

**LONDON AMBULANCE SERVICE NHS TRUST**

**MEETING OF THE TRUST BOARD**

**Tuesday 28<sup>th</sup> March 2006 at 10am**

**Jack Disney Room, Union Jack Club, Sandell Street, SE1**

**A G E N D A**

1. Declarations of Further Interest.
2. Opportunity for Members of the Public to ask Questions.
3. Minutes of the Meeting held on 31<sup>st</sup> January 2006. Part 1 and II Enclosure 1 & 2
4. Matters arising
5. Chairman's remarks Oral
6. Report of the Chief Executive Enclosure 3
7. Month 11 Financial Report. Enclosure 4
8. Report of the Medical Director Enclosure 5 & presentation
9. Approve 2006/07 service plan Enclosure 6
10. Approve 2006/07 workforce plan Enclosure 7
11. Approve 2006/07 budget Enclosure 8
12. Estates:
  - Approve Buckhurst Hill Business Case Enclosure 9
  - Note Chairman's Urgent Actions Enclosure 10
13. Standards for Better Health: Final Declaration Enclosure 11 & presentation
14. Service Improvement Plan Update Enclosure 12
15. Report from Trust Secretary on tenders opened since last board meeting & the use of the Trust Seal. Enclosure 13
16. Draft Minutes of the Clinical Governance Committee –16<sup>th</sup> January 2006 Enclosure 14  
*Summary circulated at January Board meeting, minutes now available for information*
17. Dates for Trust Board meetings in 2007 Enclosure 15
18. Any Other Business.
19. Opportunity for Members of the Public to ask Questions.
20. Date and Venue of the Next Trust Board Meeting.  
23<sup>rd</sup> May 2006, 10.00am at 220 Waterloo Road, London SE1



**LONDON AMBULANCE SERVICE**

**TRUST BOARD**

**Tuesday 31<sup>st</sup> January 2006**

**Held in the main meeting room at the LAS offices at 46 Loman Street, SE1**

**Present:**

Sigurd Reinton	Chairman
Peter Bradley	Chief Executive

Non Executive Directors

Barry MacDonald	Non Executive Director
Colin Douglas	Non Executive Director
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director

Executive Directors

Caron Hitchen	Director of Human Resources & Organisation Development
Michael Dinan	Director of Finance
Martin Flaherty	Director of Operations
Fionna Moore	Medical Director

**In Attendance:**

Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
David Jervis	Director of Communications
Martin Nelhams	Head of Estates
Peter Maullin	Building Services Engineer
John Wilkins	Head of Governance
Gary Bassett	PALS Manager
Colin Hill	Member of the Public
Malcolm Alexander	Chairman, LAS Patients' Forum
Bill Marks	LAS Patients' Forum representative (from 11am)
Christine McMahon	Trust Secretary (Minutes)

**01/06      Declarations of Interest**

There were no declarations of interest.

**02/06      Opportunity for Members of the Public to ask Questions**

There were no questions from the member of the public.

**03/06      Minutes of the Meeting held on 29<sup>th</sup> November 2005**

**Agreed:      The minutes of the Board meeting on  
November as a true and accurate record.**

**04/06**      **Matters Arising**

Minute 121/05: *Claims policy and procedure*, the Trust Secretary has verified that the delegated authority to make special payment did not exceed the delegated authority previously agreed by the Trust Board.

**05/06**      **Report of the Chairman**

The Chairman referred to the White Paper issued on 30<sup>th</sup> January “Our Health, Our Care, Our Say”. It emphasised the increasing importance of primary care services. Though there was little reference to the Ambulance Service, the intention to strengthen primary care was welcomed by the Chairman.

The picture regarding ‘Commissioning a Patient Led NHS’ remains broadly the same as at the time of the last board meeting. It was anticipated that the forthcoming appointment of senior figures in the new Strategic Health Authorities will bring a degree of clarity. For example, John Bacon has been appointed Transitional Director for the London Strategic Health Authority.

The Department of Health is being reorganised and two new posts at the most senior level are being created: Director of Commissioning and Performance, and Director of Provider Development. The Chairman commented that this clearly signals the Government’s intention to separate the payor and the provider functions in the NHS. Sir Ian Carruthers has been appointed, on a temporary basis, Director of Commissioning and Performance.

The Chairman was pleased to report that the interviews for the two vacant Non-Executive Director posts have been concluded. The Panel, chaired by Professor Mary Archer, has made its recommendations to the Appointments Commission. An announcement is expected from the Appointments Commission in mid-February. In recognition that Colin Douglas will be completing his third and final term with the Trust Board in March 2006, it has been proposed that one of the successful candidates be invited to join the Trust Board as an Associate Non-Executive, with the expectation that s/he will be appointed a permanent member in April.

**Noted:            The Chairman’s report.**

**06/06**      **Report of the Chief Executive**

The Chief Executive highlighted the following from his report:

The year to date demand has increased by 4%, though unusually in December, demand fell by 1.5%. The Board was informed that currently the performance for Category A 8 minute is 73.7% and is 94.5% for Category A 14 minute.

The Board was informed that staffing during the Christmas period was very difficult for the Trust. In order to pro-actively manage performance the Gold Suite is operating 24/7, using real time performance information to maximise performance across the Trust.

The Chief Executive said that, despite this, he was confident that the 75% target for Category A8 minute, the 95% Category A 14 minute and the 70% Category A performance by Primary Care Trust (PCT) can still be achieved.

In order to achieve the Category A8 minute target it will be necessary to achieve 80-81% for the remainder of the year. Work is being undertaken with the Patient's Report Forms (PRF) to identify when the performance targets were achieved but not properly recorded; this may be done retrospectively to April 2005. The Board was assured that this review will be undertaken in an ethically and legally proper manner, and that it had the support of the PCTs and the SHA.

Other noteworthy events during December and January included the opening of the Urgent Operations Centre, and the opening of the refurbished Rotherhithe and Streatham Ambulance Stations.

A number of members of staff were honoured in the New Year's Honours List; including the Director of Operations, who received an OBE.

PTS has successfully won a contract to provide patient transport services for Bromley PCT.

The review of the Trust's response to the multiple bombings in London on 7<sup>th</sup> July has been completed; the identified changes to procedures and processes are being implemented so as to improve the Trust's resilience should there be another terrorist attack.

The annual Staff Survey has been completed. The response this year was disappointing with only 36% of staff completing the questionnaire. A low response rate was expected given the widespread dissatisfaction with Agenda for Change (AfC).

Sickness levels have risen: 7.7% for the Trust as a whole (8.4% for A&E). Work is underway to see what can be done to reduce absence levels.

The Board was informed that there has been an adverse reaction to Emergency Medical Technicians' January payslips. When Paramedics were paid their AfC arrears in December 2005 complaints were received that there was not enough detail. In response the January payslips for the Emergency Medical Technicians contained detailed information on how their back pay was calculated. This led to a misunderstanding with staff as some thought they had been underpaid which contributed to a decline in performance on 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> January. SMG held an urgent meeting on 30<sup>th</sup> January and a communiqué was issued to staff clarifying the issue. The Trade Unions were equally robust in their positive response to this matter.

The Board was informed that the Trust has yet to receive the £13m CBRN and terrorist resistance. John Bacon and Sir Nigel Crisp were expected to meet today (31<sup>st</sup> January 2006) and one of the items being discussed would be the money owed to the LAS. The Chief Executive was confident that the money will be received.

There followed a discussion of what would happen if the money is not forthcoming. Instead of delivering a small surplus as planned,

the Trust would be thrown into deficit, since (a) the funds concerned have been spent in good faith based on assurances received from ministers and the department and (b) the only measures capable of delivering any significant cost savings in the time remaining of this financial year (such as stopping all overtime) would have an immediate and dramatic effect on patient care. The Board urged the Chief Executive to examine again all possible means of reducing cost without affecting patient safety but resolved to continue to operate on the basis that the funds will be forthcoming, even if that means going into deficit in the event they are not. **ACTION: Chief Executive**

Any deficit would, under current rules, have to be recovered fully in the following year. This could, in the extreme case, lead to the Trust having to cut its budget for next year by £13m. The Chairman and the Non Executive Directors noted that they would have to consider their position if this were to happen.

*Communications:* the communications department has been busy managing media enquires regarding the recent Jordan inquest; the 7<sup>th</sup> July bombings and a visit by Lord Warner on 30<sup>th</sup> January 2006.

*Healthcare Commission:* the Trust will be visited by Healthcare Commission inspectors' on 7<sup>th</sup> February. Five of the Standards for Better Health will be reviewed; these include Standards 14c, 1a, 17, 21 and 22a. They relate to Complaints, Patient Safety, Patient and Public Involvement, Infection Control and Incident Reporting.

*Post meeting note. Feedback from the Healthcare Commission will be given to the Trust on 28<sup>th</sup> February.*

*NHSLA:* following the assessment conducted on 23<sup>rd</sup> and 24<sup>th</sup> January the Trust retained its Level 2 management standard for pre-hospital care. Further work is required before Level 3 can be attained; an action plan is being drafted to ensure success when the Trust is re-assessed.

*Complaints:* between April and December 2005 the Trust received 400 complaints. The top three issues were attitude and behaviour, non-conveyance and the prioritisation of green calls. The Professional Standards Unit (PSU) is currently being reviewed and a report will be presented to the Trust Board in due course.

**ACTION: Chief Executive**

*Ambulance Service reconfiguration:* the Board was informed that interviews are taking place for the post of Chief Executives of the ten reconfigured Ambulance Services. The LAS Chief Executive in his role as Ambulance Adviser will be a member of the interviewing panels.

*Travel:* The Board was asked to approve the following requests for travel outside the EEC:

- In March 2006 the Deputy Director of HR and Superintendent Control Services to attend a conference in Massachusetts, USA in March 2006 as part of the MSc – 'Leadership through effective HR management' that they are undergoing. The cost to the Trust is £1,200 per person.

- In March five members of staff have requested to travel to the JEMS conference being held in Maryland, USA. The cost will be £4,500 in total.
- The Director of Operations has been invited by the Hong Kong Fire Service to speak at a conference on the 14<sup>th</sup> February regarding the Trust's experience of the London bombings on 7<sup>th</sup> July 2005. The cost of the trip will be met by the Hong Kong Fire Service.

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Barry McDonald commended the improvements to the call taking process in the Emergency Operations Centre (EOC), the increased calls being handled by Clinical Telephone Advisers (CTA) and the good news that PTS had been awarded the Bromley PCT contract. He and Sarah Waller were surprised to see that PTS was tendering for new mail delivery business. The Finance Director thought this was an error but would confirm. **ACTION: Finance Director.**

In response to a query from Beryl Magrath it was confirmed that when PTS staff accompany A&E staff, it is A&E staff that undertake any 'blue light' driving. Some members of PTS staff have been trained in driving using blue lights.

The HR Director confirmed that some Agenda for Change (AfC) payment was still due to staff. This relates to the one and half hours difference between their continuing 39 hour week and the AfC working week of 37.5 which amounts to £500-£800 per person.

The Board was pleased the sickness rate for EOC was declining (currently 7.34%) in response to focused management attention. The Chairman requested that when information is presented to the Board the previous year's statistics are included so as to enable a comparison to be made. **ACTION: Chief Executive.**

The HR Director informed the Chairman of the Patients' Forum that additional staff were currently being recruited and were expected to be in post from March 2006. He was also assured that the terms of reference for the PSU review included consultation of stakeholders, which included the Patients' Forum.

The Board was informed that the Patients' Forum had contacted a number of Patient Transport providers requesting information on their quality standards. With the exception of Thames Ambulance Service, the majority of organisations refused to provide the information. The Patients' Forum will be pursuing their enquiries directly with the contracting Trusts, if necessary making their requests through the mechanism of the Freedom of Information.

The Finance Director confirmed that the expanding Emergency Care Practitioner (ECP) programme is fully funded with contracting Primary Care Trusts (PCTs) agreeing to fund 75% of the revenue costs and 100% of the capital costs in advance.

**Agreed: 1. To approve travel for the Deputy Director of HR and Superintendent Control Services to attend a conference in Massachusetts, USA in March 2006.**

2. To approve travel for five members of staff to attend JEMs conference being held in Maryland, USA in March 2006.
  3. To approve the Director of Operations travelling to Hong Kong in February 2006.
- Noted:
4. That the information presented to the Trust Board should contain past performance figures to enable a comparison to be made.
  5. The Chief Executive's report.

**07/06**      **Report of the Director of Finance– Month 9 Financial Report**

The Finance Director presented the month 9 financial report. It was reported that in month 9 expenditure was £1.7m greater than income and for month 9 the Trust was £700,000 above budget which was expected. A surplus of £250,000 is forecast based on receiving the outstanding £13m funding. Within the forecast, the Trust is on track to achieve £2m efficiency savings.

The Board was informed that double time will continue to be paid for overtime worked at weekends by Bank staff. Bank operates under separate terms and conditions to that of AfC and until Bank staff are fully assimilated it is permissible to pay double time for overtime. It is expected that the increase in the workforce during 2006 will decrease the reliance on overtime being worked.

The Finance Director explained that the overspend in A&E was largely offset by underspends in the Corporate Support functions. Accident and Emergency was overspent due to additional overtime expenditure.

*PTS:* the year to date position is a loss of £0.5m. There has been an improvement in the profitability of the PTS contracts as only five continue to be unprofitable compared with the last reported position of twelve. Further work is being undertaken on those five contracts to improve profitability. There is also some work being undertaken regarding the cross charging of central services to A&E. PTS' use of third party transport remains high and is being closely monitored. A decision is expected regarding the £500,000 in arbitration; a favourable decision is expected as PTS have been commended for submitting a strong, detailed case.

PTS was recently awarded the Bromley PCT contract for 3 years with the right to extend for a further two; the contract is expected to make a contribution of 10%. The Board was assured that the transfer of staff and assets from the current providers, St Johns Ambulance, will be undertaken in a professional manner. The contract will be finalised in the next 2-3 weeks.

*Accidental damage:* the year to date cost is £900,000. The results for December were excellent as the average cost was down £2,000. Further work is being undertaken to extract information from DATIX, fleet plan workshop and Integra so as to get the full picture. The frequency of accidents is 1 per 490 activations (December's figure was 1:980).

*Aged debtors:* following good work being done on debt collection PTS has the lowest aged debt figure to date. There has been no problem experienced receiving A&E funding.

Transfer of Tottenham AS: the Board was asked to agree that the site be transferred to the LAS to rectify a nine year oversight. Though the property was not originally transferred when the Trust was set up, this was not picked up by 2 district valuations and 9 external audits. There is no material cash flow or capital impact as a result of the transfer.

Business Case for Rapid Response Vehicles: The Board was asked to give its approval to the purchase of 29 vehicles in 2006/07 and outline approval for 140 cars in subsequent years. The business case was based on the work undertaken by ORH with regard to the optimum mix of ambulances and cars to deliver an improved service to London. The Chief Executive commented that discussions will be taking place with the Trade Unions on proposals regarding future working arrangements.

In reply to a question from the Chairman of the Patients' Forum the Finance Director confirmed that work has been done nationally to standardise vehicle procurement for the ambulance service with two-three types of chassis being agreed. Discussions are ongoing to obtain the agreement of Medical Directors and operational staff as to what internal fittings and fixtures are needed.

**Agreed:**

- 1. The transfer of Tottenham AS from the Secretary of State for Health to the London Ambulance Service NHS Trust.**
- 2. To the purchase of 29 vehicles in 2006/07. Full Board approval for the balance of the vehicles required will be sought once both ORH analysis and the Trust budget have been agreed.**

**Noted:**

- 3. The report**

## **08/06 Report of the Medical Director**

The Medical Director highlighted the following from her report:

The Chief Executive's annual consultation meetings have been completed. At each consultation meeting the Medical Director gave a presentation on clinical issues. The Medical Director highlighted what was done well and what areas needed to be improved; she highlighted the identification of mental health issues and documentation in her presentation. Increased demand, over prioritisation of Category A calls and issues around maternity cases were subjects raised by staff.

Morphine has been rolled out to 23 out of 25 complexes; as some complexes have felt they could not ensure the proper management processes were in place they have deferred receiving morphine for the time being.

With effect from May 2006 the following drugs will be introduced: amiodarone, hydrocortisone, oramorph and chlorphenamine.

A standard protocol has been negotiated with 9 participating centres for patients with ST elevation myocardial infarction. Two centres

which currently offer limited hours will open 24/7 from April 2006. This represents a significant improvement in care for patients.

The revised European Resuscitation Council and Resuscitation Council (UK) guidelines were issued on 28<sup>th</sup> November 2005; work is being undertaken to ensure that all London Trusts implement the new guidelines with effect from 1<sup>st</sup> April 2006. The new guidelines change the balance between compressions and ventilation in CPR. Meeting the deadline will be a challenge as all Automated External Defibrillators need to be re-programmed. The Medical Director circulated the information that is being given to operational staff with regard to 2006 Resuscitation guidelines.

*Jordan Inquest:* An Inquest was held on 10<sup>th</sup> January 2006 into the death of a 28 year old man in an ambulance whilst in police custody. Mr Jordan suffered with paranoid schizophrenia. The Inquest Jury was critical of the Mental Health Team and the Police. The Jury was also critical of the actions of the LAS crew with regard to positioning, oxygen administration and their failure to realise that the patient was declining rapidly. Work is being undertaken to highlight the dangers of Positional Asphyxia to staff via Routine Information Bulletin (RIB) and the Pulse. The next version of the Resuscitation Guidelines will include information regarding Positional Asphyxia. There has been some media interest, primarily from the local area.

The Board's attention was drawn to the summaries of two clinical audits: (1) summary findings of the ASA/JRCALC national out of hospital cardiac arrest project 2004. (16% of cardiac arrests occurred in London); and (2) the executive summary of the Annual Clinical Audit of the Quality of Patient Report Form Documentation. Though in general the standards of completion were high there were some areas for concern and these have been fed back to the relevant complex management teams.

The Trust's Risk Register is being reformatted so as to enable it to be a more useful tool in the management of risk.

*Access:* work is being undertaken by the Patient and Public Involvement Committee, the LAS Patients' Forum and the Royal National Institute for the Deaf People (RNID) to improve access for deaf people to the Service

*Make Ready* will be fully rolled out by March 2006; there is a demonstrable improvement in the cleanliness of vehicles and in the amounts of infectious bacteria found on the vehicles.

*Public Health:* plans are being developed in the event of a pandemic, working closely with the Health Protection Agency.

In January a representative from the Emergency Planning Unit attended a meeting of the London Emergency Medical Consultants to seek their views on the new Department of Health guidelines on major incidence management and the deployment of Medical Incident Officers and Medical Emergency Response Teams.

*Travel:* The Board was asked to approve travel for four senior managers to attend European Resuscitation Congress in Stavanger in May 2006. The cost of attending the conference will be met by

Laerdal with whom the Service undertook the international 'SISTER' project.

The Chairman of the Patients' Forum enquired about the findings of the Jordan Inquest. He was informed that Mr Jordan had not been handcuffed whilst in the ambulance; that he had been transported in a prone position, which in retrospect was not the right decision as it did not optimise ventilation or allow the crew to properly monitor his vital signs. Work is in hand to have a written policy with regard to the transportation of all patients when the Police are involved. The policy will highlight particular issues with the transport of mental health patients.

The Chairman felt there was also an issue regarding crews being sufficiently assertive with the Police. There are occasions when crews defer inappropriately to the Police and it needs to be reinforced that they are clinically responsible for what occurs in the ambulance. It was recognised that the patient in question was a significant size (18 stone) and was known to be violent, both facts that were a factor in his management by the Police.

The Medical Director thought that it had been a very difficult case. The head injury sustained by the patient in the scuffle that had taken place in the house prior to his transportation in the ambulance was thought by the crew to have led to his decreased consciousness level and to increased hypoxia.

In reply to a question from the Chairman of the Patients' Forum the Director of Communications confirmed that the Trust had no immediate plans to launch another cardiac campaign similar to that of the 'Live or Let Die'.

The Medical Director confirmed that all defibrillators will need to be reprogrammed in light of the new resuscitation guidelines – including those in public places. It was reported that the manufacturer, Laerdal, has been very helpful with the necessary re-programming.

The Medical Director also confirmed that the Continuing Professional Development course has not been halted in light of the recent operational difficulties though there has been a decrease in the number of courses being run. It is intended that from April 2006 the programme will resume 'full steam ahead'.

Beryl Magrath commented that the bacterial counts obtained from the Make Ready scheme were 'fantastic'. With regard to the research undertaken into PRFs it is clear that particular complexes have particular problems which need to be followed up.

- Agreed:**
- 1. To approve implementation of the revised Resuscitation Council (UK) guidelines with effect from April 2006.**
  - 2. To give permission for four members of staff to travel to Stavanger in May 2006.**
- Noted:**
- 3. The report**

**09/06**      **Draft Governance and risk management arrangements**

Beryl Magrath presented her initial proposal for a review of the Trust's governance and risk management arrangements.

The review was an extensive piece of work and the process undertaken was extremely rigorous. One of the aims of the review is to ensure that the Trust has the necessary governance arrangements in place to meet the requirements of external inspections as part of its day-to-day operations. The Chairman of the Patients' Forum was assured that the Forum's access to the new committee structure will be considered as part of the review.

**Noted:**

- 1. The draft proposal for a revision to the Trust's governance and risk management arrangement.**
- 2. That the SDC will consider the implications of the review when it meets in February 2006 and the Trust Board will make a final decision when it meets in March 2006.**

**10/06**      **Business Continuity Policy**

The Finance Director presented the Business Continuity Policy for the Board's approval. The Policy will be a 'live' document. There will be regular meetings of the Business Continuity Steering Group to ensure the Trust's capacity and capability to ensure business continuity.

**Agreed:**      **To approve the Business Continuity Policy.**

**11/06**      **Review workforce plan**

The HR Director presented a preliminary draft of the 2006/07 workforce plan for the Board's attention. The additional work on long term workforce planning is an integral part of the Trust's seven year plan. A final workforce plan for 2006/07 (in conjunction with the Trust's 2006/07 service plan and budget) will be presented to the Board in March 2006

Colin Douglas was assured that every effort will be made to improve the diversity of the workforce. The Chairman requested that when the plan is re-presented it includes details of staff types so as to enable the Board to monitor progress. **ACTION: HR Director**

Sarah Waller asked that any tolerance factor in the plan be made explicit. **ACTION: HR Director.**

In reply to a question from Beryl Magrath it was confirmed that the ECPs are included within the A&E workforce plan.

**Noted:**      **The preliminary plan and that a final 7 year workforce plan will be presented in May 2006.**

**12/06**      **Update Seven Year Plan**

The Director of Service Development gave a brief update on the progress in developing the next seven year plan.

She reminded the Board of the process so far, which has led to the identification of the six aspirations of the plan: (1) an accessible service that (2) responds appropriately; (3) remains focussed on delivery; (4) engages its patients and partners, (5) provides greater options to patients and (6) has a culture built on our critical values.

Many staff have since been involved in developing projects to enable the achievement of the aspirations which could be grouped into five programme areas, each of which will be led by a Director. These are:

1. Access and Connecting (the LAS) For Health;
2. Operational Model: strategy for responding;
3. Organisation Development & People;
4. Partnership & Communications and
5. Governance & Corporate Processes.

The following practical steps are being taken to finalise the plan: communicating with external and internal stakeholders; developing projects and budget bids; making decisions regarding timings; dependencies and affordability; scheduling the programme; creating a detailed plan for year one (2006/07) and developing a communication plan.

A draft service plan for 2006/07 will be presented to the Service Development Committee in February with further discussion at the SDC away day on 25 April 2006. The Trust Board in May will be asked to approve the service plan and the plan will be launched at the Patient Care Conference on 24 July 2006.

The Board was informed that there will be multimedia version of the seven year plan on the Trust's web site in due course.  
**ACTION: Director of Information Management & Technology.**

The Director of Service Development undertook to circulate a paper copy of the next draft to the Trust Board. **ACTION: Director of Service Development.**

The Chief Executive informed the Board that a review of the Service Improvement Plan will be presented to the Trust Board, outlining the achievements of the SIP and the lessons learnt.  
**ACTION: Chief Executive**

**Noted: The report**

## **13/06 Estates Update**

The Head of Estates and Building Services Engineer presented an update on developments in the Estates department. A new web-based maintenance system has been introduced which will enable designated officers to report repairs with the history of repairs available for interrogation (when reported, prioritised and actioned).

*Capital projects update:* the Head of Estates outlined the work undertaken during the last 12 months which included: the opening of 2 satellite stations (Galleons' Reach and Hillingdon); three applications for planning permission being lodged and negotiations being undertaken with regard to four other sites.

An outline business case is being finalised for Buckhurst Hill and will be presented to the Trust Board in March 2006.

Sarah Waller asked whether it was possible for the ambulance station buildings to be more attractive; the Head of Estates stated that the buildings are built in line with the requirements of planning regulations and there is very little scope for variation.

The Chief Executive thanked the Head of Estates and his team for their efforts in 2005/06; he has highlighted the work undertaken by the Estates team during his recent consultation meetings.

**Noted: The update from the Estates department on the work undertaken in 2005/06.**

**14/06 Patient Advice and Liaison Service (PALS)**

The Director of Communications presented a report outlining the activities of the Patient Advice and Liaison Service. During 2005 the PALS team have handled 11,000 enquires, helping locate lost property and assisting with frequent users of the ambulance service.

As dealing with enquires regarding lost property has been very time consuming, a successful trial of a patient's property bag was undertaken by crews at Hillingdon AS. Work is being undertaken to cost the roll out of the patients' property bag across the Trust.

The work undertaken with frequent users by the PALS team is perhaps the most significant for the Trust as a whole, because of the potential impact it has on the use of the Service's resources. To date work has been undertaken with 138 frequent users (as outlined in the report); this is an area which will continue to require a lot of attention from the PALS team.

There have been 112 enquiries received that have referred to the Freedom of Information though only six may be reasonably be held to have been made under the terms of the Act. Some enquiries have required significant resources, in particular a request from the BBC for information concerning the Trust's response to the terrorist attack on 7<sup>th</sup> July 2005.

In reply to a question from the Patient Forum's representative the PALS Manager confirmed that if someone called expressing dissatisfaction with the service s/he had received from the LAS, the PALS team would either try to resolve the issue or explain that there is a complaints procedure and how to access it.

The Board expressed its appreciation for the work undertaken by the PALS team.

**Noted: The report**

**15/06 Quarterly report re. Assurance Framework**

The Finance Director apologised as the wrong report had been attached and the correct report will be circulated between meetings or presented to the SDC in February.

**Noted: That the report will be presented in due course.**

**16/06**      **Report from the Trust Secretary on tenders opened since last board meeting**

**Register no.    Details of tender:**

19/05	Provision of Information Technology Infrastructure Library (ITIL) compliant service desk software	Front Range Solutions Computacenter Hornbill
01/06	Works at St Andrews House, Bow	TL Granby Plc Coniston Mitie Property Services

**Noted:**            **The report**

**17/06**      **Draft Audit Committee minutes – 5<sup>th</sup> December 2005**

- Noted:**
- 1. That the Audit Committee discussed the new Audit Handbook.**
  - 2. That the Audit Committee had received a presentation regarding Auditors Local Evaluation (ALE) from the Audit Commission.**
  - 3. The draft minutes of the Audit Committee’s December meeting.**

**18/06**      **Draft Risk Management Committee minutes – 5<sup>th</sup> December 2005**

- Noted:**
- 1. That the Risk Management Committee discussed the format of the risk register which is being revised and will be considered when the Committee meets again on 20<sup>th</sup> March 2006.**
  - 2. That the Committee had commented on the pleasing downward trend in all categories of claims sustained.**
  - 3. The draft minutes of the Risk Management Committee held in December 2005.**

**19/06**      **Draft Service Development Committee minutes – 20<sup>th</sup> December 2005**

**Noted:**            **The draft minutes of the SDC’s December meeting.**

**20/06**      **Summary of the Clinical Governance Committee minutes – 16<sup>th</sup> January 2006.**

**Noted:**            **The summary of the minutes of the Clinical Governance meeting which took place on 16<sup>th</sup>**

**January. The full minutes will be circulated as soon as possible. ACTION: Trust Secretary.**

**21/06 Any Other Business**

The Patients' Forum representative asked about the proposed 'Barts' and the Royal London PFI project which may have a detrimental effect on HEMS. The Chief Executive responded that he was not concerned; if necessary HEMS could operate out of another hospital. In response to a question from the Forum Representative regarding the Thames Gateway development the Chief Executive confirmed that the LAS is actively involved in discussions concerning that development.

In response to a question from Beryl Magrath it was confirmed that staff are no longer able to access the 'big white taxi' web site from LAS computers and there is no plan to take any further action.

**22/06 Opportunity for Members of the Public to ask Questions**

In response to a question from Colin Hill the Chairman explained that the Board had met in Loman Street as the conference room at LAS HQ is being used by the Gold Control team. If possible the Board will hold its next meeting at the LAS headquarters on 28<sup>th</sup> March 2006.

**23/06 Date and Venue of the next Trust Board Meeting**

Tuesday 28<sup>th</sup> March 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

Meeting concluded at 1.10pm

**LONDON AMBULANCE SERVICE NHS TRUST****TRUST BOARD  
Part II****Summary of discussions held on 31<sup>st</sup> January 2006****Held in the Burns Room, Union Jack Club, Sandell Street, 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 31<sup>st</sup> January 2006 in Part II the Trust Board briefly discussed:

- the progress of 2006/07 funding negotiations with the Trust's Commissioners;
- the receipt of an enquiry from a BBC reporter under the Freedom of Information Act regarding the Trust's response to the terrorist attacks on 7<sup>th</sup> July 2005. Acting within the spirit of the Act the Trust provided 18 documents to the reporter. Where necessary the Trust applied exemptions permitted under the Freedom of Information Act so as to ensure that London's future safety was not compromised.
- Agenda for Change, the impact that it has had on the organisation and the hope was expressed that matters will now settle down.

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING 28 MARCH 2006**

**CHIEF EXECUTIVE'S REPORT**

**1. ACCIDENT & EMERGENCY SERVICE**

**1.1 999 Response Performance**

The table below sets out the A&E performance against the key standards for the year to date. A detailed position is available in the attached graphs.

	CAT A 8	CAT A 14	CAT B 14	Urgent within 15 mins of STA
Standard	75%	95%	95%	95%
YTD*	74.7%	94.9%	74.0%	51.2%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

\*As of 20<sup>th</sup> March 2006

**Key highlights**

- i. We remain on target to reach the 75% A8 target and the 95% A14 target for the 2005/6 financial year.**
- ii. We continue to input data for March which as of the 20<sup>th</sup> is running at circa 77% once all the final data is entered.
- iii. Final A8 performance for December was 72.6%, January 76.7% and February 74.1%.
- iv. Emergency responses rose in February to an average of 2430 per day which is 4.6% up on the same month last year. The first three weeks of the months proved to be some of the busiest the service has ever seen with over 18000 responses in each week.
- v. The year to date activity figure (Apr05- Feb06) is +3.7 % compared with the same period last year.
- vi. Resourcing has remained particularly challenging and in general overtime uptake has remained considerably below the levels worked in the previous year. Once again the fact that front line staff received further AfC arrears payments at the end of February has impacted on willingness to work overtime.
- vii. Recovery plans as outlined in the previous TB report continue to be progressed and this report contains a short update on these initiatives.
- viii. Real time performance management continues to be achieved through the 'GOLD' suite and the hours of this unit have been extended to provide a 24/7 operation. A GOLD level officer is now in place for 16hrs per day.

- ix. Technical difficulties with both the control room software (CTAK) and the Mobile Data Terminals led to some performance loss in February. Periodic unavailability of both systems led to manual call taking and radio/telephone transmission of emergency calls.
- x. A&E sickness levels have risen since December and management teams are focussed on improving this situation during March and April.
- xi. PCT performance has recovered in many areas and there are now only three PCT areas where performance is below 70% for the year as a whole and in two of these we expect to be able to increase performance to 70% by the end of March.
- xii. We continue to be focussed principally on CAT A performance recovery and detailed discussions with SWLHA continue in order to share our recovery plans and keep them informed as to progress.

## **1.2 Performance Recovery**

The range of activities reported to the Board in January to improve performance have all been progressed with one exception.

The initiative to move FRUs progressively back to Sector desks was reliant on a complex software change which was due to be ready for introduction on 28<sup>th</sup> February. In the final stages of user testing some problems were found which could not be eradicated in time for the February launch date. A decision was then taken not to attempt to introduce the changes during the final weeks of March due to the risks of destabilising performance.

The software will now be introduced in a phased roll out at the end of April which should then allow us to realise the performance gains associated with a reduction in multiple responses

In preparation for the final weeks of March an additional detailed list of operational actions was implemented by the A&E Senior Team. This is monitored weekly and some of the key initiatives include:

- Absolute focus on the staffing and operation of the FRU desk including twice daily briefings of the teams involved. Transparent measures of each team's performance have been introduced and we are attempting to improve activation of FRUs still further by scanning incoming calls and allocating likely CAT A calls before the final AMPDS determinants are known.
- Further increases in FRU staffing wherever possible and targeting of these to high workload complexes.
- Focussing on gaining maximum performance during the early hours of the morning to provide a performance cushion at the start of the busy periods from 0700 onwards.

- Asking complexes to find ways of reducing the traditional fall in performance at the 1900 shift changeover by providing extra managerial resources to cover this period and by staggering shift changeover times wherever possible.

### **1.3 Resourcing**

Following on from the significant difficulties in December, resourcing in January and February has shown a slight improvement. There are still significant A&E vacancies in the system, although the 160 staff currently in our training centres will gradually impact upon and improve this situation over the coming months.

The activation of the REAP plan at the end of December and the cancellation of non-essential training, abstractions and meetings, has certainly helped the situation but the number of staff reporting sick each day with short-term sickness, continues to impact upon cover. In addition demand for annual leave is high as this is traditionally the time of the year when staff tend to use their outstanding annual leave before the end of the leave year.

There has been some small improvement in the numbers of staff coming forward to work overtime, however the overall levels are significantly down on previous years. For example, January 2006 was 3000 hours down on 2005 and February 2006 saw a decrease of 7000 hours compared to 2005.

### **1.4 Emergency Operations Centre**

The EOC has responded exceptionally well to the performance challenges over the last two months. The Fast Response Desk (FRU Desk) has received a specific focus as described above, staffing has been increased to five and the desk has been split to allow each allocator to take responsibility for a smaller number of vehicles.

ADO John Hopson is holding daily performance meetings with EOC managers and EMD's to ensure the focus remains on all aspects of EOC performance.

Recruitment continues to be on track with 13 new staff starting their training in March. Close attention is being paid to attendance management given the rise in sickness over the winter months.

Call Answering performance fell in February and the first part of March due to a number of factors. The principle issue was a workload increase in February coupled with some technical failures which then led to longer call process times and poor call answering performance. The periodic loss of the CTAK system in EOC coupled with a failure of the Met Police CAD link from Monday 27<sup>th</sup> February to the early hours of the 2<sup>nd</sup> March also had an impact.

In addition, the focus in March has undoubtedly been more on despatch and this has also impacted on call answering performance. There has been some recovery in the week ending 19<sup>th</sup> March with 5 second answering performance

back to 85.3% and Doctors Urgents back to 80.3%. There has also been a reduction in long answering delays to 1.5%.

## **1.5 Urgent Operations Centre**

The Urgent Operations Centre continues to function well with some considerable benefits being realised through co-location.

Calls transferred from core fleet to PTS Central Services have increased by around 500% (to in excess of 300 per month), freeing up frontline ambulances to concentrate on emergency performance.

Since moving to PSIAM decision support software in December CTA has gone from strength to strength, now assessing in excess of 5,000 calls per month by telephone (previously c2,200). This equates to around half of all green calls. 50% of calls assessed by CTA result in no core resource attending, with additional benefits to be gained in future through an increase in capacity within the Urgent Care fleet.

Improvements in efficiency on the Urgent Care desk have seen both EMT1 and Whitework utilisation increase, despite a continued reduction in staff availability due to career progression to EMT2. This will be further addressed in the new financial year with a significant management restructure across Control Services.

A pilot has been approved by the Senior Management Group that will see the newly appointed Bromley PTS Contract staff offering their spare capacity to Urgent Care. This will be supplemented by additional training and offers the potential to provide an alternative to the EMT1 role at minimal additional cost to the Trust.

## **2. PATIENT TRANSPORT SERVICE**

### **Management Changes**

Mike Dinan has now taken executive responsibility for PTS. Nic Daw has been asked to act as PTS Head of Modernisation and Performance, reporting into Mike. Ian Todd will act as A&E liaison with PTS to develop a better alignment between the two operations.

### **Commercial**

No tenders submitted this month. Forthcoming tenders include both the Royal Marsden and the Tower Hamlets Consortium.

We were unsuccessful on both the Lewisham and St Georges bids. We are following up as to the reasons why.

The Bromley contract is still on track to start on April 1 2006. A trial is being developed to better combine Urgent Care and PTS operations using the resource available as part of this contract.

### **Operations**

Hospital arrival time has improved from 74.6% to 83.2%. It is still below the target of 88% for February. Further analysis is being undertaken to address why. Hospital departure time has improved from 85% to 88.1% and is on target. Patient time on PTS vehicle has been maintained at an average of 93% which is on target.

PTS Operations continue to work closely with A&E Gold Suite to support mainstream A&E operations.

## **3. HUMAN RESOURCES**

### **Agenda for Change**

The AfC implementation position (as at 17<sup>th</sup> March 2006) is:

- Assimilated 3145 (81 %)
- Assimilation data with Payroll 444 (12%)
- Staff on local contracts to whom offers will be sent 261 (7%)

The Trust's capacity to assimilate staff in March has been somewhat compromised by the requirement imposed on a number of key Payroll staff to shift their priorities to the implementation of Electronic Staff Records (ESR). The Trust has taken all steps possible to mitigate the effects of these conflicting demands and has introduced a number of temporary staff to assist. All efforts are being applied to assimilating the 444 staff in March (while conducting the mandatory ESR Local Service Testing). However, it may not be possible to complete all (ie unforeseen absence, system disruption). All LAS staff will be assimilated by May 2006.

### **Electronic Staff Records (ESR)**

The ESR project is currently in the implementation phase which commenced in November and will complete at Go Live on the 10th of July 2006. During the implementation of the project a series of gateway reviews have to be passed to ensure that the national business requirements are being delivered and enable progression to the next stage of the project. The LAS have currently passed through two gateway reviews with a further two to be completed prior to Go Live.

The LAS project is currently on target within the timescales of the project plan and progressing through the first phase of local system testing. However regular changes to the project plan have been made by McKesson (ESR software provider) which is putting increasing pressure on the LAS to stay

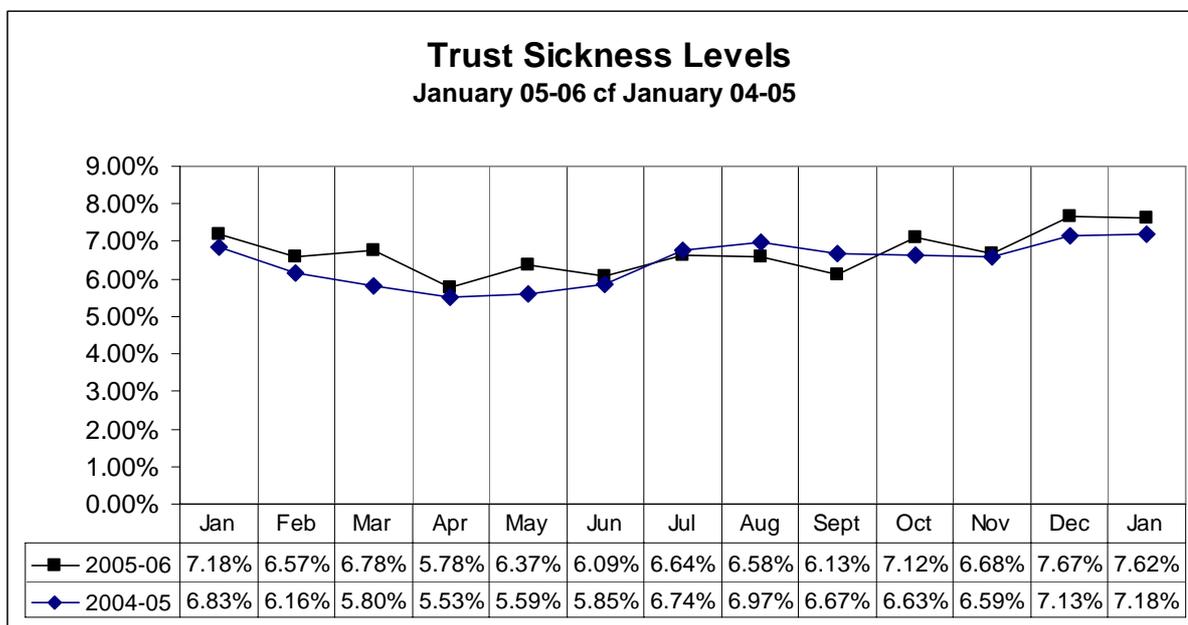
within the project timeframes. This along with increasing resource pressure as the project progresses towards go live and continuing resource requirements for Agenda for Change is presenting particular challenge at present.

Local System Testing will be completed on the 31st of March followed by end User Testing commencing in May. The testing phases enable the end of year balances, flat payroll and a sample set payroll to be tested in ESR against the legacy system results in addition to the general ledger interface, recruitment and HR test scripts and data scenarios. This will ensure that all data will be loaded into ESR correctly and all system processes can be run to ensure business as usual state at go live.

Due to the extremely tight timescales for implementation against the national project plan, the key priority for Go Live in July will be an accurate and successful payroll. Benefits from the introduction of ESR are being identified as we undertake the range of process mapping exercises with benefits realization focused on the post go live period.

### Attendance Management

The sickness levels for the year up to January 2006, and compared with the same period for the previous year, are shown below. Sickness levels have remained relatively the same as in the previous month but are slightly higher than the same period last year.



<b>Jan 06 Absence</b>	
<b>Staff Group</b>	<b>%</b>
A & E	7.99%
EOC (Watch Staff)	8.66%
PTS	5.49%
A & C	6.84%
SMP	3.39%
Fleet	5.57%
<b>Total (Trust)</b>	<b>7.62%</b>

### **Workforce Information**

**(i) A&E Staff Numbers – Progress against Trajectory for 2005/2006 by Month**

Table 1 (overleaf) shows progress against the trajectory for staff in-post as at January 2006. We continue to be successful in our recruitment efforts and as reported previously to the Trust Board will begin to see significant numbers of trainees joining the operational workforce by May 2006.

**(ii) EOC Staff Numbers – Progress against Trajectory for 2005/2006 by Month**

Table 2 (overleaf) shows progress against the trajectory for staff in-post against agreed establishment demonstrating achievement to plan.

**Table 1**

**2005/06 A&E Crew Staff Numbers (at Month End)**

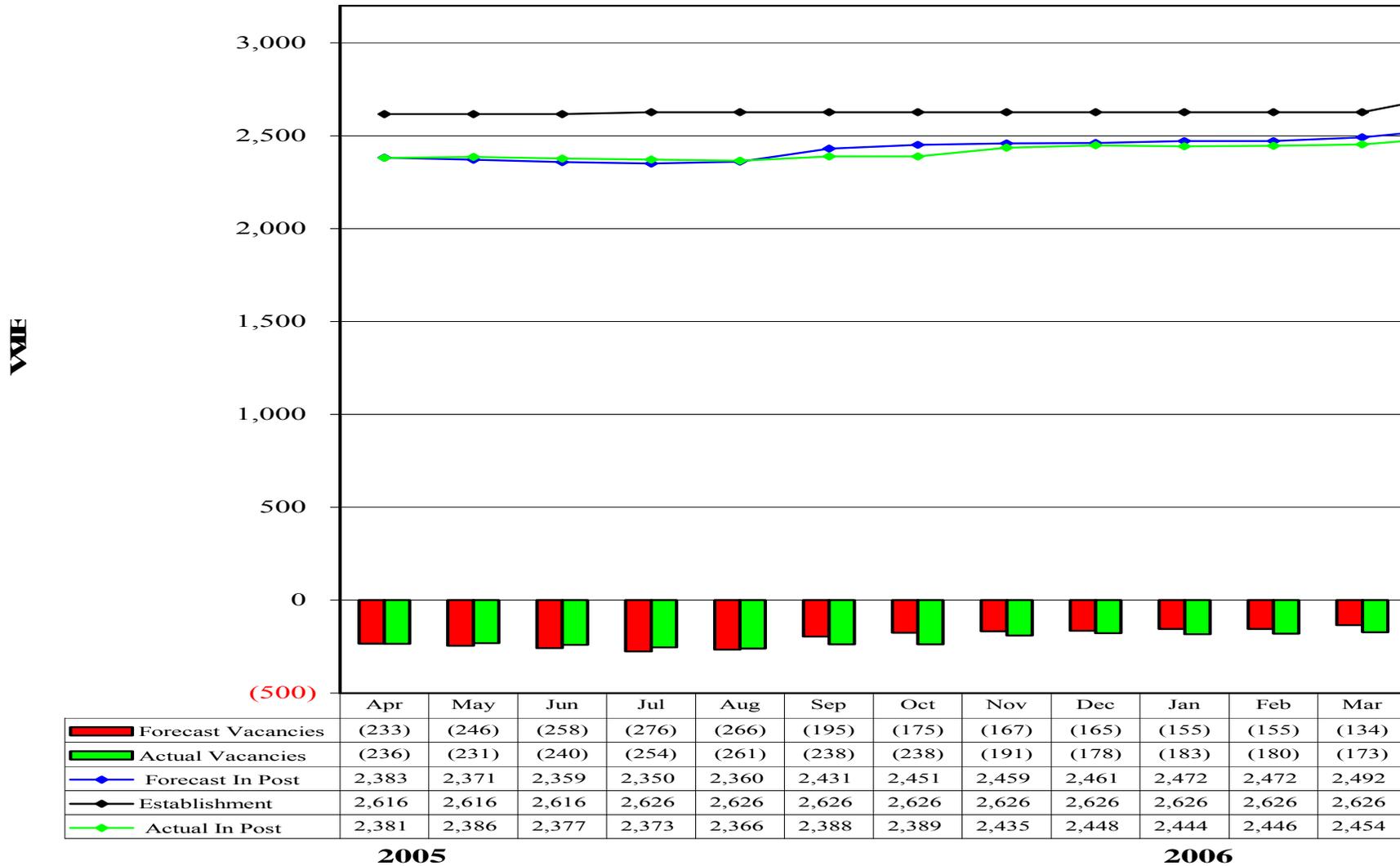
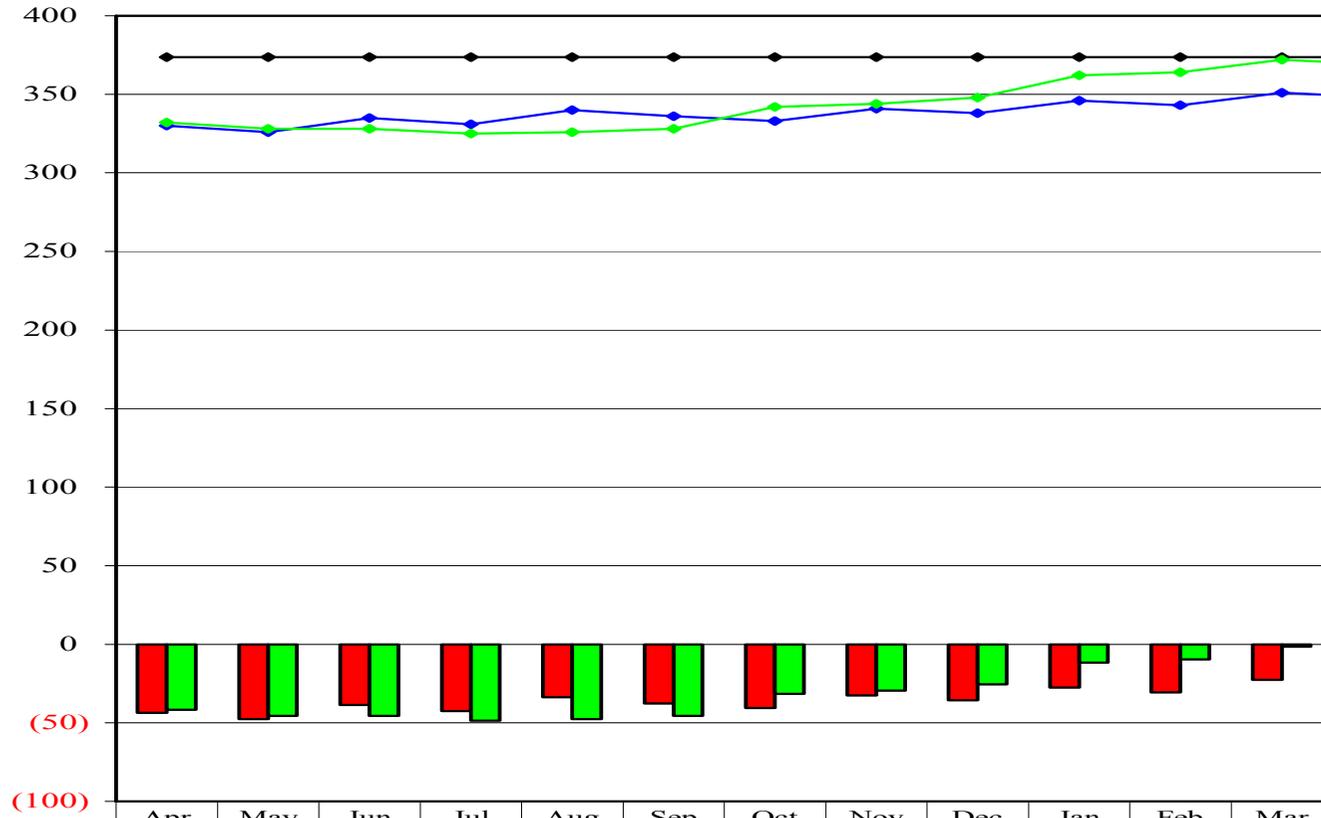


Table 2

2005/06 EOC/UOC Staff Numbers (at Month End)

WME



Vacancies | Over Established

<span style="color: red;">■</span> Forecast Vacancies	(44)	(48)	(39)	(43)	(34)	(38)	(41)	(33)	(36)	(28)	(31)	(23)
<span style="color: green;">■</span> Actual Vacancies	(42)	(46)	(46)	(49)	(48)	(46)	(32)	(30)	(26)	(12)	(10)	(2)
<span style="color: blue;">◆</span> Forecast In Post	330	326	335	331	340	336	333	341	338	346	343	351
<span style="color: black;">◆</span> Establishment	374	374	374	374	374	374	374	374	374	374	374	374
<span style="color: green;">◆</span> Actual In Post	332	328	328	325	326	328	342	344	348	362	364	372

#### 4. COMMUNICATIONS

**Service pressures:** Communication activity has continued to support the need to maintain levels of patient care and recover performance.

Media coverage of the Service's alternative response to alcohol-related calls, dubbed the 'booze bus', has continued with a live interview featuring on BBC London and a full page feature in The People newspaper. Both pieces explained the reason for the new response and the fact that life-threatening calls remain the priority for the Service. Further filming was carried out during a ride-out with Channel 4 programme 'Can you turn your body clock back?' which focused specifically on the effect of binge-drinking. The programme is due to be aired in May.

Further local coverage was also received in February, linking the pressure message to the cold weather predicted by the Met Office and urging Londoners to use their Service wisely during the winter months.

Internally, a Chief Executive's bulletin was written as a personal thank you note to all members of staff for their efforts over the past year and in particular the last few months. It also set out the four key areas that emerged from the Chief Executive's Consultation meetings that will be the focus for the next 12 months to improve performance - training and development, recruitment, our medical priority despatch system (AMPDS) and the Urgent Operations Centre.

**New openings:** Communications support was provided to co-ordinating the official opening of the Urgent Operations Centre with Julie Dent CBE on 24 February 2006. Other guests from London health agencies attended and met representatives from different areas of the room including Patient Transport Service, Clinical Telephone Advice, Emergency Bed Service and Urgent Care Service.

Local MP Keith Hill officially opened the new Streatham station at the end of February and local media attended and covered the opening and the benefits the increased capacity will bring local patients.

**Other media issues:** The Communications department managed media interest following the conclusion of the inquest into the death of Andrew Jordan resulting in a live interview on BBC London, significant local press coverage and a story in The Guardian Society section. Internal communication activity ensured all staff were aware of the condition called 'Positional Asphyxia' with information uploaded on the intranet, a medical bulletin issued and a Patient Care News article in the internal magazine, LAS News.

Members of the Communications team worked closely with Director of Operations Martin Flaherty and Director of Information Management and Technology Peter Suter to manage the Service's response to a Freedom of Information request from BBC London's political editor Tim Donovan about communications issues experienced by the Service on 7 July. The Director of

Communications joined Martin and Peter at a meeting with Tim Donovan, and media briefings were then prepared for Martin ahead of a live interview on BBC London. The story, that was largely negative, focused on the London Assembly's concern that the Service had not given them a full picture of events on 7 July. The Service responded reassuring the Assembly it had not set out to mislead the enquiry, and was committed to working with the review committee to ensure they did get a full picture of the issues faced on the day.

The Service was involved in a unique event at Kings College Hospital which highlighted the work it is doing to treat patients who have suffered myocardial infarctions out-of hospital by taking them directly to specialist cardiac centres for primary angioplasty. Mark Whitbread and Fionna Moore were interviewed and significant media coverage included live broadcasts featured on Sky News, Channel 5 News and ITN.

Media interest was generated when five members of staff visited Buckingham Palace in February to collect MBEs from the Queen. Paramedic William Kilminster, Acting Duty Station Officer Peter Swan, Contract Operations Manager Roy Webb, and former Paramedic Jim Underdown, received the honour in recognition of the part they played in responding to the London bombings. One of the Service's longest serving members of staff, Awards Manager Trevor Vaughan, also received an MBE. In the evening a special reception celebrated the dedication of Britain's emergency workers and disaster response teams. A number of London Ambulance Service staff attended alongside more than 500 other life-saving staff.

Local news releases have been issued in conjunction with the Primary Care Trusts in Hillingdon, Brent and Barnet announcing the new Emergency Care Practitioner schemes and resulted in several pieces of media coverage about how the Service is changing to meet patient needs.

A new series of City Hospital has begun filming and will be aired on BBC 1 in April. The Service has re-negotiated involvement alongside St Thomas' Hospital and filming is taking place with several ambulance crews, a fast response driver, a motorcycle response rider and members of the cycle response team.

**Internal communication:** A new communications tool called Talkback has been created to explain to all members of staff how the comments they have made at Chief Executive's consultation meetings are being turned into actions. Talkback will be produced every month and each issue will give the low-down on the changes being made in important areas of the Service, explaining how they will benefit staff and patients. The first edition, which will be issued this month, will focus on the Urgent Operations Centre.

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

Two successful PPI events have recently taken place in Southall and Woolwich:

The PPI Manager and Diversity Officer recently attended a meeting of the Southall Healthy Living Initiative (a PCT-led group of community partners, running health-related projects for people in Southall and Ealing). They showed the "Cardiac Arrest" DVD and answered questions about the LAS. Some important issues were raised by the community members in this discussion; for example, it transpired that some groups (in this case, Somali refugees) believe they will be charged if they use the LAS.

It is clearly a priority to do further educational work in this area. As a result of the meeting, all community partners agreed that they would like to hold a much larger event some time this year (perhaps for 500-800 people), to provide local communities with, for example, health promotion advice, basic life support training and information about the LAS.

Following earlier links made with the South East London Cardiac Network, the LAS had a large stand at the Queen Elizabeth Hospital, Woolwich, for No Smoking Day. This provided information about our developments in cardiac care and for people who have had a stroke, as well as general information about the LAS and smoking cessation support for staff. The stand was based outside the staff restaurant, and attracted interest from hospital staff, members of the general public, and a group of 30 schoolchildren who were visiting for the day.

The Chief Executive of Age Concern London, Samantha Mauger, visited LAS HQ recently and met the Director of Service Development and the PPI Manager. There are a number of ways in which a partnership approach with Age Concern could benefit patients. For example, links could be developed between the LAS and local Age Concern representatives to enable more older people to be supported at home, rather than attending hospital. Age Concern also has a large network of older people (and carers) who may be interested in becoming involved with the LAS, particularly in the context of non-emergency patient transport. We are considering holding a joint conference or workshop later in the year.

The Patients' Forum continues to hold increasingly well-attended monthly meetings. The February meeting was held at Croydon Town Hall, and two Duty Station Officers (Graham Humphrey and Steve Wright) attended and gave an excellent spontaneous talk about local issues for the LAS in Croydon.

The Forum's interest in access to the service for deaf people has previously been reported. The PPI Manager and one of the PALS Officers (John Wright) recently met representatives from the Royal National Institute for Deaf People (RNID) to discuss a way forward in resolving these issues and concerns. RNID are keen to work with us to help develop technological solutions to the problems of deaf people accessing the service, and gave examples of projects that other emergency services are running. They have excellent training resource material, and have offered to help us develop a UK equivalent of the Visual Translator Card. They also have a large database of deaf and hard of hearing people who are prepared to respond to surveys or participate in

developments. Hopefully this meeting was the start of an ongoing partnership between the LAS and RNID.

Following a large workshop held in January (reported at the last meeting), the PPI Manager and Media Resources Manager have now convened a smaller group to develop a detailed proposal on the future of LAS public education activity. This will ensure that our public education work is in line with the organisation's strategy and goals, and is connected with other areas of related activity (e.g. communication of the 7-year programme).

Also looking to the future, the PPI Manager attended the launch of the Mayday Hospital's consultation on applying for Foundation status. They are hoping to attract 5,000 members in the first year. It is not yet clear exactly what members' roles will be but, if other trusts are aiming for about the same number, this could have significant cost implications for the LAS if and when we apply for Foundation status.

The Healthcare Commission recently selected the LAS to review our compliance against five of the core healthcare standards. Feedback was positive about our PPI activity, and the assessors found no reason to doubt our compliance with the standards from the evidence we presented. Unfortunately they do not appear to be planning to provide the Trust with a written report of their findings.

Our PPI activity has also recently been audited by the Internal Auditors, Bentley-Jennison. Their report is very positive, with no significant recommendations. They made six minor recommendations for improvement, all of which had already been considered and acted upon prior to the report's publication.

The PPI Manager continues to attend external PPI groups and committees, including the meetings for PPI leads in SW, SE and NW London. At a recent meeting for PPI leads in SE London she gave a presentation about service developments and PPI activity in the LAS. This was very successful, and led to a suggestion that all other members of the group should run equivalent sessions about their organisations at future meetings.

## **5. OVERSEAS TRAVEL**

The Board is requested to approve travel outside of the EU for 4 members of staff from the Cycle Response Unit to attend a unique Instructors qualifying course and development conference. All travel, course and accommodation costs are to be met from existing bursary and financial awards.

In addition the Trust board is asked to approve travel to the USA for the Head of Emergency Planning. The national conference of Fire & Paramedic Chiefs have asked the LAS to present on the events of July 7<sup>th</sup>, lessons learnt and the impact on multi-agency working. All costs are being met by the organisers.

**Recommendation**

The Board is asked to note my report and approve the travel requested under section 5.

**Peter Bradley CBE  
CHIEF EXECUTIVE OFFICER**

**21 March 2006**

## London Ambulance Service NHS TRUST

TRUST BOARD      DATE: 28<sup>th</sup> March 2006**Report of the Medical Director**

1.    Sponsoring Executive Director:    Dr Fionna Moore
  
2.    Purpose:                            To note the progress against the seven domains of the Standards for Better.

3.    Summary

The report updates the Board on progress against the seven domains of the Standards for Better Health, with a particular focus on clinical issues, including changes to the conveyance of patients suffering a ST elevation myocardial infarction, the implementation of the Resuscitation Guidelines 2005, the introduction of Version 2006 of the National Guidelines and an update on the preparations for pandemic flu. An update from the Clinical Audit and Research Unit is also included.

4.    Recommendations

THAT the Trust Board:

1.    Notes the report;
2.    Notes the change in policy relating to conveying patients with ST elevation Myocardial Infarction to centres offering primary angioplasty;
3.    Notes the training package prepared for the introduction of the 2005 Resuscitation Guidelines (this will be presented for information);
4.    Approves the introduction of the revised National Clinical Practice Guidelines for Use in UK Ambulance Services (Version 2006);
5.    Notes the draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust;
6.    Notes the update on pandemic flu.

# LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 28<sup>th</sup> March 2006

## Report of the Medical Director

### Standards for Better Health

#### 1. First Domain – Safety

##### **Safety Alert Broadcasting System (SABS):**

20 alerts were received during the period of January 2006 – March 2006. In total the Trust has seven alerts outstanding. These are being followed up through the Clinical Risk Group. As an example of the work in progress the outstanding alerts are shown in Appendix 2.

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

##### **National Clinical Practice Guidelines for Use in UK Ambulance Services**

The 2006 version of the National Guidelines is now at the final draft stage. It is anticipated that printed versions of the new manual and pocketbook will be available in late May. As with the previous upgrade, new manuals and pocketbooks will be issued to staff on a one to one basis, with the previous version being returned. The Board is asked to approve the introduction of the 2006 version.

##### **NICE Guidance**

The National Institute for Clinical Excellence (NICE) have published 'How to put NICE Guidance into Practice'. The LAS has appointed a NICE manager to monitor new guidance and provide feedback to the Clinical Risk Group on any guidelines with relevance to pre hospital care or ambulance services.

##### **New drugs**

**Morphine:** The company who supply minijets, (IMS, Evans Pharmaceuticals), are experiencing packaging difficulties. The LAS has therefore had to change to using ampoules of 10 mg / ml which is then drawn up into a syringe with water, to a volume of 10 mls to allow the dose to be titrated as in the minijets. We have not yet been given a date when minijets will be reintroduced.

## **Cardiac Care update**

The Board is asked to note that from 3<sup>rd</sup> April crews will be able to take patients identified as having an ST elevation myocardial infarction to the nearest centre offering primary angioplasty, rather than the nearest Emergency Department.

## **Changes to the Resuscitation guidelines**

The LAS plans to implement the new (2005) resuscitation guidelines from April 2006. All front line staff will have received a two page update on the changes by the end of March. A training CD has been prepared which will be used to inform Training Officers and Team Leaders who will then cascade the information to their teams. Commencing from 5<sup>th</sup> April staff will be stood down for a 2 to 3 hour period to allow face to face communication and a practical session on the Guidelines.

Upgrading the Service's defibrillators so that they are compliant with the updated algorithms will commence in the last week of March.

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

This is included in Appendix 1 and includes the draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust

## **3 Third Domain – Governance**

Preparation has started for the NHSLA assessment of the Trust. To achieve level 3 of the Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service and the biggest reduction in the Trust's insurance premiums, the Clinical Risk Group has agreed a work plan. The first milestone in the workplan will be the Trust wide Risk Assessment which will take place in early May and consist of five half day workshops using the model first applied in 2004 that was approved by the NHSLA. The Risk Assessment will review current risks on the Trust Risk Register and identify new risks which will then be graded using the Risk Matrix included in the Risk Management Framework. The Risk Matrix can now be applied using a numerical scoring system that provides a more pragmatic method for identifying the level of risk.

The Final Declaration of the Annual Health Check is included elsewhere on the agenda and, for 2005-6 only, is based around the 24 core standards. For the following year, 2006-7 there are 13 additional developmental standards against which continual progress is expected to be demonstrated. The areas covered by both sets of standards will be matched by the direction of the Seven year strategic business plan and the Governance Development Unit will be enhancing the Trust's compliance with these requirements.

## **Fourth Domain – Patient Focus and Fifth Domain – Accessible and Responsive Care**

These areas are covered elsewhere on the agenda.

## **Sixth Domain – Care environment and Amenities**

The Make Ready scheme will be live at all complexes by the beginning of April 2006. New disposable airway equipment will be introduced from April, along with new safety cannulae.

Some difficulties are being experienced around the return of drug bags for restocking, leading to the potential risk of drugs going out of date. This issue was highlighted to staff during the Consultation Meetings and will be emphasised in the forthcoming Team Leader Conferences and meetings with the Education and Development Department. A further 150 additional bags are being introduced to improve the current situation. Discussions are ongoing as to whether the situation would be improved if the general (EMT) drug bag were vehicle based.

To address the recurring difficulty around shortage of blankets, additional stock has been put into the system.

## **Seventh Domain – Public Health**

### **Update on Pandemic Flu**

#### **National situation**

The Cabinet Office and the Chief Medical Officer have published extensive guidance for health care professionals and the general public about the nature and likely risk of pandemic flu. This can be accessed on their website and includes information about pandemic flu, avian flu and frequently asked questions covering vaccination, anti viral agents as well as general advice for the general public.

The most recent guidance ‘Contingency Planning for a Possible Influenza Pandemic,’ published in February 2006 is addressed mainly to Category 1 responders under the Civil Contingencies Act 2004 (this includes ambulance services). It highlights their duties in regard to the preparation of emergency plans in relation to significant risks and to business continuity planning. It includes planning assumptions both around the possible spread of the virus, its clinical attack rate and case fatality rate. These will be of importance to the LAS in terms of managing the increased demand, maintaining services in the light of staff absence from work and the role the Service might play in reducing hospital admissions and public education.

As yet there is no evidence that the H5N1 strain of avian flu can be transmitted from human to human. There is however concern that avian flu has spread to Europe and that the fatality rates in affected humans is high. To date 177 people are believed to have been infected with 98 deaths (BMJ 17<sup>th</sup> March 2006)

## **LAS preparedness**

A very comprehensive communication plan has been put together by the Press and Public Affairs Department and recent guidance regarding foreign travel has been widely circulated.

Consideration has been given to whether the LAS is compliant with the guidance given to Health Care Professionals who come into contact with patients possibly infected with pandemic flu. This suggests that, in addition to adherence to stringent infection control procedures the use of a protective mask, gown and eyewear is required during contact with such patients.

There are 5000 FFP3 masks in stock at the Deptford store. In theory, these will be held until such time as they are required. However, as the cost of these is only marginally more than our current FFP2 masks, it is anticipated that these will become the standard issue LAS mask. Apart from the benefits of simplicity, the masks would also be suitable for any future SARS outbreak as the guidance has since changed in this area. In terms of the requirement to wear gowns the Tyvek suits already carried on our vehicles should prove the ideal solution.

The question of safety eyewear is more difficult as the policy of providing staff with a personal issue is still in place. We have been supplying all new entrants with personal safety eyewear for some years now, and all established staff should technically still have theirs from the initial distribution. However, we know we have a problem with staff retaining items that have been issued individually, so it is reasonable to assume that many staff will no longer be in possession of such equipment.

This particular matter has arisen before, in that losses were highlighted when the Infection Control manual was introduced. The manual makes extensive references to the use of safety eyewear, and staff soon came forward to request a further supply. However, we left this matter to be resolved locally between staff and their managers, along with the subsequent purchase and issue. As a consequence, it did help generate some focus on local accountability, and the matter passed without too many problems.

The LAS Clinical Standards Manager and the Senior Clinical Adviser to the Medical Director will attend a meeting on 29<sup>th</sup> March sponsored by DH with NHS practitioners that may require additional infection control guidance to that already developed i.e. critical care, A&E, paramedics and possibly dentists.

## **Recommendation**

THAT the Board

- Notes the report
- Notes the change in policy relating to conveying patients with ST elevation Myocardial Infarction to centres offering primary angioplasty.
- Notes the training package prepared for the introduction of the 2005 Resuscitation Guidelines (this will be presented for information)

- Approves the introduction of the revised National Clinical Practice Guidelines for Use in UK Ambulance Services (Version 2006)
- Notes the draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust
- Notes the update on pandemic flu

Fionna Moore  
18<sup>th</sup> March 2006

Clinical Audit & Research Summary Reports for the Trust Board:

**Draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service**

Authors: Gurkamal Viridi & Dr. Rachael Donohoe, Clinical Audit and Research Unit

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### Introduction

Pain is a common presentation amongst children and it is widely recognised that the assessment and treatment of pain in this group of patients is poor. This poor level of pain management is more pertinent in the pre-hospital setting where pain control can be overlooked due to many complex and interacting factors such as: the perceived urgency of the situation, the ability to adequately interact with the child to determine the level of pain, and limitations to treatment options available to ambulance staff. However, the JRCALC guidelines recommend that a pain assessment should be undertaken when pain forms part of the patients presenting condition and advises of the management options available to reduce pain. A baseline clinical audit was undertaken to enable the London Ambulance Service to assess how well paediatric patients' pain is assessed and managed. The audit examined cases where fractures of bones were present as fractures in children are often associated with pain.

### Methods

141 Patient Report Forms (PRFs) from January and February 2005 documenting potential fractures in children (aged less than 12 years old) were audited. The PRFs were clinically reviewed to examine the levels of pain assessment and pain management, including the administration of pain relief and application of immobilisation techniques, undertaken by ambulance staff.

## Results

### Pain Assessment:

- A pain assessment was reported in 85 cases (60%).
- Of these 85 cases, 53 (62%) had a quantitative pain score undertaken and 32 (38%) had a qualitative description of the patients' pain documented on the PRF.

### Pain Management:

- Of the 141 cases, 112 cases were eligible for the administration of pain relief.
- In total, pain relief was administered in only 23 (21%) of these eligible cases:
  - Two patients were given Paracetamol (exceptions to administering Paracetamol were recorded in 55 cases).
  - Nineteen patients received Entonox (a further 75 cases reported exceptions to Entonox administration).
  - Nubain was delivered to one patient (with exceptions for its administration documented in 102 cases).
  - A further patient was administered both Entonox and Nubain.
- Exceptions to immobilisation were documented in 32 cases. Immobilisation techniques were applied in only 46 cases (42% of eligible cases) with the majority of eligible cases (N=63) not receiving immobilisation to help reduce the pain associated with the movement of fractured limbs.

## Conclusions and Recommendations

The results indicate that the management of pain in paediatric patients is an area of concern for the LAS. The assessment of paediatric pain is not being undertaken routinely and more emphasis needs to be placed on the importance of obtaining a pain assessment. Pain relief was administered to only 21% of eligible cases and this raises issues for the LAS to address through educating and developing staff in how to manage paediatric patients and control their pain. The high number of exceptions documented for the administration of Entonox and Nubain highlights the many limitations of these analgesics in the pre-hospital setting. Although the introduction of Morphine-based analgesics in the Service may benefit this patient group, it is recognised that it will not eliminate the difficulties in administering analgesia to

paediatric cases and, as such, the Service should continue to explore other analgesic options for these patients. In addition, ambulance staff should be reminded of the benefits of immobilisation as a method of reducing pain and the Service must ensure that there are adequate options available to suit paediatric patients.

## **SABS Update**

**16<sup>th</sup> March 2006**

The Trust has seven alerts outstanding as follows:

➤ **NPSA/2005/8: Protecting Patients with allergy associated with latex**

Funding has been approved for latex free kits for PTS vehicles and a latex policy is currently being developed by the Safety and Risk department. The draft document was distributed at the recent Infection control steering group (24<sup>th</sup> February 2006) and feedback is awaited before circulation to a wider group for comment.

➤ **NPSA/2005/10: Being open when patients are harmed**

A draft document is currently being developed by the Governance Development Unit and Safety and Risk Department.

➤ **MDA/2005/069: Blood pressure monitors and sphygmomanometers**

This alert relates to calibration and accuracy checks of blood pressure monitors and sphygmomanometers. It has been identified that this equipment is used and requires further action. Manufacturers were contacted (20.12.2005) for details of their recommended maintenance checks prior to further circulation of this alert. No response has been received yet.

➤ **DH (2006) 02: Smoke Detector**

This alert was forwarded to Estates on 21<sup>st</sup> January 2006. Feedback is awaited regarding actions taken to date.

➤ **MDA/2006/015: Ferno Falcon Six Ambulance Stretcher Trolleys**

This alert was received by the Trust on 07.03.2006 and relates to two issues identified with this equipment. It is noted that the alert outlines that customer advice notices have been issued previously.

This alert was forwarded to Head of Operational Support on 08.03.2006 who in response has forwarded the alert to managers in Fleet and Logistics for further assessment of its relevance and the need for further action.

- **MDA/2006/017: Smith and Nephew Opsite Post-op dressings – Batch Recall**

It has been confirmed that the Trust uses this item. Details were provided to the Logistics department on 13.03.2006 to confirm if the trust has the affected batch and actions needed to comply with the alert.

- **MDA/2006/018: Medisense optimum xceed, Therasense freestyle mini and theresense freestyle blood glucose meters manufactured by Abbott diabetes care.**

This alert was circulated on the 13<sup>th</sup> March 2006 and confirmation is awaited to establish if this equipment is used in the Trust, and if further action is necessary.

London Ambulance Service NHS TRUST

TRUST BOARD 28<sup>th</sup> March 2006

**SERVICE PLAN 2006-07**

5. Sponsoring Executive Director: Peter Bradley

6. Purpose: For agreement

7. Summary

The Service Plan 2006-07, Budget and Workforce Plan are an integrated whole. The Service Plan wording is attached with gaps where decisions are yet to be made or where components are reported elsewhere on the meeting agenda - the Budget and Workforce Plan follow.

The Service Plan 2006-07 is Year 1 of the Strategic Plan 2006/07-2012/13 which will be presented to the Trust Board in its entirety in May as previously agreed.

Included in the Service Plan is a review of achievement against objectives for 2005/06.

8. Recommendation

THAT the Trust Board agree the wording of the Service Plan 2006/07

## London Ambulance Service NHS TRUST

TRUST BOARD 28 March 2006

## Workforce Plan 2006/07

9. Sponsoring Executive Director: Caron Hitchen

10. Purpose: For approval

11. Summary

The attached operational workforce plan for the forthcoming year has been developed in conjunction with the budget setting process for 2006/07.

The presentation reflects the new operational structure within the Emergency Operations Centre and Urgent Care Services with further breakdown of skill mix within the A&E Operations.

The following should be noted when considering the plan:

- a. The intention is to recruit Team Leaders to full establishment to drive improved clinical audit and supervision.
- b. Increases to EMT (Emergency Medical Practitioner) establishment, includes the requirements under Agenda for Change to reduce the working week.
- c. Establishment and in-post numbers within CTA (Clinical Telephone Advice) are increased as part of the strategic development of Urgent Care Services.
- d. The ORH study on optimal mix of Urgent Care Services crew is not yet completed. This will further inform the continuing development of the workforce plan for Crew staff and Urgent Operations Centre staff within Urgent Care Services.
- e. The Emergency Operations Centre is reviewing the existing skill mix (EMD 1, 2, 3 and 4). The over establishment of EMD 1/2 and vacancy levels of EMD3/4 will be addressed through this review.

12. Recommendation:

THAT the Trust Board discuss the proposed workforce plan and agree the plan in line with the proposed budget for 2006/07.

London Ambulance Service NHS TRUST

TRUST BOARD 28<sup>th</sup> March 2006

2006/07 Budget

13. Sponsoring Executive Director: Mike Dinan

14. Purpose: For approval

15. Summary

The attached paper sets out balanced Income and Expenditure and Capital budgets for 2006/07.

16. Recommendation

THAT the Board approves the 2006/07 budget

**London Ambulance Service NHS TRUST**TRUST BOARD 28<sup>th</sup> March 2006**Chairman's Urgent Actions.**

17. Sponsoring Executive Director: Mike Dinan

18. Purpose: For noting

19. Summary

Since the Trust Board met on 31<sup>st</sup> January 2006 the Chairman has agreed to three urgent actions; the details of which are outlined below. Under the Trust's Standing Orders (41.1) the Chairman is authorised to act on behalf of the Board where time is of the essence. Standing Order 41.2 requires that such action be reported to the next appropriate meeting of the Board.

For each of the Urgent Actions there was some urgency as a delay in establishing the fixed satellite points or leasing additional offices at Fielden House would have meant a delay in improvements to operational performance. There would also have been a risk that the different premises would have been let to other tenants.

01/06 Bromley Fixed Satellite Point.

02/06 Deptford Fixed Satellite Point

03/06 Fielden House

The Chairman was asked to give his approval to enter into a lease for additional office accommodation on the 1<sup>st</sup> floor of Fielden House, London Bridge. The LAS already has a lease for offices on the 3<sup>rd</sup> floor in the same building. The additional office accommodation will enable the Trust to move the whole of the IM&T directorate to this location which will allow a significant amount of space to be freed up at the LAS HQ for other pressing needs.

20. Recommendation

THAT the Trust Board note the three urgent actions

## London Ambulance Service NHS Trust Board

28<sup>th</sup> March 2006

### Report of the Trust Secretary Tenders Received & the Register of Sealings

#### 1. Purpose of Report

1. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.
2. 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

Register no.	Details of tender:	Tenders Received From
02/06	Extension of New Malden's workshop and alterations to sector offices	Russell Crawberry Ltd Axis Europe Plc Griffins Construction Coniston
03/06	Extension to Communications Room at Bow	Russell Crawberry Ltd Coniston Mitie Property Services TCL Granby Crisp Interiors
04/06	Extension and internal reconfiguration – Shoreditch AS	Russell Crawberry Ltd Coniston Construction P&J Services Griffiths Professional Construction
05/06	Extension and internal reconfiguration – Edmonton AS	Coniston Ltd. Fisk Construction Ltd Griffiths Professional Construction Neillcott Special Works Russell Crawberry

06/06

Rewire of Kenton AS

W. Portsmouth & Co. Ltd  
Lunar Electrical Lighting & Sound  
Stewart Electrical ltd  
AV Services  
MESL Group

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

### **3. Register of Sealings**

There has been 3 entries, reference 91, since the last Trust Board meeting. The entry related to:

No. 91 Lease relating to car parking spaces 1-11 in the car park of 102-1207 Blackfriars Road, London SE1 between the LAS and Patrick Group Ltd and Dealfirst Ltd.

No 92 Transfer of Tottenham AS, St Ann's Road, Tottenham from the Secretary of State for Health to the LAS.

No. 93 Lease of premises, Winston Churchill Hall, Pinn Way, Ruislip between the London Borough of Hillingdon and the LAS.

### **4. Recommendations**

THAT the Board note this report regarding tenders received and the use of the Trust's seal.

**Christine McMahon**  
**Trust Secretary**

LONDON AMBULANCE SERVICE NHS TRUST

DRAFT Minutes of the Clinical Governance Committee  
16<sup>th</sup> January 2006, Burns Room, Union Jack Club

**Present:**

Beryl Magrath (Chair)	Non-Executive Director
Sarah Waller	Non-Executive Director (from 9.55)
Fionna Moore	Medical Director
David Jervis	Director of Communications
Kathy Jones	Director of Service Development
John Wilkins	Head of Governance
Tony Crabtree	HR Manager (from 9.50)
Jason Challen	Senior Training Officer-PTS
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington
Henry Gillard	Patients' Forum Representative

*In attendance*

Ralph Morris	ACAO on behalf of Martin Flaherty
Stephen Moore	Head of Records Management
Paul Carswell	Diversity Manager
Margaret Vander	PPI Manager
Josef Kane	PSU Manager (Acting)
Laverne Harris	Governance Manager
Bob Whittington	Document Co-ordinator
Angela Bennet	Clinical Governance Co-ordinator
Christine McMahon	Trust Secretary (minutes)

**Apologies**

Barry McDonald	Non-Executive Director
Martin Flaherty	Director of Operations
Bill O'Neill	Head of Education & Development
Gary Bassett	PALS Manager

TABLED at the meeting: Clinical governance development plan

**01 Minutes of the meeting held on Monday 31<sup>st</sup> October 2005**

**Agreed The minutes of the Clinical Governance Committee meeting held on 31<sup>st</sup> October 2005**

**02 Matters Arising**

- Noted: Minute 27: in the absence of the Chairman of the Patients Forum there was no update with regard to his query concerning the problems he had accessing the LAS website.**
- Minute 29: that work is being undertaken on the Clinical Governance annual report.**
- Minute 40: that the Assistant Director of Operations Urgent Care and Clinical Development (ADO UC&CD) will present an update on progress with the Urgent Care Operations room in May 2006. ACTION: ADO UC&CD**
- Minute 41: A further report regarding Advance Directives will be presented in May. ACTION: Clinical Adviser to the Medical Director.**

**Noted: The matters arising**

**03 Annual Review of terms of reference and membership.**

The Committee considered the existing terms of reference and membership. The current terms of reference state that there should be an annual joint meeting of the CGC and the Audit Committee. This was felt to be unnecessary given the overlapping membership of the two

committees (3 NEDs sit on both committees). It was also commented that responsibility for complaints is now the responsibility of the Complaints Panel which is meeting on a regular basis and reports to the Risk Management Committee.

In terms of membership it was suggested that the ADO UC&CD and the Records Manager be asked to join the Committee. Currently the Director of Information Management & Technology (IM&T) is a member and it was felt that as IM&T is rarely considered by the CGC it was not necessary to expect him to attend; any issues that do arise concerning IM&T can be raised with him outside the meeting. Following the re-organisation of PTS and A&E it was suggested that the ADO UC&CD will be able to report to the CGC any issues that concern PTS and UC and therefore it will not be necessary for the Senior Training Officer for PTS to be a member in future.

The current terms of reference do not include a quorum and it was suggested that the quorum be 1 Director (NED/Executive Director) and three members of the Committee.

**Noted: The amendments to the current terms of reference and membership**

#### **04 Clinical Governance Development Plan**

The Governance Co-ordinator circulated the Clinical Governance Development Plan for information. The Committee was informed that all NHS Trusts are required to have a clinical governance plan in order that the Strategic Health Authority can monitor improvements in patient care. The plan includes the 24 core standards of the seven domains of the new Healthcare Standards.

The Committee's attention was drawn to developments in the Service during the last 3 months: the drafting of a major incident plan; the introduction of the 5 day Continuing Professional Development Course (CPD) course; the work of the Research and Audit Steering Group; the Public and Patient Involvement (PPI) work being undertaken by the PPI Manager and other colleagues, information governance and the work that has been undertaken to achieve the NHSLA's Level 3 in prehospital care and the continuing work of the Infection Control Steering Group.

Julian Redhead queried the phrase 'encourage staff' to report suspected abuse; he felt the language needed to be stronger. The Medical Director thought that staff are more than 'encouraged' to report abuse. Work has been done to ensure that staff can report suspected abuse with the information being forwarded to Social Services. To date there have been more cases of suspected abuse involving adults rather than children (approximately 1,500 across London). In addition concerns that staff raise regarding care homes are also reported to the appropriate Social Services.

**Noted: The report.**

#### **05 Healthcare Visit – 7<sup>th</sup> February 2006**

It was reported that Healthcare Commission inspectors will be visiting the LAS on 7<sup>th</sup> February 2006. The LAS will be required to provide supporting evidence that it complies with 5 standards identified by the Healthcare Commission: patient safety; complaints; infection control; race and equality scheme and public & patient engagement.

The Head of Governance will meet with the Director of Service Development to review the evidence compiled by the Trust, identifying any further work that needs to be undertaken to support the draft declaration made in December 2005. The inspectors will review the evidence on the 7<sup>th</sup> February; they may give a brief informal feedback on the 7<sup>th</sup> February, otherwise a full report will be given to the Trust following a period of consideration/reflection.

It is known that Kent AS has been visited and that their submission was thought to be excellent. It was suggested that they needed to do more work around sensitivity analysis.

The Healthcare Commission does not specifically request the evidence they think is necessary to support the declaration of compliance with the healthcare standards; it is up to the organisation to provide the evidence it deems suitable. Should the inspectors find the evidence unconvincing then the Trust will be expected to draw up an action plan to address any concerns raised by the inspectors by April 2006.

**Noted: The report and that an update on the Healthcare Commission visit will be provided to the Service Development Committee on 28<sup>th</sup> February 2006.**

#### **06 NHSLA level 3**

The Governance Manager reported that a workshop was held on 5<sup>th</sup> January to identify the evidence required from different departments in support of the application for Level 3 pre-hospital care. She reported that the majority of evidence has been obtained. It was confirmed that there are proper paper audit trails in place to support the work undertaken by the education and training departments.

In reply to a question from Sarah Waller the Head of Governance confirmed that there had not been as much of an overlap between the NHSLA and the Healthcare Commission as one would have liked. The Head of Governance undertook to circulate details of the process undertaken to identify the evidence. **ACTION: The Head of Governance**

**Noted: The report**

#### **07 A systematic process for evidencing NHSLA**

The Governance Development Unit (GDU) is liaising with colleagues such as the Head of Education and Development and the Head of Clinical Audit and Research to ensure that all possible evidence is available on the 23<sup>rd</sup> and 24<sup>th</sup> January.

**Noted: The report**

#### **08 Recording Compliance with the SfbH – CIRIS**

The Committee was informed that work is being undertaken to ensure that all evidence required for the Standards for Better Health are inputted onto CIRIS. The longer term options with regard to software are being reviewed and it may be that a different system is required to meet the longer term needs of the organisation e.g. web based data point which could be accessed across the Trust. Currently the Trust has purchased 6 licences for the use of CIRIS (approx cost £1,000 per licence). DATIX is currently used to record incidents and there are pros/cons to the GDU using DATIX for its purposes; one con would be there is no audit trail functionality which is a fairly basic requirement by the GDU team. Officers have met with the NPSA and discussed the software they use. Number of options being explored.

**Noted: The report and that the Committee would be kept informed of progress.**

#### **09 Records Management Strategy**

The Records Manager presented the Records Management Strategy for consideration by the Clinical Governance Committee. The Committee were reminded that the Trust Board had approved the Records Management Policy in November 2005 and the strategy follows on from that. The Strategy outlined how a fully integrated system of records management will be introduced across the Trust to ensure compliance with national standards and improve business efficiency. It will be implemented through a programme of three records management projects (records preparation/mapping; business classification scheme and electronic document records management system) which will be part of the Trust's 7 year strategic plan. The report contained details of the three record management plans identified the milestones for the work to be carried out over the next four years.

It was recognised that there will be a lot of work involved implementing the strategy. It was anticipated that the high level team will include representatives from across the Trust including

A&E. Sarah Waller was assured that the Internal Auditors were being used e.g. when undertaking station audits to ascertain how complexes manage records. The Internal Auditors are also undertaking records management audit in January 2006; the report will be presented to the next Audit Committee.

The Patients Forum Representative suggested that as the Patients Forum also undertakes station visits they might be of some assistance to the work being undertaken in ascertaining how complexes manage their records. The Records Manager undertook to forward the current records management policy to the Patients Forum for information. **ACTION: Head of Records Management.**

**Noted: The report**

#### **10 Audit of policies under production**

The findings of an audit of policies under development were presented to the Committee for information. The audit has shown that there are 26 of policies in production, some since 2001; work is being undertaken by the Document Co-ordinator to ascertain the status of these policies. Where they are still required completion dates will be agreed with individual sponsors. It was reported that some departments produce their own policies separately from the GDU; e.g. HR, Safety & Risk and Information Management & Technology. The Trust does not have a full time co-ordinator for the production of policies and procedures. Currently the policies are managed via a manual system; as part of future development a database will be used to manage the process.

**Noted:**

- 1. That a progress report will be presented to the Information Governance Panel in March 2006**
- 2. That the Clinical Governance Committee will receive an update in May 2006.**

#### **11 Risks on the risk register that are the responsibility of the Clinical Governance Committee.**

A report was presented regarding the Risk Register that is the responsibility of the Clinical Governance Committee. Following some discussion it was suggested that the format of the report be revised to enable the Committee to have a better sense of what is happening with the risks, what progress is being achieved and what are the main areas of concern. To ensure that the most up to date information was obtained it was suggested that one:one meetings might be more useful than emailed requests for updates. **ACTION: Governance Manager.**

It was requested that when the Committee meets in May a report is presented which highlights the 12 high priority risks that are the responsibility of the Clinical Governance Committee: identifying where progress is being made to mitigate the identified risk and which risks continue to be of concern. **ACTION: Governance Manager**

The Diversity Manager suggested that the Governance Manager liaise with the Head of Planning and Programme Management (he is co-ordinating the Trust's 7 year strategic plan) to ensure that action plan she is working on is included in the Trust's 7 year plan.

**Noted: The report**

#### **12 Recruitment and Selection review – project plan**

The Diversity Manger informed the Committee that work has been undertaken to support the review of the Trust's recruitment and selection procedures. He anticipated that the work will be completed in March 2006. The Ambulance Service Association is also expected to produce a report in March 2006 regarding its research into why the LAS has not been able to recruit significant numbers of BME staff for A&E.

The Committee was informed that work is being undertaken to improve access to emergency services by deaf members of the public and non-English speakers. There are a number of

projects in place, one of which is investigating the use of visual translation cards which is being piloted by the cycle response that augments the multi-language phrase book and access to the languageline via mobile telephone.

On the 30<sup>th</sup> January 2006 the NHS in London will be asked to take a strategic view regarding availability of translated material in London NHS trusts.

**Noted: The report**

**13 Training and Development –update**

The Medical Director presented the update from the Training and Development Department; the circulated report gave a detailed breakdown of the various training courses the Department will be running for A&E Department in 2006. The Committee was informed that 6 training days are allocated to staff per year in addition to the CPD course.

The Chairman asked whether there was information available as to why people do not attend training courses they are booked on. Though the overall attendance is good 13% non-attendance needs to be better understood. The Medical Director suggested that it might be that the courses are routinely overbooked – 12 places are offered, with a maximum take up of 10. The HR Manager confirmed that non-attendance is followed up and that there is an audit trail to demonstrate how the process is managed, i.e. non-attendance is followed up and the member of staff is rebooked on to another training course. This will be confirmed at the next meeting of the Clinical Governance Committee. **ACTION: HR Manager/Head of Education & Development.**

**Noted: The report**

**14 Public Patient Involvement Update**

The Public Patient Involvement (PPI) Manager presented her report which outlined the extensive PPI work being undertaken, both by her and operational colleagues.

*Overshoes:* a risk assessment was undertaken to ensure that there were no health and safety issues associated with the use of overshoes. There has been a mixed response from AOMs with regard to the delivery of the overshoes to mosques in their sector; work is being undertaken with those AOMs who feel they do not have the resources to deliver the overshoes (one AOM estimated that he had 40 mosques in his area). The Logistics department has arranged for overshoes to be part of the Make Ready scheme.

Members of staff (Director of Operations, the Diversity Manager and the Head of Education & Development) have each given presentation to the Patients Forum; the Patients' Forum representative confirmed that these were much appreciated by the Forum.

Work has been undertaken in Camden with Asthma UK; though the response rate to the survey was disappointing the information obtained will be used to provide a better service to asthma sufferers.

Work is being undertaken with the Royal National Institute for the Deaf on how deaf people can access help from the LAS using text (currently they need to have access to typetalk which is not always possible).

A workshop is being organised with the help of the Events, School and Media Manager to ensure that various members of staff who are meeting with the public in different fora deliver a consistent message on the Trust's behalf.

**Noted: The report.**

**15 PALS update**

There has been an increase in activity; the team has been very busy as evidenced by the report considered by the Committee. It was reported that the lost property bags trial at Hillingdon

has been very successful; work will be done to cost rolling out the project to the rest of the Trust.

The majority of the PALS work has been concerned with dealing with frequent callers. Though quite time consuming for the PALS team it also delivers the most benefit for the Trust in terms of saving resources/ambulances. Due to a lack of resources within the PALS team some of this work has had to be put on hold. Sarah Waller suggested that it would be useful to have a timeline for the work undertaken by the team; average time spent per issue. **ACTION: PALS Manager.**

One of the issues raised in the report following enquires from the public concerned patient choice; it is the Trust's policy that patients are conveyed to the nearest hospital unless they are being treated for an existing condition. It is important that the decision is reached via a dialogue with the patient. The Director of Service Development thought that, in general, patients wish to be conveyed to a hospital close to their home and when they request to be conveyed to a specific hospital it is for a good reason. The Governance Manager suggested that it would be useful to have quantifiable information accompanying the report.

**Noted: The report**

## **16 Reports from Groups/Committees**

### *1 Training Services Committee – 7<sup>th</sup> November 2005*

The Medical Director reported that at the recent Training Services Committee meeting the following were discussed: restructuring of education and development; training establishment; recruitment schedule for 2006 with 50 EMTs estimated every month and the measures being taken to address significant shortfall in staffing.

**Noted: The report**

### *2 Clinical Risk Group – 6<sup>th</sup> December 2005*

A summary of the Clinical Risk Group's minutes was circulated for information. The Medical Director highlighted the following: the upcoming visit by NHSLA; a presentation regarding Clinical Performance Indicators (CPI), the risks on the Risk Register reviewed by the CRG; the consideration of new risks for addition to the Risk Register; the introduction of morphine and the uptake of places on Continuing Professional Development (CPD) courses.

In answer to a question from Sarah Waller the Medical Director confirmed that morphine has not been rolled out to all complexes. Some complex managers were not confident that they had the appropriate procedures in place to manage morphine and some ampoules have been reported as lost. Where morphine has not been introduced tramadol continues to be used.

**Noted: The report.**

### *3 Clinical Audit & Research Steering Group – 9<sup>th</sup> December 2005*

The Medical Director reported that the CARG discussed the ongoing audit programme; new audits included trauma audit and obstetric audit.

**Noted: The report.**

### *4 Clinical Steering Committee – 9<sup>th</sup> January 2006*

The Medical Director reported that the Committee had considered the new Resuscitation Guidelines and how they were going to be introduced across London with effect from the 1<sup>st</sup> April 2006. A further update will be presented to the Trust Board in January 2006. **ACTION: Medical Director.**

**Noted: The report**

**17 Any Other Business**

In response to the Chairman's question to the Committee as to what should be highlighted in the summary of the minutes, the following was identified: the assessments by the NHSLA and the Healthcare Commission; the review of the Risk Register.

**Noted: The report**

**18 Dates of next meeting:**

Monday, 15<sup>th</sup> May 2006 at 9.30 in the Conference Room, HQ.

**AGREED: that the meeting scheduled for 18<sup>th</sup> September will be held on 2<sup>nd</sup> October 2006. ACTION: Trust Secretary to email all members and attendees to ensure the majority can attend.**

Meeting concluded at 12.05

Proposed meeting dates for 2007  
for the LAS NHS Trust Board

Note:

1. All meetings are the last Tuesday in the month apart from May (bank holiday 28 May) and December 2007 (Xmas).

January	30
March	27
May	22
July	31
August	No meeting
November	27



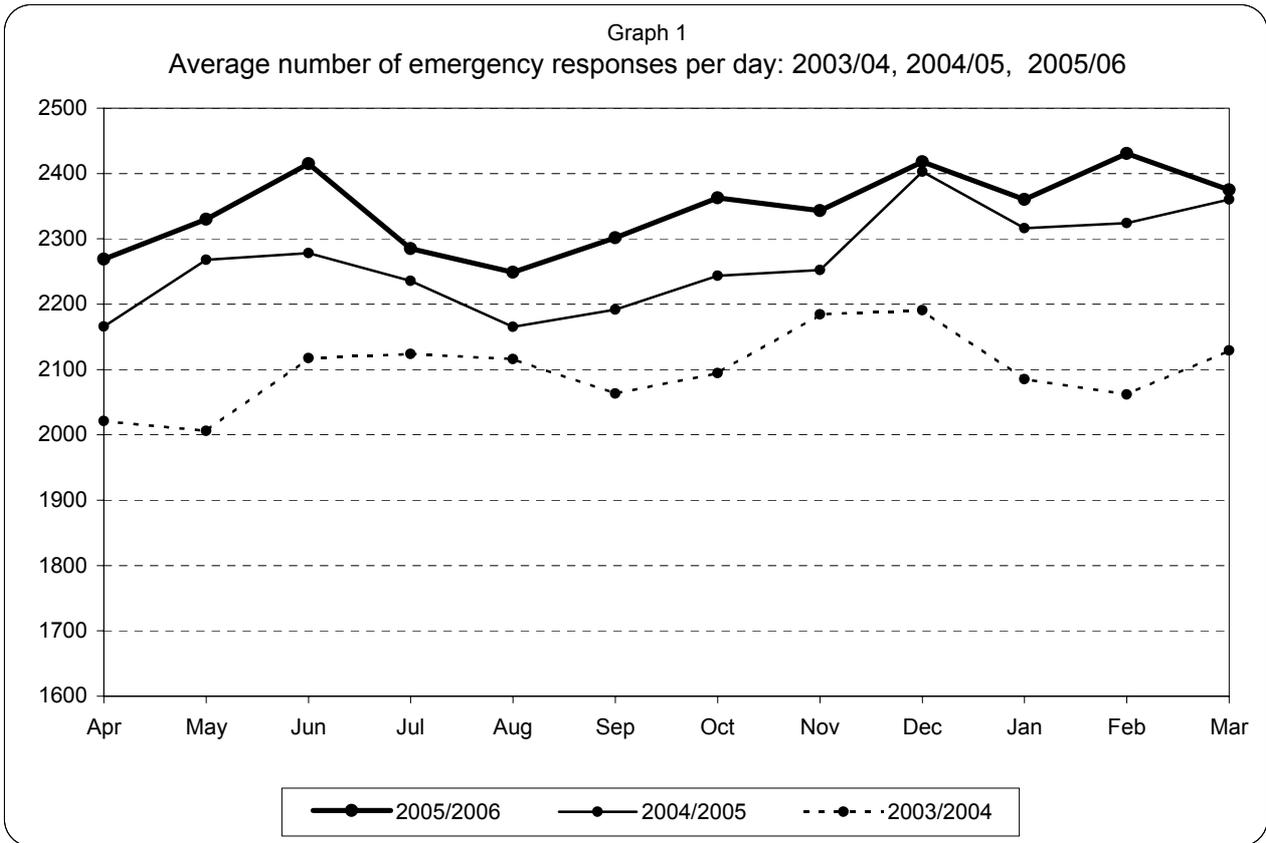


# **Information pack for Trust Board**

**March 2006**

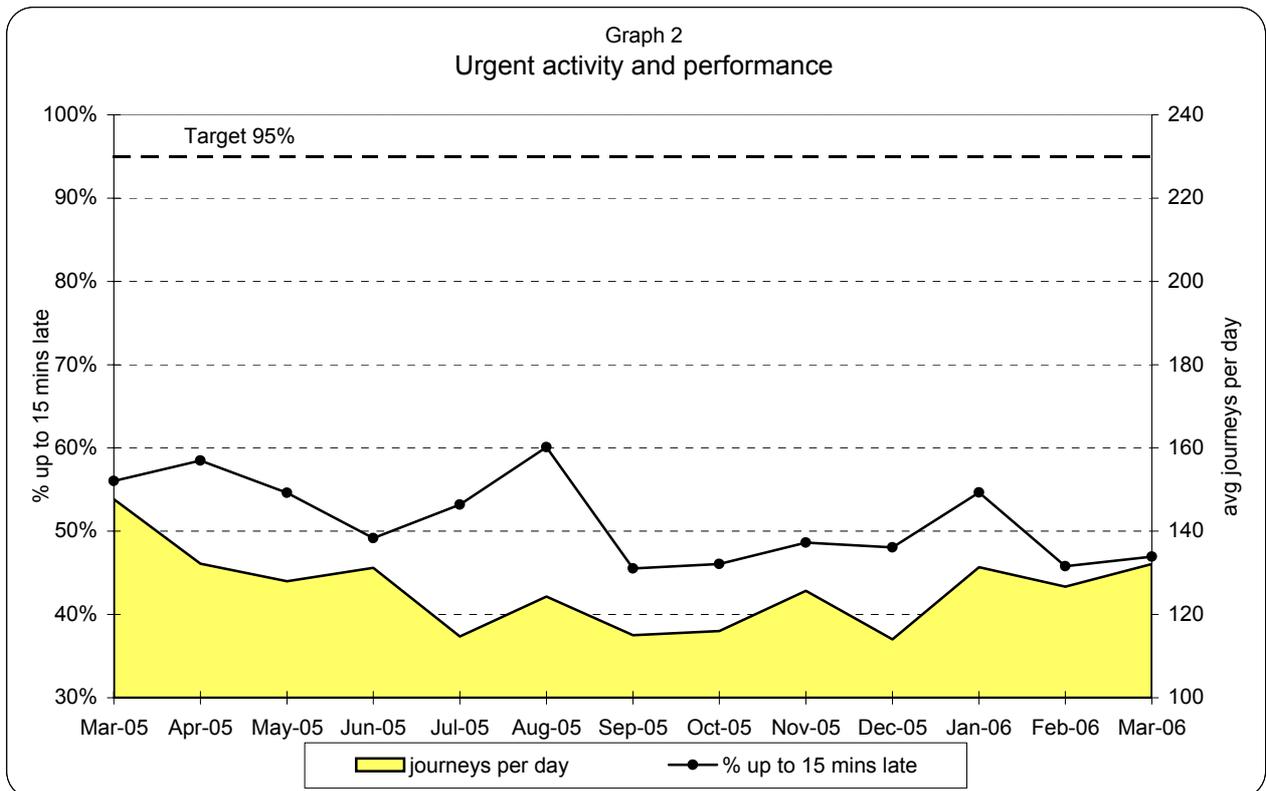
**Note: PRF data entry is up to the 8th March 2006  
Staffing data entry is up to the 16th March 2006  
MDT data is up to the 19th March 2006**

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Emergency activity and Urgent activity and performance**



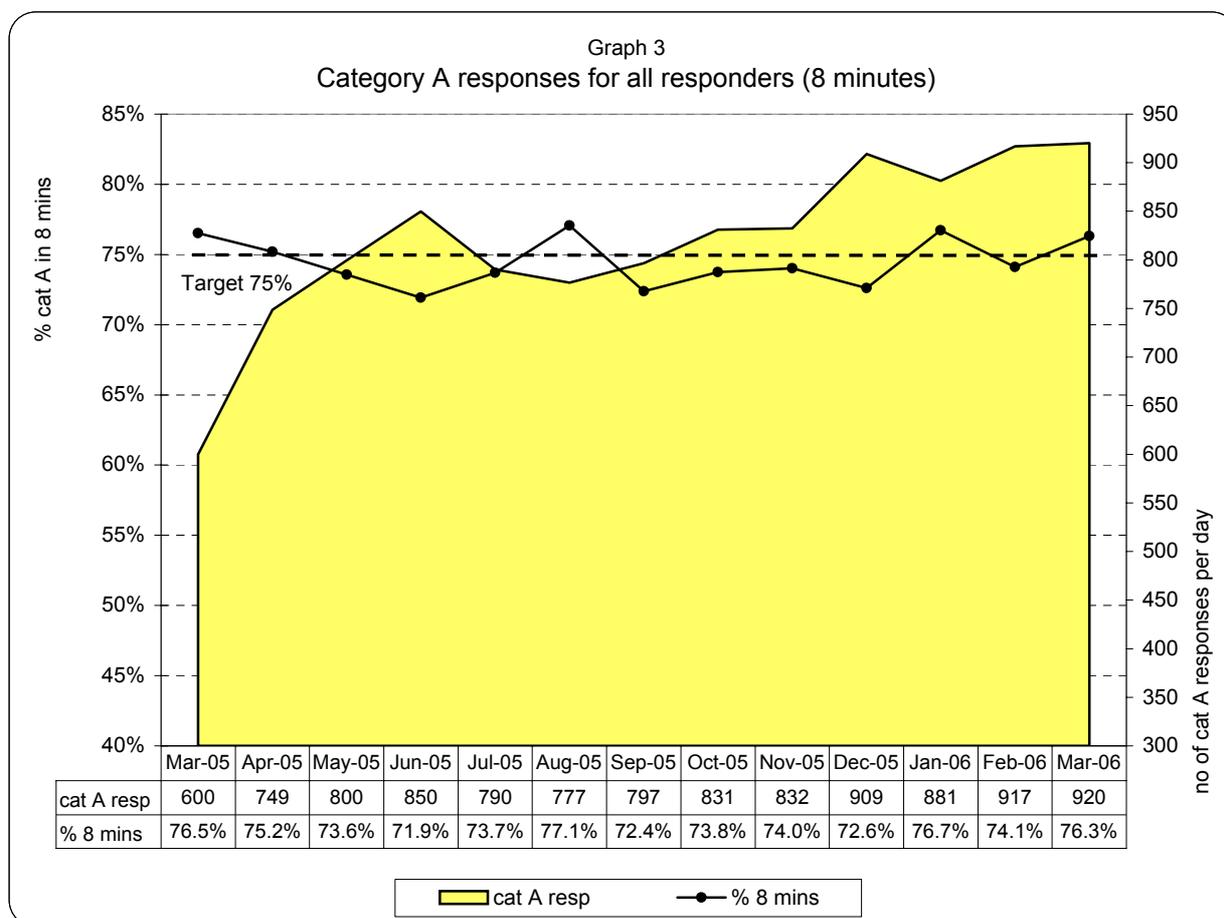
**Emergency responses: monthly and year to date comparison**

Feb 06 v Feb 05	Apr 05-Feb06 v Apr 04-Feb 05
+4.6%	+3.7%



Note: Urgent performance measures the arrival at hospital time against requested arrival time (target=95% of patients to arrive no more than 15 mins after time requested)

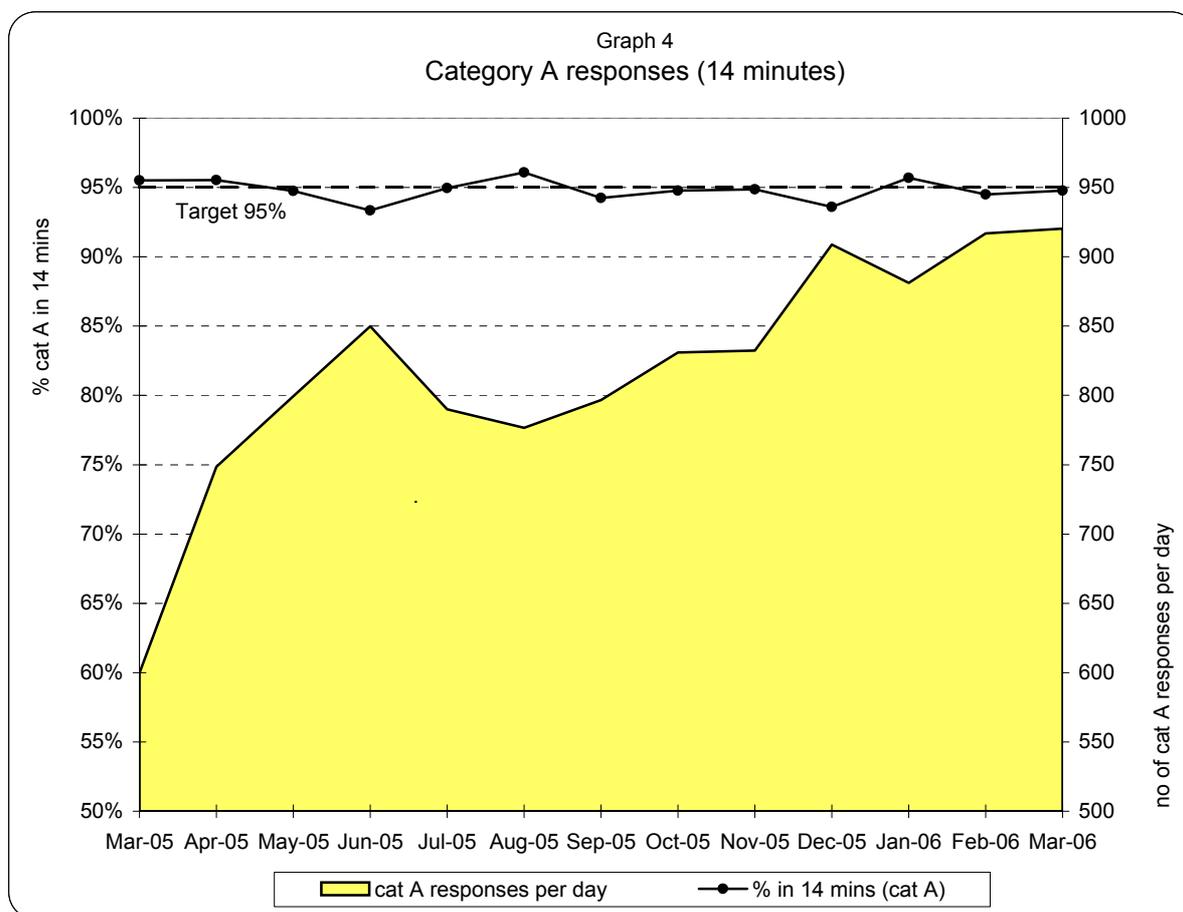
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Emergency responses: 8 minute response activity and performance**



**Table 1  
8 minute response by Strategic Health Authority (cat A, for all responders)**

	North West London Strategic HA	North Central London Strategic HA	North East London Strategic HA	South East London Strategic HA	South West London Strategic HA	Total LAS
<b>Apr-05</b>	73%	75%	72%	75%	73%	<b>75%</b>
<b>May-05</b>	73%	75%	72%	75%	73%	<b>74%</b>
<b>Jun-05</b>	72%	75%	70%	75%	74%	<b>72%</b>
<b>Jul-05</b>	74%	77%	74%	76%	73%	<b>74%</b>
<b>Aug-05</b>	77%	81%	77%	80%	75%	<b>77%</b>
<b>Sep-05</b>	73%	76%	71%	75%	73%	<b>72%</b>
<b>Oct-05</b>	74%	75%	70%	77%	75%	<b>74%</b>
<b>Nov-05</b>	76%	75%	72%	75%	72%	<b>74%</b>
<b>Dec-05</b>	75%	74%	70%	73%	71%	<b>73%</b>
<b>Jan-06</b>	79%	78%	73%	78%	77%	<b>77%</b>
<b>Feb-06</b>	75%	76%	70%	75%	76%	<b>74%</b>
<b>Mar-06</b>	77%	78%	73%	77%	80%	<b>76%</b>
<b>YTD</b>	<b>75%</b>	<b>76%</b>	<b>72%</b>	<b>76%</b>	<b>74%</b>	<b>75%</b>

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Emergency responses: 14 minute response activity and performance (cat A)**

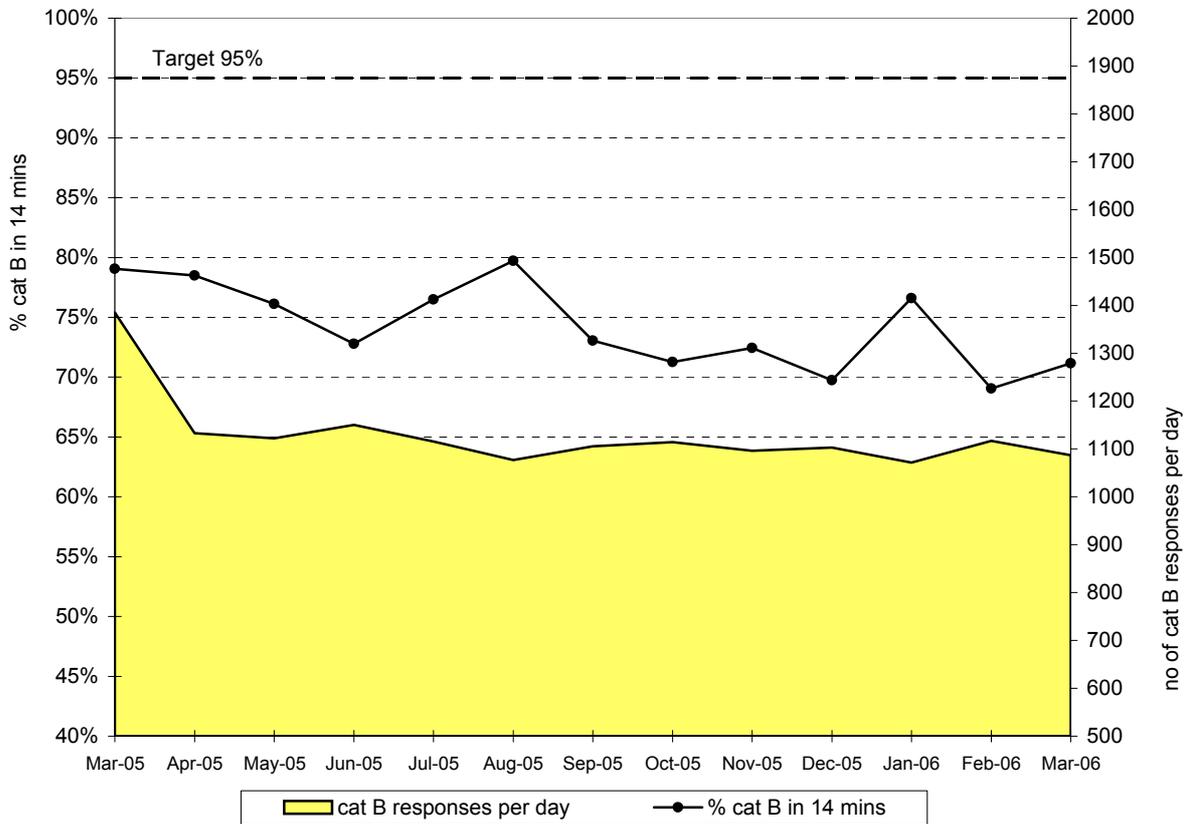


**Table 2  
14 minute response by Strategic Health Authority (category A)**

	North West London Strategic HA	North Central London Strategic HA	North East London Strategic HA	South East London Strategic HA	South West London Strategic HA	Total LAS
Apr-05	95%	95%	93%	96%	96%	96%
May-05	95%	95%	93%	96%	96%	95%
Jun-05	94%	94%	92%	95%	95%	93%
Jul-05	96%	96%	94%	96%	95%	95%
Aug-05	97%	97%	96%	97%	96%	96%
Sep-05	95%	95%	94%	95%	95%	94%
Oct-05	95%	95%	93%	96%	95%	95%
Nov-05	96%	95%	94%	95%	95%	95%
Dec-05	95%	94%	92%	93%	94%	94%
Jan-06	97%	96%	94%	96%	96%	96%
Feb-06	95%	95%	93%	95%	96%	94%
Mar-06	95%	95%	93%	95%	96%	95%
YTD	96%	95%	93%	95%	95%	95%

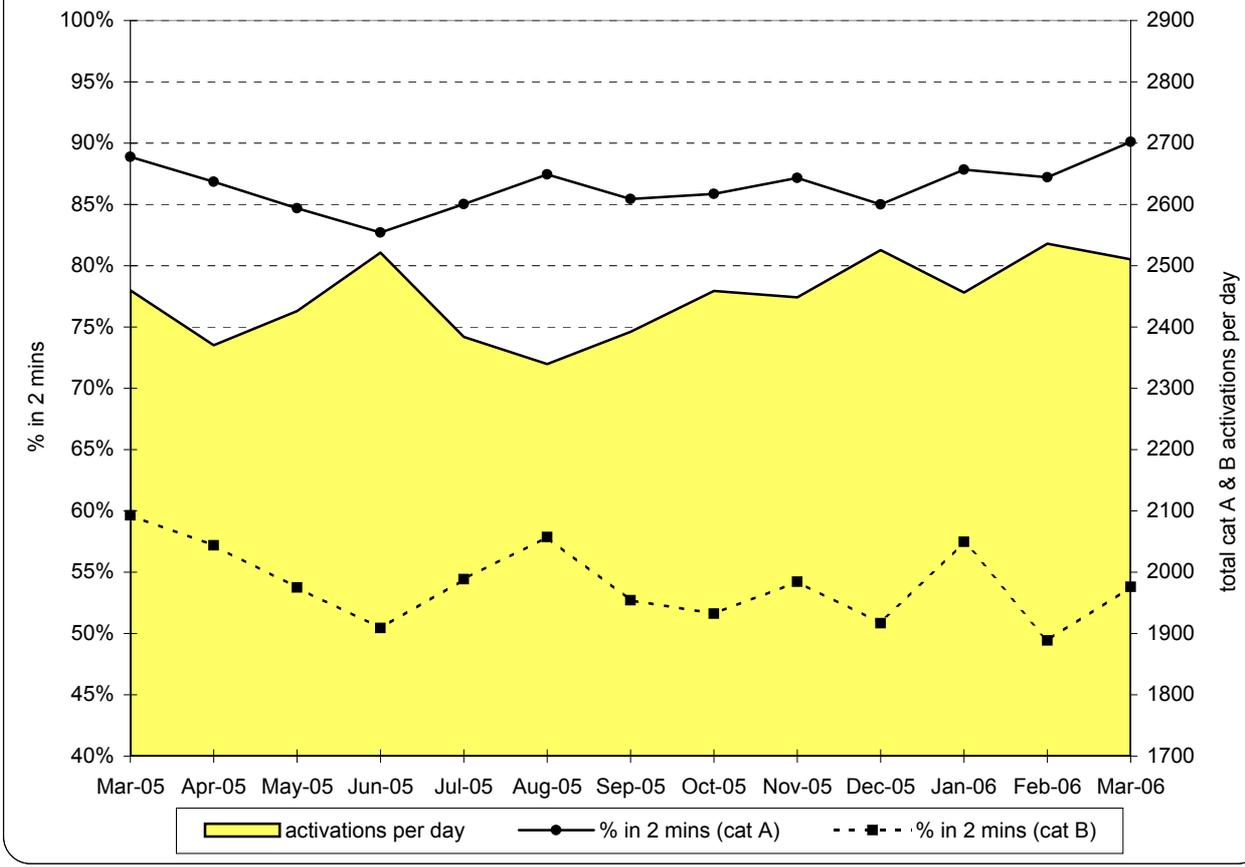
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Emergency responses: 14 minute response activity and performance (cat B)**

Graph 5  
Category B responses (14 minutes)

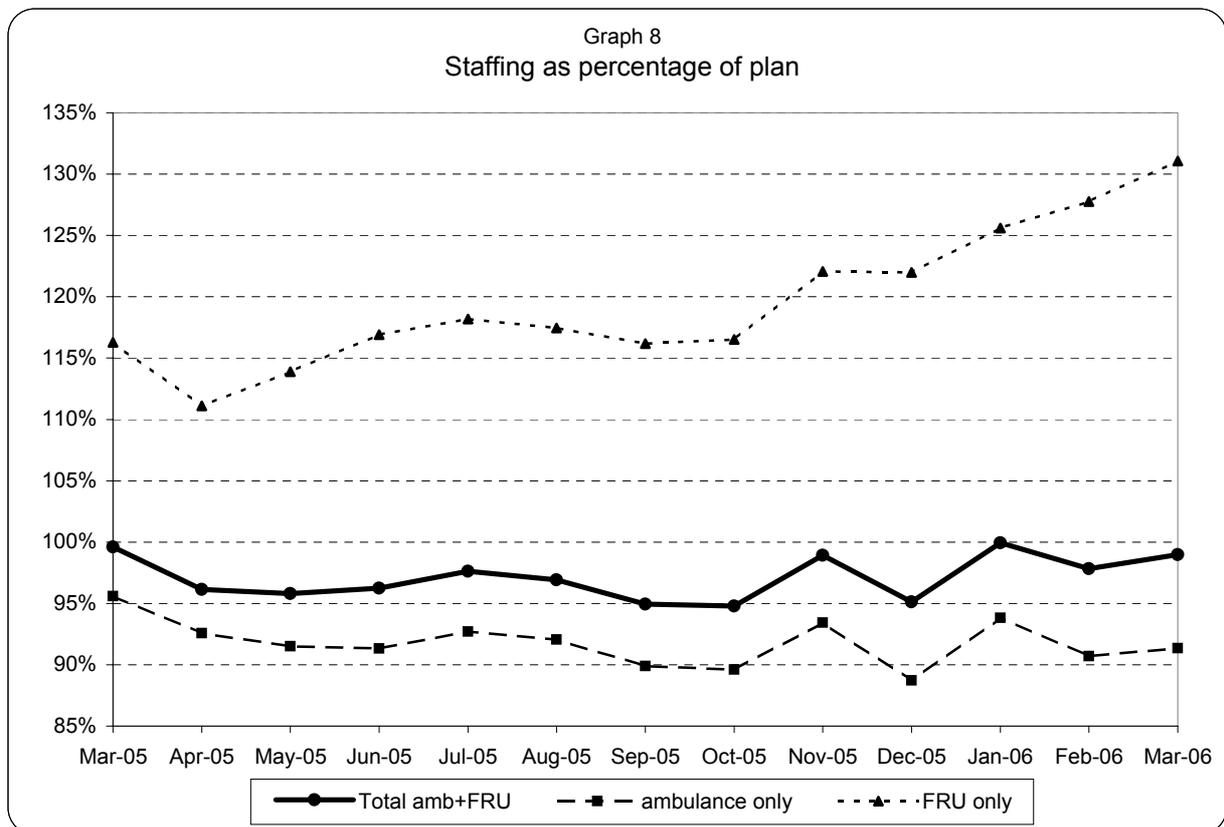
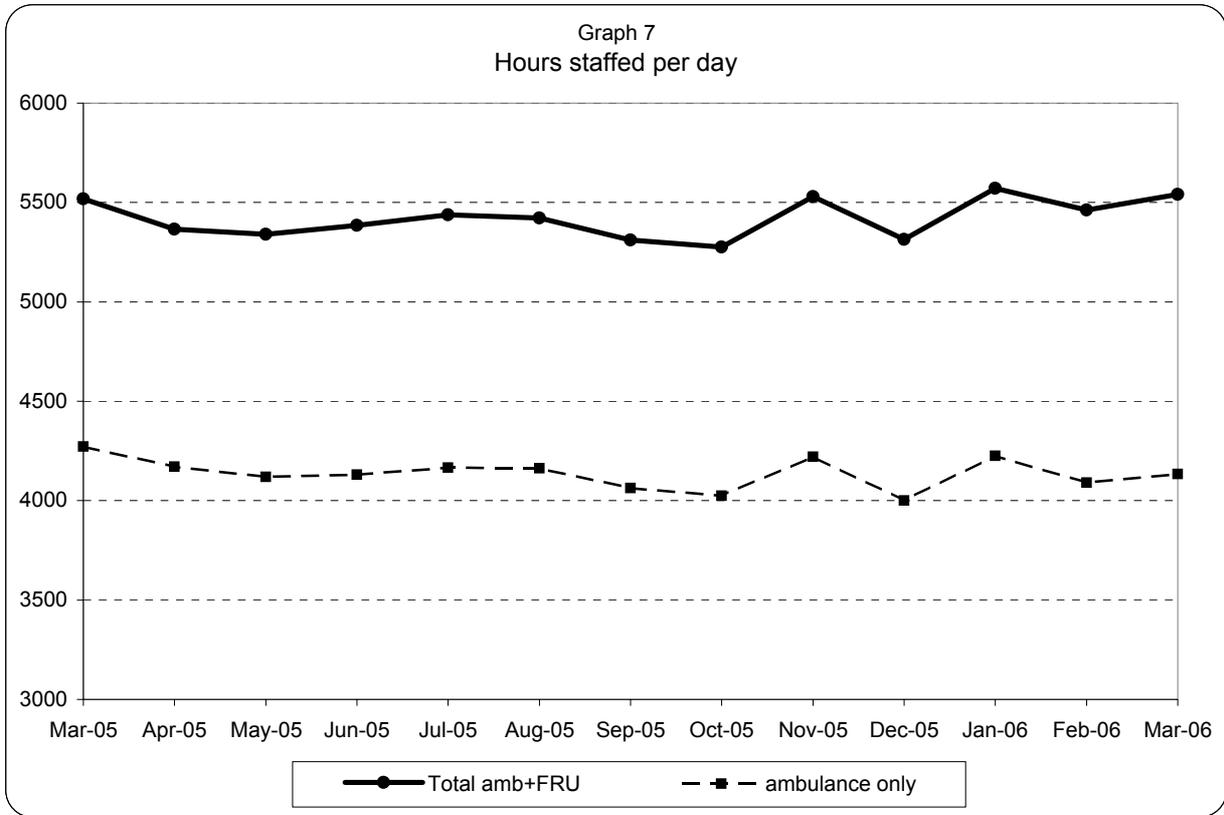


**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Emergency activations: activity and performance**

Graph 6  
Category A and B activations



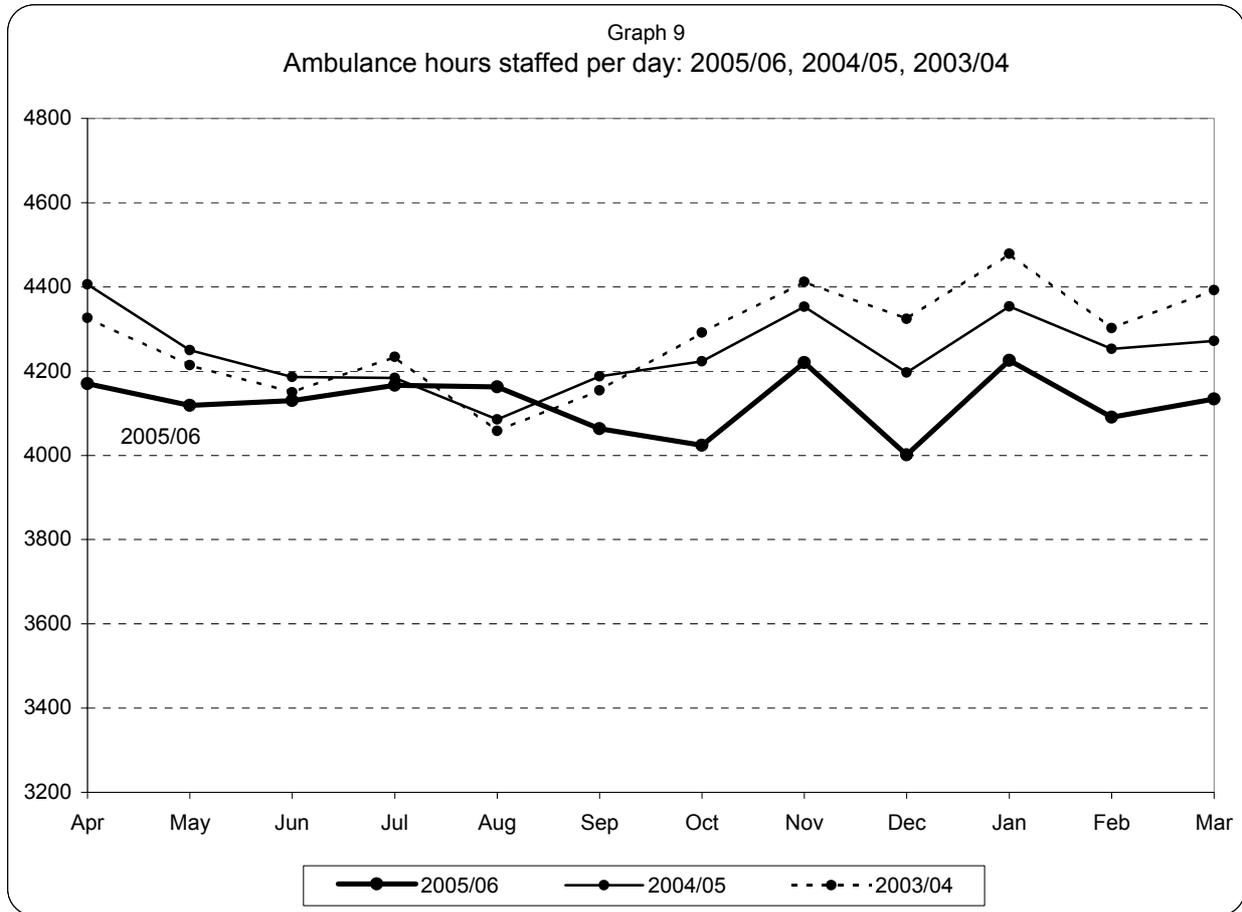
**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Ambulance and FRU staffing**



Note:

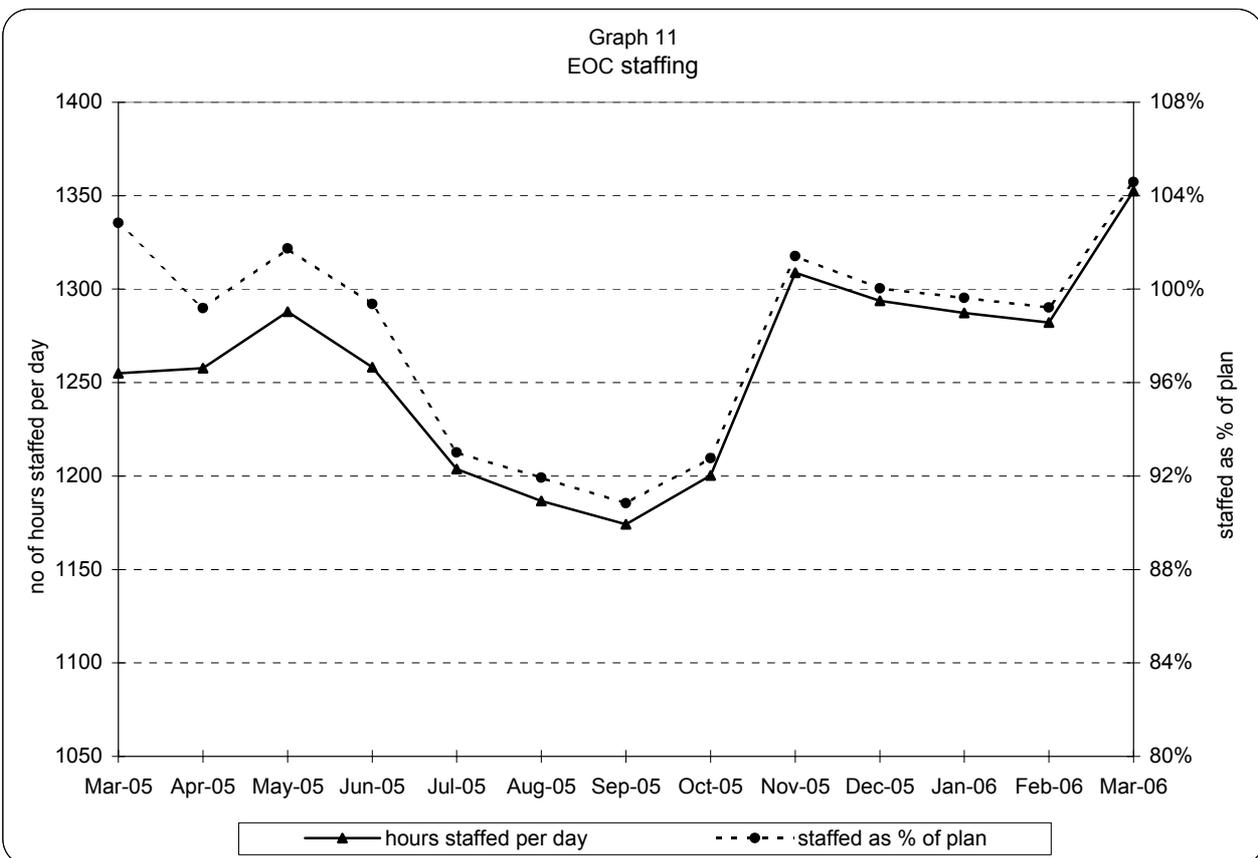
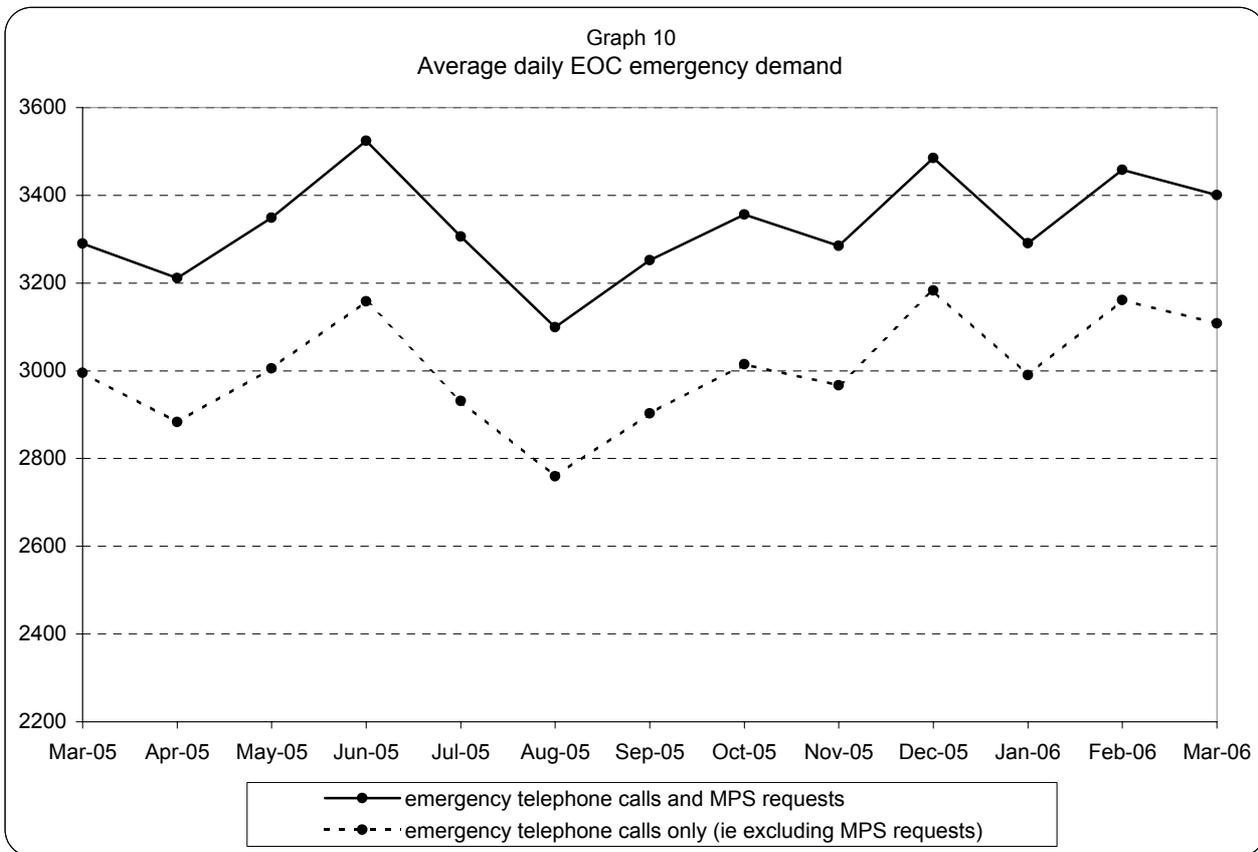
1) staffed = plan + additional - unmanned - single

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Yearly comparison of ambulance staffing**

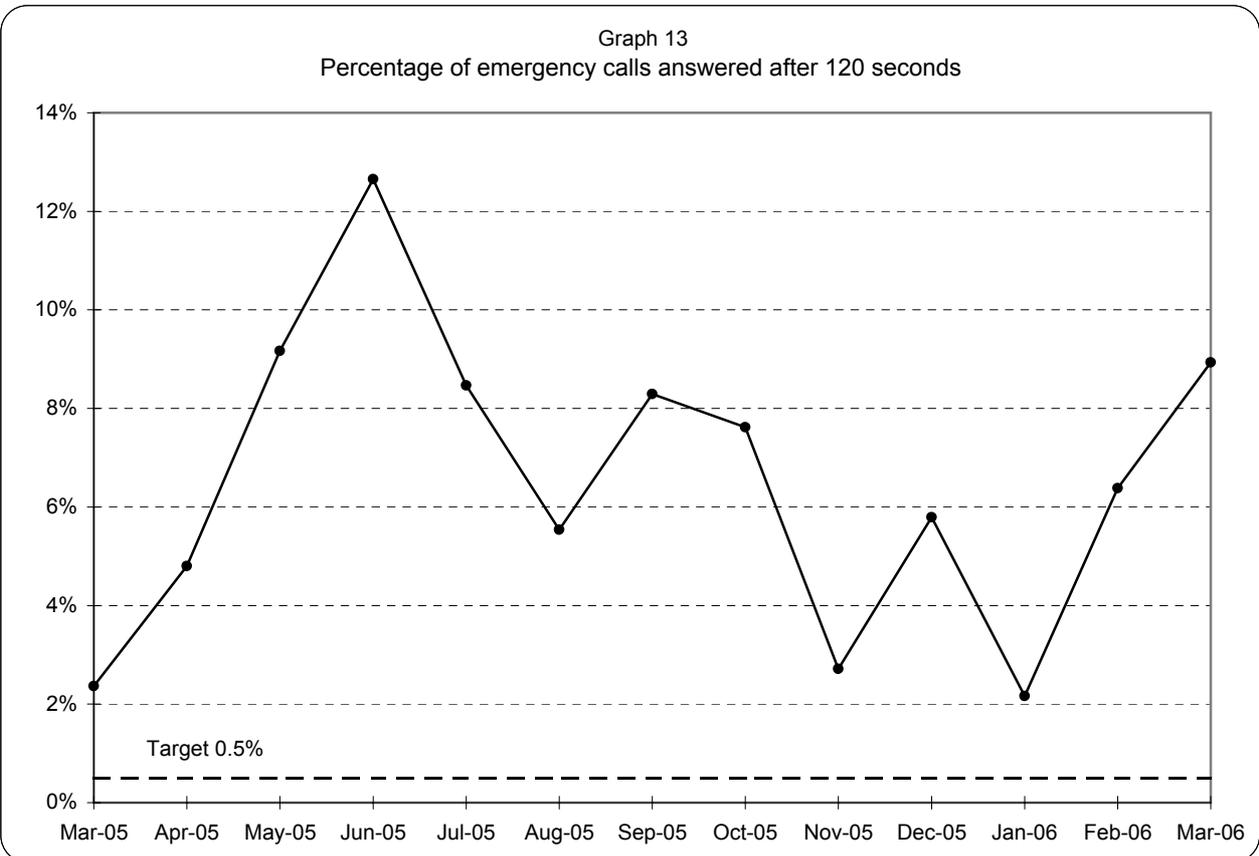
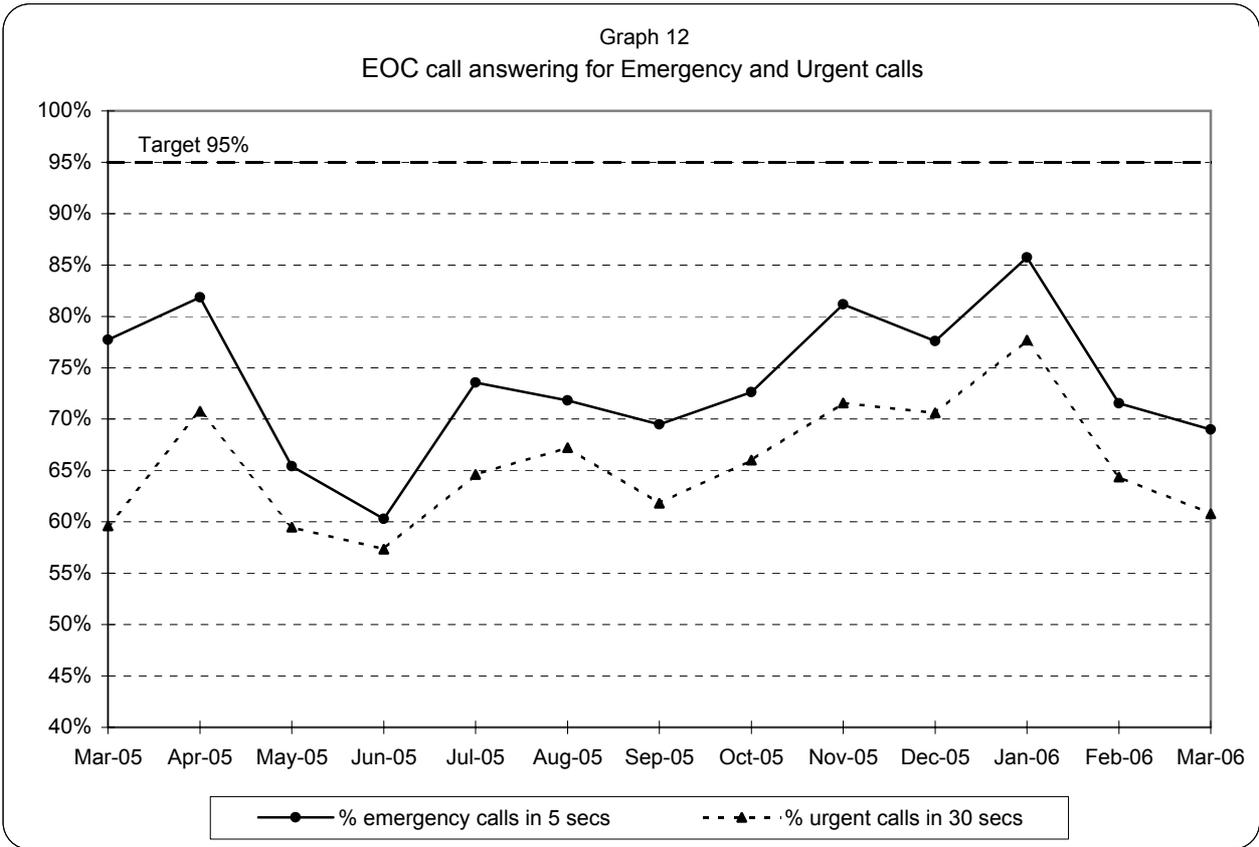


Note:staffed = plan + additional - unmanned - single

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
EOC activity and staffing**



**London Ambulance Service NHS Trust  
Accident and Emergency Service  
CAC call answering performance**



Note: 95% target applies to both Emergency and Urgent call answering

**London Ambulance Service NHS Trust**  
**Accident and Emergency Service**  
**Category A activity and performance by Primary Care Trust**

Table 3

		2005/06	
		Cat A resp	% cat A resp in 8 mins
5K5	Brent PCT	11,187	71%
5HX	Ealing PCT	11,877	71%
5H1	Hammersmith & Fulham PCT	6,823	81%
5K6	Harrow PCT	7,120	80%
5AT	Hillingdon PCT	10,562	73%
5HY	Hounslow PCT	8,561	76%
5LA	Kensington & Chelsea PCT	5,394	76%
5LC	Westminster PCT	13,235	78%
<b>North West London Strategic HA</b>		<b>74,759</b>	<b>75%</b>
5A9	Barnet PCT	10,543	68%
5K7	Camden PCT	10,069	85%
5C1	Enfield PCT	10,723	75%
5C9	Haringey PCT	10,283	74%
5K8	Islington PCT	8,938	81%
<b>North Central London Strategic HA</b>		<b>50,556</b>	<b>76%</b>
5C2	Barking & Dagenham PCT	7,898	71%
5C3	City & Hackney PCT	11,072	71%
5A4	Havering PCT	7,540	70%
5C5	Newham PCT	11,733	72%
5NA	Redbridge PCT	8,551	74%
5C4	Tower Hamlets PCT	10,177	71%
5NC	Waltham Forest PCT	8,916	75%
<b>North East London Strategic HA</b>		<b>65,887</b>	<b>72%</b>
5AX	Bexley PCT	7,025	78%
5A7	Bromley PCT	9,284	74%
5A8	Greenwich PCT	9,914	75%
5LD	Lambeth PCT	12,639	74%
5LF	Lewisham PCT	10,116	75%
5LE	Southwark PCT	12,618	79%
<b>South East London Strategic HA</b>		<b>61,596</b>	<b>76%</b>
5K9	Croydon PCT	12,340	70%
5A5	Kingston PCT	4,591	76%
5M6	Richmond & Twickenham PCT	4,945	72%
5M7	Sutton & Merton PCT	10,982	79%
5LG	Wandsworth PCT	9,262	75%
<b>South West London Strategic HA</b>		<b>42,120</b>	<b>74%</b>
	Lowest (excl out of London)		68%
	Highest (excl out of London)		85%
	Range		17%



# LONDON AMBULANCE SERVICE NHS TRUST

## Finance Report

For the Month Ending 28 February 2006 (Month 11)

£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>
Total Income	21,784	17,908	3,876F	197,984	194,379	3,605 F	(1.9)U	214,583	211,677	2,906F
Total Expenditure	19,903	17,966	(1,937)U	196,585	192,985	(3,601)U	1.9 F	213,683	211,677	(2,006)U
<b>Trust Result</b>	<b>1,881</b>	<b>(58)</b>	1,939F	1,399	1,394	4F	0.3F	900	0	900F





# LONDON AMBULANCE SERVICE NHS TRUST

## Finance Report

For the Month Ending 28 February 2006 (Month 11)

### 1. Month

- 1.1. Trust income was £3.876k higher than expected in the month of February. This is as a result of the confirmation of CBRN funding from the Department of Health.
- 1.2. Trust expenditure was £1.937k higher than budget. This was mainly due to an adjustment made in reserves (£1.3 million) to reflect the year to date position expected. In previous months this expenditure had been accrued to budget showing breakeven. In addition there was expenditure within the Finance Directorate on Legal Provisions (£500k). This was due to an increase in the amount provided for staff retiring through ill health or injury as advised by the NHS Pensions Agency.
- 1.3. PTS reported a favourable position in the month of £10k. This stems mostly from savings made on defibrillator purchases where the number bought was less than the budget.

### 2. Year to Date

- 2.1. Overall income is favourable by £3.605 million year to date. This is primarily as a result of the additional CBRN income granted this year as a result of the July 7<sup>th</sup> terrorist incidents.
- 2.2. Expenditure is higher than budget to date by £3.601 million or 1.9%. This is due largely to A&E overtime double time weekend payments, the payment of enhanced rates to crew staff over the Christmas period and PTS which has reported high levels of expenditure on agency staff and third party transport.

### 3. Annual

- 3.1 The forecast at Month 11 is £900K underspent; this takes into account the following:
  - The achievement of £3.1m savings in the year (this has been revised upwards from £1.5m in previous months).
  - Weekend double time payments to crew staff are assumed to continue to the end of the financial year



# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis by Function

For the Month Ending 28 February 2006 (Month 11)

£000s

	IN THE MONTH			YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
<b>Income</b>	20,940	17,024	3,916F	187,336	183,624	3,712F	0.0F	203,100	200,057	3,043F
Sector	14,067	13,724	(343)U	122,971	121,344	(1,627)U	0.0U	133,899	132,489	(1,410)U
Control Services	1,382	1,325	(58)U	12,810	12,704	(106)U	0.0U	14,066	13,903	(163)U
A&E Operational Suppo	888	828	(60)U	9,270	9,303	33F	0.0F	10,466	10,460	(6)U
Education and Developmen	778	835	56F	7,249	7,403	154F	0.0F	8,132	8,305	173F
Total Operations Cost	17,116	16,711	(405)U	152,301	150,755	(1,546)U	0U	166,563	165,158	(1,405)U
<b>A&amp;E gross surplus/(deficit)</b>	3,825	313	3,511F	35,035	32,869	2,165F	0F	36,537	34,899	1,638F
A&E Gross Margin	18.4%	1.8%	16.5%F	18.8%	18.0%	0.8F	4.5%F	18.0%	17.5%	(0.5)U
Medical Director	43	39	(4)U	362	411	49F	0.1F	388	448	60F
Service Development	47	45	(2)U	472	456	(17)U	0.0U	519	505	(14)U
Communications	110	119	9F	1,223	1,253	30F	0.0F	1,351	1,371	20F
Human Resources	324	368	44F	3,713	3,945	232F	0.1F	4,075	4,285	210F
IM&T	674	631	(43)U	6,110	6,212	101F	0.0F	6,850	6,956	106F
Finance	1,689	1,170	(519)U	14,662	14,080	(582)U	0.0U	15,979	15,423	(556)U
Chief Executive	132	144	12F	1,273	1,289	15F	0.0F	1,400	1,401	1F
Centrally Held Funds	-1,098	-2,177	(1,079)U	4,904	3,824	(1,079)U	0.3U	4,134	4,267	133F
Total Corporate	1,920	337	(1,583)U	32,720	31,469	(1,251)U	0U	34,696	34,656	(40)U
<b>A&amp;E net surplus/(deficit)</b>	1,904	24	1,928F	2,315	1,400	915F	65.3F	1,841	243	1,598F
A&E Net Margin	9.1%	(0.1)%	9.3%F	1.2%	0.8%	0.5F	62.1%F	0.9%	0.1%	0.8F
<b>PTS</b>										
Income	844	884	(40)U	10,648	10,755	(107)U	0.0U	11,483	11,621	(138)U
Expenditure	867	918	51F	11,565	10,761	(804)U	0.1U	12,424	11,864	(560)U
Surplus / (Deficit)	(23)	(34)	10F	(916)	(6)	(910)U	(15,221)U	(941)	(243)	(698)U
Margin	(2.8)%	(3.8)%	1.1F	(8.6)%	(0.1)%	(8.5)U	15,374.5F	8.2%	2.1%	6.1F
<b>Trust Result</b>	1,881	58	1,939F	1,399	1,394	4F	0F	900	0	900F

# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis by Function For the Month Ending 28<sup>th</sup> February 2006 (Month 11)

### Notes

#### 1. Income

- The favourable variance in the month relates to the recognition of CBRN income after confirmation of amounts from the Department of Health.

#### 2. A&E Sectors

- The year to date position on pay is adverse (£403k) spread across a number of staff groups. Non pay is overspent both in the month and year to date (£1,222k) due to subsistence, fleet costs (accident damage) and 3<sup>rd</sup> Party usage. Telecomms is overspent in the month £47K due to recoded SMS and pager invoices.

#### 3. A&E Control

- The control room is overspent in month due to overtime costs exceeding the vacancy factor (£10K) BETS staff costs are overspent but will be adjusted next month for AFC changes. Private Ambulance Hire is £34K adverse in the month, this is currently under investigation since some of these costs may be related to activity for which we can recharge. The main cause of the adverse year to date position is 3<sup>rd</sup> Party spend (£123k) due to private ambulance hire (£64k), cross border cover from Surrey (£38K) and a shortfall in recharges to PTS (£29K) due to a reduction in activity.

#### 4. Education & Development

- Training pay is overspent in the month on EMD trainees, and is overspent year to date by £37K due to an overly ambitious savings target on training posts. There is a favourable movement in the month on non pay due to the cessation of an accrual for medical equipment. Uniform expenditure is adverse in the month due to increased number of trainees at the year end but remains underspent year to date.

#### 5. A&E Operational Support

- The overspend in the month stems from both Logistics (£40k) and Fleet (£20k). Within Logistics there has been an increase in expenditure on the Make Ready project, this was expected as several complexes have been rolled out to the Make Ready contract in the last three months. Within Fleet there was an increase in expenditure on vehicle maintenance, this is largely due to winter pressures and was forecast in previous months.

#### 6. Service Development

- The Service Development Directorate now does not include the Department of Clinical Audit which has been moved to the Medical Directorate following a review of management responsibilities. The overspend to date reflects expenditure on the Patient Care Conference, there is income to cover this and this forms part of the "Income" section at the top of the page.

#### 7. Communications

- The underspend in the month stems from the Communications Department and the Conference and Corporate induction budget, where there has been a decrease in expenditure on non pay items compared to the average.

#### 8. Human Resources

- Human Resources continues to underspend on the Recruitment Centre pay, Advertising and Unproductive Salaries where the number of staff classed as "permanently unfit for work" is less than originally estimated. The forecast has been revised to reflect this.

#### 9. IM&T

- The overspend in month 11 results from the IM&T Winter Pressures budget on telecommunications installations over the Christmas & New Year period and on the Software Development and Support budget on agency staff. This was expected and was forecast for in previous months.

#### 10. Finance

- There is a large overspend in month 11 arising from Legal Provisions. This is because we have received information from the NHS Pensions Agency on the size of the claims for staff retiring through ill health or injury. This was higher than had been forecast in previous months.

#### 11. PTS

- The favourable movement in the month of £10k is made up of provisions against bad debts (£40k) and an underlying unfavourable operating position of (£20k) offset by savings made on defibrillator purchases and other medical equipment (£60k), and a reduction in a provision for contractual obligations at Hammersmith Hospital (£10k)



# LONDON AMBULANCE SERVICE NHS TRUST

## Analysis by Expense Type

For the Month Ending 29 February 2006 (Month 11)

£000s

	IN THE MONTH			YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Forecast Variance
<b>Payroll Expenditure</b>										
A&E Operational Staff	10,046	10,215	169F	88,223	88,131	(92)U	0.1U	96,545	96,410	(135)U
A&E Overtime	1,660	1,538	(122)U	15,417	15,538	121F	0.8F	16,435	16,631	196F
PTS Operational Staff	717	681	(36)U	7,017	6,845	(172)U	2.5U	7,968	7,389	(579)U
Corporate Support	3,594	3,557	(37)U	31,147	31,246	100F	0.3F	33,938	34,160	222F
	<b>16,018</b>	<b>15,992</b>	<b>(26)U</b>	<b>141,803</b>	<b>141,760</b>	<b>(43)U</b>	<b>0.0U</b>	<b>154,886</b>	<b>154,591</b>	<b>(295)U</b>
<b>Non Pay Expenditure</b>										
Staff Related	469	369	(100)U	4,589	4,387	(202)U	4.6U	5,124	4,729	(395)U
Staff Welfare	50	34	(17)U	399	370	(29)U	7.8U	489	403	(86)U
Training	151	158	7F	1,754	1,888	134F	7.1F	1,992	2,276	284F
Medical & Ambulance Equipment	(13)	132	145F	1,042	1,396	354F	25.3F	1,464	1,782	318F
Medical Consumables	261	208	(52)U	2,792	2,578	(214)U	8.3U	2,992	2,804	(188)U
Fuel & Oil	319	294	(25)U	3,487	3,512	25F	0.7F	3,842	3,836	(6)U
Third Party Transport - A&E	147	64	(83)U	944	589	(355)U	60.2U	1,573	660	(913)U
Third Party Transport - PTS	47	42	(4)U	1,452	715	(738)U	103.2U	1,502	774	(728)U
Vehicle Maintenance	275	194	(81)U	2,083	2,121	38F	1.8F	2,310	2,373	63F
Other Fleet Costs	610	621	11F	6,817	6,353	(464)U	7.3U	7,513	7,078	(435)U
Rent, rates & utilities	133	128	(5)U	2,365	2,393	28F	1.2F	2,532	2,513	(19)U
Office and Station cleaning	222	192	(30)U	1,764	1,792	28F	1.5F	1,916	2,009	93F
Security & Fire Safety	28	20	(8)U	227	221	(6)U	2.9U	251	241	(10)U
Estates Maintenance	158	85	(74)U	1,494	1,386	(108)U	7.8U	1,753	1,641	(112)U
Other Estates Costs	44	27	(17)U	352	298	(53)U	17.9U	405	325	(80)U
Telephones	285	224	(62)U	2,445	2,413	(31)U	1.3U	2,705	2,696	(9)U
Information Technology	47	78	30F	1,019	891	(128)U	14.4U	993	1,019	26F
Office & Station Expenses	131	150	20F	1,708	1,742	34F	1.9F	1,746	1,939	193F
Legal Expenses	631	135	(496)U	2,007	1,429	(577)U	40.4U	2,128	1,554	(574)U
Consultancy	24	21	(3)U	261	194	(68)U	35.0U	259	218	(41)U
Advertising & PR	6	19	13F	284	207	(77)U	37.2U	286	226	(60)U
Catering & Hospitality	18	14	(4)U	240	151	(89)U	58.9U	238	165	(73)U
Depreciation	320	501	181F	5,623	5,815	192F	3.3F	6,354	6,470	116F
Reserves	(935)	(2,205)	(1,270)U	4,865	3,475	(1,390)U	40.0U	3,634	3,998	364F
Radio Equipment	128	140	12F	1,283	1,293	10F	0.8F	1,388	1,412	24F
Others	3	0	(3)U	29	0	(29)U	100.0U	372	0	372F
	<b>3,560</b>	<b>1,646</b>	<b>(1,914)U</b>	<b>51,324</b>	<b>47,608</b>	<b>(3,716)U</b>	<b>7.8U</b>	<b>55,017</b>	<b>53,142</b>	<b>(1,875)U</b>
<b>Financial Expenditure</b>										
Interest Payable	15	15	0	168	168	0	0.0	183	183	0
Interest Receivable	(18)	(18)	0F	(371)	(197)	174F	88.0U	389	(215)	174F
PDC Dividend	311	311	0	3,422	3,422	0	0.0	3,733	3,733	0
Others	18	20	3F	239	223	(15)U	6.8U	253	244	(9)U
	<b>326</b>	<b>329</b>	<b>3 F</b>	<b>3,458</b>	<b>3,616</b>	<b>158 F</b>	<b>4.4F</b>	<b>3,780</b>	<b>3,945</b>	<b>165F</b>
<b>Total Trust Expenditure</b>	<b>19,903</b>	<b>17,966</b>	<b>(1,937)U</b>	<b>196,585</b>	<b>192,985</b>	<b>3,601U</b>	<b>(1.9)F</b>	<b>213,683</b>	<b>211,677</b>	<b>(2,006)U</b>
WTE	3,824.55	4,254.07	429.52 F							

# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis by Expense Type For the Month Ending 28<sup>th</sup> February 2006 (Month 11)

### Notes

- 1. A&E Operational Staff**
  - Operational staff are underspent in month due to EOC vacancies £139K. The budget for these vacancies will be moved to the overtime budget to cover expenditure on overtime. EOC overtime is consequently overspent in the month
- 2. A&E Overtime**
  - Overtime is overspent due to the outstanding vacancy funding transfer from EOC operational staff, as above.
- 3. PTS Operational Staff**
  - Agency staff continue to be used on PTS Central Services causing an unfavourable position.
- 4. Corporate Support Staff**
  - . The overspend in the month stems from agency staff and from ADOs and DSOs where there are more staff in post than budgeted for.
- 5. Staff Related**
  - . Operations subsistence is overspent due to budget profiling and the delayed implementation of meal breaks.
- 6. Training**
  - There are small year to date favourable variances in Operations (£29K), and the Medical Directorate (£21k)
- 7. Medical & Ambulance equipment**
  - The underspend in month 11 is due to a reduction in expenditure on these items within the Education and Development Directorate plus savings made on defibrillators in PTS where we have bought less than was budgeted for.
- 8. Medical Consumables:**
  - . There are small overspends on medical consumables across most complexes
- 9. Third Party Transport – A&E**
  - 3rd party transport within A&E is overspent due to the use of private ambulances, cross border cover and on PTS to sustain performance.
- 10. Third Party Transport – PTS**
  - Reported costs in month 11 are on budget, mainly due to a re-charge of costs to A&E and a reduction in provisions for contractual obligations on the Hammersmith Hospitals SLA.
- 11. Vehicle Maintenance**
  - This expenditure increased in February due to winter pressures and was expected.
- 12. Estates Maintenance**
  - There has been an increase in the number of invoices paid for minor estates projects and on reactive maintenance.
- 13. Office & Station Cleaning.**
  - The overspend stems from the Make Ready Contract where we have rolled out more stations in the last three months. In addition LRS have invoiced us for specialist cleaning equipment.
- 14. Telephones**
  - The adverse swing in month 11 is due to expenditure on IM&T Winter pressures for telephone installations over the Christmas and New Year period.
- 15. Legal Expenses**

# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis by Expense Type For the Month Ending 28<sup>th</sup> February 2006 (Month 11)

- The large overspend stems from Legal Provisions. This is due to information received from the NHS Pensions Agency on the size of the claims for staff retiring through ill health or injury. This was higher than had been forecast in previous months.

### **16. Reserves**

- The movement on reserves is due to an adjustment being made in the month to take account of the year end position expected. In previous months the expenditure on this area had been accrued to budget.



# LONDON AMBULANCE SERVICE NHS TRUST

## Analysis of Income

For the Month Ending 28th February 2006 (Month 11)

( £000s)

	IN THE MONTH			YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Forecast Variance
<b>A&amp;E Income</b>										
A&E Services Contract	15,093	15,093	0U	167,327	167,327	0U	0.0U	182,420	182,420	0U
A&E Variable Activity Formula	0	0	0	0	0	0	100.0	0	816	(816)U
Addition to A&E Contract	405	405	0	405	405	0	0.0	405	405	0
CBRN Income	5,028	1,488	3,540F	12,937	9,087	3,850F	(42.4)F	13,110	9,087	4,023F
ECP Revenue	297	0	297F	1,143	1,427	(284)U	19.9U	1,243	1,427	(184)U
A&E Provision of Green car	113	113	0F	113	113	0F	0.0F	123	123	0U
A&E Neo-Natal Service	151	137	14F	151	137	14F	(10.6)F	151	149	2F
BETS & SCBU Income	96	47	49F	441	521	(80)U	15.3U	508	569	(61)U
A & E Long Distance Journey	45	51	(6)U	428	437	(9)U	2.1U	473	488	(15)U
Stadia Attendance	46	46	0	543	546	(3)U	0.5U	543	582	(39)U
Heathrow BAA Contract	24	24	0U	231	232	0U	0.1U	255	256	(1)U
Resus Training Fees NHS	12	11	1F	142	121	21F	(17.0)F	142	132	10F
Resus Training Fees Non NHS	8	16	(8)U	15	174	(159)U	91.4U	15	189	(174)U
HEMS Funding	2	2	0	26	26	0	0.0	28	28	0U
<b>A&amp;E Income</b>	<b>21,321</b>	<b>17,434</b>	<b>3,888 F</b>	<b>183,902</b>	<b>180,552</b>	<b>3,350 F</b>	<b>1.9 F</b>	<b>199,416</b>	<b>196,672</b>	<b>2,744F</b>
<b>PTS Income</b>	<b>844</b>	<b>884</b>	<b>(40)U</b>	<b>10,648</b>	<b>10,755</b>	<b>(107)U</b>	<b>1.0 U</b>	<b>11,483</b>	<b>11,621</b>	<b>(138)U</b>
<b>Other Income</b>	<b>381</b>	<b>410</b>	<b>28 F</b>	<b>3,434</b>	<b>3,072</b>	<b>362 F</b>	<b>11.8 F</b>	<b>3,684</b>	<b>3,385</b>	<b>299F</b>
<b>Total Income</b>	<b>21,784</b>	<b>17,908</b>	<b>3,876 F</b>	<b>197,984</b>	<b>194,379</b>	<b>3,605 F</b>	<b>1.9 F</b>	<b>214,583</b>	<b>211,677</b>	<b>2,906F</b>

## Notes

### 1. CBRN Income

- The £1.5 million variance in the month and £3.8 million variance year to date are as a result of confirmation of funding levels (£7.5 million recurrent and £5 million one-off for the July bombings) from the Department of Health. Previous accruals have been adjusted to reflect the actual income now invoiced.

### 2. ECP Revenue

- The £297k favourable variance in the month is due to the rollout of North West ECP schemes in January. The income for this was profiled in earlier months as the schemes were significantly delayed. The £284k adverse variance year to date relates to budgeted income for Croydon which will not be received as well as reduced income from rollouts delayed.

### 3. BETS and SCBU Income

- This income is £49k favourable in the month due to an under-accrual in the previous months. The £441k year to date position reflects the true position for the year to date and is unfavourable due to a lower number of SCBU journeys than had been budgeted.

### 4. Resus Training Fees Non-NHS

- The £158k adverse variance year to date is due to an ambitious income target. The Performance Improvement Manager is currently working on a strategy to increase the level of income generated in this area.

### 5. PTS Income

- The £40k adverse movement in the month relates to increases in the provision for bad debts against invoices within PTS Central Services.

### 6. Other Income

- The £362k favourable year to date variance on other income is due to pensions indexation income of £28k, not included in the income budget as well as a higher number of chargeable secondments (£170k favourable) than originally budgeted.



# LONDON AMBULANCE SERVICE NHS TRUST

## Income & Expenditure - Analysis of Staff Numbers

For the Month Ending 28 February 2006 (Month 11)

	<u>Last Month</u> <u>Actual Paid WTE</u>	<u>This Month</u> <u>Actual Paid WTE</u>	<u>Variance</u>
<b>A&amp;E Operations</b>			
Sector	3,116.86	3,040.14	(76.72)
Control Services	405.31	459.10	53.79
A&E Operational Support	135.81	113.40	(22.41)
Education & Development	195.02	223.10	28.08
	<b>3,853.00</b>	<b>3,835.74</b>	<b>(17.26)</b>
<b>Corporate Support</b>			
Medical Director	9.60	9.72	0.12
Service Development	5.92	5.88	(0.04)
Communications	22.52	22.63	0.11
Human Resources	105.24	105.33	0.09
IM&T	57.84	57.92	0.08
Finance	58.55	59.16	0.61
Chief Executive	18.62	19.33	0.71
Total Corporate	<b>278.29</b>	<b>279.97</b>	<b>1.68</b>
<b>PTS</b>	<b>301.06</b>	<b>303.23</b>	<b>2.17</b>
<b>Trust Total</b>	<b>4,432.35</b>	<b>4,418.94</b>	<b>(13.41)</b>



## LONDON AMBULANCE SERVICE NHS TRUST

### Income & Expenditure - Analysis of Staff Numbers

For the Month Ending 28 February 2006 (Month 11)

#### 1. A&E Sectors

- The Operations reduction in paid WTE reflects the reduction in enhanced payments in February compared to the New year period. Despite a 28 day month, Operations planned OT hours were greater in February 06 than in January 06

#### 2. A&E Control

- CAC paid WTEs reflects the enhanced payments for the New Year that were paid in February 06

#### 3. A&E Operational Support

- The reduction stems from the payment of 5 weeks worth of weekly pay paid in January but 4 in February.

#### 4. A&E Education Development & Support

- The increased Education Department WTEs reflects the commencement of training courses in February

#### 5. PTS

- An increase of 2.17wte paid represents variation in overtime worked between month 10 and month 11.



LONDON AMBULANCE SERVICE NHS TRUST

Capital Expenditure Report

For the Month Ending 29 February 2006 (Month 11)

Cost Centre	Cost centre description	Total Project Budget	CURRENT YEAR					Goods Ordered/ Not Received	TOTAL PROJECT		
			Annual Budget	YEAR TO DATE			Spend		Variance	Spend	Variance
				Budget	Spend	Variance					
<b>S91</b>	<b>Total Vehicle Projects</b>										
80234	Replacement RRU 2005/06	986,763	986,763	986,763	1,009,224	(22,461)U	1,179,170	2,188,394	(1,201,631)U		
S933	Minor Fleet Projects	49,404	49,404	34,404	32,252	2,152 F	68,963	101,215	(51,811)U		
	<b>Total Vehicle Projects</b>	<b>1,036,167</b>	<b>1,036,167</b>	<b>1,021,167</b>	<b>1,041,476</b>	<b>(20,309)U</b>	<b>1,248,133</b>	<b>2,289,609</b>	<b>(1,253,442)U</b>		
<b>S92</b>	<b>Total Equipment Projects</b>										
80055	Defibrillator Purchase	2,338,165	413,165	386,023	386,023	0 F	883,297	4,015,080	(1,676,915)U		
80237	New Equipment Store: Fixtures	99,875	99,875	79,492	79,598	(106)U	87,490	167,088	(67,213)U		
80271	80271	13,071	13,071	0	0	0	0	0	13,071 F		
80273	Camden Complex Store Facility	16,450	16,450	0	0	0	0	0	16,450 F		
	<b>Total Equipment Projects</b>	<b>2,467,561</b>	<b>542,561</b>	<b>465,515</b>	<b>465,621</b>	<b>(106)U</b>	<b>970,787</b>	<b>4,182,168</b>	<b>(1,714,607)U</b>		
<b>S93</b>	<b>Total Estates Projects</b>										
80045	Buckhurst Hill - Disposal	9,033	0	0	0	0	0	26,111	(17,078)U		
80062	Streatham Improvement	1,173,287	788,080	788,080	863,048	(74,968)U	7,251	1,272,494	(99,207)U		
80158	Whipps Cross Workshop Impro	520,000	169,116	169,116	177,960	(8,844)U	1,203	528,539	(8,539)U		
80176	Poplar Ambulance Station Rep	265,000	0	0	0	0 F	0	265,000	0 F		
80179	Bow Office Changes	809,160	577,785	316,883	316,883	0 F	8,041	556,299	252,861 F		
80192	Bounds green additional accomo	156,875	154,129	1,035	1,035	0 F	0	3,781	153,095 F		
80197	Relocate Central Store	235,000	135,000	135,000	169,373	(34,373)U	2,401	265,774	(30,774)U		
80204	Relocation Of Isleworth Ambul	200,000	200,000	0	0	0	0	0	200,000 F		
80222	New Brixton Ambulance Stat	500,000	500,000	0	0	0	0	0	500,000 F		
80225	Newham - Relocate messroom	186,825	186,825	157,736	157,736	0 U	0	158,771	28,054 F		
80228	New Rotherhithe Station	155,100	155,100	150,319	150,319	0 U	1,350	151,669	3,431 F		
80238	Barnehurst Roof Replacement	210,000	210,000	182,857	182,857	0 F	0	182,857	27,143 F		
80240	Gold Control	211,500	211,500	145,803	145,803	0 U	8,307	154,111	57,390 F		
80242	Croydon Refurbishment	315,000	315,000	161,764	161,764	0 U	804	162,568	152,432 F		
80246	Station Fire Alarms	150,000	150,000	12,755	12,755	0	0	12,755	137,245 F		
80247	Camden replacement of boiler	125,500	125,500	81,483	81,483	0 F	0	81,483	44,017 F		
80248	Edmonton Roof Replacement	125,000	125,000	86,806	86,806	0 U	0	86,806	38,194 F		



LONDON AMBULANCE SERVICE NHS TRUST

Capital Expenditure Report

For the Month Ending 29 February 2006 (Month 11)

Cost Centre	Cost centre description	Total Project Budget	CURRENT YEAR					TOTAL PROJECT	
			Annual Budget	YEAR TO DATE			Goods Ordered/ Not Received	Spend	Variance
				Budget	Spend	Variance			
80253	Purchase of Tottenham A/s	452,000	452,000	438,460	438,460	0	0	438,460	13,540 F
80255	Hayes semi open ambulance ga	160,975	160,975	0	0	0	0	0	160,975 F
80256	ARRP Accomodation	483,039	483,039	12,149	12,149	1 F	0	12,149	470,891 F
80259	ISoN 92 Establish Learning Re	174,066	174,066	96,784	79,586	17,198 F	0	79,586	94,480 F
80267	Shoreditch A/S Extension	155,000	155,000	0	0	0	0	0	155,000 F
S932	Minor Estates Projects	583,240	550,240	267,124	278,000	(10,876)U	1,002	283,971	299,269 F
<b>Total Estates Projects</b>		<b>7,355,600</b>	<b>5,978,355</b>	<b>3,204,154</b>	<b>3,316,017</b>	<b>(111,863)U</b>	<b>30,358</b>	<b>4,723,181</b>	<b>2,632,419 F</b>
<b>S94</b>	<b>Total Technology Projects</b>								
80226	Dynamic Veh Coverage	123,528	123,528	0	0	0	247,056	247,056	(123,528)U
80227	Cabling for Urgent Control	135,000	135,000	141,134	159,414	(18,280)U	69,567	228,981	(93,981)U
80232	CAD 2010 Capital	212,736	212,736	156,512	156,511	1 F	645	157,156	55,580 F
80252	CTAK enhance capital	129,350	129,350	24,165	24,260	(95)U	2,985	27,245	102,105 F
80263	IM&T Service Desk	122,072	122,072	116,730	116,730	0 U	49,538	166,268	(44,196)U
80266	Replacement PC programme 05	283,652	283,652	36,209	36,209	0 U	0	36,209	247,443 F
S934	Minor Technology Projects	455,206	455,206	313,197	318,871	(5,674)U	493,764	812,635	(357,429)U
<b>Total Technology Projects</b>		<b>1,461,544</b>	<b>1,461,544</b>	<b>787,947</b>	<b>811,996</b>	<b>(24,049)U</b>	<b>863,553</b>	<b>1,675,549</b>	<b>(214,005)U</b>
<b>S97</b>	<b>Approved ISOs not Committe</b>								
89998	Approved ISOs not Committe	2,454,293	2,337,293	0	0	0	0	0	2,454,293 F
<b>Approved ISOs not Committed</b>		<b>2,454,293</b>	<b>2,337,293</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,454,293 F</b>
<b>S98</b>	<b>Total Old Projects</b>								
<b>Total Old Projects</b>		<b>9,447,902</b>	<b>0</b>	<b>0</b>	<b>625,704</b>	<b>(625,704)U</b>	<b>34,880,891</b>	<b>62,315,732</b>	<b>(52,867,830)U</b>
<b>S99</b>	<b>Un Allocated Capital Funds</b>								
S99	Un Allocated Capital Funds	835,483	73,580	0	0	0	0	0	835,483 F
<b>Un Allocated Capital Funds</b>		<b>835,483</b>	<b>73,580</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>835,483 F</b>
<b>Total Programme</b>		<b>25,058,550</b>	<b>11,429,500</b>	<b>5,478,783</b>	<b>6,260,813</b>	<b>(782,030)U</b>	<b>37,993,722</b>	<b>75,186,239</b>	<b>(50,127,689)U</b>

# LONDON AMBULANCE SERVICE NHS TRUST

## Capital Expenditure Report For the Month Ending 28<sup>th</sup> February 2006 (Month 11)

### Notes

1. The main areas of overspend are explained as follows:

- The overspend on Estates projects reflects some projects which are complete but where the overall cost was higher than the original estimate. This is compensated for by some projects which will not spend up to budget due to delays in commencement.
- Old Projects overspend is on PTS vehicles. These vehicles will be sold on a “sale and leaseback” agreement and therefore will be moved out of capital and the associated lease cost will be a revenue cost.

2. Forecast

- The forecast financial position on Capital has been revised to an underspend of £3.7m. This arises due to the delay in starting some estates projects. This underspend will be brokered back to the SWL SHA.



LONDON AMBULANCE SERVICE NHS Trust

**Balance Sheet**  
For the Month Ending 28 February 2006 (Month 11)

	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06
	£000s											
<b>Fixed Assets</b>												
Intangible assets	415	429	414	388	382	384	458	405	397	441	407	408
Tangible assets	104,707	103,910	107,076	107,310	107,590	107,965	107,851	107,749	107,655	108,159	107,321	108,259
<b>Total Fixed Assets</b>	<b>105,122</b>	<b>104,339</b>	<b>107,490</b>	<b>107,698</b>	<b>107,972</b>	<b>108,349</b>	<b>108,309</b>	<b>108,154</b>	<b>108,052</b>	<b>108,600</b>	<b>107,728</b>	<b>108,667</b>
<b>Current Assets</b>												
Stocks & WIP	1,938	1,933	1,933	1,933	1,933	1,936	1,936	1,935	1,933	1,933	1,935	1,937
Debtors A&E	2,776	1,604	2,795	3,789	6,804	6,341	8,744	7,322	7,734	7,861	8,381	12,986 £494k > 60 days (5.73%), Jan - £602k > 60 days (53.41%)
Debtors PTS	1,796	1,464	1,767	1,038	808	625	943	851	570	775	1,132	1,152 £288k > 60 days (25.04%), Jan - £270k > 60 days (23.82%)
Prepayments, Vat Recoverable, Other Debtors	2,467	2,979	3,409	2,754	1,959	2,461	2,472	3,124	2,691	2,831	2,588	2,273
Back to Backed Debtors - PCTs	9,902	10,517	10,299	10,682	10,517	10,864	9,683	9,355	9,376	9,429	9,142	9,304
Investments - Short Term Deposits	0	1,600	3,000	5,100	6,800	6,700	4,300	8,800	7,000	3,000	1,400	0
Cash at Bank and in Hand	664	471	91	46	429	308	1,805	344	-513	301	-473	-612
<b>Total Current Assets</b>	<b>19,543</b>	<b>20,568</b>	<b>23,294</b>	<b>25,342</b>	<b>29,250</b>	<b>29,235</b>	<b>29,883</b>	<b>31,731</b>	<b>28,791</b>	<b>26,130</b>	<b>24,105</b>	<b>27,040</b>
<b>Creditors: Amounts falling due within one year</b>												
Bank Overdraft	101	40	22	340	36	31	13	93	26	35	60	36
Creditors - NHS	2,774	2,408	2,103	2,012	2,077	2,212	2,133	2,427	3,349	3,027	2,985	2,967 PSPP - This month (73%), Last month (54%), Ytd (71%)
Creditors - Other	12,213	9,495	9,547	8,623	9,994	9,552	11,718	10,639	13,036	11,925	12,676	14,347 PSPP - This month (70%), Last month (62%), Ytd (79%)
Dividend Provision	0	311	622	933	1,244	1,555	0	311	622	933	1,244	1,555
<b>Total Current Liabilities</b>	<b>15,088</b>	<b>12,254</b>	<b>12,294</b>	<b>11,908</b>	<b>13,351</b>	<b>13,350</b>	<b>13,864</b>	<b>13,470</b>	<b>17,033</b>	<b>15,920</b>	<b>16,965</b>	<b>18,905</b>
<b>Net Current Assets</b>	<b>4,455</b>	<b>8,314</b>	<b>11,000</b>	<b>13,434</b>	<b>15,899</b>	<b>15,885</b>	<b>16,019</b>	<b>18,261</b>	<b>11,758</b>	<b>10,210</b>	<b>7,140</b>	<b>8,135</b>
<b>Total Assets less current liabilities</b>	<b>109,577</b>	<b>112,653</b>	<b>118,490</b>	<b>121,132</b>	<b>123,871</b>	<b>124,234</b>	<b>124,328</b>	<b>126,415</b>	<b>119,810</b>	<b>118,810</b>	<b>114,868</b>	<b>116,802</b>
<b>Creditors: Amounts falling due after more than one year</b>												
Provisions for Liabilities & Charges	24,422	26,453	28,323	30,999	31,932	33,822	33,925	36,877	29,782	30,109	27,318	24,470
<b>Total Net Assets</b>	<b>85,155</b>	<b>86,200</b>	<b>90,167</b>	<b>90,133</b>	<b>91,939</b>	<b>90,412</b>	<b>90,403</b>	<b>89,538</b>	<b>90,028</b>	<b>88,701</b>	<b>87,550</b>	<b>92,332</b>
<b>Capital &amp; Reserves</b>												
Donated Assets	698	698	676	658	639	621	603	585	566	563	545	526
Income & Expenditure account	4,595	5,427	5,996	6,083	7,907	6,398	6,494	5,647	6,156	4,861	4,404	6,305
Other Reserves	10	10	10	10	10	10	10	10	10	10	10	10
Public Dividend Capital	39,977	39,977	39,977	39,977	39,977	39,977	39,977	39,977	39,977	39,977	39,977	42,877
Revaluation Reserve	39,875	40,088	43,508	43,405	43,406	43,406	43,319	43,319	43,319	43,290	42,614	42,614
<b>Total Capital &amp; Reserves</b>	<b>85,155</b>	<b>86,200</b>	<b>90,167</b>	<b>90,133</b>	<b>91,939</b>	<b>90,412</b>	<b>90,403</b>	<b>89,538</b>	<b>90,028</b>	<b>88,701</b>	<b>87,550</b>	<b>92,332</b>



LONDON AMBULANCE SERVICE NHS Trust

**Cashflow Statement**  
For the Month Ending 28 February 2006 (Month 11)

	<u>Apr-05</u>	<u>May-05</u>	<u>Jun-05</u>	<u>Jul-05</u>	<u>Aug-05</u>	<u>Sep-05</u>	<u>Oct-05</u>	<u>Nov-05</u>	<u>Dec-05</u>	<u>Jan-06</u>	<u>Feb-06</u>
	£'000s										
<b>Opening Cash Balance</b>	563	2,031	3,069	4,806	7,193	6,977	6,091	9,051	6,461	3,266	867
<b>Operating Activities</b>											
Trust I&E	1,159	885	299	1,940	-1,222	292	-565	1,404	-1,650	-142	2,209
Depreciation	524	498	542	544	537	533	531	543	357	685	319
(Increase)/Decrease in Stocks	5	0	0	0	-3	1	1	1	0	-2	-2
(Increase)/Decrease in Debtors	367	-1,706	2	-1,819	-203	-1,552	1,191	280	-524	-347	-4,472
Increase/(Decrease) in Creditors	-383	1,670	800	-9,034	1,610	-7,204	-715	3,311	-1,558	730	1,668
Increase/(Decrease) in Stocks	0	0	0	0	0	0	0	0	0	0	0
Other	0	-121	322	11,983	-106	9,372	2,937	-7,727	929	-2,807	-2,863
<b>Net Cashflow from operating activities</b>	<b>1,672</b>	<b>1,226</b>	<b>1,965</b>	<b>3,614</b>	<b>613</b>	<b>1,442</b>	<b>3,380</b>	<b>-2,188</b>	<b>-2,446</b>	<b>-1,883</b>	<b>-3,141</b>
<b>Financial Activities</b>											
Interest received	25	27	33	42	39	43	46	49	35	27	18
Interest paid	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
<b>Net Cashflow from financial activities</b>	<b>25</b>	<b>27</b>	<b>33</b>	<b>42</b>	<b>39</b>	<b>43</b>	<b>46</b>	<b>49</b>	<b>35</b>	<b>27</b>	<b>18</b>
<b>Capital Expenditure</b>											
Tangible fixed assets acquired	-229	-215	-261	-1,269	-868	-504	-466	-451	-784	-543	-1,292
Tangible fixed assets disposed	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
<b>Net Cashflow from capital expenditure</b>	<b>-229</b>	<b>-215</b>	<b>-261</b>	<b>-1,269</b>	<b>-868</b>	<b>-504</b>	<b>-466</b>	<b>-451</b>	<b>-784</b>	<b>-543</b>	<b>-1,292</b>
<b>PDC Dividends paid</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-1,867</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Financing - PDC Capital</b>	<b>0</b>	<b>2,900</b>									
<b>Closing cash balance</b>	<b>2,031</b>	<b>3,069</b>	<b>4,806</b>	<b>7,193</b>	<b>6,977</b>	<b>6,091</b>	<b>9,051</b>	<b>6,461</b>	<b>3,266</b>	<b>867</b>	<b>-648</b>

**Finance Risk Register Items - 2005/06 Risks**

<b>Risk</b>	<b>Priority</b> <i>(High, Medium or Low)</i>	<b>Lead Person</b> <i>(OMG Member)</i>	<b>Action Plan</b>	<b>Timescale</b>
1. The funding for the increase for Agenda for Change is not sufficient to cover the additional costs the Trust will incur.	M	CH	Manage the implementation of Agenda for Change tightly	During 2005/06
2. The trust requires savings to be achieved to clear the efficiency target. These may not be achieved or yield sufficient funds.	H	SMG	Work up realistic plans. Make the most of other funding opportunities in 2005/06.	During 2005/06
3. The recurrent CBRN funding is not secured, but needs to be as this has been used to fund recurrent staffing costs.	H	SMG	Pursue SHA.	During 2005/07
4. Trust may not manage crew overtime within budget.	H	MF	Monitor closely and manage in year	During 2005/06
5. Any new and unforeseen cost pressures.	M	SMG	Hold contingency reserve	During 2005/06
6. Fuel prices in excess of the sums held in budgets, and Centrally Held Funds.	M			
7. Failing to manage and control third party expenditure.	H	MF/MD	Monitor closely and manage in year	During 2005/06
8. PTS: The demanding income levels within the central services budget may not be achieved.	M	MD	Monitor closely and manage in year	During 2005/06
9. Until more details of some capital projects are known, the levels of VAT and its recovery cannot be forecast accurately.	L			
10. Until tenders for each project are received, there is the possibility that costs will increase. That was the Trust's experience in 2003/04.	M	MD	Hold some capital back for this uncertainty	During 2005/06
11. The £5 million additional funding (terrorist incidents) will not be secured.	H	MD	Pursue SHA.	During 2005/06
12. Subsistence budget will materially overspend by up to £375K due to the non-introduction of meal breaks from 1st Oct 2005	H	MD		During 2005/06

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**(Strategic Plan 2006/07-2012/13): Year 1 Towards**  
**“A world Class Ambulance Service that Responds Appropriately to All Our patients”**

London Ambulance Service NHS TRUST

Enclosure 6

TRUST BOARD                      28<sup>th</sup> March 2006

**SERVICE PLAN 2006-07**

1.     Sponsoring Executive Director:                      Peter Bradley

2.     Purpose:    *For agreement*

3.     Summary

The Service Plan 2006-07, Budget and Workforce Plan are an integrated whole. The Service Plan wording is attached with gaps where decisions are yet to be made or where components are reported elsewhere on the meeting agenda - the Budget and Workforce Plan follow.

The Service Plan 2006-07 is Year 1 of the Strategic Plan 2006/07-2012/13 which will be presented to the Trust Board in its entirety in May as previously agreed.

Included in the Service Plan is a review of achievement against objectives for 2005/06.

4.     Recommendation                      ➤ *That the Trust Board agree the wording of the Service Plan 2006/07*

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London Ambulance Service  
NHS Trust



# **Service Plan and Budget 2006-07**

***Year 1 Towards A World Class Ambulance Service  
That Responds Appropriately to All Our Patients***

**London Ambulance Service NHS Trust Service Plan 2006/07**  
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## **1. Introduction**

The year 2005-06 was an extraordinary one for the London Ambulance Service NHS Trust (LAS). The Service showed its resilience by its response to the terrorist attacks on 7 July 2005 and completed the sixth and final year of its Service Improvement Programme (SIP), at the same time as struggling to meet performance targets.

This Service Plan identifies what the LAS will strive to deliver for its patients and the public of London in 2006/07. Alongside immediate performance challenges this is the first year of the new seven year Strategic Plan for the organisation. The Strategic Plan sets direction in the wider context of developments in the NHS in the fields of emergency, urgent and out of hours care. It outlines what the LAS will strive to deliver for its key stakeholder groups, following extensive consultation with them, for the period 2006/07 to 2012/13, culminating when the Olympics come to London.

In order to drive forward service improvement and modernisation in the future, the Strategic Plan builds on the achievements of the SIP which turned the organisation into a two star Trust achieving national targets in the face of increasing demand. As such the Strategic Plan maps the route to achieving the LAS Vision, Purpose and ‘CRITICAL’ Values (Appendix A), translating these into tangible outcomes and programmes of work to deliver them:

**Vision:** *A world-class ambulance service for London staffed by well-trained, enthusiastic and proud people who are all recognised for contributing to the provision of high-quality patient care.*

**Purpose:** *The purpose of the London Ambulance Service NHS Trust is to provide the highest standards of telephone-answering, triage, treatment and transport to patients requiring our care. These duties will be carried out with integrity, common sense and sound judgement.*

*We will be compassionate and courteous at all times and will work hard to maintain the confidence of the public as we strive to build a modern, world class ambulance service for London.*

This Service Plan builds on performance in 2005/06 in the context of difficult operating conditions, particularly an increase in demand of 47% in Category A calls and the demands placed on the Service arising from terrorist attacks on the Capital. The Service Plan aims to carry forward Government policy for the provision of emergency, urgent and out of hours care, specifically building on the NHS core principles documented in the Government’s 10 year *NHS Plan* published in 2000, the NHS planning and governance framework “*Standards for Better Health*” published in July 2004, the Department of Health’s National Ambulance Review “*Taking Healthcare to the Patient: Transforming NHS Ambulance Services*” published in June 2005 and the Health White Paper “*Our Health, Our Care, Our Say*” published in February 2006.

The key stakeholder groups who have been consulted are: patients and public; Primary Care Trusts; NHS partners; police and fire services; LAS staff; Department of Health and Strategic Health Authorities; the Greater London Authority and London Boroughs; and key suppliers. Discussions with patients, unions, commissioners and other stakeholders are ongoing while the feedback received during the Chief Executive’s consultation meetings with staff is influential in planning for the forthcoming year. This broad consultation has helped the Board identify early priorities for the way forward for the Trust to become:

***“A world Class Ambulance Service the Response Appropriately to All Our patients”.***

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## **2. Review of 2005/06 - achievement against the Service Plan**

### **2.1 London Ambulance Service aspirations for 2005/06**

The 2005/06 Service Plan was focused on delivery of two aspirations for the London Ambulance Service:

- To improve the delivery and outcomes of services for our patients and the public;
- To ensure that change is sustainable through investment in organisational Development.

These aspirations informed the key objectives for the Senior Management Group and reflected requirements to complete the final year of the Service Improvement Programme 2000/01-2004/05. The remainder of this section reviews performance during 2005/06 towards achievement of these aspirations and the associated specific objectives for the organisation.

### **2.2 Action to achieve aspirations for 2005/06 – performance review**

#### Performance

High levels of demand continued throughout 2005/06 ending at circa 3.8% above the overall demand for 2004/05 which itself was 7.5% above 2003/04. Due to organic growth and changes in the AMPDS coding of calls (resulting in re-categorisation of previously Category B calls to Category A) overall growth in Category A demand was 47% over the year equating to 88,000 additional calls. This, coupled with a particularly high level of front line vacancies threatened achievement of the targets to: respond to 75% of category A calls within 8 minutes across London; ensure that performance against this target did not fall below 70% for any PCT area while aiming for 72%.

For many years the London Ambulance Service has worked at, or near, capacity. There have been occasions, e.g. Winter Pressures, when the LAS has produced a specific plan to deal with anticipated capacity issues. The response by the LAS during 2005/06 to the threat to performance levels was to produce a new Capacity Plan which triggers specific measures when the Service is operating at 'over capacity' with a variety of tactical options that are considered most suitable to deal with the over-capacity situation.

The tactical options that may be considered are identified in the Resourcing Escalatory Action Plan (REAP) which is designed to increase operational resourcing in line with demand, to cope with periods of high pressure and maintain the quality of patient care. The REAP plan is in operation at all times. In general the organisation will operate at REAP level one, when the Service is at a steady state.

There are varying REAP levels reflecting increasing pressure on the Service, up to level five, where there is the potential of Service failure. Each level is triggered by intelligence from inside the Service or from the external environment. The triggers are detailed in the LAS Capacity Plan. The REAP plan and the REAP levels apply to the whole organisation. The prevailing level is widely publicised.

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Each operational manager and head of department has a responsibility to understand the plan and to have a corresponding implementation plan for their area of operation. All areas of the Service are required to take meaningful action, with the appropriate urgency, as the plan escalates. In December 2005 to address the threat to performance a REAP Level 3 was declared remaining in force until March 2006.

Despite the significant increases in demand and as a consequence of implementing the Capacity Plan the Service expects performance against the 8 minute Category A response target for the full year to be 75%. The Category A14 minute target is anticipated to be achieved with a full year figure of 96% overall.

Supplementary targets for Category A 8 minute performance by PCT area are expected to be partially achieved in that 30 out of 31 PCTs will be above their 70% Category A 8 minute performance floor for 2005/06. The remaining 4 PCT areas will be only 1-2% off target and work will continue in 2006/07 to improve performance in these areas.

The Category B14 and Urgent targets remain very challenging and inevitably progress against these has been hampered by the need to maintain Category A performance in the face of significant demand growth.

The performance achievements above have been obtained simultaneously with an exceptionally high level of operational distractions and challenges. The most significant of these are:

- the terrorist attack on the London transport system in July 2005 where the service had to respond to four major incidents simultaneously and the heightened state of security in the aftermath. The role the Service and its staff played in responding to the terrorist attacks in July 2005 has been widely recognised, not least through the New Year Honours list;
- working through the impact of changes to employment terms and conditions arising from the NHS Agenda for Change programme with the uncertainty and discontent generated which fed through as a negative impact on morale. This was followed by staff reluctance to work overtime upon receipt of lump-sum back pay;
- preparing for the 2012 Olympic bid culminating in addressing the International Olympic Committee;
- unexpectedly large number of front-line staff vacancies during 2005/06 which is being addressed.

Service Improvement programme 2000/01-2005/06

Since the year 2000 the focus for development of all areas of the Trust has been the Service Improvement Programme (SIP). 2005/06 saw the conclusion of the SIP and substantial, quantified progress over the life of the programme period has been made as follows:

***People:***

- A substantial shift in staff attitudes and morale;
- Reductions in staff incidents and assaults on staff;
- Reductions in staff sickness.

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**Patients:**

- Improved cardiac arrest survival rates from 2.5% in 1998 and 1999 to 8.1%.
- Increasing proportion of demand diverted to more appropriate care;
- A comprehensive cleaning and equipping system (the Make Ready scheme) in place in all complexes by end of March 2006;
- Clinical supervision in place across the Service with the advent of Team Leaders and Sector Trainers;
- Reductions in complaints in A&E and PTS;
- The development of a PPI strategy and appointment of a PPI manager;
- The roll-out of a drugs management system across the Service.

**Performance:**

- Category A performance improvement from 40% in 8 minutes in 2000 to 76.5% for the year 2004/05 and every effort made to maintain this level of performance during 2005/06 in the face of a quantum change in the level of Category A calls as a result of both changes in AMPDS coding in April 2005 and organic demand growth with the result that a higher absolute number of such calls are being responded to in 8 minutes now (February 2006) compared to a year ago;
- Category A14 up from 83% in 2000 to 95%;
- Resource/demand match compliance significantly improved in CAC, 97% compared to the 85% baseline;
- Category A activation time within 2 minutes up from 68% to 89%;
- Reductions in vehicle accident rates for both A&E and PTS vehicles;
- Internal efficiency savings realised to help fund development activity.

A summary of significant achievements and review against the key objectives of the Service Plan 2004/2005 follows.

**Aspiration:** *To improve the delivery and outcomes of services for our patients and the public.*

Achievement against key objectives in 2005/06 for this aspiration:

Achievement	Objective
Partially achieved	1. Ensure the Urgent Care Service is designed and developed as an integral part of the LAS delivery of appropriate patient care
Achieved Achieved Partially achieved Not achieved Not achieved Achieved	7. Achieve performance targets listed below: <ul style="list-style-type: none"> <li>• 75% Category A8 performance for the year as a whole</li> <li>• 95% Category A14 performance for the year as a whole</li> <li>• Category A8 performance of 72% by Quarter 4 for each PCT</li> <li>• Improve Doctors urgent performance on 2004/05 results</li> <li>• Improve Category B14 performance on 2004/05 results</li> <li>• Financial Balance</li> </ul>

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Achievement	Objective
Partially achieved	8. Achieve the agreed trajectory targets for PTS, EOC and Urgent Care
Achieved	9. Successfully complete the final year of the Service Improvement Programme (SIP) initiatives
Partially achieved	10. Successfully achieve all Service Improvement Programme outcomes (in addition to those set out in objectives 6 and 7)
Achieved	11. Ensure the savings programme delivers £3 million worth of savings by allocating sufficient management time and effort to it
Achieved	12. Introduce patient care outcomes and clinical indicators
Achieved	13. Implement the PPI strategy and ensure support for the process from local management
Achieved	14. Rollout Make Ready to 10 complexes
Achieved	15. Use the Intranet to automate at least 5 Business processes
Achieved	17. Agree and successfully deliver the operational workforce plan

**Aspiration:** *To ensure that change is sustainable through investment in organisational development.*

Achievement against key objectives in 2005/06 for this aspiration:

Achievement	Objective
Partially achieved	2. Successfully implement Agenda for Change;
Not achieved	3. Agree a two year Organisation Development work programme and ensure appropriate resources are in place to give it the best chance of success
Achieved	4. Prepare and obtain Board approval for the LAS seven year Strategic Plan (2006-2013)
Partially achieved	5. Roll-out Personal Development and Review process;
Achieved	6. Implement the diversity plan
Not achieved	6a. Demonstrate significant progress in the recruitment of BME staff
Achieved	16. In response to the most recent staff survey, work together to develop effective internal communications at local level in all sections of the Service

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### **3. Context for 2007/08 Service Plan**

#### **3.1 Drivers for Change**

There are three different types of drivers for change which the LAS has to take account of: those arising from Government policy for the NHS; those identified from the wider operating environment; and those arising from within the LAS itself. The new Service Improvement Programme 2012, and many core activities, link to these drivers for change.

##### Policy drivers

The LAS has a key role to play in supporting the NHS in achieving the Government objectives and targets identified in the various published policy documents (see section1). Many of these depend on taking a whole system approach, with each organisation – including the LAS - playing its part in delivery, with local sharing of performance and financial data and involving front-line staff.

As an NHS Trust, the LAS sees itself as an active contributor to principles such as designing services around the people who use them, involving patients and the public, meeting national priorities, achieving cultural change.

The key national target for LAS remains maintaining response time performance of reaching 75% of patients with conditions prioritised as Category A in eight minutes. The LAS must concentrate on other national targets (Category B, 19 minutes and GP Urgent calls) as well as improve performance against clinically focused indicators. However as a consequence of the National Ambulance Review it has been decided by Government that:

- as from April 2007 for the purposes of measuring 999 Category A and Category B response times the clock should start when the call is connected to the ambulance control room to more closely match the patients' experience and to ensure consistency across the country;
- by April 2009 national performance requirements for Category B response times should be replaced by clinical and outcome indicators against which performance should be managed locally;
- as from April 2007 the performance requirements for responding to patients whose GP calls an ambulance on their behalf (GP Urgents) should be the same as for 999 calls, and as from April 2006, as an interim measure, the clock should stop for this group of patients when an ambulance clinician arrives at the scene.

These changes on top of the existing national targets present challenges for the LAS to achieve. It is accepted that the change in clock start time will reduce current reported 8 minute performance by 20% (ORH Modelling November 2005). A number of high impact changes will need to be embedded during 2006/07 to counteract this (see section 4.2).

As an ambulance trust the National Ambulance Review is of particular importance as it envisages a reduction of one million in the number of patients taken by ambulance to hospital annually. Over the next five years ambulance trusts, working with patients and the public are required to achieve not only operational but also cultural change becoming

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services which respond appropriately to all patients and which look, feel, behave and deliver differently, building on the principles that there should be:

- High case completion at point of both telephone contact and physical contact;
- Reduced duplication;
- Localisation - embedded with primary care and community services;
- Flexible and highly empowered workforce as the key to cost efficiency.

The implications for the LAS is that approximately 200,000 fewer patients per annum will be taken to hospital Accident and Emergency departments. A new approach to patients, callers and the public is necessary, requiring changes in vehicle, skill and workforce mix (with increasing focus on Emergency Care Practitioners [ECPs]), training and education, roles, responsibilities and relationships, information management and technology as well as structure and operating arrangements. This Service Plan for 2006/07 progresses the approach the LAS is taking to these challenges in order to realise in London the benefits defined by the National Ambulance Review.

The February 2006 Government White paper *“Our Health, Our Care, Our Say”* signalled a fundamental shift in the running of the NHS which will impact on the development of care pathways. The operational implications for ambulance services as players in a “whole systems” approach to care will need to be worked through.

Significant aspects of the White paper potentially are:

- a requirement for Primary Care Trusts to move 5% of acute hospital activity into primary care over the next 10 years;
- a re-think on the closure of community hospitals;
- turnaround teams will become service re-configuration teams in areas with persistent financial deficits;
- a possible duty on local authorities and the NHS to work together to improve the health and well-being of older people to mirror the one improving services for children.

This Service Plan, and many core activities, link to these principles, policy objectives and targets. It is designed not only to maintain performance against the Core Standards documented in “Standards for Better Health” (see sections 1 and 4.3) but also to make demonstrable progress against the Developmental Standards. These will be used by the Healthcare Commission to determine the Trust’s annual performance rating and as such are essential to move towards Foundation status.

*Operating environment drivers*

In addition to drivers for change which arise from health policy a number of emerging themes have been identified from the wider operating environment:

1. *Stakeholder feedback to the Trust* on what they want it to deliver to them over the forthcoming years (see section 3.2);
2. *The consequences of demand growth* and the impact of developments in Out of Hours (OOH) provision as a consequence of GPs withdrawal from providing OOH cover following on from new GP contracts;

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3. *The requirements of Primary Care Trust commissioners that the LAS:*
  - Assist them in preventing unnecessary hospital attendances through alternative methods of responding to 999 calls,
  - Assist in the management of chronic diseases outside of hospital and meet response time targets in an environment of zero growth in funding;
  - Provide equitable performance across London;
  - More effectively integrate with the wider health economy and play a full part in local emergency care networks.
4. *The need to respond to population growth*, particularly in the Thames Gateway area. Three main issues arise from this: the impact on relative PCT contributions to the LAS; resource requirements; and the potential to develop new models of care;
5. *Opportunities for co-location with PCT facilities* when they consider new builds to realise service and cost benefits and the potential for new models of care;
6. *The need to further develop and deliver new locally agreed Category C outcome measures* for specific disease groups in response to abolition of the national response time target for Category C patients;
7. *The possible requirement for PCTs to divest themselves of their provider functions* presents a potential opportunity to form closer association with other healthcare professionals such as District Nurses who bring the NHS into peoples homes;
8. *Demographic changes* with fewer young people reducing the recruitment pool and hyper-diversity (28.8% of the population Black and Minority Ethnic (BME), 25% of born outside the UK and 300 languages are spoken in the Capital.
9. *Emergency preparedness for and response to terrorist threats* a priority issue in the wake of events on 7 July 2005 with the need to secure recurrent central funding;
10. *The 2012 London Olympic and Paralympic Games* bringing an influx of people to the capital and the need to provide dedicated cover at sporting venues;
11. *NHS funding constraints*, the amalgamation of five Strategic Health Authorities into one may bring about structural change in the pattern of acute trust service provision.

*Internal LAS driver*

The LAS has traditionally been perceived as an emergency service responding to 999 calls with a ‘Blue Light’ response to get patients to hospital Accident and Emergency (A&E) departments as quickly as possible. Only around 10% of the Service’s patients are in immediate danger of dying and around another 10% also require an immediate response because unless attended to quickly their condition may deteriorate seriously. Another 20% of patients are in no danger of dying but nevertheless need the LAS to be there quickly (for example they maybe in pain). The remaining approximate 60% of patients do not need a double crewed ambulance arriving at speed and a variety of responses are possible.

The challenge for the Trust is to move to a position as quickly as possible whereby it manages demand differently. The Strategic Plan 2006/07-2012/13 maps the long-term route, the Service Plan maps the steps in 2006/07 along this route.

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### **3.2 London Ambulance Service Strategic Direction and Objectives 2006/07-2012/13**

The London Ambulance Services aspires as its Vision to be “A world-class ambulance service for London, In reality “World Class” looks like different things to different people and requires the organisation to meet differing stakeholder needs.

The eight stakeholder groups consulted (see section 1) told the LAS that they wanted it to be an accessible service that responds appropriately, engages the public, its patients and partners, provides greater options for patients, continues to focus on delivery and has a culture built around its CRITICAL values (see appendix A).

The six “Aspirations” which define the specifics to be delivered over the next seven years expressed in both words and tangible, quantified outcome objectives are given in Appendix B.

In addition to understanding what stakeholders want from the organisation a second consideration is the scope and scale of future operations. Given that the organisation does not exist in a vacuum, delivery of the identified “Stakeholder Aspirations” has to take place with cognisance of the drivers for change identified in section 2 of this Service Plan.

The direction of travel over forthcoming years for the LAS is to seek to keep the organisation’s current ‘market share’ of calls to the NHS in London but consolidate the Trust’s position, service provision and performance by embracing, promoting and integrating the majority of non-life threatening but often complex calls (Category C) as core LAS work.

The approach of focusing on urgent care while maintaining emergency service provision implies significant changes to Service support, provision and culture and positions the organisation to move, if required, to:

- co-ordinate response to additional Out of Hours demand (that is undertake a wider call taking and tasking role for other healthcare providers) and/or;
- manage services currently provided directly by Primary Care Trusts which have synergies with the current service portfolio should the latter decide or be required to relinquish management of such provision;
- be in a position to apply for Foundation Trust status.

Over the years 2006/07 to 2012/13 the London Ambulance Service has as prime objectives to:

- re-define itself as a provider of urgent care in London as much as it is a provider of emergency care, and demonstrate to partners and the public that it is of equal significance to the health service in this respect;
- develop an organisation which “responds appropriately to all our patients” whether their need is of an emergency or urgent nature.

This Service Plan is intended to progress these objectives in 2006/07.

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**4. Objectives and Actions for 2006/07**

**4.1 Transformational Change - implementation programme 2006/07**

The implementation programme to achieve the long-term objectives of the LAS comprises five strands:

1. *Access and Connecting (the LAS) for Health* - covers not only access to LAS services by patients and the public but also Connecting for Health and access/connectivity within the LAS and between it and partners, led by the Director of Information Management and Technology;
2. *Operational Model: Strategy For Responding* - covers service portfolio and the ways of delivering provided to patients/healthcare professionals/public once they have made contact with the LAS, led by the Director of Operations;
3. *Organisation Development And People* - covers Organisation Development, culture, HR strategy, education and training (clinical and non-clinical), Diversity and workforce skill mix (including recruitment and retention) and IR, led by the Human Resources Director,
4. *Partnership and Communication* - covers relationships with external stakeholders and their involvement with the LAS especially Patients and the Public (PPI) but also other healthcare professionals, emergency services, social services, key suppliers etc., led by the Director of Communications;
5. *Governance and Corporate Processes* - covers Corporate and Clinical Governance and development of all corporate management processes, led by the Director of Finance.

These five programmes provide the structure for all development activity in the Trust. Detail of the projects funded in 2006/07 within each of these is given at Appendix C, cross-referenced to contributing departments who include their contributions to the programmes in their departmental plans for the year.

**Key Objectives and Actions for 2006/07 (1): Implementation Programme and Governance**

The items that follow are the key objectives to achieve and actions to undertake during 2006/07 in relation to the implementation programme and Governance of the Trust.

Key objectives and actions relating to operational performance and management of demand during 2006/07 and those addressing changes to clock start times in April 2007 are given in section 4.2.

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**NB. This section to be completed once SMG have decided what is to be funded in 2006/07 and the Chief Executive has set SMG objectives**

	<b>Objective/Action</b>	<b>Lead Programme or Directorate</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

**4.2 Managing Demand - high Impact changes and trajectories 2006/07**

During 2004/05 call volumes rose at a rate of 7.5% and as at quarter three of 2005/06 growth in the number of 999 calls is running at 3-4% in line with the long-term rate of annual growth. The planning assumption is that demand will grow at a similar percentage during 2006/07. Only by developing alternative responses can the LAS manage a growing number of 999 calls, meet commissioners’ requirements and existing and new response time targets in an environment of zero growth in funding and hence staff numbers.

In the context of capacity constraint, increasing demand and the immediate 20% drop in reported performance as a consequence of changes to clock start timings in April 2007, the Trust has decided that a new operational model is required. It is necessary to make some



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#### **4.3 Delivery of Core and Developmental Standards and the Diversity agenda**

A key requirement for the Trust is to meet the requirements of the NHS planning and governance framework “Standards for Better Health” published in July 2004. This Service Plan is designed not only to maintain performance against the Core Standards but also to make demonstrable progress over 2006/07 against the Developmental Standards. These will be used by the HealthCare Commission to determine the Trust’s annual performance rating, along with delivery against national targets, the Information Governance Toolkit and achieving financial balance.

Compliance with national targets and performance criteria although supported by development activity remains part of routine operational work and not a separate work stream however. Work under Project 16 in the Governance and Corporate Processes Programme will drive forward LAS activity to ensure compliance.

The Trust has established a Race Equality and Diversity Implementation Team and in accordance with legislation undertakes “Equality and Diversity Impact Assessment” of relevant functions, policies, procedures and practices to identify actions arising from the assessments for incorporation into the Trust’s “Race Equality and Diversity Implementation Plan” and “Race Equality Scheme Action Plan”.

While responsibility exists and implementation takes place across the Trust to progress equality and diversity, through all directorates and programmes, oversight and driving development and implementation forward will take place through the Organisation Development and People Programme.

## **5. Critical Success Factors, Risk and Stakeholder Engagement**

### **5.1 Critical Success Factors**

A set of Critical Success Factors (CSFs) has been produced for the implementation of the High Impact Changes and the five programmes for service improvement which capture the assumptions made and the commitment required from all involved. These can be found in the Strategic Plan.

### **5.2 Risk Management**

There are very significant risks reflecting the size and scope of the LAS and the scale of improvement planned. However NHS organisations have made significant progress over recent years, through the work of clinical governance, the implementation of controls assurance and the development of governance roles of boards to address risks at an appropriate level. Regulatory and inspectorial roles with regard to risk management are carried out by a range of legislative and advisory bodies. In addition, independent inspection of controls assurance and finance is provided by internal auditors.

The Assurance Framework brings together strategic objectives, risks and performance measurement and is used to keep the Board informed of these issues. It undertakes its performance role through identifying risks which may threaten the achievement of strategic objectives. Once a risk is identified it is entered onto the trust-wide Risk Register where it becomes part of the risk reporting structure. Action plans are then put in place to reduce or

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eliminate these risks. Using this model, the following principal risks and their associated action plans which relate to the proposed development activity in 2006/07 have been identified:

**1. Long-term risks to delivery of the Strategic Plan particularly relevant in 2006/07**

Principal Risks	Owned By Strategy Steering Group (SSG) or Programme
Impact of likely Pandemic Influenza	SSG
Incorrect balance struck between focus on current performance and development for the future – diary pressures prevent SMG devoting sufficient time to personal involvement in managing the development programmes and conveying their importance	SSG
Technological fragility – Emergency Operations Centre or Urgent Operations Centre infrastructure failure	Access & Connecting (the LAS) for Health
Failure to learn from major incidents	Operational Model: Responding
Industrial Relations – a lot of change/modernisation is required early on in the Plan and will make demands on union representatives	OD & People
Risk of fatigue at the second and third tiers of management due to workload pressures	OD & People
Risk to reputation from being perceived as arrogant and not sharing information/consulting i.e. perception of telling people about service provision giving the impression that their views are not really wanted. Stakeholder engagement, proactive management and more partnership working required rather than a reactive approach.	Partnership and Communications
Uncertainties in Trust finances arising from the competitive position of Patient Transport Services	Governance & Corporate Processes
Failure to maintain 75% Category A performance necessary to retain “licence to practice”	Governance & Corporate Processes
Risk to potential growth arising from financial pressures e.g. reduced annual uplift and increased capital scarcity	Governance & Corporate Processes
Changes as a consequence of “Creating a Patient-Led NHS” and consequent change in the strength of the Trusts’ position to argue its position	Governance & Corporate Processes
Insufficient productivity in the Urgent Operations Centre (cost per call)	Governance & Corporate Processes
More complex and onerous targets and inspection regime	Governance & Corporate Processes
Lack of effective project management resource	Governance & Corporate Processes
Financial risk arising for non-recurrent resources for activities the Trust is required to be involved in such as aspects of emergency preparedness	Governance & Corporate Processes
Unpredictability of demand increase	Governance & Corporate Processes

**2005/06 risks below to be determined by Risk Management**

**1. Short term risks for the Trust for 2006/07**

Principal Risks	Development Activity
<b>High Risks</b>	



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Principal Risks	Development Activity
<b>Low Risks</b>	

These risks are challenging but the LAS is confident that they are manageable on the basis of its risk management process allowing the prioritisation of work necessary to manage the risks identified.

### **5.3 Staff Engagement**

Communicating with staff and involving them in Service initiatives and changes is a vital ingredient in our plans to continue developing the organisation.

The LAS believes that its success depends on staff feeling informed, listened to, involved and valued. A number of communication tools have been enhanced – intranet, internal magazine, routine bulletins – and much attention has been given to face to face communication although this is a vital area which needs constant attention and development.

The sixth annual series of Chief Executive meetings were attended by about 1,500 staff and provided a huge amount of feedback from the 35 events held across the LAS. Key issues raised were around:

- Agenda for Change – the new NHS pay system;
- Development of the new Urgent Care Service to provide a service that better meets the needs of all our patients and to relieve the pressure on 999 crews dealing with life-threatening calls;
- Changes to the system used to prioritise 999 calls;
- The need for more staff on the ‘front line’.

Other issues raised included:

- The desire for more training and development throughout the Service;
- A better understanding by police of how to use the ambulance service;
- A better understanding by other health professionals of how to use the ambulance service;
- More support for front line staff by managers, especially out of normal hours.

Regular internal conferences for managers and team leaders continue to be used to share key messages and information and to reiterate the importance of the LAS values.

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Much attention is being given to improving local management communication and this will be assisted by the creation of stronger management teams following a further A&E service restructure which saw the introduction of assistant directors of operation to take responsibility for the three geographical areas of the Service, the Urgent Operations Centre and the Emergency Operations Centre (formerly Central Ambulance Control).

It is accepted that developing effective communications throughout the Service is key to the organisation's success and considerable focus will always be placed on ensuring that we continue to develop and improve the methods we use to inform staff, listen to them, act on what we hear and engage them in the development of the service.

**6. Performance Management – Balanced Scorecard for 2006/07**

The Balanced Scorecard which will be used by the London Ambulance Service during 2006/07 for performance managing implementation of the Service Plan, both in terms of transformational change and also day to day operations is given below.

**2006/07 Balance Scorecard to be inserted here when developed by Finance**

**Appendix A**

## **London Ambulance Service Values**

### **Clinical excellence**

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

### **Respect and courtesy**

We will value all colleagues and the public, treating everyone, as they would wish to be treated, with respect and courtesy.

### **Integrity**

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

### **Teamwork**

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

### **Innovation and flexibility**

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

### **Communication**

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

### **Accept responsibility**

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

### **Leadership and direction**

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

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**Appendix B**

**Strategic Direction of the London Ambulance Service**

Stakeholder Goal Aspirations	Outcome Objectives	
	Measure	Target
<b>1. An accessible service...</b> <i>– Accessible to Patients and Partners:</i> Easy to contact; recognising diversity; responding to partners with right level of authority given to AOMs	<b>1a Community engagement and meeting the needs of the population</b>  Systems are in place to ensure that anyone can access our service, regardless of language, disability, age etc.	90% of the population by 2012
	<b>1b Sharing information externally and promoting best practice</b>  Systems are in place to share data with our partners and stakeholders e.g. Extranet for partners to access	By 2008
	<b>1c Improved information sharing within the LAS</b>  Provide up to date and accurate information to all staff who need it from a single source, which is re-usable and accessible: input at the most appropriate level to ensure timeliness	By 2008
<b>2. ...that responds appropriately...</b> <i>- Responding Appropriately:</i> Right response, right place, right time; timely, reliable (for patients and professionals); measured in terms that mean something to patients; appropriate priority to blue light colleagues; responding to major emergencies.	<b>2a Appropriate response to advice-suitable calls</b>  Advice-suitable calls are assessed appropriately and effectively	All advice suitable calls CTA assessed at 98% compliance with Quality Assurance systems
	<b>2b Workforce skilled to match patient need</b>  Workforce skill/type mix re-configured to match demand and provide appropriate patient care to workload profile (Emergency v Urgent)	60% of workforce ECPs by 2013 (to be confirmed as part of the seven year workforce plan).
	<b>2c Appropriate referrals to alternative providers</b>  Appropriate referral of patients following face to face assessment	98% of patients referred to appropriate destination by 2013

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Stakeholder Goal Aspirations	Outcome Objectives	
	Measure	Target
<b>3. ... engages the public, its patients and partners...</b> <i>– Engaging Patients, Partners and the Public:</i> <i>Collaborative – use of pathways; health &amp; social care (shared information, responsibility, &amp; facilities; joint planning [identifying gaps in provision]; demand management); listens &amp; responds; informed, forward thinking customers.</i>	<b>3a Patient, public and partner involvement in all service developments</b>  Service developments are made with the involvement of patients, partners and the Public	100% of service development initiatives
	<b>3b High patient satisfaction with the service received</b>  Patient satisfaction scores in relation to the service they received from the LAS	95% of patients are satisfied or very satisfied
	<b>3c Partners satisfied with “how we do business”</b>  Healthcare and other partners (suppliers, emergency services, social services) are satisfied with the experience they have in dealing with the LAS	90% pf partners satisfied or very satisfied
<b>4. ... provides greater options for patients...</b> <i>– New Outcomes for Patients:</i> <i>Fewer go to A&amp;E; staff skilled &amp; confident to use alternative care pathways; career pathways in place</i>	<b>4a Increased number of patients given access to appropriate definitive care first time</b>  Reduction in number of patients transferred or referred on	Target to be determined following further research
	<b>4b Consistent audit of appropriateness</b>  Develop a suite of measures to monitor this consistently, including CPI checks, clinical audit, clinician feedback and patient surveys	Target to be determined following further research
	<b>4c Increase and develop staff skills and their confidence in their skills</b>  Embed a robust PDP/PDR process, including use of case reviews, professional portfolios, reflective practice and patient outcome data	All staff have a PDP and appraisals conducted twice a year and carry out their development plans fully

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<b>5. ...continues to focus on delivery...</b> – <i><b>Delivery Focused:</b></i> <i>National targets; Government frameworks; Standards &amp; guidance; cost effectiveness.</i>	<b>5 a-d Measure what matters</b>  Develop a comprehensive set of indicators to measure performance for: a. Patients, b. People, c. Processes, d. Performance	(see section 7 of this plan)
<b>6. ...and has a culture built around our CRITICAL values</b> – <i><b>Culture &amp; Behaviour:</b></i> <i>Consistent with the values; respecting diversity; taking accountability, challenging each other; empowering; good management; skilled people (technical &amp; inter-personal); consistent.</i>	<b>6a Attitude and behaviour</b>  Measurable high standards of attitude and behaviour. All staff behave in ways that reflect the values of the LAS	Target to be determined following further research
	<b>6b A learning organisation</b>  Evidence of a learning organisation as measured by an validated tool	Target to be determined following further research
	<b>6c Leadership at all levels</b>  Visible leadership at all levels through identifying the leadership qualities required in all roles and providing a robust structure for supporting the development of leadership skills as part of Continuing Professional Development	Target to be determined following further research

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**Appendix C**

**Projects Funded in 2006/07**

**NB. To be determined by SMG during budget setting process**

Programme	Project Funded in 2006/07	Contributing Departments <i>(Included in functional plans)</i>
<b>1. Access and Connecting (the LAS) For Health Strategy</b>	12. Develop an access strategy -	
	11. Connecting for Health projects and those that are related to it -	
	14. Records and Information Strategy -	
	18. New Clock Start Operational Performance – High Impact Changes (Strand 2) -	
	26. CAD 2010 - Implementation of the CAD replacement strategy	
<b>2. Operational Model: Strategy For Responding</b>	1. Develop an operational model for tasking the right resources to the right jobs which describes what resources will be deployed, and how, in order to meet patient need, and how this will be managed - includes: -	
	2. Develop implementation plan for new operational model -	
	3. Implement new operational model -	
	6. CTA Projects -	
	7. Care Pathway development projects -	
	18. New Clock Start Operational Performance – High Impact Changes (Strand 1) [supported by Programme 1(Strand 2) and Programme 3 (Strand 3)]: -	
	21 . Olympic and Paralympic Games -	
	22. Development of the Thames gateway -	
	24. Major incident resilience -	

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<b>Programme</b>	<b>Project Funded in 2006/07</b>	<b>Contributing Departments</b> <i>(Included in functional plans)</i>
<b>3. Organisation Development And People Strategy</b>	4. Education and training projects -	
	5. Attitude and behaviour/culture interventions -	
	13. Organisation Development -	
	15. Implement Diversity Plan - Implement Race Equality Scheme Action Plan and Race Equality and Diversity Implementation Plan	
	18. New Clock Start Operational Performance – High Impact Changes -	
	23. Implementation of the Sector Operating Model Review -	
	25. Union engagement -	
<b>4. Partnership and Communication Strategy</b>	9. Communications projects, including patient, public and partner involvement -	
<b>5. Governance and Corporate Processes Strategy</b>	8. Audit and quality assurance of clinical care -	
	10. Corporate processes -	
	16. Standards for Better Health and NHSLA -	
	17. Managing Successful Programmes -	
	19. Foundation Trust Status Application -	
	20. Productivity and efficiency -	
	27. Development of new Governance processes -	

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***Appendix D***

**Performance Trajectories for 2006/07**

**NB. 2006/07 Trajectories to be associated here once decided by Trust Board**

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## **Resource Plan and Budget for 2006/07**

**NB. 2006/07 Workforce Plan and Budget to be associated here once decided by Trust Board**

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**2006/07 Workforce Plan**

**A&E Operations**

Staff group	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Team leaders														
Establishment	175	175	175	175	175	175	175	175	175	175	175	175	175	175
Actual in post	151	150	162	162	175	175	175	175	175	175	175	175	175	175
Actual variances	24	26	13	13	0	0	0	0	0	0	0	0	0	0

Notes : 1. Recruitment to establishment to drive improved clinical audit and supervision

Paramedics														
Establishment	804	804	804	804	804	804	804	804	804	804	804	804	815	815
Actual in post	775	772	775	772	758	769	793	788	784	796	791	803	814	811
Actual variances	29	32	29	32	46	34	11	15	20	8	12	1	0	4

Notes : 1. Additional in-post includes promoted EMT3/4 (79) and University graduates (41)  
2. Departures include wastage (29), Teal Leader & ECP promotion (35) and CTA (17)

EMT4/3														
Establishment	1456	1456	1505	1505	1505	1505	1505	1505	1505	1505	1505	1505	1494	1494
Actual in post	1358	1376	1403	1442	1451	1441	1453	1505	1499	1505	1499	1498	1494	1493
Actual variances	98	80	102	63	54	64	52	0	6	0	6	7	0	1

Notes : 1. Additional in post includes trainees (210) and University (65)  
2. Departures include wastage (72) and paramedic promotions (79)  
3. From April 2006 onwards budgeted establishment includes AfC working week

Total														
Establishment	2435	2435	2484	2484	2484	2484	2484	2484	2484	2484	2484	2484	2484	2484
Actual in post	2284	2298	2340	2376	2384	2385	2421	2468	2458	2476	2465	2476	2483	2479
Actual variances	151	138	144	108	100	98	63	15	26	8	18	8	0	5

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## LONDON AMBULANCE SERVICE NHS TRUST

### 2006/07 Workforce Plan

#### Urgent Care Service

##### Staff group

ECPs

	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Establishment	56	56	56	56	56	56	56	56	56	56	56	56	56	56
Actual in post	59	59	69	69	69	69	69	69	69	69	69	69	69	69
Actual variances	(3)	(3)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)

- Notes :
- Increase reflects schemes already in place
  - Over establishment reflects original unfunded ECP's

##### UCS Crew Staff

Establishment	136	136	167	167	167	152	152	152	152	152	152	152	152	152
Actual in post	105	104	134	133	132	131	130	129	128	127	126	125	124	123
Actual variances	31	32	33	34	35	21	22	23	24	25	26	27	28	29

- Notes :
- ORH study on optimal mix of UCS crew staff not yet complete
  - Part of the planned establishment used to increase CTA establishment

##### UOC Staff

Establishment	31	31	31	31	31	31	31	31	31	31	31	31	31	31
Actual in post	37	37	37	37	37	37	37	37	37	37	37	37	37	37
Actual variances	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)

- Notes :
- ORH study on optimal mix of UCS control staff not yet complete

##### CTA

Establishment	35	35	35	35	35	50	50	50	50	50	50	50	50	50
Actual in post	33	33	33	33	33	35	37	39	41	43	45	47	49	50
Actual variances	2	2	2	2	2	15	13	11	9	7	5	3	1	0

- Notes :
- Establishment and in-post numbers increased as part of UCS strategic development

##### Total

Establishment	258	258	289	289	289	289	289	289	289	289	289	289	289	289
Actual in post	233	232	273	272	271	272	273	274	275	276	277	278	279	279
Actual variances	25	26	16	17	18	17	16	15	14	13	12	11	10	10

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## LONDON AMBULANCE SERVICE NHS TRUST

### 2006/07 Workforce Plan

#### Emergency Operations Centre

Staff group	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Sector Controller	40	40	40	40	40	40	40	40	40	40	40	40	40	40
Establishment	40	40	40	40	40	40	40	40	40	40	40	40	40	40
Actual in post	38	37	37	36	36	35	35	34	34	33	33	32	32	31
Actual variances	2	3	3	4	4	5	5	6	6	7	7	8	8	9

EMD 3/4	153	153	153	153	153	153	153	153	153	153	153	153	153	153
Establishment	153	153	153	153	153	153	153	153	153	153	153	153	153	153
Actual in post	116	115	114	113	112	111	110	109	108	107	106	105	104	103
Actual variances	37	38	39	40	41	42	43	44	45	46	47	48	49	50

EMD 1/2	134	134	134	134	134	134	134	134	134	134	134	134	134	134
Establishment	134	134	134	134	134	134	134	134	134	134	134	134	134	134
Actual in post	159	169	167	177	175	173	171	181	179	189	187	185	195	193
Actual variances	(25)	(35)	(33)	(43)	(41)	(39)	(37)	(47)	(45)	(55)	(53)	(51)	(61)	(59)

Total	327	327	327	327	327	327	327	327	327	327	327	327	327	327
Establishment	327	327	327	327	327	327	327	327	327	327	327	327	327	327
Actual in post	313	321	318	326	323	319	316	324	321	329	326	322	331	327
Actual variances	14	6	9	1	4	8	11	3	6	(2)	1	5	(4)	0

**LONDON AMBULANCE SERVICE  
NHS TRUST**

**2006/07 Budgets**

**1. Summary**

- 1.1. This paper sets out balanced Income and Expenditure and Capital budgets for 2006/07, but with a lower level of risk than last year. **The Board is requested to approve the capital and revenue budgets set out in this paper.**
- 1.2. Final revenue funding for A&E services has yet to be agreed with Commissioners. Currently we have an outline agreement for a net 4.0% increase in recurrent funding. We are in continuing discussions with commissioners relating to activity driven revenue increases. The funding formula requires the Trust to make a 2.5% cash releasing efficiency saving, this is in line with national guidance. PTS is in a similar position and has also had to plan for the loss of some contracts. These factors, combined with internal cost pressures, have led to a tight budget for 2006/07. The most significant risks are:
  - The recurrent CBRN funding of £8.0m is not increased to cover inflation.
  - We may not control overtime as we reach full establishment and strive to meet performance targets in readiness for the change to ‘clock start’.
- 1.3. Unlike previous years there is little likelihood of additional funding given the financial position of the NHS in London.
- 1.4. Within the A&E service, it will be a year to consolidate Category A performance. We will see the full benefits of reaching full establishment, but will be operating at lower levels of overtime than last year. The Trust is in continuing to develop the Urgent Care Service, which involves an increase in the use of PTS crew staffing. This development will also help with growth in demand.

**2. Revenue Budgets**

**2.1. Summary**

- 2.1.1. Overall, the proposed revenue budgets are summarised, using the same analysis as the monthly finance report, in Table 1, below.

**Table 1**

	Financial Budget				2006/07 Budgeted Cost per Day £000
	2005/06 Forecast Outturn £000	2006/07 Draft Budget £000	Change £000	Percent Change %	
<b>Income</b>	-203,100	-205,095	1,995	1.0%	-561.90
<b>A&amp;E Operational Costs</b>					
Sector	133,899	128,503	-5,396	(4.0%)	352.06
Control Services	14,066	12,122	-1,944	(13.8%)	33.21
A&E Operational Support	10,466	11,089	623	6.0%	30.38
Urgent Care		4,800	4,800	0.0%	13.15
Education and Development	8,132	9,375	1,243	15.3%	25.69
Total Operations Cost	166,563	165,890	-673	(0.4%)	454.49
<b>A&amp;E Gross (Surplus) / Deficit</b>	-36,537	-39,205	-2,668	7.3%	-107.41
A&E Gross Margin	18.0%	19.1%			
<b>Corporate Support</b>					
Medical Director	388	608	220	56.7%	1.67
Service Development	519	575	56	10.9%	1.58
Communications	1,351	1,497	146	10.8%	4.10
Human Resources	4,075	4,172	97	2.4%	11.43
IM&T	6,850	7,235	385	5.6%	19.82
Finance	20,113	23,864	3,751	18.7%	65.38
Chief Executive	1,400	1,520	120	8.6%	4.16
Total Corporate	34,696	39,472	4,776	13.8%	108.14
<b>A&amp;E Net (Surplus) / Deficit</b>	-1,841	268	2,109	(114.5%)	0.73
A&E Net Margin	0.9%	-0.1%			
<b>PTS</b>					
Income	-11,483	-11,116	367	(3.2%)	-30.46
Expenditure	12,424	10,849	-1,575	(12.7%)	29.72
(Surplus) / Deficit	941	-267	-1,208	(128.4%)	-0.73
Margin	-8.2%	2.4%			
<b>Trust Total</b>	<b>-900</b>	<b>0</b>	<b>900</b>		<b>0.00</b>

## 2.2. Income

2.2.1. Table 2 below sets out a summary of the income forecast for the current year and proposed budget for 2006/07. The main differences between the two years are:

- An estimated increase of 4% from commissioners. This is in line with generic uplifts across London and with other Ambulance Services nationally and is net of 2.5% cash releasing efficiency savings.
- CBRN income is expected to revert to the recurrent levels negotiated in previous years. One-off funding was received in 2005/06 relating to the July bombings.

**Table 2**

	2005/06 Total A&E Income	2006/07 Proposed Budget	Change
	£000	£000	£000
A&E Services Contract	182,420	188,552	6,132
CBRN Income	13,110	9,323	-3,787
ECP Revenue	1,243	1,464	221
SCBU & ICU Journey Income	508	425	-83
A & E Long Distance Journey	473	475	2
Stadia Attendance	543	598	55
Heathrow BAA Contract	255	240	-15
Other Income	4,548	4,017	-531
<b>Total</b>	<b>203,100</b>	<b>205,095</b>	<b>1,995</b>

2.2.2. The increase of £6,132,000 in the A&E Services Contract for 2006/07 is analysed in Table 3, below.

**Table 3**

	SLA Uplift (PCT Offer)	Total
	%	£000
2005/06 A&E Service Contract		182,420
<i>Less</i> Brokerage Returned		(1,300)
<i>Plus</i> Humanitarian Journeys		180
<b>A&amp;E Service Income (Base)</b>		<b>181,300</b>
Increase in Pay & Prices	3.3%	5,983
Efficiency Savings	(2.5%)	(4,533)
Reform & Quality	1.5%	2,720
NHS Connecting for Health	0.3%	544
<b>Net Generic Cost Pressures</b>	<b>2.6%</b>	<b>4,714</b>
Growth	1.4%	2,538
	<b>4.0%</b>	<b>7,252</b>

2.2.3. The 'Generic Cost Pressures' increase will be enough to meet the cost of the national pay award (2.0%) and other generic cost pressures. The 2.6% is net of a 2.5% cash releasing cost efficiency requirement, which has been set by the DH for all NHS organisations.

2.2.4. Table 2 above shows total funding for CBRN of £9,323,000. This assumes a 2.6% uplift on the 2005/06 budgeted level. This includes estimates for the main CBRN funding and for partial funding for 'Hot Zone' working, the replacement for MAIAT as well as income for 'Pod' storage of £396,000.

2.2.5. The Board should note that the main CBRN funding has been secured recurrently

for 2006/07 and beyond.

- 2.2.6. The increase in budgeted ECP revenue shown in Table 2 reflects the planned 2006/07 rollout of 2 funded schemes, for which ECPs already in place, as well as the full-year income effect of schemes rolled out in 2005/06.

### 2.3. A&E Operational Expenditure

- 2.3.1. The recurrent effect of developments commenced in 2005/06 is included in individual cost centres. The impact of increased activity in 2005/06 (3%) and the projected activity increase in 2006/07 (3%) is reflected in cost centre non-pay budgets (but not staffing budgets).

**Table 4**

	<b>2005/06 Forecast Outturn</b>	<b>2006/07 Proposed Budget</b>	<b>Change</b>
	£000	£000	£000
<b>A&amp;E Incidents</b>			
Forecast Annual Total	854,878	880,524	25,646
Average Daily Total	2,342	2,412	70
<b>Staffing</b>			
A&E Crew Staff	2,548	2,538	-10
Urgent Care Service Staff	184	213	29
EOC Staff	321	327	6
<b>Total</b>	<b>3,053</b>	<b>3,078</b>	<b>25</b>
<b>Incidents per day per A&amp;E Crew Staff</b>	0.92	0.95	0.03

- 2.3.2. The Sector Services budget has increased overall (after the separation of Urgent Care) across both pay and non-pay budgets. The pay increase reflects the increased crew staff establishment as well as the full costs of Agenda for Change. All pay budgets have been re-based for 2006/07 using the current agreed establishment and the best estimate of the grade mix between TEMTs, EMTs and paramedics. The crew staff establishment has been increased by 48 wtes for Agenda for Change and 6 staff funded for the Heathrow CRU. The proposed overtime budget is £4.5m. This covers shift over runs, winter pressures, the change in the working week and CBRN training.
- 2.3.3. All non-pay has been zero based and takes account of the latest available prices, e.g. fuel. The non-pay budget also assumes that meal breaks for crew staff will be differently from October 2006.
- 2.3.4. A separate Urgent Care budget has been created by moving the costs of the UOC from Control Services and Sector Services.
- 2.3.5. The Education & Development budget has been zero based using the planned number of technician recruits and other training activities indicated in the training program for next year.
- 2.3.6. Where required, some individual non-pay budgets have been increased for the

effects of inflation:

- The increase in capital charges following the indexation of assets.
- The increase in average fuel prices above the 92.83 pence per litre assumed in the budget calculations.
- The impact of price inflation where this is known and can be directly attributable to budgets, e.g. the vehicle recovery contract.

## **2.4. Corporate Services Expenditure**

- 2.4.1. The Service Development directorate budget includes budget for one Operational Development Manager post which is covered by secondment income.
- 2.4.2. The IM&T budget includes the impact of increases in maintenance contract prices, in particular the CTS Contract.
- 2.4.3. The Communications budget includes an increase in the Conference and Corporate induction budget based on expected numbers of new starters in 2006/07.
- 2.4.4. The overall budget for HR has reduced slightly which reflects actual expenditure in 2005/06 on unproductive salaries and a reduction in the budget for the Agenda for Change project. The course fees budget for HR Directorate staff (£35k) has been transferred across from the Education & Development Directorate.
- 2.4.5. The main reason for the increase in the Finance budget results from the transfer of budgets previously held in Centrally Held Funds. The main item is the funding for the 2006/07 pay award (£3.6m). The Estates budget has been adjusted to reflect more leased buildings, including Fixed Satellite points. Rent and rates, utilities and maintenance budgets have been adjusted to take account of price increases which has been funded from the generic cost pressure part of the commissioners funding increase.
- 2.4.6. The Finance Directorate budget now includes the Centrally Held Funds cost centre. Currently the amounts are being held for the 2006/07 pay award (assumed nationally at 2%), depreciation relating to the estimated costs of new assets to be brought into use during 2006/07 (£1.1m), a small reserve in case fuel prices increase and a contingency of £200k.

## **2.5. PTS**

- 2.5.1. 2005/06 has been a difficult year for PTS, producing a forecast deficit of £916k. The main causes of this were the loss of the Hammersmith contract, excessive use of third party transport and supporting A&E during a difficult summer.
- 2.5.2. 2006/07 PTS plans to make a contribution (surplus) of £267k to corporate overheads
- 2.5.3. PTS income is similar to last year with the income from the Bromley contract being offset by potential contract losses later in the year.

- 2.5.4. PTS operating costs are budgeted to reduce by £1,575k. Key areas include a reductions in subsistence costs, third-party transport expense, bad debts and better utilisation of existing staff and equipment. In particular, action will be taken on existing loss making contracts.
- 2.6. **2006/07 Service Plan Funding Bids**
- 2.7. The old ISON process has been replaced with a bidding process which forms part of the strategic plan. Final decisions about which bids will be funded will be made once funding negotiations with commissioners have been concluded.
- 2.8. **Revenue Risks**
- 2.8.1. There are a significant number of uncertainties and risks which are not included within the revenue budgets. These are:
- The financial impact if A&E activity increases over and above the forecast outturn.
  - It may not be possible to manage down crew overtime and achieve performance targets.
  - Any new and unforeseen cost pressures.
  - Fuel prices in excess of the sums held in budgets.
  - A&E and PTS failing to manage and control third party expenditure.
  - The Trust may not be successful in securing extra funding for the ECP project.

### **3. Capital Budgets**

#### **3.1. Capital Resource Limit**

- 3.1.1. The Trust's Capital Resource Limit (CRL), for 2006/07 is shown in Table 10 and totals £12,653,000. The CRL consists of the Block Capital Allocation (£7,956,000) and brokerage brought forward from 2005/06 (£4,697,000).
- 3.1.2. The Department of Health's 'Access Incentive Scheme' has changed and is no longer directly linked to the Trust's Category A performance.

#### **3.2. Proposed Capital Expenditure**

- 3.2.1. The proposed capital programme is set out in Table 5 below. This is based on those projects currently approved by the Board or SMG.

**Table 5**

<b>Initiative Number</b>	<b>Initiative Title</b>	<b>Capital Expenditure</b>
<b>S91</b>	<b>Vehicles</b>	
080	Purchase of RRUs (New & Replacement)	4,288,826
	<b>Total Vehicles</b>	<b>4,288,826</b>
<b>S93</b>	<b>Estates</b>	
087	Poplar Ambulance Station Replacement	100,000
088	Bounds Green Additional Accommodation	156,875
089	Relocation of Isleworth Ambulance Station	235,000
093	Replacement Park Royal & Willesden Stations	650,000
144	Whipps Cross – Workshop Improvement (CC80158)	25,000
145	Bow Office Changes (CC80179)	333,000
146	New Brixton Ambulance Station (CC80222)	100,000
147	Radio Project Accommodation (CC80256)	433,039
188	Romford Parking (CC 80274)	20,000
189	Camden Workshop Extension (CC 80276)	22,268
191	Estate Office Rationalisation (CC80254)	35,250
	<b>Total Estates</b>	<b>2,110,432</b>
	<b>Unallocated Balance to further SPPPs</b>	<b>6,253,742</b>
<b>Total Budget</b>		<b>12,653,000</b>
<b>Capital Resource Limit</b>		
	Block Allocation	7,956,000
	Brokerage Brought Forward	4,697,000
<b>Total Capital Resources Available</b>		<b>12,653,000</b>

3.3. The uncommitted balance of £6,253,742 will be allocated to projects by SMG following decisions on the priority of SPPP bids.

3.4. **Risks to the Capital Resource Limit**

3.5. There are a few risks associated with the achievement of the CRL, as follows:

- Until more details of some projects are known, the levels of VAT and its recovery cannot be forecast accurately.
- Until tenders for each project are received, there is the possibility that costs will increase. That was the Trust's experience for some projects in 2005/06.

M. Dinan  
**Director of Finance**  
**23 March, 2006**



**LONDON AMBULANCE  
SERVICE NHS TRUST**

**REPROVISION OF  
BUCKHURST HILL  
AMBULANCE STATION**

**OUTLINE BUSINESS  
CASE**

**JANUARY 2006**

# 1. EXECUTIVE SUMMARY

## 1.1 Strategic Case

The current Buckhurst Hill station is part of the Whipps Cross complex within the North East sector. Geographically, it is located outside the Greater London boundary in the borough of Epping Forest, Essex and serves the areas of Buckhurst Hill, Woodford Green, South Woodford and Chingford.

The station's location means that it has difficulty in meeting the required performance targets for Category A calls of 75% within 8 minutes. It is envisaged that a 6.3% improvement in response times could be achieved across the sector by relocating the station closer to its area of greatest demand in the Woodford Green/South Woodford area.

The station is also under utilised with only 2 emergency vehicles now based there. The site covers an area of 2885sqm and provides internal garage and accommodation of 950sqm. There are 11 Patient Transport Vehicles located at Buckhurst Hill.

The station is located in a mainly residential area. An application for planning permission to build 16 flats on the site of the existing station was recently allowed following a successful appeal against refusal of planning permission by Epping Forest District Council.

The site has been valued at £2,420,000 with the benefit of the planning permission for residential development. The realisation of the sale proceeds will be an important component of the Trust's Capital Programme for reinvestment in other parts of the estate.

## 1.2 Economic Case

The requirement for the new ambulance station site is approximately 400m<sup>2</sup>. The space requirement for separate Patient Transport Service accommodation is 700 m<sup>2</sup>. If a combined accommodation is provided then a site of approximately 1100m<sup>2</sup> would be required.

The short listed options considered were:

1. Do nothing – remain at Buckhurst Hill
2. Combined Station: Purchase land and build
3. Combined Station: Purchase building and refurbish
4. Two separate stations for A&E and PTS vehicles: Purchase land and build
5. Two separate stations for A&E and PTS vehicles: Purchase building and refurbish

The table below summarises the results of the economic appraisal using a 3.5% discount rate:

	Option 1	Option 2	Option 3	Option 4	Option 5
	Do nothing	Acquire 1 site and build new	Purchase 1 building & refurb	Acquire 2 sites and build new	Purchase 2 buildings & refurb
<b>EAC</b>	61.2	49.4	52.8	37.2	44.1
<b>Weighted benefit score (WBS)</b>	100	870	830	948	908
<b>EAC per WBS</b>	0.61	0.06	0.06	0.04	0.05
<b>Risk adjustment</b>	0.8	3.8	3.7	3.4	3.5
<b>Risk adjusted EAC</b>	62.0	53.2	56.5	40.6	47.6
<b>Risk adj EAC per WBS</b>	0.62	0.06	0.07	0.04	0.05
<b>Ranking</b>	5	3	4	1	2

The analysis shows that the preferred option is Option 4: Acquire two plots of land and build two new stations, one for A&E and one for PTS.

The preferred option was tested against the PFI or leasing option as shown below. This demonstrated that the new build option ranks marginally higher than the leasing option and remains the preferred funding route.

	Option 4 Acquire 2 sites	Leasing
<b>EAC</b>	37.2	44.7
<b>Weighted benefit score (WBS)</b>	948	948
<b>EAC per WBS</b>	0.05	0.05
<b>Risk adjustment</b>	3.4	2.6
<b>Risk adjusted EAC</b>	40.6	47.3
<b>Risk adj EAC per WBS</b>	0.04	0.05
<b>Ranking</b>	1	2

### 1.3 Financial Case

The capital cost of the preferred option is £1.91 million inc VAT. This will be funded by the sale proceeds of the current Buckhurst Hill site, estimated at £2.42 million.

The annual revenue costs of the preferred option are £150k, an increase of £87k compared with the existing costs.

Options to provide a base for A&E vehicles only have a capital cost in the range £194k to £697k, depending on whether the building is leased, purchased or new build and will result in a revenue saving of between £11k and £17k per annum.

#### **1.4 Commercial Case**

Following the approval of the Outline Business Case the Trust will appoint advisers to identify and negotiate the purchase of suitable sites. The viability of sites will need to be assessed in terms of securing planning permission.

Following approval of the Full Business Case, full design team services will be tendered according to the Trust's standard tendering procedures for the detailed design of the new facility.

#### **1.5 Management Case**

The project will be managed by the LAS Estates Department and Project Support Office supported by specialist advisors as required.

The likely timescale for the development is at present unknown and will depend upon the time taken to identify and purchase suitable sites with the benefit of planning permission.

A major risk to the success of the project will be the ability to acquire alternative sites in the preferred location.

TRUST BOARD 28<sup>th</sup> March 2006

**Standards for Better Health  
Assurance Framework 2005/6**

1. Sponsoring Executive Director: Mike Dinan
2. Purpose: To evidence full compliance
3. Summary

The Assurance Framework identifies which of the Trust's principal objectives are at risk because of inadequacies in the operation of controls or where the Trust has insufficient assurance. It also provides structured assurances about where risks are managed effectively and objectives being delivered. As advised by the Healthcare Commission each risk has been mapped to the seven domains of the 24 core standards.

This document therefore presents comprehensive evidence that the Trust is fully compliant with each standard in the form of controls and assurance. It has been agreed by the Senior Management Group and the Audit Committee as evidence to support full compliance to be recorded on the Final Declaration to be submitted to the Healthcare Commission in April 2006.

4. Recommendation

THAT the Trust Board note the framework as evidencing full compliance with the 24 core standards as part of the Annual Health check and agrees that the Final Declaration be submitted to the Healthcare Commission on that basis.

## London Ambulance Services NHS Trust Assurance Framework

The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. In the LAS NHS Trust this is based on an ongoing risk management process that identifies the principal risks to the organisation's objectives and evaluates the nature and extent of those risks, in order to manage them efficiently, effectively and economically. The Assurance Framework enables the Trust to do this and also may highlight significant issues. This will usually be a high priority risk that we are not managing adequately that threatens the achievement of a strategic objective.

- **The column headed *Compliance confirms the Trust is fully compliant with all 24 core standards based on the evidence summarised within the Framework***
- **Where the column *Principal Risks* states **No Risks Identified** - this means that there are currently no risks held on the Trust-wide Risk Register that relate to this core standard of the Annual Health Check**
- **The evidence held on this Framework is collated to provide the Board with assurance of compliance with the 24 core healthcare standards and sign off for the Final Declaration for the period 1 April 2005-31 March 2006**

LAS Service Plan Objectives	Standards for Better Health Domains
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, with particular attention to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology.	Safety Governance Patient Focus Accessible and Responsive Care
2) 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 national performance targets e.g. Improving Working Lives, NHS Litigation Authority, complaints reduction /resolution with lessons learnt.	Clinical and Cost Effectiveness Governance Patient Focus Accessible and Responsive Care
3) To improve the delivery and outcomes of services for our patients and the public informed by their input by through the Patient and Public Involvement initiative, with particular attention to responding to recommendations of reviews that took place in 2004/5 by implementing them.	Governance Patient Focus
4) 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 supporting partnership working with other organisations, to input and improve Urgent and out of hours care.	Patient Focus Accessible and Responsive Care Public Health

<b>LAS Service Plan Objectives</b>	<b>Standards for Better Health Domains</b>	
5) 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 providing more consistent training to existing members of staff.	Patient Focus	
6) To ensure that change is sustainable through investment in organisational development following up on changes to LAS structure, including the new A&E operations structure, integration of the Patient Transport Service and the Emergency Bed Service, instituting the Urgent Control Room and embedding the Urgent Care Service.	Governance	
7) 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.	Governance Care Environment and Amenities	
8) 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.	Governance	
9) To ensure that change is sustainable through investment in organisational development ensuring behaviour is consistent with LAS values.	Governance	

**First Domain – Safety**

Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

C1 (a)	Healthcare organisations protect patients through systems that identify and learn from all patients' safety incidents and other reportable incidents, and make improvements in practice based on local and national experiences and information derived from the analysis of incidents.	Failure to reduce reported risks through incidents information not being systematically shared with all relevant department and committees etc. Thus limiting the scope of the investigation actions, not being implemented (2)	<b>Director of HR and OD</b>	<ul style="list-style-type: none"> <li>• Implementation of LAS HSE action plan</li> <li>• Current CPD cycle in EOC includes a session on risk management that emphasises the Continuous Quality Improvement cycle and the importance of the Incident Report Form in the Process.</li> <li>• Integrated Risk Management database for recording and collecting data on incidents</li> <li>• Incident Reporting Procedure (references reporting to MHRA, reporting high priority risks to PSU and Procedure for the Rapid Follow up of serious Untoward Incidents).</li> <li>• Staff updated about the importance of investigations by ongoing H&amp;S, Operations bulletins, Rib, The Pulse and LAS news as appropriate.</li> <li>• Quarterly Incidents Statistics are reviewed by the Corporate Health and Safety Group and Clinical Risk Group which feeds into the Risk Management Group. Local action is determined at complex meetings led by H&amp;S representatives.</li> <li>• AOMs and Team Leaders are required to keep a portfolio of evidence demonstrating good investigation practice.</li> <li>• Incidents are graded according to severity of impact and likelihood of re-occurrence, determining the scope and depth of investigation required. This ensures a consistent approach to incident investigation</li> <li>• Incident procedure training provided to Managers (including grading)</li> </ul>	<p>HSE mini-audit (May-05) – received positive assurance from the HSE and recognised as a good leader for H&amp;S</p> <p>Incident Reporting Internal Audit (September 2004) Corporate Health &amp; Safety Group monitor the completion of quarterly premise inspections (standard agenda item)</p> <p>GDU audit on Incident Reporting Procedures (postponed)</p> <p>SIP outcome 3-Reduction in staff incidents at work – traffic light status green (Jul-05)</p> <p>HSE met with LAS in march 2006 and confirmed their satisfaction with the LAS HSE planning progress and achievement to date</p>	
		Inadequate analysis reports for Risk Management Group on reported incidents, which may lead to failure to spot trends and take action (30)	<b>HR and OD Director</b>	<ul style="list-style-type: none"> <li>• Datix-Integrated Risk Management System used to record incidents</li> <li>• Incidents are reported externally to the NPSA.</li> <li>• Extra fields allowing analysis by complex (all similar sizes so can get direct comparison by locality)</li> <li>• Reports have been compared with other NHS organisations and have been forwarded to sectors in particular high risk areas e.g. Manual Handling</li> <li>• Incidents Reporting Procedures</li> <li>• Issuing of Bulletins &amp; H&amp;S Minutes</li> <li>• LA52's copied to Estates and fleet as appropriate.</li> <li>• Training and Clinical Updates produced by Management Information</li> <li>• Archives provide call records</li> <li>• Sector H&amp;S meetings on a quarterly basis.</li> <li>• Use of LAS Intranet</li> <li>• Notification of Local Police</li> </ul>	<p>Incident Reporting internal Audit (September 04)</p> <p>Trend analysis to inform decision and evidence risks is presented at Corporate Health and Safety</p> <p><b>Risk Information Report on claims incident, complaints and performance data trends is provided to Clinical Risk Group, This is used to identify new risks, make recommendations and report outcomes – need to make sure that medium and high graded incidents are investigated by PSU and reported to Clinical risk Group.</b></p> <p>SIP Outcome 5- reduction in sickness absences levels – traffic light status –amber (Jul-05)</p> <p><b>Review of the effectiveness of Datix (August 2005) – User group to be established to take recommendations forward.</b></p>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				<ul style="list-style-type: none"> <li>Clinical audit reports plus Clinical Audit and Research Bulletins</li> <li>Workplace Inspection Procedures</li> <li>Complex based incident statistics distributed quarterly to evidence trends among individual staff</li> <li>Industrial injury absence statistics produced on a quarterly basis</li> </ul>		
C1 (b)	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within agreed time-scales	Risk of not learning and changing practices, as appropriate, as a result of complaints (70)	<b>Chief Executive</b>	<ul style="list-style-type: none"> <li>Serious complaints are investigated by investigation Officers using root cause analysis techniques. Roundtables are then used to draw out lessons learned and generate recommendations to prevent similar incidents occurring in the future.</li> <li>Datix Integrated Risk Management System – a database for complaints used to produce reports to allow trends to be analysed and acted upon.</li> <li>Complaints are used in the Corporate Induction and EMT course for discussion regarding how the situation could have been dealt with better and to learn from</li> <li>Complaints trend analysis</li> <li>SIP outcome patients No's 18-20-Reduces all patient care related complaints</li> <li><b>SABs management reported to Trust Board, included in the Medical Director's routine reports</b></li> </ul>	CHI-(Mar-04) Risk Management standard Internal Audit (Jul-04) NHSLA Risk Management Standard (May-05) – <b>Review Complaints and Claims Policies/Procedures in line with report recommendations</b> CHI Star-rating (July 2005) – Patient Focus Balanced Scorecard – medium <b>Complaints trend analysis – 5 days CPD course hoped to reduce attitude and behaviour complaints (Jun-05)</b> <b>SIP outcomes are routinely reported in the minutes of the Trust Board meetings.</b> patients care related complaints- Traffic Light status for CAC and PTS (green), A&E (amber) Jul -05	
C2	Healthcare organisations protect children by following national child protection guidance within their own activities and their dealings with other organisations	Risk of potential legal action and negative publicity due to staff being unaware of how to report suspected abuse of children and vulnerable adults through the appropriate channels which may lead to the continuation of abuse (99)	<b>Medical Director/ Director of Human Resources and Organisational Development</b>	Children Act 1989 Victoria Climbié Enquiry – adherence to recommendations Resource materials, booklets etc. Training-Trainers trained in the new procedures including PTS and a 3-hours session on adult/child protection has now been included in the Clinical Guidelines training, ECPs and Team Leaders also trained. Operational procedures have been agreed by the union, issued Nov-03, available on the Pulse, along with the reporting forms and guidance notes. All child and adult referrals are being followed up within 10 working days of the referral being made	<b>We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks. There has been discussion but no decision, regarding moving to enhanced level checks. Guidance issued following the recommendations from the Climbié report has been implemented. Child and Adult Protection Internal Audit (Sep-04) Introduce CRB and recruitment</b> Number of referrals made (reported at CRG)	
C3	<b>Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) Interventional Procedures guidance</b>	<b>NO RISKS IDENTIFIED on the Trust Risk Register</b>	Medical Director	<b>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) A NICE Manager has been appointed and guidance will be monitored at the Clinical Risk Group</b>	Assurance needed - NHSLA have asked for procedures etc.	<b>Information presented to the Trust Board March 2006. New Guidance will be screened and decisions on relevance recorded on the risk register</b>
C4 (a)	Healthcare organisations	Risk of cross infection	<b>Medical</b>	Infection Control Manual	Clinical waste Audit- Jun – 02	Infection Control Annual Report

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
	keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year –on-year reductions in MRSA +B51	due to inability to replace supplies on a 24 hour basis (15)	<b>Director</b>	Awareness raising by senior managers Make-Ready-Scheme Each complex has a DSO with responsibility for risk	<b>Infection Control Internal Audit (November 05)</b> <b>Infection Control Policy</b> Board approved Nov 05 <b>Infection Control Audit (May 05)</b> <b>Store review being undertaken, roll out make-ready</b> Make-Ready KPIs to be progressed LA52 reports – <b>monthly</b> <b>Make Ready Scheme on every complex by end of this year</b>	Infection Control Programme Infection Control Steering Group
C4 (b)	Healthcare organisation keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised	Risk of injury and clinical equipment failure due to inadequate risk assessment prior to purchase of non – LAS issue equipment (28)	<b>Director of Operations</b>	Equipment and ergonomic issues are reviewed at regular A&E VEWG Manual Handling Sub Group meetings. Reports on the potential risks associated with any new equipment are scored as acceptable, low or high .The VEWG’s terms of reference have been reviewed and is chaired by the Head of Operational Support. Safety and Risk Department are represented on the VEWG and contribute to all trials of new equipment (includes Ergonomics advisor). Defibrillator deployment policy agreed and implemented. Incident statistics discussed at bi monthly sector meetings led by ADOs	Quarterly Incident Statistics – account for 10% of reported clinical incidents <b>Medical Devices Internal Audit (Sep-03)-Annual Report produced for the Board and policy for the deployment, monitoring and control of medical devices to be developed.</b> Medical Devices Internal Audit – (Dec-05) See Carry chair evaluation below	
C4 (c)	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all re-usable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	Risk of cross infection to patients, staff and any area of the healthcare facility due to re-usable medical devices a) not being handled, collected and transported to the decontaminated area in an appropriate manner, b) not being subsequently cleaned or disinfected and c) being inadequately decontaminated prior to their return for servicing or repair (40)	<b>Director of Operations</b>	Alcohol rubs on vehicles Sluice upgrading programme on stations Reduction in use of re-usable devices Team leaders undertake ride outs on vehicles and challenge poor hygiene practice Infection Control Manual Annual Infection Control Programme produced FAQ’s articles and material on hand hygiene have been provided Infection Control Steering Group, report quarterly to CRG. Equipment Exchange Scheme, Infection Control Group	<b>Medical Devices Internal Audit (Sep 03-) Annual Report for the deployment, monitoring and control of medical devices to be developed.</b> <b>Infection Control Internal Audit (Sep 04)- Infection Control Policy agreed at Board in Nov 05,</b> <b>Infection Control responsibility in Job Description of a senior manager.</b> Infection Control Audit – (May 05). Equipment Exchange Scheme KPIs Medical Devices Internal Audit (Dec-05) Infection Control Annual Report to Board (05) approved by NHSLA	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
C4 (d)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Drug errors and adverse events not being reported (11)	<b>Medical Director</b>	Articles produced on the Patient Care News on reported drug administration errors for staff to learn from. Bulletin issued reported drug error, showing positive action, encouraging future reporting of similar incidents Operational training courses promote the reporting of drugs errors, adverse incidents. Team Leaders encourage the reporting of clinical incidents Incidents Reporting Procedure details when a report should be submitted. Patient Reporting Form documents the patient journey and provides evidence for subsequent investigations after the incident has been reported. Signing out procedures for drugs Drugs no longer held on ambulances Drug issue audits held on stations	<b>Drugs Control Internal Audit underway (March 06) of areas of concern identified last year to measure any improvements.</b> <b>NHSLA Risk Management Standard (January 2005) –</b> CHI- (March 2004) – no recommendation <b>Clinical Incidents are monitored through the Risk</b> , Risk Information Reported at Clinical Risk Group GDU audit on Incident Reporting Procedure (postponed) <b>Drug control Internal Audit (Feb 05).</b> Root and Branch review of DMS (Sep-05) <b>Drugs Management Scheme Review Group has designed a vehicle based trial of drug packs to improve areas of compliance</b>	
C4 (d)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Drugs waste due to stock not being rotated (e.g. out of date) and loss of drugs due to not reconciling issues against stock (41)	<b>Director of Operations</b>	An article on Vehicle Based drugs featured in the LAS News, where drugs will be replenished centrally/ Drugs are procured centrally and ensure minimum stock holdings. POM's order (communication through RIB). Monitoring procedures from KPI's have been reviewed. Recruited staff have received training for implementation of the drug management system/ The vast majority of drugs will now be ordered and distributed centrally under the new DMS. Frimley Park contract agreed. Problems with re-sealing of Glucogen due to inadequate packaging have been reported. This has been resolved through adding a further seal, issuing a bulletin, contacting the manufacturer and the MHRA and re-iterating that sharps should be disposed of in the sharps bin. <b>RIB article advising staff against using drug bags for personal use. Green bags for patients' drugs being taken into hospital being introduced (Chris Vale to confirm). Drugs management scheme enhanced by new central warehouse facility, and use of Make Ready Scheme</b> <b>Reporting protocol agreed with Metropolitan Police to report any loss of morphine</b>	NHSLA Risk Management Standard (January 2005) CHI – (arch 2004) – no recommendations <b>Clinical incidents are monitored through the Risk Information Report at Clinical Risk Group</b> POMs audit (June 2002) <b>Drugs Controls Internal Audit (Feb-05) –Drug Management Scheme KPIs, management response to recommendations –</b> Root and Branch review of DMS (Sept-05).	
C4(e)	Health care 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	Risk of cross infection due to clinical waste bags either not being used stored inappropriate (42)	<b>Director of Operations</b>	Infection Control Manual issued to all staff – operational bulletin has been issued as part of the new RIB system, to remain staff of their responsibility to read their copy of the infection control manual and where necessary, clarify any issues with their team leader, station officer or sector trainer, Clinical Waste removed by outside contractor. Out of hours clinical waste supplies – supported by SOM Ongoing Infection Control training Premises Inspection	Clinical Waste Audit – Jun 02 <b>Infection Control Audit (Sep -04) Infection Control Policy</b> Approved Nov 05 <b>Infection Control Audit (May -05) roll-out make – ready, ensure availability of lies for clinical waste bags</b> Premises Inspections monitored at Corporate Health and Safety LA52 reports – None reported	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
	minimise the risks to health and safety to the staff, patients, the public and the safety of the environment			<b>Clinical Waste contract has KPIs for contractors audited by staff –reports produced and acted upon at station level and reported to Health and Safety team</b>	(Apr – Jun 05) Review of the SOM – Final review due 11 <sup>th</sup> May 05 –	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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<b>Second Domain – Clinical and Cost Effectiveness</b>						
Patient achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.						
C5 (a)	Health care organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Medical Director</b>	As above no risks are currently identified on the Risk Register properly because there are few technology appraisals that relate to Ambulance Services. <b>See entry under C4</b> <b>Manager appointed to review NICE guidelines and report to Clinical Risk Group</b>	Clinical Risk Group	Medical Director's report to the Board
C5 (b)	Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Medical Director</b>	There are no risks identified currently on the risk register but descriptions of controls might include team leaders roles, sector trainers, practice development managers jds and training courses i.e. 5day CPD course. <b>Support at complex level for clinical supervision -175 Team leaders in post to ensure work based supervision and training undertaken .Training managers appointed to each complex provide support to team leaders and additional supervision and training for staff.</b>	<b>Records of 'pre CPD' training package delivered locally . Ongoing checks of PRF completion. Paramedic Recert course attendance records. Attendance at 5 day CPD course. Medical Director's Bulletin on primacy of care being the responsibility of the most senior clinician at the scene</b>	Training Services Committee
C5 (c)	Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work	Risks of paramedics falling to qualify for registration and not being able to practice due to the cancellation of, or non attendance at, recertification audits (65)	<b>Medical Director</b>	<b>Paramedics audit courses will now be held at local training centres to encourage regular attendance. AOM responsibility to check status of the professional registration of staff on the Health Professions Council website</b> <b>Policy for the professional registration of paramedics approved by the Board</b> <b>Team Leader Clinical supervision</b> <b>5 day Continuing Professional Development course introduced for all staff from April 2005. Records held of all training given to Trust operational staff</b> <b>Deputy Director of Operations authorised AOMs to conduct local audits of registration</b>	State registration 'Paramedic' Inspection of training October 2003 (3-yearly) ASA CRG monitoring – <b>Training Services Committee addressing cancellation of recerts (Sep – 05 )</b> SIP outcome 17 – Clinical supervision in place across the LAS (Jul-05) Status green <b>NHSLA Risk Management Standard (Jan -05)</b> <b>Proactively apply the Validation and Ongoing Registration for paramedics.</b>	
C5 (d)	Health care organisation ensure that clinicians participate in regular clinical audit and reviews of clinical services	Failure to fully complete the Patient Report Form (PRF) with details of drugs given, treatment provided and a detailed record of all LAS interventions offered (8)	<b>Medical Director</b>	Boxes provided on station for the storage of PRFs to ensure all forms are collected for recording purposes TP 017 Procedure for any Patient Identifiable Form Used, Generated or Stored by the LAS Trainees have a 2 hour training sessions at Ilford on PRF completion Training Supervisor role course Supervised Ops. Training All training courses discuss the importance of good documentation Team Leaders Procedure for the use of the PRF Reviewed– a revised procedure will be issued later on in 2005 to accompany the	NHSLA Risk management Standard (Jan 05) <b>CHI – (March 2004)</b> <b>3 year plan to reach 100% compliance, re-launch in October at Team leader Development Day</b> SIP outcomes patients No 17 – Clinical supervision in place across the service (Team Leaders/Sectors Trainers) – Jil05 green status Risk Assessment of Team Leader programme <b>November 05 Board presentation on new electronic KPIs by Head of Clinical Audit and Research</b>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				<p>new PRF.            Treatment Protocols            Medical Directors Bulletin emphasis the need of good documentation            Statement of Duties</p>		
C6	Health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	<b>NO RISK IDENTIFIED on the Trust Risk Register</b>	<b>Medical Director</b>	<p><b>There are no risks identified currently on the risk register therefore it will be helpful to evidence what controls are in place. 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. <u>Patient specific protocols/information:</u> 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. <u>SE SHA handover form for patients with specialist palliative care needs:</u> This process is similar to that of the patient specific protocols , the form is faxed over to the LAS form the Palliative Care Team, special needs and requirements for the patient are then put in place. ST elevation myocardial infarction patients being taken directly to a 'Heart Attack Centre'</b></p> <p>Examples of joint working included in the PALS update given to the Board in January 06            Cardiac Care Strategy approved by the Board in November 05            Concerns about other Healthcare Professionals reported by Staff and processed by PALS</p>	Assurance needed – might include 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. <b>LA279 and LA280 available on ' The Pulse' Anonymised patient specific protocol/information. Register held in EOC. Copy of the SE Handover Form. Evidence in peer reviewed literature. Regarded as best practice in Europe and Scandinavia. Case Conferences –PALS records available</b>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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<b>Third Domain – Governance</b>						
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 competent of all activities of the healthcare organisation						
C7 (a)	Health care organisation apply the principles of sound clinical and corporate governance	<b>NO RISK IDENTIFIED on the Trust Risk Register</b>	Director Of Finance	Audit Committee/Governance review restructuring currently aligning systems and process to meet internal and external requirements. Risk Management Group reviews high priority risks. Annual Trust wide Risk Assessment identifies new risks. <b>(part of ALE-Auditors Local Evaluation co-ordinated by the Audit Commission)</b>	NHSLA Level 2, Risk Register, Assurance Framework, Risk Management Framework, Board reports including Assurance Framework, Annual Risk Management Report, Infection Control Report, Minutes from Audit Committee, Clinical Governance Committee Medical Director’s reports.	
C7 (b)	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	<b>NO RISK IDENTIFIED on the Risk Register</b>	Director of Finance	Uses of Resources is monitored by a different mechanism (Audit commission) Audit Committee . <b>(part of ALE-Auditors Local Evaluation co-ordinated by the Audit Commission)</b>	Vision and Values, Whistle Blowing Policy, Governance arrangements routinely monitored by the Internal Audit Programme agreed by the Audit Committee	
C7 (c)	Healthcare organisations undertake systematic risk assessment and risk management	<b>NO RISK IDENTIFIED on the Risk Register</b>	Director of Finance	Risk Register, Risk Management Committee and other groups regularly review progress against risks on the Risk Register.	Annual Risk Management Report, Statement of Internal Control, Trust Annual Report	
C7 (d)	Healthcare organisations have systems in place to ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in uses or resources	<b>NO RISK IDENTIFIED on the Risk Register</b>	Director of Finance	There are no risks currently reported on the Risk register and compliances with this standard is audited separately by the Audit Commission <b>(part of ALE-Auditors Local Evaluation co-ordinated by the Audit Commission)</b> .	Audit Commission, External Auditors	
C7 (e)	Health care organisations challenge discrimination, promote equality and respect human rights	Failure to meet responsibilities under the Race Relations Act leading to further SUI’s involving treatment of patients from minority backgrounds due to a failure to undertake training staff in working with diversity (118)	<b>HR and OD Director</b>	<ul style="list-style-type: none"> <li>Existing training (Corporate Induction Course, Community Awareness for Trainee EMT/EMD, Equal Ops)</li> <li><b>Diversity training programme/CPD One day session entitled Best Practice in the Workplace</b></li> <li>Language Line, Multi-lingual Phrasebook</li> <li>PRF-Ethnicity recording</li> <li>Monitoring/recording within EOC of 999 calls and radio communications</li> <li><b>Equality and Diversity Statement and Equality and Diversity Employment Policy.</b></li> <li><b>Vision and Values</b></li> <li><b>Equality and Diversity competency (KSF)</b></li> </ul> LAS Race Equality Scheme Strategic Steering Group, Race Equality and Implementation Programme, Diversity Team, Recruitment	<b>Commission for Racial Equality, South West London Strategic Health Authority review of Race Equality Schemes scored LAS Race Equality Scheme as Best in London, staff and patient surveys, external specialist reports e.g. 1990 trust</b>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
		Failure to meet responsibilities under the Race Relations (Amendment) Act 2000 in the monitoring of patient ethnicity (119)		initiative <ul style="list-style-type: none"> <li>New PRF introduced ethnicity data collected by staff and adherence to this included in the Team Leader PRF checks. MI collate the information for monitoring purposes</li> </ul>	Commission for Racial Equality	
C7 (f)	Health care organisations meet the existing national operational performance requirements	<b>Lack of ambulance cover on weekend nights and ability to meet increasing demand (1)</b>	<b>Director of Operations</b>	Agreement of three flexibility proposals, of which crew splitting has now been agreed. <b>REAP Plan introduced including resourcing strategies to deal with increased demand at peak times</b> <b>Roster for on-duty senior managers (AOMs) to command night operation of service</b> <b>New relief rota introduced biased to support increased weekend working</b> <b>Sector support rotas covering nights and weekends</b> <b>Back up ambulance supply arrangements in place</b>	CHI Star Ratings (Jul-05) – 2 Stars – Achieving Cat A 8 minutes target but under-achieving for 14/19 minute target SIP Outcome 24 – Category A performance targets achieved (Jul 05) – status green SIP Outcome 25 – Category A 14 min performance targets achieved (Jul-05) status green SIP Outcome 26 – <b>Category B 14 min performance targets achieved (Mar-05) –status red, maximising ambulance staffing and introduce a distribution regime which allows ambulances to respond more often from a mobile status. ACOAs and AOMs to focus on achieving this target. Emphasis to be given at PPGs &amp; Complex Review workforce plan and install Urgent Care Control.</b> ORH review (Lo77) to	
C7 (f)		Delay in activating vehicles due to human error in EOC when call taking and allocating vehicles (9)	<b>ADO EOC</b>	<ul style="list-style-type: none"> <li>MDT system on all ambulances</li> <li>EMD basic training modules 2&amp;3</li> <li>AMPDS, a quality assured licensed Procedure</li> <li>Incident Reporting Procedure</li> <li>CTAK (Supervised) System</li> <li>Rota System – Seeks to maximise number of call takers to alleviate pressure and reduce human error</li> <li>Team briefs used to convey information, advice and instructions to staff e.g. learning from incidents, changed procedures etc.</li> </ul>	Centre of Excellence accreditation (from National Institute of Accreditation for Emergency Dispatch) – 3 yearly (Submission of data for monitoring in between) CHI Star Rating (July 2005) – 2 Stars Achieving Cat A 8 minutes target but underachieving for 14/19 minute target Risk Information Report Sip Outcome 14 (Jul-05) – Status green	
C7 (f)		Delay in activating vehicles due to the unavailability of vehicles (12)	<b>Director of Operations</b>	AMPDS prioritisation  Training bulletins Vehicle Replacement Strategy – the ongoing business case for the acquisition of vehicles OP 023 Procedure for Dispatch of Resources by EOC (which incorporates the section ‘‘Communication of a Delay for Emergency, Urgent and Non – urgent Calls’’) has been distributed Resource Centre Procedure OP/019 – liaison with and assistance to other Ambulance and Emergency services / Agencies Fleet Management System DSOs and AOMs ensure and encourage that crews are	CHI Star Rating (July) 2 stars – Achieving Cat A 8 minute target but achieving for 14/19 minute target <b>Fleet and Transport Management Internal Audit (November 2003) – Management recommendations implemented</b> Risk Information Report Operational performance reports SIP Outcome 13 (Jul-05) – Status amber	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				available for calls as quickly as possible after patient hand over		
C7 (f)		Delay in activating vehicles due to inability to answer calls promptly before the recorded messages is played (13)	<b>Director of Operations</b>	<p>LAS standard to answer all calls within 10 seconds (National Standard 15 Seconds), achieved for over 80% of calls most of the time</p> <p>All delays in call answering are measured and monitored by the inbound Call Centre Managers</p> <p>Routinely monitored by EOC managers and reported on, also in conjunction with BT</p> <p>Procedure introduced to manage long delays in answering calls through assistance from Metpol and BT taking 999 calls.</p> <p>Trigger points for LA52 completion for a long delay agreed at CRG, allowing us to learn from situations</p> <p>All implementation of the Emergency Rule should be logged in the Occurrence Book</p> <p>EMD 1 Base Training</p> <p>Module 2 Call Taking system</p> <p>Access to language line</p> <p>Staff rotation</p> <p>Use of LAS Gazetteer, providing grid references for the location of call</p> <p>Automatic answering machine recorded</p>	<p>BT</p> <p>Monitored at CRG within the Risk Information Report (Performance and quality assurance information produced by MI and analysed by Senior Operations Officer – Planning and Risks) SIP</p> <p>Outcome 28 – 95% of 999 calls answered within 10 seconds (Jul-05) – status amber</p>	
C7 (f)		Delay in activating vehicles due to difficulties from caller (14)	<b>Director of Operations</b>	<p>Central Ambulances Control Training Department (CACTD) to provide training for all new recruits in handling difficulties involving different languages etc.</p> <p>Languages line is still used with EAC for callers</p> <p>Cable &amp; Wireless have recently complied with the EU directive for Call Line identification</p> <p>EMD 1 Base Training</p> <p>Module 2 C TAK system</p> <p>Direct line to Language Line</p> <p>Balance call takers and dispatchers as appropriate to demand</p> <p>Automatic answering machine recorded message</p> <p>Uses of LAS Gazette</p> <p>MDT</p>	<p>Clinical Risk Group</p> <p>SIP Outcomes performance (Various)</p> <p>24 – Category B 14 min performance targets achieving (Jul-05) – Status red, maximising ambulances staffing and introduce a distribution regime which allows ambulances to respond more often from a mobile status, ADAOs and AOMs to focus on achieving this target. Emphasis to be given at PPG's &amp; Complex Review Meetings. Revise workforce plan and install Urgent Care Control</p>	
C7 (f)		Delay in ambulance staff reaching the patient due to difficulties in locating the address (21)	<b>ADO EOC</b>	<p>EOC Staff briefing</p> <p>Caller Line Identification</p> <p>Supervised ops training</p> <p>PTS course</p> <p>Tech. course – EOC talk</p> <p>Driving Course</p> <p>EMD training in Call Taking</p> <p>Driving &amp; Care of Services Vehicles</p> <p>AMPDS, a quality assured licensed Procedure</p> <p>Crew radio back</p> <p>Allocation of other resources</p> <p>Duty Manager</p>	<p>CHI Star ratings (July) 2 Stars Achieving Cat A 8 minute target but underachieving for 14/19 minute target and poor performance for Cat B calls and GP Urgent</p> <p>Clinical Risk Group</p> <p>SIP Outcomes 24 – Category A performance targets achieved (Jul-05) status green</p> <p>SIP Outcome 25 – Category A 14 minute performance targets achieved (Jul-05) – Status amber</p> <p>SIP Outcome 26 – <b>category B 14 min performance targets achieved (Jul-05) – status red, maximising</b></p>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				ARV Dirty Vehicles (assist only) Contact with the police if address cannot be located TAS telephone advice scheme Ring Back RRU's MRU's Management Information identifying 'hot spot' Crew will seek help via Ops Liaison Desk CIU Daily Bulletin Language Line Stations obtain local estate maps from local government offices Local knowledge about road closure etc, is often relied upon Satellite Navigation System	<b>ambulance staffing and introduce a distribution regime which allows ambulances to respond more often from a mobile status..</b> <b>Revised workforce plan and installed Urgent Care control</b>	
C7 (f)		Delays are occurring in responding to urgent calls resulting in these calls becoming emergency calls (63)	<b>ADO EOC</b>	Protocol to provide prioritisation for calls from Doctors and Hospitals, resulting in EOC being able to prioritise urgent calls relatively alongside emergency calls so that the criteria for conveyance is clinical need for all patients A short term measure introduced to improve response to urgents requesting amber status 45 minutes to STA Dedicated call takers to AS2 lines EOC Urgent Care Service	CHI Star Ratings (July)-2 stars, GP Urgents (balanced scorecard-medium Urgent Calls are monitored through Risk Information Report presented at CRG <b>SIP Outcome 27 – AS2-Doctors urgent performance at 95% within 15 minutes of agreed arrival time (Jul-05) status red, immediate dispatch of call when one hour remaining on STA (Progressing) a system of AS2 triage, blue light response to one – hour AS2s.</b> <b>Operational recourses within the Urgent Care Services now has around 104 staff in post and some stations continue to support unfound AS2 vehicles</b> <b>SIP Outcomes 36 – 95% of Doctors calls answered in 30 seconds- status red , as above</b> Consider EBS Internal Audit 06/07	Please update assurance and existing control
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 service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	<b>NO RISK IDENTIFIED on the Risk Register</b>	<b>HR Director</b>	<b>25 trained support workers underpinning the LINC scheme</b> <b>Employee Assistance Programme (EAPS)</b> <b>Whistleblowing Policy</b> <b>Counselling Service</b> <b>Senior Management Review of Services by Head of Employment Services</b> <b>PALS support for staff reporting concerns raised by care provided by other Healthcare Professionals</b>	LINC Scheme, Consultation visit programme, development of new Services Plan with staff input	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
C8 (b)	Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address where appropriate under-representation of minority groups	Staff expectation not met due to inability to sustain implementation of PDR service-wide (132)	<b>HR and OD Director</b>	Resource centre role in planning training using a formula that takes into context the relief factor, winter pressures, targets etc. Training Resources Group Training Services Committee Training Sub – group (with union) PTS Training Group Mechanisms to release staff for allocated training Monitoring roll- out to all staff of the PDR process. <b>Sponsored study budget. Breaking through programme. Positive statements on adverts. Support for staff networks</b> <b>Bursary applications Scheme</b>	IWL- Practice Plus status(Apr-05) SIP Outcome 2- Annual appraisals and personnel development plans in place for all staff (Jul-05) Amber status. <b>Monitoring and evaluation including impact assessments in line with Race and other Equalities legislation.</b> <b>80% KSF outlines in place</b>	
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	Risk of inconsistent treatment or records throughout the LAS and an uncoordinated approach due to the lack of a trust-wide records management plan and a senior manager responsible for implementing it which is endorsed the Board (35)	<b>IM &amp; T Director</b>	Corporate Induction IM& T security policy Access to Health Records policy, Records Management Policy Information Governance panel Head of Records Management FoI Policy Two awareness training sessions attended by at least one representative from each department, 52 staff have received general & legal training, 32 staff process training. Publication scheme reviewed annually, annual assessment using the Information Governance Toolkit	CHI CG Review report – March 2004 <b>Board approved TP 017</b> <b>Internal Audit – June 2004 – Records Management Strategy been to Clinical Governance Committee and the Records Management policy approved by Board</b> FOI internal Audit (September 2004) Information Governance Toolkit (March 2005) – Rated 2 out of 3 <b>PRF Audits (Jun-05) – 30% completed services-wide, 3 years plan to reach 100% re-launch in October at Team Leader Development Days</b> FOI Policy Review (Trust Board July 2005)	
C 10 (a)	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Risk of employing staff with a criminal record due to not conducting Criminal Records Bureau checks (125)	<b>HR and OD Director</b>	90% of new staff are checked (A&E staff and intermediate tier) Compliance with CRB disclosures in the NHS (NHS Employers 2004)	NHSLA Risk management Standard Review (Jan-05) <b>We undertake at recruitment, standard level CRB checks for staff with direct patient contact only. This includes POCA and POVA checks. There has been discussion but no decision regarding moving to enhanced level checks</b>	
C 10 (b)	Health care organisations require that all employed professionals abide by relevant published codes of professional practice	Risk of staff not knowing their accountabilities for internal control and principles of the Code of Conduct	<b>Finance Director</b>	The induction process for new Directors has been expanded to include exec's as well as non-exec's Board members signed up to the Code of Conduct. Board reviewed compliance with Code of Conduct Key objectives agreed by the Board for Service Plan and used in the Assurance Framework Regular reports received by the Board about delivery of service objectives Work has been undertaken on resourcing and we now need to build on A&E Resources group and use operational research into deployment and staff survey result. Workforce planning has improved and the SIP and OD strategy have been reviewed.	Governance Standard Internal Audit (March -04) Develop an IM&T strategy governance Internal Audit (May 2005) – review Governance structure	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				Monitoring and follow up of delivery of outcomes e.g. SIP outcomes Patient and Public Involvement Department Plan has begun to address the information gathered by stakeholders Counter fraud Services		
C11 (a)	<b>Healthcare organisations require that all employed professionals are appropriately recruited, trained and qualified for the work that they undertake</b>	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>HR and OD Director</b>	Cause for concern addressed via additional training / capability policy <b>Disciplinary policy and other related HR Policies and Procedures</b>	Recruitment policy, workforce recruitment and turnover plans routinely reported to the Board	
C11 (b)	Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in mandatory training programmes	Risk of technicians falling to meet requirements for mandatory refresher and update elements of Risk Management Training (66)	<b>Medical Director</b>	Discrete packages to update skills are delivered to EMTs on a continuous rolling basis Training Records . <b>All operational staff will attend a 5 day CPD course over the next two years (from April 2005). Any EMT3 who wishes to progress to EMT 4 is required to have the evidence of having attended all mandatory training</b> Training Services Committee Minutes	IHCD Inspection of training October 2003 (3-yearly ) Training Services Committee A full review on the education and development department (Jan-05) <b>will be completed by summer 2006. Processes now in place to ensure that staff who do not attend mandatory training are re-booked and that an audit will take place to ensure that they attend and that their managers are informed.</b> <b>Successful IHCD inspection of Education and Development completed in February 06.</b>	
C11 (c)	Healthcare organisations ensure that all staff concerned with all aspects healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	<b>NO RISK IDENTIFIED on the Risk Register</b>	<b>HR and OD Director</b>	Well Person Medicals available, IWL standards compliant, KSF rollout underway <b>5 Day CPD course</b> <b>EMT4 course</b> <b>Initial HEMS course for Paramedics</b> <b>ECP programme.</b> <b>Use of New Resuscitation guidelines</b> <b>DSO training programme</b> <b>AOM development programme</b> <b>AMPDS course for EOC staff</b> <b>PSIOM training</b>	KSF implemented IWL Practice Plus. <b>Managers have been attending PDR/KSF workshops since June 05 in preparation of the PDR/PDP process roll out scheduled for the coming year.</b>	
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the Research Governance framework are consistently applied	Risk of research being stopped due to falling to conform to Research Governance Framework (85)	<b>Medical Director</b>	Research Surgeries Research Handbooks Supervisor Handbook Seminar Presentation Implementation plan External framework with targets (risk scored) Publicity Communications with University CARSG Research Governance targets met (2004) <b>Research governance targets met (2005)</b>	Research Governance policy board approved. Research Governance targets to benchmark LAS progress. <b>DH rating 2005 'good'</b>	
		Risk to patient and to the viability of research projects, with financial, ethical and	<b>Medical Director</b>	Research Protocols Research Governance framework Research Strategy Responsibility contained in Paramedics and EMT job	Internal audit on Research Governance – Planned 05/06	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
		reputational impacts due to poor/no documentations kept by staff (137)		description		

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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<b>Fourth Domain – Patient Focus</b>						
Healthcare is provided in partnership with patients, their carers and relatives and designed around decisions which respected their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing						
C13 (a)	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>HR and OD Director</b>	<b>Vision and Values. HR Policies and Procedures. Operational Policies and Procedures. Training for operational staff specifically diversity CPD training. RIB article on not photographing patients receiving care</b> Complaints Policy. Race Equality Scheme and Race Equality Scheme Implementation plan currently monitored by the Strategic Race Equality Scheme Steering Group	SWLHA review of scheme v positive. <b>Monitoring of complaints handling including matters aggravated by bias factors. KSF competencies</b>	
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	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Medical Director / Director of IMT</b>	Consent Policy has been issued trust -wide, consent forms printed Freedom of Information Act requirements in place and served by trust PALS team. 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	
C13 (c)	Healthcare organisations have systems in place to ensure staff treat patient information confidentially, except where authorised by legislation to the contrary	<b>NO RISKS IDENTIFIED on the Risk Register</b>	As above	<b>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: re patient confidentiality/legislative requirements through presentation and handouts –to go live April 2006. DPA policy already in place documenting access to patient data . Further ongoing training to be incorporated into current staff training to equip staff handling such data with (at least) yearly best practice advice/guidance through training. Localised training yet to be approved. Go Live date estimated mid-2006. Regular communication channels (newsletters/intranet) to be opened up (as per 2005 audit requirements</b>	<b>Information Governance panel and management of IGT to set future IG initiatives and strategy</b>	
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 formal complaints and feedback on the quality of services	<b>NO RISK IDENTIFIED on the Risk Register</b>	CEO	PALS team in place with separate arrangements for Freedom of information Act.	<b>trust website about to be updated PSU Review for trust board</b>	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
C14 (b)	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	<b>NO RISK IDENTIFIED</b>		Race Equality Scheme and related policy documents embedded trust wide.	Complaints policy, Diversity team reports .1990 <b>Trust Report to Board. Patient Surveys</b>	
C14 ©	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and where appropriate make changes to ensure improvements in service delivery	Risk of not learning and changing practice, as a result of complaints (70).	<b>Chief Executive</b>	Serious complaints are investigated by Investigation Officers using Root Analysis techniques. Roundtables are then used to draw out lessons learned and generate recommendations to prevent similar incidents occurring in the future. Datix Integrated Risk Management System – a database for complaints used to produce reports to allow trend to be analysed and acted upon. Complaints are used in the Corporate Induction, DSO and EMT course for discussion regarding how the situation could have been dealt with better and to learn from Complaints Review Panel Complaints Procedure with revised flow chart Local outcome reports As part of CPD complaints will be included in the training for all operational staff	CHI – (March 2004) Complaints Internal Audit (Feb-05) <b>NHSLA Risk Management Standard (Jan-05) – Added Statement and Summary Writing Guidance to the Complaints procedure as an appendix, actioned through the Complaints Review Panel.</b> CHI Star – rating (Jul-04) – Patient Focus, balanced scorecard – medium <b>Complaints trend analysis – CPD course to address trend in attitude and behaviour complaints</b> SIP outcomes patients No’s 18-20 – Reduce all patient care related complaints (Jul-05) – PTS and CAC green, A&E amber.	PALS Reports to the Board
C16	Healthcare 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	Patients and Public Involvement plan resulting in staff being unaware of responsibilities and service delivery not being responsive to Patient and Public need (91)	<b>Director of Communications</b>	PALs Team Patients Forum monitors the effectiveness of local PALS PPI Strategy A formal protocol has been drawn up between PALs and PSU	PALS enquiries trend monitoring SIP outcomes 22 – Regular comprehensive information about user views/levels of satisfaction (Jul-05) – Status amber Patient Forum minutes	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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<b>Fifth Domain – Accessible and Responsive Care</b>						
Patient 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.						
C17	Views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Director of Service Development /Director of Communication</b>	PPI Strategy Delivery plan, PPI Committee, Patient Forum member on CARSAG Patient representation on clinical audits	Membership of Patients Forum on senior governance committees. Informal approval of compliance for this standard given by Healthcare Commission during recent visit	<b>Assurance to be taken from Evidence shown to the Healthcare Commission informal review fo 5 Healthcare Standards in February 06</b>
C18	Health care organisations enable all members of the population to access services equally and offer choice in access and treatment equitably	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Director of Service Development</b>	Urgent Calls Centre, 2 Star rating, Emergency plan, MINAP database <b>Equality of Access programme in the Strategic Seven Year Plan including milestones/targets</b> <b>Strategic Plan includes options for patients to identify and contribute to the development of the new operational model. Patient Specific Protocols</b>	Reports to SDC/Board on overall performance	
C19	Health care organisation ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services	Falling to appreciate the significant and urgency of psychiatric illnesses, and to provide the appropriate response/assistance/treatment (102)	<b>Service Development Director</b>	In EOC – AMPDS provides a call prioritisation for all calls including those where the patient has a mental illness. In addition there are procedures in place to deal with non – emergency requests and their management and subsequent requests for upgrading the prioritisation of a call. Operational Staff – Psychiatric illness is covered in basic training and Treatment Protocol TP/053 Mental Problems provides generic guidance and gives a basic background. Coverage on National Clinical Guidelines is not extensive. Addressed on EMT course and intermediate tier course. Also part of ECP training. Diversity Officer has delivered a session for CTA staff <b>Mental Health Strategy approved by the Board November 05, Paramedic Recert course, CEO consultation meetings</b> <b>Training for all operational staff in managing children and vulnerable adults</b> <b>Reporting procedure for patients who are assessed as being “at risk”</b>	As above	
		Delay in treatment and potential adverse outcome for patient when police attendance has been requested but there are no available units to respond due to their operational pressures and no dynamic risk assessment is undertaken (138)	<b>Director of Operations</b>	In instances where there is an unavailability of police crews to attend a call crews can request a DSO or Team Leader (see below) Part of the AOM (Ambulance Operation Manager) remit to forge local links with the police to resolve such issues Memoranda of understanding MI ask AOMs to review High Risk Addresses monthly	High Risk Address register Audit – Jul – 2001 DPA Audit - 2004	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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**Sixth Domain – Care Environment and Amenities**

Care is provided in environments that promote patient and staff wellbeing and respect for patients and preferences in that they are designed for the effective and safe delivery of treatment. Care of a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

C20a	Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects, patients, staff, visitors and their property, and the physical assets of the organisation	Risk in injury to operational staff and/or patient through issues relating to manual handling This can occur when using equipment, including trolley beds and carry chairs, or when lifting or assisting patients without equipment. Staff can also incur injury when lifting inanimate heavy loads (4)	<b>HR and OD Director</b>	One day patient moving and handling update training introduced in summer 05. Training in line with current best practice Ergonomics study commissioned for design of specialist vehicles to move heavy incubators ITU and balloon pumps patients. Specification to be finalised in the coming year Some staff trained to be accredited assessors and trainers (Instructors , Fleet staff and Archivist) Mangar Elk cushions introduced into the workplace to manage lifts from floor and lifting heavy patients VEWG evaluate all procurement of equipment Manual Handling steering group chaired by Director of Operations. All new vehicles have tail lifts and gas assisted trolley beds Ergonomics consideration given to vehicle equipment and design Generic tasks risk assessed and updated in line with equipment provision Links made with other stakeholders (North East area) to address patient handling issues and developing protocols for managing bariatric patients	HSE mini – audit (Mar-05) – positive assurance IHCD (3 yearly, last one October 2003) CHI – (March 2004) Health & Safety Internal Audit (August 2004) Quarterly Incident statistics - Monitoring of personal injury claims – general downward for staff claims Monitoring of industrial injury Sickness – Quarterly monitoring of Premises Manual Handling Policy ratified and implementation group set up Ergonomics and Back care adviser developing KPIs and monitoring application and impact of MH policy Evaluation of carry chairs phase 1 complete	
C20 (a)	Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects, patients, staff, visitors and their property, and the physical assets of the organisation	Risk of injury to staff, patients or third party travelling in an LAS vehicle or involved in an RTA with an LAS vehicle (17)	<b>Director of Operations</b>	<ul style="list-style-type: none"> <li>• Mandatory LAS policy to wear vehicle seatbelts</li> <li>• 24 hour vehicle fitters provide vehicle maintenance</li> <li>• Fleet Co-ordinator appointed in EOC</li> <li>• FRU training</li> <li>• Driver training/assessment on PTS,EMT,DSO and paramedic courses, including remedial training</li> <li>• Various Operational Procedures</li> <li>• Incident Reporting procedures</li> <li>• Statutory requirements</li> <li>• IHCD Driving Manual</li> <li>• Incident investigation course</li> <li>• Off road driving course for 4x4's</li> <li>• EEV driving course</li> <li>• Continuous Professional Development involves a ride- out with Team leaders where driving skills will be monitored</li> <li>• Disciplinary Procedure</li> <li>• Complaints Procedure</li> <li>• Vehicle Inventories &amp; Checking Procedures</li> <li>• LA400 Defect sheet and LA1</li> </ul>	IHCD (3 yearly, last undertaken October 2003) HSE mini-audit – positive assurance received. NHSLA Risk Management Standard (January 2005) Local Authority Transport Management Internal Audit (November 2003)	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
				<ul style="list-style-type: none"> <li>Scheduled maintenance programme and full record</li> <li>Monitoring of staff injury</li> <li>Vehicle Defect allegation investigation</li> <li>Vehicle design specification</li> <li>Resource(s) allocated as appropriate</li> <li>Police</li> <li>Routine checks on Driving Licences monthly</li> <li>Garage layout and parking arrangements</li> <li>RTA investigation reporting process</li> <li>Quarterly reports on RTAs to AOMs to define</li> </ul>		
		Risk of LAS staff being physically assaulted (118)	<b>HR and OD Director</b>	<p>Staff Safety Group meet on a 2 monthly basis 7x2 – day manager’s personal safety / post incident support training undertaken Identified issues from Safety Audit Stab vests issued to all A &amp; E Operational staff Close liaison with CPS and Met Police established At Risk Register of known violent addresses held and updated by EOC, reviewed on a yearly basis Violent Incidents reported on LA 277 EMT course Health &amp; Safety for Managers EMD Basic training course PTS Training Incident Reporting Procedure Staff Safety Policy Referred to OHD Anti – violence warning signs (in ambulance) PRF quality assurance Lone – worker policy (draft) Posters ‘No Excuse’ Panic button on personal radios Analysis undertaken to highlight particularly ‘at risk areas’ so that preventative action can be taken locally AMPDS call taking protocol Dispatcher protocol. Direct emergency number into EOC via mobile phones Post Violence Support Training in Development for Team Leaders</p>	<p>CFSMS (Counter Fraud and Security Management Services. <b>Security Management Internal Audit (Jun-04) Security Policy and Strategy Training Needs Analysis in Risk Management approved by NHSLA at level 2 assessment</b> Quarterly Incident Statistic issued Trust Wide and include reported violence, allowing monitoring – Audit of the effectiveness of Personal Safety training undertaken in March 2006 Nominated Security Management Specialist to attend CFSMS Training in August 2006 GDU Re-Audit on the High Risk Address Register (postponed SIP people outcomes No.4 – Reduction of assaults on staff (Jul-05) – green status Staff Safety Audit (Nov -02)</p>	
C20 (b)	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patients privacy and confidentiality	<b>NO RISKS IDENTIFIED on the Trust Risk Register</b>	<b>Director of Operations</b>	<p>Make Ready Scheme, New Vehicle Specification with compliances achieved with BSN 1789:2000 Tinted windows and shutters on vehicles Patient Assessment sign on back of vehicles Operational Policy on use of courtesy blankets</p>	<p>Vehicles and Equipment Working Group Board reports on Make Ready</p>	
C21	Healthcare services are provided in environments which promote effective	Risk to patients and staff due to contamination of	<b>Director of Operations</b>	<p>Infection Control Manual and the pre-learning material for new recruits now contains a large section on Infection Control.</p>	<p>Clinical Waste Audit – June-02 <b>Infection Control Internal Audit (Sept-04) – finalised Infection Control Policy. (approved by Board Nov 05)</b></p>	<p>As Ambulances are our environments this is covered by Make Ready Scheme</p>

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
	care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	equipment and vehicle (48)		Changing bags before they become very full has been communicated to Sector management teams. Established members of PTS staff will be trained through the new programme of Work Based trainer activity. The concept involves the introduction of themed training activity at local level, which will subsequently change on a monthly basis (to include Infection Control). Ongoing promotion of Infection Control Manual.	<b>Implementation of organisation- wide annual audit. Clinical theme for Work Based Training to be set, roll-out Make-Ready, one off deep clean for all vehicles, LAS News Article.</b> Premises Inspections monitored at Corporate Health and Safety Committee –LA52 reports – None reported (Apr-June-05). Review of the SOM –	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
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**Seventh Domain – Public Health**

Healthcare organisations provided leadership and collaborate with relevant local organisations and communities to ensure the design and delivery of programmes and services which promote, protect and improve the health of the population and reduce health inequalities between different population groups and areas

C22 (a)	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Directors: Medical, Operations, and Service Development</b>	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	PPI Policy PPI Committee PALS reports Race Equality Scheme and Development Plan quality assured with Strategic Health Authority who gave it best practice status	
C22 (b)	Healthcare organisations promote, protect and improve the health of the community served, and narrow health and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	<b>NO RISK IDENTIFIED on the Risk Register</b>	<b>Medical Director</b>	Cardiac Arrest DVD, Community Resus team work, Project Harmony etc. <b>Cardiac Care Strategy approved by the Board in November 05 .</b>	See 22a above	
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	<b>NO RISKS IDENTIFIED on the Risk Register</b>	Director of HR	Evidence provided for Healthcare Commission recent visit Patient Specific Protocols LAS Protocol for use of Whitechapel WIC Stakeholder goals from NHS Partners workshop to develop 7 year strategic plan	PPI strategy LESLEP NICE Manager identified and reporting in to Clinical Risk Group Mental Health Strategy	
C23	Healthcare organisation have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national	<b>NO RISKS IDENTIFIED on the Risk Register</b>	<b>Director of Service Development</b>	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 Risk	Mental Health Strategy approved by Board November 2005 Annual Clinical Audit Programme Infection Control Annual Report	

Ref No	Standard	Principal Risks	SMG Lead	Existing Controls	Trust Assurance	Compliance
	plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections			Group		
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.	No being able to instigate an effective response in the event of either an internal or external incident that affected the infrastructure of the service due to a lack of a comprehensive, fully integrated Contingency	<b>Director of Operations IM&amp;T Director</b>	<b>Exercises with operational managers and crews</b> Major Incident Plan, EPU, Business Continuity Plan London Emergency Services Liaison panel membership Major incident management training annually for senior managers Secondments of senior managers to London Resilience Team International Emergency Planning Exercise London wide Police Fire and Ambulance Services rehearsal exercise	Catastrophic Incident plan Mass Casualty Plan Heatwave plan Mutual Aid Agreements with other emergency services Agreements with private sector ambulance services  Business Continuity Planning internal Audit – 06/07	

London Ambulance Service NHS TRUST

TRUST BOARD 28<sup>th</sup> March 2006

**Service Improvement Programme Update**

1. Sponsoring Executive Director: Peter Bradley

2. Purpose

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

3. Overall progress

There are 283 items within the SIP of which 46 were live mid-March with all but 12 expected to be complete by the end of the month when the programme comes to an end. It is too early to report on the actual end of March SIP Outcomes. A report on the completion of the SIP will be presented to the Trust Board in May covering both items and Outcomes. A full review of the achievements of the SIP and the lessons learned for the future will be presented in July.

4. Progress on significant improvement programme initiatives

Patients

*Improve infection control processes and kit:* Significant progress has been made in improving infection control processes and kit. Roll out of Make Ready is improving the cleanliness of ambulances and equipment. Swabbing results indicating low bacteria counts on ambulances post cleaning. There is no indication of MRSA being present. Further station based audits are to be commenced. A new training module is being developed for staff for introduction this coming summer. New disposable bag and mask, laryngoscope blades and safety cannula will be available from April 06. New paper hand towels are now fully in use throughout service supported by a training campaign.

*Introduce and evaluate, pilot for integrated information management to provide a one stop shop for London primary care professionals:* The 'EBS First' initiative aims to improve services to health care professionals and their patients and has been operating since March 2004 in Richmond & Twickenham PCT. An evaluation of the first ten months of its operation has been completed, looking at redirected activity, user satisfaction, impact on patient care and use of the GP Urgent Transport Protocol. The next stage is for discussions with internal and external interested parties regarding both geographical expansion of the existing model and the prospects for further development. Real progress in the future will

depend upon achieving direct input through the CTAK system and the ability to respond more precisely to healthcare professional journey requests.

*Carry chair replacement:* Ergonomic assessment of carry chairs has been completed and a report is due in March 2006. The study undertaken has assessed whether any existing chairs are of a suitable specification for operational evaluation. Mechanical chairs are also to be considered for use on specialist vehicles. Recommendations are due to be made by 31 March 06.

*Diversity:* A review of progress in implementing the Diversity Plan (SIP item 186b) in relation to both patients and staff can be found at Annex 1.

## People

*Electronic Staff Records (ESR):* The core business modules within ESR, are Payroll, HR and Recruitment. The project is currently in phase two having successfully completed the first phase on 28 October 2005. Phase two, the Implementation phase, will carry on until the ESR system goes live on the 1 July 2006. During the implementation phase the Trust has to pass a series of readiness assessments to ensure LAS compliance with the national project deliverables. The Trust passed the second readiness assessment on the 3 February when it had to provide evidence that the ESR connectivity and infrastructure requirements have been met. The implementation phase is also the opportunity to ensure that the data held in the current Trust legacy systems is transferred correctly as well as cleansed for any data or format errors. March (6<sup>th</sup>-31<sup>st</sup>) is the first phase of user acceptance testing.

## Performance

*Fast Response Vehicles:* 27 of the 29 new Zafira Rapid Response Units' (RRU) and Emergency Care Practitioners' (ECP) cars were delivered into service by the middle of February. The remaining 2 are being modified for CBRN use. Due to the requirement for early in service use the equipment rack in the rear of the vehicle was not incorporated in these vehicles but a temporary solution was invoked. The rack design plus all other features not delivered with these vehicles will be incorporated as a modification programme after April 2006. To maintain patient and staff safety the new design of rack will also be fitted to the previously delivered ECP and RRU Zafira's.

*Acquire 65 New Ambulance (05/06):* At the end of February 26 of the 65 replacement ambulances had been delivered to the LAS. The remaining vehicles are expected to be delivered into service at a rate of 4 per week. Evaluation of the carbon fibre bodies is continuing but will not be completed before these vehicles are delivered.

*Satellite Sites:* One fixed satellite site (Gallions Reach in Thamesmead) is now operational and another at Hillingdon Fire station (Hillingdon complex). Planning permission for sites at Albany Road (Deptford complex), South Street, Bromley (Bromley complex) and the Crooked Billet Roundabout (Whipps Cross complex) have been approved. Leases for Albany Road and South Street will be completed shortly and should be operational within 6-8 weeks from that time.

**5. Communication**

An updated version of the SIP Gantt Chart is placed on The Pulse each month so as to be available to all staff. Following the closure of the programme at the end of March a special Bulletin to staff will be produced reviewing progress made during the lifetime of the SIP.

**6. Recommendation**

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

**Martin Brand**  
**Head of Planning and Programme Management**  
**15 March 2006**

## SIP Item 186b: Implementation of the Diversity Plan

### Monitoring:

- Ethnic monitoring:
  - process for A&E patients is now in place with the introduction of the new PRF;
  - process for PTS patients is being incorporated into the booking process;
  - built into the new software for Clinical Telephone Advice as a mandatory field;
  - in place for Complaints and PALS incidents;
  - incorporated into research and audit as appropriate to the subject being investigated;
  - being covered on the CPD course, “Promoting Best Practice in the Workplace” session on diversity issues.
- Monitoring of staff data currently includes age, gender and ethnicity. It has been agreed in principal to prepare to include additional factors – religion/belief, disability and sexual orientation - once the Electronic Staff Record is in place.

### Still to be achieved:

- Demographic targets for recruitment, selection, promotion etc., to be a product of the Recruitment and Selection Review currently taking place.
- Improvements in obtaining and recording patient’s ethnicity on PRFs – currently only 14% of PRFs have a valid ethnicity code.

### Training and Development:

- 530 members of staff have attended diversity training incorporated into the one-day “Promoting Best Practice in the Workplace” session as part of the CPD course, 36 trainers have undertaken the Diversity Foundation course, and 7 have also undertaken the Diversity Facilitators course, in order to deliver the one-day session. The session includes General Duties under Race Relations Act, NHS Knowledge and Skills Framework Core Competency 6 – Equality and Diversity, Ethnic Monitoring, as well as covering gender, disability, mental health, religion/belief, sexual orientation, and other aspects of diversity
- All new staff receive a one-hour session entitled Managing Diversity during the Corporate Induction course, which includes showing the “Cardiac Arrest” DVD
- All new operational (A&E, EOC, PTS) staff receive a 2-4 hour session on diversity issues during their foundation training
- Team Leaders, DSOs/ADSOs training courses continue to have a diversity session included.

### Still to be achieved:

- Remainder of operational staff to attend the CPD course
- Remainder of support staff to attend diversity training
- Managers and senior managers, including SMG and Trust Board to receive diversity training – to be included in Leadership and Management Development programme
- BME development programme to be designed and implemented – to be included with Learning and Development Centre work

### Recruitment and Selection:

- Review of recruitment and selection is being carried out with a report and recommendations due end of March 2006 involving the Patients Forum, staff side and representatives from across the Trust
- Pre-selection training targeted at candidates from BME communities run by CITE (Communities into Training and Employment) producing 25% success rate compared to 1.5% for standard entry (Technicians)

### Still to be achieved:

- Funding bid submitted for pro-active Positive Action recruitment initiatives targeted at BME communities
- Target for BME recruitment to be established as part of Recruitment and Selection Review
- The review will also establish a revised Recruitment and Selection procedure, updated policy, as well as training for panel members and staff applying for promotion

- Significant improvements still to be made in the recruitment from BME communities, particularly in terms of EMT roles

#### **Patient Focus:**

- “Cardiac Arrest” DVD produced and launched – showing how non-English speaking patients can access the 999 emergency service, and highlighting signs and symptoms of a heart attack, and other health promotion messages
- “Save a Life” cards produced in four South Asian languages, describing how to carry out CPR. These have been distributed to complexes with significant South Asian communities, in the first instance. The cards and the DVD are being made available nationally to other ambulance trusts
- Medical Visual Language Translator Card – initial trial in Newham was unsuccessful, but has since been transferred to the Cycle Response Unit for evaluation
- Annual Report available in multiple languages and formats
- Community Engagement Packs distributed to all Ambulance Operations Managers
- Borough Profiles for London published on the Pulse giving demographic information for each London Borough
- Published, internally, “It’s Good to Talk” report on Language Line use via ambulance crews using mobile phones

#### Still to be achieved:

- Establishing a Trust-wide language, translation and interpretation policy/guidance – a draft policy is currently under development
- Greater use of LAS website for health promotion and other patient information, in particular, available in alternative languages and formats
- Health promotion campaigns focused on minority communities, especially available in alternative languages and formats
- Improving access to 999 service for deaf people, e.g. using text messaging
- Incorporating access and communication aids into future technological developments, e.g. CAD 2010, sign language avatars using PC tablets/notebooks/palmtops

#### **Policy and Strategy:**

- Diversity incorporated into the Trust’s Strategic Planning process
- Diversity Impact Assessment process in place – also incorporated into Service Project Planning Proposal (SPPP) form, and Application for Financial Approval (AFA)
- Bullying and Harassment policy updated and published
- Equality and Diversity Employment Policy published
- Specific Learning Difficulties (Dyslexia) Policy published
- Transgender Policy published
- Race Equality Scheme (2002-2005) reviewed and received favourable feedback from SHA – it was the best example of those reviewed
- Race Equality Scheme (2005-2008) revised and published, and received excellent grading from SHA review – best example of all London Trusts
- Race Equality and Diversity (READ) Implementation Plan included in CIRIS (the IT application for managing Standards for Better Health compliance)

#### Still to be achieved:

- Disability and Access Policy
- Disability Equality Scheme and Gender Equality Scheme, or possibly an all encompassing Equality Scheme, in accordance with legislation currently pending
- Greater compliance with diversity aspects of Standards for Better Health, Race Equality Scheme, Diversity Plan etc. – closer links with individual and departmental objectives, and NHS KSF competencies
- Paper on Age Discrimination to be issued as management guidance on the Pulse imminently
- Changes to be made to selection criteria to take account of age discrimination legislation which comes into effect October 2006