective

was threatened by a particular risk rather than the objective be written in full each time;

- that the contents of the two columns (key controls and assurance on controls) be reviewed as there appeared to be an overlap between the two;
- that risk 221 be removed as RCAG had agreed on 21<sup>st</sup> October that the risk should be removed from the Risk Register and instead Risk 283(Business Continuity) be added in its stead;
- additional assurance regarding weekend working to be included in the relevant column and the processes in place to ensure that calls passed from EOC to UOC were regularly screened. ACTION: Head of Governance.

**Agreed: 1. That the interim Assurance Framework be presented to the Trust Board as mid-term assurance for the Annual Health Check.**

**Noted: 2. That the Trust Board would receive the final Assurance Framework to evidence compliance with the core standards for the 2007/08 Health Check on 18<sup>th</sup> March 2008.**

#### **48/07 Standing Committee Items**

- Noted:**
- 1. The declarations of hospitality by the Chairman, the Director of IM&T and the Medical Director.**
  - 2. That there had been no waivers of Standing Orders since the Committee met in September 2007.**
  - 3. That the Director of Finance would be undertaking an audit of senior managers' expenses before the next Audit Committee.**
- ACTION: Director of Finance.**

#### **49/07 Draft minutes of the Clinical Governance Committee**

Sarah Waller said that it was important that an infection control co-ordinator be recruited as soon as possible.

**Noted: The draft minutes of the Clinical Governance Committee, 15<sup>th</sup> October 2007.**

#### **50/07 Draft minutes of the RCAG, 30<sup>th</sup> October 2007**

Lost property bags: the Director of Finance said that a more extensive trial was being undertaken of lost property bags so as to demonstrate how the process would be implemented on a trust wide basis.

The Committee were pleased that a test of the fall back control room had been undertaken in October. The Finance Director said that the lessons learnt were being analysed and would be implemented prior to the next test, which was expected to take place in early 2008.

A Trust Wide Risk Assessment was undertaken in the summer; participation from local Area groups was encouraged.

NHSLA: the decision has been taken not to go for Level two; this would not have a financial impact on the Trust. Software would be purchased that would facilitate the collation of evidence to demonstrate compliance with the NHSLA's criteria for Level 1 and Level 2.

The Committee considered RCAG's response to the areas of concern that had been raised by the Committee.

- Sarah Waller said her concern was not communication generally but how the Trust could demonstrate that the clinical information disseminated to front line crews had been received and was being implemented. This would be further considered by RCAG and reported back at the next Audit Committee. ACTION: Medical Director
- In respect of the deletion of the risk 248, the Chairman said he would like assurance that there were proper processes in place for managing calls passed from EOC to UOC to ensure that all calls received a response. ACTION: Director of Operations
- The issue of staffing available at weekend was recognised as being part of Risk 265 (*Inability to match resources to demand. Rosters do not match current demand. Weak at weekends*) and was included in the Assurance Framework. The Finance Director said that the measures being taken to review core rotas to ensure that there was sufficient staffing at weekends would be outlined in the framework. ACTION: Head of Governance.

**Noted: The draft minutes of the RCAG meeting, 30<sup>th</sup> October 2007.**

**51/07 Audit Committee work plan and timetable for meetings 2007 and 2008.**

**Noted: The contents of the 2008 workplan**

**52/07** In conclusion, the Chairman asked members of the Committee if the objective of holding the meeting with the senior finance team had been accomplished. Caroline Silver said she had found the meeting very helpful and now understood more of the substance of the business.

Sarah Waller thanked the Chairman for his stewardship of the Audit Committee over the last eight years; this was Barry MacDonald's last meeting as he would be retiring from the Board in early December 2007.

**Date of next meeting : 3<sup>rd</sup> March 2008**

Meeting finished at 3.40pm

LONDON AMBULANCE SERVICE NHS TRUST  
TRUST BOARD 27<sup>th</sup> November 30<sup>th</sup> January 20067

**Audit Commission's Annual Audit Letter**

1. Sponsoring Executive Director: Peter Bradley
2. Purpose: To inform the Trust Board of the findings of the Audit Commission
3. Summary

The purpose of this Annual Letter is to summarise the key issues arising from the work that the Audit Commission has carried out during the year. The key messages are set out on page 54.

The details of the Auditor's Local Evaluation (ALE) are set out on page 7.8; the Trust received an overall rating of 'Good' for the Trust's use of resources within the Healthcare Commission's Annual Health Check.

4. Recommendation

THAT the Trust Board note the recommendations contained in the Audit Commission Annual Audit Letter.



London Ambulance Service NHS TRUST  
**SUMMARY OF THE MINUTES**  
**Clinical Governance Committee - 15th October 2007**

1. **Chairman of the Committee**                    **Dr Beryl Magrath**
2. **Purpose:**    **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee (CGC).**
3. **Agreed:**
  1. The Infection Control Policy, subject to SMG approval of local clinical responsibility for infection control being devolved to Ambulance Operations Managers.
  2. The trust procedures, TP/018 (suspected cases of child abuse procedure) and TP/019, (suspected abuse of vulnerable adults procedure), both of which had been revised to reflect organisational changes in the Trust. An Equality Impact Assessment will be undertaken of these two procedures.

**Noted:**

3. The good progress being made in treating patients who have suffered an out of hospital cardiac arrest and who meet the Utstein criteria; the survival rate has increased from 10.9% in 2005/6 to 15.8% in 2006/07.
4. That the Trust has reasonable systems in place to manage infection control and the policy is being revised and updated.
5. That, in December, the Committee will receive reports concerning: Lost Property Bags; on the procedure adopted for dealing with an adverse incident that is not declared a Serious Untoward Incident; the revised procedure regarding forced entry; an update on the work concerning the care received by Older People and the how infection control is being managed for those vehicles not currently included in the Make Ready Scheme.
6. The Annual Clinical Governance report, that will be presented to the Trust Board in November and to the Governance Lead at NHS London.
7. The oral update regarding the training needs assessment, which was reviewed by the NHSLA against their pilot criteria and informed the Trust's two year training plan.
8. The progress in managing the clinical risks on the Trust's Risk Register. A number will be proposed to the RCAG for deletion e.g. 194 and 63 or for the risk to be re-worded , 188 and 179.
9. The contents of the pan London Governance report, that included updates on Clinical Performance Indicators; Complaints, Clinical Telephone Advice and Rest Breaks.
10. That the Medical Director's Bulletin and the Medical Director's Monthly Clinical Update will inform front line crews of recent guidelines issued by NICE in respect of treating children with a fever; head injury, intrapartum care and acute coronary syndrome.

**Minutes/oral reports received from:**

Infection Control Group (30<sup>th</sup> August 2007); Standards for Better Health (27<sup>th</sup> July 2007); Training Services Group (22<sup>nd</sup> August 2007) and the Clinical Audit & Research Steering Group (14<sup>th</sup> September 2007).

**Recommendation:** THAT the Trust Board note the minutes of the Clinical Governance Committee, 15/10/07.

**DRAFT Minutes of the Clinical Governance Committee  
9.30am, 15<sup>th</sup> October 2007, Committee Room, LAS HQ**

**Present:**

Beryl Magrath (Chair)	Non-Executive Director
Sarah Waller	Non-Executive Director
Fionna Moore (Vice chair)	Medical Director
David Jervis	Director of Communications (until 11.45)
Richard Webber	Deputy Director of Operations, Control Services
John Wilkins	Head of Governance (from 9.40)
Jason Killen	Assistant Director of Operations, East
Chris Vale	Head of Operational Support
Nicola Foad	Head of Legal Services
Stephen Moore	Head of Records Management
Paul Tattam	Ambulance Operations Manager - D Watch
Pat Billups	Education Standards Manager (for Keith Miller)
Malcolm Alexander	Chairman, LAS Patients' Forum
Christine McMahan	Trust Secretary (minutes)

**In attendance:**

Sajjad Iqbal	Diversity Manager (until 11.05)
Jasjit Dhaliwal	Compliance Officer (from 9.40 – 11.05)

**Apologies**

Ingrid Prescod	Non-Executive Director
Kathy Jones	Director of Service Development
John Selby	Head of Safety & Risk
Russell Smith	Deputy Director of Operations

**58/07 Minutes of the Clinical Governance meeting held on Monday 13<sup>th</sup> August 2007**

**Agreed The minutes of the Clinical Governance Committee meeting held 13<sup>th</sup> August 2007.**

**59/07 Matters Arising**

**Noted:** Minute 40/06(2): Lost Property bags, it was recognised that this is quite a time consuming administrative task for the PALS office as well as having a negative impact on the Trust's reputation. Thus far a suitable solution has not been achieved. **ACTION: PALS Manager to provide an update to the Committee in December.**

Minute 63/06(1): that between 1 August -23 September, Control received 119 requests for a paramedic to attend a scene because their specific skill levels were required. 114 requests were complied with; on three occasions the request was cancelled or not required. There were therefore only two occasions when a paramedic was not available; one of which involved a patient being conveyed to hospital.

The Medical Director said that front line crews were informed via a Medical Director's Bulletin that Technicians are empowered, when necessary, to administer patient's own drugs. It was recognised that where possible patients should be encouraged to self-administer medication, but that this is not always possible. A recent case involving the administration of buccal midazolam is being written up as a case history for inclusion in the next Medical Director's Clinical Update (accessible via the Pulse).

Minute 41/07: Dr Paul Dargan (GTPU) attended a meeting of SMG in September 2007 to speak about the Trust continuing to use the clinical advice service piloted through the ECP scheme. SMG agreed that a trial be undertaken that would make available clinical support to staff; this would be co-ordinated by the EOC Clinical Support Desk.

Minute 41/07: The Deputy Director of Operations, Control, said that the Trust has obtained the training pack used by NHS Direct to enable call takers to ask patients/callers their ethnicity. The training pack will be shared with Sajjad Iqbal, the Trust's newly appointed Diversity Manager. ACTION: Deputy Director of Operations, Control Services

Minute 42/07: the Medical Director said that the recently appointed Consultant Midwife, Andrew Stallard, will represent the LAS on the NPSA's pan London obstetrics forum.

Minute 42/07: The Head of Legal Services said that the Head of Safety & Risk is liaising with the NPSA as to how Datix is used to analyse information about incidents.

Post meeting update: Minute 47/07: the PPI Manager said that an application for lottery funding to finance public education activities would be made following the holding of workshops in the Autumn and would be discussed at the next Public Education Strategy Group meeting at the end of November.

Minute 43/07: the Medical Director said currently the LA214 (form used by Paramedics to record the grade of intubation encountered, and why it was missed, if it was missed) does not have a carbon copy and therefore cannot currently be shared with CARU. Once members of staff are using the form on a regular basis, a carbon copy may be introduced

Minute 44/07: when the Alternate Response Policy was presented to the SMG it was noted that an equality impact assessment must be undertaken. It is hoped that the policy will be presented to the Trust Board in November.

Minute 45/07: the Head of Governance presented a list of 'quick wins' to the SMG following the NHSLA visit in August and in preparation for the second visit from the assessors in November.

Minute 46/07: the Medical Director said that discussions are on-going in respect of the ECP CPIs, as presented to the Committee in July 2007.

It was not possible to publish an article in the LAS News reminding crews to document any concerns they have regarding child protection issues on PRFs; an update will be included in a Medical Director's Clinical Update. ACTION: Medical Director

Minute 48/07: the Head of Records Management said that four stations were audited by the Internal Auditors concerning PRF completion and transportation. A meeting will be held between the Head of Records Management, the Management Information Manager and the Internal Auditors to discuss the findings of the audit. The findings of the audit will be reported at the next meeting. ACTION: Head of Records Management.

Minute 49/07: a short paper will be presented to the Committee in December outlining what action is taken following an adverse incident that is not declared a Serious Untoward Incident. In particular, what are the possible gaps in ensuring that good practice and learning is achieved. ACTION: PALS Manager

Minute 50/07: the agreement regarding the transportation of patients is still with the Metropolitan Police. ACTION: Medical Director to ask the Senior Clinical Adviser to check on progress with the Metropolitan Police.

Minute 50/07: a revised draft on the procedure in the case of forced entry will be presented to the Committee in December. ACTION: Deputy Director of Operations

Minute 50/07: The Consultant Midwife will take forward the work identified at the last Committee meeting i.e. working with PCTs on the use of ambulances by pregnant women. A follow up report regarding obstetrics will be presented to the Committee in April 2008. ACTION: Medical Director

Minute 56/07: that an Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT) and Paramedic will attend the full meeting of the Committee on 18<sup>th</sup> December 2007.

**60/07**      **Update: cardiac survival rate**

The Medical Director said that the cardiac arrest survival to discharge was 15.8% (Utstein figure) for 2006/07; it was 10.9% in 2005/06. The Medical Director commended the work undertaken by the Head of Clinical Audit & Research and her team in producing the data and liaising with the hospitals. Work is being undertaken to ascertain the reasons for the improved performance; this will undoubtedly include improved response times and the introduction of new resuscitation guidelines.

**Noted:**      **The improved cardiac arrest survival to discharge figure of 15.8% for 2006/07.**

**61/07**      **Infection Control Policy**

The Head of Governance presented the Infection Control Policy which had been revised take more fully into account the Code of Hygiene.

The LAS received £150k non recurrent funding from NHS London to implement an infection control programme over a six month period. Work is in hand to roll out a programme and consideration is being given to employing a full time infection control co-ordinator in the next financial year.

Sarah Waller said that speed was of the essence and she was concerned that awaiting the recruitment of staff would delay the programme. She was assured that discussions are being held with SMG to ensure that the work commenced this year. The Head of Operational Support said that discussions are taking place with the Clean Hospital Team. The Team has been very supportive and there is a possibility of secondments from the Team to work with the LAS.

The Head of Operational Support said that FRUs and the PTS vehicles are not currently included in the Make Ready Scheme but from 1<sup>st</sup> November will receive deep cleaning at regular intervals.

- Agreed:**      1. **The Infection Control Policy subject to SMG approval of clinical responsibility for local infection control being held by AOMs. ACTION: Head of Governance**
- Noted:**      2. **That the LAS has reasonable systems in place to manage infection control.**
3. **That, in December, the Head of Operational Support will outline how infection control is being managed for those vehicles not included in the Make Ready Scheme. ACTION: Head of Operational Support.**

**62/07**      **TP/018 suspected cases of child abuse procedure and TP/019 – suspected abuse of vulnerable adults procedure.**

The Head of Records Management presented TP/018 and TP/019, both of which have been revised to reflect organisational changes in the Trust e.g. the role of PALS.

TP/018: The Medical Director said that some corrections were needed, e.g. page 3 (4.1.1) the copy of the PRF is white not as stated pink, and many Emergency Medical departments do not have access to child protection register, this should be amended to state ‘ if available’. All departments should have procedures in place to follow up queries the next day.

The Chairman of the Patients’ Forum was assured by the Medical Director that the LAS is not seeking to duplicate the Child Protection Register in regard to the information the Trust holds. In reference to a child being assessed prior to being taken into police protection the Medical Director said that the assessment would, as a matter of course, be undertaken by a Paediatrician.

In response to a question from the Chairman as to whether LA279 form are kept on every ambulance it was stated that the form is available on the Pulse and that most complexes will have a set of forms printed off and readily available. If a crew is sent to a call where the patient is left at home and there is cause for concern they would return to base to complete their paperwork, faxing it to the relevant department.

TP/019: the procedure was reviewed to reflect the changes made in the organisation since it was originally drafted.

- Agreed :**
- 1. TP/018 suspected cases of child abuse procedure**
  - 2. TP/019 – suspected abuse of vulnerable adults procedure.**
- Noted:**
- 3. That an equality impact assessment must be undertaken of the two procedures.**

**63/07**      **Annual Clinical Governance Report**

The Head of Governance presented the annual clinical governance report that is an overarching document outlining the work being undertaken across the organisation in regard to clinical governance. The presentation of the document reflects the domains used by the Annual Health Check and demonstrates the Trust's progress in meeting the different criteria. It included a summary of the activities reported from local Area governance reports; the Medical Director's report to the Trust Board and reports from the Clinical Audit and Research Unit. Next year, the report will include the single equality scheme and more detailed reports from the Area groups.

The Chairman said the graph on page 6 should be amended so as to make it more understandable. ACTION: Head of Governance to liaise with the Head of Safety & Risk. Sarah Waller said the annual clinical governance report was very comprehensive.

- Noted:**
- The Annual Clinical Governance Report, which will be amended to reflect the Committee's comments, and submitted to the Trust Board and the Governance Lead at NHS London.**

**64/07**      **Progress with training needs assessment/analysis**

The Education Standards Manager said that the training needs assessment had been completed and reviewed by the NHSLA against their pilot criteria. The assessment formed the basis for the Trust's two year training plan presented to the Trust Board in September 2007.

The Chairman said that the issue of training had been raised at the Chief Executive's consultation meetings. The Education Standards Manager said that modular training courses have been well attended since their introduction in May 2007; Patient Assessment module (484 members of staff) and Advanced Life Support (335 paramedics).

Sarah Waller said that when the Training Plan was presented to the Trust Board, it was noted that the plan did not include all the non-clinical training undertaken by members of staff. Future reports regarding the training plan will address this omission.

- Noted:**
- 1. The update on the training needs assessment.**
  - 2. That a progress report will be presented to the Committee in the April 2008 that will include information on attendance.**

**65/07**      **Risk Information Report update**

- Noted:**
- 1. The update.**
  - 2. That a full risk information report will be presented to the Committee in December 2007.**

**66/07**      **Clinical risks on the Risk Register**

The Committee considered the high clinical risks held on the Trust's Risk Register.

269 – The Deputy Director of Operations said that changes had been made to the FRU rota to stagger start/finish times. Work is being undertaken as part of SIP 2012 to make changes to the ambulance rotas across the Trust. Although there has been progress there have not been substantial changes and, therefore, the risk rating of 20 should remain unchanged.

138 – There has been little progress made in this area, it will be addressed through the introduction of a CPD module in 2008/09.

The Chairman of the Patients' Forum said that the forum had facilitated a meeting at which representatives of the South London & Maudsley NHS Foundation Trust (SLMFT) and the LAS met and discussed how the LAS could respond in a more appropriate manner to patients with mental health issues.

The Deputy Director of Operations said that a trial is being undertaken by Camden Ambulance Station with the local mental health services on how that station could respond differently to calls involving patients with mental health issues. ACTION: Education Standards Manager to suggest that Head of Policy, Evaluation and Development and the Acting Clinical Educations & Training Manager liaise regarding the offer of support from the SLMFT.

31 – The Medical Director said that AMPDS had been updated and that there was more detailed advice available to front line crew from EOC. The Consultant Midwife is now in post.

The Committee's attention was drawn to the recent article in The Guardian (15/09/07) which had a very positive account of the journalist receiving advice from EOC whilst awaiting an ambulance and a district nurse to attend his pregnant wife. There was an issue surrounding the fact that although the journalist had signed an undertaking that he would not use the transcript for publication which he subsequently did. The Medical Director said it was a Caldicott Guardianship matter. The Head of Legal Services is obtaining advice on how the agreement concerning the disclosure of tapes and transcripts can be enforced.

207 – CARU has provided ADOs with its estimate of the number of downloads should be received and the issue is being followed up by the Area Clinical Governance meetings. ACTION: Responsible lead to be changed from DW and RS to RD & RS.

22 – It was noted that the deadline for an action plan for this risk is 30<sup>th</sup> October 07. The Education Standards Manager said that comprehensive assessment is reinforced regularly when staff attends training sessions. The risk level of 15 was considered to be reasonable.

20 – The simplified handover form for FRUs will be introduced from the beginning of November.

71 – The Chairman of the Patients' Forum said he was not confident that the Trust had moved forward in ensuring that lessons learnt from complaints changed practices in the Trust. The Director of Communications said that the Trust had completely changed how complaints were handled, e.g. with the Head of PALS taking responsibility for the management of complaints. In July 2007, the Head of Complaints presented a comprehensive report to the Trust Board that included the lessons learnt from a variety of complaints. The Director of Communications said that although complaints continues to be a challenging area for the Trust, there have been improvements and the Trust is moving in the right direction.

211 – Drug errors are reported via LA52s and reported in the clinical incidence report contained within the Risk Information Report. The number of reported incidences is low and staff continue to be encouraged to report drug incidents.

194 – It was suggested that the Head of CARU be asked whether this risk could be deleted from the Register as there is evidence to suggest that the policies/procedures in place mitigate this risk. The Medical Director said that current research projects are been undertaken to a high standard. ACTION: Head of CARU to confirm that this risk should be deleted from the Risk Register

188 – ACTION: this risk to be reworded by Deputy Director of Operations as the risk is now concerning re-registering not recertifying. It was suggested that this is a small risk for the Trust.

179 – ACTION: Diversity Manager to review this risk (responsibilities under the Race Relations Act) and possibly suggest new wording.

165 – The Medical Director said that work has been taking place in regard to the care received by Older People. ACTION: Director of Services to provide an update on this area of work to the Committee.

133 – A revised procedures was agreed by the Committee (minute 62/07). ACTION: Senior Manager to be changed from LS to GB and SM.

46 – ACTION: Head of Operational Support to reword risk as the risk was not just about needle stick injury.

**Noted: That RCAG will be asked to agree that the Risk 63 (single use devices) be deleted from the risk register. ACTION: Head of Operational Support**

### **67/07 Operation's pan London Governance Report**

The report was presented by the Deputy Director of Operations, Control Services; the Assistant Director of Operations, East and Ambulance Operations Manager, D Watch. The following was highlighted from the report:

*CPI (Clinical Performance Indicators):* since August 2007 the overall completion rate for CPIs has remained at 61%. It was suggested that the high number of team leader vacancies and the participation of team leaders in undertaking PDRs was partly responsible. It was noted that there were marked differences in the level of CPIs undertaken across London. The Deputy Director of Operations, Control, said that the number of feedback sessions is a more meaningful measure as it is this that brings about improvements in performance and change in practice; 80% of front line staff have received feedback.

*Complaints:* the Trust is meeting the target of 25 days for the majority of complaints; the bulk of complaints have timely and appropriate outcome reports attached. Members of staff received feedback on the complaint and consideration is given as to whether there are lessons to be learnt for the Trust that should be shared via the LAS News. In response to a question from the Chairman of the Patients Forum, the Assistant Director of Operations, East, said that as/when necessary an extension of the 25 day deadline is negotiated with complainants at the outset of the process.

*Clinical Development:* the Committee's attention was drawn to the training being delivered to staff at complex level e.g. in respect of maternity, paediatrics and 12 Lead ECG.

No *Serious Untoward Incident* has been declared since the Committee met in July 2007.

*Rest Breaks:* In September 72% of staff received a rest break, either during their shift or at the end. A review of the Rest Break Agreement by staff side and management is ongoing. Sarah Waller asked that the information presented to the Board give the breakdown according to FRU, Urgent Care and Ambulance. ACTION: Deputy Director of Operations.

*PDR (Personal Development Reviews):* it is expected that the majority of front line staff will have had a PDR by the end of October. Progress across the Trust has been uneven, with none being undertaken at stations while others have undertaken 60% of the one:one meetings.

*Chief Executive's Consultation Meeting:* the lessons learnt from the consultation meetings were shared with the Assistant Director of Operations and an action plan drawn up to address many of the issues identified. These will be cascaded down through the organisation.

In response to a question from the Chairman, it was confirmed that, where appropriate, members of staff who have either received complaints concerning attitude and behaviour or who receive abuse from members of the public, are encouraged to attend courses designed to help them manage difficult incidents.

*East:* the Assistant Director of Operations, East, said that a trial is being undertaken with FRUs involving FR2s and the use of different software (Smart CPR). To date there has been very positive feedback received

Control Services: during the last quarter AMPDS completion trend was very positive, achieving above target performance. Call Line Identification (CLI) should be in place from 9<sup>th</sup> November. CLI for mobiles is still not available.

*CTA (Clinical Telephone Advice):* Recruitment of quality assessor is being undertaken following the resignation of the quality assessor. Approximately 2% of calls are currently being quality assured. There has been an increase in the number of calls deemed suitable for CTA. In May 2007, approximately 1,000 calls per week received clinical telephone advice and this has increased, with 1,375 calls receiving clinical telephone advice. The target is 1,500 per week by the end of the year.

*Complaints:* 81% of complains are responded to within 25 days, currently there are only 2 outstanding. Outcome reports are being produced for the majority of complains and staff receive feedback on the complaints.

*Clinical development:* AMPDS 11.3 is being tested. Work is taking place on the quality assurance tool PSIAM and is expected to be implemented in early 2008.

A Control Services Bulletin is being issued on a monthly basis and contains a section on complaints, risks, language line. ACTION: Deputy Director of Operations, Control, to forward copy to Trust Secretary, who will circulate it to the Committee for information

The Deputy Director of Operations, Control, said that work is taking place at a national level in respect of job specification for control room staff, i.e. roles and competencies for control services that will include NVQs. In addition, a performance management network is meeting to agree a balanced scorecard that will enable benchmarking across the ambulance services.

**Noted: The contents of the report.**

**68/07 Update re. NICE**

The Medical Director said that the Clinical Practices Manager monitors the NICE website for guidelines relevant to the LAS.

**Noted: That the Medical Directors Bulletin and the Medical Directors Update would inform front line crews of guidelines issued by NICE in respect of children with fever, head injury, intrapartum care and acute coronary syndrome.**

**69/07 Reports from Groups/Committees**

1 Infection Control Steering Group – 30<sup>th</sup> August 2007

Head of Operational Support highlighted the following:

- Needle stick injuries have decreased by 50% since the introduction of Braun safety caunulas.
- The Infection Control Manual is being revised and updated
- The Infection Control Programme is in place
- That work is taking place in respect of education & communications on a local basis, working with health & safety representatives and endeavouring to identify local infection control 'champions'.
- Subject to VEWG's agreement 2 maternity towels will be placed in the maternity packs. In response to a question from Medical Director the Head of Operational Support said that the Ferno Pack used to have two but were repackaged with only one.
- The new FRU vehicles has different cloth seat cover fitted. There will be a programme of retro fitting existing vehicles with the new design, which is more readily cleaned, with the intention of improving infection control.



**Noted:**

- 1. The minutes of the Infection Control Group – 30<sup>th</sup> August 2007.**
- 2. That there is currently a shortfall of infection control manuals on stations.  
ACTION: Education Standards Manager to circulate spare manuals to all Duty Station Officers.**
- 3. That the revision of the Infection Control Manual will include document control and the revised manual will be made available electronically.**
- 4. That although the Infection Control Manual not available via MDT, support will be available to front line crews via the EOC Clinical Support Desk.**

**2 Standards for better health – 27<sup>th</sup> July 07**

The Head of Governance said that at the meeting on 27<sup>th</sup> July discussion took place regarding the Annual Health Check for 2008/09, and the updating of the Trust's Assurance Framework that the Trust Board will consider in November.

**Noted:**

**The oral report concerning the Standards for Better Health meeting held 27<sup>th</sup> July 2007.**

**3 Training Services Group – 22<sup>nd</sup> August 2007**

The Medical Director highlighted the following from the minutes:

There was considerable focus concerning the training plan and on the content of the modules. The Group recognised that the difficulties trainee paramedics experienced with some of the courses indicated the need for pre course support for individual trainees.

Urgent Care Staff (a.k.a A&E Support Staff): a review of the national model for Urgent Care Assistant is being undertaken. The two roles are very similar though there is as yet no NVQ. It was recognised that there is little or no career path for people recruited to this role. It was accepted that the Service will introduce a selection procedure whereby individuals with potential can progress to becoming paramedics. Entry to the new paramedic course will eventually be at a higher education level. The first year of the current foundation degree is essentially unpaid, though bursaries may be available for a limited number of candidates to enable ECAs to progress up the career ladder. There is general agreement concerning the principle, though the practicalities have yet to be agreed.

**Noted:**

**The minutes of the Training Services Group – 22<sup>nd</sup> August 2007**

**4 Clinical Audit & Research Steering Group – 14th September 2007**

The Medical Director highlighted the following from the CARSG minutes in regard to a number of studies that are being undertaken:

- with the Royal London and Homerton Hospitals to improve stroke recognition by adding an aspect to the FAST test which will include visual fields defect.
- with the London Chest Hospital on the pre-hospital use of clopidogrel for STEMI patients.
- on the safety and efficacy of Paramedics treatment of regular Supraventricular Tachycardia.

All participants in a study are required to attend a one day research course run by Barts and London NHS Trusts.

In response to a question concerning the availability of research funding, the Medical Director said that following the Department of Health changing its processes there is less funding available for research. The way forward will be for the LAS to work with other Trusts on collaborative projects. The Medical Director said the Trust was unsuccessful in its bid for research funding to Diabetes UK.

The Medical Director outlined the changes that have occurred in the treatment of stroke in London with an increase in access to treatment centres. There continues to be concern

regarding patients' access to acute stroke rehabilitation. The Chairman acknowledged the efforts of the Patients' Forum in regard to the treatment of stroke in London.

**Noted: The minutes of the Clinical Audit & Research Steering Group, 14<sup>th</sup> September 2007.**

**Noted: That the following groups have not met since the last CGC meeting: Risk Compliance & Assurance Group; PPI Committee; Complaints Panel; the Clinical Steering Group, Race Equality and Diversity Strategy Group.**

**70/07 Dates of next meeting:**

Full: Tuesday, 18<sup>th</sup> December 2007 at 2.00pm in the Conference Room, HQ

Core: Monday, 4th February 2008, at 9.30am in the Conference Room, HQ

Meeting concluded at 12.10

**LONDON AMBULANCE SERVICE NHS TRUST BOARD****TRUST BOARD 27<sup>th</sup> November 2007****Report of the Trust Secretary  
TENDERS RECEIVED****1. Purpose of Report**

i. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.

ii. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

**2. Tenders Received**

There have been 3 tenders received since the last Trust Board meeting.

Real Time Software

EADS Defence & Security Systems Ltd  
Northgate  
The Optima Corporation

Conversion of Vauxhall Zafiras for  
Rapid Response Units and ECPs

Wilker  
Papworth  
MacNellie  
Bluelite  
AES

**3. Recommendations**

THAT the Board note this report regarding the receipt of tenders.

Christine McMahon  
Trust Secretary

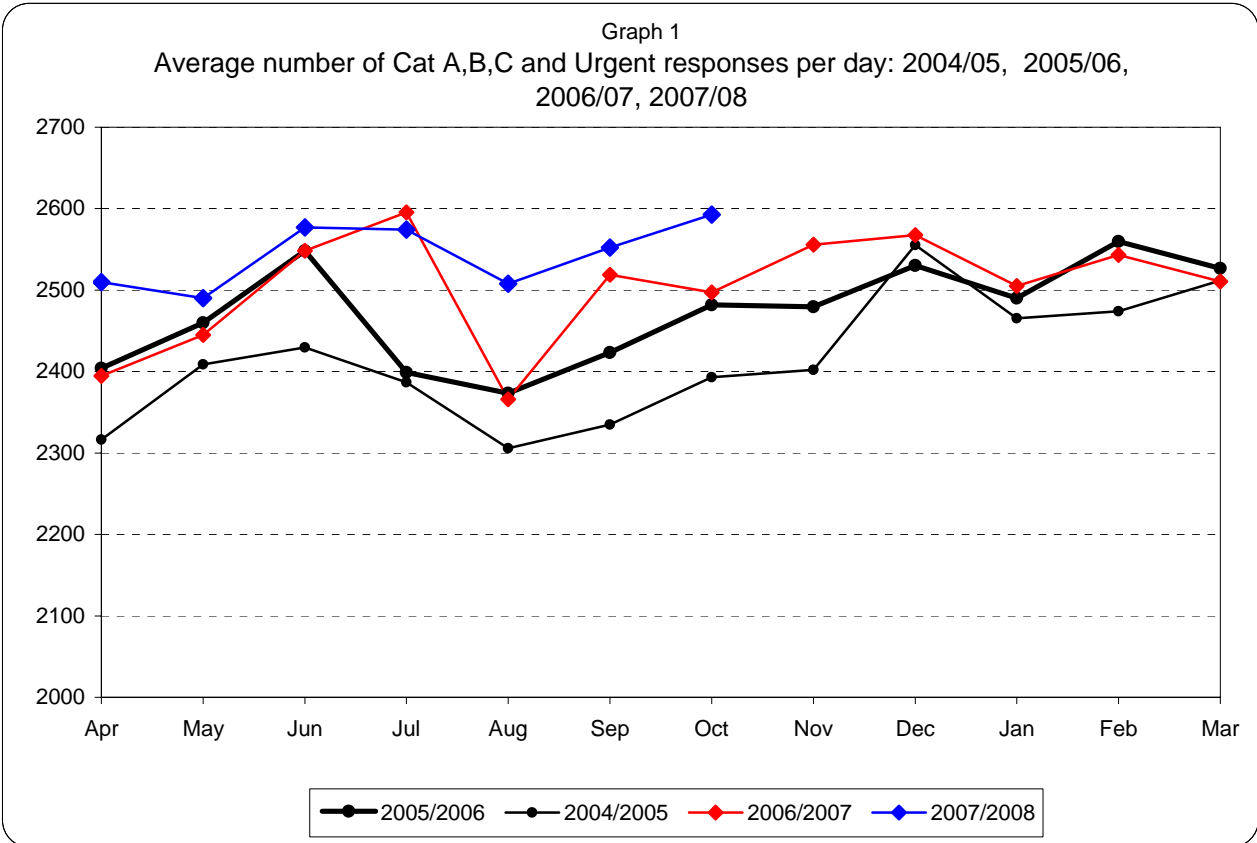


London Ambulance Service  
NHS Trust

# **Information Pack for Trust Board**

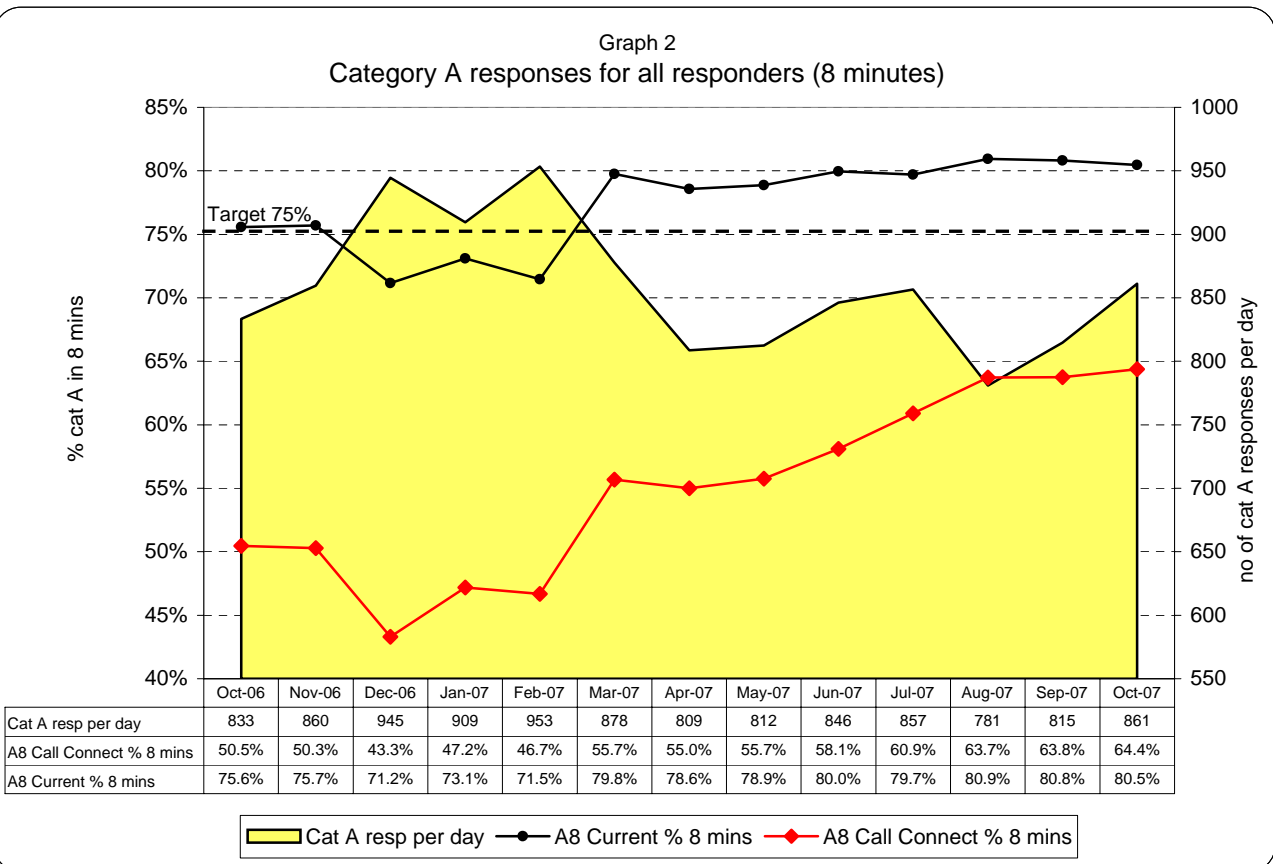
**October 2007**

# London Ambulance Service NHS Trust Accident and Emergency Service Activity and Category A and performance

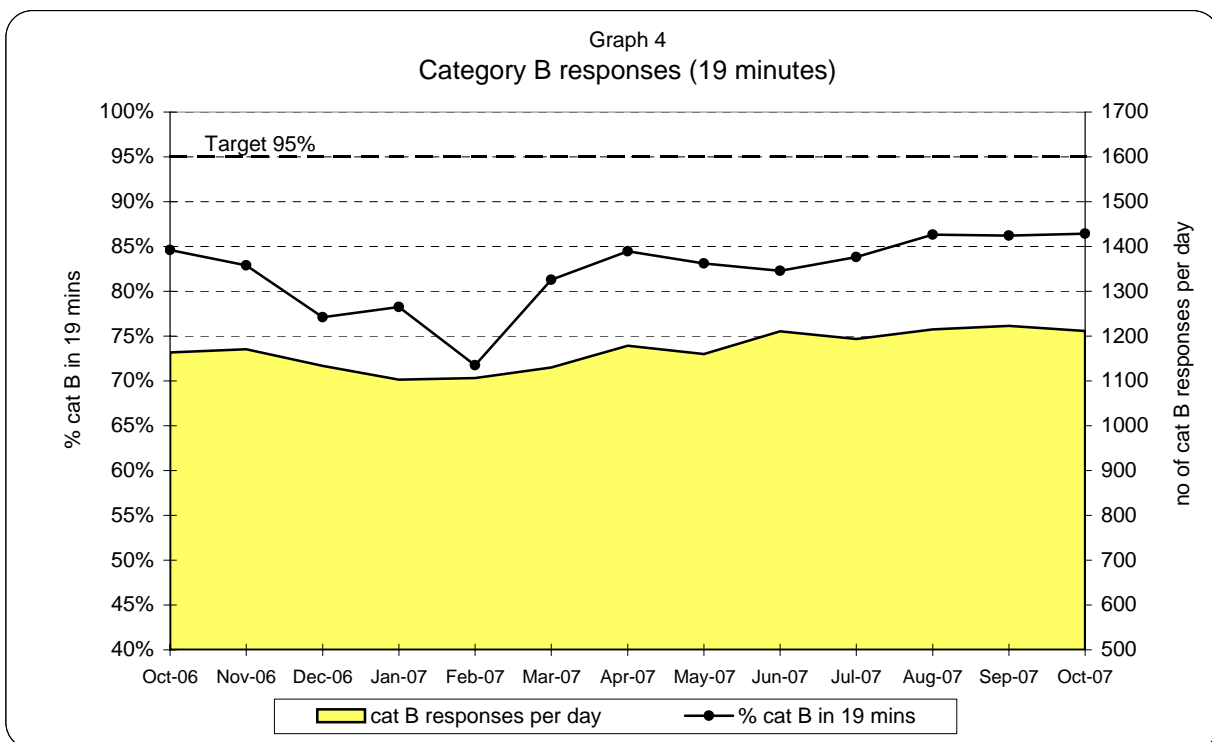
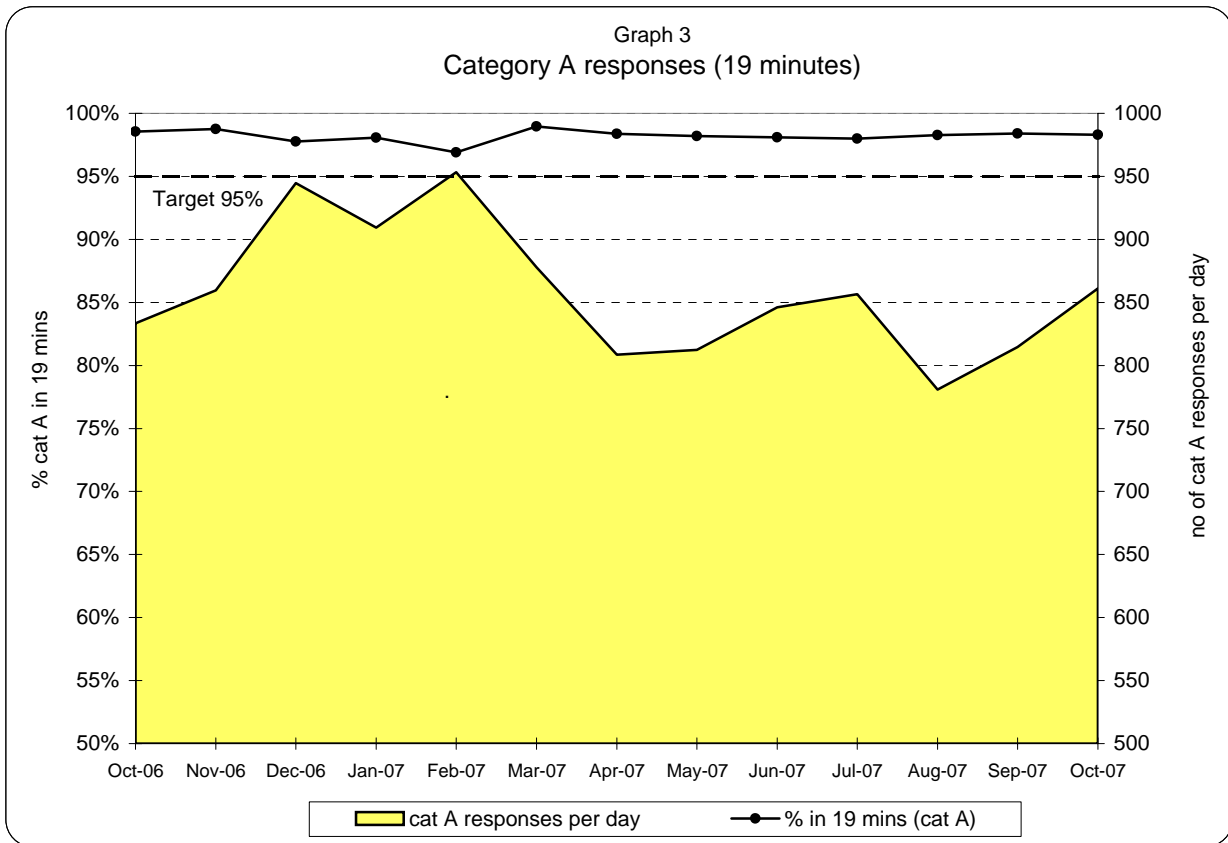


### Cat A,B,C and Urgent responses: monthly and year to date comparison

<b>October 07 v October 06</b>	<b>year so far 07 v year so far 06</b>
<b>+3.8%</b>	<b>+2.5%</b>

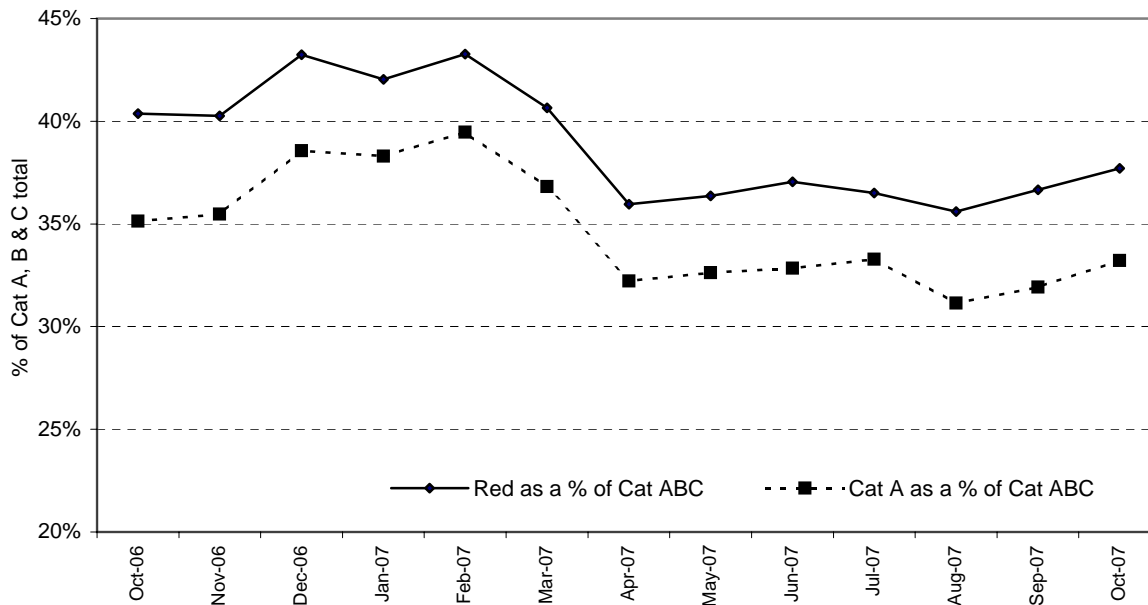


**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Category A and Category B 19 minute response activity and performance**



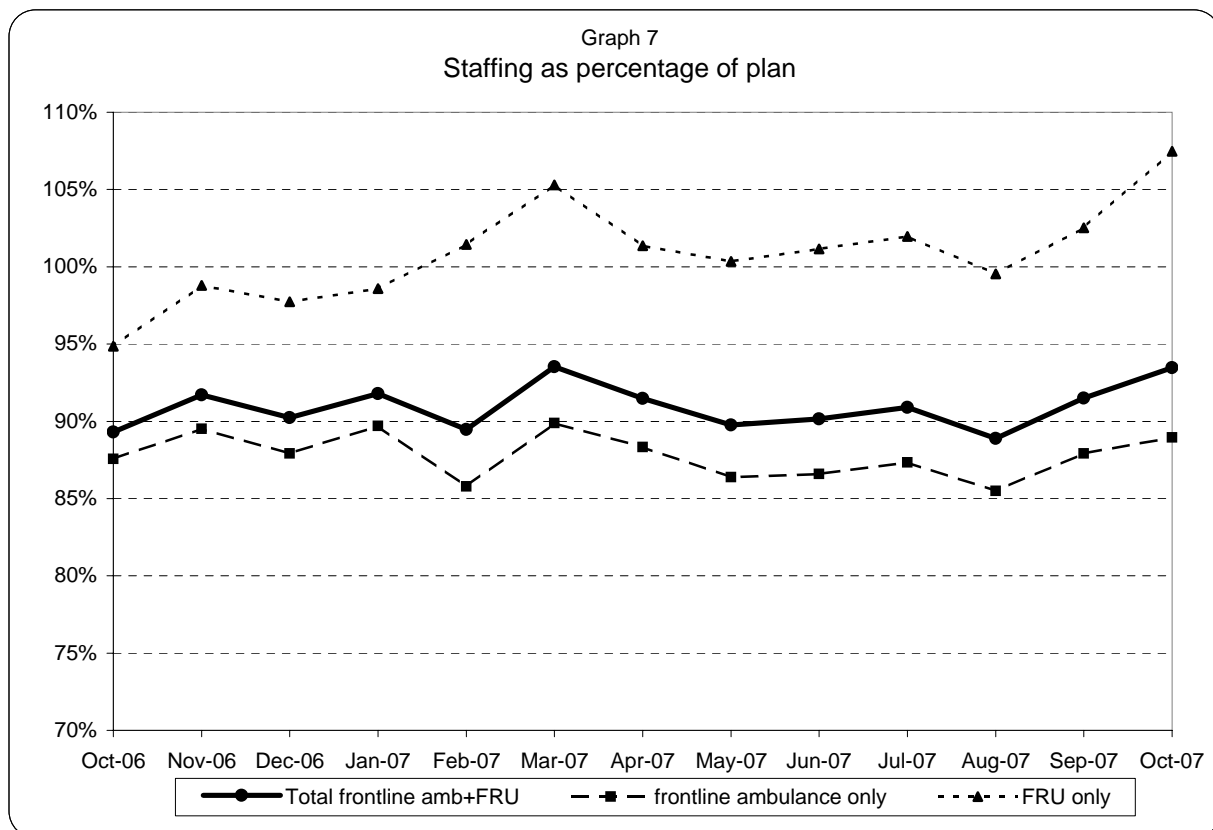
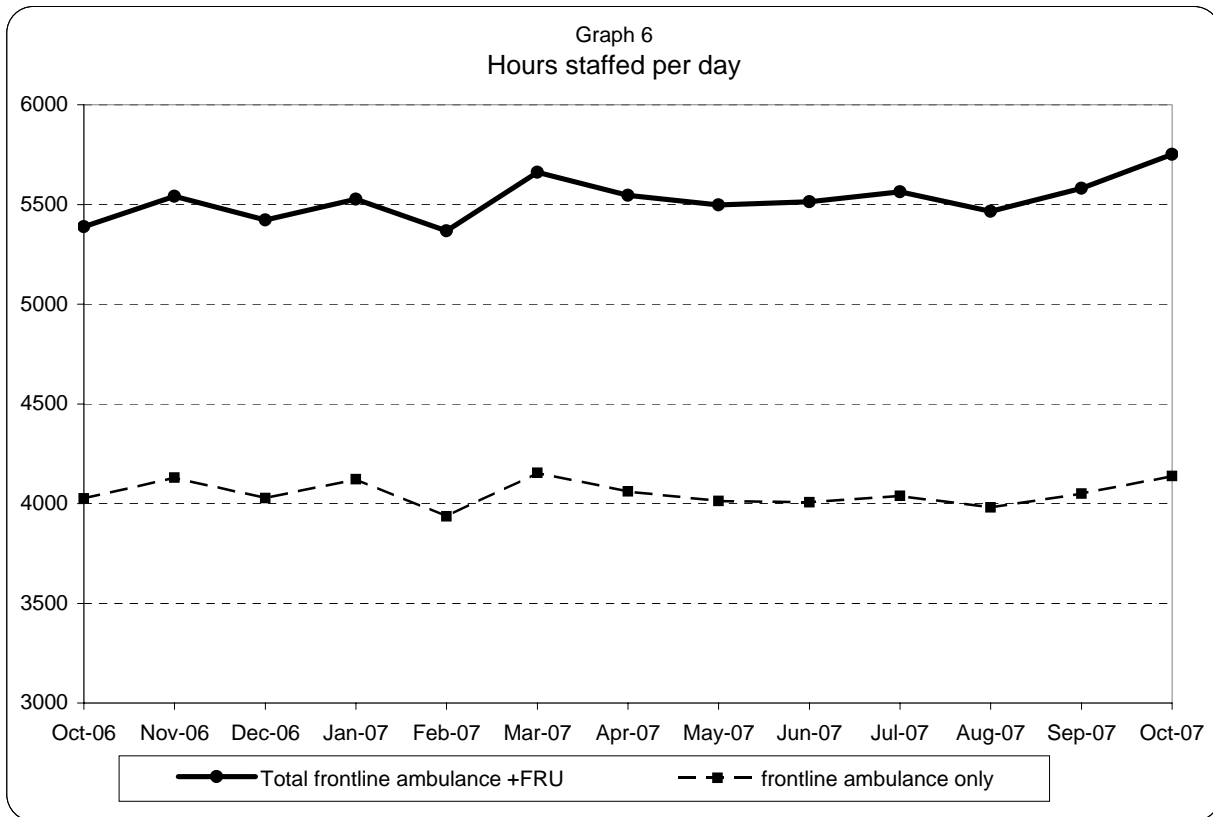
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Category A and Red Responses as a percentage of the total Cat A, B & C demand**

Graph 5  
Category A and Red Responses as a percentage of the total Cat A, B & C demand



	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07
Red as a % of Cat ABC	40%	40%	43%	42%	43%	41%	36%	36%	37%	37%	36%	37%	38%
Cat A as a % of Cat ABC	35%	35%	39%	38%	39%	37%	32%	33%	33%	33%	31%	32%	33%

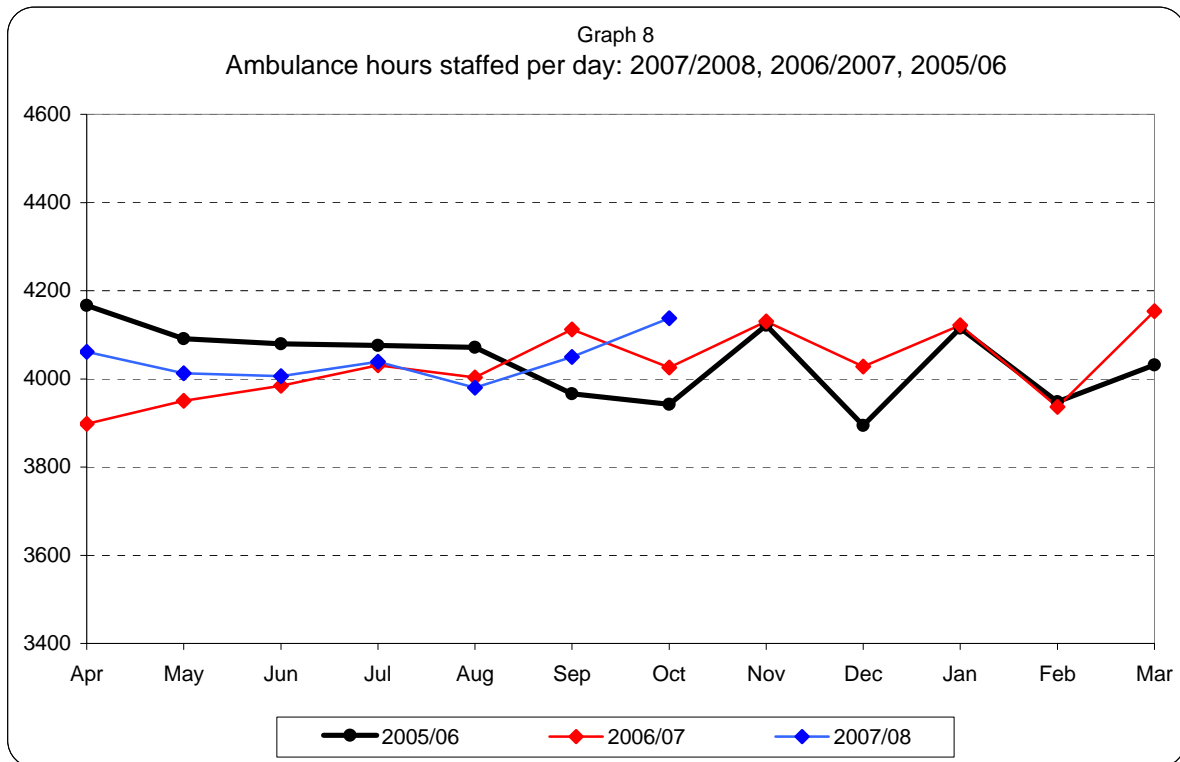
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Ambulance and FRU staffing**



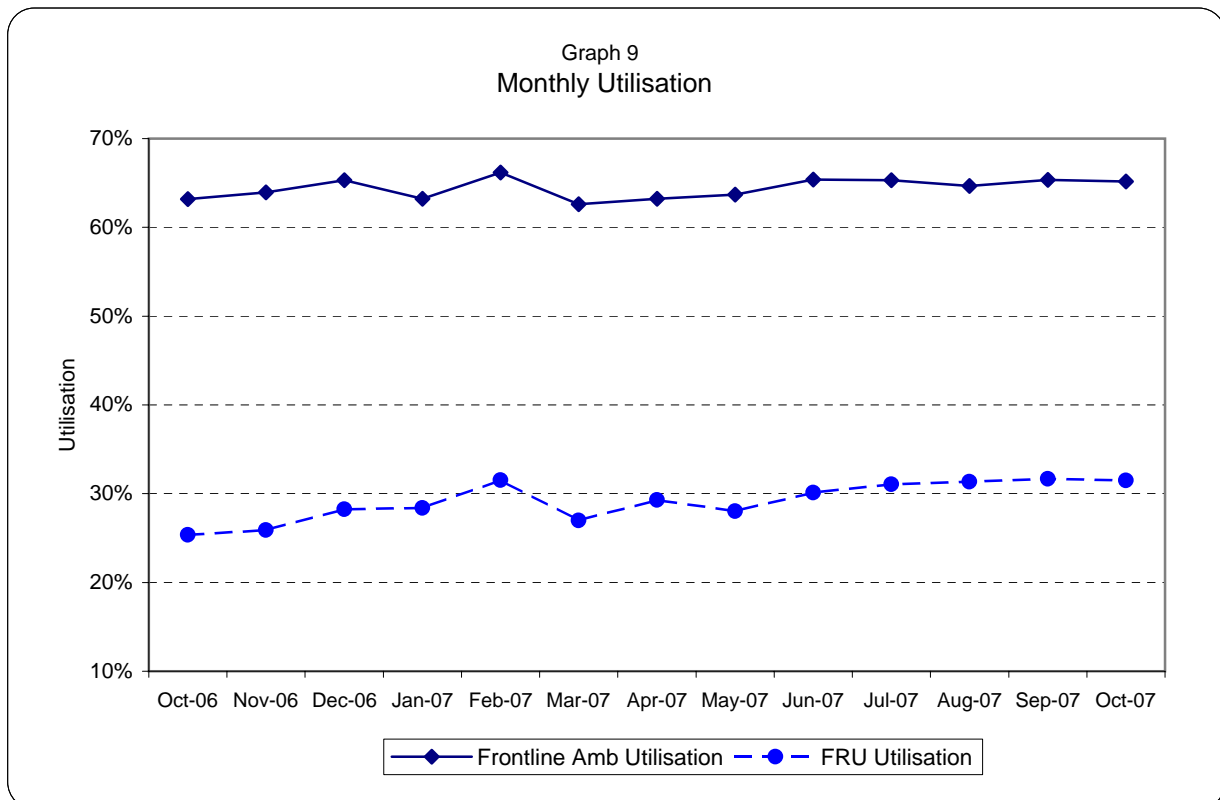
Note: staffed = (plan + additional - unmanned - single)/plan



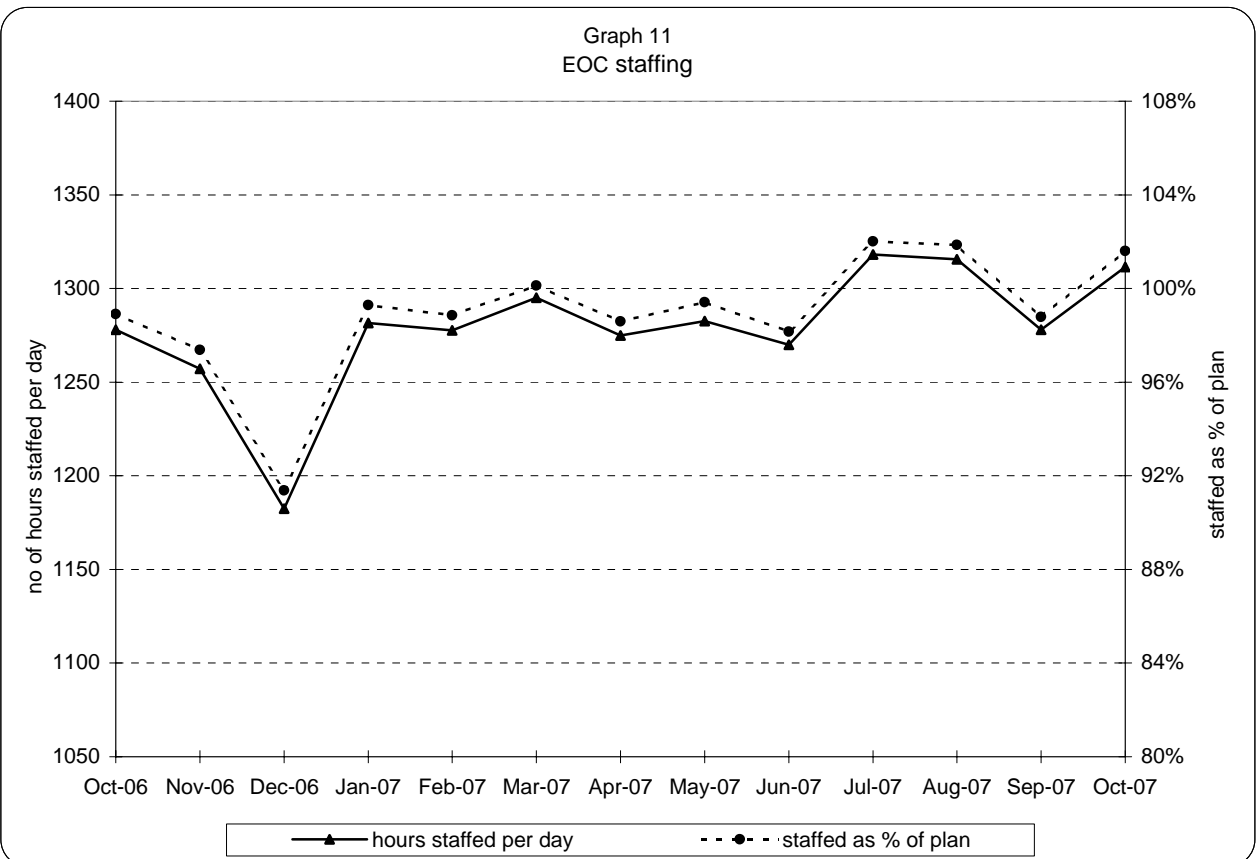
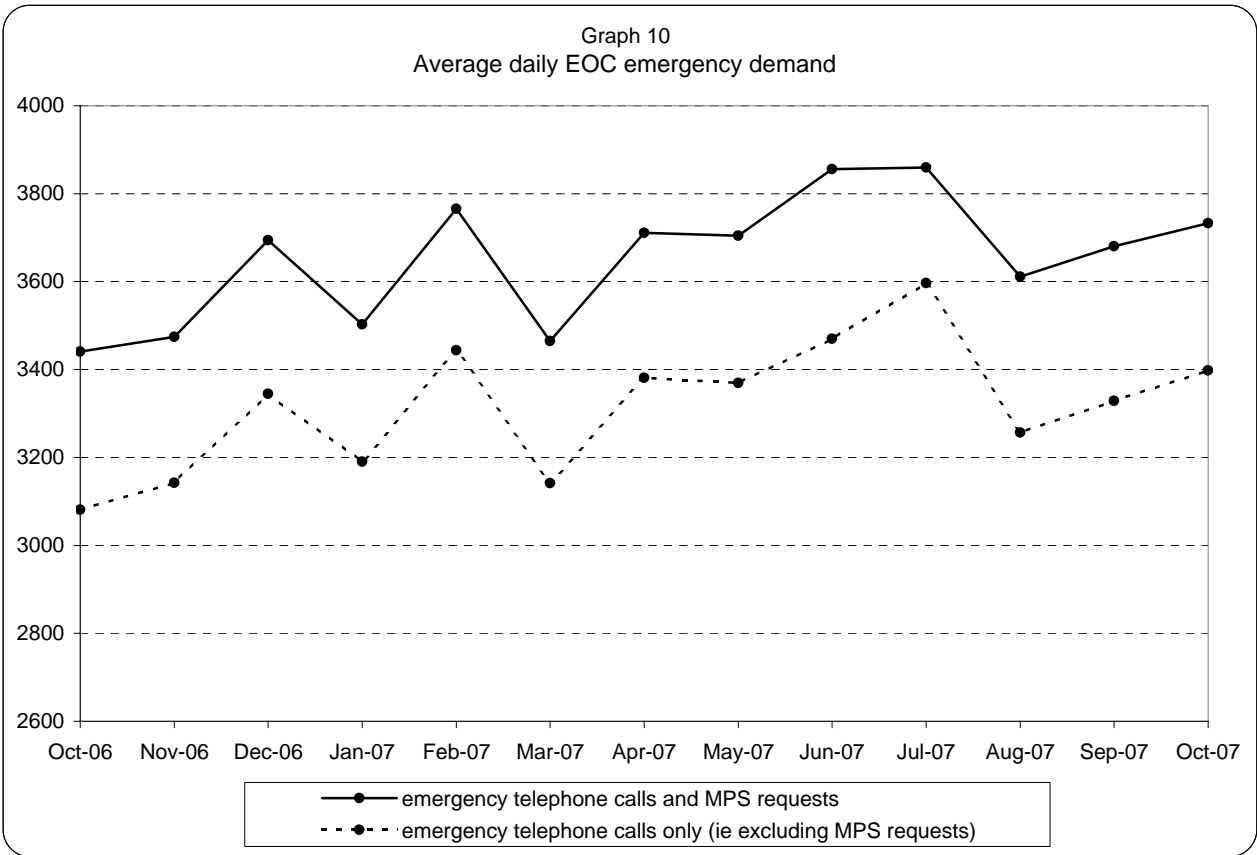
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Yearly comparison of ambulance staffing and Average Monthly Utilisation**



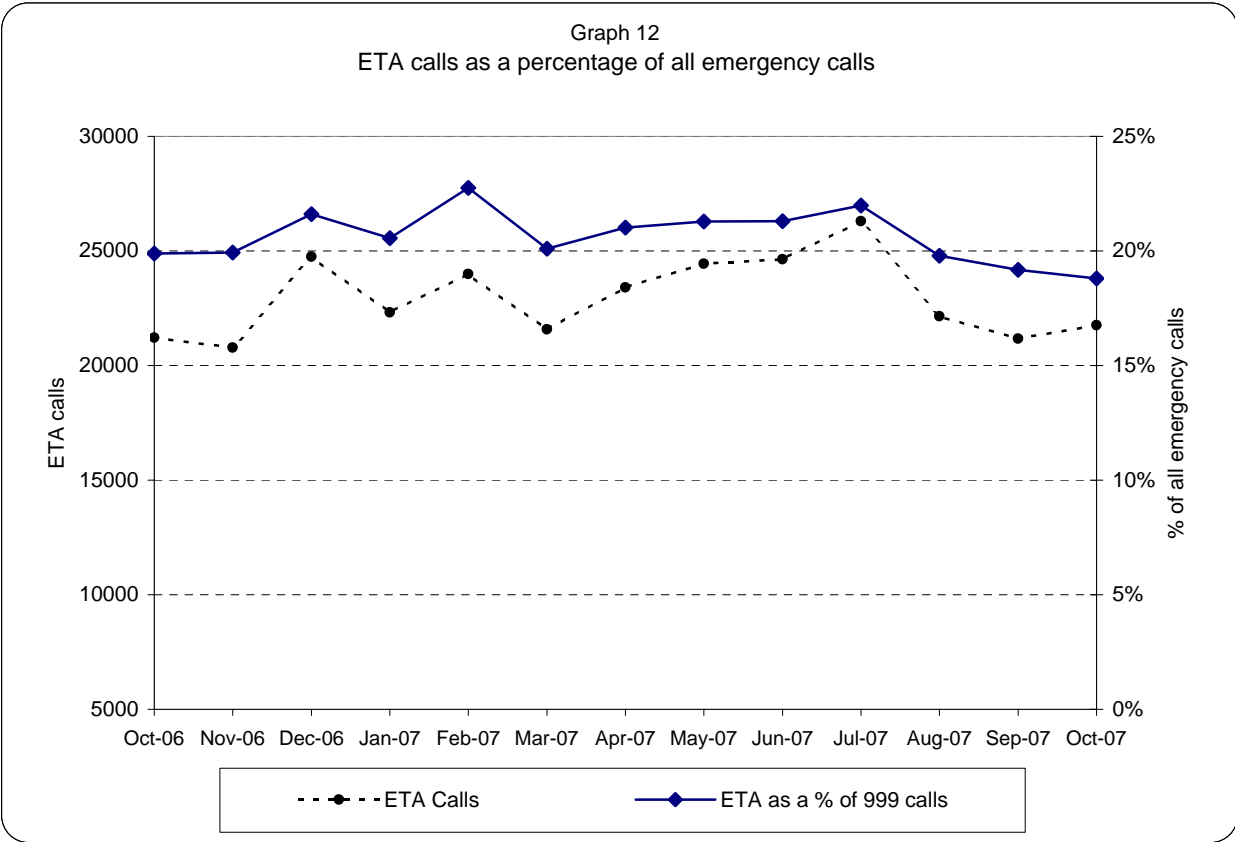
Note: staffed = plan + additional - unmanned - single



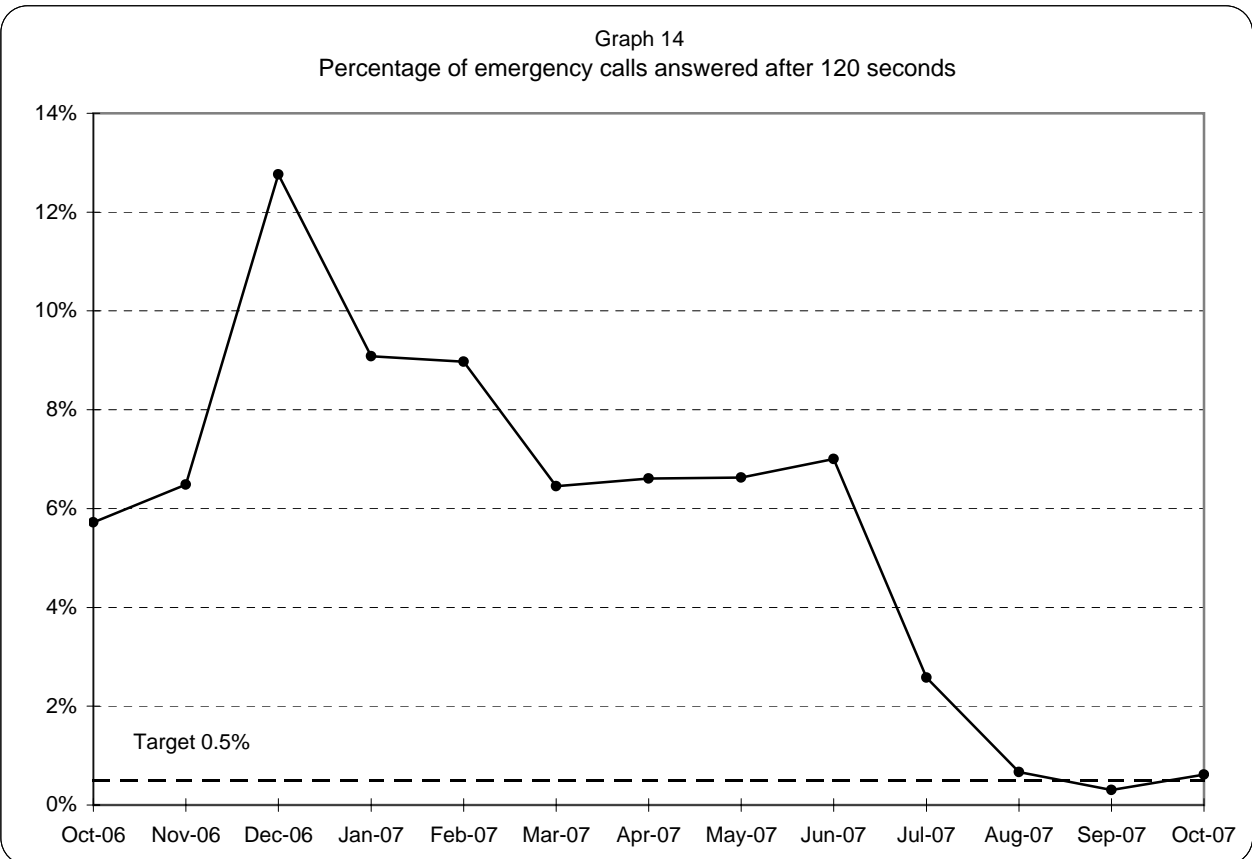
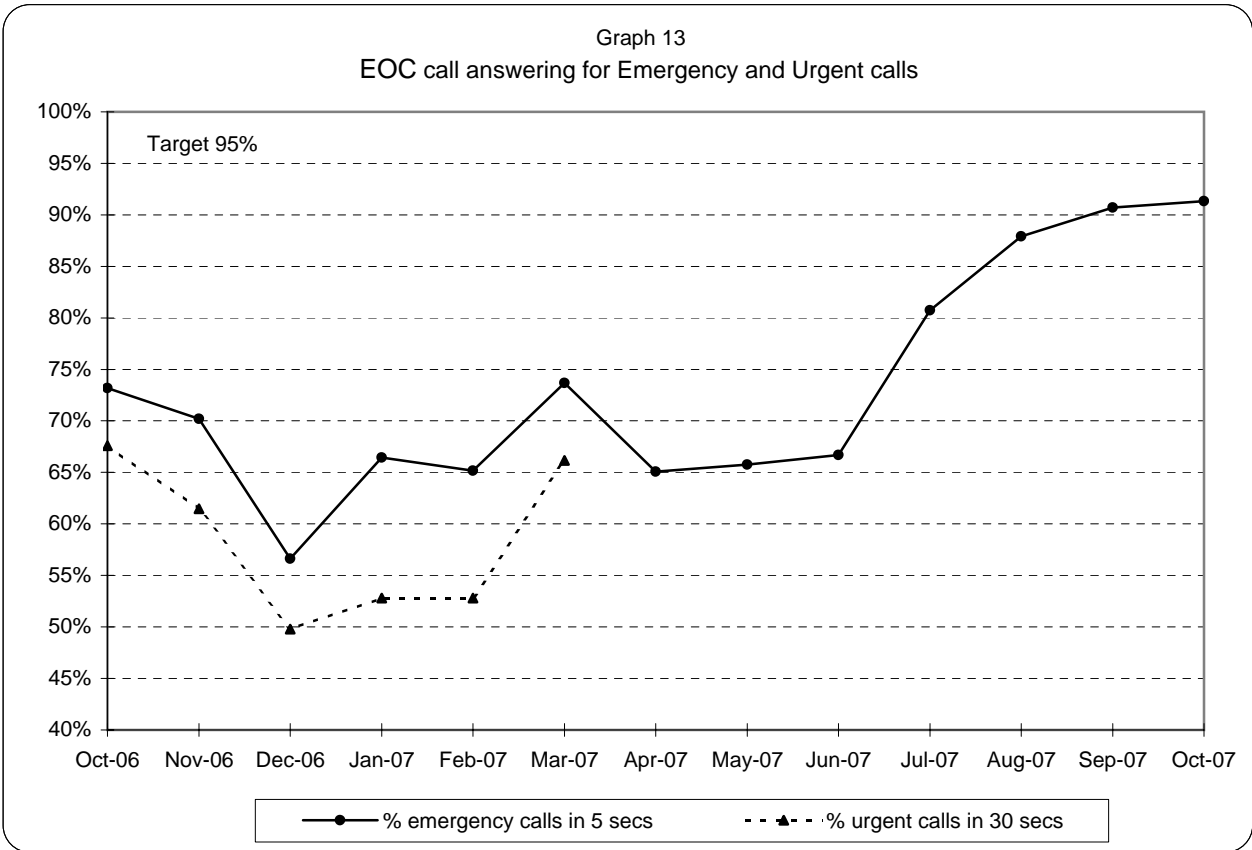
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
EOC activity and staffing**



**London Ambulance Service NHS Trust  
Accident and Emergency Service  
ETA calls as a percentage of all emergency calls**



**London Ambulance Service NHS Trust  
Accident and Emergency Service  
EOC call answering performance**



Note: 95% target applies to both Emergency and Urgent call answering

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Urgent Care Service workload**

Table 1: Workload by UCS crews, for Green, Urgent, Non Urgent and CTA

<b>Crew type</b>	<b>Jun-07</b>	<b>Jul-07</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>
EMT 1	1381	1645	1558	1591	1774
Whitework	944	1015	1105	874	1106
PTS	108	59	46	62	84
ECP	279	365	288	302	253
VAS	8	8	5	29	2
CTA	3642	4450	4260	4674	5340
<b>UCS Total</b> (green, urgent, non urgent & CTA)	<b>6362</b>	<b>7542</b>	<b>7262</b>	<b>7532</b>	<b>8559</b>
<b>Non UCS Total</b> (green, urgent, non urgent)	<b>14526</b>	<b>14906</b>	<b>14702</b>	<b>14337</b>	<b>14567</b>
<b>TOTAL</b>	<b>20888</b>	<b>22448</b>	<b>21964</b>	<b>21869</b>	<b>23126</b>
% of total by UCS	30.5%	33.6%	33.1%	34.4%	37.0%

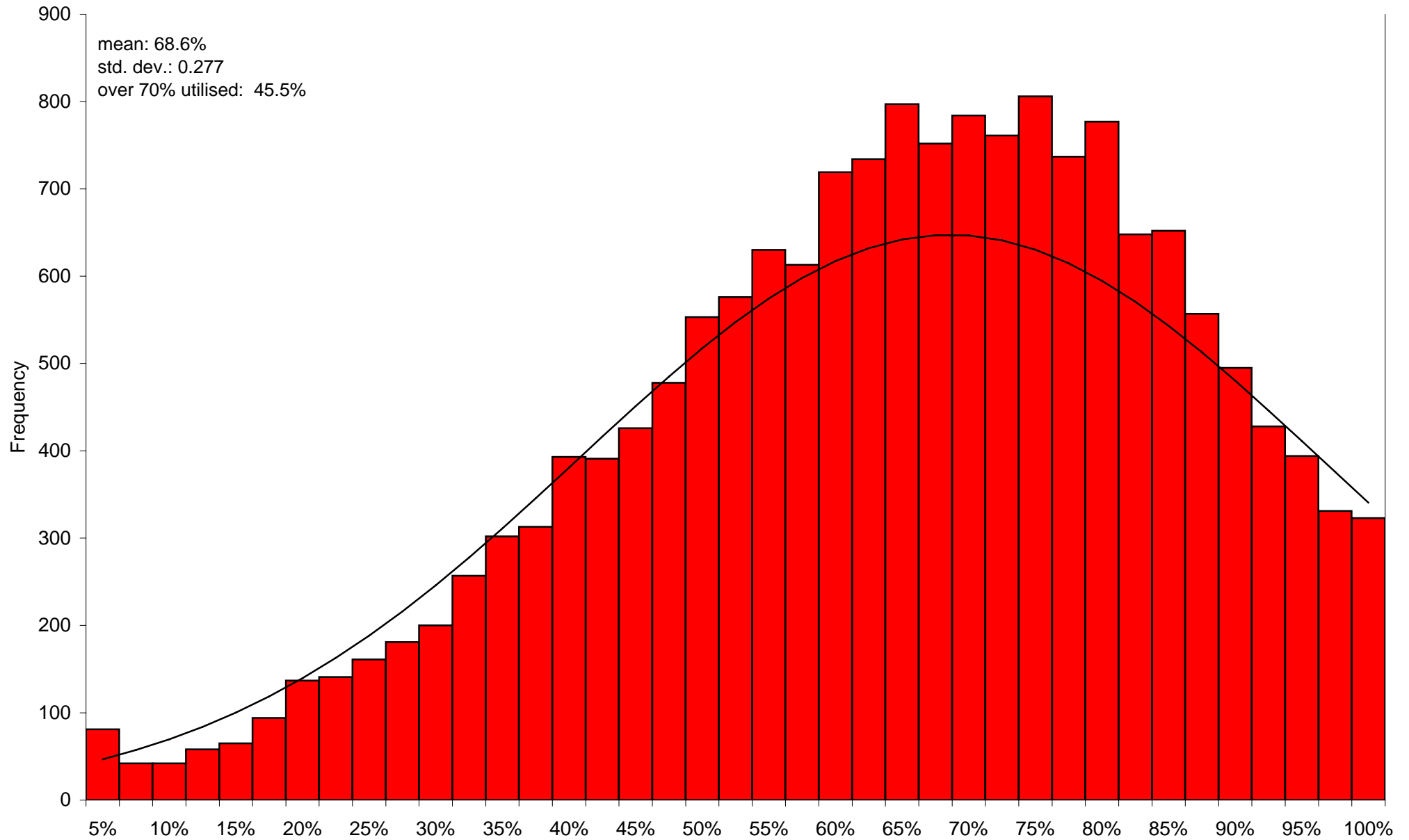
\* Workload here refers to all arrivals on scene and will therefore include multiple responses to an incident (except for CTA, which refers to all calls passed to CTA)

**London Ambulance Service NHS Trust**  
**Accident and Emergency Service**  
**Category A activity and performance by Primary Care Trust**

Table 2

		Aug-07			Sep-07			Oct-07			Year to date		
		Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins
5K5	Brent PCT	874	721	82%	877	733	84%	979	818	84%	6,530	5,340	82%
5HX	Ealing PCT	983	781	79%	958	754	79%	1,076	848	79%	7,101	5,598	79%
5H1	Hammersmith & Fulham PCT	585	492	84%	603	507	84%	625	507	81%	4,174	3,501	84%
5K6	Harrow PCT	556	484	87%	597	527	88%	654	564	86%	4,180	3,609	86%
5AT	Hillingdon PCT	828	698	84%	895	748	84%	944	783	83%	6,236	5,126	82%
5HY	Hounslow PCT	700	528	75%	706	546	77%	786	610	78%	5,078	3,910	77%
5LA	Kensington & Chelsea PCT	495	396	80%	400	338	85%	433	343	79%	3,119	2,526	81%
5LC	Westminster PCT	1,081	902	83%	1,096	909	83%	1,241	1,035	83%	8,070	6,738	83%
5A9	Barnet PCT	817	636	78%	929	745	80%	962	777	81%	6,362	4,983	78%
5K7	Camden PCT	862	754	87%	831	728	88%	920	814	88%	6,146	5,397	88%
5C1	Enfield PCT	859	738	86%	841	707	84%	971	840	87%	6,411	5,340	83%
5C9	Haringey PCT	779	635	82%	806	599	74%	858	668	78%	5,816	4,528	78%
5K8	Islington PCT	727	608	84%	797	655	82%	833	696	84%	5,412	4,494	83%
5C2	Barking & Dagenham PCT	624	502	80%	595	468	79%	685	555	81%	4,505	3,533	78%
5C3	City & Hackney PCT	891	707	79%	954	732	77%	964	722	75%	6,551	5,026	77%
5A4	Havering PCT	636	521	82%	648	521	80%	715	584	82%	4,728	3,690	78%
5C5	Newham PCT	950	731	77%	923	748	81%	1,000	777	78%	6,869	5,352	78%
5NA	Redbridge PCT	714	554	78%	731	594	81%	754	606	80%	5,142	3,956	77%
5C4	Tower Hamlets PCT	824	681	83%	764	654	86%	931	759	82%	6,086	4,914	81%
5NC	Waltham Forest PCT	710	544	77%	746	536	72%	755	587	78%	5,231	3,976	76%
5AX	Bexley PCT	547	460	84%	552	441	80%	601	444	74%	4,022	3,162	79%
5A7	Bromley PCT	702	552	79%	732	577	79%	830	642	77%	5,365	4,125	77%
5A8	Greenwich PCT	814	690	85%	824	683	83%	898	726	81%	5,805	4,738	82%
5LD	Lambeth PCT	1,041	792	76%	1,003	770	77%	1,029	811	79%	7,237	5,579	77%
5LF	Lewisham PCT	828	669	81%	906	730	81%	947	741	78%	6,124	4,892	80%
5LE	Southwark PCT	1,037	865	83%	1,037	867	84%	1,163	966	83%	7,523	6,082	81%
5K9	Croydon PCT	1,089	834	77%	1,025	810	79%	1,193	938	79%	7,594	5,890	78%
5A5	Kingston PCT	374	300	80%	383	296	77%	394	320	81%	2,758	2,157	78%
5M6	Richmond & Twickenham PCT	374	264	71%	415	315	76%	459	352	77%	2,856	2,150	75%
5M7	Sutton & Merton PCT	890	704	79%	902	730	81%	1,063	852	80%	6,570	5,157	78%
5LG	Wandsworth PCT	689	530	77%	771	601	78%	861	641	74%	5,383	4,088	76%
	Lowest (excl out of London)			71%			72%			74%			75%
	Highest (excl out of London)			87%			88%			88%			88%
	Range			17%			16%			15%			13%

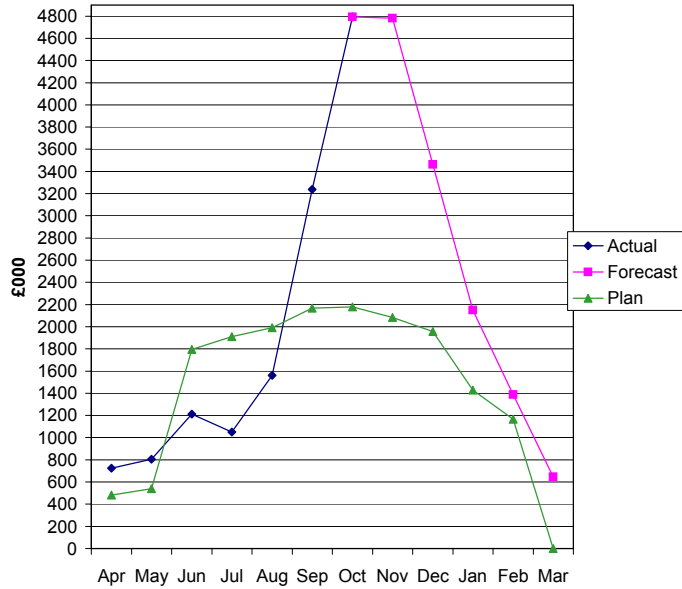
Distribution of hourly vehicle utilisations by complex - October 2007



**London Ambulance Service NHS Trust**  
**Summary of Financial Performance for the month ending 31st Oct (Month 7)**

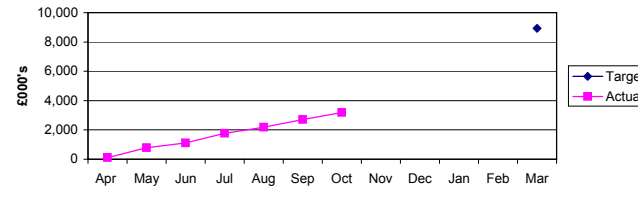
**Income and Expenditure**

**Cumulative Net Financial Position**

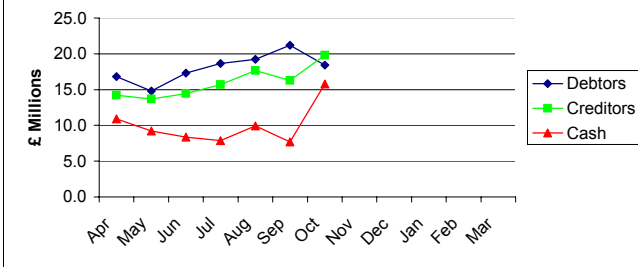


**Balance Sheet**

**Distance from Capital Resource Limit**



**Working capital**



Ratios	Aug	Sept	Oct	Risk rating
Asset turnover ratio	1.84	1.86	1.87	●
Debtors % > 90 days	38%	36%	26%	●
A&E Debtor days	2	2	3	●
PTS Debtor days	37	42	48	●
PSPP NHS	100%	100%	100%	●
PSPP Non NHS	85%	82%	86%	●

**Key Financial Indicators**

	Aug	Sept	Oct
<b>A&amp;E Overtime (£000) / Day (Month)</b>	£38	£35	£34
<b>A&amp;E Overtime (% of paybill)</b>	9%	9%	8%
<b>Subsistence (£000) / Day (Month)</b>	£5.58	£5.01	£5.65
<b>Subsistence per head £</b>	£43.83	£38.25	£44.27
<b>Third Party Transport expenditure / Day (Month)</b>	£3,653	£1,841	£3,041
<b>A&amp;E Cost per incident</b>	£185	£181	£177
<b>A&amp;E Gross Surplus (YTD) (% of Income)</b>	22.4%	23.1%	23.2%
<b>A&amp;E Net Margin (YTD) (% of Income)</b>	1.5%	2.8%	3.6%
<b>PTS Gross Margin (YTD) (% of Income)</b>	5.6%	5.0%	3.7%
<b>Cat B performance (cumulative)</b>	86%	84%	85%

**Financial Risks**

Overall risk rating	MED ●
1 Failure to meet Cat B activity targets	HIGH ●
2 Failure to manage A&E overtime within plan	MED ●
3 Failure to meet Trust CIP	MED ●
4 Failure to manage and control 3rd party exp	MED ●
5 PTS profitability less than forecast	LOW ●



## LONDON AMBULANCE SERVICE NHS TRUST

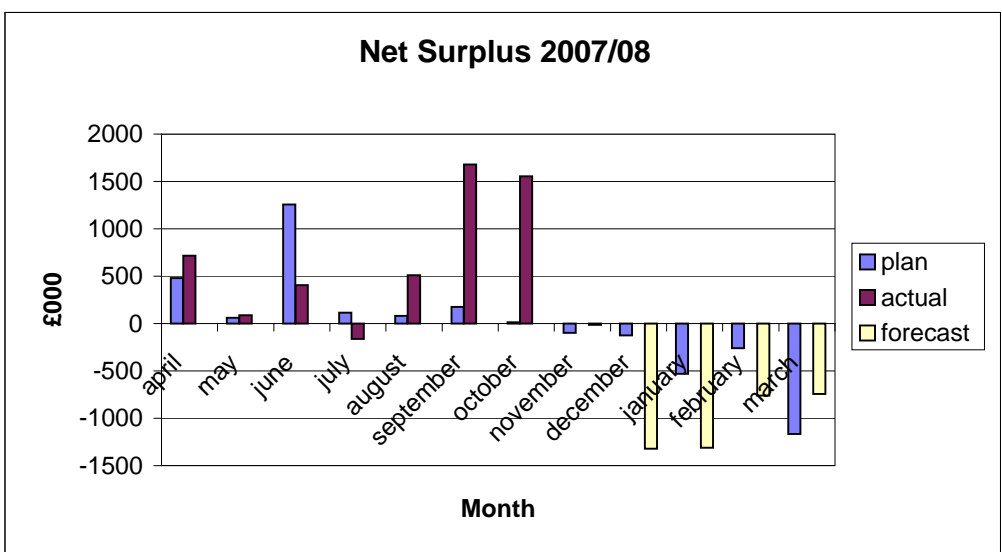
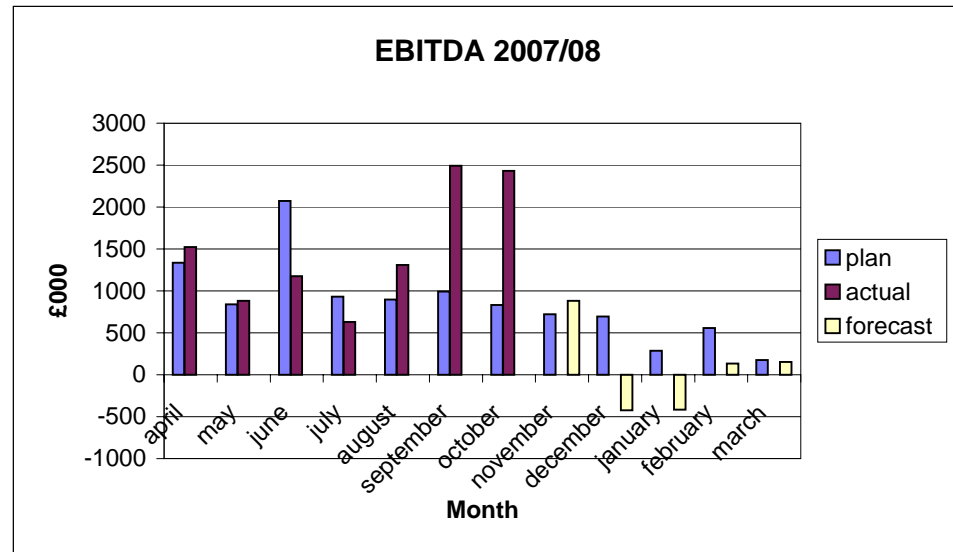
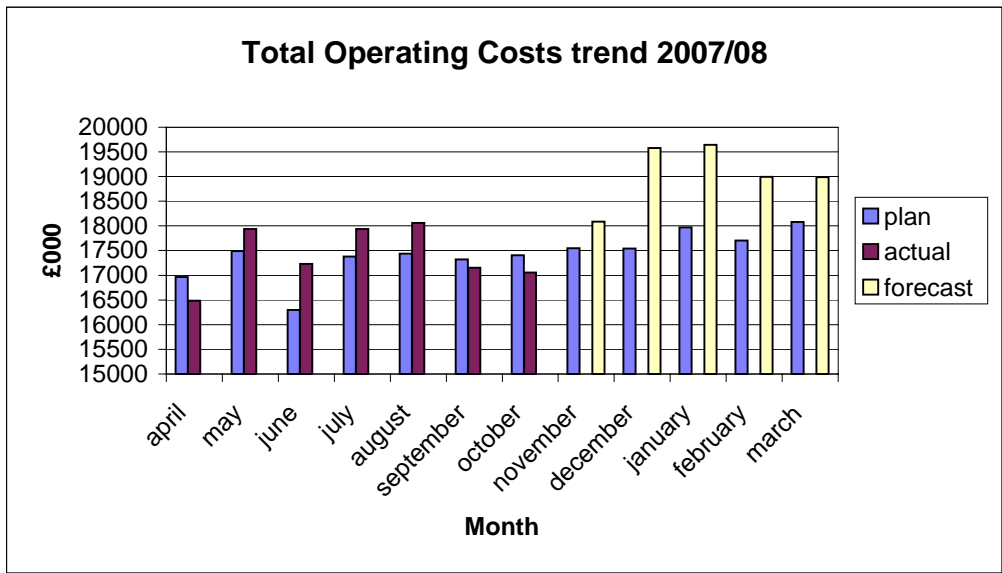
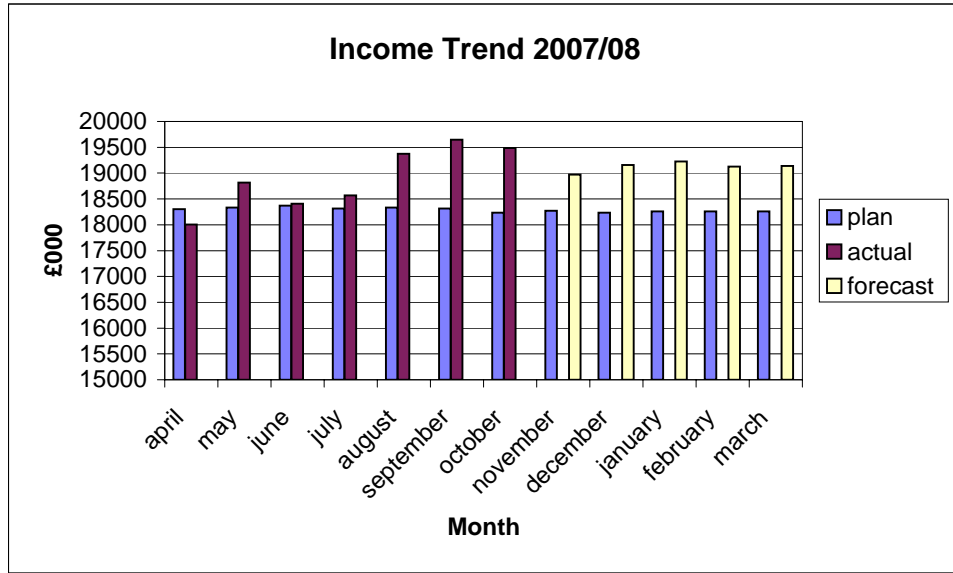
### Finance Report- Summary For the Month Ending 31 October 2007 (Month 7)

	<i>IN THE MONTH</i>			<i>YEAR TO DATE</i>				<i>ANNUAL</i>			<b>£000s</b>
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>	<u>Forecast</u>	<u>Budget</u>	<u>Variance</u>	
	<b>Total Income</b>	19,486	18,233	1,253F	132,308	128,199	4,109F	3.2%F	227,927	219,481	8,446F
<b>Total Operational Costs</b>	17,056	17,403	347F	121,869	120,295	(1,574)U	(1.3%)U	217,157	209,141	(8,016)U	
<b>EBITDA</b>	<b>2,430</b>	<b>831</b>	<b>1,599F</b>	<b>10,439</b>	<b>7,905</b>	<b>2,534F</b>	<b>1.9%F</b>	<b>10,769</b>	<b>10,340</b>	<b>430F</b>	
<b>EBITDA Margin</b>	<b>12%</b>	<b>5%</b>	<b>8%</b>	<b>8%</b>	<b>6%</b>	<b>2%</b>		<b>5%</b>	<b>5%</b>	<b>0%</b>	
<b>Depreciation &amp; Interest</b>	874	818	(56)U	5,645	5,726	81F	1.4%F	10,122	10,340	218F	
<b>Net Surplus/(Deficit)</b>	<b>1,555</b>	<b>13</b>	<b>1,543F</b>	<b>4,794</b>	<b>2,179</b>	<b>2,615 F</b>	<b>0.5%F</b>	<b>647</b>	<b>0</b>	<b>647F</b>	
<b>Net Margin</b>	<b>8%</b>	<b>0%</b>	<b>8%</b>	<b>4%</b>	<b>2%</b>	<b>2%</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	

- The Trust's month 7 variance is a £1.5m underspend. The year to date financial position is a £2.6m favourable underspend.
- Income is higher than plan in the month due to Call Connect and an adjustment made on Back to Back income. This drives the higher than plan EBITDA at 12% compared to a plan of 5% in the month.
- Expenditure is lower than plan in the month due to lower than planned expenditure on SPPP's and credits received relating to the BT IP Clear network and CTS contract.
- The net financial position in month 7 is £1.5m favourable compared to the forecast at month 6 of £0.3m favourable for month 7. The difference of £1.2m is split : pay £652k, non pay £578k and income £680k.  
The pay difference arises because the forecast included the impact of new EMTs but these were offset by people leaving the service. In addition the cost of AFC increments and overtime in October was not as high as expected.  
The non pay difference is due to expenditure on SPPP's being lower than expected and telecomms expenditure was smaller than forecast due to the impact of the credits received on IM&T contracts, as above.  
Income was higher than the forecasted amount since the total effect of reduction in contract income arising from an under recovery on the non conveyance target was taken into account in October's monthly forecast, but the actual accounting treatment of this has been spread throughout the rest of the financial year.
- The annual forecast is £647K favourable at month 7, up from £471k favourable in month 6.
- The forecast assumes receipt of income relating to the achievement of performance targets:
 

♦ Cat B 92%	£2,000K
♦ Cat B (95%) (Q4)	<u>£1,000K</u>
	<u>£3,000K</u>
- The annual forecast assumes call connect income & expenditure of £6,800K. Expenditure is forecast to increase in future months to account for spend on call connect initiatives.

**London Ambulance Service NHS Trust**  
**Month 7 Trust Board report - forecast data**



## LONDON AMBULANCE SERVICE NHS TRUST

### Forecast Income & Expenditure Trend As at 31 October 2007 (Month 7)

£000s

	MONTHLY SPEND												Total
	April <i>Actual</i>	May <i>Actual</i>	June <i>Actual</i>	July <i>Actual</i>	August <i>Actual</i>	September <i>Actual</i>	October <i>Actual</i>	November <i>Forecast</i>	December <i>Forecast</i>	January <i>Forecast</i>	February <i>Forecast</i>	March <i>Forecast</i>	
<b>Income</b>	<b>18,006</b>	<b>18,819</b>	<b>18,409</b>	<b>18,569</b>	<b>19,373</b>	<b>19,646</b>	<b>19,486</b>	<b>18,971</b>	<b>19,155</b>	<b>19,226</b>	<b>19,127</b>	<b>19,141</b>	<b>227,927</b>
<b>Pay Expenditure</b>													
A&E Operational Staff	8,087	8,036	8,024	7,995	8,440	8,018	8,088	8,300	9,143	8,746	8,367	8,393	99,636
Overtime	855	733	935	1,133	1,171	1,041	1,045	1,194	1,498	1,500	1,392	1,398	13,896
A&E Management	878	858	873	882	881	912	914	945	941	946	946	946	10,922
EOC Staff	859	908	900	921	899	936	920	981	949	984	970	975	11,202
PTS Operational Staff	550	570	529	547	128	457	465	432	432	439	436	432	5,418
PTS Management	81	70	86	80	94	86	80	82	82	82	82	82	984
Corporate Support	2,145	2,204	2,120	2,143	2,110	2,119	2,125	2,243	2,322	2,656	2,545	2,545	27,276
<b>Sub Total</b>	<b>13,456</b>	<b>13,379</b>	<b>13,467</b>	<b>13,700</b>	<b>13,723</b>	<b>13,569</b>	<b>13,637</b>	<b>14,177</b>	<b>15,367</b>	<b>15,352</b>	<b>14,738</b>	<b>14,771</b>	<b>169,334</b>
<i>Average Daily</i>	<i>449</i>	<i>432</i>	<i>449</i>	<i>442</i>	<i>443</i>	<i>452</i>	<i>440</i>	<i>473</i>	<i>496</i>	<i>495</i>	<i>526</i>	<i>476</i>	<i>464</i>
<b>Non-Pay Expenditure</b>													
Staff Related	245	206	191	217	189	205	213	306	208	220	215	217	2,631
Subsistence	53	194	125	159	173	150	175	159	164	169	174	179	1,874
Training	40	184	76	134	158	24	116	114	110	160	105	107	1,279
Medical Consumables & Equipment	226	401	340	291	479	341	312	372	371	489	483	475	4,581
Drugs	20	34	25	36	37	19	46	44	44	44	38	38	426
Fuel & Oil	296	317	313	324	319	301	342	336	335	334	333	334	3,883
Third Party Transport	29	51	49	77	113	55	94	117	239	239	238	238	1,539
Vehicle Costs	589	1,044	884	1,021	925	895	977	938	939	940	939	939	11,032
Accommodation & Estates	707	755	754	623	805	605	757	786	737	734	782	734	8,778
Telecommunications	354	426	340	619	407	576	201	405	759	639	648	653	6,027
Depreciation	484	494	489	496	510	523	579	600	600	600	600	600	6,576
Other Expenses	470	949	654	740	736	461	184	334	306	323	297	302	5,757
Profit/(Loss) on Disposal FA	0	2	17	0	1	0	0	0	0	0	0	0	14
<b>Sub Total</b>	<b>3,513</b>	<b>5,053</b>	<b>4,257</b>	<b>4,736</b>	<b>4,850</b>	<b>4,107</b>	<b>3,999</b>	<b>4,511</b>	<b>4,812</b>	<b>4,891</b>	<b>4,854</b>	<b>4,817</b>	<b>54,400</b>
<i>Average Daily</i>	<i>117</i>	<i>163</i>	<i>142</i>	<i>153</i>	<i>156</i>	<i>137</i>	<i>129</i>	<i>150</i>	<i>155</i>	<i>158</i>	<i>173</i>	<i>155</i>	<i>149</i>
<b>Financial Expenditure</b>	<b>320</b>	<b>298</b>	<b>279</b>	<b>294</b>	<b>292</b>	<b>292</b>	<b>295</b>	<b>295</b>	<b>295</b>	<b>295</b>	<b>295</b>	<b>295</b>	<b>3,546</b>
<i>Average Daily</i>	<i>11</i>	<i>10</i>	<i>9</i>	<i>9</i>	<i>9</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>11</i>	<i>10</i>	<i>10</i>
<b>Monthly Expenditure</b>	<b>17,289</b>	<b>18,730</b>	<b>18,003</b>	<b>18,730</b>	<b>18,864</b>	<b>17,968</b>	<b>17,931</b>	<b>18,983</b>	<b>20,474</b>	<b>20,538</b>	<b>19,887</b>	<b>19,883</b>	<b>227,280</b>
<b>Cumulative</b>	<b>17,289</b>	<b>36,019</b>	<b>54,021</b>	<b>72,752</b>	<b>91,616</b>	<b>109,584</b>	<b>127,514</b>	<b>146,497</b>	<b>166,972</b>	<b>187,510</b>	<b>207,397</b>	<b>227,280</b>	
<b>Monthly Net</b>	<b>717</b>	<b>89</b>	<b>406</b>	<b>(161)</b>	<b>509</b>	<b>1,678</b>	<b>1,555</b>	<b>(12)</b>	<b>(1,319)</b>	<b>(1,312)</b>	<b>(760)</b>	<b>(742)</b>	<b>647</b>
<b>Cumulative Net</b>	<b>717</b>	<b>806</b>	<b>1,212</b>	<b>1,051</b>	<b>1,560</b>	<b>3,238</b>	<b>4,794</b>	<b>4,781</b>	<b>3,462</b>	<b>2,150</b>	<b>1,389</b>	<b>647</b>	

## LONDON AMBULANCE SERVICE NHS TRUST

### Comparison of annual forecasts at Month 7 and Month 6 As at 31 October 2007 (Month 7)

YEAR TO DATE

Month 7    Month 6    Variance    Notes

Income	227,927	228,021	(94)	
<b>Pay Expenditure</b>				
A&E Operational Staff	99,636	99,445	191	Forecast adjusted in line with updated information on unproductive salaries - backfilling maternity and long term sickness
Overtime	13,896	13,926	(30)	Lower OT usage in M7 than forecast
A&E Management	10,922	10,926	(4)	
EOC Staff	11,202	11,298	(96)	Forecast in line with information on unproductive salaries (£43k). Also 10 EMDs expected in Oct will arrive in Nov and 11 EMDs have left in Sept/Oct (£30k)
PTS Operational Staff	5,418	5,407	11	In line with expected level of vacancies offset by overtime and agency usage
PTS Management	984	984	1	
Corporate Support	27,276	26,724	552	In line with Recruitment Plan and Fleet & Logistics Support at Winter Pressure period
<b>Sub Total</b>	<b>169,334</b>	<b>168,710</b>	<b>624</b>	
<b>Non-Pay Expenditure</b>				
Staff Related	2,631	2,517	114	Uniform costs for A&E Support (£100k), costs for MRU & CRU Expansion project and revised Occupational Health Contract costs of New provider
Subsistence	1,874	1,809	65	Subsistence has been adjusted to reflect an upward trend based on M1-7 actuals
Training	1,279	1,200	79	Revised to take account of driving instructor course and recerts in Feb.
Drugs	426	427	(1)	
Medical Consumables & Equipr	4,581	4,556	25	
Fuel & Oil	3,883	3,754	129	Increased price for Fuel
Third Party Transport	1,539	918	622	Increase due to private company usage for long distance journeys and expenditure on alternative response vehicle initiatives
Vehicle Costs	11,032	10,990	42	Accrual for accident damage was higher than expected
Accommodation & Estates	8,778	8,621	157	2 mths Electricity payments & HQ Security in Oct. Payment to PWC for VAT Sevices (£12k). Forecast revised to account for higher estate maintenance costs following a meeting with Martin Nelham
Telecommunications	6,027	7,172	(1,145)	LARP forecast revised to reflect delay in ICCS implementation (£650k). Credit from BT for VPN network (£113k) and lower monthly charge from now onwards (£112k). Call Connect expenditure on Networks revised and credits on CTS contract now accounted for in full.
Depreciation	6,576	6,387	190	Reflects capital plan
Other Expenses	5,757	6,847	(1,091)	Reduced in line with planned projects
Profit/(Loss) on Disposal FA	14	14	0	
	<b>54,400</b>	<b>55,213</b>	<b>(813)</b>	
<b>Financial Expenditure</b>				
	<b>3,546</b>	<b>3,628</b>	<b>(82)</b>	
<b>Total Expenditure</b>				
	<b>227,280</b>	<b>227,550</b>	<b>(271)</b>	
<b>Net</b>				
	<b>(647)</b>	<b>(471)</b>	<b>(176)</b>	

# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis by Function For the Month Ending 31 October 2007 (Month 7)

£000s

	<i>IN THE MONTH</i>			<i>YEAR TO DATE</i>				<i>ANNUAL</i>		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>	<u>Forecast</u>	<u>Budget</u>	<u>Variance</u>
<b>Income</b>	18,687	17,476	1,211F	126,376	122,519	3,857F	3.1%F	218,113	210,013	8,100F
Sector Services	10,985	10,572	(412)U	75,866	72,873	(2,993)U	(4.1%)U	135,051	127,255	(7,796)U
A&E Operational Support	1,032	973	(59)U	6,841	6,925	84F	1.2%F	13,205	12,097	(1,108)U
Control Services	1,272	1,127	(145)U	8,236	7,812	(424)U	(5.4%)U	14,539	13,457	(1,082)U
Urgent Care Services	952	1,045	93F	6,090	7,275	1,185F	16.3%F	11,606	12,526	921F
Total Operations Cost	<b>14,241</b>	<b>13,718</b>	<b>(523)U</b>	<b>97,034</b>	<b>94,885</b>	<b>(2,149)U</b>	<b>(2.3%)U</b>	<b>174,401</b>	<b>165,336</b>	<b>(9,065)U</b>
<b>A&amp;E Gross Surplus/(Deficit)</b>	<b>4,446</b>	<b>3,758</b>	<b>688F</b>	<b>29,343</b>	<b>27,634</b>	<b>1,708F</b>	<b>6.2%F</b>	<b>43,711</b>	<b>44,677</b>	<b>(966)U</b>
Gross Margin	23.8%	21.5%	3.7%F	23.2%	22.6%	0.7%		20.0%	21.3%	-1.2%
Medical Directorate	73	72	(1)U	438	501	63F	12.5%F	820	863	42F
Service Development	54	63	9F	347	368	22F	5.8%F	650	810	160F
Communications	127	156	29F	811	961	150F	15.6%F	1,569	1,745	177F
Human Resources	794	882	89F	6,101	6,697	596F	8.9%F	11,058	11,204	147F
IM&T	401	687	285F	4,430	4,782	352F	7.4%F	8,009	8,442	433F
Finance	1,321	1,821	500F	11,953	11,742	(211)U	(1.8%)U	20,178	20,869	691F
Chief Executive	84	92	7F	689	674	(15)U	(2.3%)U	1,196	1,130	(67)U
Total Corporate	<b>2,854</b>	<b>3,772</b>	<b>918F</b>	<b>24,770</b>	<b>25,725</b>	<b>955F</b>	<b>(3.7%)U</b>	<b>43,480</b>	<b>45,064</b>	<b>1,583F</b>
<b>A&amp;E Net Surplus/(Deficit)</b>	<b>1,592</b>	<b>(14)</b>	<b>1,606F</b>	<b>4,573</b>	<b>1,909</b>	<b>2,663F</b>	<b>(139.5%)U</b>	<b>231</b>	<b>(387)</b>	<b>618F</b>
A&E Net Margin	8.5%	(0.1%)	9.2%F	3.6%	1.6%	2.1%	132%	0.1%	(0.2%)	0.3%
<b>Patient Transport Service</b>	<b>(37)</b>	<b>27</b>	<b>(63)U</b>	<b>221</b>	<b>269</b>	<b>(48)U</b>	<b>(17.9%)U</b>	<b>416</b>	<b>387</b>	<b>30F</b>
PTS Gross Margin	(4.6%)	3.5%	(8.3%)U	3.7%	4.7%	(0.8%)U		4.2%	4.1%	0.3%F
<b>Trust Result Surplus/(Deficit)</b>	<b>1,555</b>	<b>13</b>	<b>1,542F</b>	<b>4,794</b>	<b>2,179</b>	<b>2,615F</b>	<b>(120.0%)U</b>	<b>647</b>	<b>0</b>	<b>647F</b>

# LONDON AMBULANCE SERVICE NHS TRUST

## Analysis by Expense Type For the Month Ending 31 October 2007 (Month 7)

£000s

	<i>IN THE MONTH</i>			<i>YEAR TO DATE</i>				<i>ANNUAL</i>		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>	<u>Forecast</u>	<u>Budget</u>	<u>Variance</u>
<b>Pay Expenditure</b>										
A&E Operational Staff	8,088	8,326	237F	56,688	57,265	576F	1.0%F	99,636	99,247	(389)U
Overtime	1,045	667	(378)U	6,912	4,650	(2,262)U	(48.6%)U	13,896	7,994	(5,902)U
A&E Management	914	902	(12)U	6,199	6,254	55F	0.9%F	10,922	10,765	(156)U
EOC Staff	920	1,022	102F	6,342	7,072	729F	10.3%F	11,202	12,184	982F
PTS Operational Staff	465	444	(22)U	3,246	3,320	74F	2.2%F	5,418	5,578	160F
PTS Management	80	80	0F	576	572	(5)U	(0.8%)U	984	973	(11)U
Corporate Support	2,125	2,161	36F	14,966	15,506	540F	3.5%F	27,276	26,395	(882)U
	<b>13,637</b>	<b>13,602</b>	<b>(35)U</b>	<b>94,930</b>	<b>94,638</b>	<b>(292)U</b>	<b>(0.3%)U</b>	<b>169,334</b>	<b>163,137</b>	<b>6,197</b>
<b>Non-Pay Expenditure</b>										
Staff Related	213	204	(9)U	1,465	1,458	(7)U	(0.5%)U	2,631	2,506	(125)U
Subsistence	175	61	(114)U	1,029	469	(560)U	(119.4%)U	1,874	816	(1,058)U
Training	116	133	17F	684	929	245F	26.4%F	1,279	1,475	196F
Drugs	46	48	3F	218	323	105F	32.4%F	426	564	138F
Medical Consumables & Equipn	312	320	8F	2,390	2,175	(215)U	(9.9%)U	4,581	3,977	(604)U
Fuel & Oil	342	314	(28)U	2,212	2,123	(89)U	(4.2%)U	3,883	3,692	(191)U
Third Party Transport	94	52	(42)U	468	388	(80)U	(20.5%)U	1,539	651	(888)U
Vehicle Costs	977	894	(84)U	6,336	6,171	(165)U	(2.7%)U	11,032	10,640	(392)U
Accommodation & Estates	757	680	(77)U	5,005	4,961	(44)U	(0.9%)U	8,778	8,200	(578)U
Telecommunications	201	424	222F	2,923	2,968	45F	1.5%F	6,027	5,086	(941)U
Depreciation	579	499	(81)U	3,575	3,490	(86)U	(2.5%)U	6,576	6,506	(70)U
Other Expenses	184	670	486F	4,195	3,691	(504)U	(13.7%)U	5,757	8,396	2,640F
Profit/(Loss) on Disposal FA	0	0	0	14	0	(14)U	#DIV/0!	14	0	(14)U
	<b>3,999</b>	<b>4,299</b>	<b>301F</b>	<b>30,514</b>	<b>29,146</b>	<b>(1,368)U</b>	<b>(4.7%)U</b>	<b>54,400</b>	<b>52,510</b>	<b>(1,889)U</b>
<b>Financial Expenditure</b>	<b>295</b>	<b>320</b>	<b>24F</b>	<b>2,070</b>	<b>2,237</b>	<b>166F</b>	<b>7.4%F</b>	<b>3,546</b>	<b>3,834</b>	<b>288F</b>
<b>Total Trust Expenditure</b>	<b>17,931</b>	<b>18,221</b>	<b>290F</b>	<b>127,514</b>	<b>126,021</b>	<b>(1,494)U</b>	<b>(1.2%)U</b>	<b>227,280</b>	<b>219,481</b>	<b>(7,799)U</b>

## LONDON AMBULANCE SERVICE NHS TRUST

### Income & Expenditure - Analysis of Income For the Month Ending 31 October 2007 (Month 7)

	£000s									
	<i>IN THE MONTH</i>			<i>YEAR TO DATE</i>				<i>ANNUAL</i>		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>	<u>Forecast</u>	<u>Budget</u>	<u>Variance</u>
<b>A&amp;E Income</b>										
A&E Services Contract	17,160	16,304	856F	116,721	114,130	(2,591)	2.3%F	201,684	195,651	6,033F
HEMS Funding	2	3	(0)U	17	20	3	(14.8%)U	30	35	(5)U
Other A&E Income	90	88	2F	621	616	(5)	0.8%F	1,063	1,056	7F
Foundation Trust Income	7	28	(21)U	133	195	62	(31.7%)U	228	335	(107)U
CBRN Income	758	717	41F	5,393	5,021	(372)	7.4%F	9,246	8,607	639F
ECP Income	(37)	10	(48)U	174	73	(101)	139.0%F	389	125	264F
BETS & SCBU Income	95	86	8F	528	603	76	(12.5%)U	865	1,034	(169)U
A & E Long Distance Journey	41	33	8F	231	232	1	(0.5%)U	389	398	(9)U
Stadia Attendance	124	30	94F	761	399	(363)	91.0%F	1,053	663	390F
Heathrow BAA Contract	35	39	(5)U	243	276	33	(12.1%)U	416	473	(57)U
Resus Training Fees	22	10	13F	76	69	(7)	10.0%F	109	118	(9)U
Education & Training Income	35	23	13F	264	158	(107)	67.8%F	427	270	157F
	<b>18,332</b>	<b>17,372</b>	<b>960F</b>	<b>125,163</b>	<b>121,791</b>	<b>107F</b>	<b>0.1%F</b>	<b>215,897</b>	<b>208,765</b>	<b>7,133F</b>
<b>PTS Income</b>	799	758	42F	5,932	5,680	252F	4.4%F	9,814	9,468	346F
<b>Other Income</b>	355	104	251F	1,213	728	485F	66.7%F	2,216	1,248	968F
<b>Trust Result</b>	<b>19,486</b>	<b>18,233</b>	<b>1,253F</b>	<b>132,308</b>	<b>128,199</b>	<b>4,109F</b>	<b>3.2%F</b>	<b>227,927</b>	<b>219,481</b>	<b>8,446F</b>



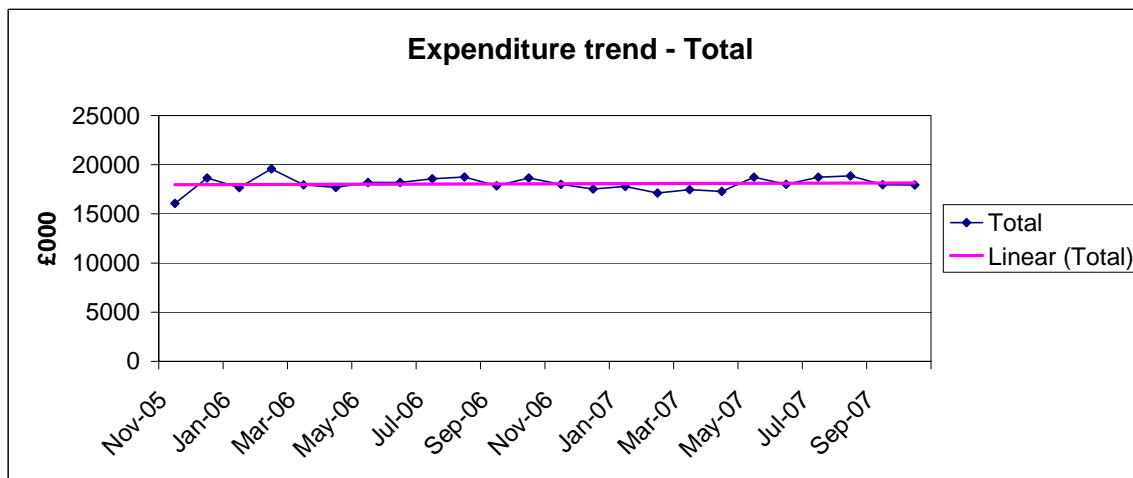
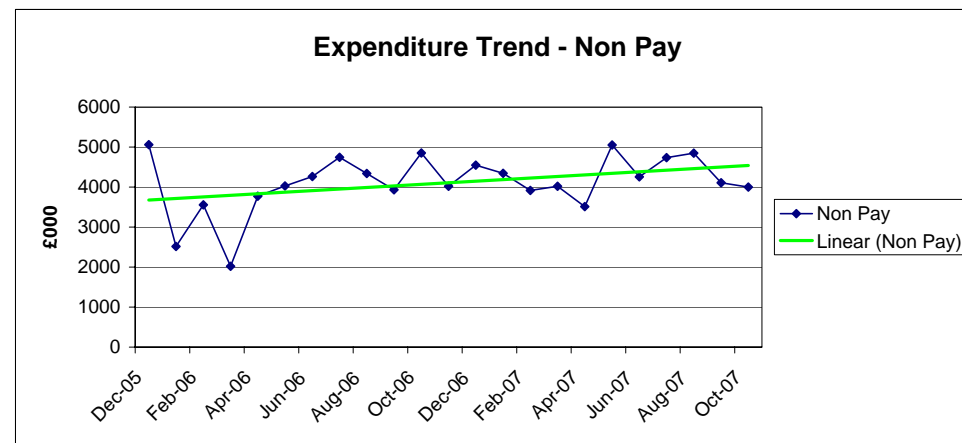
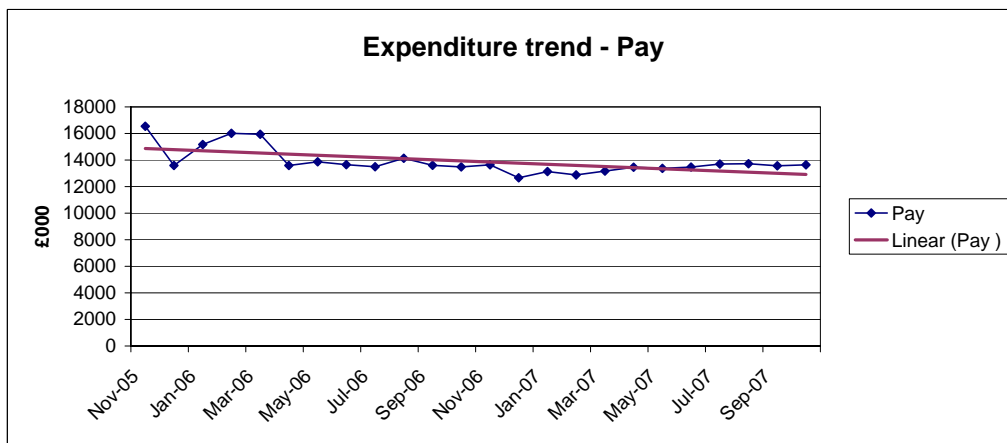


**LONDON AMBULANCE SERVICE NHS TRUST**

**Expenditure Trends Including Last Year  
As at 31 October 2007 (Month 7)**

	Current Year													
	MONTHLY SPEND													
	<u>September</u> <i>Actual</i>	<u>October</u> <i>Actual</i>	<u>November</u> <i>Actual</i>	<u>December</u> <i>Actual</i>	<u>January</u> <i>Actual</i>	<u>February</u> <i>Actual</i>	<u>March</u> <i>Actual</i>	<u>April</u> <i>Actual</i>	<u>May</u> <i>Actual</i>	<u>June</u> <i>Actual</i>	<u>July</u> <i>Actual</i>	<u>August</u> <i>Actual</i>	<u>September</u> <i>Actual</i>	<u>October</u> <i>Actual</i>
<b>Income</b>	<b>17,962</b>	<b>17,785</b>	<b>17,825</b>	<b>17,869</b>	<b>17,919</b>	<b>17,919</b>	<b>19,129</b>	<b>18,006</b>	<b>18,819</b>	<b>18,409</b>	<b>18,569</b>	<b>19,373</b>	<b>19,646</b>	<b>19,486</b>
<i>Average Daily</i>	599	574	594	576	597	640	617	600	607	614	599	625	655	629
<b>Pay Expenditure</b>														
A&E Operational Staff	7,883	7,802	7,987	7,907	7,852	8,006	6,770	8,087	8,036	8,024	7,995	8,440	8,018	8,088
Overtime	1,215	1,119	955	1,197	927	542	879	855	733	935	1,133	1,171	1,041	1,045
A&E Management	825	777	857	856	841	882	839	878	858	873	882	881	912	914
EOC Staff	946	855	944	872	838	871	703	859	908	900	921	899	936	920
PTS Operational Staff	565	569	574	593	573	547	393	550	570	529	547	128	457	465
PTS Management	87	83	82	82	83	84	73	81	70	86	80	94	86	80
Corporate Support	2,082	2,271	2,240	1,156	2,022	1,948	3,506	2,145	2,204	2,120	2,143	2,110	2,119	2,125
<b>Sub Total</b>	<b>13,603</b>	<b>13,477</b>	<b>13,639</b>	<b>12,663</b>	<b>13,136</b>	<b>12,881</b>	<b>13,165</b>	<b>13,456</b>	<b>13,379</b>	<b>13,467</b>	<b>13,700</b>	<b>13,723</b>	<b>13,569</b>	<b>13,637</b>
<i>Average Daily</i>	453	435	440	408	424	460	425	449	432	449	457	443	452	440
<b>Non-Pay Expenditure</b>														
Staff Related	457	455	468	444	321	293	169	245	206	191	217	189	205	213
Subsistence	0	0	0	0	0	0	0	53	194	125	159	173	150	175
Training	105	151	269	140	132	126	191	40	184	76	134	158	24	116
Drugs	0	0	0	0	0	0	0	20	34	25	36	37	19	46
Medical Consumables & Equipment	318	366	410	367	383	388	248	226	401	340	291	479	341	312
Fuel & Oil	289	277	329	317	323	298	318	296	317	313	324	319	301	342
Third Party Transport	182	209	98	27	14	37	73	29	51	49	77	113	55	94
Vehicle Costs	739	1,143	895	827	1,109	753	869	589	1,044	884	1,021	925	895	977
Accommodation & Estates	806	811	806	605	615	692	716	707	755	754	623	805	605	757
Telecommunications	468	397	365	374	555	477	606	354	426	340	619	407	576	201
Depreciation	508	475	475	478	530	478	484	484	494	489	496	510	523	579
Other Expenses	59	566	93	1,026	357	373	336	470	949	654	740	736	461	184
Profit/(Loss) on Disposal FA	0	0	0	2	6	0	10	0	2	17	0	1	0	0
<b>Sub Total</b>	<b>3,931</b>	<b>4,851</b>	<b>4,020</b>	<b>4,550</b>	<b>4,345</b>	<b>3,915</b>	<b>4,020</b>	<b>3,513</b>	<b>5,053</b>	<b>4,257</b>	<b>4,736</b>	<b>4,850</b>	<b>4,107</b>	<b>3,999</b>
<i>Average Daily</i>	131	156	130	147	140	140	130	117	163	142	153	156	137	129
<b>Financial Expenditure</b>	<b>317</b>	<b>330</b>	<b>346</b>	<b>319</b>	<b>315</b>	<b>322</b>	<b>273</b>	<b>320</b>	<b>298</b>	<b>279</b>	<b>294</b>	<b>292</b>	<b>292</b>	<b>295</b>
<i>Average Daily</i>	11	11	11	10	10	11	9	11	10	9	9	9	10	10
<b>Monthly</b>	<b>17,851</b>	<b>18,657</b>	<b>18,004</b>	<b>17,532</b>	<b>17,797</b>	<b>17,117</b>	<b>17,459</b>	<b>17,289</b>	<b>18,730</b>	<b>18,003</b>	<b>18,730</b>	<b>18,864</b>	<b>17,968</b>	<b>17,931</b>
<b>Net</b>	<b>111</b>	<b>(872)</b>	<b>(179)</b>	<b>337</b>	<b>122</b>	<b>802</b>	<b>1,671</b>	<b>717</b>	<b>89</b>	<b>406</b>	<b>(161)</b>	<b>509</b>	<b>1,678</b>	<b>1,555</b>

**LONDON AMBULANCE SERVICE NHS TRUST**  
**Expenditure Trends over the last 24 months as at 31st October 2007 (month 7)**



**LONDON AMBULANCE SERVICE NHS TRUST**  
**Capital Programme 2007/08**  
**Capital forecast as at October 31st 2007 (Month 7)**

		Capital Budget 2007/08	Capital Forecast 2007/08	Variance	Comment
<b>Projects C/fwd</b>					
T	Major Vehicles	462,000	462,000	0	
T	Minor Vehicles	189,200	204,828	(15,628)	Bromley PTS vehicles, CBRN SWEDE and Cycle Transporter Vehicle planned to be purchased in 07/08
P&M	Major Equipment	0	0	0	
P&M	Minor Equip	0	0	0	
B	Major Estates	1,391,875	915,198	476,677	Several projects now deferred to 08/09 following a meeting with the Estates Dept
B	Minor Estates	782,940	1,170,649	(387,709)	Additional cost of Whipps Cross FSP (Crooked Billet), Buckhurst Hill disposal and Wembley rebuild. Revision of costs for Deptford & Kenton Refurbishment
IT	Major IM&T	2,813,074	2,977,126	(164,052)	Additional EOC telephony approved expenditure and forecast in line with expenditure
IT	Minor IM&T	80,000	77,618	2,382	
		<u>5,719,089</u>	<u>5,807,419</u>	<u>(88,330)</u>	
<b>New Projects</b>					
T	Major Vehicles	5,481,513	2,460,000	3,021,513	60 RRUs in 2007/08. 23 deferred to 08/09. PTS Stretcher Vehicle deferred to 08/09
T	Minor Vehicles	28,200	0	28,200	Modifications to ESV is revenue
P&M	Major Equipment	277,150	116,000	161,150	IDRs are revenue. Paediatric restraints deferred to 08/09.
P&M	Minor Equip	73,814	20,939	52,875	CBRN Transporter deferred to 08/09.
B	Major Estates	1,241,750	1,169,425	72,325	St Helier and Silvertown u/s. Expansion & Refurbishment of Smithfield
B	Minor Estates	395,500	214,900	180,600	Defer Gallions Reach Upgrade & Croydon Drainage & Hard standing
IT	Major IM&T	865,625	619,050	246,575	VM Ware and SAN & Data Warehousing not to complete in 07/08. Mapping Upgrade project to be undertaken in 07/08
IT	Minor IM&T	549,023	584,533	(35,510)	Business Enabling Software & Fleet Mgt Software u/s
	Other	0	270,500	(270,500)	PTS System upgrade, Becontree Portacabin, New Malden PTS Office, Legal Services Office Refurbishment
		<u>8,912,575</u>	<u>5,455,347</u>	<u>3,457,228</u>	
	Gross Total	<u>14,631,664</u>	<u>11,262,766</u>	<u>3,368,898</u>	
	Disposals	(3,300,000)	(3,300,000)	0	Buckhurst Hill
	Net Total	<u>11,331,664</u>	<u>7,962,766</u>	<u>3,368,898</u>	
	CRL	8,932,000	8,932,000		
	(Over)/Under Commitment	(2,399,664)	969,235		



LONDON AMBULANCE SERVICE NHS Trust

**Forecast Balance Sheet**  
For the Month Ending 31 October 2007 (Month 7)

	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Fixed Assets</b>													
Intangible assets	1,593	1,585	1,571	1,556	1,542	1,547	1,535	2,463	2,463	2,463	2,463	2,463	2,463
Tangible assets	113,013	119,725	119,943	119,785	119,943	119,831	119,850	118,823	118,993	119,493	121,093	124,861	121,349
<b>Total Fixed Assets</b>	<b>114,606</b>	<b>121,310</b>	<b>121,514</b>	<b>121,341</b>	<b>121,485</b>	<b>121,378</b>	<b>121,385</b>	<b>121,286</b>	<b>121,456</b>	<b>121,956</b>	<b>123,556</b>	<b>127,324</b>	<b>123,812</b>
<b>Current Assets</b>													
Stocks & WIP	1,965	1,955	1,814	1,813	1,813	1,711	1,716	1,715	1,715	1,715	1,715	1,715	1,715 Trade Debtors
NHS Trade Debtors	1,654	672	14	2,353	2,337	2,854	3,271	4,183	5,659	4,873	4,673	4,573	4,423 A&E £1,140k > 60 days (25.79%), Sep - £942k > 60 days (27.09%)
Non NHS Trade Debtors	0	511	275	62	65	76	73	71	134	166	139	124	134 PTS £335k > 60 days (7.58%), Sep - £453k > 60 days (13.03%)
Other Debtors	663	272	238	208	247	152	318	575	585	251	360	315	291
Accrued Income	993	1,079	2,101	1,944	3,598	4,306	5,517	1,081	1,081	681	681	681	0
Prepayments	2,811	2,755	2,414	2,922	2,611	2,021	2,372	2,602	2,502	2,402	2,302	2,302	2,302
Investments	0	7,500	9,500	8,000	7,500	9,400	6,900	5,400	13,300	13,000	12,000	10,200	0
Cash at Bank and in Hand	644	1,014	(231)	349	387	527	783	10,387	2,623	1,476	125	(1,383)	644
<b>Total Current Assets</b>	<b>8,730</b>	<b>15,758</b>	<b>16,125</b>	<b>17,651</b>	<b>18,558</b>	<b>21,047</b>	<b>20,950</b>	<b>26,014</b>	<b>27,599</b>	<b>24,564</b>	<b>21,995</b>	<b>18,527</b>	<b>9,509</b>
<b>Creditors: Amounts falling due within one year</b>													
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0 Trade Creditors
Trade Creditors	3,929	4,888	4,924	5,192	4,452	5,723	6,756	6,044	7,891	7,612	7,763	7,755	5,977 NHS PSPP - This month (100%), Sep (100%), Ytd (87%)
Other Creditors	2,035	6,195	6,401	6,214	6,256	6,509	6,395	6,492	6,585	7,061	7,055	6,809	914 Non NHS PSPP - This month (86%), Sep (82%), Ytd (84%)
PDC Dividend Creditor	0	340	680	1,020	1,360	1,700	0	339	679	1,019	1,359	1,699	0
Capital Creditors	388	30	30	190	114	26	30	67	837	1,167	2,267	4,435	455
Accruals	513	1,038	776	774	1,758	1,484	1,082	957	857	757	757	757	757
Deferred Income	58	439	691	1,042	1,690	2,206	2,002	5,865	4,692	3,519	2,346	1,173	0
<b>Total Current Liabilities</b>	<b>6,923</b>	<b>12,930</b>	<b>13,502</b>	<b>14,432</b>	<b>15,630</b>	<b>17,648</b>	<b>16,265</b>	<b>19,764</b>	<b>21,541</b>	<b>21,135</b>	<b>21,547</b>	<b>22,628</b>	<b>8,103</b>
<b>Net Current Assets</b>	<b>1,807</b>	<b>2,828</b>	<b>2,623</b>	<b>3,219</b>	<b>2,928</b>	<b>3,399</b>	<b>4,685</b>	<b>6,250</b>	<b>6,058</b>	<b>3,429</b>	<b>448</b>	<b>(4,101)</b>	<b>1,406</b>
Long Term Debtors	9,766	9,785	9,803	9,804	9,796	9,815	9,730	9,934	9,934	9,934	9,934	9,934	9,934
<b>Total Assets less current liabilities</b>	<b>126,179</b>	<b>133,923</b>	<b>133,940</b>	<b>134,364</b>	<b>134,209</b>	<b>134,592</b>	<b>135,800</b>	<b>137,470</b>	<b>137,448</b>	<b>135,319</b>	<b>133,938</b>	<b>133,157</b>	<b>135,152</b>
<b>Creditors: Amounts falling due after more than one year</b>													
Provisions for Liabilities & Charges	15,464	15,423	15,370	15,407	15,415	15,326	15,443	15,576	15,566	15,556	15,487	15,467	15,876
<b>Total Assets Employed</b>	<b>110,715</b>	<b>118,500</b>	<b>118,570</b>	<b>118,957</b>	<b>118,794</b>	<b>119,266</b>	<b>120,357</b>	<b>121,894</b>	<b>121,882</b>	<b>119,763</b>	<b>118,451</b>	<b>117,690</b>	<b>119,276</b>
<b>Taxpayers' Equity</b>													
Public Dividend Capital	55,526	55,526	55,526	55,526	55,526	55,526	54,959	54,959	54,959	54,159	54,159	54,159	56,488
Revaluation Reserve	46,776	53,855	53,855	53,845	53,888	53,888	53,876	53,874	53,874	53,874	53,874	53,874	53,874
Donated Asset Reserve	294	282	264	244	215	205	79	166	147	128	109	90	71
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Income & Expenditure Reserve	8,538	9,256	9,344	9,761	9,584	10,066	11,862	13,314	13,321	12,021	10,728	9,986	9,262
<b>Total Taxpayers' Equity</b>	<b>110,715</b>	<b>118,500</b>	<b>118,570</b>	<b>118,957</b>	<b>118,794</b>	<b>119,266</b>	<b>120,357</b>	<b>121,894</b>	<b>121,882</b>	<b>119,763</b>	<b>118,451</b>	<b>117,690</b>	<b>119,276</b>



LONDON AMBULANCE SERVICE NHS Trust

Forecast Cashflow Statement  
For the Month Ending 31 October 2007 (Month 7)

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	
<b>EBITDA after exceptionals</b>	1,521	881	1,201	630	1,309	2,493	2,429	883	(424)	(417)	134	153	10,793
Excluding Non cash I&E items	(19)	(19)	0	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(209)
<b>Movement in working capital</b>													
Stocks & Work in Progress	10	141	(1)	0	(102)	(5)	1	0	0	0	0	0	44
NHS Trade Debtors	837	658	(2,339)	46	(517)	(417)	(912)	(1,476)	786	200	100	150	(2,884)
Long Term Debtors	(19)	(18)	(1)	8	(19)	85	(204)	0	0	0	0	0	(168)
Non NHS Trade Debtors	(162)	236	213	(3)	(11)	3	2	(63)	(32)	27	15	(10)	215
Other Debtors	186	34	30	(69)	95	(166)	(257)	(10)	334	(109)	45	23	137
Accrued Income	(86)	(1,022)	157	(1,654)	(708)	(1,211)	4,436	0	400	0	0	681	993
Prepayments	56	341	(508)	311	590	(351)	(230)	100	100	100	0	0	509
Trade Creditors	983	36	268	(817)	1,183	1,033	(712)	1,847	(279)	151	(8)	(1,778)	1,907
Other Creditors	3,802	206	(159)	(313)	505	(210)	218	394	483	1	(239)	(5,889)	(1,201)
Payments on Account	340	340	0	0	0	0	0	0	0	0	0	0	680
Accruals	525	(262)	(2)	984	(274)	(402)	(125)	(100)	(100)	0	0	0	244
Deferred Income	381	252	351	648	517	(204)	3,863	(1,173)	(1,173)	(1,173)	(1,173)	(1,173)	(57)
Provisions & Liabilities	(41)	(53)	37	8	(89)	117	133	(10)	(10)	(69)	(20)	409	412
<b>Net Cashflow from operating activities</b>	<b>6,812</b>	<b>889</b>	<b>(1,954)</b>	<b>(851)</b>	<b>1,170</b>	<b>(1,728)</b>	<b>6,213</b>	<b>(491)</b>	<b>509</b>	<b>(872)</b>	<b>(1,279)</b>	<b>(7,586)</b>	<b>831</b>
<b>Returns on Investments &amp; Servicing of Finance</b>													
Interest received	32	54	73	58	61	60	57	57	57	57	57	57	680
Interest paid	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net Cashflow from returns on investments &amp; servicing of finance</b>	<b>32</b>	<b>54</b>	<b>73</b>	<b>58</b>	<b>61</b>	<b>60</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>57</b>	<b>680</b>
<b>Capital Expenditure</b>													
Tangible fixed assets acquired	(476)	(1,050)	(300)	(220)	(481)	(443)	(576)	(294)	(770)	(1,100)	(2,200)	(4,368)	(12,278)
Tangible fixed assets disposed	0	0	0	0	0	0	0	0	0	0	0	3,300	3,300
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net Cashflow from capital expenditure</b>	<b>(476)</b>	<b>(1,050)</b>	<b>(300)</b>	<b>(220)</b>	<b>(481)</b>	<b>(443)</b>	<b>(576)</b>	<b>(294)</b>	<b>(770)</b>	<b>(1,100)</b>	<b>(2,200)</b>	<b>(1,068)</b>	<b>(8,978)</b>
<b>PDC Dividends paid</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,040)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,039)</b>	<b>(4,079)</b>
<b>Net Cashflow before financing</b>	<b>7,870</b>	<b>755</b>	<b>(980)</b>	<b>(402)</b>	<b>2,040</b>	<b>(1,677)</b>	<b>8,104</b>	<b>136</b>	<b>(647)</b>	<b>(2,351)</b>	<b>(3,307)</b>	<b>(10,502)</b>	<b>(962)</b>
<b>Financing</b>													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	2,329	2,329
Public Dividend Capital Repaid	0	0	0	0	0	(567)	0	0	(800)	0	0	0	(1,367)
<b>Net Cashflow inflow/(outflow) from financing</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(567)</b>	<b>0</b>	<b>0</b>	<b>(800)</b>	<b>0</b>	<b>0</b>	<b>2,329</b>	<b>962</b>
<b>Increase/(decrease) in cash</b>	<b>7,870</b>	<b>755</b>	<b>(980)</b>	<b>(402)</b>	<b>2,040</b>	<b>(2,244)</b>	<b>8,104</b>	<b>136</b>	<b>(1,447)</b>	<b>(2,351)</b>	<b>(3,307)</b>	<b>(8,173)</b>	<b>0</b>
<b>Closing cash balance</b>	<b>8,514</b>	<b>9,269</b>	<b>8,289</b>	<b>7,887</b>	<b>9,927</b>	<b>7,683</b>	<b>15,787</b>	<b>15,923</b>	<b>14,476</b>	<b>12,125</b>	<b>8,818</b>	<b>644</b>	<b>644</b>



**London Ambulance Service**   
NHS Trust

# **Clinical Governance Annual Report**

**OCTOBER 2007**  
FINAL DRAFT

**CLINICAL GOVERNANCE ANNUAL REPORT**

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## **EXECUTIVE SUMMARY**

As Medical Director and Clinical Governance Lead I am pleased to be able to introduce this report that reflects continued success and ongoing development in Clinical Governance.

During 2006/07 the staff of the London Ambulance Service (LAS) NHS Trust have continued to be innovative and enthusiastic in producing good quality, safe and timely care during a year that was particularly challenging.

Staff have risen to this challenge and supported the Governance Development Unit in improving risk management, and working towards compliance against the new NHS Litigation Authority (NHSLA) standards. They have supported the work needed for the Healthcare Commission Declaration in achieving compliance with the core standards, and produce evidence for providing assurance to the Board.

The report shows excellent progress in Research and Development and in Clinical Audits using Clinical Performance Indicators (CPIs). There is a better clinical governance structure at area level with improved reporting on governance to the committee. This is a product of the enhanced structure of governance provided by the bi-monthly meetings of the Area Assistant Directors and the Deputy Director of Operations. The Operations Report for the Clinical Governance Committee (CGC) provided by the Deputy Director of Operations has given a comprehensive overview of Incident Reporting, Complaints and Serious Untoward Incidents (SUIs) across all areas of the Trust. The Pan London Governance reports have been able to illustrate how clinical governance works on practical level. The governance in Infection Control has been strengthened with compliance against the Code of Hygiene held under continuous review. With the restructuring of the Complaints and PALS teams under the leadership of the Patient Services Manager, the Trust is preparing to develop further its response system for answering complaints and concerns.

The Complaints Panel has taken an overarching role in policy and procedure leading to the development of an upgraded Complaints Policy and Procedure, SUI Policy and the introduction of a new Being Open Policy. The Trust has also contributed to the National Audit Office Value for Money study on handling complaints about Health and Social Care.

The dramatic improvement in 'out of hospital' cardiac arrest survival, increased conveyance of patients who have suffered a heart attack to primary angioplasty centres and evidence of more effective pain management are some of the clinical achievements of the Service, these were among the items I presented at the Chief Executive's Consultation meetings, to all 26 complexes within the service.

Dr Fiona Moore  
Clinical Medical Director and Trust Lead for Clinical Governance and Infection Control



## **INTRODUCTION**

The LAS is committed to working throughout the organisation to provide the highest standards of care for our patients. The Trust is progressing well towards implementation of a clinical governance approach which is evidence based, supported by a robust clinical audit and research programme.

Committee and reporting structures have been revised to assure the Trust Board on all service development, quality and patient safety issues. During 2007/08 the focus will be on strengthening the accountability and integration of the existing internal arrangements to provide a clear alignment to the Healthcare Commission's Standards for Better Health, and to provide a framework for further improvement and compliance.

A notable change during 2006/07 was the emergence of Area Governance Groups with reporting mechanisms to the committee. Through the review of terms of reference and reporting sub-committees, the new CGC has played a central role in reinforcing and embedding all aspects of quality and patient safety.

The CGC is the overarching committee to provide the Trust Board with assurance on all aspects of clinical practice through the implementation of the Risk Management Policy and the Clinical Development work led by the Medical Directorate.

The committee is accountable to the Trust Board for the consistent implementation of good systems of clinical governance, clinical effectiveness and risk within the Trust. It monitors action plans derived from external audits, reviews and assessments of clinical services while ensuring compliance with the Clinical Governance aspects of requirements set out in 'Standards for Better Health'.

This report is presented using the 'Standards for Better Health' headings and will indicate some of the key achievements in patient care provided by the LAS for the year 2006/07. This report also makes reference to other reports and action plans, and readers are directed towards these for more specific information. The Trust has been fully compliant with the core standards of the Annual Health Check for the second successive year.

There are seven "domains" used in this report, designed to cover the full spectrum of health care as defined in the Health and Social Care (Community Health and Standards) Act 2003. The domains encompass all facets of health care; the seven domains are:

- 1) Safety
- 2) Clinical and Cost Effectiveness
- 3) Governance
- 4) Patient Focus
- 5) Accessible and Responsive Care
- 6) Care Environment and Amenities
- 7) Public Health

The Board has also received a report on the implications of the Mental Capacity Act implemented from April 1<sup>st</sup> 2007.

The Trust hosted a national conference, 'Frontline Cardiac Care for the Paramedic', in April 2007. Organisation of the event which was organised by the Clinical Practice Manager was successful and more than 260 delegates attended.

Progress was monitored by the CGC through the regular reports provided by the Area Clinical Governance meetings.

The report will give, in more detail, improvements achieved to the Trust's clinical governance processes for incident reporting and cardiac services.

The Trust continues to be actively involved in assessment and accreditation process. The NHSLA pilot assessment for the new risk management standards and the Trust received a rating of 'good' Quality of Services from the Healthcare Commission in 2006/07 ratings. The Trust has responded to the Urgent and Emergency Care Services review undertaken by the Healthcare Commission. The Trust's performance was rated by the Healthcare Commission as the best ambulance service trust in the country.

With the development of the Trust Clinical Governance Committee and Risk Compliance and Assurance Group (RCAG) improved reporting structure, the Trust will not continue to produce a separate clinical governance development plan as this is now accomplished through the Healthcare Standards assessment process aligned with the Trust Assurance Framework and the Risk Register.

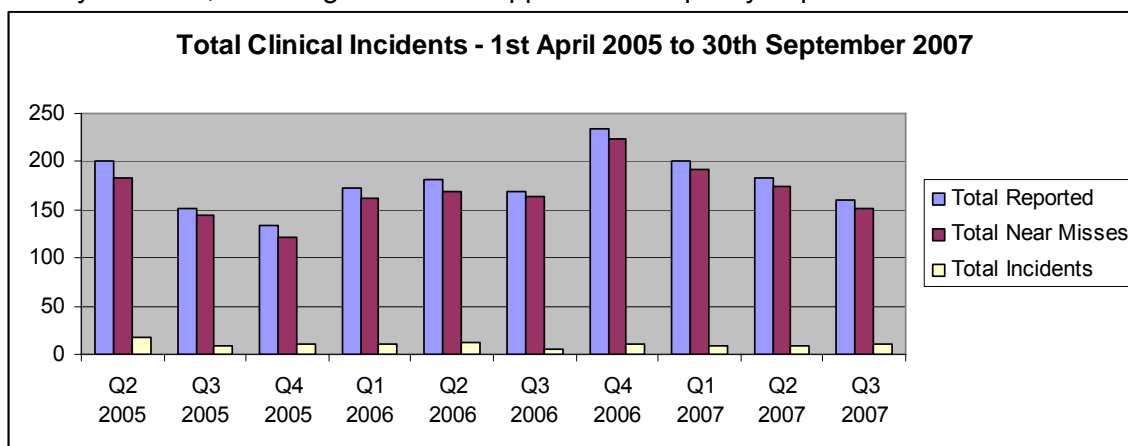
John Wilkins  
Head of Governance

## 1. SAFETY

***'Patient safety is enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce the risk of harm to patients.'*<sup>1</sup>**

### 1.1 Incident Reporting

A new development of the Trust, attempting to demonstrate the effectiveness of the LAS Clinical Governance arrangements is the Risk Information Report. It aims to prompt actions necessary to demonstrate that governance arrangements are sufficiently robust. This quarterly report provided for the CGC covers Complaints, Claims, PALS, Diversity and Incident Reporting. The Diversity Team has changed managerial leadership during the course of the year, and is now evaluating the Race Quality Scheme, including the Trust's approach to Equality Impact Assessment.



The total number of incidents for the period 1<sup>st</sup> October 06 – 30<sup>th</sup> September 07 is 779 of these, 38 were recorded as having an impact on the patient. The average number of incidents being reported per quarter is approximately 194. The information is based on the detail provided by the Trust's incident report form (LA52), completed by both the reporting member of staff and the investigating manager. The level or result of the impact is not clearly identified on the incident report form at the time of completion.

#### Actions Arising Out of Incident Investigation

	<b>Sectors:</b>	<b>Q4: 1 Oct 06 – 31 Dec 06</b>	<b>Q1: 1 Jan 07 – 31 Mar 07</b>	<b>Q2: 1 Apr 07 – 30 Jun 07</b>	<b>Q3: 1 Jul 07 – 30 Sep 07</b>	
1	Clinical Outcome identified	9	8	10	8	35
2	Counselling, Welfare and Occupational Health Services offered	95	91	95	88	369
3	Discussion with Staff Member	8	12	4	1	25
4	Equipment Isolated	91	61	58	53	263
5	Equipment Sent for Service - Fault Found	1	0	0	0	1
6	Estates Department Informed	3	2	0	1	6
7	Fleet Informed	14	17	18	9	58
8	Investigation completed	131	119	104	99	453
9	No Clinical Outcome Identified	214	168	158	146	689
10	Police Informed	2	1	0	0	3
11	Referral for Additional Training	2	8	4	5	19
	<b>Totals:</b>	<b>570</b>	<b>487</b>	<b>451</b>	<b>410</b>	<b>1918</b>

<sup>1</sup> Emboldened paragraphs are taken from the Standards for Better Health 2006/07

When a clinical incident has been investigated and an action plan developed, that plan is presented to the most appropriate committee for action. Within that action plan there is discussion on the best method of communicating information to staff. In the main, this is achieved by the existing information structures such as the Medical Director's Bulletin and Operational Bulletin system. However, if there is a need to change existing education and training, the plan goes to the Service's Training Group, (chaired by the HR Director). This group discusses how the change(s) will be effected and monitored. Use is made of the annual Team Leader Conferences, the regular Senior Managers' Conferences and other events, to communicate changes of clinical practice that have arisen as a result of clinical incidents. The monitoring of clinical practice is undertaken via the CPI checks done by Team Leaders using the Patient Report Form (PRF). If required a specific check on an aspect of care can be done using this method as well.

The local area clinical governance meetings discuss all their relevant incident reports and issues. Recommendations for change are made to the (corporate) Health and Safety Committee and the RCAG and actions are addressed. The Trust CGC and the RCAG monitors the actions on a regular basis within the set reporting schedule.

Overall there seems to be no significant issue in isolation. The reported clinical incidents reveal a downward trend over the last four quarters. The figures seem stable with some suggested decrease in incidents.

In response to the National Patient Safety Agency's (NPSA) request for additional clinical incident reporting, the following measures have been put in place:

- Health and Safety Bulletin issued – Recording of Untoward Incidents,
- Medical Directorate Bulletin article – Clinical Incident Reporting,
- PRF amended, highlighting the requirement to complete an LA52 following clinical incident.

In addition the Senior Health and Safety Advisor has held review meetings with the local managers.

## **1.2 Risk Register**

The purpose of the Trust Risk Register is to provide the Trust Board with confidence that the Trust's risks are being managed appropriately at every level of the organisation, and that acceptable controls are in place and operating effectively.

The Trust Risk Register has been developed to include all Trust-wide risks, including clinical, financial, operational, strategic, and all risks with a high score of 15 and above (using the New Zealand 5x5 matrix). The Register is being revised to reflect new risks from the process of the Trust-wide Risk Assessment. This process allows the Assurance Framework to provide the Board with assurance of compliance with healthcare standards.

The RCAG, on behalf of the Trust Board, reviews and scrutinises the risk register to monitor the proposed acceptability of risks and explanatory actions. The Risk Register is a means for the Trust to record identified risks and is used as a tool for monitoring actions and share learning. This process is now embedded across the Trust, and CGC and Area Governance meetings are regularly held to update and report risks. However it should be recognised that communication and feedback does need to be improved to ensure all frontline staff are kept fully informed.

### **1.3 Annual Health Check**

The Use of Resources component of the Annual Health Check has been collated by the Audit Commission using the Auditors Local Evaluation (ALE) process. Last year's score of "good" has been retained.

The Clinical Audit and Research Unit monitored the Trust's compliance with the thrombolysis target. We have complied with the low numbers rule for the 2006/07 assessment period and the data on the MINAP database has been verified by the team as mostly accurate. As the low numbers rule has been applied by the Healthcare Commission we improved on last year's performance score for the Quality of Care component of the Annual Health Check. The Trust's rating by the Healthcare Commission for 2006/07 was issued on 18<sup>th</sup> October 2007, with 'good' being achieved for both Quality of Care and Use of Resources.

The Final Declaration of the Annual Health Check for 2006/07 has been completed. The Trust is fully compliant with the twenty four healthcare standards for the second successive year.

In addition, this year a statement was submitted as part of the Declaration explaining the Trust's arrangements for complying with the Code of Hygiene. These include the infection control audits and the self assessment day previously reported to the Board as part of the Annual Infection Control Report.

Five London Borough Overview and Scrutiny Committees provided a commentary for the Final Declaration, an improvement on last year. The Patients' Forum also provided a commentary on the Trust's performance against some of the standards. The Trust followed the guidance provided by the Healthcare Commission and set out the background context to these comments in the introduction to the Declaration. The Final Declaration was presented to the Patients' Forum at their meeting on 1<sup>st</sup> May by the Finance Director.

Progress with the 2007/08 Annual Health Check Assessment is monitored by the Standards for Better Health Group.

### **1.4 NHSLA – Risk Assessment**

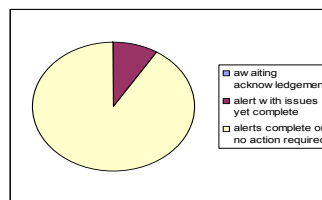
The NHS Litigation Authority (NHSLA) Risk Management Standards and assessment criteria have been undergoing a major review. The Trust participated in the newly developed pilot of the NHSLA Risk Management Standards for Ambulance Trusts in August 2007. This was a valuable exercise as our risk management systems were reviewed against the new standards. As one of two ambulance trusts holding Level 2 rating, participating in the pilot study did not change our existing accreditation. Nevertheless, the lessons learnt from the pilot study have enabled us to develop an action plan which will focus on systems and processes that require further development in preparation for the next formal assessment after April 2008.

### **1.5 Safety Alert Broadcasting System**

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

NHS London Reports and Statistics indicate that since July 2007 the trust has received 22 alerts;

- 0 awaiting acknowledgement,
- 2 alerts with issues not yet complete,
- 20 alerts complete or no action required.



The alerts with issues not yet completed are continually monitored. All alerts are being addressed and progress is continually monitored by the Trust Board. Of the alerts currently outstanding there is no breach of deadline for the completion of actions.

## 1.6 Serious Untoward Incidents

The Trust has an established process for monitoring and reviewing all SUI's, this process is supported by staff who have the necessary skills to undertake a thorough investigation. Monitoring of agreed action measures will be undertaken as part of the wider Incident Reporting System arrangements via the RCAG and/or the CGC and Complaints Panel in order to keep these committees advised of progress against agreed action plans. The STEIS system has been introduced by the SHA.

The LAS experience relatively few incidents that result in being formally declared as SUIs. We are more frequently requested to contribute to a totality of care approach, as well as being in a position to raise concerns. We also work closely with relevant agencies in respect of vulnerable adult and child protection issues, residential care provision, etc.

### 1.6.1 Learning from Experience

The following are examples of SUIs which have resulted in improvements to internal and external practice.

#### 'Born Before Arrival' Care

A patient gave birth to a premature baby at home. Sadly, owing to complications, the baby subsequently died in hospital. A multi-agency totality of care review was conducted to ascertain if improvements could be made to the care provided in such circumstances. This case has been cited as part of the evidence supporting proposed changes to practice:

1. A bulletin was issued reminding staff of need to prevent hypothermia in premature babies,
2. A request was made that the JRCALC Guidelines subcommittee amend their guidance around precautionary cannulation (in Medical Directors update).

#### Child Protection

PALS facilitated LAS assistance in respect of a child protection investigation. The Medical Director responded to the subsequent report to provide assurances about the LAS child protection procedure and to recommend LAS be invited to participate at the instigation of any investigation, a factor that was recognised in the report as not being adhered to in this case. The Medical Director has also suggested that LAS be invited to participate in borough Area Child Protection Committees. Both of these recommendations were approved by the agencies concerned.

### EOC verification of location

PALS assisted the family of a patient who died of an overdose where LAS attended an incorrect location. The case highlighted concerns about the LAS SUI procedure and the specific issues arising were highlighted in the review of the SUI procedure that was undertaken, resulting in policy and practice being revised.

The recommendations arising from the enquiry included a procedure be developed for EOC which clearly outlines the steps to be taken when a call is identified as 'no reply' and 'no trace'. This includes the specific roles for staff and requires the concurrent reporting of such incidents to the Senior Officer on duty in the control room. Additionally, a robust procedure was introduced to govern the use of the tape machine in the control room, covering who uses the facility, documentation of use and the process to be employed. Consideration was also given to where the tapes are accessed, including areas outside the main control room, to provide a more secure and quiet area.

## **1.7 Infection Control**

The Infection Control Steering Group (ICSG) work is monitored by the CGC. The LAS has well developed infection control procedures which were originally introduced throughout the organisation during 2001 and have been continuously updated to reflect advances in clinical practice. They have all been incorporated into an easy to use reference manual, which integrates relevant background information with procedural instructions for all operational staff and managers of the Service. The manual has been provided on an individual issue basis, and was designed both as the key training tool in the procedures, as well as a follow-up reference source for staff whilst on duty.

The topic of Infection Control is included as an integral element of all LAS clinical training programmes, and also forms part of the Corporate Induction programme for all new members of staff. Furthermore, the subject is introduced within the new entrant selection process for candidates wishing to enter the Emergency Medical Technician (EMT) grades of staff.

An LAS Infection Control Workshop was held in January 2007, and attended by members of the ICSG and supported by managers from the DH MRSA and Cleaner Hospitals Team. A self-assessment tool applied to our procedures demonstrated 55% compliance and highlighted 7 key challenges. These require urgent work around the implementation of our audit findings, education of staff, best practice design for healthcare environments and cleaning services, and decontamination of reusable medical devices. The risk of infection through insertion and care of peripheral venous access lines was also highlighted. The action plan was submitted to the Board as part of the Annual Infection Control Report and will be taken forward during Autumn 2007.

Representatives from the Corporate Logistics Department have attended a networking event in Birmingham recently looking at infection control. The event was attended by representatives from the acute sector and the LAS were the only Ambulance Trust represented. We will be looking to build on the information and the contacts made at this event to further develop our expertise in this area.

The Governance Unit are formulating their plans for audit of Infection Control with clinical audit and operational staff input to produce a more analytical format for the audit tool. This will enhance clinical ownership and evidence improvement through detailed outcome reports. The audit will tie in closely with the

action plan prepared following the 'Essential Steps to Safe Clean Care' self assessment.

The ICSG has initiated a range of projects to improve practical infection control arrangements. These include the following:

- Disposable laryngoscope blades, masks and bacterial filters added to consumables catalogue,
- Disposable Bag and Mask kit rolled out early in 2007 following evaluation,
- Introduction of new safety cannulae and new latex free gloves,
- Inoculation storage fridges purchased for local sites,
- New contractor appointed to collect clinical waste measured against KPIs.

The ICSG will continue to work closely with the Vehicle and Equipment Working Group to identify suitable products. New arrangements have been introduced for streamlining product assessment, dispensing with lengthy trials where there is a low clinical risk. Better use will also be made of products which have been assessed and approved by the NHS Purchasing and Supply Agency. An infection control programme for 2007/08 will be monitored by the ICSG and the Medical Director, including the action plan to address the issues raised by the self-assessment exercise.

The Department of Health provides a self assessment tool for Ambulance Services to assess their compliance with infection control measures. The assessment is based on seven key challenges and as a result of the assessment the following action plan has been identified:-

- Responsibility for Infection Control to be included in all job descriptions,
- Ensure Infection Control leads have appropriate training,
- To formally develop an Infection Control Prevention Programme and record work carried out,
- Formalise systems to review policies and procedures every two years,
- Review results of infection control audits and incorporate these in improvement plans,
- Instigate ongoing training programme for infection prevention and control,
- Ensure infection control is included in all staff induction programmes, in annual mandatory training programmes, and in staff appraisals/PDRs,
- Ensure that infection control issues are taken into consideration at the planning, design, and procurement stage of buildings and vehicles by representation on project groups,
- Check LAS is compliant with national scheduled vehicle cleaning guidelines,
- Roll Out Make Ready Scheme to PTS and RRU vehicles,
- Check LAS is cleaning ambulances in line with national guidelines,
- Ensure that cleaning staff have infection control training,
- Ensure that there is an appropriately trained decontamination lead for reusable medical devices in the LAS,
- Ensure that the Vehicle and Equipment Working Group takes account of infection control issues when considering procurement of medical devices.

These actions will form the basis of the Infection Control Programme for 2007/08. This will be co-ordinated as a Prince 2 project with formal milestones and objectives set and regularly monitored. To enhance our infection control arrangements, a business case was submitted to the SHA. As a result £156k was awarded to enable infection control co-ordinators to be recruited.



## 1.8 Medicines Management

Medicines Management is reported to the CGC. For this year Medicines Management was audited by Bentley-Jennison as part of our Internal Audit Programme, and the results discussed by the Trust's Audit Committee.

The Prescription Only Medicines (Human Drugs) Order 1997 (Statutory Instrument 1997 number 1830), as amended, empowers a person who is registered via the Health Profession Council, to administer parentally, on their own initiative certain prescription only medicines for the immediate treatment of the sick or injured. This order is commonly referred to as the 'POMS' order; and also provides;

- A list of drugs and infusion fluids approved for use by Paramedics,
- A means by which Glucagon, Salbutamol and GTN may be lawfully administered by all Ambulance Staff,
- A means by which drugs can be added to the above lists / categories administered by all qualified ambulance staff or registered paramedics only, once they have been approved for use by the Clinical Steering Committee and, in certain instances, by the Medicines & Healthcare Products Regulations Agency.

All staff who are involved in the ordering, storage, carriage, use and administration of drugs held by the LAS are under an explicit obligation to report any discrepancies, no matter how minor, as soon as possible to either an Ambulance Operations Manager (AOM) / Duty Station Officer / Emergency Operations Centre (EOC) or other appropriate manager, in order that the matter can be quickly and thoroughly investigated. All discrepancies are recorded in the Station Occurrence Book as well. In addition, if any drug in the possession of any person by virtue of his/her authority to store, carry or administer that drug is stolen or otherwise lost, the loss shall be reported by that person as soon as possible to EOC and then to the local police station. As soon as possible thereafter a full L.A.S. Loss/Theft Report (LA154) must be submitted to the AOM for full investigation. At the same time the AOM must also inform the Chief Inspector, at the Home Office branch. AOMs have delegated responsibility to attend Local Intelligence Network (LIN) meetings.

The procedure covering the issue and use of drugs has been in place for some years but is regularly updated. Under this scheme sealed drug packs are prepared at the LAS Logistics Support Unit and delivered on a daily basis to all ambulance stations. One pack is used by Paramedics, and one for general use by Paramedics and Technicians. A small number of commonly used drugs continue to be stored on stations, and kept on vehicles in the Primary Response Pack (PRP) within a new black fabric bag. A Paediatric Advanced Life Support Pack (PALS) pack is also available and is carried on all response vehicles. Equipment Support Personnel (ESP) pack and deliver the drug bags to stations. New packs are exchanged for used packs. Staff need to sign for the packs at commencement of shift, and packs can be returned to use at the end of shift if they have not been used and are in date. Used packs are "posted" into a separate locker. The PALS packs are changed on demand by the ESP or in consultation with the Logistics Support Unit in cases where there are a number to be exchanged at once. The scheme is carefully controlled and monitored by a system of checks and audits. The Logistics Support Unit and Station Management carry out regular audits of drugs and packs.

Sample audits of packed paramedic and general drugs packs are carried out at the Logistics Support Units. A daily sample of 5% of packs is carried out by the Logistics Manager (Supply & Materials Management), or a designated member of staff and the

result of the audit is recorded on the Stores Drug Sampling Form (LA283). A further 5% sample audit of packs held at the Logistics Support Unit is carried out on a quarterly basis, by an outside agency appointed by the LAS.

All drugs and fluids must be stored in a locked cupboard in a room/area to which access is denied by persons not having reasonable cause to enter that room/area. This means that it is acceptable for the drug / fluid store to be in the Station Office or garage area, provided that it is capable of being locked or secured. When formulating individual Station policies the need for staff to have reasonable access to drugs outside office hours must be considered.

It is the responsibility of all Ambulance Staff to ensure that drugs / fluids are securely stored on any ambulance vehicle they are responsible for during their shift. In reality this means that when the vehicle is unattended the doors are shut and no drugs are left lying about in view. All drugs are to be left in their sealed packs until required for administration to a patient. The theft / loss of any drug must be reported immediately. All staff are held personally responsible for all equipment / drugs / fluids issued to them and will ensure that reasonable access is denied to anyone not having reasonable right of access to them.

During 2006/07 the LAS employed a pharmacist on a part-time basis to assist in the development of Patient Group Directions (PGDs) for medications prescribed by ECPs.

## 2. CLINICAL AND COST EFFECTIVENESS

***'Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes'***

### **2.1 National Clinical Practice Guidelines**

The Trust has an established process for monitoring the implementation of National Clinical Practice guidance - Joint Royal Collages Ambulance Liaison Committee (JRCALC) Guidelines. The CGC monitors this by reviewing the minutes of the Training Services Committee. Updates are given to the Board by the Medical Director as part of her routine reports.

Version 2006 of the JRCALC Guidelines is now in use across the Service with manuals distributed to front line staff. Copies of the pocket book were distributed in mid February. Unfortunately some errors were identified in the section on drug dosages leading to reprinting of the affected pages. The corrected pages have now been circulated to staff for insertion. Some concern has been expressed about the quality of this edition of the pocket book, as the print has shown a tendency to smudge when wet. The publishers have agreed to replace any pocket books where pages have become illegible.

As with the previous edition of the guidelines, there are a small number of areas where the LAS is not fully compliant with the advice given. The most significant issue is around the concentration of oxygen administered to patients with medical conditions, including acute myocardial infarction and stroke, where provided there is no evidence of hypoxia, as evidenced by normal oxygen saturation levels, LAS policy is to give medium rather than high flow oxygen. The LAS plan to implement the advice contained in the British Thoracic Society Guidelines on Emergency Oxygen Therapy which are due for publication later this year.

An updated PRF was made available from March. The major change to note is the replacement of the pink (second) copy with a further white copy to assist those Emergency Departments who are moving to a paperless system and scanning their documents. A box has also been included on the form to enable crews to document the absence of heart sounds, to ensure compliance with the Recognition of Life Extinct (ROLE) procedure.

Drugs now available to EMTs (naloxone and hydrocortisone) have been moved from the paramedic bag to the Technician bag, freeing up space to allow the inclusion of chlorphenamine (piriton) for paramedics.

We are planning to introduce an oral solution of morphine later this year and to introduce drug stickers, similar to those in routine use in hospitals, initially for use with morphine.

JRCALC is hosting a debate on the optimal method of advanced airway management in pre hospital care. Hitherto endotracheal intubation has been accepted as the gold standard. However, the evidence largely gathered in the United States, suggests an unacceptable complication rate. In addition many ambulance trusts are having difficulty in accessing training slots in operating theatres. With the increasing popularity of the laryngeal mask airway (LMA), available to both paramedics, and EMT4s (in London), there is an increasing move nationally towards the LMA being the standard advanced airway. In London it will provide an advanced adjunct to experienced EMT's and an option for paramedics in the event of a difficult or failed intubation. While the JRCALC subcommittee gathers evidence around UK practice the LAS will undertake an audit to determine the average number of intubations undertaken by paramedics each year and produce good practice guidelines for the verification of endotracheal tube placement and skill retention.

As in previous years, the Medical Director has given a presentation to staff at the Chief Executive's consultation meetings on current clinical successes that the Service has achieved and the challenges we anticipate over the coming five years. The improvement in 'out of hospital' cardiac arrest survival, increased conveyance of patients who have suffered a heart attack to primary angioplasty centres and evidence of more effective pain management are highlighted as significant achievements by the LAS. The potential for taking other patients to the most appropriate destination, whether this is to a specialist centre, as in stroke, major trauma or severe head injury, or to a Minor Injury Unit, or local referral pathway is discussed.

The move from classroom based courses to a more flexible modular delivery of education which focuses on patient assessment and covers more of the common conditions staff manage on a daily basis has been led by the Department of Education and Development.

The feedback from staff on clinical issues at the initial meetings has focussed largely on the limited availability of training at Complex level, their frustration with cancellation of courses and the variable quality of the standard of training delivered. The issue of EMTs being unable to supply diazepam has been brought up at each meeting.

The Service was among a number of agencies to give evidence at a meeting of the London Assembly's Health and Public Services Review Committee chaired in March. The Committee wanted to investigate how emergency life support training is

delivered in London and how the number of Londoners trained could best be increased.

The meeting, held at City Hall, also heard from representatives from other organisations such as, St John Ambulance, British Heart Foundation, Resuscitation Council UK, and Saving Londoners Lives.

The LAS had previously provided evidence about its involvement in the training of Londoners in emergency life support, public awareness campaigns and the National Defibrillator Project. The meeting focused on additional schemes and initiatives which might improve survival in out of hospital cardiac arrest. The Committee's report has been published and the LAS is submitting a bid to the Mayor to organise training at a borough level.

## **2.1 Clinical Audit**

The LAS Clinical Audit and Research Unit (CARU), which is part of the Medical Directorate, is responsible for undertaking an annual programme of clinical audit. The aim of the clinical audit programme is to ensure that the LAS delivers high quality care to all its patients in line with best practice. Quality of care is measured in a number of ways including: adherence to clinical practice guidelines; delivery of patients to appropriate care providers; speed of response; health outcomes, and patient satisfaction. The results of all our clinical audits are used to develop recommendations for enhancing patient care. The programme is overseen by the Clinical Audit and Research Steering Group who ensure that the areas of care audited are of relevance to the strategic objectives of the LAS and current priorities in pre-hospital care and the wider NHS. The findings of all audits are disseminated to the CGC, and Clinical Steering Committee, Trust Board and widely across the Service. Reports are also distributed externally to other UK ambulance services, local hospitals and other interested parties.

During the past year, CARU has been involved in a diverse range of audit projects, including a series of clinical audits undertaken on behalf of the Department of Health (DH) to examine the appropriateness of the level of response allocated to some 999 calls. The results of these audits informed a number of changes to call categorisation and the recent recruitment of a Priority Dispatch Clinical Auditor will ensure that the LAS continue its work in this area.

In November 2006, we published the findings from two snapshot clinical audits: pain management in children audit and an audit of the care given to overdose patients. As a result of the pain management in children audit, the LAS introduced a paediatric pain management card to assist in the assessment and treatment of children in pain. In addition, we have submitted the findings to the MHRA and the Department of Health's (DH) Paediatric Advisor as evidence of the need to introduce more child-friendly analgesics for use by ambulance services. Following the overdose audit, there has been a communication campaign to remind LAS operational staff of the appropriate care for overdose patients.

We are currently undertaking clinical audits examining the use of morphine, the care given to stroke patients and the use of benzylpenicillin for the treatment of meningococcal septicaemia. The findings of these audits are expected to be published in late 2007. We have also developed and finalised a protocol for a large-scale multidisciplinary audit looking at the care given to both routine and emergency obstetric patients. For this audit, we will collaborate with four maternity units in London to find out what happened to each patient after hospital admission. A

questionnaire will also be sent to patients to explore their views of the service provided by the LAS. The audit will commence in late 2007 following ethical approval, with the findings expected to be published in early 2009.

The LAS also has a comprehensive programme of cardiac clinical audit, the findings of which are used to enhance the care we deliver to both cardiac arrest and myocardial infarction patients. To support the dissemination of cardiac information and enable local monitoring of cardiac care, CARU produce a monthly Cardiac Care Pack, which was designed in consultation with local management teams at each Complex. CARU also produces the LAS Cardiac Arrest Annual Report that presents, along with other important information, our cardiac arrest survival rate, which for the period 2006-07 stands at 15.8%.

Over the last year, CARU has implemented a series of key developments to our ongoing CPIs programme. The CPIs are undertaken by Team Leaders and enable the Trust to assess basic standards of PRF documentation and the quality of care provided in six specific clinical areas. The LAS monitors the completion of the CPI audits, the level of staff compliance with clinical care standards and the number of clinical feedback sessions given to staff by Team Leaders. During the past year we have rolled out a programme of CPI refresher training for all Team Leaders, implemented a quality assurance process, upgraded the CPI database to enhance its functionality, and produced quarterly posters aimed at increasing staff awareness of the areas of good practice and those that require improvement at each Complex. We also provide monthly CPI reports and Complex Progress Charts for use by local management teams to enable clinical performance monitoring at a local level and inform local improvement initiatives.

The LAS has participated in a number of regional clinical audits and continues to contribute to national audit projects. We are also involved in the current re-designing of the national cardiac arrest and myocardial infarction audits and the formulation of a national CPI dataset.

### **3. GOVERNANCE**

***'Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.'***

#### **3.1 Training, Education and Development**

Over recent years, the LAS has delivered its Continuing Professional Development (CPD) programme for A&E staff within the traditional 'Training Centre' setting and delivered it in one week blocks.

In order to improve accessibility and attendance the Department of Education and Development is currently developing a modular based programme in areas covered by the CPD Course thus providing a more flexible and responsive delivery of educational services.

The benefits integrate fully with the new PDR process, where the responsibility for identifying the training needs of individual members of staff has now largely moved to operational line management teams. The proposed methodology of delivery will provide a varied prospectus which is appropriate to the clinical grade of staff accessing it.

The Training Services Group, which reports to the CGC, met on 10th April 2007 and reports to CGC, requested that the mandatory attendance modules for the financial year 2007/08 were:

- Resuscitation [BLS/ALS],
- Manual Handling,
- Patient Assessment [Intermediate & Advanced].

The delivery of these modules began in May 2007 with additional modules planning later in the year.

Feedback at the consultation meetings focussed very heavily on concerns and access to regular training. We have been sharing with staff the proposed modular format and feedback has been positive. We now need to finalise the training plan for the year ahead and ensure we deliver against it. A further more detailed paper on education and development will be shared with the Board.

Members of the Medical Directorate and the Department of Education and Development have now participated in meetings with all the Complex clinical teams, focusing on local issues such as rates of return of spontaneous circulation, time to first shock, rates of successful endotracheal intubation, end tidal carbon dioxide monitoring, pain management and completion of clinical performance indicators. We have sought feedback on complex based training, selection for paramedic training and alternative methods of delivering the education agenda.

Plans to develop a CPD module are still being pursued. A CPD module would be deliverable either at a university site or at one of our own education and development centres. A six week interactive CPD module programme with web based support has been considered in partnership with Kingston University.

A programme of service wide training is still underway to familiarise staff with the “six steps” hand washing technique. This is reinforced by the poster campaign being undertaken throughout the service

The ICSG has identified the need for local infection control “champions” to be established on each Complex. This could be a member of staff or a local manager. The “champion” would develop an expertise in infection control issues and act as co-ordinator for promoting the CPD programme and as a link for other corporate initiatives and audit activities. This objective will be a key part of the Infection Control programme for 2007/08.

#### Statutory/Mandatory Training:

The Training Needs Analysis, monitored by the CGC, is being held under continuous review so that it sets out all clinical mandatory training requirements and is up to date with risk management training for Board and Senior Managers.

#### Other In-House Activity:

Learning & Development have continued to provide staff development courses to meet aspects of the KSF Core competencies, in subjects such as assertive communication, customer care, meeting administration. In addition, to support personal development, courses have been provided in Applying for Promotion and Return to Study skills.

Management development has continued for specific management groups such as team leaders and ambulance operations managers. In addition the LAS middle

management programme Exploring Leadership and Self Awareness (ELSA) has continued throughout the year. Personal Development Review (PDR) training has been delivered to all managers during 2007 and a new in-house coaching skills course was piloted in October 06, which will now become a regular course.

### **3.1.1 Equality and Diversity**

The Equality and Diversity approach of the Trust has been under review with the change of post holders in the key role of Equality and Diversity Manager. The new manager is conducting a baseline review of equality and diversity work throughout the Trust. Initial results from the review indicate Equality Impact Assessments (EQIA) as being an area where the Trust will take further action.

As part of this action plan, an EQIA programme is being developed using the mechanism of a series of training workshops over the next six months. The first briefing session for Service Improvement Programme Managers was facilitated and gave an overview and introduction to EQIAs and the tools that have been developed to guide and support those involved in the process.

Meetings have been held with the Head of Governance, Head of Records Management, and Head of Planning and Programme Management, to scope how best to mainstream the governance of equality and diversity and on the most effective way to embed the EQIA process through the Trust.

SMG and SSG Committees are closely monitoring the diversity baseline findings and EQIA initiative.

#### Other Equality and Diversity Initiatives

- Single Equality Scheme – All the Trust's Equality schemes are being reviewed to facilitate the transition to a Single Equality Scheme as anticipated in legislation.
- Community Engagement Pack – 'Working together' will shortly be published and available for other NHS Ambulance trusts to purchase.
- Save a Life Pocket Cards – New artwork was commissioned for a series of new cards that prioritise community ethnic groups who have been previously identified to be at high risk from coronary heart disease.

### **3.2 Research and Development**

In order to ensure that new practices and treatments are going to provide the most effective care and best outcomes for patients, they must be based on research evidence. Research and development is an integral part of LAS core business and we are committed to using the findings of research to inform and influence our practices and patient care.

The LAS has a comprehensive programme of research that focuses on remodelling the way the ambulance service responds to patients. It aims to provide a greater understanding of the demands (and changes in demands) on the ambulance service and the clinical effectiveness of pre-hospital care. The overall objective is to provide an evidence base to inform changes in the delivery of pre-hospital treatment, with a particular focus on: improving cardiac care; providing alternative responses for non-emergency patients; eliminating unnecessary ambulance journeys and A&E attendances, and improving patient outcomes and experiences.

We are currently running a number of cardiac research trials in collaboration with international partners including Seattle Emergency Medical Service, University of

Washington and New York City Emergency Medical Service, examining various aspects of care, from telephone CPR instructions to the use of defibrillators in the field. We are also currently developing two cardiac drug trials in collaboration with some London hospitals and drug manufacturers.

Other research projects in the programme encompass areas of care such as stroke, older people who fall, and the role of ECPs. All research projects undertaken as part of our programme have resulted in (or are expected to lead to) publications in peer-reviewed journals and presentations at national and international conferences.

All LAS research is compliant with relevant legislation (such as the Research Governance Framework, Mental Capacity Act 2005, Data Protection Act 1998, and the Medicines for Human Use (Clinical Trials) Regulations 2004) and we have robust review and approval processes in place to ensure high quality data and ongoing compliance with such legislation.

In order to support and encourage awareness of evidence-based practice throughout the LAS, we hold bi-monthly Evidence for Practice Seminars with invited internal and external speakers. We also hold a bi-monthly Journal Club where staff with no or limited research backgrounds have the opportunity to read and critically appraise published research papers and discuss the implications of the findings on their day-to-day practices.

The LAS is a member of various local and national research networks and is actively working with other UK ambulance services to raise the profile of research nationally and encourage collaborative working.

### 3.3 Information Governance

Information Governance allows organisations and individuals to ensure that personal information is handled legally, securely, efficiently and effectively. The Department of Health and NHS Connecting for Health require all NHS Trusts to measure their compliance with information-handling requirements using a self-assessment based toolkit. This assessment is then annually returned to the DoH for approval.

The toolkit has been updated to incorporate the evolving information security landscape and Airwave security requirements.

The revised toolkit has 44 requirements and has been built upon initiatives that group controls by management, people, processes and systems.

The Trust achieved an overall score of 83%. This is broken down into the initiatives shown below.

<b>Initiative</b>	<b>Results (based on requirements version 4 )</b>
<b>Clinical Information Assurance</b>	<b>100% (GREEN)</b>
<b>Confidentiality and Data Protection Assurance</b>	<b>91% (GREEN)</b>
<b>Corporate Information Assurance</b>	<b>75% (GREEN)</b>
<b>Information Governance Management</b>	<b>82% (GREEN)</b>
<b>Information Security Assurance</b>	<b>78% (GREEN)</b>



#### **4. PATIENT FOCUS**

*'Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.'*

##### **4.1 Patient Information**

Reports to the CGC are received from the Records Manager. CPI audits also focus on completion of the PRFs. Concise, accurate and legible patient care record keeping is an integral part of all healthcare practice. It is a tool of professional practice and one which contributes to the care of the patient. It is not separate from the care process and is not an 'optional extra' to be fitted in if circumstances allow. LAS staff that have responsibility for creating and/or managing patient care records are not exempt from these principles.

The LAS receives requests for access to and information about calls and other records ("Patient Information") from, among others, patients, patients' relatives, solicitors pursuing civil claims, solicitors defending criminal prosecutions, and the police. In addition requests for information about calls to patients are received from other groups including the press / media, other NHS bodies, local authorities, and members of the public.

Records retained by and held under the control of the LAS are held by the Management Information Manager (Accident & Emergency records except LA1s), PTS Business Manager (PTS records) and on main stations (LA1s). PTS is considered to be a "data processor" and not a "data controller" under the terms of the Data Protection Act, and the records therefore belong to the organisation which provided the data. Where requests are received for access to this information we will co-operate with the data controller organisation in making the information available.

There is a special relationship between a healthcare professional and his/her patient which means that the common law duty of confidence attaches to personal details (including his/her medical details) provided by the patient about himself/herself. The information is likely to be of a sensitive nature and passed on in the expectation that it will not be provided to any third party. It has long been accepted that information disclosed by an individual to a healthcare professional in the course of his or her work is covered by a duty of confidence. Consequently, Patient Information held by the LAS is covered by that duty.

##### **4.2 Complaints and Claims**

Complaints and claims are reported as part of the Risk Information Report presented to the CGC.

###### **4.2.1 Complaints**

The NHS Complaints Procedure states that 85% of complainants (new complaints) should receive a full written response by the Chief Executive within 25 working days. At the end of the financial year, 78% complainants received a Trust response within 25 working days.

Complaints are analysed by; Type (e.g. health or social care), Severity (e.g. near misses, patient safety incidents), Complexity (e.g. service user has a number of needs), Location, Person complained about, Date received, Subject (e.g. delayed

response, attitude and behaviour etc). The Complaints Panel monitors the Trusts management of complaints. Membership of the panel includes the Chairman of the Patients Forum, the Non-Executive Director who is chair of the CGC, and the PPI Manager.

The Trust's Patient Advice and Liaison Service (PALS) are integrated with the Complaints team under the leadership of the Patient Services Manager. The PALS team are able to resolve many concerns before these escalate to complaints, including driving agreed outcomes. Acting as the gateway to complaints procedures and independent advocacy, the PALS team assists staff to develop a responsive culture.

The Trust has a clearly defined system to learn from complaints, such as the adoption of reflective practice as a complaints strategy. Also, routine completion of outcome reports as part of complaints handling management and regular reporting to CGC, Complaints Panel, local area Clinical Governance Forums, Senior Management Group and Trust Board. The publication of outcomes and learning points in Trust-wide media including electronic and hard copy dissemination. However, we are proposing improved implementation, monitoring and evaluation systems as part of the change management review.

Learning is demonstrated through follow-up action by the Patient Services Manager and the Chief Executive/Board, and as part of an integrated risk management system (i.e. a system which examines issues arising from complaints, patient safety incidents, clinical litigation etc). The Patient Services Manager is a member of the CGC and submits information as part of the Risk Information Report.

Changes have been made to Trust policies and procedures as a result of complaints, such as Control Room call triage practice in relation to resources to be dispatched where the patient presents as having experienced a seizure.

The Trust now employs a Consultant Midwife on a part-time basis to advise on obstetric issues, an area of great concern for our staff and an identified risk for the organisation.

We continue to further implement and evaluate improvements identified via an integrated approach. Further, we are embedding a whole systems approach across the Trust for answering concern and complaints and to ensure more robust dissemination mechanisms. The Trust is committed to offering our full cooperation to partner agencies via a range of feedback mechanisms i.e. SUI, totality of care reviews, incident reporting.

#### **4.2.2 Claims**

The Head of Legal Services supported by the Claims Co-ordinators and Road Traffic Accident Claims Assessor and Administrator Incidents / Claims is responsible for managing litigation in clinical negligence, employer / public liability, and motor liability in accordance with the Trust's Policy and Procedures for such claims.

The Head of Estates is responsible for the handling of claims under the Property Expenses Scheme for damage, loss, or destruction of the Trust's property or estate and will report and investigate such claims in accordance with the rules of the Scheme.

The Financial Controller, supported by the Senior Financial Accountant, is responsible for submitting a summary loss report, which includes below excess losses to the Trust property and estate under the Property Expenses Scheme.

The LAS Trust Board and Directors through the RCAG, receive a report every six months which provides:

- the number, classification, and aggregate value of clinical negligence, personal injury and other liability claims against the Trust,
- summary information on the final outcome of clinical negligence, personal injury, and other liability claims against the Trust and remedial actions taken or proposed as a consequence of those claims.

When a significant litigation risk is established for which indemnity is available by the NHS Litigation Authority Clinical Negligence Scheme for Trusts, Liabilities to Third Parties or Property Expenses Schemes and the valuation of the possible claim is above the Trust's excess limits, the matter becomes reportable to the NHS Litigation Authority.

## **5. ACCESSIBLE AND RESPONSIVE CARE**

***'Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway'.***

### **5.1 Patient and Public Involvement**

The Patient & Public Involvement (PPI) Manager has been in post since July 2005, and is a member of the CGC and reports to it. She holds a database of reported PPI activity across the Trust and is responsible for implementing the PPI Strategy. She encourages and supports LAS colleagues to involve patients in their developments and activities. Currently the PPI strategy is being updated, to include a range of activities and strategic developments over the next four years.

A presentation was given to the LAS Patients' Forum in early 2006 about the Make Ready Scheme. Forum members were supportive of the Scheme. Information about the Scheme has also been presented to the Deptford Care of the Elderly Action Group.

During the summer months the LAS has been involved in a number of public events, such as Child Safety Week in Kingston town centre, an event for young people in Norwood Green, events at two schools in Newham, a community event in Blackfriars, a health day in St. Helier and an event in East Ham to mark the second anniversary of the London bombings. The London Mela festival was held in Gunnersbury Park the LAS was also involved in the Lambeth Show, promoting road safety. Junior Citizens' schemes have been held across London, with LAS staff running information sessions for children over periods of two weeks. LAS staff from Oval were involved in an open day at King's College Hospital.

One of the Community Resuscitation Training Officers has spoken on an Asian radio station about Heartstart training.

The Public Education Strategy Steering Group has conducted a survey of staff engaged in public education activity and is planning two workshops for them in November 2007. Once funding has been allocated to the Strategy, its implementation will ensure that staff doing this important work have the right information about the Service, and the right skills and knowledge to represent the Trust appropriately.

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

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

With the support of the NCI, the Trust has undertaken a project focusing on the Bangladeshi community in Tower Hamlets. This project aims to improve health outcomes, to build links between the LAS and the Bangladeshi community, and to increase recruitment to the LAS from members of this community. The project is focusing on maternity, children and young people, and working with the PCT to produce a health education pack.

The Head of Communications attended the June Patients' Forum meeting and presented the findings of the Ipsos MORI research on public opinions of the LAS. The Director of Information Management & Technology attended the October meeting to discuss plans for CAD 2010 and improving access to the Service for deaf and speech-impaired people. He has also held separate meetings with the three deaf members of the Patients' Forum, as part of the project focusing on this issue within the Access Programme of the Strategic Plan.

The Trust is currently considering the impact of a decision to apply for Foundation Status, and how its membership might be developed. Other significant changes to patient and public involvement will come later in 2008, when the Local Government and Public Involvement in Health Bill is likely to become law. This will lead to the abolition of Patients' Forums and the establishment of Local Involvement Networks (or LINKs) in each borough. This is a potentially exciting development and will allow local management teams throughout the LAS to take a proactive role in PPI in their area.

## **6. CARE ENVIRONMENT AND AMENITIES**

***'Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.'***

### **6.1 Safe and Secure Environment**

The Trust is committed to providing a safe and secure working environment for all staff, all professionals, stakeholders, volunteers and visitors. With the implementation of the Local Security work plan the Trust is creating a pro-security culture.

The Trust recognises the importance of providing a safe working environment to its staff, patients and other members of the public who come into contact with the organisation. Exclusive Make Ready cleaning schemes work across all complexes. The Trust will ensure that specific responsibilities are fulfilled by carrying out risk assessments of the organisation's activities, controlling identified hazards, providing information, training and instruction to allow staff to carry out their duties safely, and auditing systems to ensure policies and procedures have been implemented.

The Workplace (Health and Safety and Welfare) Regulations 1992 place duties on employers, to undertake regular work place inspections, with a written record being taken of such inspections.

It is the responsibility of the Ambulance Operations Managers, to carry out inspections of stations/premises within their unit together with a local Health and Safety Representative, on a quarterly basis.

The Estates Department is responsible for arranging the maintenance or repair of hazards or items identified during inspections.

## **6.2 Clean Environment**

To assess the compliance of the Service with the Code of Practice, a self assessment exercise was carried out by the Trust's ICSG. The Department of Health "Essential Steps to Safe, Clean Care" was utilised. This highlighted a number of areas which the Service needs to address. These include audits, education and training, the health care environment and decontamination of reusable medical devices. The areas identified will be addressed as part of the Infection Control programme.

The Make Ready Scheme is the method by which the Trust ensures that ambulances are clean, fully equipped and ready for operation. The scheme was fully rolled out to all 25 station complexes in the Spring of last year.

The scheme is monitored through a set of 13 Key Performance Indicators. Weekly performance data against KPIs is produced. Make Ready performance is reported to the Make Ready Contract Group on a monthly basis. The Operational Support Units also monitor performance on a local basis at their weekly meetings. Operational Support Forums have been established in each of the three areas. These Forums, which provide a platform for support departments and operational colleagues to plan and discuss issues of mutual concern, have been expanded to include discussion of Make Ready issues.

Four of the 13 KPIs are directly relevant to the ICSG:

- KPI 1 – Every available ambulance 'Made Ready' once every 24 hours
- KPI 2 – Standard of ambulance cleanliness
- KPI 3 – Conformity to ambulance inventory
- KPI 5 – Standards of station cleanliness

\*All KPI targets are set at 100%.

Additional performance measurements have also been developed to monitor the number of vehicles made ready from total allocation. These help to maintain an oversight as to any factors which are restricting the numbers of vehicles being made

available to the Make Ready Teams. This may be due to vehicles having insufficient equipment, being in Workshops, or not being released by Operations.

Performance against the KPIs remains robust. Additional effort is being made to ensure a higher percentage of vehicles from the total allocation are made ready every night. Consideration is also being given to adding Rapid Response and PTS vehicles to the scheme during 2007/08.

Regular swab tests are taken on vehicles subject to Make Ready from four fixed locations subject to change every three months. The swabs are processed by an independent laboratory and reported on monthly.

Results indicate that the total viable count of all bacterial types on the rear drop down step of an ambulance dropped from more than 30,000 to 3,000. The range of bacteria including E Coli and Salmonella on the trolley bed dropped from 510 to less than 10. All swabbed areas effectively indicated a zero count of staphylococcus bacteria (MRSA) both before and after Make Ready cleaning.

## **7. PUBLIC HEALTH**

***'Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas'.***

### **7.1 Pandemic Flu**

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

### **7.2 National Service Frameworks (NSF)**

The National Service Frameworks are national standards for developing services and making sure that high quality care is available and accessible to everyone who needs it. The NSFs lay out a set of national standards for the treatments which have the objective of both raising the quality of NHS services and reducing unacceptable variations between different parts of the country. All NSFs involve working with London PCTs and community services.

Policies and service developments have been updated and implemented in the following NSF areas during 2007:

#### **7.2.1 Mental Health**

The Service has worked closely with the London Development Centre for Mental Health in anticipating the implications of the amendments to the Mental Health Act (1983) for providers throughout London. The amended Act received royal assent this summer with a likely implementation date of October 2008. Amongst other areas, the work has focused on anticipating Delivering Racial Equality (DRE) issues, partnership working and developing the Code Of Practice.

### Standards two and three: Primary care and access to services

- The Service has worked with police and social workers to set up a trial around Mental Health Assessments in Camden & Islington. The trial, which is not yet complete, involves deploying Urgent Care resources to all but the most high risk assessments in order to:
  - Deliver a more timely service to stakeholders
  - Offer a more efficient use of resources.
- The Service has also trialled a pathway offering direct access to a mental health unit at Oxleas Mental Health Trust, for patients known to the Trust. Discussions are ongoing regarding making this trial permanent.

The Service is also reviewing its mental health strategy, and protocols on conveying mentally ill patients, in line with the amendments to the Act.

## **7.2.2 Older People**

### Standard five: Stroke

The Service has taken the lead in implementing a London-wide model with the aim of providing 24-7 access to CT scans and, where appropriate, thrombolysis for patients who are FAST +. South West and North Central London have engaged with us so far on this project.

### Standard six: Falls

Across London, the Service has engaged with a variety of teams who provide access to falls pathways in their PCTs. These protocols, once agreed by the medical director, offer information on how to access services which address the hazards and combination of prescriptions which may have contributed to patients falling, with the intention of reducing such incidents in future.

## **7.2.3 Long Term Conditions**

### Case Management

Due to be trialled this autumn, the Service has been working with Hackney and Tower Hamlets PCTs to develop a pathway whereby crews can consult GPs regarding the care of their patients. This will allow crews to discuss cases with a fellow professional who knows the patient well, and agree the best pathway for them to access the care they require. The trial will be evaluated to establish whether it improves A&E conveyance for non urgent calls and offers better value for money for PCTs.

**LONDON AMBULANCE SERVICE**  
**CHARITABLE FUND ACCOUNTS**  
**YEAR ENDED 31 MARCH 2007**



**LONDON AMBULANCE SERVICE CHARITABLE FUND**

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**Statement of trustees' responsibilities**

The trustees are responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 1993 and those outlined in the directions issued by the Secretary of State;
- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The trustees are required under the Charities Act 1993 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 1993. In preparing those accounts, the trustees are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 3 to 9 attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Trustees

Signed: (NB sign in any colour ink other than black)

Chief Executive\* ..... Date..... 2007

Trustee ..... Date..... 2007

\*the Board may authorise another trustee to sign in place of the Chairman.



**Independent Auditors' Report to the Corporate Trustee of the London Ambulance Service NHS Trust Funds Held on Trust**

I have audited the financial statements of London Ambulance Service Charitable Funds for the year ended 31 March 2007 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared under the accounting policies set out within them.

This report is made solely to the trustees of London Ambulance Service Charitable Funds in accordance with section 43A of the Charities Act 1993. My audit work has been undertaken so that I might state to the trustees those matters I am required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the trustees of London Ambulance Service Charitable Funds for my audit work, for this report, or for the opinion I have formed.

**Respective Responsibilities of Trustees and Auditors**

As set out in the Statement of Trustee's Responsibilities, the Trustees are responsible for preparing the financial statements in accordance with applicable law and United Kingdom accounting standards (United Kingdom Generally Accepted Accounting Practice).

I have been appointed as auditor under section 43A of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board.

I report to you my opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. I also report to you if, in my opinion, the Trustees Annual Report is not consistent with the financial statements, if the charity has not kept proper accounting records, or if I have not received all the information and explanations I require for my audit.

I read other information contained in the Trustee's Annual Report, and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

**Basis of audit opinion**

I conducted my audit in accordance with the Charities Act 1993 and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

**Opinion**

In my opinion the financial statements give a true and fair view of the state of the charity's affairs as at 31 March 2007 and of its incoming resources and application of resources for the year then ended and have been properly prepared in accordance with the Charities Act 1993.

Signature:..... Date:.....

Name: Susan M Exton    Address: Audit Commission  
1st Floor  
Millbank Tower  
Millbank  
London  
SW1P 4HQ



## Statement of Financial Activities for the year ended 31 March 2007

	Note	2006-07 Unrestricted Funds £000	2006-07 Restricted Funds £000	2006-07 Total Funds £000	2005-06 Total Funds £000
<b>Incoming resources</b>					
<b>Incoming resources from generated funds</b>					
Donations from individuals		3	0	3	4
Legacies		0	0	0	1
Sub total voluntary income		<u>3</u>	<u>0</u>	<u>3</u>	<u>5</u>
Investment income		12	0	12	12
<b>Total incoming resources</b>		<u>15</u>	<u>0</u>	<u>15</u>	<u>17</u>
<b>Resources expended</b>					
<b>Costs of generating funds</b>					
Investment management costs		2	0	2	2
<b>Charitable activities</b>					
Staff education and welfare - grants payable	3	45	3	48	38
Governance costs	4	5	0	5	5
<b>Total resources expended</b>		<u>52</u>	<u>3</u>	<u>55</u>	<u>45</u>
<b>Net incoming/ (outgoing) resources</b>		<b>(37)</b>	<b>(3)</b>	<b>(40)</b>	<b>(28)</b>
<b>Other recognised gains and losses</b>					
Gains on revaluation and disposal of investment assets		32	0	32	54
<b>Net movement in funds</b>		<u><b>(5)</b></u>	<u><b>(3)</b></u>	<u><b>(8)</b></u>	<u><b>26</b></u>
<b>Reconciliation of Funds</b>					
Fund balances brought forward at 31 March 2006		426	3	429	403
<b>Fund balances carried forward at 31 March 2007</b>		<u><b>421</b></u>	<u><b>0</b></u>	<u><b>421</b></u>	<u><b>429</b></u>

The notes at pages 5 to 9 form part of these accounts

**Balance Sheet as at 31 March 2007**

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2007 £000	Total at 31 March 2006 £000
<b>Fixed Assets</b>					
Investments	5	416	0	416	411
<b>Total Fixed Assets</b>		<b>416</b>	<b>0</b>	<b>416</b>	<b>411</b>
<b>Current Assets</b>					
Stocks	6	2	0	2	3
Debtors	7	1	0	1	1
Cash at bank and in hand		4	0	4	15
<b>Total Current Assets</b>		<b>7</b>	<b>0</b>	<b>7</b>	<b>19</b>
Creditors: Amounts falling due within one year	8	2	0	2	1
<b>Net Current Assets/(Liabilities)</b>		<b>5</b>	<b>0</b>	<b>5</b>	<b>18</b>
<b>Total Assets less Current Liabilities</b>		<b>421</b>	<b>0</b>	<b>421</b>	<b>429</b>
<b>Total Net Assets</b>		<b>421</b>	<b>0</b>	<b>421</b>	<b>429</b>
<b>Funds of the Charity</b>					
Income Funds:					
Restricted - Cycle Response Unit		0	0	0	3
Unrestricted - general purposes fund		421	0	421	426
<b>Total Funds</b>		<b>421</b>	<b>0</b>	<b>421</b>	<b>429</b>

The notes at pages 5 to 9 form part of these accounts.

Signed:

Date:



**Notes to the Account**

**1 Accounting Policies**

**1.1 Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

**1.2 Incoming Resources**

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three conditions can be met:

- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) certainty - when there is reasonable certainty that the incoming resource will be received;
- iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

**1.3 Incoming resources from legacies**

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is reasonably certain; this will be once confirmation has been received from the representative of the estate that the payment of the legacy will be made or properly transferred and once all the conditions attached to the legacy have been fulfilled.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimated amount receivable.

**1.4 Resources Expended**

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure. A liability is recognised where the charity is under a constructive obligation to make a transfer of value to a third party as a result of past transactions or events. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.



## LONDON AMBULANCE SERVICE CHARITABLE FUND

### a) Cost of generating funds

These are the costs associated with generating income for the charity. They comprise fees paid to the charity's investment managers.

### b) Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly incurred in the pursuit of the charitable objectives of the charity.

### c) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant.

Provisions are made where approval has been given by the trustee due to the approval representing a firm intention which is communicated to the recipient.

### d) Governance costs

These comprise all costs identifiable as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation and good practice.

These costs include costs related to statutory audit together with an recharge of overhead & support costs from London Ambulance Service NHS Trust.

### e) Allocation of overhead and support costs

All overhead and support costs are included in Governance costs.

## 1.5 Structure of funds

Where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose & has created a legal restriction on use of the funds the fund is classified as a restricted income fund.

The remaining funds held by the charity are classified as unrestricted funds. The expenditure of these funds is wholly at the trustee's unfettered discretion.

The major funds held under these categories are disclosed at note 9.

## 1.6 Investment Fixed Assets

Investment fixed assets are shown at market value at the balance sheet date.

Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div. Common Investment Fund Units are included in the balance sheet at the closing dealing price at the balance sheet date.

## 1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

**2 Allocation of support costs and overheads**

All support costs and overheads are allocated to governance costs.

The total value of support costs and overheads was £5,000 (2006: £5,000)

**3 Analysis of charitable expenditure**

	Unrestricted Funds	Restricted Funds	Total 2007 Funds	Total 2006 Funds
	£000	£000	£000	£000
Staff welfare and amenities				
Grants payable to individuals	45	3	48	38
	<b>45</b>	<b>3</b>	<b>48</b>	<b>38</b>

All grant applications are considered and approved by a sub group of the Charity Funds Committee on behalf of the Corporate Trustee.

**4 Analysis of governance costs**

	Unrestricted Funds	Restricted Funds	Total 2007 Funds	Total 2006 Funds
	£000	£000	£000	£000
Audit fee	3	0	3	3
Apportioned overheads	2	0	2	2
	<b>5</b>	<b>0</b>	<b>5</b>	<b>5</b>

The auditors remuneration of £3,000 (2006 £3,000) related solely to the audit with no other work undertaken (2006 £0)



**LONDON AMBULANCE SERVICE CHARITABLE FUND**

<b>5 Analysis of Fixed Asset Investments</b>	<b>2007</b>	<b>2006</b>
<b>5.1 Movement in fixed asset investments</b>	<b>£000</b>	<b>£000</b>
Market value at 31 March	411	394
Less: Disposals at carrying value	(4)	(278)
Add: Acquisitions at cost	0	240
Net gain on revaluation	9	55
Market value at 31 March	<u>416</u>	<u>411</u>
Historic cost at 31 March	<u>344</u>	<u>372</u>

<b>5.2 Market value at 31 March 2007</b>	<b>Held in UK £000</b>	<b>Held outside UK £000</b>	<b>2007 Total £000</b>	<b>2006 Total £000</b>
Investments listed on Stock Exchange	411	0	411	384
Investments in a Common Deposit Fund or Common Investment Fund	0	0	0	0
Cash held as part of the investment portfolio	5	0	5	27
	<u>416</u>	<u>0</u>	<u>416</u>	<u>411</u>

Included in the investments above are 108613 units in the Investec Fund Managers UK Value Fund, valued at £344,803, which is considered material to the total investments.

<b>5.3 Analysis of gross income from investments</b>	<b>Held in UK £000</b>	<b>Held outside UK £000</b>	<b>2006-07 Total £000</b>	<b>2005-06 Total £000</b>
Investments listed on Stock Exchange	3	0	3	4
Investments in a Common Deposit Fund or Common Investment Fund	9	0	9	8
	<u>12</u>	<u>0</u>	<u>12</u>	<u>12</u>



## LONDON AMBULANCE SERVICE CHARITABLE FUND

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<b>6</b>	<b>Analysis of Stocks</b>	31 March 2007	31 March 2006
	Award Vouchers	<u>2</u>	<u>3</u>
	Total Stocks	<u>2</u>	<u>3</u>

---

<b>7</b>	<b>Analysis of Debtors</b>	31 March 2007	31 March 2006
	Amounts falling due within one year:	<b>£000</b>	<b>£000</b>
	Other debtors	<u>1</u>	<u>1</u>
	<b>Total debtors</b>	<u>1</u>	<u>1</u>

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<b>8</b>	<b>Analysis of creditors</b>	31 March 2007	31 March 2006
	Amounts falling due within one year:	<b>£000</b>	<b>£000</b>
	Other creditors	<u>2</u>	<u>1</u>
	<b>Total creditors</b>	<u>2</u>	<u>1</u>

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### **9 Analysis of charitable funds**

The charity had one restricted fund, the Cycle Response Unit Fund, which was used in full in the year.

The charity has one unrestricted general purposes fund. The unrestricted fund is available for any charitable purposes relating to the NHS at the absolute discretion of the trustees.

### **10 Material legacies**

There were no material legacies during the year. (2006 - NIL)

### **11 Related party transactions**

The London Ambulance NHS Trust is the corporate trustee of the charity.

During the year none of the members of the Trust Board, senior NHS Trust staff or parties related to them were beneficiaries of the charity. Neither the corporate trustee nor any member of the NHS Trust Board has received honoraria, emoluments or expenses in the year and the Trustee has not purchased trustee indemnity insurance.

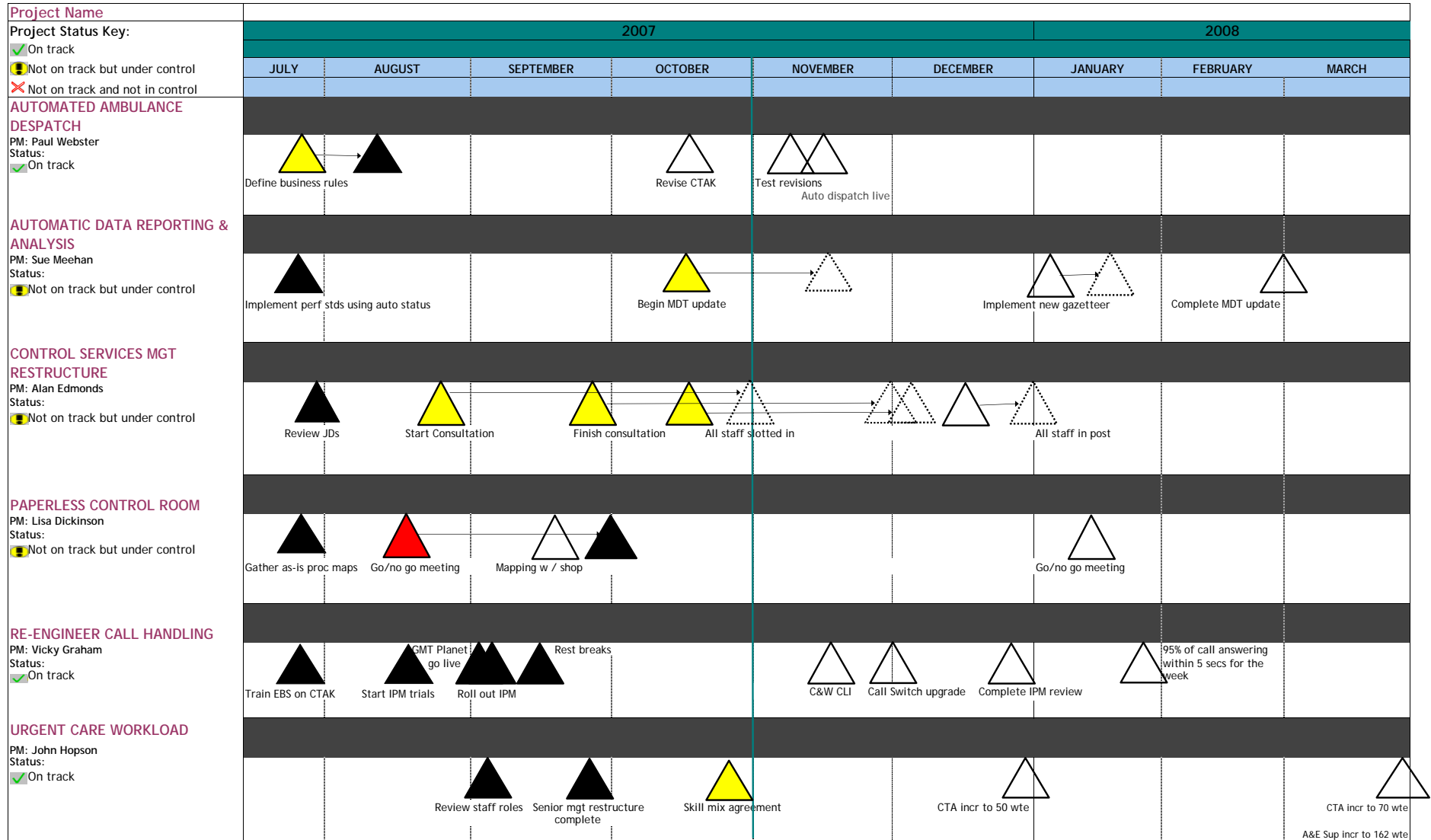
The charity paid an administration fee of £2,500 to the London Ambulance Service NHS Trust.

# Area Project Portfolio - Schedule Summary

Project Name	2008											
Project Status Key:												
On track Not on track but under control Not on track and not in control	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
<b>ADDITIONAL COMPLEX RESPONSE</b> PM: Steve Irving Status:												
<b>MOBILE FLEET</b> PM: Andy Heward Status:												
<b>INCREASE SOLO RESPONSE CAPACITY</b> PM: Terry Williamson Status:												
<b>REFERRAL PATHWAYS</b> PM: Allison Bolsover Status:												
<b>MANAGING FREQUENT CALLERS</b> PM: Gary Bassett Status:												
<b>COMMUNITY AND FIRST RESPONDERS</b> PM: Chris Hartley-Sharpe Status:												

Legend	
	Awaiting approval
	Planned milestone
	Milestone achieved
	Minor slippage but under control
	Critical Slippage- requires intervention

# Control Services Portfolio Schedule Summary



01/11/2007

**Legend**

- Awaiting approval
- Planned milestone
- Milestone achieved
- Minor slippage but under control
- Critical Slippage- requires intervention

Project Name	2007						2008		
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
	<b>Project Status Key:</b> On track Not on track but under control Not on track and not in control <b>MAP ALL PROCESSES</b> PM: Status: Not started								
<b>STAFF ADMINISTRATION</b> PM: Jon Nevison Status:		 Project Board to Initiate	 Area Workshops	 Functionality mapped	 Milestones planned for project lifecycle				
<b>FISC ROLLOUT</b> PM: Paul Candler Status:		 Complexes Live		 Project closure					
<b>ASSET TRACKING</b> PM: Gadge Nijjar Status:									
<b>INVENTORY MANAGEMENT</b> PM: David Selwood Status:			 Draft PID	 Project board	 Process review and key decisions document	 Roll out plan	 Technology spec across sites in place	 Testing	
<b>FLEXIBLE FLEET MANAGEMENT</b> PM: Gadge Nijjar Status: ?									
<b>RE-ENGINEER INCOME COLLECTION</b> PM: Chizoba Okoli Status:		 Schedule of Income Streams	 Comms plan	 Process maps	 Inefficient processes report	 redesigned processes		 Spec for SOP	 AFA for SOP
<b>PERFORMANCE MEASUREMENT</b> PM: Jasjit Dhaliwal Status:									

Project Name	2007						2008		
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
<b>Project Status Key:</b> On track Not on track but under control Not on track and not in control									
		 Project Brief		 Planning workshop					
<b>MEETING ROOM BOOKING SYSTEM</b> PM: Scott Velleman Status:		 Project Plan Project Board meeting	 Pilot plan	 Test	 Pilot	 Operational Policy and Procedures	 Close/ Go live		
<b>INCIDENT DATA RECORDS</b> PM: Jonathan Nevison Status:		 Project Brief	 PID completed						
<b>PRF PROCESSING</b> PM: tbc Status: Not started					 Project Brief				
<b>THE INTELLIGENT TRUST</b> PM: tbc Status: Not started					 Project Brief				
<b>PAYMENT BY RESULTS PILOT</b> PM: Vicky Clarke Status:		 Project Brief	 Project Initiation Board	 Research paper	 Analysis of range of options	 Test plans complete Testing options decided	 Testing complete	 Test outcome report Selection criteria agreed	 Options appraisal complete Model selected for phase 2

31/10/2007

**Legend**

- Planned milestone
- Milestone achieved
- Minor slippage but under control
- Critical Slippage- requires intervention

# OD and People Project Portfolio - Schedule Summary

Project Name	2007					2008				
Project Status Key:	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	
<p><b>RECRUITMENT &amp; INDUCTION PROCESS</b>                      PM: XX (planning stage)                      Status:</p>										
<p><b>LEADERSHIP DEVELOPMENT PROGRAMME</b>                      PM: Jo Anthony (planning stage)                      Status:</p>		<p>Comms for ELSA 6 launch      ELSA 5 commences</p>			<p>Start pilot for Coaching</p>	<p>Team Leader course go-live</p>		<p>ELSA Senior go-live</p>	<p>ELSA 6 go-live</p>	
<p><b>PERFORMANCE MANAGEMENT FRAMEWORK</b>                      PM: XX (planning stage)                      Status:</p>										
<p><b>RE-CONFIGURE WORKFORCE PROFILE</b>                      Caron Hitchen                      Status: <input checked="" type="checkbox"/></p>		<p>Integrity of model verified</p>	<p>Fleeting Modelling agreed Workforce Modelling agreed</p>	<p>Workforce Plan agreed</p>	<p>Staff-side consultation complete</p> <p>Skills Escalator agreed</p>		<p>Review of training plan agreed</p>			
<p><b>MODULARISED TRAINING</b>                      PM: Keith Miller (planning stage)                      Status:</p>										
<p><b>SUCCESSION PLANNING &amp; TALENT MANAGEMENT</b>                      PM: XX(planning stage)                      Status:</p>										
<p><b>STAFF &amp; UNION ENGAGEMENT</b>                      Steve Sale                      Status: <input checked="" type="checkbox"/></p>	<p>Partnership Conference</p> <p>Partnership Agreement</p>	<p>Joint comms prep for launch to complex teams</p>	<p>Schedule of work agreed</p>	<p>Complex comms complete</p>	<p>1st Draft Consultative Framework</p>	<p>Consultative Framework agreed</p>		<p>Election concluded</p>	<p>Staff-side reps appointed</p>	

# OD and People Project Portfolio - Schedule Summary

Project Name	2007					2008				
Project Status Key:	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	
✓ On track 🟡 Not on track but under control ✗ Not on track and not in control										
<b>TRAINING RESTRUCTURE</b>										
Bill O'Neill Status: ✓	▲ Start consultation	▲ Consultation complete	△ Start of SMT selection process	△ Successful candidates in post				△ Interest sought for paramedic tutor team	△ 6 training officers in post on new complexes	△
<b>TRAINING PLAN</b>										
Bill O'Neill Status: ✓	▲ Training Plan agreed									

01/11/2007

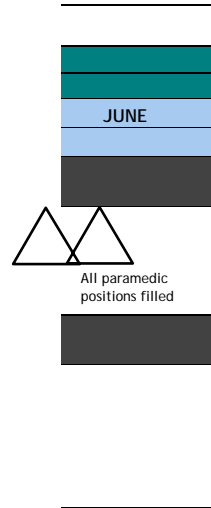
Legend	
△	Planned milestone
▲	Milestone achieved
🟡	Minor slippage but under control
🔴	Critical Slippage- requires intervention

# OD and People Project Portfolio - Schedule Summary





# OD and People Project Portfolio - Schedule Summary



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# London Ambulance Service NHS Trust

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Annual Audit Letter  
Audit 2006/07  
August 2007

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External audit is an essential element in the process of accountability for public money and makes an important contribution to the stewardship of public resources and the corporate governance of public services.

Audit in the public sector is underpinned by three fundamental principles.

- Auditors are appointed independently from the bodies being audited.
- The scope of auditors' work is extended to cover not only the audit of financial statements but also value for money and the conduct of public business.
- Auditors may report aspects of their work widely to the public and other key stakeholders.

The duties and powers of auditors appointed by the Audit Commission are set out in the Audit Commission Act 1998 and the Commission's statutory Code of Audit Practice. Under the Code of Audit Practice, appointed auditors are also required to comply with the current professional standards issued by the independent Auditing Practices Board.

Appointed auditors act quite separately from the Commission and in meeting their statutory responsibilities are required to exercise their professional judgement independently of both the Commission and the audited body.

### Status of our reports to the Trust

The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors/members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or
- any third party.

### Copies of this report

If you require further copies of this report, or a copy in large print, in Braille, on tape, or in a language other than English, please call 0844 798 7070.

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For further information on the work of the Commission please contact:

Audit Commission, 1st Floor, Millbank Tower, Millbank, London SW1P 4HQ

Tel: 020 7828 1212 Fax: 020 7976 6187 Textphone (minicom): 020 7630 0421

[www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)



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## Summary report

### Key messages

- 1 The following key messages are brought to the attention of the Board.
  - There were no material matters to draw to the attention of the Audit Committee before giving the audit opinion on the financial statements and value for money conclusion.
  - The Trust achieved a surplus of £113k for the 2006/07 year and met its key statutory financial performance targets, continuing its record of sound financial management.
  - The Trust had proper arrangements in place to secure value for money in the use of resources.
  - Although the Trust is performing well overall, the Board should monitor progress and outcomes against the various plans in place to further improve the Trust's performance under the Auditor's Local Evaluation.

### Recommendations

#### **Recommendation**

*R1 Implement the Trust's planned actions in 2007, to improve the Trust's performance under the Auditor's Local Evaluation. This is especially relevant to the element of Internal Control, currently performing to an adequate standard, so that the category attains the 'performing well' standard to match the remaining elements within ALE.*

## Purpose, responsibilities and scope

- 2 This Annual Audit Letter (letter) summarises the key issues arising from our work carried out during the year. I have addressed this letter to the directors and members of the Trust as it is the responsibility of the Trust to ensure that arrangements are in place for the conduct of its business and that it safeguards and properly accounts for public money. I have made recommendations to assist the Trust in meeting its responsibilities.
- 3 The letter also communicates the significant issues to key external stakeholders, including members of the public. I will publish this letter on the Audit Commission website at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk). In addition the Trust is planning to publish this letter on its website.
- 4 As your appointed auditor, I am responsible for planning and carrying out an audit that meets the requirements of the Audit Commission's Code of Audit Practice (the Code). Under the Code, I review and report on:
  - the Trust's accounts; and
  - whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 5 Also, the Audit Commission uses my assessments to provide scored judgements for the Healthcare Commission to use as part of its annual health check.
- 6 This letter summarises the significant issues arising from both these areas of work and highlights the key recommendations that I consider the Trust should be addressing. I have listed the reports issued to the Trust relating to the 2006/07 audit at the end of this letter.

## Audit of the accounts

- 7 I issued an unqualified opinion on the Trust's accounts on 21 June 2007, before the deadline set by the Department of Health. In my opinion, the accounts give a true and fair view of the Trust's financial affairs and of its income and expenditure for the year.
- 8 Before giving my opinion I reported to those charged with governance, in this case the Audit Committee, on the issues arising from the 2006/07 audit. I issued this report on 18 June 2007.
- 9 The accounts were produced on time and the Trust responded well to our requests for further information during the audit. There were no material matters to draw to the attention of the Audit Committee before giving the audit opinion.
- 10 The Trust amended for three minor adjusted misstatements, and received three other recommendations, summarised here:
  - review data for the calculation of staff costs and average numbers;
  - the Trust should adhere to the Better Payment Practice Code; and
  - confirm with Inland Revenue the timing, nature and balance of the tax provision for ambulance crew's expenses.
- 11 The Trust met all of its statutory key financial performance targets.

**Table 1 Financial performance**

Statutory target	Achieved	Performance
Statutory breakeven duty	✓	The Trust's in-year surplus was £113k and cumulative position of £1,446k.
Capital Resource Limit	✓	The Trust undershot its limit of £10.423m by 2.804m.
External Financing Limit	✓	The Trust met its limit of £5.828m.
Capital Cost Absorption Rate	✓	The Trust's rate of 3.99 per cent was inside the target range of 3 per cent to 4 per cent.
<b>Other target</b>		
Better Payment Practice Code	×	The number of non-NHS invoices paid within 30 days in 2006/07 was 83 per cent (79 per cent 2005/06). The number of NHS invoices paid within 30 days in 2006/07 was 77 per cent (71 per cent 2005/06). [Target rate 95 per cent]

## Trust's use of resources

- 12 I am required to conclude on whether the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is known as the value for money conclusion.
- 13 I am also required to assess how well NHS organisations manage and use their financial resources by providing scored judgements on the Trust's arrangements in five specific areas. This is known as the auditor's local evaluation (ALE). The Audit Commission provides the scores to the Healthcare Commission (HC) to use as part of its annual health check.

### Value for money conclusion

- 14 I concluded that the Trust had proper arrangements in place to secure economy, efficiency and effectiveness in the use of resources.

### Auditor's local evaluation judgement (including financial standing)

- 15 I assessed the Trust's arrangements in five areas. We scored each area from 1 to 4 where:
- 1= inadequate and below minimum standards;
  - 2 = adequate;
  - 3 = performing well; and
  - 4 = performing strongly.
- 16 I issued a detailed report supporting our assessment and highlighting areas for improvement to the Trust on 10 September 2007. The scores *at this stage are draft*, but the Trust has performed well, with just one area, internal control, being at minimum requirements rather than above them.

**Table 2 ALE scores**

Element	Assessment
Financial reporting	3
Financial management	3
Financial standing	4
Internal control	2
Value for money	3

(Note: 1 = lowest, 4 = highest)



- 17 The key issues arising from the audit, as reflected in the above judgements where appropriate, are as follows.
- The Trust's strong performance in financial standing improved the score from 3 to a 4. The Trust made a £113k surplus, met the key statutory financial performance targets and has a strong track record of service improvement.
  - Internal Control continues to perform adequately, although the Trust already has plans in place to improve this element, with for example, a review of the procedure notes and manuals for the Trust's business critical systems planned for 2007.
- 18 Other improvements were made in 2006/07 in some of the subcategories within the elements above and the Trust is working to improve its performance.

### Specific risk-based work

- 19 The audit plan also included a review of Agenda for Change (AfC) and workforce contracts, which assessed the extent to which the organisation is likely to achieve the benefits of implementing AfC, against five key improvement themes:
- strategic fit;
  - financial management;
  - redesign and modernisation;
  - benefits realisation; and
  - value for money.
- 20 The review indicates that the Trust has set AfC into its strategic plan, making good progress against its key objectives and challenges. There are already good illustrations of positive changes that have happened as a result of AfC, with for example, the introduction of new staff roles and regular appraisals for staff, which will develop skills and competencies of staff. The Trust has started to use AfC to shape workforce structures and support staff in their professional development.
- 21 At the same time, the review found that the Trust also faces challenges in securing the improvements under AfC. The Trust will need to embed many of the processes so that progress can continue to be made. To this effect, the Trust is already planning to expand the organisational development and people programme in line with the Trust's strategy. At the same time, the Trust should ensure that workforce planning is robust in the interim period, whilst working towards the longer term objectives in the Strategic Plan.
- 22 The Trust has also set itself the target of improving the accuracy of the workforce data set, extrapolated from the national electronic staff record (ESR) system. This should provide a better overview of performance, a more complete picture of its staff and facilitate effective planning.

## National Fraud Initiative

- 23 The National Fraud Initiative (NFI) is a computerised data matching exercise designed to identify overpayments to suppliers and benefit claimants and to detect fraud perpetrated on public bodies. The referrals from the current exercise were released to participating bodies in January 2007.
- 24 The Trust has made progress in evaluating the NFI data and reviewing the cases relating to matches on payroll. The local counter fraud specialist has also been involved in taking this action forward. The Trust must ensure, however, that all categories of cases are evaluated for further action, including other data, for example, relating to invalid National Insurance numbers.

## Closing remarks

- 25 I have discussed and agreed this letter with the Chief Executive and the Director of Finance. I will present the letter at the Audit Committee on 10 September 2007 and will provide copies to all Board members.
- 26 Further detailed findings, conclusions and recommendations on the areas covered by our audit are included in the reports issued to the Trust during the year.

**Table 3 Reports relating to the 2006/07 audit**

Report	Date of issue
Audit plan	March 2006
Report to those charged with governance	18 June 2007
Opinion on financial statements	21 June 2007
Value for money conclusion	21 June 2007
Final accounts memorandum	10 September 2007
Auditors' local evaluation	10 September 2007
Annual audit letter	10 September 2007

- 27 This has been another challenging year for the Trust. Staff and management have taken a positive and constructive approach to our audit, and I would like to take this opportunity to express my appreciation for the Trust's assistance and co-operation.

**Sue Exton**  
**Engagement Lead**

August 2007