LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 23rd May 2006 at 10am

Conference Room, 220 Waterloo Road, SE1

A G E N D A

1.	Declarations of Further Interest.	
2.	Opportunity for Members of the Public to ask Questions.	
3.	Minutes of the Meeting held on 28th March 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 12 2005/2006 Financial Report	Enclosure 4
8.	Month 1 2006/07 Financial Report.	Enclosure 5
9.	Report of the Medical Director	Enclosure 6
10.	Approve new governance & risk management arrangements	Enclosure 7
11.	Note Urgent Care workforce plan for 2006/2007	Enclosure 8
12.	Note Clinical Education and Development Programme for 2006/07	Enclosure 9
13.	Note decisions around Professional Standards Unit	Enclosure 10
14.	Service Improvement Programme Out-turn Report	Enclosure 11
15.	Report from Trust Secretary on tenders opened since last Board meeting & the use of the Trust Seal.	Enclosure 12
16.	Draft Minutes of the SDC Away Day – 25th April 2006	Enclosure 13
17.	Draft Minutes of the Audit Committee – 20th March 2006	Enclosure 14
18.	Draft Minutes of the Risk Management Committee – 20th March 2006	Enclosure 15
19.	Draft Minutes of the Service Development Committee, 28th February 2006	Enclosure 16
20.	Any Other Business.	
21.	Opportunity for Members of the Public to ask Questions.	
22.	Date and Venue of the Next Trust Board Meeting. 25th July 2006, 10.00am at 220 Waterloo Road, London SE1	

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 28th March 2006

Held at the Jack Disney Room, Union Jack Club, Sandell Street, SE1

Present:

Sigurd Reinton	Chairman
Peter Bradley	Chief Executive
Non Executive Directors	
Barry MacDonald	Non Executive Director (until 11.30)
Colin Douglas	Non Executive Director (absent 11.15-12.30)
Sarah Waller	Non Executive Director
Beryl Magrath	Non Executive Director
Caroline Silver	Non Executive Director
Associate Non Executive Director	
Ingrid Prescod	Associate 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

Apologies

Roy Griffins	Non Executive Director

In Attendance:

Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
David Jervis	Director of Communications
John Wilkins	Head of Governance
Malcolm Alexander	Chairman, LAS Patients' Forum
Martin Brand	Head of Planning & Programme Management
Paul Carswell	Diversity Manager
Laura Weatherly	Member of the public
Dean Weatherly	Member of the public
Christine McMahon	Trust Secretary (Minutes)

The Chairman paid tribute to Bill Marks, a member of the LAS Patients' Forum who had recently died. Bill had been an enthusiastic member of the Patients' Forum and would be sadly missed. Representatives of the Trust attended his funeral.

24/06 **Minutes of the Meeting held on 31st January 2006**

Agreed: The minutes of the Trust Board meeting held on 31st January with the following amendment: that the Chairman of the Patients' Forum had asked whether the Review of the Complaints Procedure would look at the interface between the PSU and the PALS, and whether it would consider the introduction of conciliation into the complaints system, where this is appropriate. The Board agreed that the Review would look at both of these issues

25/06 **Report of the Chairman**

The Chairman welcomed Caroline Silver (Non Executive Director) and Ingrid Prescod (Associate Non Executive Director) to their first meeting of the LAS Trust Board. The other appointee, Roy Griffins, was unable to attend today's meeting but had assured the Chairman that he would attend future meetings of the Trust Board.

Some progress had been achieved with the restructuring of the ambulance services in England and, subject to consultation, it appears likely that the number of ambulance services will decrease from 31 to 11. All potential Chief Executives have been appointed.

The Board was informed that as yet there was no indication as to who will lead the single London Strategic Health Authority. It was hoped that, when the Chief Executive and Chairman had been appointed to the single London Strategic Health Authority they will give the Primary Care Trusts' Commissioning Group a clear strategic direction for the LAS.

The Chairman paid tribute to Colin Douglas on his retirement from the Trust Board after ten years of service. The Chairman said that over the years he had come to rely on Colin's good judgement and good humour, particularly during times of adversity. He said that it had been a pleasure to serve on the Board with him and presented him with a token of appreciation on behalf of the Trust Board.

Colin thanked the Chairman for his kind words. He said that it had been a privilege being a member of the Trust Board. He looked forward to seeing the Trust deliver performance targets for 2005/06. He was proud of the fact that colleagues had viewed achieving performance targets as a means to an end rather than an end in themselves. Achieving the performance targets had enabled the Trust to establish its credibility and to build on that reputation to reshape the Service.

Noted:
1. **The Chairman's report.**
2. **That Colin Douglas had retired from the Board following ten years of service.**

26/06 **Chief Executive's Report**

The Chief Executive highlighted the following from his report:

Performance: the LAS will achieve the 75% target for responding to Category A in 8 minutes and the 95% target for responding to Category A

in 14 minutes. The Chief Executive paid tribute to the Director of Operations for his efforts in ensuring that the targets were achieved. Problems with technology had presented the Trust with significant challenges which were subsequently addressed by the Information Management & Technology team. During 2005/06 the LAS responded to 30,000 more calls than in 2004/05.

The six year Service Improvement Programme will conclude on 31st March 2006. A report will be presented to the Trust Board highlighting the achievements of the Programme and what lessons had been learnt during its implementation. **ACTION: Chief Executive**

Agenda for Change: with the exception of some Support staff and Control Room staff, the majority of staff had been assimilated onto Agenda for Change terms and conditions.

The Board was informed that the Trust had recently given evidence to a review conducted by the Greater London Assembly into the response of the emergency services to the London bombings on 7th July 2005.

The Seven Year plan was being finalised and will be presented to the Trust Board in May 2006. **ACTION: Chief Executive**

During 2005/06 the following premises were opened: two ambulance stations at Streatham and Rotherhithe; a new logistics warehouse in Deptford and the Urgent Operation Centre.

The Trust played its role in supporting London's bid to hold the Olympics in 2012 and work is ongoing to ensure that the Service is part of the preparations for the Olympics.

Make Ready will be rolled out to all main complexes by 31st March 2006.

Travel: permission was sought for four members of the Cycle Response Unit to travel to USA to attend a conference and training seminar. All travel, course and accommodation costs will be met from existing bursary and financial awards.

In addition the Trust Board was asked to approve travel to the USA for the Head of Emergency Planning. The national conference of American Fire & Paramedic Chiefs have asked the LAS to present on the events of July 7th, lessons learnt and the impact on multi-agency working. All costs will be met by the organisers.

The Chief Executive suggested that 2006/07 will bring its own challenges as the Trust will be implementing a new meal break agreement (to be discussed with the Trade Unions), the workforce plan, improving performance and maintaining financial balance. Further work will be undertaken to ensure that PTS is a more efficient and effective part of the Service. A report will be presented to the Board on the findings of the recent annual staff survey. **Action: Director of HR and Organisation Development.**

In conclusion, the Chief Executive thanked the Senior Management Group and the Trust Board for their support during what has been a significant year for the Trust.

The Chairman of the Patients' Forum was informed that the Trust had received the £13m funding (July Terrorist Incidents and CBRN funding) spoken of at the last Trust Board meeting.

In reply to a query from Beryl Magrath, the Director of Operations explained that one of the lessons learnt from having the GOLD Control Room was that some of the function of the GOLD Control Room should be sited in the main control room. It is intended that a Silver Resource (Ambulance Operations Manager) will continue to support this function in 2006/07.

The Director of Operations agreed that further work is needed to address differences in LAS performance between PCTs; work is being undertaken to identify the resources necessary to achieve equity in performance. The Chief Executive's report referred to Category A 8 minute performance for each PCT and it was suggested that the figures should be seen in the context of the whole picture for each borough, including Category A 14 minute, Category B 14 minute, Category C and Doctors' Urgents.

In reply to Beryl Magrath's suggestion that staff sickness figures for Emergency Operations Centre and Urgent Operations Centre (UOC) be presented separately, the Chief Executive felt that the numbers involved were too small to provide a useful picture.

Barry McDonald commented that it was good to see the positive impact that UOC had had (approximately 300 calls having been handled by PTS staff and 5000 calls by CTA). He observed that the number of front line crews had remained static throughout 2005/06, and, despite increasing demand, the Service had met its performance targets, which further underlined the contribution of GOLD Control. The Director of Operations thought that on the whole this was correct but pointed out that to achieve the performance targets it had been necessary to postpone training and developmental work until 2006/07.

Barry McDonald queried the reference to problems with CTAK. [1] The Director of Information Management and Technology (IM&T) explained that since January 2006 there have been seven specific instances when problems were experienced. Three of the incidences related to problems with the Mobile Data Terminals (MDT's), one of which occurred due to problems with a planned upgrade that was a fix for one of the two previous problems. The other four incidences were due to different reasons: failure in the CAD link with the Metropolitan Police (problem with the Met's CAD link), problem with the Caller Line Identification due to BT experiencing technical difficulties and two different technical problems with CTAK. Each problem had been distinct with a different underlying cause. The Board was assured that

the IM&T team have reviewed procedures and processes to ensure that problems are properly identified, logged and addressed.

The HR Director informed Sarah Waller that work is ongoing to ensure that the Electronic Staff Records is implemented in July 2006. The project plan includes a parallel payroll being run in June 2006 so as to identify possible problems. Trusts that are currently using ESR have not reported any specific major problems with the system. It was explained that if the Trust did not implement ESR in July 2006 as per the agreed project plan, it may incur financial penalties from the Department of Health. The LAS will contest such penalties if they result from problems which are caused by parties other than the Trust.

[1] CTAK – Call taking database that is used by the LAS Emergency Operations Centre to log call and despatch appropriate responses.

Approved: 1. **Permission for 4 members of the Cycle Response Unit to travel to the USA to attend a conference and training seminar.**

2. **Permission for the Head of Emergency Planning to travel to the USA to attend the national conference of Fire & Paramedic Chiefs. All costs are being met by the organisers.**

Noted: 3. **The report**

27/06 **Report of the Director of Finance – Month 11 Financial Report**

The Finance Director presented the Month 11 financial report and confirmed that the Trust had received the £5m antiterrorist funding and the £7.5m CBRN[1] funding. The Finance Director said that every effort was being made to broker the Trust's surplus funds. The year end forecast was an underspend of £900,000.

The Trust recently processed its second biggest payroll as more staff were assimilated onto Agenda for Change terms and conditions. The Trust currently had an overall underspend with regard to Agenda for Change. It was expected that all staff would be assimilated by May 2006.

He highlighted the following from his report:

NHS Pension Costs relating to staff who have left the Trust was £500,000 more than had been budgeted for.

Though PTS' income and expenditure had improved it was forecasted to have an overspend for 2005/06.

Barry McDonald asked about the impact of the £13m on the monthly Income report. The Finance Director explained that some of this income had already been accrued in previous months.

Beryl Magrath asked whether the Make Ready scheme would be rolled out to PTS and First Response Units. The Finance Director confirmed that the Make Ready contract is being reviewed. Options being considered include FRUs, PTS and other station cleaning. Although the contract was delivering value for money there was more that could be done e.g. with asset planning and moving vehicles from one station to another. The Chief Executive said that no decision had been made concerning Make Ready being rolled out to PTS vehicles.

The Director of Finance assured Sarah Waller that a letter had been received from Alastair McClellan, Deputy Director of NHS and Social Care Finance, confirming that the £8m CBRN funding will be recurrent. The Trust will issue an invoice for the CBRN funding in April 2006.

Noted: 1. **The report;**

2. **That the format of the finance report will be changed in 2006/07 with the inclusion of traffic light reporting and larger font size.**

[1] CBRN – Chemical, bombing, radiological and nuclear

28/06 Medical Director's Report

The Medical Director highlighted the following from her report:

Safety Alert Bulletins[2]: The details of the seven outstanding alerts were reported; a previous bulletin had been acted on with the additional introduction of latex free kit to PTS from April 2006.

The Board was informed that the final draft of the National Clinical Practice Guidelines is expected April 2006, with the final version scheduled for publication in May 2006. The Board was asked to approve the introduction of the guidelines in advance; many of the proposed changes reflected the findings of clinical audits.

In February 2006 the Service Development Committee received a presentation regarding cardiac care which included information on the introduction of the new Resuscitation Guidelines. In line with other Trusts in London, the LAS would implement the changes to the Cardiac Resuscitation Guidelines with effect from 1st April 2006. All front line crews will be given a paper-based summary of the changes to the Guidelines. From mid-April individual front line staff will be released for 2-3 hours training on the changes to the Guidelines e.g. the need for good and effective Cardio Pulmonary Resuscitation (CPR), the optimal treatment of ventricular fibrillation. Good CPR required the correct rate of compression at the correct depth and without long pauses.

The Medical Director's report also included a draft Clinical Audit of Pre-Hospital Paediatric Pain Management of Fractures. At the time of the audit (January and February 2005) the Trust had not yet introduced Morphine or Oromorph[3]. The audit highlighted that more needed to be done before the Trust could be satisfied that optimal pain relief was being given to children who had suffered fractures. The Medical Director felt that crews were often reluctant to add to children's distress by attempting to gain intravenous access to administer pain relief.

The retention of drug bags continues to be an issue for the Trust, a number of approaches have been adopted to encourage staff to return the drug bags at the end of their shifts. The point will be reiterated at the Team Leaders conference in April 2006. One suggestion was that the Technician's bag is vehicle-based rather than one issued to crews directly.

Pandemic Influenza (Flu): the Medical Director shared the advice received from the Department of Health in February 2006 that was issued to Category One responders, including the Ambulance Service. The advice emphasises the need for planning and set out various scenarios depending on different infection and case fatality rates. In the event of a pandemic flu the Service would face increased demand at a time when its own staff were likely to be affected by the virus.

Although there had been incidences of Avian Flu being found in Europe and there had been fatalities involving people who had caught the Flu from birds, there was no evidence as yet to suggest that Avian Flu can be passed from human to human. To date, of the 177 people who became infected 98 had died.

[2] Safety Alert Bullets (SABs) are issued by Department of Health (through the Medicines & Healthcare Product Regulatory Authority).
[3] Oromorph: liquid morphine taken orally

The Trust's Press and Publicity unit had drafted a communications plan to ensure that staff are kept informed of developments.

The Trust will introduce a new mask (FFP3) with effect from April 2006. All vehicles carry Tyvek suits (protective clothing) and staff are issued with goggles and protective eye wear when they join the Service. As part of the communications plan staff would be reminded that these needed to be readily to hand whilst on duty.

The Trust's Clinical Standards Manager and Senior Clinical Adviser to the Medical Director, along with the Ambulance Service Association, are to meet with the Department of Health to prepare for the expected pandemic flu. The Trust's Infection Control Group and the Clinical Risk Group are monitoring the situation.

In reply to a question from Beryl Magrath it was confirmed that the Department of Health had a stockpile of vaccine, which, should there be a pandemic flu outbreak, would be made available to emergency services and health workers. Although there was some question as to whether it would prevent infection, the vaccine might lessen the impact of the virus.

It was recognised that flu can be difficult to diagnose; staff are regularly reminded of the need for good infection control practices e.g. the importance hand hygiene having been recently reinforced at the Chief Executive's consultation meetings.

It was commented that although the wide range of infection/fatality rates (10-25-50%) would make detailed planning difficult, the Trust's business continuity plan was sufficiently flexible to respond to whichever scenario materialises. Colin Douglas was informed that the most recent advice was that organisations should anticipate a 15% increase in their existing sickness rates. Those suffering from flu would be advised to stay at home rather than visit their GP or the hospital. It was suggested that Emergency Care Practitioners may play a key role in helping to manage the pandemic in London. It was hoped that the Strategic Health Authority will take a lead in co-ordinating efforts in London to manage the expected pandemic.

The Trust's response to a pandemic flu is likely to require a greater level of clinical telephone advice to patients and will need PSIAM[4] to be reviewed so as to be able to identify patients who have flu and recommend the appropriate treatment.

Sarah Waller referred to the ongoing debate in the NHS regarding who actually pays for the implementation of NICE guidelines. The Finance Director confirmed that during the recent funding negotiations the Commissioners had not agreed to pay for additional drug costs relating to NICE guidelines. The Medical Director reported that the Trust had recently been criticised by the NHS Litigation Authority for not monitoring the NICE guidelines in terms of their relevance for the

Ambulance Service. This was being addressed, with regular reports being presented to the Clinical Risk Group.

The Medical Director agreed with the Chairman of the Patients' Forum that the recommendations contained in the draft report regarding pain management of children with fractures should be strengthened. The findings of the audit will be shared with Team Leaders at their forthcoming conference in terms of improving pain assessment and better record keeping in light of the new drugs introduced.

[4] PSIAM – decision support software used by Clinical Telephone Advisers.

Approved:
1. **The introduction of the revised National Clinical Practice Guidelines for Use in UK Ambulance Services (Version 2006);**

Noted:
2. **The report;**
3. **The change in policy relating to conveying patients with ST elevation Myocardial Infarction to centres offering primary angioplasty;**
4. **The training package prepared for the introduction of the 2005 Resuscitation Guidelines (presented for information);**
5. **The draft findings of a snapshot clinical audit of pre-hospital paediatric pain management of fractures by the London Ambulance Service NHS Trust;**
6. **The update on pandemic flu.**

29/06 <u>2006/07 Service Plan</u>

The Director of Service Development presented the draft 2006/07 Service Plan to the Trust Board and said that it needed to be seen in the context of the workforce plan and the budget. The Board felt unable to give its approval to the plan as presented owing to the large number of gaps contained within the document. The gaps in the document were due to the 2006/07 budget not been finalised with the Commissioners until 27th March 2006.

It was suggested that there needed to be more detail as to how the management team proposed to implement the step changes outlined in the Plan and ensure that there is adequate management capacity.

Agreed: To delegate approval to the Service Development Committee on 25th April to approve a revised 2006/07 Service Plan.

30/06 <u>2006/07 Workforce Plan</u>

The Director of HR and Organisation Development presented the 2006/07 workforce plan for the Board's approval. In 2006/07 the Trust will recruit to full establishment of team leaders which will in turn ensure more support for front line crews and an improvement in clinical audit. Additional Emergency Medical Technicians (EMTs) will be recruited to facilitate the implementation of the 37.5 hours working week and the additional annual leave entitlement as required under Agenda for Change (AfC). Additional staff will also be recruited to increase the resources of the Clinical Telephone Advice service. Further work is being undertaken by ORH with regard to Urgent Care Service before the workforce plan is finalised. The Chief Executive asked the Board to approve the plan as presented, on the understanding that a further report will be presented concerning the additional work being undertaken.

In response to a question that Sarah Waller asked at a previous meeting about the level of tolerance in the workforce plan, the HR Director confirmed that the plan now reflects the Trust's absolute resource requirements, with minimum room for deviation.

Beryl Magrath was assured that the EMT 1 grade was now shown in the Urgent Care figures rather than the A&E. The HR Director undertook to

provide an explanation reconciling the two tables (the workforce plan and the February workforce figures). **ACTION: HR Director.**

It was confirmed that new staff will be working 7 weekends out of 10. Staff will commence working the rota on completion of training courses in March 2006.

Sarah Waller was informed that work is being undertaken on the Seven Year Workforce plan prior to its presentation to the Trust Board in May

2006; in particular identifying the different skill mixes the Trust will require in 2012. A skills map will be produced. **ACTION: HR Director**

Approved: **1. The 2006/07 workforce plan**
Noted: **2. That a report regarding the Urgent Care workforce plan will be presented to the Trust Board in May 2006.**

31/06 **<u>2006/07 budget</u>**

The Director of Finance presented the 2006/07 budget which had been finalised following the meeting with Commissioners on 27th March 2006. The Trust would receive a 4% net increase in funding which, given the current financial NHS environment, was recognised to be a good settlement.

A&E overtime budget has been reduced from £14m to £4m and it would be a major challenge for A&E to remain within it in 2006/07, particularly as A&E was not expected to have full establishment until November 2006. There is an ongoing discussion as to who should hold
the devolved overtime budget. The Chairman commented that however the budget is allocated, clear accountability for the budget needs to be in place.

PTS: work is ongoing to ensure that PTS becomes a profitable business for the LAS. Existing contracts are being reviewed to address deficits and further work undertaken to identify areas where savings could be made. The Director of Finance expected fewer invoices to be disputed as PTS invoicing had become more rigorous, and he expected one of the disputed invoices to be arbitrated on in the next few weeks.

The Trust had been allocated £6m for capital expenditure in 2006/07. Further discussions would now take place with colleagues regarding the 2006/07 service plan following the agreement of the capital and revenue budgets.

The Chief Executive commented that achieving 75% in 2006/07 would not be sufficient as the Trust would need to start preparing for the new and more demanding 'Clock Start' in April 2007. During 2006/07 the Trust will measure performance under both the current and the revised clock start in preparation for the change-over in April 2007. It was confirmed that the PCTs are aware of the possible impact of the change in clock start in April 2007. Duncan Selbie, Performance Director at the Department of Health had recently written to the PCTs about the possible impact of the changed 'Clock Start'.

The Director of Finance reported that the variable activity formulae agreed with the Commissioners indicated that overall demand (not just Category A) would have to rise by 6% before the Trust received additional funding. The Director of Operations commented that the Commissioners were not prepared to consider a variable funding agreement for an increase in Category A alone.

The Chief Executive observed that the LAS is one of the few NHS organisations employing new staff rather than having to make staff redundant.

Approved: 1. The 2006/07 budget
Noted: 2. The savings target for 2006/07 is £4.6m.

32/06 Estates

Buckhurst Hill Ambulance Station: the Board was asked to approve the sale of the current site; following approval, the Estates team could start the sales process and actively seek a replacement site better suited to the Trust's requirements. When alternative sites have been identified a report would be presented to the Trust Board for its further approval. **ACTION: Finance Director**

No decision had yet been made as to whether the new site would accommodate both ambulances and PTS vehicles or whether two sites would be necessary.

Chairman's Urgent Action: the details of the three Urgent Actions agreed by the Chairman since the last Trust Board meeting were presented to the Board. The urgent action process was initiated due to

the time sensitivity of the negotiations for the two fixed satellite points (Deptford and Bromley) and the additional office space at Fielden House.

Approved: 1. The sale of Buckhurst Hill Ambulance Station
Noted: 2. The three Urgent Chair actions agreed in February 2006.

33/06 Assurance Framework - Standards for Better Health

The Director of Finance presented the Assurance Framework to the Board; the Framework outlines the evidence compiled to support the Trust's final declaration in regard to its compliance with the Standards for Better Health. Part of the evidence includes the findings of the internal auditors, the Audit Commission and the NHSLA. In addition, the Framework had been reviewed internally by the Audit Committee, the Standards for Better Health Group and the Senior Management Group.

The deadline for submission of the final declaration is 4th May 2006, with the submission being posted onto the Healthcare Commission's website by the 12th May 2006.

In 2006/07 the Trust will be required to implement thirteen developmental standards and to provide assurance in April 2007 that it had successfully done so. Work had already begun on incorporating the thirteen developmental standards into the Trust's 2006/7 service plan and the internal audit workplan.

The Chairman had taken a hard line with the Healthcare Commission as he believed it is not acceptable that the Non-Executive Directors should be expected to sign the Declaration given that they would not be sufficiently familiar with the underlying detail required. The Board accepted the assurances of the Executive Directors as described in the Assurance Framework that the Trust is compliant with the Standards for Better Health.

Beryl Magrath commented on the immense amount of work undertaken to compile the evidence of compliance. She was pleased that the evidence had been put onto a database so as to be available for any other external regulators should the need arise.

Sarah Waller commented that the Audit Committee had reviewed the Assurance Framework when it met on 20th March 2006. It was disappointing that the inspection by the Healthcare Commission, when evidence on compliance with five of the standards had been reviewed, did not result in more useful feedback. Though the Trust had received positive feedback it was not able to quote it as additional evidence of compliance. The Healthcare Commission found the results of their one in ten inspections were so inconsistent that the Commission felt they could not be used as statements of assurance of compliance.

Noted: The Assurance Framework outlining the evidence compiled to support the final declaration on the Trust's compliance with the Standards for Better Health.

34/06 Service Improvement Programme

The Director of Service Development introduced Martin Brand (Head of Planning & Programme Management) who updated the Board on progress with the Service Improvement Programme (SIP). Of the 283 items in the programme all but 12 will be completed by 31st March 2006; the uncompleted items will be carried forward into the next 7 year plan.

Two reports would be prepared. The first will be for the Commissioners and will report on what had been achieved through the programme. The second report, a critique, will be presented to the Trust Board. The critique will include lessons learnt during the last six years that would inform the management of the forthcoming 7 year plan. **ACTION: Director of Service Development**

Paul Carswell, the Diversity Manager, was invited to present a report outlining the progress made in implementing the Diversity Plan. For example, although ethnic monitoring was now included on the Patient Report Form (PRFs) only 14% of PRFs include valid ethnicity codes. The increased focus of Team Leaders on clinical audit in the forthcoming months would hopefully see the overall standard of completion of PRFs improve.

Extensive work was being undertaken with regard to recruitment and selection. Processes were being reviewed to ensure that the Trust was able to recruit and better reflect the general population of London. It was anticipated that, given the current low turnover of staff, this could take approximately 30 years. However, the Trust is committed to ensure that new staff will better reflect the diversity of the general population of London.

Under 'promoting best practice', diversity had been included as part of the five day Continuing Professional Development and had received positive feedback from attending staff (90% plus). Two key areas for the Trust would be providing diversity training for senior managers and Black Minority Ethnic (BME) staff development. Other work includes building on the success of the Cardiac Arrest DVD, which had been hailed as a good example of best practice, and enabling Deaf people to access 999 via text.

The Chairman reported that he had received a telephone call from Marcia Saunders, Chairman of the North Central London Strategic Health Authority, complimenting the Trust on its Race Equality Scheme. The Scheme was the only one to receive a rating of 'very good'. The next step would be full implementation of the scheme.

The Chairman of the Patients Forum suggested that the Trust might want to consider something undertaken by the Metropolitan Police whereby

recruits' life skills are considered when deciding when they should start training. Life skills could include knowledge of particular languages.

Colin Douglas thought it was sensible to look at people's life skills but had some reservations given that there are currently 300 languages spoken in London. He thought it was important that the Trust focus on reflecting the ethnic composition of London. The current target for BME recruitment is 12%; the target would be increased to 28.8% in 2006/07 and, when the findings of the recent census were published, it is likely that the target would be increased to circa 48%.

The Chairman pointed out that it is unlikely that a patient who required an emergency response would be treated by a member of staff from the same ethnic background. However the intention to reflect the ethnic mix of London would enable staff to better serve all Londoners. An example of this can be found in the changes recently introduced by the Morgue at the Royal London Hospital to respect the culture of the local Islamic population. The Chairman also pointed out that at the Trust's Patient Care Conference in September 2005 Language Line reported that their most requested language is now Polish. In a vibrant city like London with high rates of immigration, 'ethnic minorities' has an ever-changing meaning.

In response to Beryl Magrath's question as to why the Trust only received 12% applications from BME groups, the HR Director reported that the draft report of the Ambulance Service Association found that there is generally a lack of information about the ambulance services and the NHS. The report suggested that an outreach programme should be introduced to support people from BME communities to successfully apply for vacancies.

Noted: The report

35/06 <u>Report from the Trust Secretary on tenders opened since last board meeting</u>

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 Construction
05/06	Extension and internal reconfiguration Edmonton AS	Coniston Ltd. Fisk Construction Ltd Griffiths Construction Neillcott Special Works Russell Crawb
06/06	Rewire of Kenton AS	W. Portsmouth & Co. Ltd Lunar Electrical Lighting & Sound Stewart Electrical Ltd AV Services MESL Group

There have been three entries, reference 91-93, since the last Trust Board meeting. The entries related to:

No. 91: Lease relating to car parking spaces 1-11 in the car park of 102-107 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.

Noted: The report

36/06 Draft Clinical Governance Committee minutes – 16th January 2006

Noted: The minutes of the Clinical Governance Committee meeting held on 16th January 2006.

37/06 Any Other Business

The Chairman of the Patients' Forum reported that the Forum's meetings are becoming more popular, with 30 people attending the last Forum meeting. The next meeting of the Patients' Forum would be held on 3rd April at City Hall when it will review the GLA's scrutiny of the LAS, in particular the report's seven recommendations.

The Board was informed that the Forum wrote to London PCTs enquiring about their services for stroke victims and had received replies from half of the PCTs. There are currently three standards in use concerning the care of stoke victims; Audit Commission, National Service Framework for the Elderly and the Royal College of Physicians. The Forum will share their findings with the Board when the work had been concluded.

In January 2006 the Board was informed that the Forum had surveyed PTS providers and NHS Trusts in London asking about their quality standards for patient transport services. The Forum had received a poor response to it's enquires from the Trusts and the PTS providers. The only PTS provider to respond positively to the survey had been Thames Ambulance Service.

The Forum received a reply to its letter that raised concern about ambulances being unable to park outside the A&E department due to non-emergency vehicles parking there. The Chairman of the Royal Free had written back with the undertaking that the matter would be addressed.

The Director of Service Development recently contacted NHS Trusts in London enquiring whether they had a stroke unit that provided 24-hour access to CAT[5] scans and radiologists. She professed to being somewhat sceptical of the findings of the survey as they had all replied that they offered a 24-hour service. She suggested that it

[5] CAT scan: Computerised Axial Tomography scan that is used to take an image of the body's soft tissue.

would be useful to put the evidence of the two surveys together. A**CTION: Director of Service Development & Chairman of Patients' Forum**

The Medical Director commented that research is being undertaken by the Joint Local Stroke Network to identify hospitals with stroke units; this work is being co-ordinated by Professor Martin Brown from the National Hospital for Neurology & Neurosurgery. The Audit Commission's recommended three hours for treatment of stroke victims is timed from the onset of symptoms. Research conducted in the United States found that delayed treatment for stroke victims' resulted in loss of brain cells. Work is being undertaken with GPs to highlight that, just as a heart attack is a malfunction of the heart, so a stroke is an attack being suffered by the brain.

The Chairman reported that he has written to Newham Borough Council concerning their policy that requires, regardless of the severity of the injury suffered, an ambulance to be called if someone has an accident on its property.

38/06 Dates for Trust Board meetings: 2007

Agreed: The meeting dates for 2007:

30 January;	**27 March;**	**22 May;**
31 July;	**25 September;**	**27 November.**

39/06 Opportunity for Members of the Public to ask Questions

Laura Weatherly was assured that the Trust will continue to recruit staff directly without them necessarily having to go via the higher education route. Her comments regarding the current application form were noted.

40/06 Date and Venue of the next Trust Board Meeting

Tuesday 23rd May 2006 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

Meeting concluded at 12.54 pm

Enclosure 2

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD
Part II

Summary of discussions held on 28th March 2006

Held in the Jack Disney 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 28th March 2006 in Part II the Trust Board briefly discussed:

- 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 7th 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.

  The Director of IM&T rejected a request by the BBC reporter to review the FOI decision regarding certain documents. The BBC reporter was advised that if he wished to pursue the matter further he would need to appeal to a panel of Non Executive Directors.

- the evidence submitted by the Trust to the GLA enquiry into the bombings inflicted on London in July 2005. The Director of Operations responded to the Chairman of the Inquiry's request for further information by supplying him with a report that sought to contextualise the unprecedented nature of the attack on London.

Enclosure 3

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The tables below set out the A&E performance against the key standards for the year just ended and the new year to date. A detailed position is available in the attached graphs.

Year end position 2005/06

	CAT A 8	CAT A 14	CAT B 14	Urgent within 15 mins of STA
Standard	75%	95%	95%	95%
Year End	75.1%	95.2%	75.1%	51%
04/05 year	76.6%	95.9%	79.7%	58.1%
03/04 year	76%	89.3%	77.6%	50%

New standards with effect from 1 April 2006

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	75%	98%	84%	78%

*As of 11th May 2006

Key highlights - year end

i. I am pleased to report that we achieved the 75% A8 target and the 95% A14 target for the 2005/6 financial year.

ii. A8 performance for March was 78.2%.

iii. Emergency responses dropped slightly in March (compared to February) to an average of 2393 per day, which is a 1.4% increase on March last year.

iv. Following considerable efforts in the last quarter, PCT performance was recovered in many areas and only one PCT ended the year as a whole below 70% (Barnet - 68.2%).

v. High performing PCT areas included Hammersmith and Fulham (81%), Harrow (80%) and Islington (81%).

vi. The year end activity figure (Apr 05- March 06) was +3.8% compared with 2004-05.

Key highlights - new year

vii. The new year has also started well. April A8 finished on 76.2% and while the first two weeks of May are proving more challenging we remain on track to deliver 75% A8 performance for the first quarter of 06/07. We are also meeting the new A19 target with April at 98%.

viii. It should be noted that there has also been a change in the way Urgent performance is measured from April 06. The new measure requires us to be with the patient within 15 minutes of the scheduled time rather than at hospital and the new measure has improved performance in April in this area to 78%.

ix. Resourcing remains our single most significant challenge, with cover levels at circa 95%. High vacancy rates, lack of willingness to work overtime at weekends coupled with the resumption of clinical training are the principal factors affecting May performance. Plans are in hand to ensure that a balance is struck between maintaining overall performance for the quarter at 75% and delivering on the clinical training programme.

x. Following reduction of the LAS REAP pressure level, operation of the 'GOLD' suite has been discontinued. However in order not to lose the 'real time management' benefits of the Gold suite, an Operational Command Unit (OCU) has been established in EOC.

xi. During April, two technical changes were successfully implemented in the control room software. These changes allow incomplete calls to be passed between sector desks and help us to manage FRUs more flexibly.

xii. A&E sickness has reduced for the third month in a row but remains too high in certain complexes,

xiii. We have now started to conduct resuscitation guidelines training, clinical performance indicator monitoring and personal development reviews.

1.2 Resourcing

During the final three months of the year, resourcing was bolstered by the deferral of training and by Team Leaders working solely on ambulances. In addition, other smaller measures, like restricting meetings and deferring secondments, were implemented. These temporary restrictions were lifted in April and resourcing has dropped to previous levels, as expected.

There are still circa 140 A&E vacancies in the system. However, new staff are now being posted to stations monthly and gradual improvements in resourcing will occur until full establishment is achieved towards the end of the year. In addition all of these new staff are on the new weekend relief rosters and this will progressively improve the weekend staffing situation.

There continues to be a reluctance of staff to work overtime, particularly at weekends, both on ambulances and in EOC. New Agenda for Change salaries and the ability to earn enhanced overtime rates all week has hindered overall resourcing levels.

Sickness in A&E has fallen for the third month in a row, but remains too high at 7.37%. There is also considerable variance across the complexes. Local managers remain very focussed on further improving this situation.

1.3 Emergency Operations Centre

The EOC continues to respond to the performance challenges, contributing to April's achievement. The new operating regime on the FRU desk (reported last month) has now settled in and brought greater transparency to the performance of the desk. A decision will be made in May regarding the best time to begin to move FRUs to the sector desks.

Daily briefings of key staff continue to be held at 07.30 each day, chaired by the Assistant Director for EOC.

The Operational Command Unit (previously 'Gold' suite) is now established as part of the EOC function and future Board reports will expand on the increasing role of this unit, within the EOC reorganisation.

With commitment from the Education and Development department and Recruitment department, the shortfall in EOC establishment has been reduced, and, including the course now in training, EOC is 3% off funded establishment. Close attention continues in all aspects of attendance management.

Staff in EOC are now answering in excess of 23,000 calls per week and call answering targets are still challenging especially at weekends. Improving call answering times will now be a particular focus for the EOC management team during the first quarter of 06/07. As part of this ADO John Hopson will be looking at rostering arrangements to try to further improve weekend EOC staffing levels during this year.

Two upgrades to the CAD system have been successfully implemented in April, giving greater flexibility in how FRUs are activated and allowing calls to be moved from one sector desk to another, even if the call is incomplete. Working in partnership with IM&T, EOC staff continue to be involved in development of the system, and with the CAD 2010 project. This has been particularly important as staff have ownership of the developments.

1.4 Urgent Operations Centre

Activity within the Urgent Operations Centre has now levelled off at approximately 33% of the potential workload. This represents an increase of around 300% since the co-location of services and the introduction of revised clinical decision support software in November 2005.

The main obstacle to increasing volume continues to be the limited number of operational staff in post. This is being actively addressed by the development of an Urgent Care workforce plan which is being tabled with the Board as a separate agenda item within this meeting

To maximise efficiency within existing funding, a trial will shortly be launched using the PTS staff from the newly-won Bromley contract. These staff will receive a new version of EMT1 training which is considerably shorter but more focussed on the needs of this particular patient group. Efficiencies will be maximised by using these staff both in the traditional PTS role and within Urgent Care, answering low level A&E calls.

Clinical Governance within the ECP scheme has been considerably enhanced by the appointment of an Assistant Medical Director and two Clinical Leads.

2. PATIENT TRANSPORT SERVICE

2.1. Consultation meetings

Over the past few months the CEO, Director of Finance, Director of Communications and PTS managers have held staff consultation meetings at New Malden, Buckhurst Hill, Barnehurst, Becontree and Camden. Key areas of concern are local communication, contract security, the design of the new stretcher vehicle and the performance of the Central Services group.

2.2 Commercial

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

2.3 Bromley

The new Bromley contract started on April 1. Feedback from the customer on our implementation has been positive. A temporary site has been established at Biggin Hill airport to allow more time to investigate how best this operation will be integrated into A&E operations.

2.4 Operations (Feb data)

Hospital arrival time has stayed the same at 83% which is below a target of 90%. Underperforming contracts include UCLH, Chelsea & Westminister and Hillingdon. Hospital departure time has improved by 1% to 88% which is 2% below target. Patient time on PTS vehicle has been maintained at an average of 93% which is on target.

3. HUMAN RESOURCES

3.1 Agenda for Change

As at the end of April, the Trust had assimilated (or, in the case of Emergency Medical Dispatcher grades, offered assimilation) 98.33% of eligible staff. This compares with the latest available national figure of 98.7%.

A total of 143 staff have submitted appeals/review requests in respect of the banding of their posts. These appeals cover 58 different posts. Appeals/Reviews have already taken place for EMD2, EMD3, EMD4 and Deputy PALS Manager.

Management and staff side are currently identifying members to sit on the appeal/review panels with a view to having 2 -3 consistent panels able to commit to a focussed timetable of reviews (i.e. over a period of one month).

Further appeals may be received (up to three months following the final assimilation).

3.2 Electronic Staff Records (ESR)

The implementation of ESR remains on target against the national timescales set for wave three. During the current period of testing the Project Board has two main concerns.

1. Data quality - The Trust's Management Information team have been making excellent progress in updating both the existing system and the ESR database and are confident of full accuracy before go-live.
2. The test of parallel running of payrolls has produced disappointing results, though is improving (72% accurate at the last test). This will continue to be tested through May.

The Trust's ESR Project Board is carefully monitoring progress on these issues in particular and will not give a recommendation for go-live unless it is satisfied that there is no significant risk to salary payments in July and beyond.

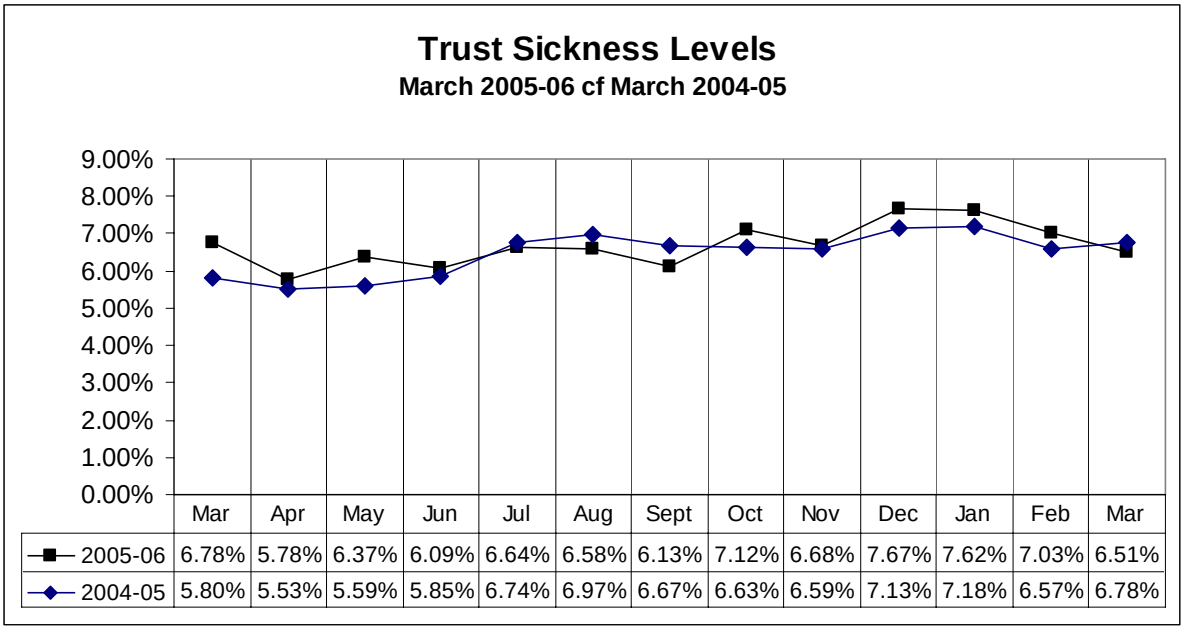
3.3 Policy development

The following amendments/additions to HR policies and procedures have been agreed and published on the Pulse:

- An additional appendix added to the Disciplinary Policy providing fuller advice on the management of suspensions.
- Management guidelines on the Age Discrimination regulations due to be introduced in October 2006.
- Forms and guidance to assist with the roll out of the Personal Development Review process.

3.4 Attendance Management

The sickness levels for the year up to March, and compared with the same period for the previous year, are shown below. Sickness levels have improved from the previous month and are slightly better than the same period last year.



	March		
	06/07	05/06	04/05
Staff Group	**%**	**%**	**%**
A & E	7.37	7.12	6.10
EOC (Watch Staff)	8.76	9.11	7.55
PTS	6.75	5.02	6.59
A & C	3.93	4.24	3.96
SMP	2.79	3.82	3.14
Fleet	5.10	8.32	7.91
Total (Trust)	6.51	6.78	5.80

Workforce Information

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

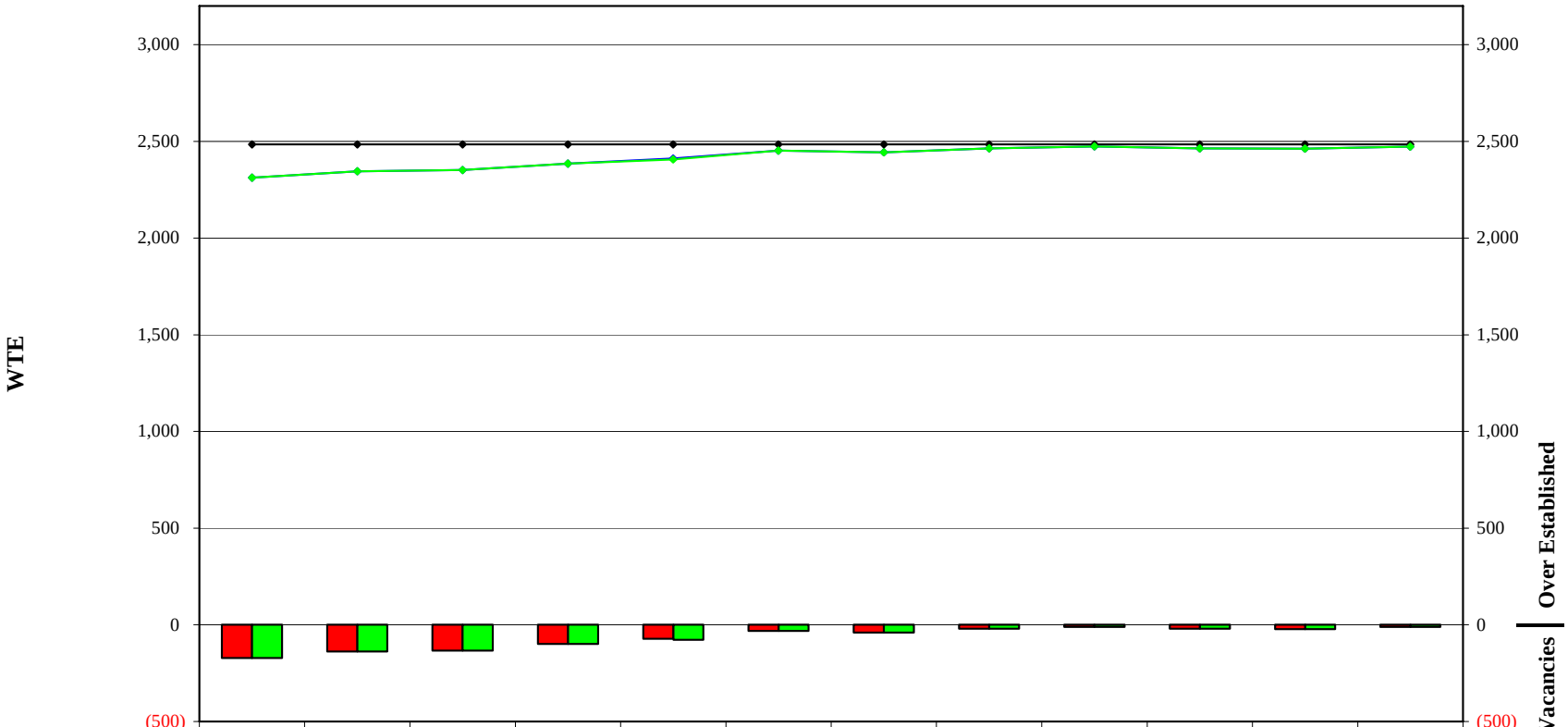
Table 1 shows progress against the trajectory for staff in-post as at March 2006. Adjustments have been made to take account of A&E staff movements such as secondments, (ie Team Leaders seconded to Acting Duty Station Officer roles). Whilst these are not true vacancies it does show the reality of current gaps.

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

Table 2 shows progress against the trajectory for staff in-post against agreed establishment and is on target.

Table 1

2006/07 A&E Crew Staff Numbers



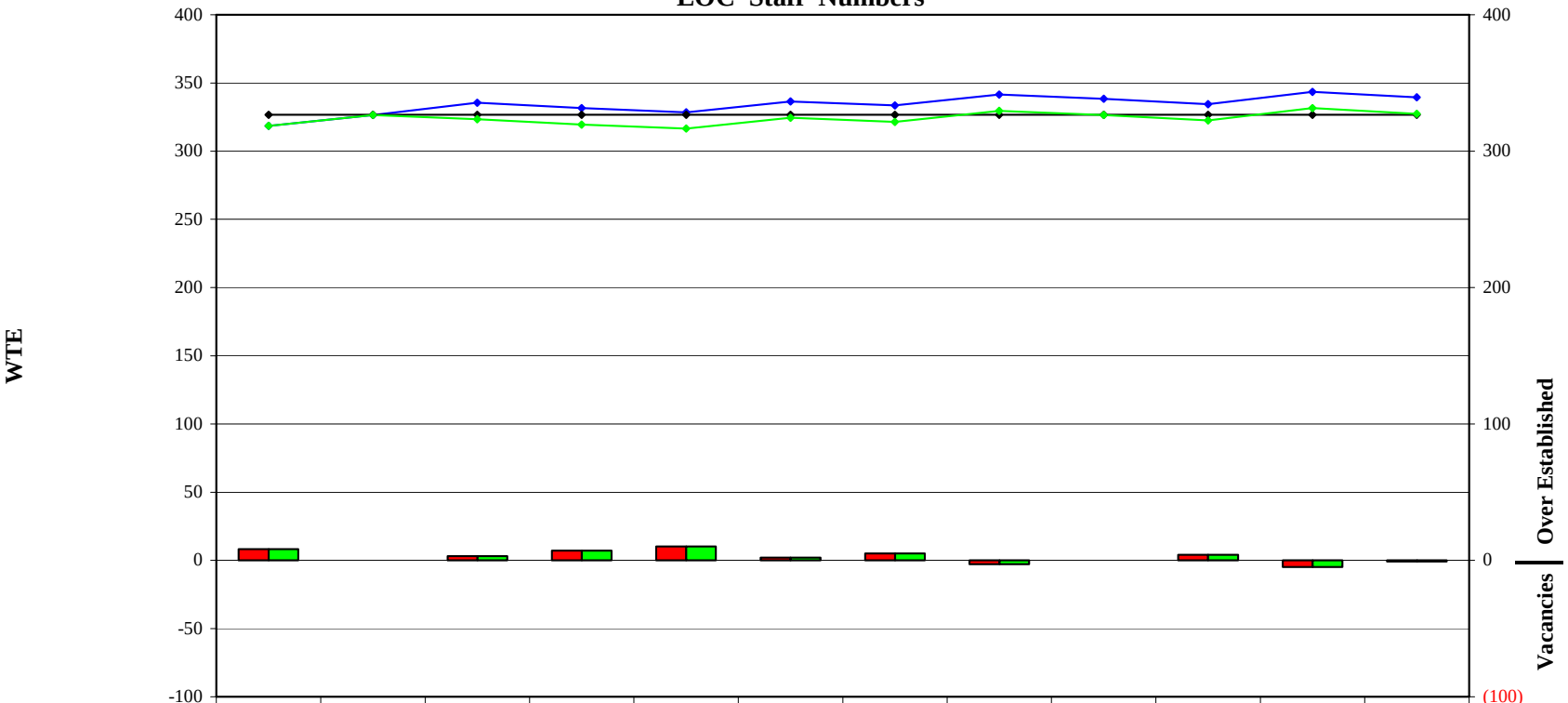
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Forecast Vacancies	(171)	(139)	(133)	(99)	(72)	(31)	(40)	(20)	(11)	(20)	(22)	(11)
Actual Vacancies	(171)											
Forecast In Post	2,313	2,345	2,351	2,385	2,412	2,453	2,444	2,464	2,473	2,464	2,462	2,473
Establishment	2,484	2,484	2,484	2,484	2,484	2,484	2,484	2,484	2,484	2,484	2,484	2,484
Actual In Post	2,313											

2006 **2007**

At Month End

Table 2

2006/07
EOC Staff Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Forecast Vacancies	8	0	3	7	10	2	5	(3)	0	4	(5)	(1)
Actual Vacancies	8											
Forecast In Post	318	326	335	331	328	336	333	341	338	334	343	339
Establishment	327	327	327	327	327	327	327	327	327	327	327	327
Actual In Post	318											

At Month End

4. COMMUNICATIONS

4.1 Service pressures

Following the achievement of the 75 per cent performance standard, a Chief Executive's bulletin was produced to thank staff across the organisation for their contribution to meeting the target.

4.2 Media issues

The Service has been featuring in the new series of City Hospital, broadcast on weekday mornings on BBC1. The work of staff on ambulances and in the cycle and motorcycle response units has been featured, including the delivery of a baby at the mother's home.

High-profile media enquiries included calls about the murder of nurse in Hornchurch and the death of three patients from suspected carbon monoxide poisoning at a house in Barking.

Further work has taken place around the London Assembly's Review Committee looking at the lessons to be learned from the response to last July's London bombings. This has included publication on the website of the Service's detailed written response to the Assembly and development of a communications action plan ahead of their findings being made public.

Local news releases have been issued regarding the launch of the new emergency practitioner scheme in Newham, the arrival of eight new recruits on the City and Hackney complex and the extension of the cycle response unit at Heathrow Airport.

Guidelines on dealing with the media have been sent out to all frontline staff. Based on the Service's procedure for managing patient confidentiality when dealing with the media, the guidelines booklet offers practical advice on range of issues for staff speaking to the press or broadcasters.

The Chief Executive, Director of Operations and Director of Communications met with the Deputy Editor of the Evening Standard and members of the paper’s editorial team in April. This provided an opportunity to build relationships with the Standard, and discuss current issues.

4.3 Chief Executive's charities

The Communications Department co-ordinated the entry of staff taking up the Service's guaranteed places in the Flora London Marathon last month. The runners were provided with t-shirts bearing the logos of both the Service and the Chief Executive's charities and the money they raised will be shared among the three children's hospices.

4.4 Public opinion research

The Communications Department is currently sponsoring research into public perceptions of the Service. The survey work was put out to tender and MORI has just been appointed to carry out qualitative and quantitative research to find out what Londoners think about the Service, and explore their views on how the organisation will deliver care in the future. The research will also consider what level of trust people have in the ambulance service compared with other healthcare organisations.

The findings will be used to:

- inform our future approach to communication and stakeholder engagement
- provide a benchmark against which changes in perceptions can be measured as we develop the way we deliver care (the concept behind the strategic plan)
- inform our approach to public education and future recruitment programmes
- provide angles for stories through which the London Ambulance Service can promote its plans for the future

This programme of work will deliver interim research findings within the next two months which will be used to support the launch of the London Ambulance Service's strategic plan on 24 July 2006.

4.5 Web-based communications

Working with the Net Services management group, the Communications department is looking at how the internet and intranet sites can be developed as communication, reputation management and business tools. Initial evaluation has been carried out, and a questionnaire has recently been published on the website to get feedback from users.

4.6 Internal communication

The second edition of Talkback, a new publication to report back to staff on actions taken from the feedback at the Chief Executive's consultation meetings, focused on the Advanced Medical Priority Dispatch System has been published.

The current series of Chief Executive Consultation meetings with PTS staff throughout the Service is almost complete and an action plan will be agreed to take forward a number of the issues raised by staff.

4.7 Patient and Public Involvement (PPI)

At the April meeting of the Patients' Forum, the PPI Manager and Director of Finance provided an update on developments since the GLA Scrutiny recommendations made in 2004. These were wide-ranging, and included:

- Improvements in PTS
- Handover times at hospitals
- Mental Health training for staff
- Links with social services
- Patient & Public Involvement
- Staff training and career development
- Diversity

One member of the original Scrutiny Panel attended the Forum meeting, and was very complimentary about progress since 2004 in the areas identified.

The last PPI Committee meeting focused mainly on access to the Service by deaf people, which has previously been reported. The technological aspects of any developments in this area will be taken forward via the CAD 2010 project and the 7-year programme. In the meantime, two pilots of the use of Visual Translator Cards are being planned; one with the Cycle Response Unit staff and the other by providing copies of the cards to a small number of deaf people. Feedback gained through the pilots will be used either to support wider use of the cards or to develop new ones in conjunction with the Royal National Institute for the Deaf (RNID).

The PPI Manager and Events, Schools and Media Resources Manager, with support from the Service Development Officer, have produced a draft proposal on the future of LAS public education activity. This work has focused on the areas of commonality between the different teams involved in public education work, and proposes a standard reporting structure, greater co-ordination, and focusing activity on certain priority areas. As well as suggesting some general principles for public education (e.g. use of appropriate materials for each audience; working in partnership with other organisations), the proposal highlights the need for core competencies and a recruitment process for LAS staff wishing to work on an ad-hoc basis in public education. This will be taken forward through the new 7-year programme.

5. OVERSEAS TRAVEL

The Board is requested to retrospectively approve travel outside the EU for Awards Manager Trevor Vaughan who visited Norway from May 10 – 12 to meet with Ronald Rolfsen, Senior Executive Officer at Ulleval University Hospital (Pre hospital Division) to discuss preparations and a suitable, appropriate programme of opportunities for the visit of 10 LAS ambulance staff, due to take place in the summer as part of our staff exchange programme with them.

The Board is asked to approve travel to Kansas City, U.S.A, for Assistant Director Mike Boyne, to speak at a conference on Response to Terrorism, from 5 to 7 June 2006.

6. Recommendation

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

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER

16 May 2006

Enclosure 6

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 23rd May 2006

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

With the development of the Service's new approach to complaints handling, policies and procedures are being updated to comply with NHS regulations. The new 'Being Open' Policy is part of this work and will relate to complaints handling; in particular how we respond to complaints from the public.

Work is underway to develop and enhance compliance with the NHSLA level 3 assessment to be undertaken in January 2007. The first tranche of evidence for submission on October 2006 is being collated by senior managers across the Trust as part of their routine duties. The first workshops that comprise the annual trust wide risk assessment will be held in the next four weeks and the risks produced from them will be part of the evidence sent to the NHSLA.

Following a communication from the Chief Medical Officer an article has been published in the Routine Information Bulletin (RIB) highlighting the risks of paroxetine (Seroxate), one of the SSRIs used to treat depression. The increased risk of suicide in children and adolescents has been recognised for some time. This briefing alerts staff to be aware of the increased risk of suicide in adults who have recently commenced treatment with this medication.

Safety Alert Broadcasting System (SABS):

Fourteen alerts were received during the period of 1st March 2006 - 4th May 2006. In total the Trust has five alerts outstanding. The details are given in Appendix 2

2. Second domain – Clinical and Cost Effectiveness

Midwife appointment

Andrew Lingen-Stallard has been appointed to advise LAS on maternity/obstetrics issues. Previously having held consult midwife and modern matron posts, Andrew has an extensive network of colleagues across midwifery. This part-time 12 month post has been created to advise the Service on how it can make improvements to the way it triages and treats maternity patients. It is envisaged that these improvements will result in some reduction in demand on the Service for maternity-related transport to

hospital, in addition to providing the most appropriate care for those maternity patients with acute clinical needs.

Emergency Care Practitioner Programme

Dr Daryl Mohammed, a General Practitioner in the Bromley area has been appointed, on a 0.5 WTE basis, to the position of Assistant Medical Director for Primary Care. Dr Mohammed, who has worked with the ECP programme for over 18 months, will offer support to the Trust across the range of primary care issues. He will continue to focus primarily on the training, mentoring and development of ECPs as well as influencing the direction of the programme.

Drugs update

Regular drug reports are published by Management Information, giving useful information on the patterns of drug use within the LAS. Of particular interest is the changing pattern of the use of injectable analgesics in the period from December 2004 to December 2005. Up until June 2005 an average of 200 doses of tramadol and 470 doses of nalbuphine were given. As our supplies of nalbuphine ran out in July there was an increase in the usage of tramadol. With the introduction of morphine from September 2005, the number of doses of this drug rose exponentially, with a corresponding fall in the use of tramadol.

Cardiac Care update

Since implementing the LAS Reperfusion Strategy on 3rd April an increasing number of patients have received primary angioplasty. As an example, the London Chest Hospital, which extended its hours to 24/7 on 1st April, received 67 patients in the first four weeks. A small minority of crews are still accessing the nearest A&E Department where evidence would suggest they should be taking the patient to the nearest Heart Attack Centre. This will be addressed at a local level, in terms of additional training and support.

Changes to the Resuscitation Guidelines

The LAS implemented the new (2005) Resuscitation Guidelines on 3rd April 2006. Since 5th April a face to face communication and practical session, delivered by Training Officers and Team Leaders has been rolled out. Over one third of front line staff had received training by 8th May. One complex had achieved 100%. Feedback from staff has been very positive.

Seven representatives from the LAS, including members of the Medical Directorate and the Department of Education and Development attended the European Resuscitation Congress, 'From Science to Survival' in Stavanger from 10th to 13th May. This conference explored the evidence behind the revised resuscitation guidelines.

Update on Stroke Management

The LAS is undertaking a mapping exercise to identify those acute hospitals with access to Stroke Units. A project is under discussion with Barts and the London

Hospital to introduce a new assessment tool for ambulance staff (ROSIER), which is more comprehensive than the FAST (Face, Arm Speech Test) in current use. The aim would be to identify stroke patients who might benefit from thrombolysis.

Update on end tidal capnography

An electronic learning package has been developed on end tidal capnography in both intubated and non intubated patients. This can be readily accessed by staff both through the computers on complexes and their own computers at home. Successful completion of the assessment leads to the award of a certificate.

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

A summary of a research project on 'Smart CPR' is included for information in Appendix 1

3. Third Domain – Governance

The Service has now completed the Final Declaration as part of the Annual Health Check and it has been submitted to the Healthcare Commission in advance of their deadline. The Trust's website, for the first time, now has a direct link for the public so that they can read the Declaration and the evidence presented to the Trust Board of full compliance with the 24 core standards. Compliance with the core standards constitutes the main part of the Declaration. For the next year the Trust is required to continue to meet the core standards and demonstrate that any major risks affecting compliance are being managed appropriately. The thirteen developmental standards are also part of the Annual Health Check for 2006-7 and work to include them in the programme supporting the Seven Year Plan is planned.

The Governance review is included elsewhere on the agenda and an action plan to implement major recommendations from it will be developed in accordance with the Board's views. The review provides insights to generate and improve effective systems and processes that evidence the quality of the services that the trust provides.

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

These issues are covered elsewhere on the agenda.

6. Sixth Domain – Care environment and Amenities

Infection Control issues

The Make Ready Scheme has now been rolled out across the Service. Key Performance Indicators for vehicle cleanliness are being maintained. To assess the bacteriological evidence swabbing is being regularly carried out on vehicles. Excellent results are being reported thus far, with the levels of bacteria below baseline targets. So far there has been no indication of MRSA being present. Station Complex audits are underway to check compliance with the Infection Control Policy.

New Latex policy (when approved) will be monitored by the Infection Control Steering Group

Drug Management Issues

The reduced number of Paramedic Drug Packs in circulation continues to cause concern. Extra staff resource has been deployed to facilitate improved turnaround (repacking) of available packs. Operational staff are being encouraged to return packs at the end of their shifts and the risk of drugs going out of date is being reinforced.
A draft Auditor's report into Drug Controls indicates there are still concerns about the local management of drugs.
Morphine mini-jets are being reintroduced to replace ampoules (ongoing)
The arrival of new drug pack inserts to facilitate issue of new drugs is still awaited.

7. Seventh Domain – Public Health

Update on Pandemic Flu

A team within the DH has been discussing with stakeholders exactly what the plans should encompass for each part of the NHS and how those plans should interact. In January the emerging thoughts of the DH regarding ambulance services were shared with the ASA Operations Directors Forum. A summit meeting was held on on 29th March, which involved the ASA and nominated ambulance members specialising in infection control (this included two senior members of the LAS). The ASA has been asked by Prof Duerden to consider some specific points, identify any further ones that should be addressed and report back to the DH as soon as practical. A multi-disciplinary group is being convened by the ASA under the Chair of a Medical Director to consider the DH document and the issues identified at the meeting. It should liaise with the groups working in other healthcare sectors and report back to the ASA by mid-June.

Recommendation

THAT the Board notes the report

Fionna Moore
15th May 2006

Appendix 1

SMART CPR research project

Research Project Group

Dr Rachael Donohoe (Chief Investigator)
Mark Whitbread (Clinical Lead)
Jennifer Innes (Cardiac Researcher)

Dr Jonathan Smart (Laerdal Medical)
Dr Dawn Jorgenson (Philips Medical Systems)
Dr John Freese (New York Fire Department, U.S)

Background

It is well established that an immediate defibrillation shock is the best treatment for cardiac arrest patients who present with a shockable rhythm (e.g. ventricular fibrillation (VF)), where the duration of the arrest is short. However, recent research has shown that cardiac arrest patients whose initial heart rhythm displays fine ventricular fibrillation (which is a typical feature of cardiac arrest of a longer duration), often do not react well to an immediate defibrillation shock. Furthermore, research has also shown that a period of CPR prior to defibrillation can increase the strength of VF, thus increasing the likelihood that a subsequent shock will be successful. This evidence suggests that applying a single treatment protocol, as is current practice, to all patients may not be appropriate.

The SMART CPR project is a collaborative study that is being undertaken by the London Ambulance Service NHS Trust (LAS) in collaboration with New York City's Emergency Medical Service, Philips Medical Systems (USA) and Laerdal (UK). It examines whether SMART CPR software installed onto FR2+ defibrillators can predict (using an algorithm to analyse the patient's initial heart rhythm) whether an immediate defibrillation shock is likely to result in return of spontaneous circulation, or whether a period of CPR prior to the shock would be more beneficial to the patient. Patients enrolled in the study will receive either immediate defibrillation or CPR first, depending upon the outcome of the SMART CPR analysis.

Aim

The aim of the study is to increase the out-of-hospital cardiac arrest survival rate, using the SMART CPR software, by tailoring the initial treatment given to individual patients.

Methods

Each Rapid Response Unit at Chase Farm, Edmonton, Romford and Whipps Cross Complexes has been equipped with an FR2+ defibrillator incorporating the SMART CPR software. First Responders will use these defibrillators when treating adult cardiac arrest patients where the arrest was of a presumed cardiac cause.

The SMART CPR technology can be switched OFF or ON. Complexes will be randomised to ON or OFF groups, alternating quarterly. In the OFF mode, the FR2+s work in the same way as current FR2 defibrillators and a shock will be advised if the patient has a shockable presenting rhythm. When the SMART CPR technology is ON, the audio prompts will instruct crews to either provide an immediate defibrillation shock or provide a 2 minute period of CPR first (in line with current resuscitation guidelines).

Data collection and analyses

Approximately 500 patients will be enrolled into the study. Data will be collected from the FR2+ data cards, the corresponding patient report forms and hospital records. Comparative statistical analyses will be undertaken to determine whether the SMART CPR software can effectively identify those patients who benefit from a period of CPR first and those who benefit from an immediate defibrillation shock.

Duration

The study began on Friday 5th May 2006 and is expected to run for a period of 2½ years.

Appendix 2

Details of outstanding SABS (May 2006)

- **NPSA/2005/8: Protecting patients with allergy associated with latex**

A latex policy has been drafted and circulated for comment. It is anticipated that all comments will be received by the 26th May 2006.

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

This SAB alert remains on-going and details have been forwarded to Steve Irving, Executive Officer for consideration.

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

We are now in receipt of the manufacturer's advice on accuracy and calibration checks. This was forwarded to the Corporate Logistics Manger on 25th April 2006 for further action.

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

It has been confirmed that the Trust purchases this item. Details of the alert were forwarded to the Logistics department on 13.03.2006. Currently awaiting feedback on progress.

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

Awaiting confirmation to establish if this equipment is used in the Trust and if further action is necessary.

Enclosure 7

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

LAS Governance Review

1. Sponsoring Executive Director: Mike Dinan

2. Summary

The Trust Board and the Service Development Committee have considered recommendations put forward in the Governance Review undertaken by Dr Beryl Magrath.

It is anticipated that following the implementation of the Review's recommendations:

- SMG will be integrated into the governance structure, resulting in better reporting systems and more informed decisions;
- That appropriate timetabling will mean fewer meetings and a standardised committee structure;
- The governance structure will be reviewed on an annual basis
- That the committee membership and reports combined with the introduction of a Balanced Scorecard will support the Seven Year Plan and the Annual Healthcare Checks and the move to Foundation Trust status etc;
- That better use will be made of the LAS website with publications of agreed agendas, minutes and papers, improving the Trust's capacity to respond to FOI requests.

NB: The Governance Review is available on the Trust's website

3. Recommendation

THAT the Board approve the implementation of the recommendations of the Governance Review.

Enclosure 8

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Urgent Care Service Workforce Plan 2006/07

1. Sponsoring Executive Director: Caron Hitchen,

2. Summary

To inform the Board of the current steps being taken to reach full staffing against currently funded establishment.

Further reports will be made in due course as we develop ways to expand the staffing to reach the levels which may ultimately be required in order for the Urgent Care Service to reach its full potential

3. Recommendation

THAT the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Urgent Care Service Workforce Plan 2006/07

Introduction

The Board will be aware that the Trust is progressively developing a separate strand of staffing designed to work under the new Urgent Operations Centre. This staff group will be dedicated to ultimately dealing with the vast majority of Category C workload, all but the most seriously ill Doctor's Urgent patients and all non-urgent workload.

The new Urgent Operations Centre opened in November 2005 and has been steadily increasing the volume of work it deals with but is hampered at present by poor staff availability due to a significant number of vacancies across the various grades of staff within its establishment. The situation is complex as the workforce is multi-disciplinary and currently being reviewed to ensure it is cost effective and meets the future needs of the particular patient groups being treated.

This paper sets out to inform the Board as to the current steps being taken to reach full staffing against current funded establishment. Further reports will be made in due course as we develop ways to expand the staffing to reach the levels which may ultimately be required in order for the Urgent Care Service to reach its full potential.

Urgent Care Service (UCS) Workforce Plan

The UCS workforce plan has been developed following a review of the EMT1 role, Clinical Telephone Advice (CTA), successful tender of the Bromley PTS contract and the completion of modelling work by ORH into the options we might consider to deal with the workload.

The modelling work completed by ORH has been designed to arrive at a situation where the UCS deals routinely with:

80% of all Green (Cat C) calls	*Currently dealing with 29 %*
70% of Urgent calls	*Currently dealing with 12%*
100% of Non urgent calls	*Currently dealing with 80%*

The total volume of all this workload currently being dealt with by UCS is now averaging 32% overall.

The staffing levels required to increase this to the full 100% have been modelled by ORH at circa 310 front line staff and 67 CTA staff. These numbers still need to be validated fully by the management team and we do have some further options regarding 16hr or 24hr running to factor into the thinking which may then reduce this overall number somewhat.

It should be noted that, within the current financial environment, the funded establishment for UCS for the year 2006/07 is 129 wte and 35 wte in CTA. In

addition, the following assumptions are made in the development of this workforce plan:

- Zero growth in funded establishment in 2006/07
- 15 White Work (WW) vacancies moved to CTA in July subject to Union consultation
- PTS+ staff count as 0.5 WTE in the Bromley model (described below)
- CTA will continue to operate on a primarily secondment basis and will therefore continue to recruit throughout the year to maintain establishment +15 vacancies transferred from WW

The Trust recognises that there is potential to gain greater efficiency from our PTS staff by utilising "down time" more effectively. As a result of the successful tender of the Bromley PTS contract the Trust will pilot a workforce model of managing the Bromley PTS staff through the Urgent Operations Centre. Additional training will be provided to enable these PTS staff to respond to "green" calls when not required for PTS duties. The efficiency gains resulting from this model will be tested during the three month pilot commencing in June.

Shown below are two workforce scenarios reflecting a successful and unsuccessful outcome of the Bromley pilot.

Bromley Pilot Successful

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EMT1	33	33	33	33	33	30	30	28	28	28	26	26
WW	45	45	45	45	45	45	45	45	45	45	45	45
AP+	0	0	15	15	15	24	24	30	36	41	48	48
Total in post	78	78	93	93	93	99	99	103	109	114	114	114
Establishment	129	129	129	114	114	114	114	114	114	114	114	114
Vacancies	-51	-51	-36	-21	-21	-15	-15	-9	-5	0	0	0

Bromley Pilot Unsuccessful

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EMT1	33	33	33	33	33	30	30	28	28	28	26	26
WW	45	45	45	45	45	45	45	45	45	45	45	45
AP+	0	0	15	15	15	0	0	0	0	0	0	0
New EMT1	0	0	0	0	0	0	0	12	12	24	24	36
Total in post	78	78	93	93	93	75	75	85	85	97	97	107
Establishment	129	129	129	114	114	114	114	114	114	114	114	114
Vacancies	-51	-51	-36	-21	-21	-39	-39	-19	-19	-17	-17	-7

NB there are also 19 PTS Central Services staff funded from UOC budget under this model.

The precise training model in response to the above is dependent on the success or otherwise of the Bromley pilot. The training packages are however ready to be provided from June 2006. Training capacity has yet to be finally identified though it is anticipated that the reduction in the planned A&E technician training programmes will be sufficient to accommodate UCS requirements.

Clinical Telephone Advice

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Establishment	35	35	35	50	50	50	50	50	50	50	50	50
In post	35	35	35	43	50	50	50	50	50	50	50	50
Vacancies	0	0	0	-7	0	0	0	0	0	0	0	0

Caron Hitchen
Director of Human Resources and Organisation Development

Enclosure 9

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Clinical Education & Development Programme 2006/2007

1. Sponsoring Executive Director: Caron Hitchen

2. Summary

A résumé of the Clinical Education and Development courses planned for delivery during 2006/2007 in support of recruitment plans and continuing development of existing clinical staff.

3. Recommendation

THAT the Trust Board note the report.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Clinical Education & Development Programme 2006/2007

In line with Trust workforce plans and agreed annual budgets, the Department of Education & Development has now finalised its programme of clinical education and development for the year. The following sets out the training plan for 2006/07:

1. RECRUITMENT-TRAINING

1.1 Emergency Medical Technician 2 (EMT 2)

19 Emergency Medical Technician Grade 2 (A&E) courses have been planned for this year, providing a total of 135 places for new recruits to A&E.

1.2 Emergency Medical Technician 1 (EMT1)

To date no specific Emergency Medical Technician Grade 1 (Urgent Care) courses have been planned for this year. Plans are underway however to provide enhanced training to PTS staff in Bromley as part of the pilot workforce model. Further training plans will be dependant on the outcome of this pilot (see Urgent Care Service workforce paper).

1.3 Emergency Medical Dispatcher (EMD) Call Taking/Dispatch

Five courses are planned for 2006/2007, providing a total of 60 places for new call taking recruits to EOC. Funding details for the extended recruitment and training programme have not yet been finalised, and the programme will be dependant upon that.

1.4 Ambulance Person/Patient Transport Services

Future plans will be dependant on the outcome of the Bromley PTS pilot.

1.5 Emergency Care Practitioners

The Trust does not plan to recruit additional Emergency Care Practitioners within the year 2006/07.

2. STAFF DEVELOPMENT

2.1 Emergency Medical Technician 4 (EMT 4)

The EMT 4 programme will start this year, with places available for 484 suitably experienced Technicians.

The course consists of 5 days in the classroom and 2 days hospital placement.

2.2 Continuing Professional Development (CPD)

This five day programme of development will be made available to all 2400 frontline staff over a three year period from 2005 – 2008. This year places are available for 624 staff.

2.3 Paramedic Courses

The paramedic training programme continues this year with the provision of 5 residential courses, and 1 modular course, providing 100 places for EMTs to train as paramedics.

2.4 Team Leader Courses

Plans for the Team Leader programme have not yet been finalised, but it is likely that there will be up to 3 intakes later in 2006 to ensure the full establishment of 175 is achieved.

2.5 Instructional Methods / Instructor Qualifying Courses

Plans for the IM programme have not yet been finalised, but it is likely that 1 intake will take place later in 2006 providing places for 12 staff. The focus this year will be on providing a means for staff with existing teaching/training qualifications to be inducted into training roles within the service.

2.6 PTS Work Based Trainer Courses

The current PTS WBT course consists of one week's clinical and procedural update followed by a further week of instructional methods, covering such topics as motivation, learning styles, objective writing, lesson planning and delivery. Future developments of this course may be necessary to match changes in the delivery of operational workplace training within PTS.

3. REFRESHER AND UPDATE TRAINING

3.1 Paramedic Recertification

This is a mandatory course for all registered paramedics to be completed every three years. The five day Recertification programme will continue this year, with places available for 386 paramedics.

3.2 Resuscitation Guidelines update training

All front line staff will attend a 3 hour update on changes to national resuscitation guidelines. As this is required to be completed as soon as possible, this poses particular challenges in releasing staff.

3.3 Complex Based Refresher/Update Training & Development

Complex based training is planned locally around the following key areas:

Pre CPD update training package (including Infection Control)
Morphine

Rapid Response Unit (RRU) Training
Small Handling Aids
Hand Hygiene
National Clinical Guidelines update

4. UNIVERSITY PROGRAMMES

4.1 Foundation Degree Courses

The foundation degree programme at University of Hertfordshire has all three year groups running. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	11 students
Year 3	09 students

The foundation degree programme at University of Kingston/St. George's reaches its third intake this year. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	18 students
Year 3	11 Students

All of the above details apply from September 2006

The foundation degree programme at University of Greenwich starts its first intake this year. The number of LAS sponsored students per year will be:

Year 1	18 places available
Year 2	0 students
Year 3	0 Students

4.2 Full time BSc Course

The full time Paramedic Science BSc at Hertfordshire continues, with the following number of students for 2006/2007:

Year 1	30 places available
Year 2	28 students
Year 3	23 students
Year 4	22 students

The details above apply from September 2006

5. SUMMARY OF INTERNAL PROVISION OF CLININCAL EDUCATION AND DEVELOPMENT

	No of courses	No of Places	Total Training Days
EMT 2	19	135	1520
EMD Call Taking/Dispatch	10	60	200
EMT4	42	484	294
CPD	52	624	260
Paramedic	6	100	300
Team Leader	3	12	15
Paramedic recertification	32	386	160
TOTAL			2749

Complex based training is not included in the above figures

It should be noted that this is an extremely ambitious training programme for the current year. The Senior Management Group are fully committed to supporting the delivery of this plan.

Enclosure 10

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Review of the Professional Standards Unit

1. Sponsoring Executive Director: Peter Bradley

2. Recommendation

THAT the Board note the findings and recommendations of the review undertaken of the Professional Standards Unit

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23 MAY 2006

Review of the Professional Standards Unit

1. Introduction

Late last year Assistant Chief Ambulance Officer Ralph Morris was tasked with the responsibility of reviewing the role of the PSU and making recommendations for changes necessary to address any problems found in the review. A second objective was to establish how well the existing complaints handling processes complied with NHS Regulations and Guidance from the Healthcare Commission and Health Service Ombudsman.

This report summarises his main findings and recommendations

2. Key findings

Current Practice

The Professional Standards Unit (PSU) handles approx 500 complaints per year.

PALS deal with all other enquiries (Approx 5000 per year)

PSU also deals with
- Disciplinary investigations
- Disciplinary Hearings
- Traffic Camera Violations
- Road Traffic Accident Investigations
- Road Traffic Accident Adjudications
- Enquiries re: Vulnerable Adults and Children

The departure of the previous Head of Professional Standards and a need to conduct an annual review of the complaints procedure coincided with the receipt of a number of complaints about the complaints handling process from operational staff. The Professional Standards Unit was not achieving performance targets and options on the most appropriate future configuration of the complaints handling function of the service were required.

The method used in review involved meetings with a considerable number of operational staff, their elected representatives, junior, middle and senior managers, PSU staff, LAS Directors and the Patients Forum Chairman. Written submissions were also received from a number of LAS staff. All currently available regulations, guidance and procedures relating to the handling of complaints were reviewed and complaints policies and procedures, produced by other NHS Trusts were consulted in the search for examples of best practice.

The results of the above exercise revealed a lack of confidence on the complaints handling function of the service, mainly due to issues around the way that disciplinary investigations were conducted. Concerns were raised by staff from all levels within the organisation who participated in the review. Complaints investigations and disciplinary investigations have become synonymous with each other since the creation of the PSU around three years ago. Compliance with complaints regulations, procedures and guidance was seen poor in a number of areas and absent in others.

Complaints are frequently dealt with in the same way that disciplinary investigations are, this results in a climate of fear, suspicion and denial within some parts of the Service.

There is little evidence of the Service learning from complaints or of improvements in patient care as a result of complaints received.

Little evidence of patient/public involvement in complaints process.

Complaints not answered within defined time-frames. (approx 70% last year against a target of 80% within 20 days)

The LAS Complaints Procedure broadly follows NHS Complaints Procedure but does not capture the entire 'spirit' of the regulations.

LAS does not have a stand alone Complaints Policy.

Reports are frequently produced that have taken many months to write, contain large amounts of information that is not easily or quickly read and are not required by operational managers.

The workload of the PSU indicates a reducing trend but, because of some of the working practices and variable support from Managers at area level, PSU staff feel inundated and often unsupported.

It was difficult to find man positive contributions about the current processes from a substantial number of managers and staff who contributed to the review.

3. Conclusions

It is clear that complaints handling and disciplinary investigations should not continue to coexist within one department. Disciplinary investigations need to be dealt with in operational areas and become the responsibility of the Assistant Directors of Operations in each area. Complaints handling needed to be re-branded with a small central function in addition to staff working within the operational areas and additional staff are required to ensure that complaints handling and disciplinary investigations can be done to the required standards. Considerable work is required to produce a Complaints Policy and updated Complaints Procedure.

Possibly the most significant item of change relates to the need for a profound change in culture in respect of complaints handling. The change needs to start from the top and reach every aspect of the Service. Staff and their elected representatives need to embrace the substantial changes that are needed and work in partnership to achieve an open, non blame and learning environment. This represents a real challenge, given the

history of negativity, denial and fear that has been typical of the response to complaints in recent years.

What the Healthcare Commission is looking for in their latest guidance is described by them as "strong evidence that demonstrates leadership and a culture of learning in the handling of complaints, with complaints and feedback from complainants being used to improve the delivery of services, and demonstrates that links between the Complaints Manager, the Chief Executive, the Board and key staff are well established"

4. Key Recommendations

(i) The LAS should produce a Complaints Policy or Mission Statement that defines the philosophical stance of the organisation as follows:

The receipt of a complaint must be followed by speedy, full and detailed investigation in order that the causes may be established.

That disciplinary action will not result except in exceptional instances of wilful neglect or gross misconduct.

That an honest and open atmosphere should be adopted by all members of the Service so that the causes of complaints can be established.

That mistakes and omissions, when these occur, are identified and the staff involved should, in the majority of cases, receive non punitive, supportive measures designed to ensure that similar mistakes are not repeated.

That complainants receive honest and open accounts of the cause of their complaint together with appropriate apologies when these are due together with details of the actions taken to prevent recurrences.

The Complaints Policy should clearly define the strategic direction of the Service in respect of the way it views complaints, the manner that complaints handling should be conducted and the requirement that staff
and their elected representatives will fully endorse and work without reservation on the achievement of the primary objective.

The philosophical stance should be reflected in the seven year plan (that will replace the Service Improvement Programme) in addition to service annual reports etc. and clearly indicate the key criteria of local resolution, lessons learned and improvements in patient care.

(ii) Elected staff representatives have already indicated their approval of the implementation of a complaints procedure that reflects the above principles. A formal agreement is required on complaints handling methodology, aimed at ensuring that complaints are dealt with without delay in accordance with the Complaints Procedure, that, whilst staff will normally be entitled to be accompanied by a friend or representative at an interview, the absence of a staff representative will not prevent the interview being held.

(iii) The Complaints Panel should provide a monitoring facility particularly with regards to lessons having been learned from complaints, action plans that have been implemented according to specified timeframes and improvements made in patient care.

(iv) The Complaints Manager should be responsible for ensuring compliance with all aspects of the NHS (Complaints) Regulations 2004, ensuring that the Healthcare Commission guidelines are followed, the Service is prepared for the Annual Health-Checks and the Service is prepared for all other internal and external audits relating to complaints handling.

(v) The Complaints Manager should review the methods used to grade complaints and potential Serious Untoward Incidents to ensure that they are compatible with best practice and fit for purpose.

(vi) The Complaints Manager should be responsible for the co-ordination of all Serious Untoward Incidents and ensure that these are dealt with according to service policy and NHS Regulations.

(vii) The Complaints Manager, in conjunction with appropriate Directors, should be responsible for the development and use of a system that identifies potential Serious Untoward Incidents from complaints received and initiates the appropriate action when these are identified.

(viii) The Complaints Manager will provide guidance on the standard, format and expected content of letters sent to the Chief Executive for signature.

(ix) That work commences without delay on the construction of a complaints procedure that follows the theme set out in the policy, retains the spirit and addresses all aspects of the Regulations and Guidance in respect to complaints handling.

(x) The Complaints Procedure should be reviewed/rewritten by a panel comprised of the staff shown below and must comply with the NHS complaints regulations of 2004.:

Medical Director
Complaints Manager
Head of Governance
PALS Manager
PPI Manager
Deputy Director of Operations
Senior staff side representatives

(xi) The Complaints Procedure should provide details of the specific steps that must be taken in complaints handling and also the additional steps that should be considered in order that the complaint is satisfactorily resolved.

(xii) The Complaints Manager should ensure that publicity material relating to the subject of complaints is publicised widely and made available to the public and conforms to the requirements of the regulations in respect of content and format (available in different languages, Braille, audio cassettes

etc.) This may include the use of notices in the rear of ambulances and in hospital accident and emergency departments etc.

(xiii) The Complaints Manager will produce recommendations on the application of the Redress Legislation that is expected to include Ambulance Service Trusts.

(xiv) The Complaints Manager should work with the PPI Manager to ensure that feedback obtained from patients, complainants and members of the public is taken into account and that lessons are learnt and improvements in patient care are made.

(xv) The Complaints Manager should work closely with the PPI Manager in setting up an annual complainant satisfaction survey to monitor the extent that complainants have been treated sympathetically and with courtesy and, as far as possible, have been involved in decisions about how their complaints were handled and considered. Such feedback being a requirement of the Healthcare Commission Core Standard (14c), assessed in the Annual Health-check.

(xvi) The Complaints Manager will ensure that lessons learnt from complaints are shared across the Service to enable relevant staff groups to gain insight from them e.g. features in LAS News etc. detailing best practice, lessons learnt and emphasising the importance of local resolution.

(xvii) The Complaints Manager should ensure that the Service's position on complaints, the importance of local resolution, lessons being learnt and positive outcomes leading to improvements in patient care is incorporated into all appropriate training courses including induction and CPD courses.

(xviii) The Complaints Manager should ensure that in the event that an investigation into a complaint indicates that an act or omission by a member of staff may be the result of neglect or gross misconduct, the complaint should be closed, the complainant advised accordingly and the investigation passed to the appropriate Assistant Director of Operations to be investigated under the Disciplinary Procedure. The staff involved should be advised and all aspects of the disciplinary investigation should proceed according to the Disciplinary Procedure. The complainant should be advised of the outcome of the disciplinary investigation and outcomes, action plans and lessons learnt as a result of the complaint recorded in the same way that other complaints are dealt with.

(xviii) To address the negative reputation of the Professional Standards Unit, a re-branding exercise is necessary to ensure that the expectation changes from a complaint leading to a disciplinary charge to that of a complaint leading to improvements in patient care from the lessons learned from the complaint

(xx) The Professional Standards Unit should be retitled the Patient Services Department and the current workload, which is excessive, should be concentrated on the efficient handling of complaints.

(xxi) Staff involved in complaints handling should be described as Patient Services Officers.

(xxii) Disciplinary investigations should not be dealt with by the Patient Services department. A more effective way for disciplinary investigations to be dealt with should be within the three operational areas of the Service with each Assistant Director responsible for this aspect of service delivery. Investigation Officers are skilled and experienced and their expertise should be harnessed within the three divisions. Existing investigation staff should be located within the three areas and report directly to the Assistant Director of Operations.

(xxiii) Assistant Directors of Operations should ensure that disciplinary investigations are thorough, conducted to a standard that is uniformly applied throughout the Service and does not vary according to the identity or role of the investigator etc. This may be achieved through regular meetings and reviews, coordinated by the Deputy Director of Operations and the Deputy Director of HR.

(xxiv) The Assistant Directors of Operations should ensure that decisions on the appropriateness to suspend a member of staff from duty are consistently applied across the Service and they should seek alternatives to suspension from duty in all but the most serious of allegations.

(xxv) In the event that a member of staff is suspended from duty, Assistant Directors of Operations should ensure that the member of staff is provided with the highest level of support throughout and that the decision is reviewed regularly as the investigation uncovers new information.

(xxvi) Assistant Directors of Operations should ensure that serious disciplinary investigations are not carried out by line managers who should be providing the staff involved with support.

(xxvii) Disciplinary investigations should be carried out by Investigation Officers with no previous close association with the staff that are the subject of the investigation to ensure impartiality.

(xxviii) The skills that exist within the Service in relation to accident investigation and adjudication should be utilised. The investigation of road traffic incidents involving service vehicles and accident adjudication should be supervised by Investigation Officers based in the operational areas.

(xxviiii) Accident adjudications should be conducted by a suitably qualified officer, working closely with the officers that investigate accidents, located within an operational area but responsible for adjudications across the Service.

(xxx) Three Investigation officers and one Accident Investigator/Adjudicator should be based within the operational areas.

(xxxi) Enquiries from Social Service Departments relating to Service involvement in cases of vulnerable adults and children should be dealt with by the PALS department.

(xxxii) Alleged violation of regulations captured by automated traffic light and bus lane camera's etc. should be dealt with by the central Patient Services Department.

(xxxiii) Greater use of all aspects of Datix, the complaints handling database currently in use by several departments within the Service as well as the wider NHS, must be made. All possible fields need to be used in every case and the potential for more informative reporting needs to be explored. Reports need to be generated on a weekly, monthly, quarterly and annual basis covering the numbers and subjects of complaints as well as causes, actions plans, outcomes, lessons learnt and trends.

(xxxiv) One member of staff in the central Patient Services Department should be dedicated to the task of ensuring that each complaint is received and acknowledged, graded, fully entered into Datix, that action plans are recorded, outcomes are completed within specified timeframes and reports that satisfy the requirements of internal and external scrutiny and audit are generated and provide monthly information to Assistant Directors of Operations on the progress of complaints against set targets.

(xxxv) Patient Services Officers should work closely with colleagues from PALS and learn from good practice in that department, in particular the use of Datix and the generation of high quality letters to complainants.

(xxxvi) To comply with regulations, a specified location for complaints to be addressed must be clearly advertised. This does not need to be at Headquarters.

(xxxvii) Many complaints relate to issues with the Emergency Operations Centre (EOC) and require a dedicated response in the case of the availability of vehicles at a specified time and delayed responses to emergency calls. Complaints relating to Patient Transport Services also need specific answers in the case of late or missed appointments and, with a reduced PTS department operating in various remote locations, these complaints require close management to ensure that they are dealt with in a timely manner.

(xxxviii) One Patient Services Officer (based centrally) should deal with EOC, UOC and PTS complaints, reporting to the Assistant Director of Operations responsible for EOC and UOC and to the Head of PTS who should be responsible for all aspects of complaints handling in their areas including compliance with all Regulations and guidance.

(xxxviiii) Archives are soon to be relocated to the offices at Bow – the PALS office is already located at Bow and there may be a case for the Central Patient Services department to be similarly based at Bow with the additional benefit of facilitating closer working with PALS colleagues.

(xxxx) Patient Services Officers should be able to meet with complainants at a very early stage, preferably on the day the complaint is received or the very next day. They should be excellent communicators with sufficient knowledge of the Service to address issues on the spot, potentially satisfying the complainant with an informed answer to their issues. In other cases they

should ensure that all aspects of the complaint are understood by the Service together with a clear understanding of the remedies that are sought by the complainant. Where it is apparent that an investigation is likely to exceed 20 working days, agreement on a different timeframe may be possible and this needs to be discussed with the complainant. In all cases the complainant should feel that they are involved in decisions regarding the way the complaint will be dealt with. The involvement of 'experts' – Training Officers and H.R. Officers etc. should be the norm in meetings with complainants.

(xxxxi) Access to staff, supervision of managers who may be dealing with some aspects of an investigation and the ability to travel to meet with complainants in a timely manner suggests the need for Patient Services Officers to be based within the three areas of the Service. One Patient Services Officer should therefore be based in each of the three divisions responsible for the handling of complaints within that division, the recording of all information onto Datix and all other aspects of complaints handling.

(xxxxii) Patient Services Officers, based in the operational areas, should be accountable to the Assistant Director of Operations for the handling of complaints relating to the area and responsible for the supervision and training of operational managers who may also be involved in complaints handling.

(xxxxiii) The Assistant Director of Operations in each area, EOC, UOC and Head of PTS will be responsible for all aspects of the handling of complaints, compliance with Regulations and Guidance and the content and standard of all letters sent to the Complaints Manager who will then obtain the Chief Executives signature.

(xxxxiv) The Assistant Directors of Operations will meet regularly with the Deputy Director of Operations and Complaints Manager to ensure that all aspects of complaints handling are consistent and equal in all areas of the Service and fully compliant with Service policy and procedures.

(xxxxv) An additional Patient Services Officer, based centrally, is required to ensure that complaints continue to be dealt with in the event of absence through annual leave, sickness, training etc. Thus, seven Patient Services Officers in addition to the manager will be required to fulfil the complaints handling requirements of the Service. (Appendix 1 indicates current and proposed structures in a graphical form).

(xxxvi) Patient Services Officers, based within the three areas, should be included in the Lease Car Scheme for managers. Two cars (pool vehicles) should be available for Patient Services Officers based centrally to allow them to meet with complainants etc. and the Relief Patient Services Officer to travel to areas to provide cover or assistance.

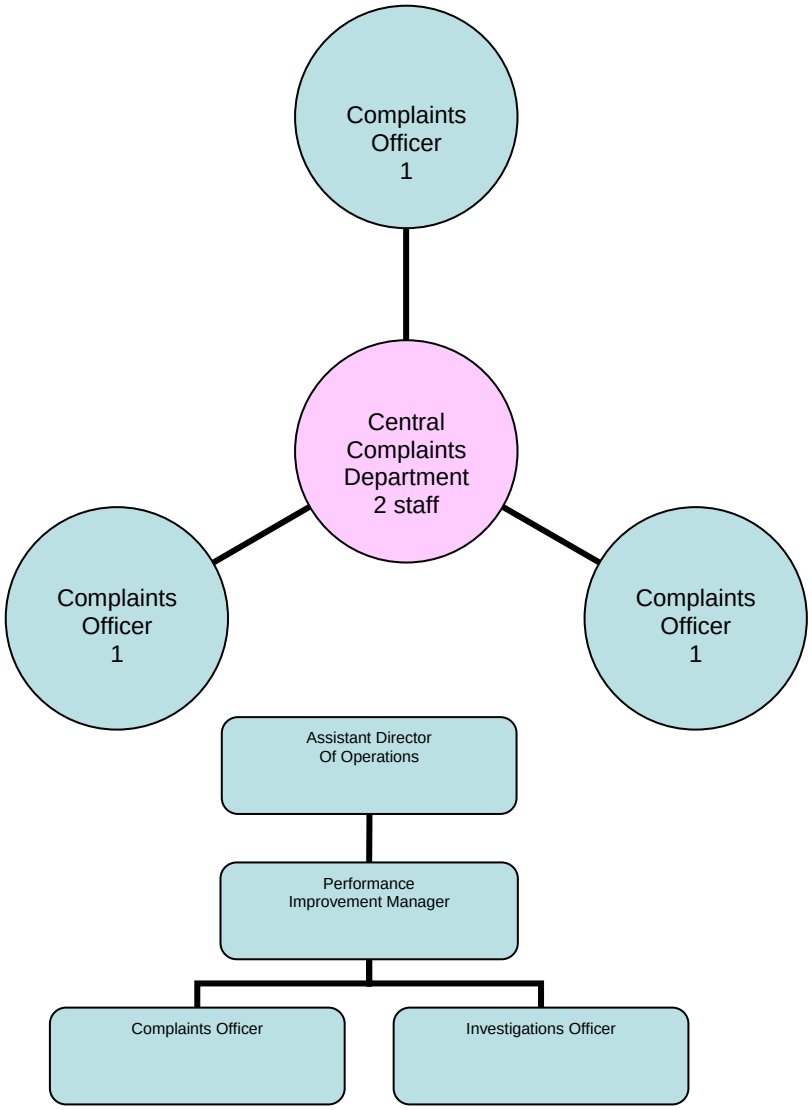
(xxxxvii) Root Cause Analysis should be the standard tool to be used in all investigations and all staff involved in the investigation process should be trained in this skill.

(xxxxviii) That Assistant Director of Operations (ADOs) allocate circa five Managers from their areas to take responsibility for complaints on a 1-2 year rotation. These Managers will require high quality complaints management training

(xxxxviiii) That the ADOs and the Complaints Manager undertake a period of training in complaints management

Appendix 1

The following organisational charts indicate the proposed structure.



5. Next steps

These recommendations have been accepted by the Chief Executive and the rest of the Senior Management Group (SMG) and have been discussed with the PSU team. Ralph Morris will now work up a detailed implementation plan to act on the recommendations over the coming months. He will provide regular updates on progress with the implementation plan to both the Director of Operations and the Chief Executive. The Complaints Panel will receive regular updates on the implementation plan.

6. Recommendation

That the Trust Board notes this report.

Peter Bradley CBE
Chief Executive Officer

Enclosure 11

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD 23rd May 2006

Service Improvement Plan

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: To report the final out-turn for the Service Improvement Programme 2000-2006 (SIP) and review progress made over this period by comparing the 2005/06 outturn position with the November 2000 baseline

3. Recommendation

THAT the Board :

1. Note the outturn position for the Service Improvement Programme 2000/06;

2. Agree the formal closure of the programme.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 23 MAY 2006

Service Improvement Programme Out-turn Report

1. Overall achievement

Of the 283 initiatives within the SIP intended to drive delivery of the desired programme outcomes all but 30 were achieved by the closure of the programme. Of these 30 initiatives most are scheduled for completion in 2006. A further 9 items were removed from the programme by agreement of the Trust Board in January 2005 and rolled forward into the next service improvement programme. These were dependent on national NHS initiatives outside the control of the Trust.

The SIP was intended to achieve 40 outcomes, of these 17 were fully achieved at the end of the programme, with significant progress made against the majority of the remaining 23. However this does not represent the full picture of achievement over the life of the programme as it represents a snapshot in time in 2006. Achievement against the SIP outcomes represents a significant turnaround for the organisation with, for example, staff satisfaction increasing from 42% in November 2000 to 60% in 2005/06 , Category A response times improving from 40% in 8 minutes to 75.1% and cardiac arrest survival rate increasing from 4% to 8.6%.

During 2005/06 the Trust experienced a significant increase in calls categorised as Category A as a consequence of AMPDS coding changes as well as staff shortages. Eleven of those SIP outcomes which were not being fully achieved at the end of the programme fall within the Performance area and reflect prioritisation decisions taken to achieve Category A response times in the last quarter of 2005/06. In a number of cases performance in 2004/05 was better than in 2005/06 and significant progress can be demonstrated over the life of the programme and at the outturn compared to the baseline position.

Detail of achievement against both the SIP initiatives and outcomes is given below.

2. Achievement of 'SIP outcomes' over the life of the programme

At the beginning of the programme LAS Senior Management identified 40 outcomes for People, Patients and Performance that were planned to be achieved as a result of the investment made. Substantial, quantified progress over the period has been obtained, highlights are:

<u>People:</u>

- A substantial shift in staff attitudes and morale (e.g. 60% of respondents in the autumn 2005 feel positive about working for the LAS compared to 42% in autumn 2000);

- Reductions in assaults on staff (153 reported assaults on staff per 1000 staff in 2000 reduced to 87 reported assaults per 1000 staff 2005/06);
- Reductions in staff sickness (reduced from 8% in 2000 to 6.69% in 2005/06).

The staff survey undertaken in October 2005 which determined achievement of staff satisfaction targets at the end of the programme was undertaken at the time when there was a lot of uncertainty over the banding of Paramedics and Emergency Medical Technicians. This timing had the effect of depressing staff satisfaction survey results from the higher figure that had previously have been obtained.

Patients:

- Cardiac arrest survival rate increased from 4% in 2000 to 8.6% in 2004/05;
- Increasing proportion of demand diverted to more appropriate care, increasing from 0% in November 2000 to 23.6% in March 2006;
- 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 (e.g. from 5.2 complaints per 10,000 journeys per month in A&E in November 2000 to 1.507 in 2006);
- 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 75.1% for the year 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;
- Category A14 up from 83% in 2000 to 95.08% in 2005/06;
- Resource/demand match compliance significantly improved in EOC, 97.08% compared to the 85.3% baseline;
- Category A activation time within 2 minutes up from 68% to 86.33%;
- Reductions in vehicle accident rates for both A&E and PTS vehicles (e.g. 5.53 RTAs per 10000 activations in 2005/06 down from 16.16 in 2000 for A&E vehicles) ;
- Internal efficiency savings of £3m pa realised to help fund development activity.

Detail of progress against each of the SIP outcomes over the life of the programme and the final outturn position in regard to each can be found in Annex 1.

3. Achievement of improvement programme initiatives over the life of the programme

The 283 initiatives in the SIP cover a diverse range of development activity which has taken place over the past five and a half years and have brought about a turnaround in the performance of the Service for patients and the experience of staff as employees. Key initiatives completed include:

People

- Obtained Practice Plus status for Improved Working Lives;
- Chief Executives consultation meetings instituted which made a significant contribution to the turnaround in staff morale and impacted on performance;
- Improvements made in Health and Safety, most notably manual handling with the advent of tail-lifts on ambulances and the appointment of a Staff Safety Manager/
  Ergonomic Advisor;
- New Uniform to enhance image.

Patients

- Defibrillators installed on all A&E vehicles and some PTS vehicles (Lifepak 12 monitor/defibrillator and FRU shock boxes), all staff trained in 12 lead acquisition and interpretation;
- Development and evaluation of a larger number of referral pathways (now 29) e.g. to Walk In Centres, Minor Injuries Units and angioplasty centres;
- Replacement of 65 new ambulances per annum - move to new Mercedes model;
- Development of Emergency Care Practitioner (ECP) programme and evaluation of the ECP role;

Performance

- Staffing level increases to better match resource availability to call demand;
- Mobile Data Terminals (MDTs) to improve despatch arrangements to support performance and provide enhanced management information;
- Fast Response Unit numbers increased from 14 in 2001 to 104 in 2006;
- Urgent Operations Centre opened to handle Green calls;
- Introduction of Clinical Telephone Advice to handle calls that don't require a physical response (increased from zero to 150-180 calls handled per day).

Annex 2 lists some of the more significant projects while Annex 3 details the 30 initiatives that were incomplete at the end of the programme, the reasons for this and issues arising.

4. Communication

A full list of SIP initiatives in Gantt Chart format is available on 'The Pulse'. It is proposed that a SIP Bulletin to staff should be published reviewing progress made during the lifetime of the programme. A report on lessons learned from the way the SIP was managed will be prepared for the July Trust Board meeting.

5. Recommendation

That the Trust Board:

1. Notes the out-turn position for the Service Improvement Programme 2000/06;
2. Agrees formal closure of the Service Improvement Programme.

Service Improvement Programme Outcomes

Comparison of March 2006 outturn performance to November 2000 baseline

People Outcomes

	Outcome	Baseline (Nov 2000)	Performance outturn
1	Annual staff survey shows more staff feel positive about working for the LAS	42%	• Score of 2.78 on the 1 to 5 scale (equivalent to 60% under original survey method) in 2005/06 staff survey.
2	Annual appraisals and personal development plans in place for all staff	No system	• Fully Achieved - System in place, with all staff having an annual appraisal and a personal development plan from 2006, PDR for support staff initially and PDR for front line staff from July 06.
3	Reduction in staff incidents at work	676 reported incidents per 1000 staff per year	• 634 reported incidents per 1000 staff per year (2005/06).
4	Reduction in assaults on staff	153 reported assaults per 1000 staff per year	• Fully Achieved - 87 reported assaults per 1000 staff per year (2005/06).
5	Reduction in sickness absence levels	8% (average for the year)	• 2005/06 outturn of 6.69% achieved.
6	Alternative reward and recognition systems in place	No system	• Fully Achieved - Systems in place which recognise qualification attainments, long service, outstanding performance, and retirement. These systems include an annual awards ceremony, a second Awards Ceremony took place in 2005.

7	Range of Career paths/ development opportunities	No formal system	• Fully Achieved - EMT 1,2 & 3, ECP, CTA and non-urgent care service established. EMT to ECP pathway established, EMT 4 role scoped and education modules developed by Kingston University/LAS Education Dept. ready for delivery from May 2006. Standard systems in place and used as part of the appraisal/PDP processes. Staff development opportunities published on intranet "*PULSE"* and Annual Training Prospectus published
8	Annual staff survey shows that more staff feel that communication in the LAS is good	30%	• 48.5%% of LAS staff agree or strongly agree that communication in the LAS is good in the 2005/06 staff survey.
9	Improved staff support systems	Results of survey in May 2000. 46% felt LAS good place to work. Staff feel supported (counselling and occupational health awareness)	• 52% of staff responded that they thought that the LAS is a good employer to work for in the 2005 staff survey. 92% said they have access to counselling and 95% said they have access to occupational health services.
10	Staff more involved in the decisions that affect them	Staff Involvement Policy Statement agreed	• Partnership Agreement in place and working effectively. Staff Survey results 2005/06 demonstrate that 49% of staff feel more involved in the decisions that affect them.

Patients Outcomes

	Outcome	**Baseline (Nov 2000)**	**Performance outturn**
11	Improved cardiac arrest survival rates (to discharge)	4.0%	• Fully Achieved - Hospital outcomes data for 2004/05 (most recent data available) – cardiac arrest survival rate 8.6%.

	Outcome	Baseline (Nov 2000)	Performance outturn
12	Coronary Heart Disease National Service Framework call to door times achieved	43 minutes	• July – September 05 call to door time for STEMI patients average 43 minutes (range 25-95 minutes). However as a result of policy decision LAS is directly transporting patients to Heart Attack Centres for Primary Angioplasty as this supports a better patient outcome chance even though travel time maybe longer.
13	A proportion of demand diverted to more appropriate care, thus freeing up ambulances for serious & potentially life threatening calls.	0%	• 23.6 % of Green Calls sent alternative vehicle to an ambulance or vehicle saved by CTA in March 06. April 05-March 06 = 15.42% of total Green calls (15.3% average per month for the year) given an alternative response. There was a leap from 13.6% in December 05 to 22.5% in January 06 with the advent of the UOC
14	'Centre of Excellence' achievement for call taking in CAC (compliance with pro QA)	90%	• Fully Achieved -"Centre of Excellence" status achieved in March 2003 & maintained to 2005/06
15	A comprehensive ambulance cleaning and equipping system in place. Improved pride & professionalism in the Service	No system	• Fully Achieved - Make Ready in place in place in all 25 complexes at the end of March 2006. 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. The scheme continues to perform well against Key Performance Indicators and feedback from operational staff and managers is positive.
16	To comply with the Risk Management Standard for Ambulance Trusts, at the next equivalent level to CNST 2 (for clinical risks) and RPST 1 (for non-clinical risks).	Level 2	• Level 2 for 2005/06, changed date for Level 3 assessment to January 2007 as agreed at Risk Management Group.

	Outcome	Baseline (Nov 2000)	Performance outturn
17	Clinical supervision in place across the LAS – Team Leaders, Complex Trainers; Delivering training at local level	No system	• Fully Achieved - 175 Team Leaders and 25 Sector Trainers instituted.
18	Reduce all patient care related complaints A&E	A&E 5.2 complaint per 10,000 journeys per month	• 1.507 complaints per 10,000 journeys 2005/06.
19	Reduce all patient care related complaints PTS	PTS 1.4 complaint per 10,000 journeys per month	• Fully Achieved - 0.532 complaints per 10,000 journeys 2005/06,
20	Reduce all patient care related complaints EOC	CAC 1.0 complaint per 10,000 calls per month	• 1.128 complaints per 10,000 calls per month 2005/06 (EOC).
21	Regular availability of information about the delivery of patient care throughout the Service	No system	• Team Leaders now have Clinical Performance Indicators (CPI) with 12% CPI completion rate for whole LAS in November 05 due to performance pressures no more recent statistics are available as CPI checks and reports stopped due to operational pressures from December 05 to March 06. CPI checks resumed in April 06. Audit feedback takes place through Clinical Governance, Clinical Risk Group, articles in LAS News, Medical Directors Bulletins etc. Audit reports are available on the intranet. Data on patient views is available (derived from patient involvement, PALS and complaints) and used for improvement. Data is available to demonstrate performance against National Service Framework targets.

Performance Outcome

	Outcome	Baseline (Nov 2000)	Performance outturn
22	Regular comprehensive information about user views/levels of satisfaction	No system	• Fully Achieved - PPI strategy in place and PPI manager appointed, Picker Institute survey complete and results published.
23	A robust, well controlled system is in place to minimize clinical risk and improve patient care through the efficient management of drugs	20% complete No robust central system. Drugs managed locally	• Fully Achieved - Drug Management System rolled out and fully embedded in the service
24	Category A performance targets achieved	40% in 8 mins	• Fully Achieved - 75.1 % 2005/06.
25	Category A 14-min performance targets achieved.	83%	• Fully Achieved - 95.08% 2005/06.
26	Category B 14 min performance targets achieved	79%	• 75.02% 2005/06.
27	AS2 –Doctors' urgent performance at 95% within 15 minutes of agreed arrival time	46%	• 51.02 2005/06.
28	95% of 999 calls answered within 5 seconds	70% (5 seconds)	• 74.1% 2005/06.
29	Percentage of the week when utilisation rates exceeds 70%.	40%	• No figures available to provide update for 2005/06 due to data collection issues requiring a systems solution.

	Outcome	Baseline (Nov 2000)	Performance outturn
30	Reduce non-staff (vehicle) related downtime	2.9%	• Currently no way to accurately access data which breaks down Vehicle off Road for non-staff reasons. EOC being asked to implement a new style LA16 in 2006/07 with additional questions for the Loggists to complete. MI can then add these fields to their routine data. In the longer term CTAK will take over. 3.3% best estimate for 2005/06.
31	Reduce staff related downtime	6%	• 6.6% 2005/06.
32	Resource demand/ match compliance significantly improved on sectors		• 92.1% compliance with LO50 (34164 Ambulance hours per week) 2005/06.
33	Resource/demand match compliance significantly improved in CAC	85.30%	• Fully Achieved - 97.76% compliance 2005/06.
34	Activation times of 95% within 2 minutes (Cat A)	68%	• 86.33 2005/06.
35	Activation times of 95% within 2 minutes (Cat B)	76%	• 53.71% 2005/06.
36	95% of Doctors calls answered in 30 secs	66%	• 66.8% 2005/06..
37	Achieve financial savings to fund I Sons		• Fully Achieved - Financial performance targets and balanced budget achieved each year with £3m savings 2005/06.

	Outcome	Baseline (Nov 2000)	Performance outturn
38	Vehicle accidents per 10,000 responses reduced by 33% for A&E	16.16 accidents per 10,000 responses	• Fully Achieved - 5.53 RTAs per 10,000 activations for 2005/06 (LAS average).
39	Vehicle accidents per 10,000 journeys reduced by 33% for PTS	3.04 accidents per 10,000 journeys	• Fully Achieved - 1.04 per 10,000 journeys per month average 2005/06.
40	Reduce job cycle time	60 minutes	• 63.92 minutes 2005/06.

Annex 2

Service Improvement Programme : List of some of the more significant projects

- Development of Emergency Care Practitioner (ECP) programme and evaluation of the ECP role
- Development and evaluation of a larger number of referral pathways (now 29) e.g. to Walk In Centres, Minor Injuries Units and angioplasty centres;
- Three public awareness campaigns:
    - Cardiac arrest – need for basic life support training
    - Don't call 999 inappropriately ("Only one of these is a taxi")
    - Stopping assaults on staff
- Make Ready scheme to clean and re-equip/re-stock ambulances
- Drugs Management scheme
- Mobile Data Terminals (MDTs) to improve despatch arrangements to support performance and management information
- Conflict training for staff
- New Uniform to enhance image and save money
- Staffing level increase to better match resource availability to call demand and need for response (For Cat A incidents: 2000/01=142,675; 2004/05=206,449; 2005/06 to Feb. 06 =273,136)
- Institution of 175 Team Leader posts to support clinical supervision and audit of Clinical Performance Indicators. 70% of Team Leaders time intended to be spent on vehicles and during pressure periods this has been 100% of the time
- All staff trained in basic life support as per NHS requirements
- Increase in number of trainers, trainers on complexes.
- Replacement of 65 new ambulances per annum - move to new Mercedes model
- Defibrillators installed on all A&E vehicles and some PTS vehicles (Lifepak 12 monitor/defibrillator and FRU shock boxes), all staff trained in 12 lead acquisition and interpretation
- Fast response Unit numbers increased from 14 in 2001 to 104 in 2006
- Urgent Operations Centre opened,
- CTAK system installed in Emergency Operations Centre and soon to be in Urgent Operations Centre, AMPDS integrated into Central Ambulance Control call taking to improve clinical governance and speed of despatch
- Introduced Clinical Telephone Advice as a response to calls (increased from zero to 150-180 per day)
- Developed, evaluated and implemented Older Persons strategy, e.g. referral of fallers to Falls Teams
- Developed, evaluated and implemented Mental health strategy
- Developed, evaluated and implemented Cardiac Care strategy with the contributory effect that cardiac arrest survival rate improved from 4% in 2000 to 8.6% in 2004/05 (latest data available)
- Developed, evaluated and implemented Patients and Public Involvement (PPI) strategy with appointment of PPI Manager for the Trust
- Introduce cycle response
- Partnership Agreement with unions developed and implemented to get service modernisation
- All staff given Internet and e-mail access in accordance with NHS policy
- Chief Executives consultation meetings instituted which made a significant contribution to the turnaround in staff morale and impacted on performance
- Obtained Practice Plus status for Improved Working Lives
- Improvements made in Health and Safety, most notably manual handling with the advent of tail-lifts on ambulances and the appointment of a Staff Safety Manager/Ergonomic Advisor
- Implemented the Risk management process for the trust
- Introduction of an induction programme for all new staff
- Introduction of a range of reward and recognition processes
- Introduced cycle response unit

Annex 3

Service Improvement Programme Initiatives

Items incomplete at the end of the programme, reasons and issues arising.

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
8	1	Review (and redesign where appropriate [clinical] career paths and grading structure	98% complete. EMT4 courses complete in the design phase, delivery to commence in may 06. Work has been delayed by the increased recruitment programme and operational pressures.	FM
15a	2	Review workshop cover and implement change as required	50% complete. End date now 30/03/07. Further work will be required form ORH once the new Fleet profile has been agreed. Additional factors such as the impact of Flexible Fleet Management, the Make Ready Scheme, and the necessity to factor in additional support for operational pressure periods to be considered by ORH. Full implementation unlikely until March 07.	MF
34	4	Put in place an action plan to recruit more staff from under represented groups	99% complete. Needs to be carried forward to finish off action plan.	CH
44	4	Fleet computer system implementation	75% complete: End date now 31/12/06. Audit of system performance being undertaken following implementation of new software. Still problems with speed of network connections. Meeting being held with supplier to assess potential for further improvements. End date now unlikely until December 2006.	MF
45	4	Agree resource distribution model	99% complete. Need to be roller over into the new programme.	MF
46	5	Implement resource distribution model	5% complete. Follows on from no.45 above.	MF
47	5	Agree activation and co-ordination arrangements for the deployment of first responders	0% complete. No agreement to progress.	MF

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
305	5	Acquire 65 new ambulances (05/06)	95% complete. End date now 31/05/06 due to the manufacturer's delivery schedule of four per week as agreed at the January SMG meeting	MF
51a	5	Review clinical development and education arrangements and implement change	80% complete: End date change from 31/07/06. Final phase of the review and restructure is underway for probable completion June to July 06 (work has been delayed by the increased recruitment programme and operational pressures along with waiting for final decisions regarding Agenda for Change)	FM
51b	5	Introduce new arrangements to improve Team Leader role	90% complete. Needs to be roller over into new programme.	MF
60	6	Develop and implement support staff PDR process management competencies and performance framework, promote principles of continuing professional development	98% complete. Monitoring in April that PDR process for support staff completed	CH
85	9	Develop and implement a strategy for seeking corporate sponsorship opportunities for the LAS	90% complete. End date 31/05/06. Paper to be considered by SMG.	DJ/MD
109	11	Develop and implement an ongoing and comprehensive system of determining user satisfaction	90% complete. Resource issue	KJ
119	13	Overhaul complaints investigation process including defining management structure	99% complete. Review of the PSU completed and report produced. Recommendations work will commence to implement these from 1st April 2006.	PB
129a	14	Develop Long-term conditions strategy	5% complete. Resource issue. Rolls forward into new programme.	KJ

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
129b	14	Develop and introduce older persons strategy	65% complete. Resource issue. Rolls forward into new programme.	KJ
130b	14	Introduce 3 satellite station sites per annum (towards 25 total)	30% complete. End date 10/07/06. Resource and schedule issues previously discussed by SMG.	MD
31	14	Fully Integrated Supply Chain	20% complete. End date 30/09/06. Delay due to lack of resources.	MD
133	15	Review and implement appropriate arrangements for control of subsistence payments system	99% complete. New system designed and now needs to be rolled out, held back by operational demands.	CH
140	15	CAD plan Phase 1: implement Ctak for Urgent Care and FRUs on sector desks	90% complete. Ctak in UOC carried forward into 2006 as an activity of the CTAK enhancements project board (Release 2) due to changed user requirements, resource requirements of Release 1 (FRUs on sector desks which was successfully installed on 27 April) and need to avoid disruption in March.	PSu
156b	17	Develop effective communication plans for complexes	90% complete. End date 30/10/06 a firm communications plan is to be agreed.	DJ
173b	19	Agenda for change	89% complete. End date may for 100% assimilation.	CH
303	19	Implement Electronic Staff Record including payroll on national system	70% complete. Nationally specified end date July 2006.	CH

Item no.	Page no.	Title	Reason/Issue/Comment	Lead
177b	19	Carry chair replacement (final recommendations)	70% complete. End date change from March to July 06. Ergonomic assessment of carry chairs has been completed and a report submitted. Recommendations to trial non-CEN compliant chair. Report to SMG being prepared to provide update and seek agreement for operational trial of non-CEN compliant product. SPPP approved for purchase of carry chairs during 2006/07. Final recommendations on purchasing strategy unlikely until operational trial and EU tender carried out. End date now March 2007.	MF
177c	19	Root cause analysis and lessons for complaints, claims, incidents and near misses	53% complete. Lessons learned from complaints not easily found for NHSLA or HCC assessments. Internal Audit Report on Complaints has 3 **significant** recommendations for action. PSU Review reporting date expected to be May Board.	MD
178	20	Implement improvements in NHSLA Risk Management Standard	85% complete. Changed date for Level 3 assessment to January 2007 as agreed at Risk Management Group	MD
86ea	21	Engage SMG in OD Programme	90% complete. OD team disbanded and currently work underway to revise OD strategy.	CH
86eb	21	Work with senior 100 managers	90% complete OD team disbanded and currently work underway to revise OD strategy.	CH
186g	21	Fully integrate EBS staff into LAS NHS Trust	90% complete. EBS Service Objectives for 2006/07 recognise that most of the current EBS Operation remains outside traditional core LAS business so more is required on cultural and operational integration. The specific actions are aimed at improved mutual understanding, as well as identifying and exploiting opportunities for operational collaboration.	MF
245b	27	Acquire and implement a replacement PTS scheduling system	0% complete. Carry forward to new programme. Funding approved and Business Case being reviewed.	MD

LONDON AMBULANCE SERVICE NHS TRUST BOARD

Enclosure 12

TRUST BOARD 23rd May 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
07/06	Extension and refurbishment of Hillingdon AS	Logan Construction SE Russell Crawberry Ltd Mitie Property Services Bryers & Langley Coniston Construction
08/06	Extension to the Communications Room	Russell Crawberry Verry FM Cripsin & Borst Coniston Construction
09/06	Extension & reconfiguration of Frien Barnet	Coniston Ltd Russell Crawberry Axis Europe Plc P&J Services Neilcott Special Works
10/06	Public Opinion Research	Mori BMRB TNS ICM Research GFK NOP

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 have been 3 entries, reference 94, 95 and 96 since the last Trust Board meeting. The entries related to:

No. 94	Lease of ground floor and basement of 122 Albany Road, London SE5 8UJ between Ashley John Herring and the LAS.
No. 95	Lease of 2 parking spaces (12 & 13) at Doctors' Practice/Pharmacy, 949 London Road, Thornton Heath, Croydon, Surrey between Bencroft Holding Corporation and the LAS.
No. 96	Retrospective licence for alterations relating to ground and first floor offices, 8-20 Pocock Street, London SE1 between Shaftsbury Housing Association, PHE 1 Limited and PHE (Pocock No. 2) Limited and PHE (Pocock No. 1) Limited 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

Enclosure 13

Service Development Committee Away Day

9.00am, 25th April 2006, Holiday Inn, Bloomsbury.

Present:

Sigurd Reinton (Chairman)	Peter Bradley	Sarah Waller
Beryl Magrath	Barry McDonald	Ingrid Prescod
Caroline Silver	Roy Griffins	

In attendance

Martin Flaherty	Caron Hitchen	Mike Dinan
Fionna Moore	Kathy Jones	Peter Suter
David Jervis	Christine McMahon (minutes)	

The Chairman apologised to the Committee as he and Peter Bradley would have to leave the meeting at 11.00 to meet Lord Warner; the Chairman in his role as a board member of the Ambulance Service Association and Peter, in his role as Ambulance Adviser to the Department of Health. Sarah Waller chaired the meeting in his absence. The Chairman and Peter Bradley rejoined the meeting after lunch, 1.35pm

13. Governance Arrangements

Beryl Magrath outlined the current and proposed structure for governance arrangements in the Trust. In essence the number of committees (generic term to include committees, groups, panels) will decrease from 17 to 13, with some committees being amalgamated e.g. Clinical Risk Group and Clinical Governance Committee. The Senior Management Group's monthly meeting will have a more prominent governance role, monitoring the Trust's risk on a routine basis.

During the ensuing discussion Roy Griffins thought the proposed governance structure appeared as complicated as the current one which was thought to be 'working just about, it's about as good as any out there'. Caroline Silver requested that when the proposal is presented to the May Trust Board it include a one page summary outlining the proposed changes to the governance structure. **ACTION: Beryl Magrath**

Noted: That the revised proposal for governance arrangements will be presented to the Trust Board on 23rd May for approval.

14. The backcloth to the 7 year plan: the emerging picture of the NHS scene in London and nationally.

John Bacon, Transitional Director for London, was warmly welcomed to the meeting by the Chairman. Since 1983 John Bacon has been professionally associated, in one form or another, with the LAS. He said that he had been pleased to see the LAS transformed from a Service that had been in a pretty poor shape in the early 1990s to an NHS organisation recognised as one of the best in England.

Referring to the Minister of Health's recent remark that it has been a very successful year for the NHS, he pointed out that the levels of performance recently achieved have exceeded what could only have been dreamt of four or five years ago. One consequence of the drive for improved performance has been a rapid increase in capacity leading to financial imbalance. The challenge for the NHS in the next few years will be to maintain performance whilst addressing the issues of over-capacity and financial management. In terms of deficit, the NHS is 1% adrift and London is 3% adrift. Steps are being taken in 2006/07 to address the deficit. It is accepted that managing resources in the NHS includes ensuring that only those patients who really need to are taken to hospitals. More appropriate management of patients with long term chronic conditions is essential to ensure that resources are effectively/efficiently utilised.

The introduction of a single Strategic Health Authority (which is a return to what was in place five years ago) will enable a strategic view to be taken regarding London's services. It will ensure that London will continue to lead in terms of excellent health provision which is in line with London's pre-eminent position as a leading world city. A strong co-ordinated public service is essential in attracting investment as well as ensuring that Londoners receive a good service.

Responding to questions posed by Committee Members and attendees he suggested that:

- There will probably be a reconfiguration amongst acute trusts based on a clinical rationale, with fewer Trusts having full A&E capacity; some may adopt a 'Debenham's' model whereby the various trusts will have 'branches' physically within other trusts e.g. Moorfields Eye Hospital may have a clinic based in St George's Hospital.
- There will be an expectation that the PCTs, which in London are remaining 31 in number, deliver the improved services that result from being aligned with local authority boroughs.
- In the future there will be less funding available from the centre and PCTs will have to fund self-sustaining local initiatives such as that outlined by Sarah Waller, i.e. overlapping district nurse and ECPs.
- He was confident that Connecting for Health would be successful. It is a very ambitious project, both organisational and implementationally. It has experienced difficulties but although some parts are behind schedule other parts are working well.

The Chairman, on behalf of the Trust Board, presented John Bacon with a plaque in gratitude for his support of the LAS during the turnaround period.

15. CAD 2010

Peter Suter (Director of IM&T) gave a presentation on progress to date with CAD 2010 and raised concern with the SDC regarding the capital revenue costs of the project. An outline business case is being prepared and will be presented to the Trust Board.

In response to a question from Sarah Waller the Director of IM&T explained that although CAD 2010 does not fall within the scope of Connecting for Health the interfaces for EPR, access to the 'spine' and airwave radios do.

With the reconfiguration of the Ambulance Service in England it was suggested that the costs of the project could be shared in due course with other Ambulance Trusts. Currently the newly reconfigured Trusts are retaining their different control rooms; the Director of Operations expected that these will eventually be consolidated.

It was recognised that further discussion is required regarding the benefits realisation and the need for a third control room.

The Director of Finance was asked by both Sarah Waller and Caroline Silver if the outlined costs were practical. The Director of Finance responded that these were very initial estimates. He added that he would not expect the final costs to exceed the current average capital spend of £10m and that detailed benefits realisation work would need to accompany any such large spend.

Agreed:

1. **That the outline business case, with no figures, will be circulated for Members' further consideration.**
2. **That the outline business case, with figures, would be presented to the July Trust Board for approval**

16. Introduction to the 7 year plan

The Director of Service Development outlined the context of the 7 year plan; the processes undertaken in drawing up the plan and the structure of the plan. She referred

to the achievements delivered by the Service Improvement Programme (SIP). The next challenge for the Trust will be redesigning the Service to meet increasing demand through an improved efficiency in the use of resources. The plan has been broken down into five portfolios: a presentation was given on each portfolio by the respective SMG lead.

The following points were made during the subsequent discussion:

- The changes in how the Service will respond to calls will mean greater reliance on single staffed vehicles and less reliance on double manned ambulances. The increase in lone working will need to be appropriately managed. It was suggested that a rotation of clinical placements to enhance the workforce's skill set will also mean a more varied working life than has previously been the case.
- The implementation of Personal Development Plans for all staff will be a significant step for the Service; it will be a forum where day to day issues can be addressed. Quality assurance work will be undertaken to ensure that the process is working properly.
- Work is being undertaken on the balanced scorecard to enable the SMG and the Trust Board to monitor the progress of the 7 Year's plan.
- Research is being undertaken to gauge Londoner's views of the Ambulance Service, the findings of which will be used to further educate the public on the use of the Service. The Chairman commented that public confidence in any organisation is heavily influenced by its staff rather than statistics and performance tables; in particular the message that staff send out when interacting with the public. It was therefore important that staff have an input into the Seven Year Plan.

17. Clinically, what will 2013 look like?

Fionna Moore, the Medical Director, outlined 2 scenarios comparing the current response with that in 2013, one involving the treatment of a child injured in a road traffic accident and the second involving an elderly patient with a history of COPD[6]. The treatment outlined for the child illustrated the difference possible by having a more highly trained responder, capable of advanced assessment and undertaking more suitable interventions, able to make triage decision and capable of undertaking transfer to more distant unit. For the elderly patient it was envisaged there would be an ECP actively engaged with patients whose previous history could be accessed, providing medical assistance and helping to ensure that patients maintain their independent status as long as possible.

It was recognised that workforce planning will be crucial to ensure that the right staff are recruited with the appropriate skill set to enable them to be independent practitioners, with emphasis on assessment skills, either Consultant Paramedics or ECPs.

18. Operationally, what will 2013 look like

Peter Bradley, the Chief Executive, outlined what the Service will look like in 2013. The lengthy list included: the completion of the 7 year plan; successful delivery of the pre-hospital care element of the 2012 Olympics; achieving the Healthcare Commission's top rating of 'excellent' for the second year running; reaping the benefit of a revolution in technological advances across the NHS and the LAS; managing a

[6] COPD: Chronic Obstructive Pulmonary Disease

number of integrated NHS response hubs across London and operating as a Foundation Trust for 3-4 years. In essence, the LAS in 2013 will be *an organisation that looks, feels, delivers and behaves differently; the London Ambulance Emergency Care Foundation Trust.*

19. 2006/07 Service Plan

The Director of Service Development presented the amended 2006/07 Service Plan that included the information previously omitted due to the Commissioners not agreeing funding until 27th March 2006; it also addressed the points made by Board Members at the Trust Board on 28th March 2006.

Comments were invited as to what the proposed balanced scorecard would measure. The Trust Board will receive regular reports on the balanced scorecard. It was suggested that 'overtime' be one of the measurements added to the scorecard.

The Director of Operations confirmed that further discussions would be held with Commissioners regarding the cap on payments for additional work with the aim that an increase in Category A would attract additional funding as opposed to the current system which required an increase in all call categories.

Agreed: The 2006/07 service plan

Meeting concluded at 4.15pm

Enclosure 14

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD 28th March 2006

Summary of the Audit Committee minutes, 20th March 2006

1. **Chairman of the Committee:** **Barry McDonald**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Audit Committee**

3. ❑ **Noted:**

    1. The internal audit reports completed to date which were given the following received a substantial level of assurances from Bentley Jenison: Payroll, VAT, Training and Development, Debtors, Creditors.

       The audit of the asset register received an adequate level of assurance and one significant recommendation due to a lack of independent physical asset verification. Budget holders were not complying with the requirement to report on their assets as part of the 6 monthly accounting processes.

       Only one significant recommendation has been made by the internal audits in 2005/06 which is commendable.

    2. The draft 2006/07 internal audit plan
    3. The contents of the technical release: managing the financial implications NICE guidelines
    4. The Audit Commission's progress report included information on the Health Concordat signed by 16 organisations (including the Healthcare Commission and the Audit Commission) that inspect, regulate and audit healthcare in England. Its purpose is to support the improvement of service for the public and to reduce unnecessary burdens on the frontline health sector staff.
    5. The work undertaken by the counter fraud officer.
    6. That there have been 3 incidences where the Trust's standing orders have been waived.
    7. The Committee's workplan and timetable for meetings in 2006/07 (subject to the outcome of the governance review that is currently being undertaken).

- ❑ **Assurance Framework** – the Committee received a report that set out in detail the assurances in place to assure the Committee that the Trust was compliant with the Standards for Better Health. The Head of Governance confirmed that the items in the assurance framework can be cross referenced to the Trust's risk register. The Committee agreed to recommend the Assurance Framework to the Trust Board on 28th March.

- ❑ **Risk Register –** the Committee discussed the revised format of the risk register. The Committee was pleased with the new format's enhanced transparency of the risk register.

- o **Audit Recommendations –** the presented report clearly demonstrated which

of the Auditors recommendations had been implemented, superseded, not implemented or were being implemented.

- **Audit arrangements –** following discussion the Committee agreed to the Internal Auditor's contract being extended for a further year and noted that a tender for the internal audit service would be undertaken in 2006/07.

- **Minutes Received:** Complaints Panel – 7th December 05

4. **Recommendation** **THAT the Trust Board note the summary of the discussions of the Audit Committee**

LONDON AMBULANCE SERVICE NHS TRUST

AUDIT COMMITTEE

Monday 20th March 2006

Present:	Barry McDonald	Non-Executive Director (Chair)
	Sarah Waller	Non-Executive Director
	Colin Douglas	Non-Executive Director
In Attendance:	Beryl Magrath	Non-Executive Director
	Peter Bradley	Chief Executive
	Mike Dinan	Director of Finance
	John Wilkins	Head of Governance
	Michael John	Financial Controller (until 3.35pm)
	Laverne Harris	Governance Manager
	Chris Rising	Bentley Jennison
	Terry Blackman	Audit Commission
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist
	Christine McMahon	Trust Secretary (Minutes)
Apologies:	Peter Suter	Director of Information Management & Technology.

01/06 Minutes of the last Audit Committee meeting 5th December 2005

Agreed The minutes of the last audit committee meeting held on 5th December 2005 with an amendment to Minute 31.1 that the Auditors Local Evaluation is taking place in 2005/06 and not 2006/07 as stated.

02/06 Matters Arising

- Minute 28: the Trust's possible tax liability has not yet been resolved; it has been deferred until AfC has been full implemented and ESR introduced. A pre-audit by PriceWaterhouseCooper did not give rise to any concern.
- Minute 28: 10% check on compliance with drug control has been superseded by the control system introduced by Operational Support. An internal audit report on drug control will be presented to the Committee in July 2006.
- Minute 29: the PTS internal audit report is still in draft form and will be presented to the Audit Committee in July 2006.
- Minute 30: the Committee was assured that mapping is being undertaken as part of the ESR project plan; an update will be presented to the next meeting. As part of the benefits realisation for ESR the Trust will no longer have 3 systems (HR, Payroll and Finance).
- Minute 32: following the circulation of the Audit Handbook's checklist the Finance Director reported that he received feedback from Barry McDonald, Beryl Magrath and Peter Suter. There were no issues raised that were not being addressed by the current Governance review.
- Minute 32: the NHSLA did not have any objection to the recommendations outlined in the Audit Handbook.

Noted: That the recently published Integrated Governance Handbook also needs to be considered together with the Audit Handbook. ACTION: Director of Finance

03/06 Assurance Framework – evidence for Final Declaration on Standards for Better Health

The Head of Governance presented the Assurance Framework; the Framework contains evidence compiled to demonstrate compliance with the 24 core standards of the Standards for Better Health. The 7 domains have been mapped to the Trust's 2006/07 service objectives. Beryl Magrath was assured that the Healthcare Standards have been cross referenced to the Trust's Risk Register. The Finance Director commented that SMG receives regular updates on the assurance framework.

Sarah Waller asked about what signatures would be required for the Final Declaration and was told that the Healthcare Standards requires the 'majority of the Trust Board' to endorse the final declaration. However, it was recognised that when the Trust Board meets on 28th March, it will be noting the final declaration and noting that it is assured, rather than the individual Non Executive Directors are assured, that the Trust is fully compliant with the core Standards for Better Health for the period covered by the Final Declaration.

Core standard C5B – PRF completion. Although checking is being undertaken, there will be renewed emphasis from April to ensure that the 10% checking is being undertaken on a consistent basis across the Trust. **ACTION: wording to be changed to 'ongoing checking of PRF'.**

Core standard C5C – the importance of checking registration on a bi-annual basis. It was confirmed that it is the responsibility of every paramedic to ensure that his or her registration is kept up to date. The Finance Director was confident that arrangements are now in place to ensure that paramedics' registrations are being checked on a regular basis.

Risk register – the Governance Manager assured Beryl Magrath that the standards are also to be found on the Trust's Risk Register. It was thought likely that there are risks on the Register that are not included in the healthcare standards.

Core standard C5D – less than 30% of Clinical Performance Indicators have been audited for the year as a whole.

The Head of Governance pointed out that the Healthcare Standards Commission does not proscribe how much evidence must be seen by Trusts Board before they can agree compliance with the core healthcare standards

Agreed: 1. To recommend to the Trust Board on 28th March 2006 that the Assurance Framework gives assurance of full compliance with the 24 core standards and that the Final Declaration must record this (evidence for final declaration on Standards for Better health);

Noted: 2. That the Assurance Framework's format was considered to be very useful and easy to read;

3. That SMG will receive regular reports on the Assurance Framework.

04/06 Internal Audit

Chris Rising of Bentley Jennison presented the Internal audit progress report. Four reports have been concluded from the 2005/06 internal audit plan; 6 reports are at draft stage and a number of others will be completed by 31st March 2006. Five internal audits scheduled for 2005/06 have been deferred to 2006/07 – overtime and expenses will be undertaken once AfC has been embedded; central services, computer audit, mental health strategy, governance

Internal Audit 2004/05 – the Committee considered the following reports:

Payroll: within the 10% sample undertaken there were instances when expense claims were paid in advance of expenditure being incurred. Payroll will be re-audited in 2006/07. The identified weakness of segregation of duties is being addressed; there are safeguards in

place as Payroll has to go via Management Information to access information. Reconciliation is undertaken on a monthly basis between the difference systems used by HR and Payroll and it is anticipated that the introduction of ESR in July will address this issue.

VAT: this audit was given a substantial assurance by the internal auditors. The Finance Manager explained that the calculation has not been done for several years and PriceWaterhouseCooper has been given the necessary information to do calculations to identify whether money can be recovered. It was estimated that the sums involved are minimal.

Training and Development: this audit received substantive assurance by the internal auditors and there were no significant recommendations made. The internal auditors reviewed both the planned and the actual training undertaken by the Education & Development department. The Chief Executive confirmed that the performance indicators will be part of the balanced score card being produced; regular reports will be presented to the Clinical Governance Committee.

The audits of the *Debtors* and the *Creditors* functions received substantive assurance from the Internal Auditors.

Asset Register: one significant issue was identified - independent fixed asset verification. Although there is a good process in place it is not being followed as bi-annual returns on fixed assets are not being done.

Collin Douglas pointed out that if the 'Audit Recommendations' report will only record the significant recommendations the Committee may need to review whether in due course it wishes to have the next level down reported on a regular basis to monitor progress or whether there are key themes that need to be considered instead. In 2005/06 the Auditors made only one 'significant' recommendation. It was recognised that the Committee needs to ensure that actions have been taken against all the recommendations otherwise there is no point in the Auditors making the recommendations.

Noted: The internal auditors had undertaken 137.45 of the planned 208 days in 2005/06 as a number of audits have been deferred to 2006/07.

Internal audit plan 2006/07

The Committee considered the first draft of the 2006/07 internal audit plan which has been closely linked with the Trust's Risk Register. A detailed plan will be presented for the Committee's approval in July 2006. The following suggestions were made: that infection control audit include PTS, A&E vehicles and medical devices plus review the Contractor's Key Performance Indicators.

Personal Development Record (PDR): the audit will ascertain that a consistent approach is being adopted across the Trust. It was commented that many staff will benefit simply from having the opportunity to have 1:1 with their line managers to discuss their development.

Noted: The draft internal audit plan for 2006/07 which is scheduled to be carried out over 200 days.

Technical release: managing the financial implication of NICE guidelines.

Bentley Jennison has issued the following technical release for information: managing the financial implications of NICE guidelines. The Clinical Risk Group will be monitoring the NICE guidelines for relevance to the Ambulance Service and the Assistant Head of Training/Cardiac Lead, Mark Whitbread, has responsibility for reporting on NICE guidelines to the Clinical Risk Group.

Noted: The report

05/06 Audit Commission

Progress report for 2005/06: Terry Blackman (Audit Commission) presented a brief progress report with the Auditors Local Evaluation (ALE); the Trust has found the process to be a useful exercise and is looking forward to receiving feedback.

A *Health Concordat* has been agreed by 14 regulators of the healthcare sector in a bid to reduce bureaucracy burden on the NHS; signatures include the Audit Commission and the Healthcare Commission though not the NHS Litigation Authority. The Concordat is primarily focussed on the sharing of information i.e. key findings following regulatory visits.

Noted:
1. **That ALE is currently being undertaken; an update will be presented at the next Audit Committee meeting in July 2006.**
2. **That the audit plan for 2006/07 will be presented in July 2006.**
3. **That a Health Concordat has been agreed by 14 regulators of the healthcare system.**

06/06 Report of the Local Counter Fraud Specialist and plan for 2006/07

Robert Brooker presented his report to the Committee on work undertaken to date with relation to counter fraud; e.g. fraudulent emails purporting to come from Barclays Bank, work is being undertaken to ascertain how they got through the Trust's firewalls.

The Committee was informed that a draft report on the national proactive exercise which involved payroll and included checking qualifications, applications etc has been presented to the Finance Director. Nothing was found to warrant further investigation though some 'housekeeping' was recommended. The report will be presented to the Committee in July 2006.

There is one fraud investigation ongoing. It has proved a lengthy process as the member of staff went on sick leave and the Disciplinary Procedure could only be undertaken when he returned to full time work.

Noted:
1. **The report.**
2. **That the workplan for 2006/07 will be presented to the next Committee meeting (July 2006).**

07/06 Risk Register Update

The Committee reviewed the Risk Register which contained risks that are the responsibility of Audit Committee to monitor; no high level risks were on the register.

The Committee's attention was drawn to the new risk scoring matrix which gives numerical values to risks (impact/likelihood of recurrence). There were two reports: a summary of the Audit Committee's Risk Register and the Audit Committee's Risk Register itself. The latter report showed the initial rating and the current rating of the individual risks. It was suggested that the wording of the risks and the designated responsible directors be clarified e.g. Risk 9 is the responsibility of MF not DJ. **ACTION: Governance Manager.**

The Committee thought the revised format of the Risk Register was a great improvement on the former format. Significant regradings reflect the mitigating actions instigated to manage the risks. Beryl Magrath commented that it was clear that a number of risks have moved from 'red' to 'green' as a result of mitigating actions being implemented. Risks will be removed from the Register when the responsible Directors are confident that the actions necessary to mitigate the risk have been fully implemented. The Register has an 'end date' column which will be regularly reviewed, re-assessed and revised as necessary.

In conclusion the Chairman referred to the challenge set by Colin Douglas at the December meeting and hoped that the discussions regarding the risks rather than the format of the risk register meant that the challenge had been successfully met.

Noted:
1. **The revised format of the Risk Register which clarified the process and was easier to follow.**
2. **That the Finance Director expressed his thanks to the Head of Governance and the Governance Manager for their efforts with the revised risk register.**

08/06 Standing Committee Items

The Committee was informed that there have been 3 waivers of the Trust's standing orders. Two of the waivers involved a contract with Dell Computers which accidentally resulted in the contravention of the Journal of European Union (OJEC) tender rules. As part of the same contract Dell was paid to take away the old PCs rather than the PCs being sold for market price as required by the Trust's standing orders (2.1 and 4.1). The Committee was informed that given the timing in this financial year and the fact that the Information Management & Technology Department is attempting to standardise all PC equipment to reduce support/maintenance costs as well as improving resilience, the decision to use the Nationally Negotiated Framework Agreement was agreed by the Director of Finance. Standing Order 4.1 was waived as the PCs had no material market price, the costs involved in transacting the sale would have outweighed any receipt plus all environmental responsibilities relating to the old equipment passed to Dell Computers when they removed the equipment.

The Committee was informed that it has recently come to light that a number of staff have travelled outside the European Union without the necessary permission of the Trust Board as required under the Standing Order 44.1, 44.3. Measures are being taken to ensure that the Standing Orders are adhered to in future.

The Committee considered the breaches of the Standing Orders. The Committee was satisfied that the breaches were inadvertent and that policies and processes were being reviewed to ensure there was no repeat. The importance of Officers being conversant with new procurement rules was recognised. In terms of the disposal of the old computers an alternative would be sought in future though it was recognised that electrical goods are difficult to donate to charities/schools (product liability). With regard to the travelling outside the European Union without permission – this had come to light when the Chief Executive asked his Executive Officer to investigate. Approximately 50 members of staff have travelled to conferences etc representing the Trust without permission being given. Further investigations are taking place and the process will be tightened up. A full update will be presented in July 2006.

Noted:
1. **The report**
2. **That there were no entries in the Director's Hospitality Register since the Audit Committee's December 2005 meeting.**
3. **That there have been three occasions when the Standing Orders have been waived since the Committee's December 2005 meeting.**

09/06 Audit arrangements 2006/07

The Committee considered the audit arrangements for 2006/07: it was noted that inspection by the Audit Commission is mandatory (although if the Trust becomes a Foundation Trust then this position will change) and Counter Fraud (though Bentley Jennsion) is contracted for separately by the Trust. The Committee discussed the proposal that Bentley Jennison's contract be extended for a further year (their contract, which has already been extended once, is for three years with a possible two extensions).

Agreed: 1. **That Bentley Jennison's contract be extended for a further year;**
Noted: 2. **That a tender exercise for internal audit would be undertaken in July 2006.**

10/06 Audit Recommendations

The Committee considered the report and thought the presentation of information was very helpful. The report consisted of: recommendations that are being implemented, have been implemented, have been superseded and recommendations that have not been implemented.

Colin Douglas was informed that once an audit recommendation is implemented it will be removed from one list and be added to another list; the internal audit process will be used to verify the successful implementation of the previous recommendations. It was recognised that one of the measurable items for Assistant Directors of Operations is the implementation of the audit recommendations e.g. driving licence checks. It is intended that the implementation of the audit recommendations will be a regular report to the Senior Management Group; the balanced scorecards will measure compliance.

BJSTA5006 R15 – claims in expectation of costs incurred rather than costs actually incurred. This practice was brought to light during audits of certain ambulance stations in July 2005. Since then the new management structure has been put in place. It was expected that the forthcoming station audits in 2006/07 will demonstrate that policies and processes are being adhered to. The new management structure includes an expectation that managers will take responsibility for the implementation of audit recommendations.

Noted:
1. **The report, the clarity of which was much appreciated.**
2. **The Finance Director thanked the Head of Governance and the Governance Manager for their efforts with the Audit Recommendations report.**
3. **Superseded recommendations: BJSTA0405, R22, reason to be checked by the Head of Governance as drug control is not part of Fleet Audit. ACTION: Head of Governance to double check.**

11/06 Minutes of the Complaints Panel- 7th December 2005

Noted:
1. **The minutes of the Complaints Panel – 7th December 2005.**
2. **That the Trust has systems in place to ensure that lessons are learnt from complaints.**
3. **That a review of the Professional Standards Unit has recently been concluded and its recommendations are being considered by the Senior Management Group.**

12/06 Workplan and timetable for meetings 2005/06

Noted:
1. **That the workplan will need to be reviewed in the light of the recommendations contained in the Audit Handbook and the Governance Review being undertaken.**
2. **That the Audit Committee is scheduled to meet at 2.30pm on Monday, 3rd July 2006.**

Meeting finished at 4.45pm

Enclosure 15

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD - 28th March 2006

SUMMARY OF THE MINUTES

RISK MANAGEMENT COMMITTEE - 20TH MARCH 2006

1. **Chairman of the Committee** **Barry McDonald**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Risk Management Committee**

3. ❑ **NHSLA Assessment** - following the NHSLA assessment in January 2006 the Trust retained its level two for pre-hospital care. The NHSLA had offered the LAS an opportunity to achieve Level 3 in 6 months. The Trust decided to wait and be reassessed as part of the normal evaluation process in January 2007. An action plan is being put in place to address the areas highlighted as weak by the NHSLA.

❑ **Risk Register** – the Committee reviewed the risks on the Trust's risk register which the Risk Management Committee is responsible for. The Committee was pleased with the revised format as it enabled greater transparency on how risk was being managed by the Trust.

The new matrix used a numerical basis based on likelihood/impact. Following a trust wide risk assessment being undertaken in May 2006 a report on the Trust's risk register will be presented to the Trust Board, possibly in July 2006. The Chief Executive suggested that the lead Directors should review the ratings assigned to their respective risks.

❑ **Minutes Received:**

Information Governance Panel, 7th December 2005
Clinical Governance Committee, 16th January 2006
Risk Management Group, 1st February 2006

4. **Recommendation** **THAT the Trust Board note the summary of the discussions of the Risk Management Committee**

As this was possibly the final meeting of the Risk Management Committee (given that its functions are likely to be subsumed into a revised Audit Committee should the recommendations of the governance review be implemented) the Chairman thanked everyone for their contribution.

LONDON AMBULANCE SERVICE NHS TRUST

RISK MANAGMENT COMMITTEE

Monday 20th March 2006, 4.30pm, Meeting Room, Loman Street

Present:	Barry McDonald	Non-Executive Director (Chair)
	Sarah Waller	Non-Executive Director
In Attendance:	Beryl Magrath	Non-Executive Director
	Peter Bradley	Chief Executive
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	John Wilkins	Head of Governance
	Nicola Foad	Head of Legal Services
	Laverne Harris	Governance Manager
	Christine McMahon	Trust Secretary (Minutes)
Apologies:	Caron Hitchen	Director of HR and Organisation Development
	Peter Suter	Director of Information Management & Technology.

01/06 The Minutes of the last Risk Management Committee on 5th December 2006

Agreed: 1. The minutes of the last Risk Management Committee meeting on 5th December 2006

Noted: 2. Minute 15/05 – the Trust has advertised for a midwife for a one year secondment; it is hoped that an appointment will be made in April 2006.

3. Minute 18/05 - the Healthcare Commission Inspectors visited the Trust in February 2006 to review the Trust's compliance with 5 of the Standards for Better Health. The Inspectors were satisfied that the Trust was compliant in the 5 core standards reviewed; unfortunately the inspection itself could not be cited as additional proof of compliance with the Standards.

4. Minute 18/05 – clarification is being sought as to what signatures will be necessary for the final declaration regarding the Standards for Better Health. ACTION: Head of Governance

5. Minute 19/05 - further analysis is being undertaken of claims received with regard to damaged to First Response Units (FRUs) and Ambulances found on inspection. There is data available regarding claims incurred via complex/ambulance station; efforts are being made to ensure that there is a greater degree of responsibility taken by front line crews for reporting damage to vehicles. ACTION: Finance Director.

6. That a Health Concordat of Healthcare Regulators (including the Audit Commission and the Healthcare Commission) has recently been signed by 14 healthcare organisations (albeit with the exception of the NHSLA).

02/06 Update re. NHSLA Level 3 assessment 23rd & 24th January 2006

The Head of Governance reported that, following the NHSLA's assessment in January, the Trust had retained its Level 2 compliance with the Risk Management standard for provision of pre hospital care in the Ambulance Service.

Although the Trust was invited by the NHSLA to extend the assessment period until July 2006 so that Level 3 could be achieved, it was decided that the Trust should be applying for Level 3 in January 2007. A draft action plan for attaining Level 3 in January 2007 is to be discussed at the Clinical Risk Group on 21st March 2006. The purpose of the action plan is to ensure that the momentum of preparing for the assessment in January is not lost and that

the necessary policies/processes are in place. The first part of the plan involves collating and updating the evidence requirements on the NHSLA Level 3 checklist which must be sent to the NHSLA assessor by the end of October. The NHSLA assessment has been a good learning experience for the Trust and has highlighted areas that require attention e.g. regular checking of driving licenses.

Although the Trust would have achieved some savings it had successfully attained Level 3, this in turn would have probably been offset by the continuing increase in the NHSLA's premiums. The Committee was informed that the Ambulance Service Association (ASA) is investigating whether an insurance pool could be established by Ambulance Services themselves. The Finance Director undertook to keep the Audit Committee informed of progress. **ACTION: Finance Director.**

Noted:
1. **That the Trust retained its Level 2 standard of pre hospital care.**
2. **That the Trust will be re-assessed for Level 3 standard of pre hospital care in January 2007.**

03/06 Risk Register

The Committee considered a summary of the risks that the Risk Management Committee is responsible for. A supplementary report contained detailed information about the risks including their initial and current risk scoring. Through the use of the new risk matrix (impact/consequence) a numerical value has been given to the Trust's risks. A Trust-wide Risk Assessment will be undertaken in May 2006 to ensure that the Risk Register reflects the Trust's current risk environment. A report regarding all the risks on the Risk Register will be presented to the Trust Board, possibly in July 2006.

The Committee discussed Risk 23 (adverse outcomes in maternity cases) which has been given a rating of 20; given the possible cost of claims this is always going to be a significant risk for the Trust. As the Trust is taking action to mitigate the risk (e.g. employing a midwife) the risk may be regraded to 16. It was recognised that risk 102 has risen rather than declined. The Medical Director suggested that 1A (risk of paramedics failing to qualify for registration) should be regraded.

The Chief Executive suggested that the risk scoring be reviewed by the Senior Management Group to ensure that the responsible Directors are satisfied with the ratings ascribed to the risks. The Governance Manager will produce exception reports for SMG concerning management of risks. **ACTION: Governance Manager.**

Noted: The report

04/06 Minutes from Meetings

1. Information Governance Panel – 7th December 2005

Minute 8: Due to the anti-virus software being placed on a single server the number of infections suffered by the Trust's computers decreased from 1120 (2nd quarter 05/06) to 620 (3rd quarter 05/06); these infections had penetrated the Trust's 1st and 2nd firewall.

Minute 5 (action10) the use of unauthorised external devices is being addressed.

The Trust has introduced private email for all staff.

Minute 7: it was reported that the ban on unauthorised websites (e.g. the National Lottery) will continue although complaints have been received from a number of staff

NOTED: the minutes of the Information Governance Panel, 7th December 2006.

2. Clinical Governance Committee – 16th January 2006

NOTED: the minutes of the Clinical Governance Committee, 16th January 2006.

3. *Risk Management Group – 1st February 2006*

Minute 7: the Risk Management Group considered the revised format of the Risk Register and the scoring system being used to give a numerical value to the risk.

Beryl Magrath commented that her perception of the new Risk Register was that it allowed monitoring, progression and grading of risks. The new system made it easier for input from people at different levels of organisation with regard to the different threats to the Trust's performance/success. The risks on the Risk Register will be reviewed when the Trust-wide Risk Assessment is undertaken in May 2006.

NOTED: the minutes of the Risk Management Group – 1st February 2006

05/06 **Any Other Business**

In light of the ongoing Governance Review it is probable that this may be the final meeting of the Risk Management Committee. The Chairman thanked the members and attendees for their efforts in managing the Trust's risk. It is likely that the Committee's responsibilities for risk management will fall within the remit of the Risk Compliance and Assurance Group.

06/05 **Date of next meeting of the Risk Management Committee**

If there is a further meeting of the Risk Management Committee it will take place on Monday, 3rd July 2006 at 4.15pm, LAS Conference Room

The meeting concluded at 5.00pm

Enclosure 16

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 28th February 2006 at 10:00 a.m.

Held in the Burns Room, Union Jack Club, Sandell Street, London SE1 8SD

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive *(departed at 12.10pm)*
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Colin Douglas	Non Executive
	Beryl Magrath	Non Executive
In attendance:	Caron Hitchen	Director of Human Resources & Organisation Development
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	Martin Flaherty	Director of Operations
	Peter Suter	Director of Information Management & Technology
	David Jervis	Director of Communications
	Kathy Jones	Director of Service Development (*until 12.50pm)*
	Mark Whitbread	Clinical Practice Manager
	Rachael Donohoe	Head of Clinical Audit & Research Unit
	Jo Smith	Community Resuscitation Officer
	Martin Brand	Head of Programming and Projects
	Roy Griffins	Observer *(from 11.30am)*
	Christine McMahon	Trust Secretary (minutes)

The Chairman welcomed Roy Griffins (who has been appointed a Non-Executive Director of the Trust with effect from 1st March 2006) who joined the meeting as an observer at 11.30am.

01/06 Minutes of the Meeting held on 20th December 2005

The Chairman **signed** the Minutes as a correct record of the meeting held on 20th December 2005.

Minute 47/05: As part of the current negotiations with the Commissioners, it is being argued that additional funding should be forthcoming when there is an increase in the volume of Category A 8 minute calls and not, as present, only when there is an increase in all call categories.

02/06 Chairman's Update

The Committee was informed that a press release will be issued announcing the new appointments to the Trust Board following confirmation by the Appointments Commission of Colin Douglas's successor on the Trust Board.

It appears certain that John Bacon, who has been appointed transitional Director for London, is not keen to undertake the post on a permanent basis. The Chairman circulated an article from the Financial Times (28th February 2006) which suggested that Sir Nigel Crisp's future as Chief Executive of the NHS was uncertain.

The Trust has enjoyed good relations with both John Bacon and Sir Nigel Crisp and will need to ensure that equally good relationships were forged when the new appointments are made.

The Chairman was pleased to announce that confirmation had been received that £7.5m of the expected £8m CBRN money is now forthcoming, with the assurance that the money will be recurrent. The Chief Executive had been asked to ensure that the recurrent funding included an inflationary uplift. Additional assurance had been received from David Cockayne, private secretary to Sir Nigel Crisp, that the £5m terrorist resilience funding would also be forthcoming.

The recent uncertainty as to whether the additional funding would be received had persuaded the Chairman that there might be some advantage to Foundation Trust status, about which, previously, he had been sceptical. With Foundation Trust status there was the expectation that trusts would enter into formal contracts for activities additional to their core Service Level Agreements; contracts which would be legally enforceable.

The appointments to the pool of Chief Executives for the proposed reconfigured ambulance services would be announced around 8th March 2006. The consultation on the reconfiguration would conclude on 22nd March 2006.

There was a brief discussion around the fact that the new Non Executives were joining the Trust at a difficult time following a number of highly successful years. The point was made that their induction would need to include a historical perspective on the LAS, an overview of the NHS and the pressures its current situation creates on the Service. The Chairman did not disagree but was confident that the new Non Executives would take a pragmatic approach, being possessed of the necessary experience to put the recent difficulties the Trust had faced and is still facing in perspective.

03/06 **Agenda for Change**

The Director of HR and Organisation Development gave a brief update on progress to date with implementation of Agenda for Change (AfC). By the end of February 2006, 81% of the workforce would have been assimilated and it was anticipated that over 91% of the workforce would be assimilated by the end of March. With the exception of Emergency Medical Dispatchers, all the large groups of staff had been assimilated. In comparison with other Trusts, the LAS had received a very low number of appeals. This may change as more individual posts were placed in bands.

Two major challenges remained with regard to AfC and front line staff: cutting the working week to 37.5 hours and incorporating meal breaks. During the next few weeks proposals will be developed to practically introduce meal breaks thus reducing the working week. Other Ambulance trusts have adopted various approaches; there is therefore no consistent national approach.

In response to a question from Beryl Magrath, the HR Director confirmed that members of staff who worked 39 hours per week were currently receiving a payment of 1.5 hours overtime until such time as their rotas could be amended to enable them to work a 37.5 hour shift per week.

Sarah Waller was informed that under the AfC agreement there was only one opportunity of appeal against a banding decision. The Trust's grievance policy did not apply to nationally agreed terms and conditions.

Noted: The report

04/06 **Finance report – Month 10**

The Finance Director reported that for Month 10 the Trust had a favourable variance of £293,000. The end of year forecast was that the Trust would have £250,000 surplus; based on the assumption that the Trust would receive the £8m CBRN and £5m terrorist resilience funding. He undertook to inform the Chairman and NEDs when the additional funds were received by the LAS. **ACTION: Finance Director.**

In response to a question from Sarah Waller, the Finance Director confirmed that the Trust had achieved savings of £2.2 million against the target of £3m. The majority of savings had been achieved from non-operational rather than operational functions; he suggested that savings be discussed in greater detail at the Trust Board in March 2006.

The Finance Director assured Beryl Magrath that he was confident that the Trust had sufficient funding for AfC. The Audit Commission had undertaken a number of audits which satisfactorily demonstrated that the Trust had the necessary safeguards in place. The £1.5m impact of the EMT4 agreement was the only material unplanned variance from the original AfC estimate. He praised the efforts of Martyn Salter (the Deputy Director of Finance) and Mark Jones (the former Director of Finance) for the quality of the AfC financial modelling they had undertaken in 2004.

The Finance Director reported that an action plan had been taken to address continued PTS losses of £30,000 per month. With regard to Emergency Care Practitioners (ECPs) the Trust was responding robustly to PCTs, such as Havering, seeking to withdraw funding.

The Committee's attention was drawn to the high percentage of creditors. Public Sector Payment Policy for the LAS was 80%. This was lower than planned. Caution regarding the CSBRN funding has been a factor here.

It was expected that £188m would be top-sliced from London's funding for 2006/07 as a result of the deficit incurred by the London health economy this year. The Finance Director felt that it was clear that inherent funding did not reflect the quality of Category A work undertaken. Negotiations were continuing with the Commissioners to agree the level of developmental funding the Trust would receive in 2006/07. Financial modelling was being undertaken to see how the LAS could achieve a less uneven performance across PCTs – and meet its response time targets under the new clock start regime.

Beryl Magrath was assured that the Trust was using the NHS Vodafone deal which offers very good value – and that this is kept under review regularly.

Noted: The finance report for month 10.

05/06 <u>Performance Update</u>

The Director of Operations reported that Category A 8 minute performance for January was 76.2%; February's performance to date was 73.8% for Category A 8 minutes, 94.5% for Category A14 minutes and 74% for Category B 14 minutes. These are 'raw numbers' – i.e., before inputting the information from Patient Report Forms (PRFs) where that is more accurate.

All but one of the actions listed on the action plan presented to the Trust Board in January to improve response time performance had been implemented; the exception being the transfer of the Fast Response Units (FRUs) to sector desks. Some issues that came up during testing could not be quickly resolved and it was therefore decided that the FRUs would be transferred to sector desks in April 2006. During mid-February workload rose considerably, with over 18000 calls a week being received for the middle two weeks of the month making it the busiest two weeks the Service had ever seen. Research was being undertaken to understand the reasons for the increase in demand. There has been an unusually high number of calls relating to respiratory problems and influenza.

Staffing continued to be difficult, with a high number of vacancies and more difficulty than usual in getting crews to do overtime, due to the ongoing AfC back payments to staff (paramedics and technicians were recently paid £1,000 as the final part of their arrears). In addition, there had been a high level of sickness, which was

to be expected this time of year, and there had also been the impact of half term with a number of staff requiring annual leave owing to child care responsibilities.

Further actions were being considered for the final four weeks of the financial year, including improving the utilisation of FRUs by increasing the staffing on the FRU dispatch desk, and setting targets for both performance and volume of calls dealt with by the FRUs. Everything possible was being done to mitigate against the fall in performance associated with the evening changeover by bringing extra management resources on duty during this period. Consideration was being given to using Ambulance Liaison Officers from support services and PTS managers at hospitals to support staff and improve turnaround times at hospitals. Work continued to maximise the use of (Emergency Care Practitioners (ECPs) and to provide additional PTS and St John and Red Cross vehicles for Urgent Care. The use of Clinical Telephone Advice was also being increased during March. Their effectiveness, and hence the number of saved ambulance journeys, continued to improve.

The Director of Operations and the Director of Communications were working on a communications package to support the final push to achieve the performance figures.

The Patient Report Form (PRF) quality assurance programme was continuing as planned; to date checking had been completed for November, December and January. The South West London Strategic Health Authority and the Commissioners had both expressed their ongoing support for the work being undertaken. PRFs for the whole year would now be checked: the Director of Operations reported that the work on the three months of PRFs had yielded a 1% improvement per month with an overall year to date improvement figure of circa 0.3%. The process would be completed by the end of April when the final return would be made to the Department of Health.

To achieve the performance target for Category A 8 minutes, the Trust would need to hit 80% for the month of March. The Director of Operations accepted that it would be difficult but thought it was still achievable.

In reply to a question from Beryl Magrath, the Director of Operations clarified that only PRFs relating to calls where the 8 and 14 minute targets had been missed were being checked against computerised satellite navigation data held by the Trust. This enabled verification of whether the target of 8 or 14 minutes was in fact achieved but not properly recorded due, in some cases, to crews not pressing the button promptly when they arrived on scene. Of the 700 PRFs checked where there was a potential correction to be made, only 300 were finally accepted (and a correction accordingly made to the response time).

Colin Douglas asked what had been the Trust's best monthly performance and was told it was 79% for Category A 8 minutes eighteen months ago. He queried whether the extra efforts being made to achieve the performance targets were worth it if there was a strong possibility that an 80% performance per day for March was unlikely.

The Operations Director agreed that, although it was difficult to motivate staff and managers to achieve a challenging target, he still felt that it was achievable. The Chief Executive felt that not achieving the performance targets would be a sad reflection on the Trust. He pointed out that from April 2006 the performance targets for the LAS would be tightened. He recognised that the Trust would need to make substantial changes to ensure that the new performance targets were achieved.

The Chief Executive referred to his recent consultation meetings where staff expressed discontent that only one in four of the Category A calls they attended were life-threatening. During the last week of February, Category A 8 minute calls accounted for 40% of the calls received by the LAS. The Chairman suggested that

Advanced Medical Priority Despatch System (AMPDS) might be part of the problem. The way AMPDS questions are asked result in a high number of Category A calls. The Medical Director thought that there had been an improvement in the questioning used in the AMPDS 11.2 version; the main difficulty centred on the question around severe difficulty in breathing and whether the patient had changed colour. If the answer to the question was 'yes' it automatically became a Category A, requiring an 8 minute response. An audit of 'severe difficulties in breathing' found that approximately 50% required a blue call to hospital. She suggested that the problem might be solved by the inclusion of a supplementary question such as "what colour?"

Sarah Waller asked that the research into the increased demand in February be shared with the NEDs in due course **ACTION: Chief Executive**

Noted: The report and the actions being taken to achieve the performance targets for 2006/07.

06/06 **Update on Cardiac Care Strategy**

The Medical Director introduced Mark Whitbread (Clinical Practice Manager), Rachael Donohoe (Head of Clinical Audit & Research) and Jo Smith (Community Defibrillator Officer). They were invited to update the Committee on the Trust's cardiac care strategy.

The Clinical Practice Manager explained that the Trust had been closely involved with implementing the recommendations of the Coronary Heart Disease National Service Framework (CHD-NSF) in particular standards 5 and 6. Recently, work had been undertaken to implement Chapter 8, 'Sudden Cardiac Death and Arrhythmias', which is a new addition to CHD-NSF. Four of the nine recommendations issued by the report 'Capital Heartbeat 2001-04' have been implemented. One of the recommendations concerned the deployment of first responders and referred to involving the London Fire Brigade. Talks had been taking place with the Fire Brigade but were interrupted by the FBU dispute and no progress has since being made.

Talks were ongoing with the Fire Brigade concerning Firemen being first responders.

As part of its cardiac care strategy, the LAS had adopted a policy of immediate transport to a Cardiac Care Unit for Primary Angioplasty which evidence shows is more clinically effective than pre-hospital thrombolysis. Although the majority of English ambulance services use thrombolysis there are some question marks regarding its efficacy: it only works for 60-70% of patients and a large number of patients are excluded on the grounds of blood pressure or age.

In London, approximately 1,000 patients had been taken directly to heart attack centres to receive Primary Angioplasty. There are currently nine such 'heart attack centres' in London; from April 2006 they will be open 24/7. The Trust will introduce a pan-London cardiac care strategy with effect from April 2006. Research has shown that Primary Angioplasty is a better treatment than pre-hospital thrombolysis for patients suffering acute myocardial infarction; there being no difference as a function of age or blood pressure. The other advantage was the cost savings generated for the NHS health economy as a whole as Angioplasty resulted in a shorter stay in hospital (2-3 days in uncomplicated cases as opposed to 8-10 days for thrombolysis followed by surgery).

The Community Defibrillator Officer explained the background to the Community Defibrillation Project. In 2000 the Department of Health introduced 600 defibrillators into public places, circa 300 being sited in London. From 1st February 2005 responsibility for the project was devolved upon Ambulance Services. The Trust's Community Defibrillator Officer's post was funded from the National

Lottery. An additional 120 defibrillators had been acquired for placement around London.

Auditing the defibrillators' data and training/retraining first responders continued. The major Oxford Street stores had been approached for permission to site defibrillators on their premises and for some of their staff to be trained as first responders. It is hoped that if these stores take part in the scheme other businesses around the country would be encouraged to participate.

The Head of Clinical Audit and Research outlined the audit being undertaken to measure cardiac arrest survival rates. Data had been collected on cardiac arrests occurring in the Greater London area since 1997; STEMI data had been collected since 2002. The data is acquired from a number of sources: the call received by EOC, PRFs, FR2 defibrillators, the tracking of patients to hospital and their outcomes. All this information is collected and analysed by the Clinical Audit & Research Department.

Of the 10,000 cardiac arrests the LAS responds to in a year, 58% were found dead beyond resuscitation, 33% would have an underlying cardiac anomaly; 6% non-cardiac (drug overdose, terminal illness etc) and 3% trauma.

The LAS uses the Utstein template[7] which includes only a select group of the cardiac patients who receive treatment so as to allow comparisons on an international basis with out of hospital cardiac survival rates. In 1989/89 the survival rate in London was 4.2% and in 2004/05 8.6%. The Head of Clinical Audit & Research Unit estimated that the survival rate for 2005/06 would be 9%.

It was recognised that, compared to Seattle, which has a survival rate figure of 25-29%, London has some way to go. The reasons for the improvement in London included: getting to the patient faster (both in terms of response times and time to first shock); transporting the patient to the hospitals faster; using 12 lead ECGs that enable crews to identify myocardial infraction which means that the correct treatment can be given and the patient taken to the correct hospital for the appropriate treatment; the introduction of the new FR2 defibrillator; defibrillators in public places and increasing public awareness e.g. efforts of the Community Resuscitation team and the 'Live or Let Die' campaign.

Progress had been made on how data is collected. Previously, the Trust had been dependent on the goodwill of hospital staff for data on patients' outcomes but now the Trust could access data from the MINAP database[8] and the National Patient Tracing Service which means that more outcomes can be tracked, less data was missing thus giving greater confidence in the accuracy of the survival figures being produced.

Further work included raising the profile of cardiac care strategy, raising staff awareness of the changes to the guidelines which have been made to reflect the work done on the 'SISTER' project.[9] From 1st April the Trust would be introducing the new Resuscitation Guidelines and conveying patients with 12 lead ECG confirmed ST elevation myocardial infarction to 'heart attack centres' (units offering primary angioplasty). In addition the danger of cardiac arrests amongst 3-30 years was being highlighted - between four and eight teenagers die each week from undiagnosed cardiac arrests. The Trust would shortly be trialling Autopulse and LUCAS devices at Heathrow Airport, automatic chest compression devices used to do high quality compression.

---

[7] Utstein template: cardiac aetiology & resuscitation attempt; bystander witnessed, initial rhythm VF/VT.

[8] MINAP: Myocardial Infarction National Audit Programme

[9] The 'SISTER' project comprises ambulance services from Norway and Sweden, who with the LAS and Laerdal have produced a defibrillator that monitors compression rate, depth and ventilation information.

In response to a question from Beryl Magrath, it was confirmed that to reach the Seattle survival rates of 25-29% there would need to be a greater response from the London population. Through its own efforts, the Trust may achieve cardiac survival rates of 10-15%. Colin Douglas suggested that the preparations for the London Olympics offered an opportunity for the Trust to publicise the work of the Community Resuscitation team. He was assured that the Trust was involved in the preparations for the London Olympics.

Sarah Waller asked whether the City of London Police were willing to act as first responders and was informed that they self respond and are not tasked by the LAS; to date they have had one survivor a year. Discussions were taking place with the Metropolitan Police with a view to placing defibrillators in custody suites. Given the level of other demands, Metropolitan Police Officers were often not keen to be first responders.

It was recognised that the success of the cardiac care strategy was a positive media story, both for internal and external audiences. The Medical Director reported that 80 members of LAS staff had recently attended the Angioplasty open day held by King's College London.

Noted: The success to date of the Trust's Cardiac Care Strategy.

07/06 Review draft 7 year plan

The Director of Service Development presented a draft of the Seven Year Plan and drew the Committee's attention in particular to pages 54-64, the blueprint, which contained stakeholders' feedback transformed into aspirations for the Trust written as if they had already being achieved by the Trust. Work was continuing, for example with the budget setting process, all Directors having been asked to examine their budgets from a zero-based approach and to submit bids for developmental work they wished to undertake in 2006/07.

In general, feedback from the Committee was favourable, the majority finding the scenario outlined for 2015 to be very helpful. A number of comments were made as to whether full consideration had been given to possible developments in the London health economy, possible technological advancements and changes to the funding arrangements, e.g. the impact of Payment By Results.

Colin Douglas challenged the view that fewer complaints should be a target, he suggested that complaining needed to be made easier and that it is a useful learning tool for the Trust. He was assured that discussions had taken place regarding market research being undertaken to provide feedback information for the Trust.

The Chairman thought the Plan needed to distinguish between the Trust's strategy for the next seven years is and it's plan for the seven years. He felt that a lot of what was contained in the document was a plan rather than a strategy. A strategy would enable the Trust to respond to future developments secure in the knowledge of what it wished to achieve at the end of the seven year period. He suggested that, once the work was completed and the essence distilled into a strategy, it could then be communicated to internal and external audiences.

The Director of Service Development thanked the Committee for their comments and welcomed any further comments that Members might wish to share with her following the meeting. The final version, to be presented to the Trust Board on 23rd May 2006, would include two further documents: an executive summary and a Gantt chart.

The Committee was informed that the intention would be for the project management of the Seven Year Plan to be different from that of the Service Improvement Plan and it would be designed to respond to the likelihood of change owing to altered circumstances.

Noted: **1. The draft seven year plan.**
2. That the final version of the seven year plan will be presented for approval to the Trust Board in May 2006.

08/06 **Review draft 7 year workforce plan**

The HR Director presented the approach being taken in developing the workforce plan for the Committee's comments. A modelling tool had been developed by the Deputy Director of Finance which could be flexed to test different assumptions for the duration of the Seven Year Plan. The model can translate a wide range of different assumptions about the number of calls and the mix between red, amber and green incidents into workforce requirements by skill type and level.

The delivery of the workforce plan will require further work around the level of skills required in the future to respond in a clinically safe way to the expected increase in demand. The Senior Management Group had had initial discussions regarding the plan but these had not yet been shared with staff side representatives; discussions would shortly be taking place.

Beryl Magrath thought the draft was an excellent start as it provided options on future workforce requirements in order to respond to rising demands in different areas of need. The HR Director assured Beryl Magrath that psychometric testing formed part of the recruitment process.

It was recognised that green calls, whilst not immediately life threatening, could often be the most complex cases as they can be the result a number of underlying conditions. Crews require a high degree of diagnostic skill at the initial stage so as to ensure the most the appropriate response, treatment or referral. The Medical Director thought that, regardless of whether the Trust continued to use AMPDS or its equivalent, some sort of clinical review of amber and green calls and most of the Category A 8 minute calls would be required. In all probability, enhanced solo responders would need to be despatched in a high proportion of cases.

Colin Douglas pointed out that there is a drive to ensure that patients are not taken to hospital but that alternate care pathways are provided for patients. The likelihood is that the least urgent cases would require the highly skilled clinicians.

Noted: **The draft Seven Year Workforce Plan.**

09/06 **Proposed new governance and risk management arrangements.**

Beryl Magrath presented her proposal for new Trust governance and risk management arrangements. Although good systems were in place (a view supported by the Auditors) areas of weakness were identifiable.

She proposed that the remit of the Audit Committee be expanded to receive assurance regarding financial, organisational and clinical activity undertaken within the Trust. She felt it was important that employees, from the Chief Executive to front line crews, were engaged in the governance process. The proposed changes were designed to promote integrated governance and a more efficient use of staff's time, e.g. the amalgamation of the clinical risk group and the clinical governance committee into one clinical committee.

Following a discussion of the proposal, the Chairman suggested that further work needed to be undertaken to draw out exactly what options had been considered, the reasons for their rejection and what the final recommendations to the Trust Board would be. The matter would be discussed again at the next Service Development Committee (April 2006) with a final decision being made by the Trust Board in May 2006. It was important that decisions were not made in haste and further discussion would enable the new Non Executive Directors to contribute to the discussion on future governance arrangements for the Trust.

Noted: The progress to date and that a further report will be presented to the SDC meeting in April 2006.

10/06 Update on Healthcare Commission criteria for 2005/06

The Director of Development explained what criteria the Healthcare Commission would be applying for measuring performance in 2005/06.

In 2004/05, under the previous assessment system, the Trust attained two stars. For 2005/06 the Healthcare Commission would be changing the way performance was measured. The new assessment would include three elements: Core Standards for Better Health, existing targets and new targets. Following submission of the draft declaration in October 2005, the Healthcare Commission undertook to visit 10% of Trusts to verify submissions.

On the 7th February 2006 the LAS had been visited by Healthcare Commission inspectors who undertook a paper review of the Trust's declaration against five of the core standards. The inspectors would be giving feedback to the Trust following the SDC's meeting today (28th February 2006); their findings would be reported to the Trust Board on 28th March 2006.

The LAS may need to challenge one of the measures being used by the Healthcare Commission i.e. thrombolysis, 60 minutes call to needle time. The Trust prefers Primary Angioplasty rather than thrombolysis as it had proved to be a more clinically effective treatment. Other new targets include: compliance with guidelines issued by the National Institute for Clinical Excellence (NICE) and the latest version of the Joint Royal Colleges' ambulance liaison committee guidelines on self harm, overdose and poisoning; infection control; participation in audits; response to 'Taking Healthcare to the Patients' and smoke-free NHS. The HR Director added that the LAS would be completely smoke-free by the London NHS' deadline of 2006.

11/06 Any Other Business

Noted: The proposed dates for the Service Development Committee in 2007.

12/06 Date of future meetings:

The next meeting of the SDC will be the Chairman's Away Day on Tuesday 25th April 2006 – Holiday Inn Hotel, Coram Street, Bloomsbury.

The meeting concluded at 13.10pm

London Ambulance Service
NHS Trust

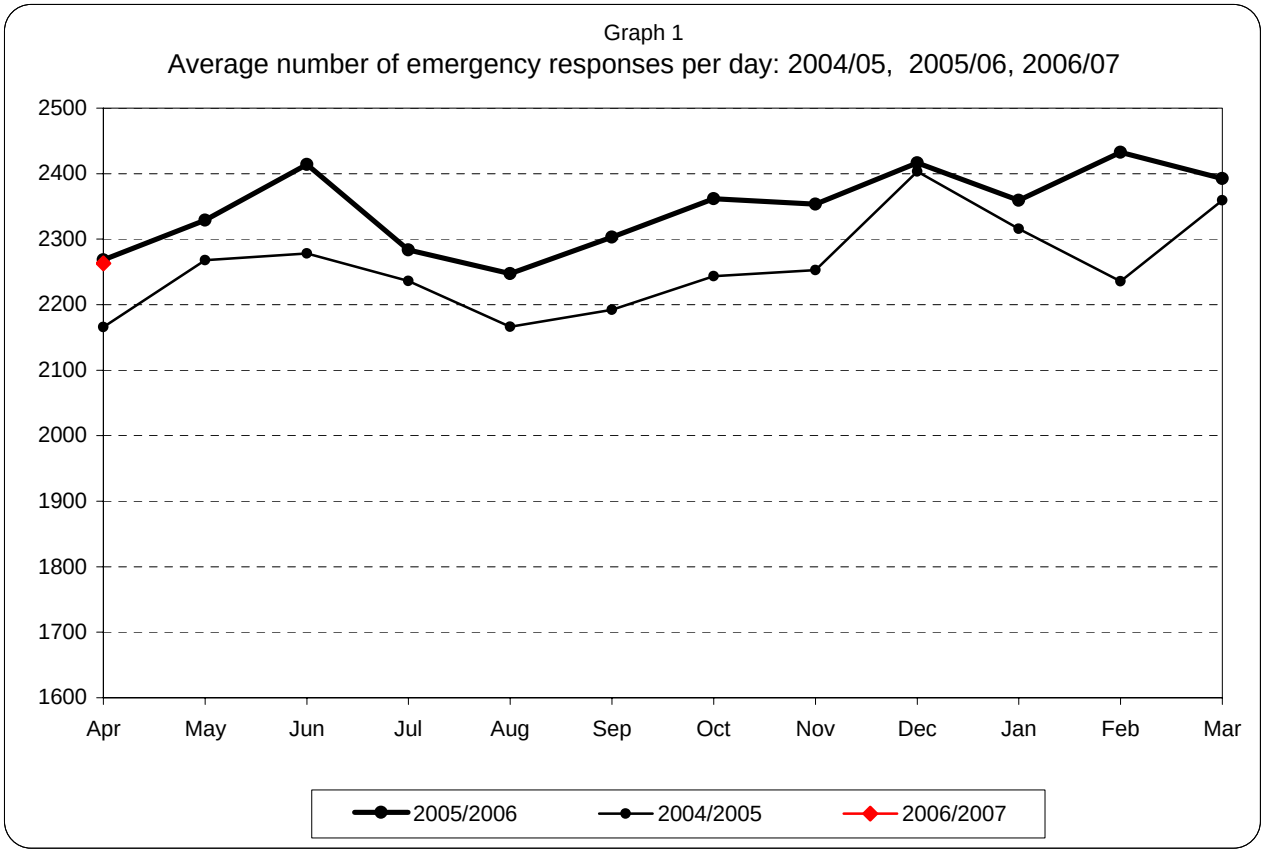
Information Pack for Trust Board

April 2006

Please note:
CAC staffing data entry is up to the 19th April 2006
All other data entry is complete

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

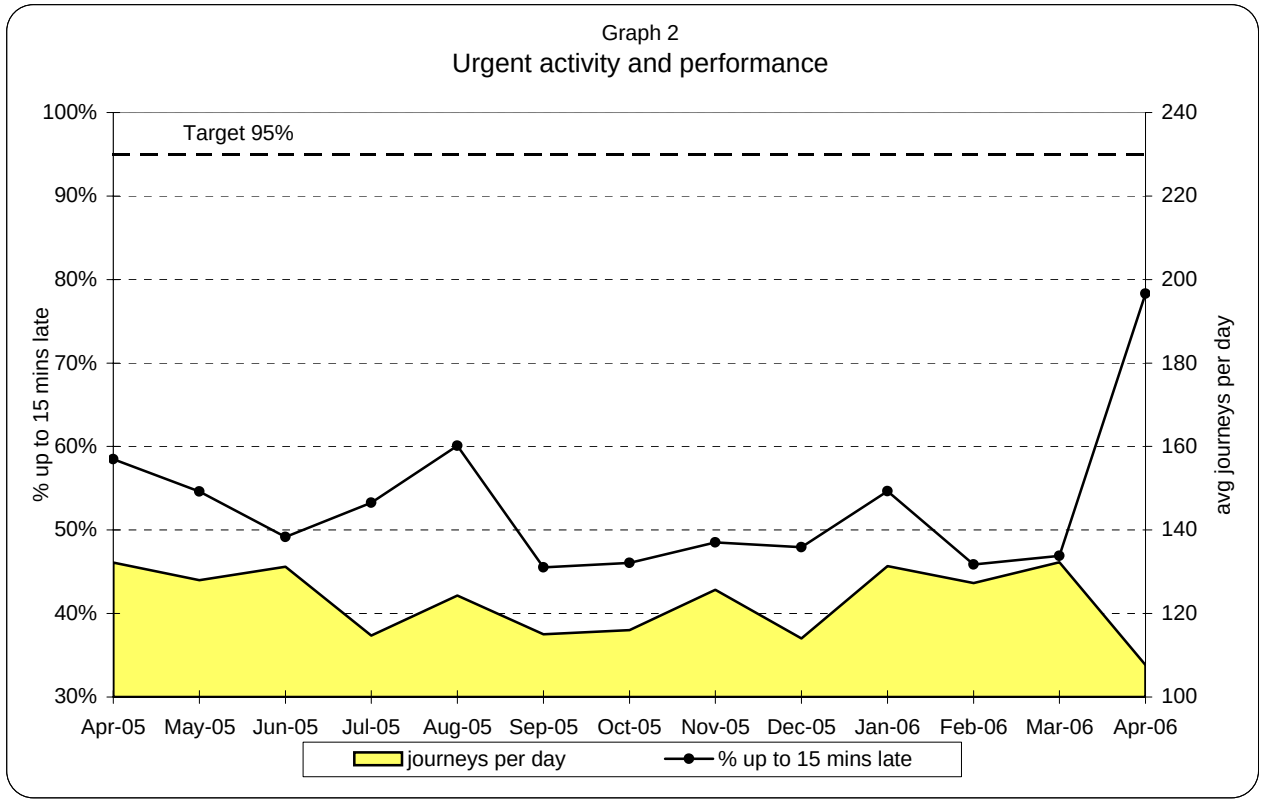
Graph 1



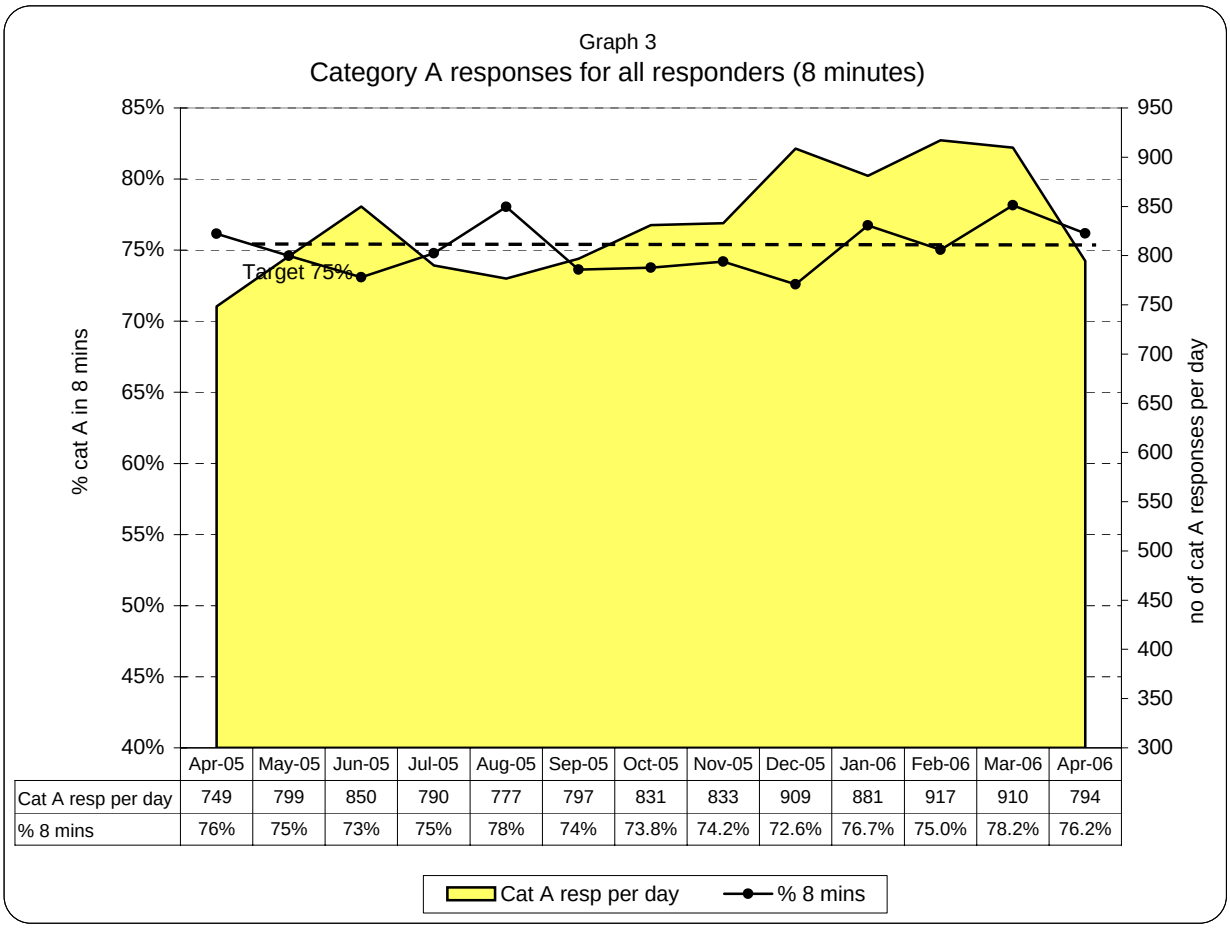
Emergency responses: monthly and year to date comparison

Apr 06 v Apr 05	Apr 06-Apr06 v Apr 05-Apr 05
-0.2%	**-0.2%**

Graph 2



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



	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06
Cat A resp per day	749	799	850	790	777	797	831	833	909	881	917	910	794
% 8 mins	76%	75%	73%	75%	78%	74%	73.8%	74.2%	72.6%	76.7%	75.0%	78.2%	76.2%

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
Apr-06	78%	80%	73%	76%	76%	**76%**
May-06						
Jun-06						
Jul-06						
Aug-06						
Sep-06						
Oct-06						
Nov-06						
Dec-06						
Jan-07						
Feb-07						
Mar-07						
YTD	**78%**	**80%**	**73%**	**76%**	**76%**	**76%**

London Ambulance Service NHS Trust
Accident and Emergency Service
Emergency responses: 19 minute response activity and performance (cat A)

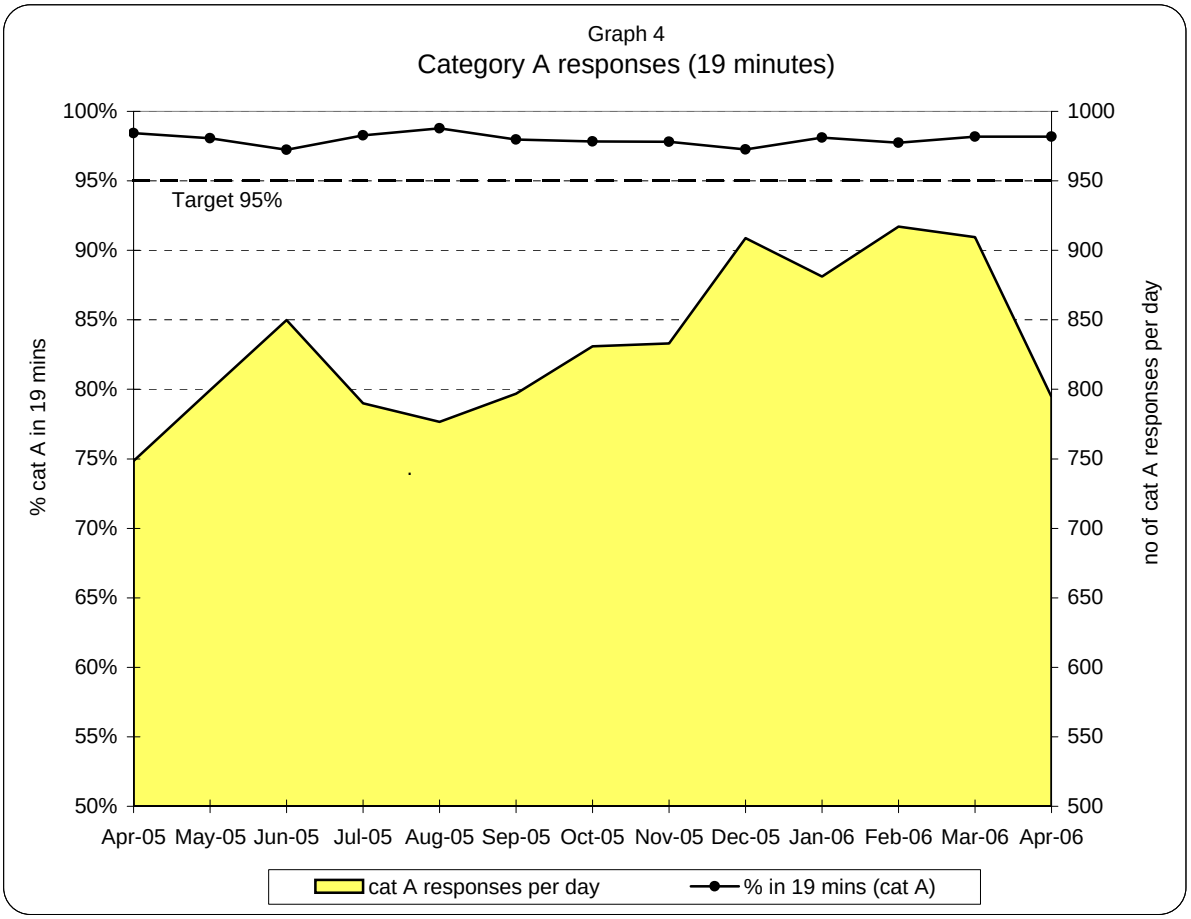
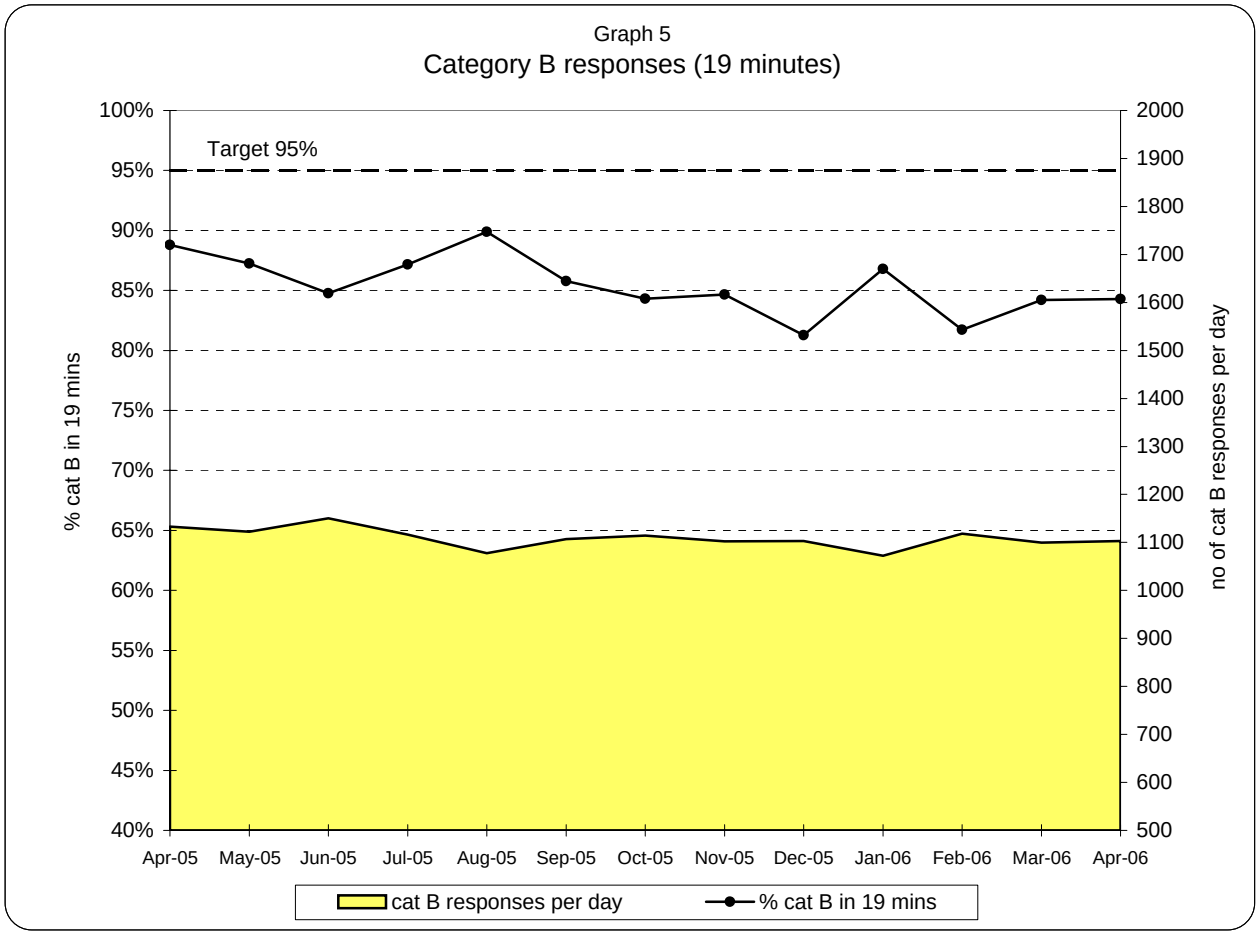


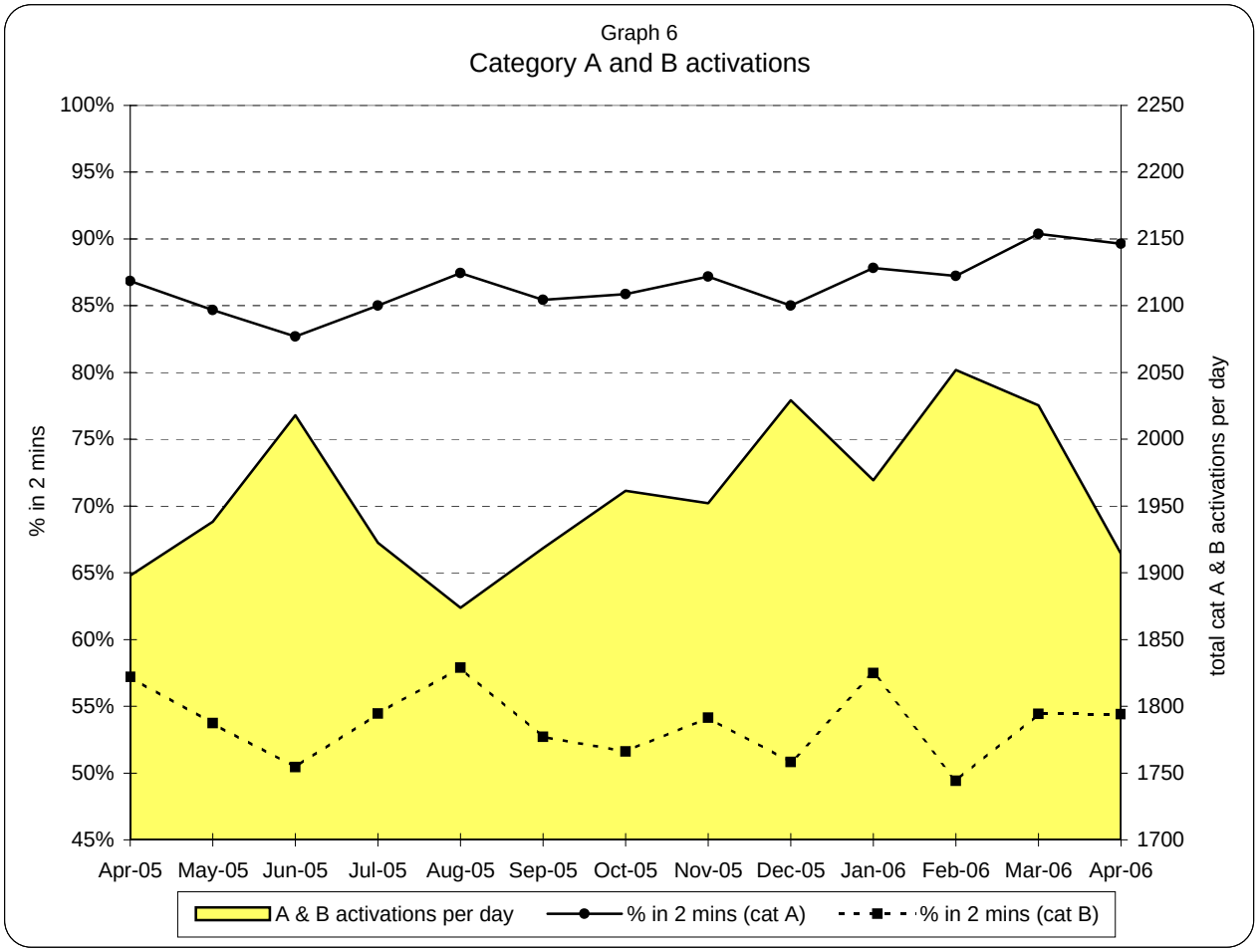
Table 2
19 minute response by Strategic Health Authority (category A)

	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-06	98.9%	98.6%	97.1%	98.2%	98.5%	98.2%
May-06						
Jun-06						
Jul-06						
Aug-06						
Sep-06						
Oct-06						
Nov-06						
Dec-06						
Jan-07						
Feb-07						
Mar-07						
YTD	**98.9%**	**98.6%**	**97.1%**	**98.2%**	**98.5%**	**98.2%**

London Ambulance Service NHS Trust
Accident and Emergency Service
Emergency responses: 19 minute response activity and performance (cat B)

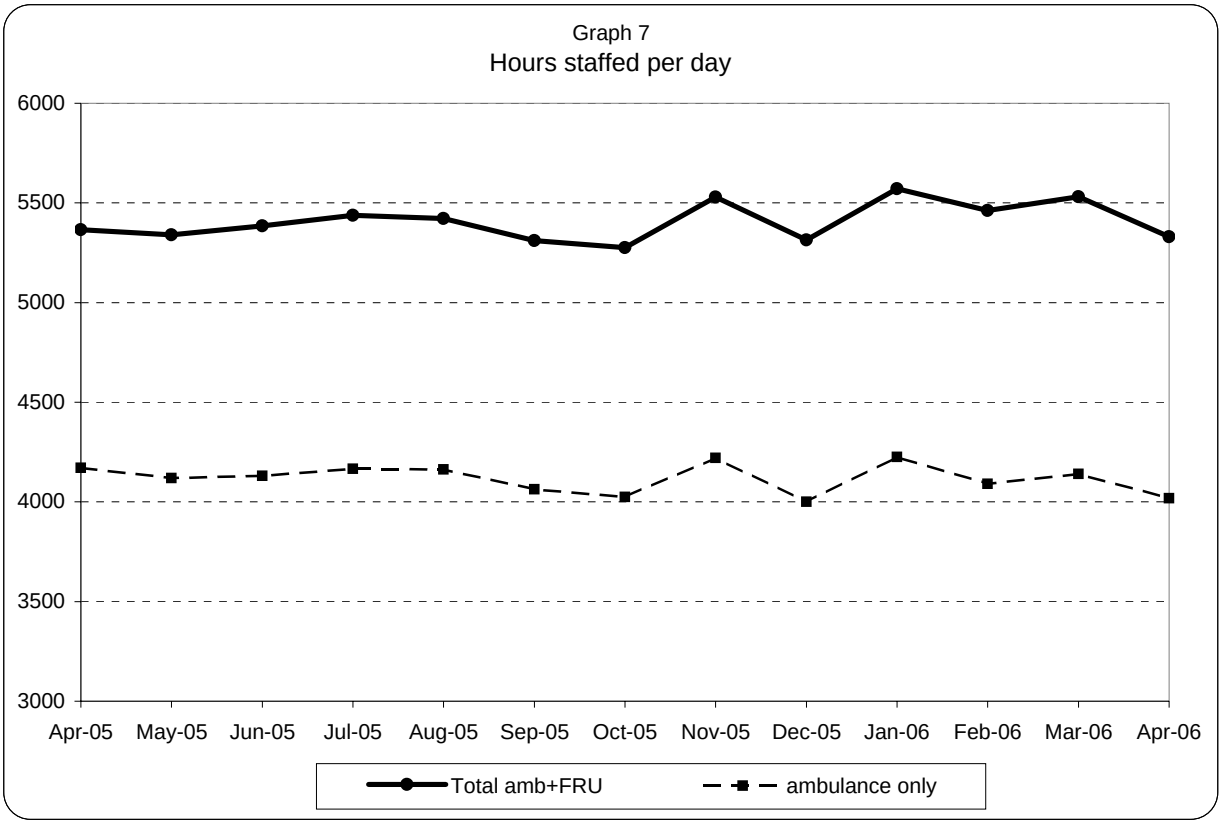


London Ambulance Service NHS Trust
Accident and Emergency Service
Emergency activations: activity and performance

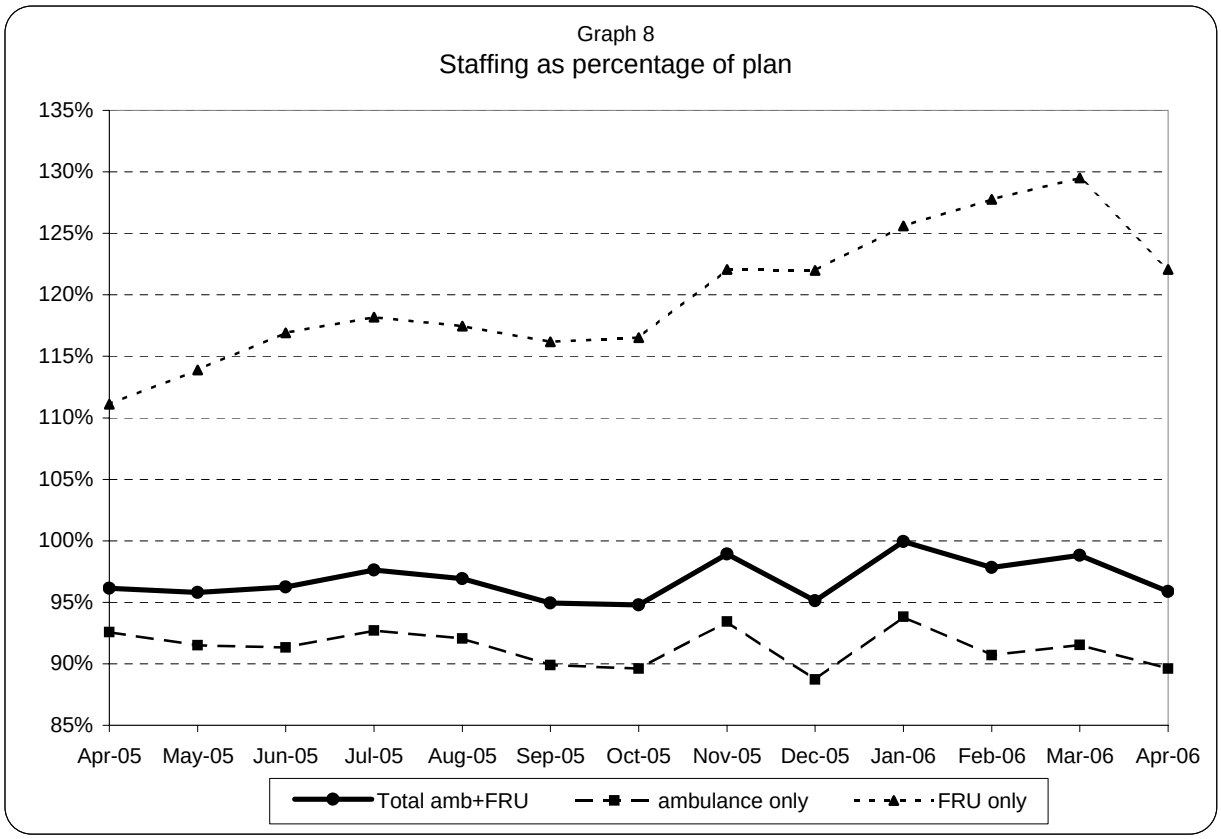


London Ambulance Service NHS Trust
Accident and Emergency Service
Ambulance and FRU staffing

Graph 7

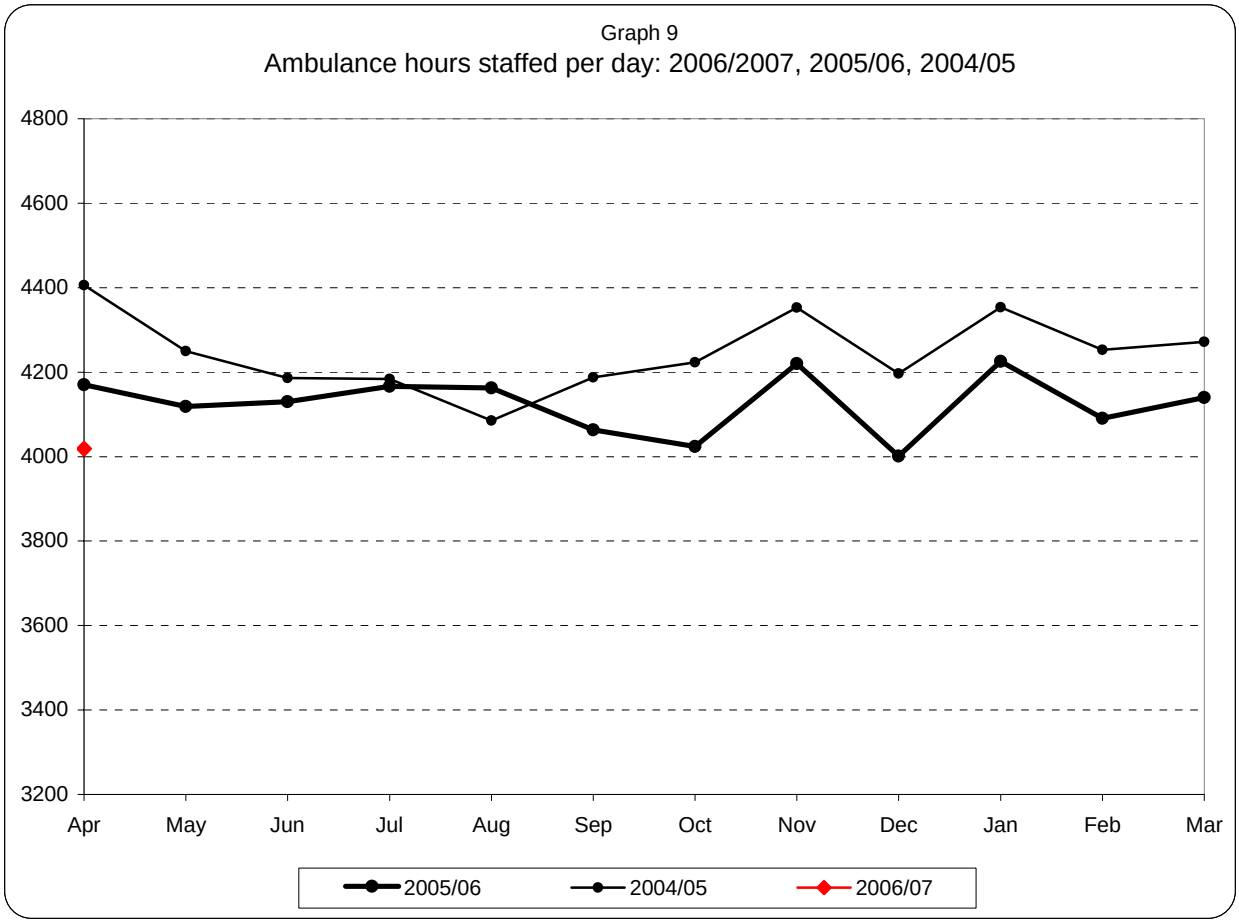


Graph 8



Note:
1) staffed = plan + additional - unmanned - single

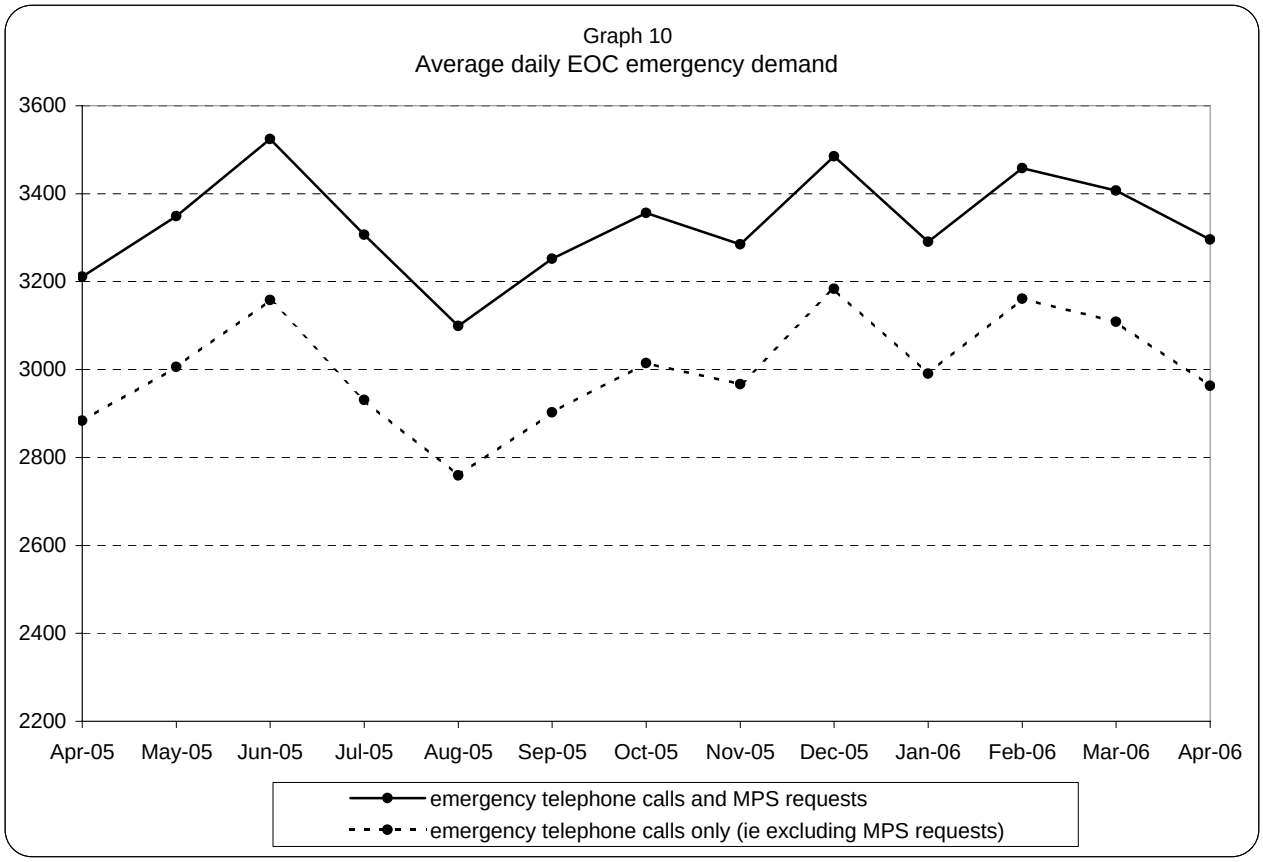
London Ambulance Service NHS Trust
Accident and Emergency Service
Yearly comparison of ambulance staffing



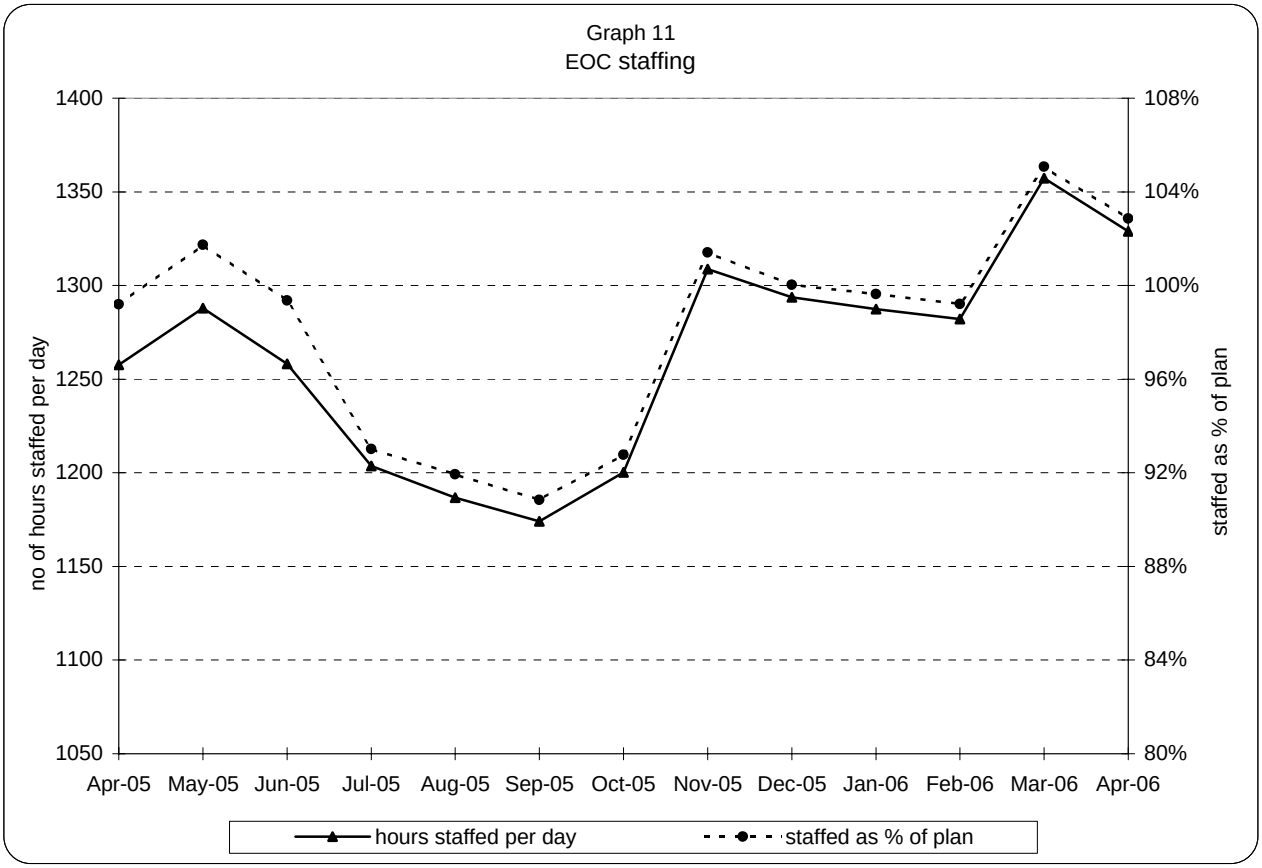
Note:staffed = plan + additional - unmanned - single

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

Graph 10
Average daily EOC emergency demand



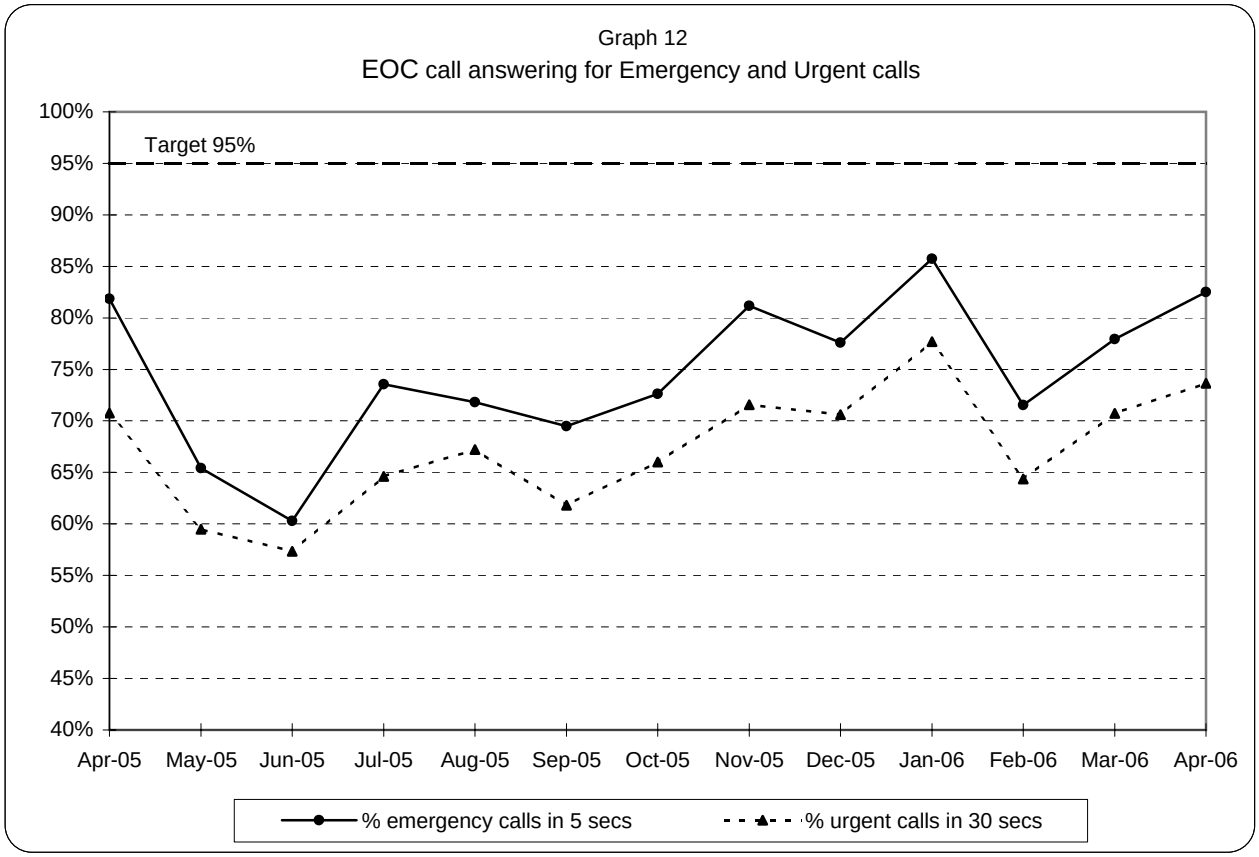
Graph 11
EOC staffing



London Ambulance Service NHS Trust
Accident and Emergency Service
EOC call answering performance

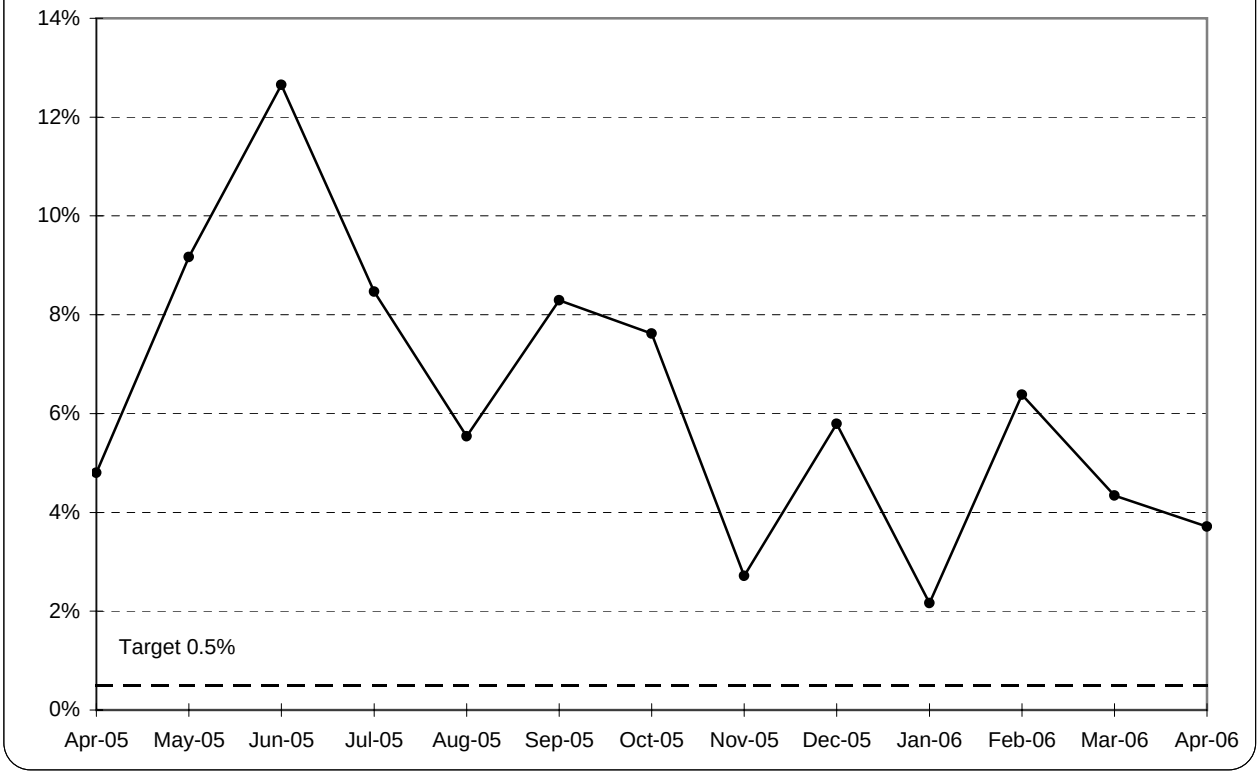
Graph 12

EOC call answering for Emergency and Urgent calls



Graph 13

Percentage of emergency calls answered after 120 seconds



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

		Apr-06			Year to date		
		Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins
5K5	Brent PCT	814	616	76%	814	616	76%
5HX	Ealing PCT	953	724	76%	953	724	76%
5H1	Hammersmith & Fulham PCT	557	443	80%	557	443	80%
5K6	Harrow PCT	561	452	81%	561	452	81%
5AT	Hillingdon PCT	927	683	74%	927	683	74%
5HY	Hounslow PCT	690	537	78%	690	537	78%
5LA	Kensington & Chelsea PCT	394	306	78%	394	306	78%
5LC	Westminster PCT	1,040	841	81%	1,040	841	81%
North West London Strategic HA		**5,936**	**4,602**	**78%**	**5,936**	**4,602**	**78%**
5A9	Barnet PCT	911	631	69%	911	631	69%
5K7	Camden PCT	797	699	88%	797	699	88%
5C1	Enfield PCT	877	714	81%	877	714	81%
5C9	Haringey PCT	849	672	79%	849	672	79%
5K8	Islington PCT	736	618	84%	736	618	84%
North Central London Strategic HA		**4,170**	**3,334**	**80%**	**4,170**	**3,334**	**80%**
5C2	Barking & Dagenham PCT	664	492	74%	664	492	74%
5C3	City & Hackney PCT	908	669	74%	908	669	74%
5A4	Havering PCT	665	474	71%	665	474	71%
5C5	Newham PCT	879	588	67%	879	588	67%
5NA	Redbridge PCT	649	493	76%	649	493	76%
5C4	Tower Hamlets PCT	810	590	73%	810	590	73%
5NC	Waltham Forest PCT	782	606	77%	782	606	77%
North East London Strategic HA		**5,357**	**3,912**	**73%**	**5,357**	**3,912**	**73%**
5AX	Bexley PCT	588	450	77%	588	450	77%
5A7	Bromley PCT	755	543	72%	755	543	72%
5A8	Greenwich PCT	817	630	77%	817	630	77%
5LD	Lambeth PCT	943	741	79%	943	741	79%
5LF	Lewisham PCT	801	593	74%	801	593	74%
5LE	Southwark PCT	1,082	828	77%	1,082	828	77%
South East London Strategic HA		**4,986**	**3,785**	**76%**	**4,986**	**3,785**	**76%**
5K9	Croydon PCT	943	711	75%	943	711	75%
5A5	Kingston PCT	386	295	76%	386	295	76%
5M6	Richmond & Twickenham PCT	379	273	72%	379	273	72%
5M7	Sutton & Merton PCT	930	719	77%	930	719	77%
5LG	Wandsworth PCT	702	526	75%	702	526	75%
South West London Strategic HA		**3,340**	**2,524**	**76%**	**3,340**	**2,524**	**76%**
	Lowest (excl out of London)						67%
	Highest (excl out of London)						88%
	Range						21%

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report

For the Month Ending 31 March 2006 (Month 12)

£000s

	IN THE MONTH			*ANNUAL*			
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance
Total Income	18,098	17,691	407F	216,082	212,070	4,012 F	(1.9)U
Total Expenditure	18,225	19,085	861F	214,810	212,070	(2,740)U	1.3 F
Trust Result	(127)	(1,394)	1,267F	1,272	0	1,272F	127,158,463.8F

1. Year end position

1.1. Overall the Trust reported a year end underspend of £1.272 million or 0.6% of the annual budget.

1.2. Income was favourable by £4.012 million. This is primarily as a result of the additional income granted this year as a result of the July 7th terrorist incidents.

1.3. Expenditure was £2.740 million higher than the budget for the year, an overspend of 1.3%. The main reasons are:

- A&E overtime double time weekend payments.
- The payment of enhanced rates to crew staff over the Christmas period.
- PTS, which reported high levels of expenditure on agency staff.
- The costs associated with the July 7th terrorist incidents.
- The use of third party transport providers in A&E and PTS, to facilitate operational performance.
- The high cost of legal provisions, especially during the last quarter of the year.

1.4. The Trust generated £3 million savings throughout the year, as a result of management vacancies and other initiatives.

1.5. The following table is a summary of the Trust's performance in 2005/06:

Performance Measure	**Target**	**Result**	**Outcome**
Income & Expenditure	Break-even	£1,272 surplus	Achieved
Capital Resourcing Limit (CRL)	£6,695k (allowed to underspend by 5% or £335k)	£5,458k underspend18.5%	Failed
External Financing Limit (EFL)	£9,640k	£9,640k	Achieved
Capital Cost Absorption Rate	Range 3.0% to 4.0%	4.10%	Failed

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 31 March 2006 (Month 12)

£000s

	IN THE MONTH			*ANNUAL*			
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance
Income	16,836	16,825	11F	204,172	200,449	3,722F	0.0F
Sector	11,348	10,577	(770)U	134,318	131,921	(2,397)U	0.0U
Control Services	1,224	1,214	(10)U	14,034	13,918	(117)U	0.0U
A&E Operational Suppo	1,916	1,651	(266)U	11,187	10,954	(233)U	0.0U
Education and Developmen	889	944	54F	8,139	8,347	208F	0.0F
Total Operations Cost	15,377	14,385	(992)U	167,678	165,140	(2,538)U	0U
A&E gross surplus/(deficit)	1,459	2,440	(981)U	36,494	35,310	1,184F	0F
A&E Gross Margin	8.9%	14.9%	(6.0)%U	18.0%	17.7%	0.3F	1.5%F
Medical Director	49	39	(10)U	411	449	38F	0.1F
Service Development	70	49	(20)U	542	505	(37)U	0.1U
Communications	112	129	17F	1,335	1,381	47F	0.0F
Human Resources	409	351	(58)U	4,122	4,296	174F	0.0F
IM&T	888	916	27F	6,999	7,127	129F	0.0F
Finance	404	1,992	1,587F	19,970	19,896	(74)U	0.0U
Chief Executive	170	126	(44)U	1,443	1,414	(29)U	0.0U
Total Corporate	2,102	3,601	1,499F	34,821	35,069	248F	0F
A&E net surplus/(deficit)	(643)	1,160	517F	1,672	240	1,432F	596.4F
A&E Net Margin	(3.9%)	(7.1)%	3.2%F	0.8%	0.1%	0.7F	584.0%F
PTS							
Income	1,262	865	396F	11,910	11,621	290F	0.0F
Expenditure	746	1,100	354F	12,311	11,861	(450)U	0.0U
Surplus / (Deficit)	516	(234)	750F	(400)	(240)	(160)U	(67)U
Margin	40.9%	(27.1)%	67.9F	(3.4)%	(2.1)%	(1.3)U	62.7F
Trust Result	(127)	1,394	1,267F	1,272	0	1,272F	127,158,632F

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 31st March 2006 (Month 12)

Notes

1. **Income**
   - The main reason for the high year end favourable variance is the result of the additional funding from the DOH due to the 7/7 terrorist incidents.
2. **A&E Sectors**
   - Sectors were overspent on pay (£941K). Crew staff overtime exceeded the crew staff vacancy factor by £385K. Across other pay groups the major variances were: £384K underspent on admin and clerical due to vacancies and £399k overspent on additional duty officer support. Non pay was overspent by £1,456K. This includes subsistence which was overspent by £370k due to the delayed implementation of meal breaks. Accident damage (£460k) and 3rd Party (£262K) were overspent but this was offset in part by fleet costs due to an adjustment to the ambulance lease accrual (£364K). 3rd party usage was £346k overspent due to external support for A&E performance and cross-charging for PTS support. In month 12 several high value items came through on Information Technology for the EBS project (£90K) and Decon £61K.
3. **A&E Control**
   - Pay was favourable (£69K) as the vacancy factor exceeded overtime. On non pay, 3rd party was overspent £95k due to private ambulance usage and a reduction in A&E recharges to PTS due to reduced activity. Telephones overspent by £35K on the Language Line.
4. **Education & Development**
   - Pay was underspent £89k due to less EMD trainees than budgeted. Non pay was also underspent due to uniforms (£70K) and Fleet costs (£88k). Training historically has a low accident rate and generally spends under budget in this area.
5. **A&E Operational Support**
   - The year end overspend is split between Logistics (£147k) and Fleet (£119k). Within Logistics the main areas of overspend were on medical consumables and cleaning. Medical consumables were overspent by £110K due to a change in policy during the year on the usage of BM sticks which has seen their usage increase greatly. An adjustment was made in month 12 to take account of the expected retail price index increase on the Make Ready contract (£50k) which caused the cleaning budget to overspend. Fleet was overspent on vehicle maintenance and vehicle recovery. There were more invoices than average paid in month 12 owing to the accounts being opened for a longer period due to the year end accounts closure.
6. **Service Development**
   - The end of year unfavourable position stems mostly from expenditure on the Patient Care Conference. There is income to support this, however it is shown as part of the "income" section at the top of the page.
7. **Communications**
   - The year end underspend stems from the Communications Department on printing and stationery and on the Conference and Corporate Induction budget where the recent pressures to maintain operational performance caused some inductions and conferences to be postponed.
8. **Human Resources**
   - The Human Resources Directorate ended the year with a favourable variance as expected. This was mostly due to vacancies within the Recruitment Centre and within the Unproductive Salaries budget where the number of employees classed as "permanently unfit for work" was less than estimated.
9. **IM&T**
   - The year end favourable result stems mostly from pay (£100k) , where there have been vacancies throughout the year. Most of these have now been filled. In addition there were a couple of ISONs funded in 2005/06 which were not commenced during the financial year which further contributed to the overall underspend.
10. **Finance**
    - The budget for Centrally Held funds has been moved into the Finance Directorate as of March 2006. The year end overspend stems from a £1m favourable variance on Centrally Held Funds offset by a £1.1m unfavourable variance on the Legal Provisions budget. The favourable variance on Centrally Held funds stems from savings made within the year, mostly on vacancy savings. The unfavourable variance on the legal provisions budget stems from claims made from staff retiring through ill health or injury. Updated information was received from the NHS Pensions agency in the last quarter of the year which caused a large increase in the overall provision.

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 31st March 2006 (Month 12)

11. PTS

- PTS finished the year £160k over budget, which was better than forecast. The reason for the favourable movement in the month of £750k is made up as follows: provisions against bad debts written back (£385k), savings made on defibrillator purchases and other medical equipment (£60k), a profit on disposal on the sale and leaseback of PTS vehicles (£170k), and the release of long-term provisions which were no longer applicable (£106k).

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type

For the Month Ending 31 March 2006 (Month 12) **£000s**

	IN THE MONTH			*ANNUAL*			
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance
Payroll Expenditure							
A&E Operational Staff	9,509	9,505	(5)U	97,732	97,635	(97)U	0.1U
A&E Overtime	1,654	1,416	(238)U	17,071	16,954	(116)U	0.7U
PTS Operational Staff	639	593	(46)U	7,656	7,438	(218)U	2.9U
Corporate Support	4,132	3,882	(250)U	35,279	35,129	(150)U	0.4U
	15,935	15,396	(539)U	157,738	157,156	(582)U	0.4U
Non Pay Expenditure							
Staff Related	382	341	(41)U	4,971	4,728	(243)U	5.1U
Staff Welfare	34	34	0U	433	403	(29)U	7.3U
Training	236	385	150F	1,990	2,273	283F	12.5F
Medical & Ambulance Equipment	911	741	(171)U	1,954	2,137	183F	8.6F
Medical Consumables	294	285	(9)U	3,086	2,863	(223)U	7.8U
Fuel & Oil	351	324	(27)U	3,837	3,836	(1)U	0.0U
Third Party Transport - A&E	158	71	(87)U	1,102	660	(442)U	66.9U
Third Party Transport - PTS	105	66	(39)U	1,558	780	(777)U	99.6U
Vehicle Maintenance	322	256	(66)U	2,405	2,377	(28)U	1.2U
Other Fleet Costs	282	732	449F	7,099	7,084	(15)U	0.2U
Rent, rates & utilities	149	129	(20)U	2,514	2,521	7F	0.3F
Office and Station cleaning	293	218	(75)U	2,058	2,010	(48)U	2.4U
Security & Fire Safety	29	20	(10)U	257	240	(16)U	6.8U
Estates Maintenance	317	255	(62)U	1,811	1,641	(170)U	10.4U
Other Estates Costs	54	27	(26)U	405	325	(80)U	24.5U
Telephones	194	284	90F	2,639	2,698	59F	2.2F
Information Technology	311	113	(198)U	1,330	1,004	(326)U	32.5U
Office & Station Expenses	363	320	(43)U	2,071	2,062	(9)U	0.5U
Legal Expenses	225	(259)	(484)U	2,232	1,170	(1,062)U	90.7U
Consultancy	158	32	(126)U	419	226	(193)U	85.6U
Advertising & PR	27	19	(8)U	311	226	(85)U	37.4U
Catering & Hospitality	64	14	(50)U	304	166	(139)U	83.7U
Depreciation	729	660	(69)U	6,352	6,476	123F	1.9F
Reserves	(4,865)	(2,592)	2,273F	0	883	883F	100.0F
Radio Equipment	164	119	(45)U	1,446	1,412	(34)U	2.4U
Others	(13)	0	13F	16	0	(16)U	100.0U
	1,275	2,593	1,319 F	52,599	50,202	(2,398)U	4.8U
Financial Expenditure							
Interest Payable	(39)	15	54F	129	183	54F	29.4F
Interest Receivable	(20)	(18)	2F	(391)	(215)	176F	81.7U
PDC Dividend	311	311	0	3,733	3,733	0	0.0
Others	763	788	25F	1,002	1,011	10F	0.9F
	1,015	1,096	81 F	4,473	4,712	239 F	5.1F
Total Trust Expenditure	18,225	19,085	861F	214,810	212,070	(2,740)U	(1.3)F

LONDON AMBULANCE SERVICE NHS TRUST

Income and Expenditure – Analysis by Expense Type
For the Month Ending 31st March 2006 (Month 12)

Notes

1. **A&E Operational Staff**
   - Operational staff (crew staff and EMDs) reported a £97K adverse year end variance due mainly to £66k support for the CAD2010 project.
2. **A&E Overtime**
   - Overtime use exceeded the available vacancy factor in Operations (157k) but CAC overtime was underspent at £69K favourable.
3. **PTS Operational Staff**
   - Overtime use on PTS increased in Month 12, along with an increase in the general provision for overtime, resulting in an adverse movement.
4. **Corporate Support Staff**
   - Within A&E, admin and clerical vacancies (£384k) were offset by the overspend incurred as a result of seconding additional duty officers to support performance (£399k).
5. **Staff Related**
   - Subsistence was overspent £370k in A&E due to the delayed implementation of meal breaks.
6. **Training**
   - ECP course fee expenditure was £283K less than the WDC funds obtained, causing the favourable year end variance.
7. **Medical & Ambulance equipment**
   - The savings made on the defibrillator purchases was recognised in Month 12 (£56k) along with an underspend on general medical equipment (£11k)
8. **Medical Consumables:**
   - Gas cylinder rental costs have been problematic throughout 2005/06 and has ended the year £115K adverse.
9. **Third Party Transport – A&E**
   - Due to the downturn in PTS activity, A&E did not carry out as much rechargeable activity as anticipated leading to an under-achievement on internal recharges of £97k. In addition PTS also charged A&E £129K for Urgent care support. 7/7 incurred £54K for private ambulance hire and the St John budget also overspent by £57K.
10. **Third Party Transport – PTS**
    - Excessive Third Party usage during the year resulted in a significant year end variance. The trend is now flat; with spend at around £35k above budget per month.
11. **Other Fleet Costs**
    - A correction to the A&E ambulance lease accrual resulted in a favourable movement in month 12 of £326K on vehicle leasing within A&E. Own accident damage and third party accident damage ended the year overspent, at £470k and £262k respectively.
12. **Estates Maintenance**
    - The cumulative overspend stems from reactive maintenance, which increased over the winter months.
13. **Information Technology**
    - EBS spent £96K on software and training support for the Urgent Care control room. Across A&E there were overspends on various computer hardware items.
14. **Legal Expenses**
    - The overspend stems from new provisions set up for claims made for staff retiring through ill health or injury. Information received during the last quarter of the financial year from the NHS Pensions agency caused a large increase in the provision to be made.

15. **Consultancy Fees**
    - A&E Sectors were overspent on consultancy fees £65k, including £50k on ORH reports. Expenditure on surveys and architects fees in the Estates department also contributed to the overall overspend.
16. **Advertising & PR**
    - Advertising reports a cumulative overspend since all non A&E operations and PTS adverts are funded from vacancy savings within departments.
17. **Catering & Hospitality**
    - The catering overspend includes £41K spent on food packs for crew staff in March to assist performance.
18. **Reserves**
    - The favourable year end variance reflects savings made throughout the year on management vacancies and other initiatives.

LONDON AMBULANCE SERVICE NHS TRUST

Analysis of Income

For the Month Ending 31st March 2006 (Month 12) **(£000s)**

	IN THE MONTH			*ANNUAL*			
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance
A&E Income							
A&E Services Contract	15,093	15,093	0U	182,420	182,420	0U	0.0U
A&E Variable Activity Formula	0	816	(816)U	0	816	(816)U	100.0U
Addition to A&E Contract	0	0	0	405	405	0	0.0
CBRN Income	774	0	774F	13,710	9,087	4,624F	(50.9)F
ECP Revenue	98	0	98F	1,241	1,427	(186)U	13.0U
A&E Provision of Green car	0	10	(10)U	113	123	(10)U	8.3U
A&E Neo-Natal Service	14	12	1F	165	149	16F	(10.6)F
BETS & SCBU Income	73	47	25F	514	569	(55)U	9.6U
A & E Long Distance Journey	117	51	66F	545	488	57F	(11.8)F
Stadia Attendance	12	37	(49)U	531	582	(51)U	8.8U
Heathrow BAA Contract	24	24	0U	255	256	0U	0.1U
A&E Bad Debts	67	0	(67)U	67	0	(67)U	100.0U
Resus Training Fees NHS	4	11	(7)U	146	132	14F	(10.2)F
Resus Training Fees Non NHS	1	16	(15)U	16	189	(174)U	91.7U
ELECTIVE BETS	16	0	16F	16	0	16F	100.0F
HEMS Funding	2	2	0	28	28	0	0.0
A&E Income	**16,136**	**16,120**	**17 F**	**200,039**	**196,672**	**3,367 F**	**1.7 F**
PTS Income	**1,250**	**865**	**385 F**	**11,898**	**11,621**	**278 F**	**2.4 F**
Other Income	**711**	**706**	**5 F**	**4,145**	**3,778**	**367 F**	**9.7 F**
Total Income	**18,098**	**17,691**	**407 F**	**216,082**	**212,070**	**4,012 F**	**1.9 F**

LONDON AMBULANCE SERVICE NHS TRUST
Analysis of Income
For the Month Ending 31st March 2006 (Month 12)

Notes

1. **A&E Variable Activity Formula**
   - The £816k unfavourable variance in the month and year to date is the result of a budgeted higher overall increase in activity in the year. Although Category A activity increased substantially, overall incidents increased by less than the 3.5% threshold above which variable activity payments were due.
2. **CBRN Income**
   - The £774k variance in the month and £4.6 million variance year to date are mainly the result of one-off funding from the Department of Health.
3. **ECP Revenue**
   - The £186k adverse variance year to date relates to budgeted income for Croydon which will not be received as well as reduced income from rollouts delayed.
4. **BETS and SCBU Income**
   - This income is £55k unfavourable year to date due to a lower number of SCBU journeys than had been budgeted.
5. **Resus Training Fees Non-NHS**
   - The £174k 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.
6. **PTS Income**
   - The £385k favourable variance on PTS income is largely due to the resolution of a prior and current year arbitration cases with Queen Elizabeth Hospital, Queen Mary's Hospital and Whipps Cross Hospital. This resulted in £309k of income being recovered that had been written off, of which £240k related to previous years.
7. **Other Income**
   - The favourable year-end variance on other income is mainly due a higher number of chargeable secondments (£135k favourable) than originally budgeted.

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Staff Numbers

For the Month Ending 31 March 2006 (Month 12)

	Last Month Actual Paid WTE	This Month Actual Paid WTE	Variance
A&E Operations			
Sector	3,040.14	3,099.30	59.16
Control Services	459.10	468.00	8.90
A&E Operational Support	113.40	112.33	(1.07)
Education & Development	223.10	199.37	(23.73)
	3,835.74	3,879.00	43.26
Corporate Support			
Medical Director	9.72	8.41	(1.31)
Service Development	5.88	5.88	0.00
Communications	22.63	22.87	0.24
Human Resources	105.33	107.33	2.00
IM&T	57.92	58.74	0.82
Finance	59.19	58.66	(0.53)
Chief Executive	19.33	19.63	0.30
Total Corporate	280.00	281.52	1.52
PTS	303.23	292.92	(10.31)
Trust Total	4,418.97	4,453.44	34.47

1. **A&E Sectors**
   - The increase in wtes represents the additional overtime hours worked in March 06 compared to Feb 06.
2. **A&E Control**
   - The increase stems from the transfer of staff over from PTS to the Urgent Care Control Room. CAC Overtime hours for Feb and March were very similar.
3. **A&E Operational Support**
   - The movement reflects a slight reduction in overtime hours within Fleet.
4. **A&E Education Development & Support**
   - The change in wtes reflects the movement of trainees in and out of the training centre
5. **PTS**
   - The reduction is primarily reflected by the transfer of staff from Chase Farm PTS to Urgent Care.

LONDON AMBULANCE SERVICE NHS TRUST

Capital Expenditure Report

For the Month Ending 31 March 2006 (Month 12)

Cost Centre	Cost centre description	Total Project Budget	CURRENT YEAR				Goods Ordered/ Not Received	TOTAL PROJECT	
			Annual Budget	YEAR TO DATE					
				Budget	Spend	Variance		Spend	Variance
S91	**Total Vehicle Projects**								
80234	Replacement RRU 2005/06	986,763	986,763	986,763	881,176	105,587 F	2,360,100	4,122,451	(3,135,688)U
S933	Minor Fleet Projects	49,404	49404	49404	33,554	15,850 F	86,992	154,101	(104,697)U
	Total Vehicle Projects	**1,036,167**	**1,036,167**	**1,036,167**	**914,730**	**121,437 F**	**2,447,092**	**4,276,551**	**(3,240,384)U**
S92	**Total Equipment Projects**								
80055	Defibrillator Purchase	888,165	413,165	413,165	(27,143)	440,308 F	38,334	2,729,810	(1,841,645)U
80237	New Equipment Store: Fixtures	99,875	99,875	99,875	78,149	21,726 F	175,447	331,744	(231,869)U
80271	80271	13,071	13,071	13,071	35,935	(22,864)U	0	71,869	(58,798)U
80273	Camden Complex Store Facility	16,450	16,450	16,450	0	16,450 F	0	0	16,450 F
	Total Equipment Projects	**1,017,561**	**542,561**	**542,561**	**86,941**	**455,620 F**	**213,781**	**3,133,423**	**(2,115,862)U**
S93	**Total Estates Projects**								
80045	Buckhurst Hill - Disposal	5,192	0	0	0	0	0	26,111	(20,919)U
80062	Streatham Improvement	1,123,496	788,080	788,080	842,985	(54,905)U	7,615	2,095,778	(972,282)U
80158	Whipps Cross Workshop Impro	505,000	169,116	169,116	177,960	(8,844)U	2,406	707,701	(202,701)U
80176	Poplar Ambulance Station Rep	0	0	0	0	0 F	0	0	0 F
80179	Bow Office Changes	809,160	577,785	577,785	347,835	229,950 F	16,081	943,127	(133,967)U
80192	Bounds green addtional accomo	156,875	154,129	154,129	(2,746)	156,875 F	0	-2,746	159,621 F
80197	Relocate Central Store	235,000	135,000	135,000	169,373	(34,373)U	4,801	437,547	(202,547)U
80204	Relocation Of Isleworth Ambul	200,000	200,000	200,000	0	200,000 F	0	0	200,000 F
80222	New Brixton Ambulance Stat	500,000	500,000	500,000	0	500,000 F	0	0	500,000 F
80225	Newham - Relocate messroom	186,825	186,825	186,825	171,172	15,653 F	0	343,378	(156,553)U
80228	New Rotherhithe Station	155,100	155,100	155,100	145,166	9,934 F	2,700	293,032	(137,932)U
80238	Barnehurst Roof Replacement	210,000	210,000	210,000	206,530	3,470 F	0	413,059	(203,059)U
80240	Gold Control	211,500	211,500	211,500	153,779	57,721 F	16,615	324,172	(112,672)U
80242	Croydon Refurbishment	315,000	315,000	315,000	296,906	18,094 F	3,299	597,111	(282,111)U
80246	Station Fire Alarms	150,000	150,000	150,000	62,229	87,771 F	0	124,457	25,543 F
80247	Camden replacement of boiler	125,500	125,500	125,500	83,572	41,928 F	0	167,144	(41,644)U
80248	Edmonton Roof Replacement	125,000	125,000	125,000	94,000	31,000 F	0	188,000	(63,000)U

LONDON AMBULANCE SERVICE NHS TRUST

Capital Expenditure Report

For the Month Ending 31 March 2006 (Month 12)

Cost Centre	Cost centre description	Total Project Budget	CURRENT YEAR				Goods Ordered/ Not Received	TOTAL PROJECT	
			Annual Budget	YEAR TO DATE					
				Budget	Spend	Variance		Spend	Variance
80253	Purchase of Tottenham A/s	452,000	452,000	452,000	438,460	13,540 F	0	876,920	(424,920)U
80255	Hayes semi open ambulance ga	160,975	160,975	160,975	59,742	101,233 F	0	119,485	41,490 F
80256	ARRP Accomodation	483,039	483,039	483,039	72,572	410,468 F	0	145,143	337,896 F
80259	ISoN 92 Establish Learning Re	174,066	174,066	174,066	82,018	92,048 F	0	164,035	10,031 F
80267	Shoreditch A/S Extension	155,000	155,000	155,000	0	155,000 F	0	0	155,000 F
S932	Minor Estates Projects	583,240	550240	550240	337,402	212,838 F	2,003	681,777	(98,537)U
	Total Estates Projects	**7,021,968**	**5,978,355**	**5,978,355**	**3,738,953**	**2,239,402 F**	**55,520**	**8,645,232**	**(1,623,264)U**
S94	**Total Technology Projects**								
80226	Dynamic Veh Coverage	123,528	123,528	123,528	0	123,528 F	247,056	247,056	(123,528)U
80227	Cabling for Urgent Control	135,000	135,000	135,000	150,144	(15,144)U	73,088	373,376	(238,376)U
80232	CAD 2010 Capital	212,736	212,736	212,736	145,883	66,853 F	1,620	293,386	(80,650)U
80252	CTAK enhance capital	129,350	129,350	129,350	27,807	101,543 F	15,490	71,104	58,246 F
80263	IM&T Service Desk	122,072	122,072	122,072	178,849	(56,777)U	46,492	404,191	(282,119)U
80266	Replacement PC programme 05	283,652	283,652	283,652	187,333	96,319 F	61,644	436,309	(152,657)U
S934	Minor Technology Projects	455,206	455206	455206	403,762	51,444 F	990,929	1,798,452	(1,343,246)U
	Total Technology Projects	**1,461,544**	**1,461,544**	**1,461,544**	**1,093,778**	**367,766 F**	**1,436,318**	**3,623,874**	**(2,162,330)U**
S97	**Approved ISoNs not Committe**								
89998	Approved ISONs not Committe	2,337,293	2,337,293	2,337,293	0	2,337,293 F	0	0	2,337,293 F
	Approved ISoNs not Committed	**2,337,293**	**2,337,293**	**2,337,293**	**0**	**2,337,293 F**	**0**	**0**	**2,337,293 F**
S98	**Total Old Projects**								
	Total Old Projects	**4,874,936**	**0**	**0**	**(375,335)**	**375,335 F**	**34,840,468**	**60,898,934**	**(56,023,998)U**
S99	**Un Allocated Capital Funds**								
S99	Un Allocated Capital Funds	280,931	73580	73580	0	73,580 F	0	0	280,931 F
	Un Allocated Capital Funds	**280,931**	**73,580**	**73,580**	**0**	**73,580 F**	**0**	**0**	**280,931 F**
	Total Programme	**18,030,400**	**11,429,500**	**11,429,500**	**5,459,066**	**5,970,434 F**	**38,993,179**	**80,578,014**	**(62,547,614)U**

LONDON AMBULANCE SERVICE NHS TRUST

Capital Expenditure Report

For the Month Ending 31st March 2006 (Month 12)

Notes

1. The year end position on capital is an underspend of £5.9 million. This arises due to the following main reasons:

   - Projects which were on the approved capital programme but which were not commenced during the financial year caused an underspend of £2.3million.

   - Estates projects report a £2.2 million underspend. This is due to some projects not being complete at the end of the year and others where the costs have been less than estimated.

LONDON AMBULANCE SERVICE NHS Trust

Balance Sheet

For the Month Ending 31 March 2006 (Month 12)

	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Fixed Assets														
Intangible assets	415	429	414	388	382	384	458	405	397	441	407	408	447	
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	106,271	
	105,122	104,339	107,490	107,698	107,972	108,349	108,309	108,154	108,052	108,600	107,728	108,667	106,718	
Current Assets														
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	1,916	
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	8,114	£126k > 60 days (1.59%), Feb - £494k > 60 days (5.73%)
Debtors PTS	1,796	1,464	1,767	1,038	808	625	943	851	570	775	1,132	1,152	959	£34k > 60 days (3.50%), Feb - £288k > 60 days (25.04%)
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	4,384	
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	9,545	
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	0	
Cash at Bank and in Hand	664	471	91	46	429	308	1,805	344	-513	301	-473	-612	667	
Total Current Assets	19,543	20,568	23,294	25,342	29,250	29,235	29,883	31,731	28,791	26,130	24,105	27,040	25,585	
Creditors: Amounts falling due within one year														
Bank Overdraft	101	40	22	340	36	31	13	93	26	35	60	36	104	
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	2,077	PSPP - This month (77%), Last month (73%), 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	7,019	PSPP - This month (79%), Last month (70%), Ytd (79%)
Dividend Provision	0	311	622	933	1,244	1,555	0	311	622	933	1,244	1,555	0	
Total Current Liabilities	15,088	12,254	12,294	11,908	13,351	13,350	13,864	13,470	17,033	15,920	16,965	18,905	9,200	
Net Current Assets	4,455	8,314	11,000	13,434	15,899	15,885	16,019	18,261	11,758	10,210	7,140	8,135	16,385	
Total Assets less current liabilities	109,577	112,653	118,490	121,132	123,871	124,234	124,328	126,415	119,810	118,810	114,868	116,802	123,103	
Creditors: Amounts falling due after more than one year														
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	24,539	
Total Net Assets	85,155	86,200	90,167	90,133	91,939	90,412	90,403	89,538	90,028	88,701	87,550	92,332	98,564	
Capital & Reserves														
Donated Assets	698	698	676	658	639	621	603	585	566	563	545	526	508	
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	7,592	
Other Reserves	10	10	10	10	10	10	10	10	10	10	10	10	-419	
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	49,617	
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	41,266	
Total Capital & Reserves	85,155	86,200	90,167	90,133	91,939	90,412	90,403	89,538	90,028	88,701	87,550	92,332	98,564	

LONDON AMBULANCE SERVICE NHS Trust

Cashflow Statement

For the Month Ending 31 March 2006 (Month 12)

	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Opening Cash Balance	563	2,031	3,069	4,806	7,193	6,977	6,091	9,051	6,461	3,266	867	-648
Operating Activities												
Trust I&E	1,159	885	299	1,940	-1,222	292	-565	1,404	-1,650	-142	2,209	856
Depreciation	524	498	542	544	537	533	531	543	357	685	319	755
(Increase)/Decrease in Stocks	5	0	0	0	-3	1	1	1	0	-2	-2	21
(Increase)/Decrease in Debtors	367	-1,706	2	-1,819	-203	-1,552	1,191	280	-524	-347	-4,472	2,603
Increase/(Decrease) in Creditors	-383	1,670	800	-9,034	1,610	-7,204	-715	3,311	-1,558	730	1,668	4,444
Increase/(Decrease) in Stocks	0	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	-13,491
Net Cashflow from operating activities	1,672	1,226	1,965	3,614	613	1,442	3,380	-2,188	-2,446	-1,883	-3,141	-4,812
Financial Activities												
Interest received	25	27	33	42	39	43	46	49	35	27	18	7
Interest paid	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow from financial activities	25	27	33	42	39	43	46	49	35	27	18	7
Capital Expenditure												
Tangible fixed assets acquired	-229	-215	-261	-1,269	-868	-504	-466	-451	-784	-543	-1,292	1,142
Tangible fixed assets disposed	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow from capital expenditure	-229	-215	-261	-1,269	-868	-504	-466	-451	-784	-543	-1,292	1,142
PDC Dividends paid	0	0	0	0	0	-1,867	0	0	0	0	0	-1,866
Financing - PDC Capital	0	0	0	0	0	0	0	0	0	0	2,900	6,740
Closing cash balance	2,031	3,069	4,806	7,193	6,977	6,091	9,051	6,461	3,266	867	-648	563

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report

For the Month Ending 30 April 2006 (Month 01)

£000s

	IN THE MONTH			ANNUAL			
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance
Total Income	18,181	18,426	(246)U	18,181	18,426	(246)U	(1.3)U
Total Expenditure	17,678	18,006	328F	17,678	18,006	328 F	1.8 F
Trust Result	503	421	83F	503	421	83F	19.6F

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report

For the Month Ending 30 April 2006 (Month 01)

1. **Month**

1.1. The position at the end of month 1 is £82k underspent.

1.2. Trust income was £246k less than expected. This is as a result of there being lower levels of CBRN and Workforce Confederation income than had been estimated in the budgets.

1.3. Trust expenditure was £328k less than budget. This was mainly due to non pay where not all of the invoices have been received or accrued for relating to April's activity. Also there are some projects and items budgeted for (e.g. course fees) where expenditure has not yet commenced, however the budget is profiled in equal twelfths throughout the year, hence reporting an underspend. This underspend is not expected to continue for the rest of the year.

2. **Capital expenditure**

2.1. The capital expenditure position is not reported in month 1 as most of the projects have not started.

3. **Annual**

3.1 The forecast at month 1 is breakeven. A detailed forecast is not reported in month 1's board report.

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 30 April 2006 (Month 01)

£000s

	IN THE MONTH			YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance	Budget		
Income	17,221	17,466	(245)U	17,221	17,466	(245)U	1.4U	205,499		
A&E Operations Cost										
Sector	11,319	11,383	63F	11,319	11,383	63F	0.6F	135,579		
Control Services	1,268	1,281	13F	1,268	1,281	13F	1.1F	14,332		
A&E Operational Support	896	935	39F	896	935	39F	4.2F	10,984		
Others	741	803	62F	741	803	62F	7.7F	9,338		
Total Operations Cost	14,224	14,402	178F	14,224	14,402	178 F	1.2F	170,234		
A&E gross surplus/(deficit)	2,997	3,063	(67)U	2,997	3,063	(67)U	2.2 U	35,265		
A&E Gross Margin	17.5%	17.6%	0.0%U	17.5%	17.6%	(0.1)U	0.8%U	17.2%		
Corporate Support										
Medical Director	35	49	14F	35	49	14F	29.2F	588		
Service Development	40	43	3F	40	43	3F	7.7F	588		
Communications	125	128	3F	125	128	3F	2.5F	1,541		
Human Resources	339	357	18F	339	357	18F	5.1F	4,315		
IM&T	585	611	26F	585	611	26F	4.3F	7,322		
Finance	1,270	1,399	129F	1,270	1,399	129F	9.2F	19,359		
Chief Executive	135	133	(1)U	135	133	(1)U	0.9U	1,594		
Total Corporate	2,529	2,722	193F	2,529	2,722	193 F	7.1F	35,308		
A&E net surplus/(deficit)	468	341	126 F	468	341	126F	37.1F	(44)		
A&E net margin	2.7%	2.0%	0.8%F	2.7%	2.0%	0.8F	39.0%F	0.0%		
PTS										
Income	960	961	(1)U	960	961	(1)U	0.1U	11,001	11,811	810F
Expenditure	933	889	(43)U	933	889	(43)U	4.8U	10,957	12,223	(1,266)U
Surplus/(Deficit)	27	71	(44)U	27	71	(44)U	61.7U	44	412	(456)U
Margin	2.9%	7.4%	(4.6)U	2.9%	7.4%	(4.6)U	61.6U	0.4%	(3.5%)	(3)U
Trust Result	495	413	82F	495	413	82F	20.0F	0		

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 30 April 2006 (Month 01)

Notes

1. **Income**
   - The adverse position stems from CBRN income and Workforce Development Confederation income. Both these streams of income are coming in at amounts less than had been previously notified.
2. **A&E Sectors**
   - Sectors is break-even on pay and is underspent on staff related and medical consumables. The subsistence budget has been profiled to reflect the introduction of meal breaks from October 2006.
3. **A&E Control**
   - Pay is overspent due to AFC payments, the budget will be increased in month 2 to cover these increases. Non pay is underspent as expenditure has not yet commenced on some items whereas the budget is profiled in equal twelfths throughout the year.
4. **Education & Development**
   - .Non-pay is underspent due to budget profiling, as above.
5. **A&E Operational Support**
   - The underspend stems mostly from pay. Within Fleet there are vacancies within the workshop staff and within Logistics vacancies exist within the equipment support staff.
6. **Service Development**
   - The favourable position stems from a lower than expected spend on non pay items within the A&E Development department.
7. **Communications**
   - The favourable position is a result of underspends on non pay within the Media Resources and Patient & Public Involvement departments.
8. **Human Resources**
   - The favourable position stems from an underspend on Training and course fees throughout the directorate. In addition, the organisational development budget reports an underspend as the initiatives have not yet commenced this year.
9. **IM&T**
   - The underspend stems primarily from pay, where there are a few vacancies, mostly within the Management Information Department.
10. **Finance**
    - The causes of the underspend are: a) Estates maintenance and furniture expenditure is less than budget due to the timing of some invoices being paid (£100k); 2) Interest received is £25k favourable due to the higher than forecast cash balances in the month of April.
11. **PTS**
    - Unfavourable positions on Kingston Hospital (£16k), Bromley Hospitals (£11k), University College Hospital (£6k) and PTS Central Services (£11k) make up the £45k adverse variance in Month 1.
12. **Medical Director**
    - This is underspent on non-pay items.

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type

For the Month Ending 30 April 2006 (Month 01)

£000s

	IN THE MONTH			YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance	Forecast	Budget	Forecast Variance
Payroll Expenditure										
A&E Operational Staff	8,593	8,540	(53)U	8,593	8,540	(53)U	0.6U	0	110,398	110,398F
A&E Overtime	1,320	1,311	(10)U	1,320	1,311	(10)U	0.7U	0	5,921	5,921F
PTS Operational Staff	661	644	(17)U	661	644	(17)U	2.7U	0	7,342	7,342F
Corporate Support	3,015	3,142	127F	3,015	3,142	127F	4.0F	0	37,188	37,188F
	13,590	13,636	47 F	13,590	13,636	47 F	0.3F	0	160,849	160,849F
Non Pay Expenditure										
Staff Related	379	411	32F	379	411	32F	7.9F	0	3,809	3,809F
Staff Welfare	41	35	(6)U	41	35	(6)U	16.2U	0	424	424F
Training	9	65	56F	9	65	56F	86.4F	0	1,872	1,872F
Medical & Ambulance Equipment	38	65	26F	38	65	26F	41.0F	0	774	774F
Medical Consumables	249	270	21F	249	270	21F	7.7F	0	3,450	3,450F
Fuel & Oil	279	282	3F	279	282	3F	1.2F	0	3,622	3,622F
Third Party Transport - A&E	146	82	(65)U	146	82	(65)U	78.8U	0	1,033	1,033F
Third Party Transport - PTS	50	5	(45)U	50	5	(45)U	897.4U	0	258	258F
Vehicle Maintenance	166	168	2F	166	168	2F	1.1F	0	2,012	2,012F
Other Fleet Costs	565	648	83F	565	648	83F	12.8F	0	7,939	7,939F
Rent, rates & utilities	258	279	20F	258	279	20F	7.3F	0	3,425	3,425F
Office and Station cleaning	228	231	4F	228	231	4F	1.6F	0	2,774	2,774F
Security & Fire Safety	26	20	(6)U	26	20	(6)U	29.7U	0	245	245F
Estates Maintenance	33	34	2F	33	34	2F	4.7F	0	1,911	1,911F
Other Estates Costs	25	30	6F	25	30	6F	18.4F	0	364	364F
Telephones	226	220	(6)U	226	220	(6)U	3.0U	0	2,729	2,729F
Information Technology	78	76	(2)U	78	76	(2)U	2.5U	0	907	907F
Office & Station Expenses	91	146	55F	91	146	55F	37.5F	0	1,773	1,773F
Legal Expenses	182	194	12F	182	194	12F	6.2F	0	2,315	2,315F
Consultancy	3	38	34F	3	38	34F	91.4F	0	450	450F
Advertising & PR	5	21	15F	5	21	15F	74.5F	0	246	246F
Catering & Hospitality	12	17	6F	12	17	6F	32.3F	0	208	208F
Depreciation	553	562	8F	553	562	8F	1.5F	0	6,739	6,739F
Reserves	(8)	(16)	(8)U	(8)	(16)	(8)U	51.5F	0	397	397F
Radio Equipment	113	122	8F	113	122	8F	6.9F	0	1,485	1,485F
Others	2	0	(1)U	2	0	(1)U	1,257.2U	0	2	2F
	3,750	4,004	254 F	3,750	4,004	254 F	6.3F	0	51,164	51,164F
Financial Expenditure										
Interest Payable	11	11	0	11	11	0	0.0	0	126	126F
Interest Receivable	(33)	(8)	24F	(33)	(8)	24F	291.6U	0	(100)	(100)U
PDC Dividend	345	345	0	345	345	0	0.0	0	4,134	4,134F
Others	16	19	3F	16	19	3F	17.6F	0	231	231F
	338	366	28 F	338	366	28 F	7.6F	0	4,391	4,391F
Total Trust Expenditure	17,678	18,006	328F	17,678	18,006	328F	1.8 F	0	216,404	216,404F

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type

For the Month Ending 30 April 2006 (Month 01) **£000s**

1. **A&E Operational Staff**
   - Operational staff is overspent due to AFC payments to CTA and BETs staff. The corresponding budget increase will be actioned in month 2.
2. **A&E Overtime**
   - Overtime expenditure is as planned and the budget is under review following changes to the recruitment plan.
3. **PTS Operational Staff**
   - £17k adverse against budget relates to agency staff filling vacancies, along with a small amount of unbudgeted overtime.
4. **Corporate Support Staff**
   - The underspend stems from admin & clerical vacancies (mostly within A&E Operations), fleet maintenance staff vacancies and equipment support staff vacancies.
5. **Staff Related**
   - A&E subsistence is profiled for the introduction of meal breaks in October 2006. There are underspends on both travel and uniforms in Operations and Education.
6. **Training**
   - Training is underspent as the majority of courses are due to commence after April 2006.
7. **Medical & Ambulance equipment**
   - The main reason for the favourable variance is due to defibrillator maintenance and blanket purchase and blanket cleaning in the Logistics Department. This is because the invoices have not come in as yet for these items and the underspend is not expected to continue at this rate.
8. **Third Party Transport – A&E**
   - This is overspent both with Urgent Care and Operations and includes the use of St John and other private ambulance hire
9. **Third Party Transport – PTS**
   - Third Party transport continues to be used across contracts; the unfavourable variance relates to missed savings targets for PTS Central Services usage across contracts.
10. **Other Fleet Costs**
    - The underspend is due to primarily to accident damage costs. Expenditure has been less than forecast for the first month of the year. This is in part due to the fact that not all of April's invoices have been accounted for in the accounts as they have not all been received.
11. **Office & Station expenses**
    - Half of the favourable variance stems from A&E Operations where there are underspends on complex budgets (£8k), within the Education & Development Department (£8k) and within Logistics (£9k). The remainder of the variance stems from printing and stationary underspends across the corporate support departments. This trend is not expected to continue for the rest of the financial year.
12. **Consultancy Fees**
    - The underspend stems mostly from HR (£15k) on the Organisational Development project and IM&T (£9k) where there are some projects where the expenditure has not yet commenced.
13. **Financial Expenditure**
    - There is a favourable variance on interest receivable due to the higher than expected cash balances in April.

LONDON AMBULANCE SERVICE NHS TRUST

Analysis of Income

For the Month Ending 30th April 2006 (Month 01) **(£000s)**

	IN THE MONTH			YEAR TO DATE				ANNUAL
	Actual	Budget	Variance	Actual	Budget	Variance	%Variance	Budget
A&E Income								
A&E Services Contract	15,713	15,713	0F	15,713	15,713	0F	0.0F	188,552
CBRN Income	1,045	1,140	(95)U	1,045	1,140	(95)U	8.4U	9,323
ECP Revenue	123	122	1F	123	122	1F	(0.9)F	1,464
BETS & SCBU Income	48	48	0	48	48	0	0.0	580
A & E Long Distance Journey	40	40	0	40	40	0	0.0	475
Stadia Attendance	27	27	0U	27	27	0U	0.0U	598
Heathrow BAA Contract	34	34	0F	34	34	0F	(0.1)F	405
Resus Training Fees NHS	3	23	(20)U	3	23	(20)U	87.6U	270
Resus Training Fees Non NHS	1	23	(21)U	1	23	(21)U	94.6U	270
HEMS Funding	2	2	0F	2	2	0F	0.0F	29
A&E Income	17,035	17,170	(135)U	17,035	17,170	(135)U	0.8 U	201,967
PTS Income	960	961	(1)U	960	961	(1)U	0.1 U	11,001
Other Income	186	295	(110)U	186	295	(110)U	37.2 U	3,532
Total Income	18,181	18,426	(246)U	18,181	18,426	(246)U	1.3 U	216,500

Notes

1. **CBRN Income**
   - The £95k adverse variance on CBRN income in month 1 is due to a lower expected level of CBRN income than budgeted. This is slightly offset by deferred CBRN equipment income from the previous year.

2. **Other Income**
   - The £110k adverse variance on Other Income is partly due to the SHA notifying the LAS of a lower level of WDC income than had been previously been advised.

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Staff Numbers

For the Month Ending 30 April 2006 (Month 01)
(Paid WTE)

	Last Month	This Month	Variance
A&E Operations			
Sector	3099	3209	109
Control Services	468	437	-31
Education & Development	199	266	67
A&E Operational Support	112	93	-19
	3879	4004	125
Corporate Support			
Medical Director	8	9	1
Service Development	6	6	0
Communications	23	23	-0
Human Resources	107	98	-9
IM&T	59	57	-2
Finance	59	58	-1
Chief Executive	20	21	1
Total Corporate	281	272	-10
PTS	293	337	44
Trust Total	4453	4613	159

1. **A&E Sectors**
   - The increase in paid WTE reflects the use of overtime and part-month effect of operational trainees from the in-house training courses. In addition it also includes 57 wtes for the additional 1.5 hours paid per week per shift.
2. **A&E Control**
   - Paid wte reflects the use of overtime to cover EOC and UOC vacancies. This reduced in April.
3. **A&E Operational Support**
   - The reduction stems from the payroll system assigning a wte of 0.96 to full time staff after they have been assimilated AFC rates. It is not a "real" reduction and will be manually corrected in month 2.
4. **A&E Education Development & Support**
   - The Education Department's paid wtes vary each month as training courses come on stream or finish in the month.
5. **HR**
   - The HR movement is due to the changing number of staff within unproductive salaries.
6. **PTS**
   - An increase of 43.8WTE from Month 12 reflects the increase in crew staff for the Bromley Hospitals contract.

LONDON AMBULANCE SERVICE NHS Trust

Balance Sheet

For the Month Ending 30 April 2006 (Month 1)

	Mar-06	Apr-06	
	£'000s	£'000s	
Fixed Assets			
Intangible assets	447	447	
Tangible assets	106,271	112,436	
	106,718	112,883	
Current Assets			
Stocks & WIP	1,916	1,909	
Debtors A&E	8,114	1,996	£159k > 60 days (7.96%), Mar - £126 > 60 days (1.59%)
Debtors PTS	959	1,957	£575k > 60 days (29.34%), Mar - £34k > 60 days (3.50%)
Prepayments, Vat Recoverable, Other Debtors	4,384	3,343	
Back to Backed Debtors - PCTs	9,545	9,545	
Investments - Short Term Deposits	0	10,000	
Cash at Bank and in Hand	667	908	
Total Current Assets	25,585	29,658	
Creditors: Amounts falling due within one year			
Bank Overdraft	104	53	
Creditors - NHS	2,077	1,991	PSPP - This month (80%), March (77%), Ytd (80%)
Creditors - Other	7,019	11,834	PSPP - This month (87%), March (79%), Ytd (87%)
Dividend Provision	0	345	
Total Current Liabilities	9,200	14,223	
Net Current Assets	16,385	15,435	
Total Assets less current liabilities	123,103	128,318	
Creditors: Amounts falling due after more than one year			
Provisions for Liabilities & Charges	24,539	22,630	
Total Net Assets	98,564	105,688	
Capital & Reserves			
Donated Assets	508	502	
Income & Expenditure account	7,592	8,072	
Other Reserves	-419	-419	
Public Dividend Capital	49,617	49,617	
Revaluation Reserve	41,266	47,916	
Total Capital & Reserves	98,564	105,688	

LONDON AMBULANCE SERVICE NHS Trust

Cashflow Statement

For the Month Ending 30 April 2006 (Month 1)

	Apr-06
	£'000s
Opening Cash Balance	563
Operating Activities	
Trust I&E	265
Depreciation	553
(Increase)/Decrease in Stocks	7
(Increase)/Decrease in Debtors	6,161
Increase/(Decrease) in Creditors	5,419
Increase/(Decrease) in Stocks	0
Other	-1,898
Net Cashflow from operating activities	10,507
Financial Activities	
Interest received	33
Interest paid	0
Other	0
Net Cashflow from financial activities	33
Capital Expenditure	
Tangible fixed assets acquired	-248
Tangible fixed assets disposed	0
Other	0
Net Cashflow from capital expenditure	-248
PDC Dividends paid	0
Financing - PDC Capital	0
Closing cash balance	10,855

Finance Risk Register Items - 2006/07 Risks

	Risk	Priority *(High, Medium or Low)*	Lead Person *(SMG Member)*	Action Plan	Timescale
1	The trust has a savings target of 2% to be achieved in 2006/07, which may not be realised.	H	SMG	Work up realistic plans.	During 2006/07
2	There is £700k recurrent CBRN funding at risk. £8.2 was budgeted for but £7.5m has been agreed with the DOH.	H	SMG	Pursue DOH	During 2005/07
3	Trust may not manage crew overtime within budget.	H	MF	Monitor closely and manage in year	During 2006/07
4	Fuel prices in excess of the sums held in budgets, and Centrally Held Funds.	M			
5	Failing to manage and control third party expenditure.	H	MF/MD	Monitor closely and manage in year	During 2006/07
6	PTS: The demanding income levels within the central services budget may not be achieved.	M	MD	Monitor closely and manage in year	During 2006/07
7	Until more details of some capital projects are known, the levels of VAT and its recovery cannot be forecast accurately.	L			
8	Some capital projects agreed as part of the 2006/07 Capital Programme may have revenue cost implications.	L	MD	Monitor expenditure in year and identify possible revenue costs.	During 2006/07
9	Until tenders for each project are received, there is the possibility that costs will increase.	M	MD	Hold some capital back for this uncertainty	During 2006/07
10	Subsistence budget will materially overspend due to the non-introduction of meal breaks from 1st Oct 2006	H	MD		During 2006/07

London Ambulance Service NHS
NHS Trust

LAS Governance Review

CONTENTS

Executive Summary

Work undertaken

1. Analysed existing structure
2. Took account of views of senior staff
3. Noted requirements of National Bodies
4. Reviewed Trust documentation
5. Noted good practice at other Trusts

Findings

1. Existing structure compares well with elsewhere
2. Auditors satisfied with assurance given. Some improvements are needed e.g. wider health community, patients & public, inventory of IT systems, IT training for staff
3. Governance at senior levels is of a high order, however this is not always embedded at lower levels
4. Integration of governance with operational issues needs to occur
5. Some minor duplication in existing structure
6. Latest recommendations suggest monitoring of risk, by Audit Committee to include not only financial but also clinical and organisational risk
7. Committee structure, membership, terms of reference (TORs), agendas, minutes, reporting links & timescales need standardisation

Recommendations

1. Audit Committee to scrutinise areas of organisational and clinical governance in addition to financial governance-one committee overseeing all assurance to the Board
2. Clinical Governance Committee will scrutinise areas of clinical risk and ensure appropriate action plans are in place to reduce these. They will monitor clinical care using clinical audit and other available evidence to do this
3. Senior Management Group to monitor work of the Governance/Operational Groups through cascaded Key Performance Indicators. This Group is the key to the successful working of this structure.
4. The implementation of a Balanced Scorecard as a management tool
5. Risk Compliance and Assurance Group to maintain Risk Register and monitor action plans for clinical, organisational, Information Governance and other high-risk matters.
6. Governance Development Unit to become the LAS Compliance Unit with a pivotal role in the Organisation holding Compliance and Risk Registers and supporting all above committees and groups
7. Standardisation of committee structure, title, membership, TORs, agendas, minutes, reporting links and timescales to increase effectiveness. All committees should undertake regular self-appraisal.
8. Institution of a Complaints Department to ensure complaints analysed, responded to and lessons are learned. This unit must be accountable for achieving compliance with all NHS standards for complaints handling. This should be separate from any disciplinary process. Monitoring to be done by Complaints Panel
9. Publication scheme on Trust website should be routinely updated with active links.
10. Management structures to support these recommendations will require further review
11. LAS should consider whether to begin the process for the appointment of Members and Governors in preparation for Foundation Trust status

Review of Committee Governance in the LAS

1. Background/Introduction

It is regarded as good practice for NHS organisations to review their governance arrangements from time to time, in line with the introduction of new legislation and further requirements of monitoring bodies such as the Department of Health, the National Health Service Litigation Authority, the Audit Commission and the Health Care Commission. The London Ambulance Service reviewed the clinical governance structure in 2003. This present Review was set up at the request of the Chairman of the London Ambulance Service, Sigurd Reinton.

The committees, panels and groups, which exist in the Trust, should operate to maximum efficiency and their effectiveness should be reviewed on a regular basis. Decisions made and actions identified should be clearly indicated and the outcomes recorded. Meeting agendas, minutes, and papers should be easily accessible to whoever has a legitimate reason to access them. The Publication Scheme on the Trust website should be maintained and routinely updated with links to references to the Trust's processes for complying with the Freedom of Information Act. At present, committee documentation is often not easily accessible, and processes lack consistency and sometimes transparency. Committees and panels report via chairs through to the Trust Board but this reporting process often lacks clarity. Continuity is difficult to follow and in many cases the timely outcomes desired are not achieved.

The Vision and Values of the London Ambulance Service (Appendix 1B) are given prominence in ambulance stations and at Induction and in the LAS Annual Report. However a number of issues have been flagged at Board level, which suggests that although governance is taken very seriously at senior level, this is not always the case at lower operational levels. It should be noted that LAS has a workforce, the majority of whom, now have some form of professional registration-this in itself must encourage a change in values and with that, a reduction in overall risk.

At the time of writing, LAS is undergoing a massive regrading exercise with Agenda for Change. It is also facing a 3-4% annual increase in emergency workload with consequent pressure to achieve the 8-minute category A target, leading to the cancellation of study and annual leave. These factors, in particular, have affected morale within the Service.

This document sets out to produce consistency in the Trust's approach to its committees, in order to achieve more effective outcomes and ensure that all staff believe that the governance of LAS is part of their work within the organisation.

All the committees, working groups and panels identified in the LAS Risk Management Framework were included in this review with the exception of the Trust Board itself. The existing committee structure is to be found in Appendix 5

2. Method of Approach

1. The main influencing bodies including the NHSLA, the NHS Appointments Commission, the Department of Health, Audit Commission and the HSE were written to and a literature search of the relevant documents identified was undertaken.
2. All Board members were interviewed using a structured questionnaire and the information obtained has been collated. (See Appendix 2)
3. Recent audits and the views of LAS internal and external auditors were noted
4. Members of the Audit Committee completed The Audit Committee Self-Assessment Checklist, as recommended in the Audit Committee Handbook 2005 (results in 3.8.1).
5. Visits were made to other NHS Trusts to consider lessons learned from their experience. These include Frimley Park Hospital, the Homerton Hospital and the East Anglia Ambulance Service NHS Trusts. (See Appendix 4)
6. Membership and Chairs of all governance committees/working groups were plotted onto a grid. (See Appendix 9)
7. The Terms of Reference, agendas & minutes for all the governance committees over the last 12 months were examined. A limited process map of information flows was produced demonstrating information flows, reporting systems and feedback loops.
8. The author attended a number of meetings, but not of every committee, in order to understand more fully, how they contribute to the organisation's governance.
9. A simple scoring system-Kaplan & Norton's Balanced Scorecard (see Appendix 8), was examined in order to assess whether this could provide regular assurance to the Board.

3. Findings

3.1 Committee Structure and Reporting

- The process is not always clear - the purpose of the committee, why people are present, what their post is within LAS and how they relate to the committee above them
- The scheme of delegation by the Board, giving responsibility to key committees in the governance framework is not always explicit in the terms of reference
- It is often difficult to get a feel for information and advice provided by specialist service groups for the senior governance groups
- Some verbatim comments give a feeling of impotence:
  - 'Staff raised their concerns that this matter is going round and round in circles'
  - 'It was suggested that it might be a good idea if the Service produced a leaflet which crews could leave with non-conveyed callers explaining that ambulances were not a taxi service' – no action recorded

- There was a general consensus that the governance infrastructure, as it stands, is unwieldy and needs streamlining, to make it more dynamic, with more “joined-up” thinking and less silo working.
- The current governance infrastructure has a weak interface with the operational management infrastructure. This threatens compliance with health care standards and government targets.
- Some committees reporting directly to the Board make an annual report to the Board, but not all. These annual reports did not always identify how they contribute to the trust’s governance or what progress has been made to increase assurance for the Board.

3.2 Committee Links and Timescales

Linkages between committees are not always obvious. The timetables for some committee meetings seem to be decided in isolation from each other, so that in cases where matters are referred from one committee to another (whether up or down) there can be a considerable time lag before decisions are made with regard to these items. For example, it was noted that an item considered by the Risk Management Group was delayed by 3-4 months before being considered by the Risk Management Committee. Committees also have meeting dates clustered closely together with similar agendas and little time to prepare decisions reported in one meeting to be communicated by written report in the next Audit Committee, Risk Management Group and Clinical Risk Group and Trust Board all frequently meet within 10 working days. This might explain rushed papers etc.

An agenda item relating to the increased incidence of accidents involving fast response vehicles (FRVs) was tracked through different committees over time:

2/3/04	Clinical Risk Group	Increased number of accidents involving FRVs. Extra training for FRVs. Minimum time in Service
20/8/04	Motor Risk Man Group	Use of Black Box
4/10/04	Clinical Risk Group	Risk posed by FRV responding to red calls without training
6/12/04	Motor Risk Man Group	Black Box trials in FRVs. Staff Council support
31/1/05	Clinical Risk Group	Risks posed by FRV drivers discussed & training needs reviewed
30/3/05	Risk Management Group	Minutes of Clinical Governance Committee of 31/1/05
7/6/05	Clinical Risk Group	No formal assessment of FRV drivers
4/7/05	Audit Committee	Risk 17….FRV driver training-ISoN funding requested to provide specific FRV training-being pursued by Training Services Committee
15/8/05	Clinical Governance Com	Minutes Clinical Risk Group-long standing item that FRV drivers should have their driving assessed…
16/8/05	Training Services Committee	Further training of FRV drivers agreed
27/9/05	Trust Board	Minutes of Clinical Governance Committee-longstanding item that FRV drivers should have their driving assessed
6/9/05	Clinical Risk Group (reported RMC 5/12/05)	Work had begun with regard to training FRV drivers
15/9/05	Motor Risk Man Group (reported RMC 5/12/05)	The “black box” will be trialled on 20 FRVs
11/11/05	Medical Director-personal communication	Graphic evidence that nearly 50% AS have instituted further training for their FRV drivers

In the above example the process is going both upwards and down. There is a considerable time lag between the time when the issue was raised and the resolution. The process is not fully recorded, thus the governance process is incomplete and the Board could not have full assurance because evidence of accident reduction is not yet available to demonstrate an improvement via a routine process.

3.3 **Complaints** and learning the lessons from complaints are a significant governance issue. The Chief Medical Officer, Sir Liam Donaldson, highlighted this originally in his paper about a “Learning Organisation”. The NHSLA and core standard in the Standards for Better Health, 14 [a][b] and [c] all address this important matter.

At present LAS has several routes for addressing complaints. These may be received via the PALs Team and dealt with by them on an informal basis or be referred to the Professional Standards Unit where complaints are investigated formally, usually as part of a disciplinary procedure. Incidents that give rise to complaints may be investigated under the Serious Untoward Incident Procedure. On occasion shortcomings may be identified by the legal department in the investigation process for a Coroner’s Inquest or a Solicitor’s application for records Some complaints originate through the whistle-blowing mechanism. Lessons can be learned from all adverse incidents however a complaint is received or shortcomings identified. In addition, lessons should be learned as a result of dismissals. As far as complainants are concerned, they want to ensure that it is accepted that a mistake occurred and that systems are put in place to prevent a recurrence.

Reporting of complaints and specifically outcomes from them is not comprehensively embedded in the governance infrastructure. Some reporting

of compliance with the 20-day target takes place but there is limited description of lessons learned, the implementation of recommendations or outcomes evidencing improvement in patient care.

When the Review of PSU is published it should provide assurance as to where the gaps are in compliance with the core healthcare standards as above.

It should be noted that the Policy Lead at the Department of Health has stated that this standard will be replaced in the Annual Health Check in 2006 with new standards. Complaints handling as an integral part of the LAS governance system, needs to be place in anticipation of these standards. On the1st December 2005, it was announced that there would be an audit of complaints in every NHS Trust during 2006. This must be taken into consideration when reviewing arrangements within the trust for the management of complaints.

3.4 Committee Membership

- Not all members of committees/working groups make a contribution or contribute towards outcomes
- Some committees have attendees who are not on the membership list
- The reasons for including an NED member or having a Patient Forum member in attendance is not always clear
- Some have very large memberships
- Attendance is often much larger than the membership
- There is no process for the regular review of membership
- It is not always clear who is the chair and a vice-chair is not usually identified
- It is not clear how membership is decided
- Performance of Committee members is not reviewed
- No terms of office, especially for Chairs, are identified
- There is no training to develop skills in committee work
- There are no clear guidelines regarding attendance by deputies, who must be empowered, where such attendance is agreed
- Where a committee has an agreed reporting line upwards it does not always have at least one member who sits on the higher committee and who could report and feedback items to both committees and thus provides the essential continuity
- Performance measures for committees and groups (i.e. their contribution to compliance with external assessments, standards and targets) are absent

3.5 Terms of Reference

Although the Terms of Reference for risk management committees and groups are well documented in the Risk Management Framework there is some variation in coverage. The Terms of Reference for other committees vary considerably, potentially resulting in a lack of clarity and confusion between the roles of similar groups. The terms of reference do not have a requirement for committees and groups to review annually if they are fit for purpose or if they need to change to accommodate new director or staff roles.

3.6 Communications

- The Board Chairman uses a forward planner, which sets out clearly the work schedule of the Board. Board members are asked to contribute to this.
- Only Trust Board agendas, minutes and papers are readily available on the Internet and these are not always kept up to date.
- Draft versions of Clinical Governance Committee, Audit Committee, Risk Management Committee, Charitable Funds Committee, and Service Development Committee are included as enclosures for Trust Board agenda items. Draft status is not always indicated on the minutes themselves. A similar system exists for lower committees. For example the Risk Management Group and Information Governance Panel report to the Risk Management Committee and their minutes are considered by, and are minuted in, the Risk Management Committee Minutes, but not given in full. In all these cases the minutes are a summary of the meeting. There are no agendas or papers. There needs to be clearer advice on when minutes are draft and when they are not. There should be more clarity about when the Board is being asked to receive minutes and when the Board is being asked to approve recommendations from committees.
- The Freedom of Information (FOI) Publication Scheme provides a link to the Trust Board documents and states that Audit, Clinical Governance and Risk Management agendas and Minutes can be made available. At present there are no links to these. The Publication Scheme however, states that 'we will state how you can obtain the information outlined within each class'. This is not so. Links are needed in order to achieve this. These will need to be routinely updated
- Oral Communication within LAS:
  - Corporate Induction Programme All staff are expected to attend this 2-day programme. It includes basic life support, complaints and disciplinary matters, hand hygiene, health and safety and diversity issues. The Chief Executive speaks at this about the Vision and Values of the London Ambulance Service.
  - Chief Executive's Consultation Meetings Each year, the Chief Executive gives all staff working for LAS an opportunity to attend one of the 32 meetings held around London. He attends these meetings with the Medical Director and the Director of Communications. Presentations are the core of the meetings with an update for staff on new developments within LAS. These also act as a prompt for staff to comment and question on any topic of relevance. All questions are answered, if not immediately, within a short space of time. The Director of Communications keeps a written record of the meetings

and a summary is presented to the Board. Important matters may be added to the Service Improvement Programme.

- Written Communications within LAS:
  - *Pulse* - This is the corporate intranet publication available to all employees. It includes directories of staff and sites, news, personnel information and corporate information such as policies and procedures. The Pulse has a section for Summaries of Meetings but at present this only includes issues from the Clinical Risk Group based on the action points from Clinical Risk Group meetings and notes of one Operational Management Group meeting from 31 January 2005. There are no agendas, minutes, or papers of governance meetings available on The Pulse. The word governance is not on the main home page and governance issues are not flagged as such. The Pulse can provide video-messaging regarding significant events. The CEO has used this medium.
  - *RIB* - On the *Pulse* has updated policies and vacancies for posts advertised to internal candidates
  - *LAS News* - This staff newsletter contains Patient Care News, with articles on clinical and practice issues and advice on management, also a fairly vocal letters section. Substantial space is given to letters of thanks but only occasional mention given to lessons learned from complaints and adverse incidents. There is no dedicated page for sharing good practice
  - *Complex Newsletters* - These are locally produced and contain items of general LAS information and of local interest
  - *Personal Communications from the CEO*-These are very well received by staff, who hold the CEO in very high regard

3.7 Meeting Agendas, Minutes, and Papers

- There is no consistent house style for agendas, papers, minutes or action points
- The quality of minutes was very variable from reporting in the third person to a verbatim conversation between two or three individuals
- Action points and to whom these are delegated, are often not clear
- One committee does not appear to produce minutes, although decisions are made at this committee
- Minutes are generally only circulated [electronically and hard copy] to staff, who are members of the committee. Apart from the Trust Board there is no easy availability for either staff or those external to the Trust to access committee documents

3.8 Committee Titles

- There is no agreed titling format for committees, panels or groups.

3.9 Audit Committee Self-Assessment Checklist

The Audit Committee checklist (*Audit Committee Handbook*) was circulated to Trust Board members for their review and comment in December 2005. The general feedback was that our Audit Committee was fit for purpose as currently constituted. This useful exercise will be repeated on an annual basis as part of our governance review.

3.10 The view of Internal Audit (Bentley Jennison) on Corporate Governance within LAS-finished in October 2005

Their overall conclusion on this reads as follows:

"…in their opinion the controls within the system, as currently laid down and operated, provide substantial assurance that risks material to the achievement of the organisation's objectives for the system are adequately managed and controlled".

Two issues were identified as meriting attention:

1. "A self assessment of the effectiveness of the Trust Board's Audit Committee and the Risk Management Committee should be undertaken by the Trust on a periodic basis, utilising best practice guidance, where appropriate"
2. "Consideration should be given for an annual report of the Audit Committee to be produced and submitted to the Trust Board for review"

3.11 The Annual Audit Letter (which serves as an Annual Report from the Audit Committee) produced by the Audit Commission gave the following opinion:

1. "We found no major weaknesses in the Trust's overall arrangements for meeting standards of financial conduct and prevention and detection of fraud and corruption, and for ensuring the legality of its transactions"
2. "… that performance management was good, with good allocation of resources to priority areas and robust monitoring procedures".
3. "...that the Trust should further improve its ability to work in partnership with others, these include:
   - clarifying the objectives and terms of reference of the various groups that work together to improve response times
   - ensuring that the Trust's service planning arrangements are fully understood by the wider health economy
   - reviewing how the Trust involves patients and the public more closely in the planning of services
4. "…satisfactory overall arrangements for information management and governance in place. These can be improved by ensuring that:
   - staff are made fully aware of the availability of, and security requirements for, information held by the Trust
   - there is an inventory of information systems within the Trust
   - there is an information strategy

- the Trust's website is updated regularly and is more accessible to people with disabilities & to those who do not have English as their first language
- the adequacy of IT training for staff is reviewed
- there is integration of payroll/personnel systems and operational systems

3.12 Scoring Systems

LAS has, for the last 5 years, had in place a Service Improvement Programme (SIP). This has included over 300 initiatives under the following headings:

- Organisation development
- Bringing resources in line with demand
- Strengthening management
- Improving support for staff
- Improving staff safety
- Managing demand
- Improving clinical effectiveness
- Improving productivity and response times
- Developing and modernising the Patient Transport Service
- Improving staff involvement
- Implementing NHS policy
- Improving risk management

These fell into three categories, Patients, People and Performance. The status of all the initiatives has been tracked by the Trust Board using a traffic light system to indicate whether the target has been achieved and the likelihood of it being achieved by the target date of March 2006. To date 24 of the original 300+ initiatives have not been achieved, 7-8 of these may not be achieved by March 2006. The SIP has brought about enormous changes for the better within LAS. The Organisation received considerable financial support to achieve this work. A simpler scoring system for use by the Board is needed to succeed the SIP.

The best known of the commonly used scoring systems is the Kaplan & Norton Balanced Scorecard (Appendix 8). This is a management system (not only a measurement system), which enables organisations to clarify their vision and strategy and translate them into action. It provides feedback around both internal processes and external outcomes in order to improve in an ongoing way, strategic performance and results. When fully deployed, the balanced scorecard can transform strategic planning from an academic exercise into the nerve centre of an organisation.

The Balanced Scorecard retains the traditional financial measures, but these can only tell the story of what has already happened, which was fine when customer relationships and support of the workforce were not seen as essential. Today this is no longer adequate. Organisations must aim to create future value through investment in customers, suppliers, employees, processes, technology and innovation

The Balanced Scorecard is a simple scoring system, which aligns the financial/business priorities with those of the patients and staff. It enables progress to be tracked over time. It evaluates process changes. The idea of "balancing" the four different elements underlines that all components have equal importance. The balance takes into account the future and the past, the internal process and external outcomes, strategic performance and results.

It can use KPIs set by the Board and cascaded down through teams to individuals working on the shop floor.

Within LAS this could look at:

Patients & Public: The NHS has been slower than more business orientated organisations in realising the importance of patients and the public (who are likely to become future patients). All encounters with LAS staff need to focus on them to ensure that they are satisfied with their treatment by the LAS. Poor performance in this respect is a leading indicator of future decline.

In LAS this includes: PPI, findings of the Patients' Forum, patient satisfaction, dealing with complaints, letters of thanks, legal claims etc

People, Learning & Innovation: This includes learning, using mentors, tutors and technological tools within the organisation and allows ease of communication among employees, enabling them to get help with a problem, when this is needed. It also includes employee training and corporate cultural attitudes related to both individual and corporate self-knowledge. In a knowledge-worker organisation, such as LAS, people are the main resource and the only repository of knowledge. Learning is a continuous lifelong process.

In LAS this includes: attendance at courses, advances up the skills escalator, involvement in audit/research, SUI and accident reviews, new learning & innovation, % having PDRs, BME staff recruited, staff turnover, % sickness,

Performance: This includes financial data with timely and accurate income and expenditure, which is a high priority in the NHS and is closely scrutinised in those organisations wishing to become Foundation Trusts. It also includes targets set by outside agencies and cost-benefit data

In LAS this includes: A8/ A14//B19/GP urgents, financial balance, Standards for Better Health-Rating, other Government targets.

Process: This relates to internal business processes enabling managers to know how well the organisation is running and whether the services are those required by the users. In addition to the strategic management process, two kinds of business processes may be identified-mission orientated, which are those where the responsibility lies with senior management and support processes which are more repetitive, easier to measure and benchmark.
In LAS this includes CPI audit, clinical audit, high impact changes, CAD resilience, process management

A Balanced Scorecard must be linked to the vision and strategy. It will *only* work with high quality data and adequate infrastructure to analyse the data. It is essential that all executives, management and staff buy into it, so it should not be too complex and they should receive some benefit from using it. Prior to setting up a definitive Balanced Scorecard, it would be useful to have an annual rolling total with a number of possible KPIs, in order to ascertain which would provide the Board with information giving the greatest assurance.

4. The main issues which need addressing are

- The weak interface between the current governance structure and the operational management infrastructure
- Making the Assurance for the Board more accessible
- Integration of complaints and the patients and public into the governance structure
- The standardisation of committees, their terms of reference, the aligning of committees within the Trust timetable of meetings, membership, conduct of business and their contribution to the governance structure, to make them more effective
- Internal and external communication systems for governance including the publication system and other requirements of the Freedom of Information Act
- The need for a Compliance Register to address changes in legal requirements and the needs of the inspectorates attached to LAS main monitoring organisations
- The need for timely and accurate information systems, together with an appropriate supporting infrastructure.

5. Recommendations

5.1 Committees

Overview

The scope of this Review does not include the Board. However, in view of the recommendations of the Review, the Board may wish to undertake a form of self-assessment.

Titles

Committees are those with a delegated responsibility from the Board, Their function is to manage and approve the majority of trust-wide policies (excluding those requiring Board level review by the NHSLA). Thus committees provide assurance to the Board, reviewing the quality of assurance on behalf of the Board. They also routinely record and note management reports with evidence of progress towards NHS or local targets or the reduction in the risk that threatens the achievement of the Trust objectives. Membership usually includes NEDs and patient representatives (currently from the Patients' Forum)

Groups require a purpose that ensures specific work is done. They provide an annual report to the Board. .i.e. Complaints Group, Infection Control Group, Information Governance Group

Panels - these will include short term groups listed on the diagram as single purpose such as time limited project management based to remedy, improve or resolve performance or non-compliance. E.g. Motor Risk Panel

NED membership

An NED should sit on those committees/groups, where they can add value by challenging policy and where strategic and governance issues are considered. It should be noted that the presence of an NED changes the committee action style and the dynamics of any interaction

Patients' Forum member in attendance

A Patients' Forum member in attendance can add value where patient care is a prominent part of that committee's agenda. It should be borne in mind that the Patients' Forum is the successor to the Community Health Council, the LAS Patients' Forum oversees the work, but it is not an integral part of the LAS.

Observing meetings should be permissible, with the agreement of the Chairman, however an observer should take no part in the meeting, unless specifically invited to do so by the Chairman.

It is proposed that the Board committees include:

a) Audit Committee

The existing Audit Committee of LAS is a well-managed committee and is well regarded by both the Internal and External Audit scrutinisers.

The membership of Audit Committee, within NHS Trusts is by statute, composed entirely of NEDs, who may invite attendees as they require.

The Audit Committee should provide an independent overview of the Board's process for ensuring that there is an effective internal control system. The work of the Audit Committee will facilitate the completion of the Statement of Internal Control by the Chief Executive. For this reason it should be separate from the line structure.

It will maintain its focus on ensuring strong financial management, take an overview of clinical risk and monitor the risks, controls and related assurances concerning the Trusts objectives as set out in the LAS Risk Management framework. The Audit Committee should *not* take on these roles, but ensure that they are working effectively. It should be noted that the existing committee has undertaken a self-appraisal and may act upon the results obtained from this. The Terms of Reference, chair and membership should be based on those set out in *The Audit Committee Handbook 2005.*

Internal and External Audit Teams, Local Counter Fraud and the LAS Compliance Unit should provide support.

The LAS Risk Compliance and Assurance Group will provide the Audit Committee with the evidence that all the principal risks are assessed, that

key controls intended to manage these principal risks are in place and are underpinned by core controls assurance standards.

The number of meetings per annum may need to increase in order to support the additional workload.

The Audit Committee will receive the minutes of the Risk Compliance and Assurance Group and the Clinical Governance Committee.

b) Clinical Governance Committee

This Committee will review and consider the evidence given concerning the provision of clinical care within LAS and provide assurance to the Board in this respect. It will achieve this using the framework of the *Standards for Better Health*.

It will review risks associated with clinical practice and untoward clinical events, taking on the work of the Clinical Risk Committee. It will ensure that appropriate action plans are set up to reduce these risks, as a standing agenda item. These risks together with action plans will be referred to the Risk Compliance & Assurance Group, which will grade them and place them on the Risk Register. The Audit Committee will monitor the action plans.

The LAS differs from other acute service providers in that senior staff are not working on the shop floor in day-to-day contact with patients and therefore not always in a position to comment on inadequate clinical care. Patients and their clinical care are the raison d'être of the LAS and thus clinical governance is of particular importance to the Board. It is recommended therefore that this committee continues to report to the Board and has NED and Patient Forum representation.

The Clinical Governance Committee will receive the minutes from the following sub-groups and panels:

Clinical Audit & Research Steering Group, the Clinical Steering Committee, the Training Services Group, the Infection Control Group, The Race Equality and Diversity Group and the PPI Committee. The Clinical Governance Committee should work with the Trust Compliance Unit (see recommendation below, under 4.6) and the Patient Advice and Liaison Service. A key facilitator will be the Head of Governance.

All these recommendations can be developed from existing resources. One Executive and one NED should be common to both The Audit Committee and The Clinical Governance Committee.

Any areas of risk identified will be referred to the Risk Compliance and Assurance Group

c) Remuneration & Review Committee

The role of this committee will continue as at present

d) Appointments Committee

This will be set up as an ad hoc committee for the appointment of senior executives to the Trust. Membership to be agreed with the Chairman.

e) Charitable Funds Committee

This will agree the disbursement of donated monies given to improve staff facilities and welfare. Membership will include the Financial Controller and one NED the latter to ensure equable distribution of these monies.

Other Groups integral to the Governance Structure include:

a) The Risk Compliance and Assurance Group

This Group has delegated responsibility from the Trust Board through the Audit Committee for taking an overview of all risk management activities within LAS. It will:

- Be responsible for the provision of a systematic and focussed approach to the management of risks within LAS
- Monitor the implementation of the Risk Management Framework and the NHSLA Risk Management Standards
- Accept risks onto the Risk Register and agreeing their priority rating together with a proposed risk reduction plan
- Ensure that any changes in legislation are incorporated into the policies and practices of the Trust etc.

This Group will meet monthly before the Senior Management Group. The LAS Compliance Unit will support the Risk Compliance and Assurance Group.

It will receive the minutes of the Senior Management Group, the Information Governance Group and those of any other time-limited groups set up to deal with high-risk issues. It will also receive from the Clinical Governance Committee a list of identified clinical risks together with action plans to manage these risks.

b) Governance/Clinical/Operational Groups (GCOGs)

The Senior Management Group

The SMG has a key function in this new structure. It will direct vigorously and visibly, using the infrastructure of the GCOGs. Assurance will be provided primarily to the Senior Management Group and secondarily to the Governance Committees, using Key Performance Indicators (KPIs). This structure could enable the operational work to integrate with the governance of the organisation.

The KPIs (annual rolling sheet e.g. December 2004-December 2005) for both the Complex and the Area Governance/Operational Groups should include:

- All elements of the core and developmental Standards for Better Health-7 Domains i.e. enumerate those achieved in last 2 months
- DoH Targets
- PRF completion/CPI records
- Education and training
- Patient satisfaction

- Risks
- Legal cases
- Complaints (to include feedback to and from PALs & the Complaints Panel)
- Incidents/errors/Serious Untoward Incidents (SUIs)

KPIs can form part of each employee's Personal Development Review and agreed at that individual's annual appraisal

These reports will be based on KPIs set by the Executive Operations Standards Committee and agreed by the Board. The Governance/Operational Groups will need the support of high quality IT. Ultimately the KPIs could be incorporated into a Balanced Scorecard agreed by the Board.

It is likely that this process could take time to implement. Key facilitators in this process will be the Head of Governance other senior managers working in the corporate support structures. (See recommendation below, under 5.3). These two will link external audit with internal audit to provide compliance process and avoid duplication by groups and committees in future.

5.2 Recommended standards for all Committees, Panels and Groups:

- Have the Terms of Reference written in a standard format. It should include function, membership (including chair and vice-chair), quorum, frequency, tasks/processes, expected outcomes, reporting lines, communications channels (including reporting of decisions to staff), and should be reviewed annually (see template in appendix 10.3)
- Review membership and roles regularly.
- State clearly the terms of office for all members
- Allow deputies, under the Terms of Reference, and these must be empowered to make decisions and expected to take a full role in the work of the committee when they attend.
- Board sub-committees should have a work-plan set by the Board, using a forward planner similar to that used by the Board.
- Meetings should be planned in alignment to ensure that a decision taken in one group can be acted upon in a timely manner for the next meeting of a linked panel or committee.
- All Sub-Committees should make an annual report to the Board.
- Sub-committees should supply the Board with summaries of items discussed with action points.
- Have their performance and membership reviewed annually
- Have at least one member of each committee sitting on any higher committee to which it reports.
- Have time-limited objectives and be disbanded when appropriate.

5.3 Complaints and Information Governance

Key areas of risk for the Risk Compliance and Assurance Group to focus on are Complaints and Information Governance. These are both Groups where NED membership and a Patients Forum member in attendance add value.

Complaints should be analysed using a tool set up for the purpose and it should be ensured that all staff learn from the analyses. Senior managers might be considered for this training also so that they can be held more accountable for achieving local resolution.

5.4 Support

In order to achieve integration of the governance committees, the skills and experience required to support these new arrangements should be reviewed and strengthened.

These should include:

- A responsibility for ensuring that all committees are fully serviced
- Advice on terms of reference and procedural matters.
- Assurance that the Board understands compliance with authorisations where appropriate and how it is meeting its agreed objectives.
- The production of a routine report on how effectively the Board received assurance from the governance infrastructure.
- A monthly appraisal of where the Board currently lies in relation to its strategic cycle
- Persons with sufficient knowledge of the NHS to gain the respect of operational staff at all levels as well as commitment from corporate managers.

5.5 Meetings

- Timetables for all committee meetings must be carefully co-ordinated so that in cases where matters are referred from one committee to another (whether up or down) there is no time lag greater than two months. These conduits between committees should be flexible so that they can respond to urgent changes that may require a rapid response
- Meetings should be scheduled *before* important decisions are made
- Each meeting should have a nominated person who writes the minutes and the Board Secretary will determine how they meet the required quality and standards to satisfy the Board
- The minutes must convey information so that the Board can instantly access what assurance it is being given, what gaps exist and what plans are in place to deal with them
- The minutes of each meeting should:
  - Follow a consistent concise format, being precise but informative (see template in Appendix 10). They should be written in the third person. They should not be written as a verbatim report, but concentrate on the decisions agreed
  - Detail the title of the committee/panel etc

- Detail the place, date, and time of the meeting
- State the committee chair
- State the minute taker
- List members who attended and their job function, then similar details of other attendees.
- Include Apologies, and the minutes and date of the last meeting
- Have an Action Column. All Action points should include the initials of the person responsible for carrying out the action and a timescale for the action to be completed where this is before the next committee meeting date. Action points should be reported upwards where a committee reports to another
- Be able to identify when a policy or procedure had been approved on behalf of the Board or when it could recommend a policy or procedure as being suitable for going to the Board for approval
- Be listed in running order for the year i.e. 1/05, 2/05, 10/06, 25/06 etc.
- Spell out acronyms in full with the abbreviation given in brackets when first written in any set of minutes, papers or agendas.
- Include the date of the next meeting, which must be fixed at the end of each meeting

- Dates of meetings should then be held on a database available to all senior managers so that they can see the time available for preparing routine reports and papers
- Action points from the meetings should be circulated as soon as possible when they have been agreed by the Chairman, rather than wait for the full minutes to be drafted
- The chairman should sign off draft minutes, as soon as possible following the meeting, before being circulated
- Papers should be written in a standard format
- Papers and presentations should have a standardised Front Sheet giving details and date of the meeting, the item number, the sponsoring member, the paper/presentation title and author, a summary and the purpose of the paper including the desired outcome. (See template in appendix 10)
- The minutes and date of last meeting should be given on the agenda

5.6 Communications

- Trust-wide committee agendas, minutes and papers should be made available as widely as possible, both internally and externally, so that decisions made and actions to be taken are widely known. Particularly relevant points should be sent out to all staff through the Pulse/RIB.
- Final versions of committee meeting agendas, minutes and papers, apart from restricted sections, should be made available through the FOI Publication Scheme and responsibility allocated for keeping them updated throughout the trust business cycle and calendar.
- Members of committees should receive agendas, minutes and papers, if possible a week in advance of the meeting. They should be available for all others to access electronically on The Pulse or the network and in addition to the Trust Board papers; other key committees should be accessible on the Trust website. Links could be emailed to key staff to

remind them of the outcomes of meetings, especially where they have been allocated specific actions to complete.

- It should be made explicit how decisions are to be communicated to front-line and support staff.
- There is no mention of the word governance on the Pulse and effort needs to be made to identify it as a core part of the organisation's functions, which is not separate from operational performance.

5.7 Outcomes/Compliance

- It is recommended that actions, policies and procedures be reported to a central compliance register to enable the Trust to succeed in external accreditation i.e. Healthcare Commission, Annual Health Check, and Monitor etc. This should make use of existing databases and systems. The Head of Records Management can assist with information retrieval and retention schedules, and systems for reporting progress and highlighting the achievement of key milestones that enhance assurance
- The existing Governance Development Unit already undertakes a major part of the work of compliance. It is recommended that this unit becomes the LAS Compliance Unit. The work of this unit will include:
  - The development of a central Compliance Register which is able to evidence progress against performance indicators and the reporting of assurance, to satisfy the Board and external assessors, ensuring that this readily available at short notice
  - The management of the Risk Register on behalf of Risk Compliance & Assurance Committee
  - The Provision of support the Audit and Clinical Governance Committee
  - The increased use of Internal Audit & inspection
- Evidence of compliance and reporting it to the Compliance Unit, will need to be owned as the responsibility of all staff groups, not solely those managers or teams that are currently directly involved.
- As all ambulance and other NHS Trusts will expect to apply for Foundation Status by 2008. It is recommended that LAS should consider whether to initiate the process of seeking members and appointing Governors. This has the following advantages:
  - It will increase the public involvement with the service, enabling education of the work undertaken and matters relating to the provision of the service.
  - It should encourage diversity within the membership and amongst the Governors
  - It will increase patient involvement, ensuring that the service has a greater understanding of their needs
  - With the appointment of staff members, pride in the delivery of service could improve still further
  - It will facilitate the LAS statutory duty to work with other public service partners

Dr Beryl Magrath,
Non-Executive Director, London Ambulance Service

Acknowledgements: *The author would like to acknowledge the support and help given by John Wilkins, Stephen Moore, Mike Dinan, Sylvia Brooke, Paul Stanton, Christine McMahon, Claire Glover, Nicola Foad, Barry McDonald, LAS Board Members, Jason Parker, The Kings Fund, Sue Slipman, Frimley Park and the Homerton Foundation Trusts, the East Anglia Ambulance Trust and members of my Governance Learning Set at the Kings Fund.*

References:

1. Good Governance Standard for Public Services-Independent Commission for Good Governance in Public Services
2. Standards for Better Health-Department of Health
3. Building the Assurance Framework-A Practical Guide for NHS Boards-Department of Health
4. The Balanced Scorecard Drs. Robert Kaplan and David Norton (Harvard Business School)
5. Governing the NHS-NHS Appointments Commission 2003
6. NHSLA Risk Management Standard for the Provision of Pre-Hospital Care in Ambulance Trusts-National Health Service Litigation
7. Making Things Better? A report on the reform of the NHS complaints procedure in England-The Health Service Ombudsman
8. NHS Audit Committee Handbook 2005-Department of Health and Healthcare Financial Management
9. Guidelines for Good Practice in Governance in Foundation Trusts-The Foundation Trust Network
10. Draft Integrated Governance Handbook-Personal communication from Paul Stanton
11. J Montgomery, Health Care Law 2003

APPENDICES

Appendix 1A: Definition of Governance

Good governance is about achieving the desired results and achieving them in the right way (the "right way" is largely shaped by the cultural norms and values (Appendix 1B) of the organisation).

Thus it is the action and the system of governing affairs. In a healthcare organisation this includes financial, organisational and clinical aspects of the organisation. There are two main components:

*An explicit means of setting policies

*An equally explicit means of monitoring those policies

The Trust Board has overall responsibility for good governance but the actual process is undertaken in day-to-day activities by management. All staff should be involved in governance and should know what it is. A fully integrated governance approach must therefore be able to link a chain of communication that travels down from the Board and back up to it.

Good Governance means:

- Focusing on the purpose of the London Ambulance Service and on outcomes for the public and service users
- Performing effectively in clearly defined functions and roles
- Promoting the values (Appendix 1B) of the London Ambulance Service and demonstrating the values of good governance through behaviour
- Taking informed, transparent decisions and managing risk
- Developing the capability and capacity of the Trust Board to be effective
- Engaging stakeholders and making accountability real (adapted from The Good Governance Standard for Public Services)

Appendix 1B

Vision of LAS:

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.

Values of LAS:

Clinical Excellence
Respect and courtesy
Integrity
Teamwork
Innovation and flexibility
Communication
Accept responsibility
Leadership and direction

Appendix 2: Summary of Board Members' Views

Current Structure

- Good systems compared with other public bodies e.g. Transport for London, Metropolitan Police, which are robust and transparent
- However when reviewing the Governance Committee chart there was a general consensus that the governance infrastructure, as it stands, is unwieldy and needs streamlining, to make it more dynamic, with more "joined-up" thinking and less silo working
- Clear clinical reporting lines, with feedback loops to those accountable for taking action, are essential for a strong governance structure, which is not always the case at present
- The reporting systems need to have more focus with clearly defined papers setting out developments proposed, risks and other issues which the Board needs to know, in order to make a decision
- The reintroduction of front sheet briefings for all meetings. These should have bullet points on key issues giving essential information for decision making
- More preparation by committee members before meetings will shorten meetings and improve the quality of work done
- Minutes should be available, however action summaries, recommendations and proposals should go to the Board to enable it to understand the issues considered
- Committees are too large and tend to work reactively not proactively
- The responsibility for chairing committees and groups should be shared between empowered senior managers as well as Directors (There is a perception that Director's presence will ensure action).
- Recommendations should always be time limited and with feedback loops to enable reporting of what impact they made and whether further action is required.

Concerns

- Is the Board focussing on the right issues?
- Is the Assurance Framework sufficient? Does anything fall through the net?
- Board working-are the changes in the pipeline deliverable within the financial and performance constraints?
- The Board needs to be sure that the biggest risks to the organisation are appropriately identified and managed. There needs to be some scrutiny of what these are and how they are managed
- Complaints are a problem and not dealt with in an entirely satisfactory manner
- Minutes are often too long with verbatim reporting.

- Details can get lost in tabled minutes to Board and other committees. They need more prominence for good governance
- There is a need to sequence: who tasks whom, who provides the evidence, who monitors what & where
- Meetings are costly, they must therefore be efficient and effective

Gaps

- Reporting of incident type-but are LAS protocols working?
- LAS should lead ambulance sector-at present agendas determined by medical world
- How does Board pick up what is not happening? At present some basic management systems not working e.g. Team Leaders
- The distinction between the SDC and the Board agendas is not clear. SDC agendas too full with too much routine business. “Blue Sky” thinking is an important distinction of SDC
- Groups and committees should be given a life span. The Terms of Reference should be reviewed regularly to ensure that these are fit for purpose
- PPI committee and Patients Forum should be integral to the organisation
- There needs to be clear links between Diversity & Clinical Governance

Duplication

- There is some duplication of minutes in different committees/groups
- Risk Register - should map principal risks that threaten achievement in each domain of Health Care Standards
- An overlap in committee functions was commonly cited and proposals were made to combine the following committees within a carefully judged time frame:
  - Risk Management Group and Risk Management Committee
  - Clinical Risk Group and Clinical Steering Group
  - Clinical Risk Group and Clinical Governance Committee
  - Vehicle Equipment Working Group and Motor Risk Management Group
  - Manual Handling Steering Group and Corporate Health & Safety Group
  - SDC & Trust Board

Appendix 3: External Governance Requirements

1. Legislative Requirements of the Trust Board

   a) The duty to achieve financial balance, value for money and the financial objectives set by the Secretary of State (NHS and Community Care Act 1990 Section 10)

   b) The corporate duty of quality (Section 18 Health Act 1998) to establish and maintain arrangements for improving the quality of health care provided to individuals and the environment in which such services are provided (J Montgomery, Health Care Law 2003)

      - Applies to all services provided or commissioned by the NHS
      - Unique to the NHS
      - Defined through "Standards for Better Health" (2004)

   c) The duty of patient and public involvement (Section 11 Health & Social Care Act 2002)-to involve patients and public in all elements of planning, delivery, monitoring and evaluation of services

   d) The duty of "care" to the staff group (conforming to UK and EU employment law)

   e) The statutory duty of partnership, which is common to all public sector bodies

2. NHS Appointments Commission
   (Information taken from Governing the NHS produced by the NHS Appointments Commission 2003)

   The function of the Board is leadership within a framework of controls, which involves 3 overlapping systems:

   - Controls Assurance/Healthcare Standards
   - Clinical Governance
   - Risk Management

   The following committees, Board constituted and Board sub-committees are required:

   Board Constituted Committees:

   - Remuneration and Terms of Service Committee-agrees the remuneration and terms of service of the Chief Executive (CEO) and other senior members of staff (membership 2 Non Executive Directors (NEDs) and Chair)
   - Charitable Funds Committee-agrees the management and disbursement of monies donated to the organisation for the benefit of staff and patients (membership 1 NED, the Finance Director and Director of Human Resources)

   Statutory Sub-Committees of the Board

   - Audit Committee-responsible for ensuring effective internal controls (membership 3 NEDs, but not the Chair)

- Clinical Governance Committee-responsible for the quality of healthcare required in the Statement of Internal Control (membership does not statutorily require an NED, but good practice supports a NED member)

Desirable Sub-Committee of the Board

- Risk Management Committee-ensures the organisation has a strategy for:
  - The continuing identification and prioritisation of risks
  - A description of action taken to manage each risk
  - The identification of how risk is managed

(Membership does not statutorily require a NED, but a NED is usually a member, because of its importance and links with Audit Committee)

In smaller organisations the responsibility for risk management will be part of the remit of the Audit Committee or it has been incorporated into a joint clinical governance and risk management committee

3. NHS Litigation Authority
(Information taken from NHSLA Risk Management Standard for the Provision of Pre-Hospital Care in the Ambulance Service)

Board Responsibility

- Board approval of risk management strategy-annually reviewed
- Board approval for policy/procedure for recording, reporting & managing Serious Untoward Incidents
- Board approval of a documented complaints procedure, which meets NHS requirements
- Board approval of a documented claims management procedure, which meets NHS requirements
- Board receives independent assurances that there is a comprehensive risk management system is in place

Board Sub-Committee-The Audit Committee. The role of this committee must be clearly defined to ensure that any separation of clinical, financial & organisational risks is kept under review. It should be responsible for overseeing all aspects of risk management; this will include reviewing and providing verification on the systems in place for risk management. It will receive reports on risk management, which are copied to the overarching committees responsible for risk & any other relevant committee/group

Membership should include the CEO and designated Executive Directors with responsibility for specific aspects of risk management and at least 1 NED)

4. Department of Health (*as set out in Building the Assurance Framework: A Practical Guide for NHS Boards*)

Board Responsibility-to set the framework and strategy

Board Sub-Committees

- Risk Management or Governance Committee-to coordinate and filter the risk assessment processes that are being conducted throughout the organisation

- Audit Committee-to review the overall operation of the risk management arrangements & will be informed by the internal auditors

Standards for Better Health was published by the Department of Health in 2004. It includes 7 domains with 4 core standards. The core standards represent a level of service that all patients and service users of all ages should be able to expect from the NHS. These standards are the basis for the assessment of any Health Service organisation by the Healthcare Commission. A brief summary in tabular form is set out below:

Standards for Better Health (Department of Health)

	Domain	**Core Standards**
1.	Safety	C1 a) learn from pt safety incidents & b) safety notices & alerts acted upon C2 child protection C3NICE guidelines C4 a) HC acquired infection, hygiene & cleanliness b) risks from medical devices c) reuseables d) medicines handled safely e) waste disposal
2.	Clinical & Cost Effectiveness	C5a) NICE b) clinical supervision c) CPD d) regular audit & reviews C6cooperation with SS
3.	Governance	C7a) clinical & corporate governance b) employee honesty, openness, use of resources c) systematic risk assessment d) financial economy effective use resources e) equality, respect f) existing performance requirements C8a) whistle blowing b) PDP C9record management C10a) professional registration b) professional codes of conduct C11a) recruitment qualifications b) mandatory training c) CPD C12research governance
4.	Patient Focus	C13a) dignity & respect b) consent c) confidentiality C14a) complaints b) no discrimination against complainers c) act on complaints (C15 food) C16information
5.	Accessible & Responsive Care	C17patient views sought C18access & choice C19promptness for emergencies
6.	Care Environment & Amenities	C20a) safe environment b) patient privacy C21clean optimum environment
7.	Public Health	C22a) cooperate with other organisations b) DPH report conforms c) partnership C23health promotion & disease prevention C24response to national & local incidents

Core Standard 1 Health care organisations protect patients through systems that:

[a] Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and

[b] Ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales

Core Standard 14-Health Care Organisations should have systems in place to ensure that patients, their relatives and carers:

[a] Have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of service
[b] Are not discriminated against when complaints are made
[c] Are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

Core Standard17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

Developmental Standard 8 - Health care organisations continuously improve the patient experience, based on the feedback of patients, carer and relatives

5. The National Patient Safety Agency (NPSA)

As well as making sure that incidents are reported in the first place, the NPSA aims to promote an open and fair culture across the health service, encouraging clinical and other staff to report incidents and "near misses", when things almost go wrong. A key aim is to encourage staff to report incidents without fear of personal reprimand and know that by sharing their experiences, others will be able to learn lessons and improve patient safety. The change of emphasis is more about the "how" than the "who".

The NPSA helps the NHS learn from things that go wrong and develops solutions to prevent harm in the future. This is done by working with patients and staff locally and nationally to foster a culture where errors can be investigated and innovative solutions developed. This is also done by collecting and analysing information from staff and patients using root cause analysis via the NPSA national reporting and learning system and other sources.

6. Health Service Ombudsman (*taken from Making things better? A report on reform of the NHS complaints procedure in England*)

Board Responsibility

- That the complaints management systems are integrated into the clinical governance/quality framework of the Trust with feedback loops to enable lessons to be learned and improved compliance with outcome reporting requirements.
- That there is clear leadership so that complaints are welcomed and learning is secured
- That there is rigorous and evidence based investigation into complaints by competent, trained staff
- That there are just remedies for justified complaints

7. NHS Audit Committee Handbook 2005

This was launched in October 2005. It is a joint publication of the Department of Health and the Healthcare Financial Management Association. It advocates a system of integrated governance. It is clearly intended that this model should be used by the more financially driven businesses, such as NHS Foundation Trusts.

It acknowledges that the main focus of the work of the Audit Committee is internal financial control. It suggests broadening the remit of the Audit Committee to include consideration of the adequacy and effective operation of the organisation's overall internal control system and to take an overview of clinical risks and ensure that these are embedded in the Assurance Framework. Thus the Committee must have a clear understanding of the broad framework of governance of the organisation, particularly with regard to what other committees are doing. It sees the Committee concentrating on high-risk areas.

Internal Audit

An effective Audit Committee is dependent, in many respects on the existence of an effective internal audit function. It should:

- Be an independent and objective appraisal service within the organisation for the CEO, the Board and the Audit Committee. It should indicate the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives
- Provide an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements

The Audit Committee should be proactive in influencing the internal audit strategy and requesting work from internal audit that focuses on the assurance needs of the Committee and the Board

External Audit

These are appointed by the Audit Commission and are central to the work of the Audit Committee. They review and report on:

- The audited body's financial statements and on its Statement of Internal Control
- Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

Mandatory Reports:

- To those charged with governance (incorporating the report required under ISA [UK&I] 260) that sets out the main matters arising from the audit of financial statements and the use of resources work
- Statutory report and opinion on the accounts
- Annual Audit letter

The Audit Committee should:

- Consider excluding the Committee Chairman, which is a critical appointment, from other committee responsibilities.
- Provide training for the members
- Hold private discussions with the auditors
- Satisfy itself that there are adequate arrangements in place to counter fraud
- Satisfy itself that clinical objectives and risks are included in the Assurance Framework
- That its work and that of the Clinical Governance Committee are coordinated to avoid duplication or omission

(Membership: minimum 3 NEDs [quorum of 2]. In attendance: Finance Director, Trust Secretary and representatives of Internal and External Audit. The Chief Executive and Chairman would attend by invitation)

8. Personal Feedback from Chairman of LAS Audit Committee, Barry MacDonald

This follows a meeting with Sir William Wells, Chairman NHS, Paul Stanton, NHS Clinical Governance Support Team and Sarah Blackburn, Healthcare Commission

- The Board should have only three committees: Audit, Remuneration and Appointments (Sir William Wells)
- Clinical Governance is an Executive matter and not a Board committee. The Audit Committee should oversee whether it was being undertaken satisfactorily. Board involvement under this approach was not clear
- Audit Committee Handbook
- Development of Audit Committee members competences

9. Integrated Governance Handbook

This was published in February 2006 at the request of the NHS CEO. The intention is to emulate, within the NHS, the good corporate practice of FTSE 100 city institutions.

It acknowledges that clinical governance is the central business of a healthcare organisation and is the Board's core accountability issue. It states that the quality of patient care should not be pushed from the agenda by more immediate operational issues. It proposes that clinical governance should be managed through the organisations line management via clinical directorates or their equivalents. The clinical governance programmes should be drawn up by various sources and signed off by the clinical governance committee, which should be monitored by the Audit Committee and ultimately by the Board.

The Handbook identifies 10 key action points for Boards, who should:

1) Confirm the purpose of the Trust. Establish the strategic direction over next 5 years. Set objectives consistent with government policy and local needs
2) Manage the agenda through the annual business cycle, outlining the approach to accountability through the Assurance Framework
3) Ensure an integrated assurance system is in place
4) Move to decision making by intelligent information, ensuring that reporting requirements for external agencies are aligned to objectives and the Assurance Framework. That core reporting of activity, quality and finance are established and supported by IT. The Board must comply with all relevant policy guidance through a dynamic Assurance Framework aligned to risk and organisational objectives.
5) Review and simplify the committee structure with
   - A clear and appropriate membership
   - A clear remit
   - Defined accountability arrangements
6) Establish new terms of reference for the audit committee, which will be the key scrutinizer of all sub-committees to the Board. The membership must have the skills, abilities and supports to undertake the integrated governance agenda
7) Appoint adequate support in the form of a Corporate or Company Secretary who should ideally be accredited by a professional body such as the Institute of Chartered Secretaries and Administrators (ICSA)
8) Ensure the Board is fit for purpose
9) Ensure Board etiquettes are seen and applied
10) Develop requirements leading to a corporate Board

Compliance Unit The authors recommend setting up such a unit, which is complementary and supported by the work of the internal auditors. The Compliance Unit would ensure that the monitoring of internal controls is a continual process. It would provide assurance to the Board that internal controls were being implemented and followed through. It would not design or manage these systems, but become a central aspect of the controls Assurance Framework.

Appendix 4: Foundation Trusts and an Ambulance Trust

The purpose of visiting Foundation Trusts (FTs) was to see how the governance structure of Foundation Trusts differed from other Trusts and how LAS could benefit from introducing a similar structure. At present no ambulance Trust is a Foundation Trust, thus the Foundation Trusts visited were acute hospital Trusts. It was felt useful to review additionally, the structure in a three star Ambulance Trust.

The two Foundation Trusts visited were Frimley Park Hospital in Surrey and The Homerton Hospital in Hackney. The Ambulance Trust visited was the East Anglia Ambulance Trust.

Both Foundation Trusts had achieved three stars in the Commission for Health Improvement assessment. It was clear that risk was core to Monitor's assessment for Foundation status. In both cases The Risk Register was reviewed and risks associated with Financial Governance, Management Services and the Standards for Better Health were assessed.

Monitor looks for the following, when making an assessment of the financial status of potential FTs:

- Financial plans consistent with strategic plans
- Corroboration of savings plans targets etc.
- Contingency plans i.e. "what if scenario", plan B
- Previous performance against Cost Improvement Programmes-regarded as very important
- Examples of NEDs challenging performance
- Return on assets/liquidity/surplus margins-looking for consistency
- Transparent financial reports & long term planning

The Government, in introducing Foundation Trusts, intended that these became answerable to their local catchment population.
They are legally Public Benefit Corporations, which provide NHS services to NHS patients. They must:

- Seek a membership, of the public, patients, staff and stakeholders.
- Arrange for the election of Governors by the membership.
- Be approved by the Independent Regulator (Monitor)
- Arrange for Governors to appoint non-executive directors including the chairman.

They are:

- Accountable to NHS Commissioners through legally binding contracts
- Allowed new freedoms to decide how best to provide services that reflect local needs and priorities

Foundation Trust status allows:

- The borrowing of money to invest in patient care and services
- A more rapid change in direction and policies

- Staff to influence key decisions
- Greater involvement of local people, patients and partner organisations
- Freedom to pay staff at the market rate

Governors:

- Hold meetings of the Board of Governors
- Represent the interests of their members.
- Work with the Board of Directors to shape plans for the future development of the Trust
- Receive reports on the performance of the Board of Directors and agree the remuneration of the non-executive directors and the chairman, initially with advice and support from the Foundation Trust Network.
- Appoint or remove auditors.

Executive and Non-Executive Directors:

- Meet regularly as a Board of Directors
- Set the strategy and ensure that the Trust follows the principles of good governance
- Are responsible for the governance of the Trust
- Prepare the Trust's forward planning, approve business plans and budget
- Approve the Trusts Human Resources strategy and policy
- Produce Annual Accounts, Annual Report and Audit for the Council of Governors

Non-Executive Directors:

- Appoint the Chief Executive Officer
- Agree the Terms and Conditions and remuneration of the Chief Executive Officer and the Executive Officers
- Monitor and review the auditors functions
- Are more likely to come from a legal or accountancy background
- No longer represent the local population

<u>Learning Points for LAS Governance</u>

1) Membership and how to recruit effectively from the diverse population served by LAS should start as soon as possible. It is never too soon to start. Although the two FTs visited had achieved a reasonable size membership, neither had achieved a membership greater than 2% of the catchment population
2) Recruiting the membership costs £54,000+. Maintaining the membership costs around £100,000
3) Members need to be in place and Governors elected, before the Trust achieves Foundation Trust status
4) The Single Transferable Vote system should be used to elect Governors. Thus if a Governor steps down, then the next member with the largest vote becomes a Governor and there is no need to call a further election

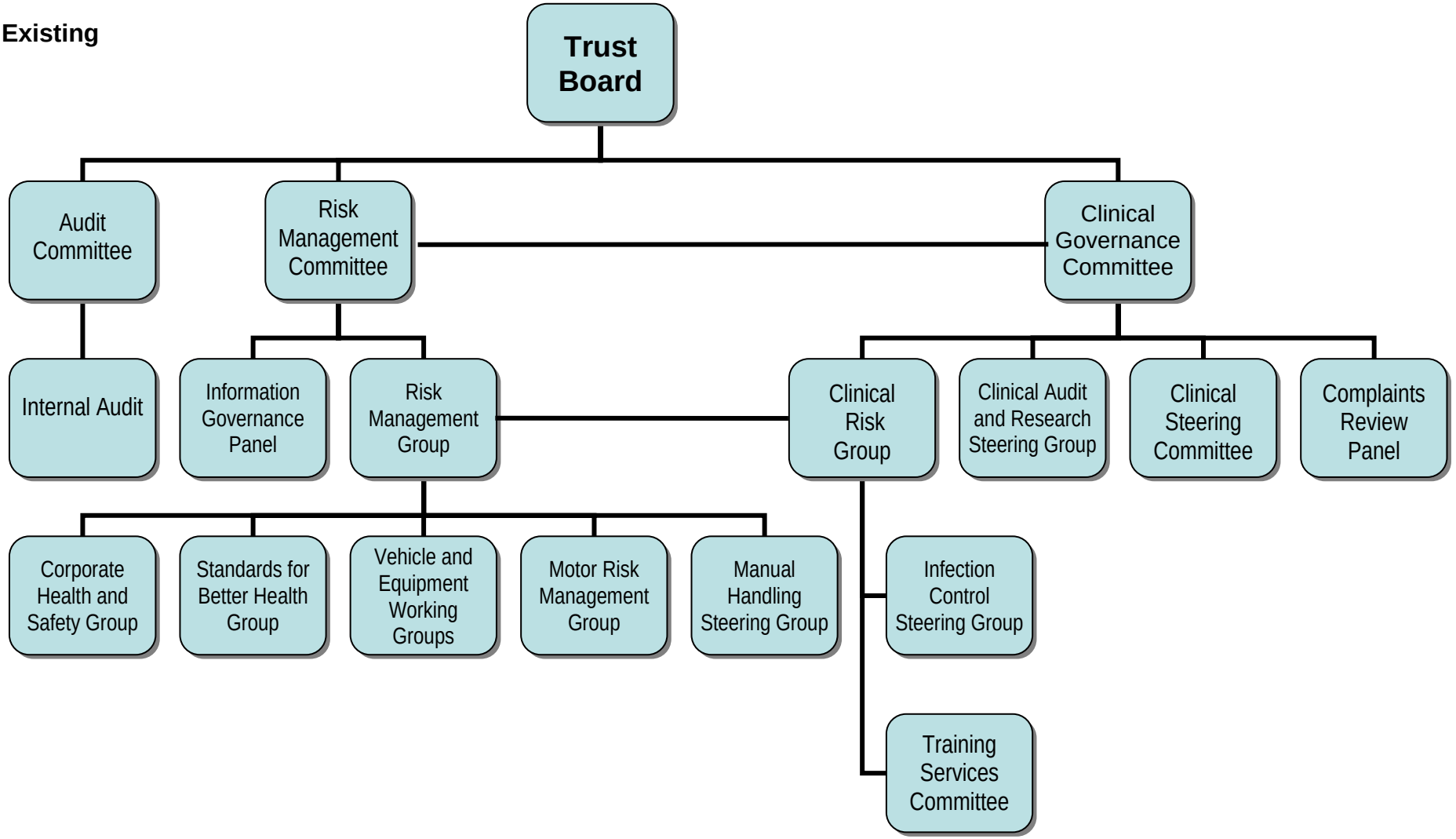
5) Membership database, if purchased, will cost £12,000 pa to maintain. It may be more cost effective to purchase the software and maintain it in-house
6) There needs to be a clear definition of roles between Members, Governors, Non-Executives and Executives ab initio.
7) The Board of Directors is answerable to the Board of Governors. In neither FT visited, has the Board of Governors used this power to discipline Directors.
8) The Board of Directors in both FTs visited now held their meetings in private, with only Board members present. This enabled the Board to focus more on strategy and less on detail.
9) The Board of Governors meetings are open to the public and held in the evening. The meeting hall needs to accommodate up to 100 people.
10) The Chairman acts as conduit between the two Board, as he chairs both. The task of the Chairman is almost doubled.
11) A review mechanism must be built into the Constitution (initial cost £5,000), as changes are inevitable
12) The governance structure of both FTs visited, altered to take into account the Board of Governors; the remaining governance committee structure did not change appreciably with FT status. Changes are now being made in both FTs to reflect the "NHS Audit Committee Handbook 2005" recommendations.
13) AGMs change dramatically, 200-300 people attend. The meeting hall needs to accommodate such numbers
14) Both Foundation Trusts visited are more financially orientated, with new NEDs being appointed from legal and financial backgrounds. Both have an Appeals Department with very active major fund-raising
15) Cash flow is all-important in a Foundation Trust, as is accurate coding of work undertaken for correct payment
16) Governors, not NEDs, represent the local population
17) Although contracts are legally binding (not Service Level Agreements) between Foundation Trusts and their Commissioners, legal action has not been taken in either FT to recover costs for work undertaken.

<u>Visit to East Anglia NHS Ambulance Trust-Learning Points for LAS Governance:</u>

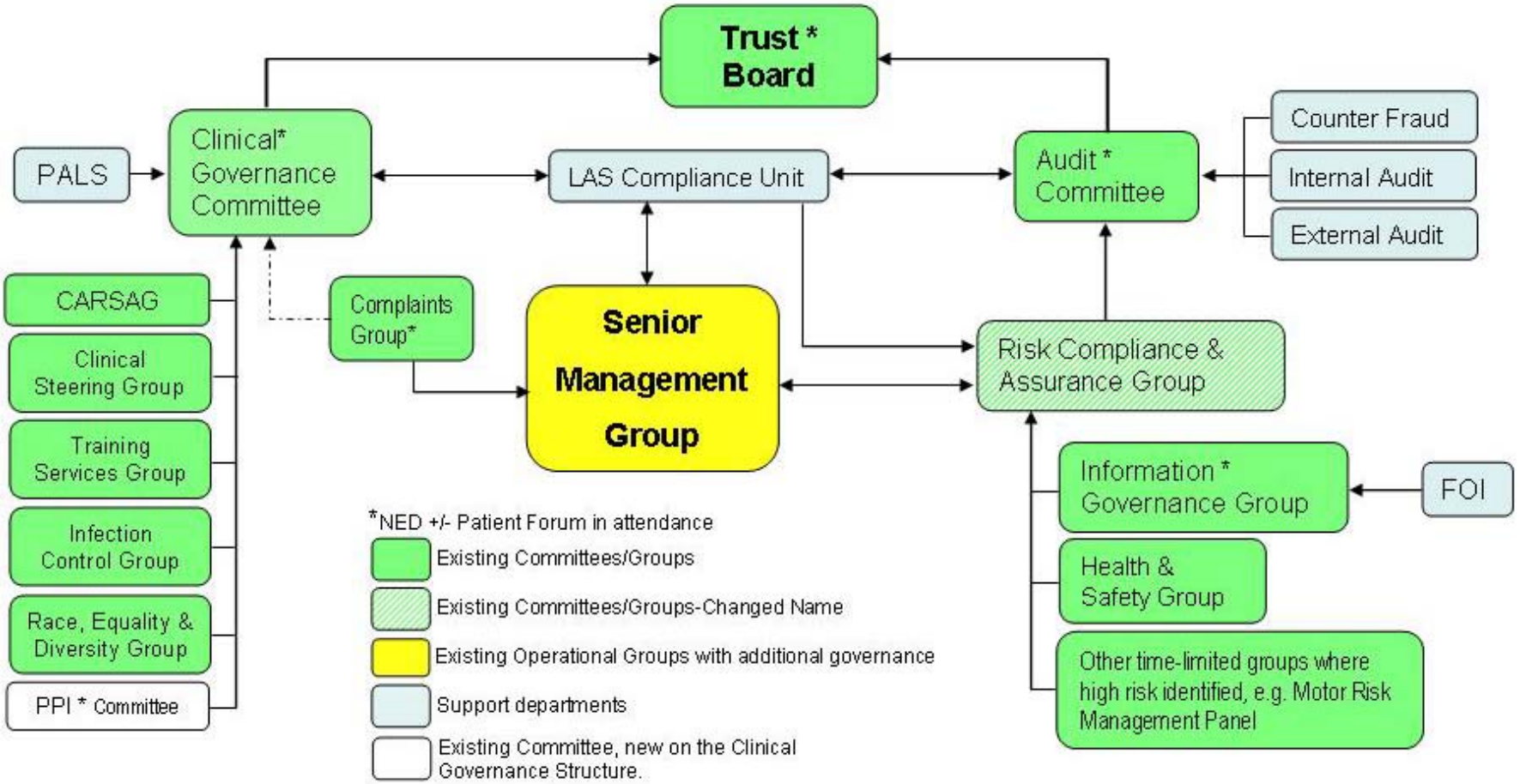
1. Head of Integrated Governance appointed (January 2005) to make integrated governance a reality in the Trust
2. Two Board sub-committees with NED chairmen:
   - Operations Governance Committee which has representatives from 16 "Assurance Groups" filtered by 2 internal groups, the Integrated Governance Group and the Senior Management Team
   - Audit Committee with reports from Internal & External Audit, which receives the minutes of the Operations Governance Committee
3. The Audit Committee and the Operations Governance Group meet in a joint meeting twice a year to provide assurance for members
4. The 16 "Assurance Groups" play a similar role to the 3rd & 4th tier groups/committees at LAS
5. The Board is a "Partnership Board" in that trade union representatives are in attendance (at the table)

Appendix 5 Committee Structures

Existing

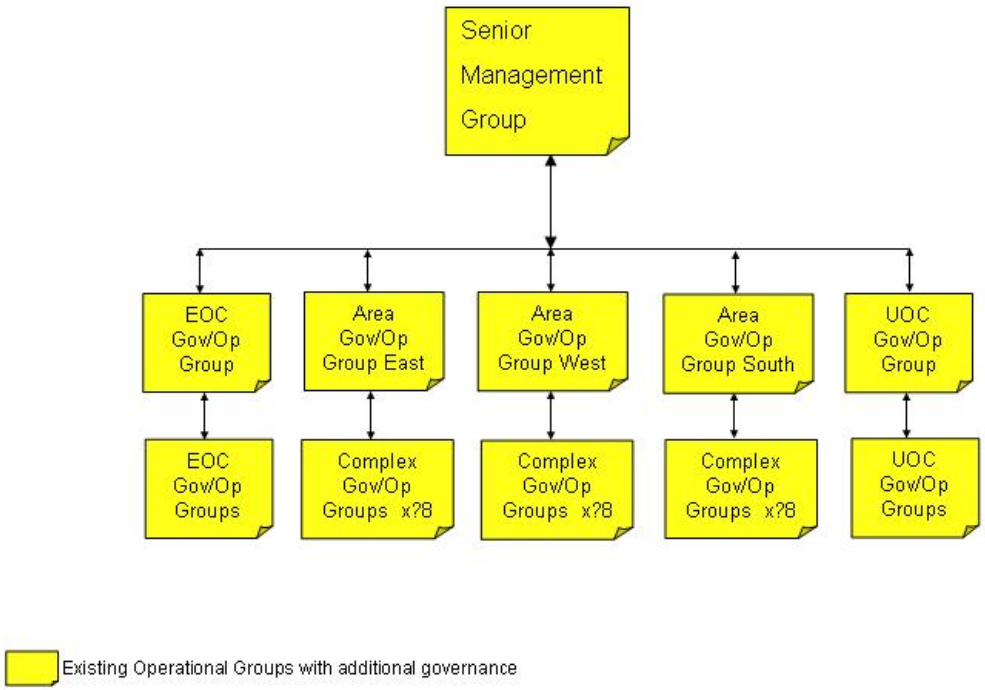


Proposed Structure



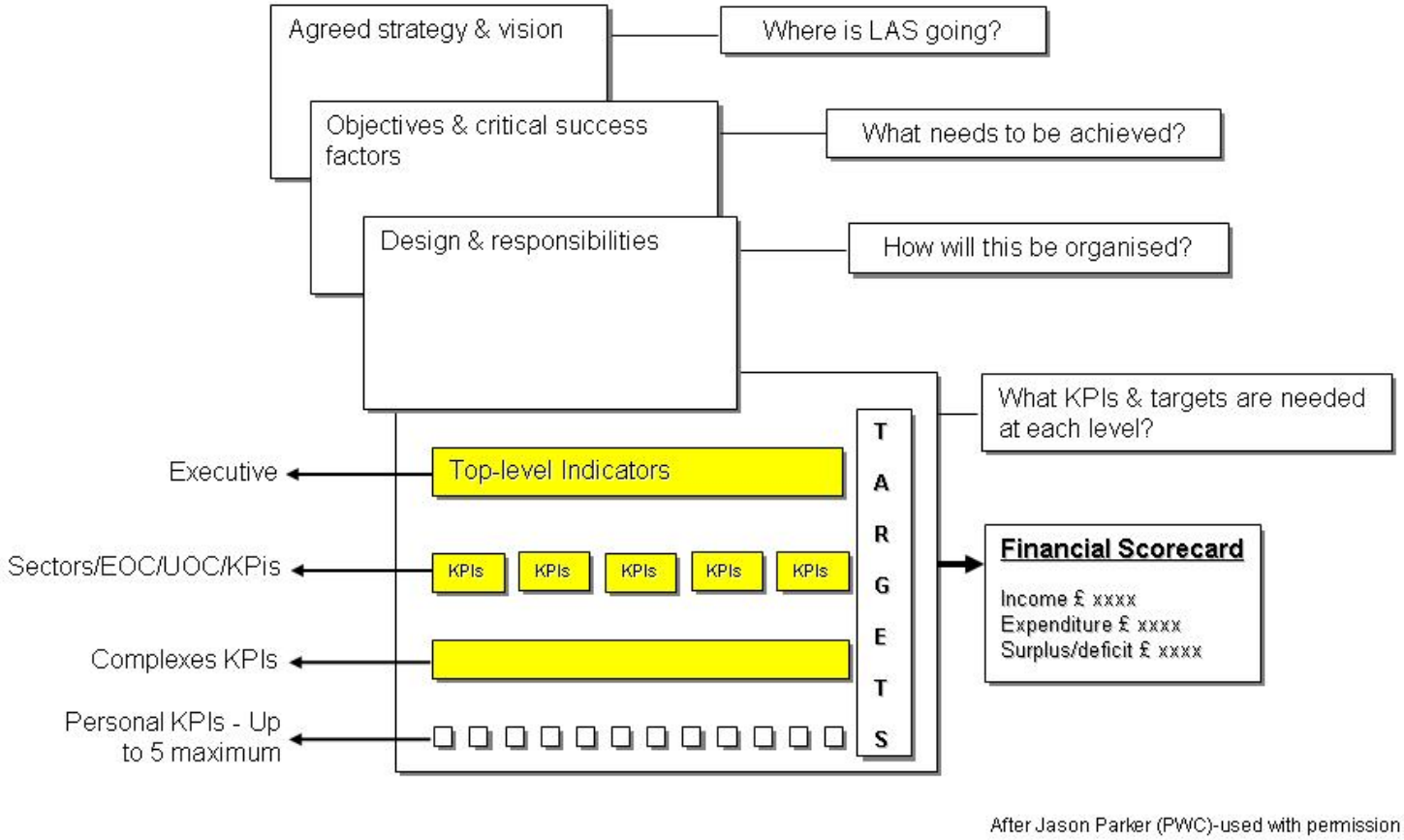
♦ **Committees** have delegated authority from the Trust Board ♦ **Groups** assure that specialist work is done ♦ **Panels** are short term with a single purpose

Proposed Structure



Appendix 6

Key Performance Indicators: Framework



After Jason Parker (PWC)-used with permission

Appendix 7 - Possible Assurance

Reporting to the Clinical Governance Committee:

Infection Control Group

Clinical Audit/Research Group

Clinical Steering Group

Training Services Group

Complaints Panel

Reporting to Risk Compliance and Assurance:

Information Governance Group

Health and Safety Committee

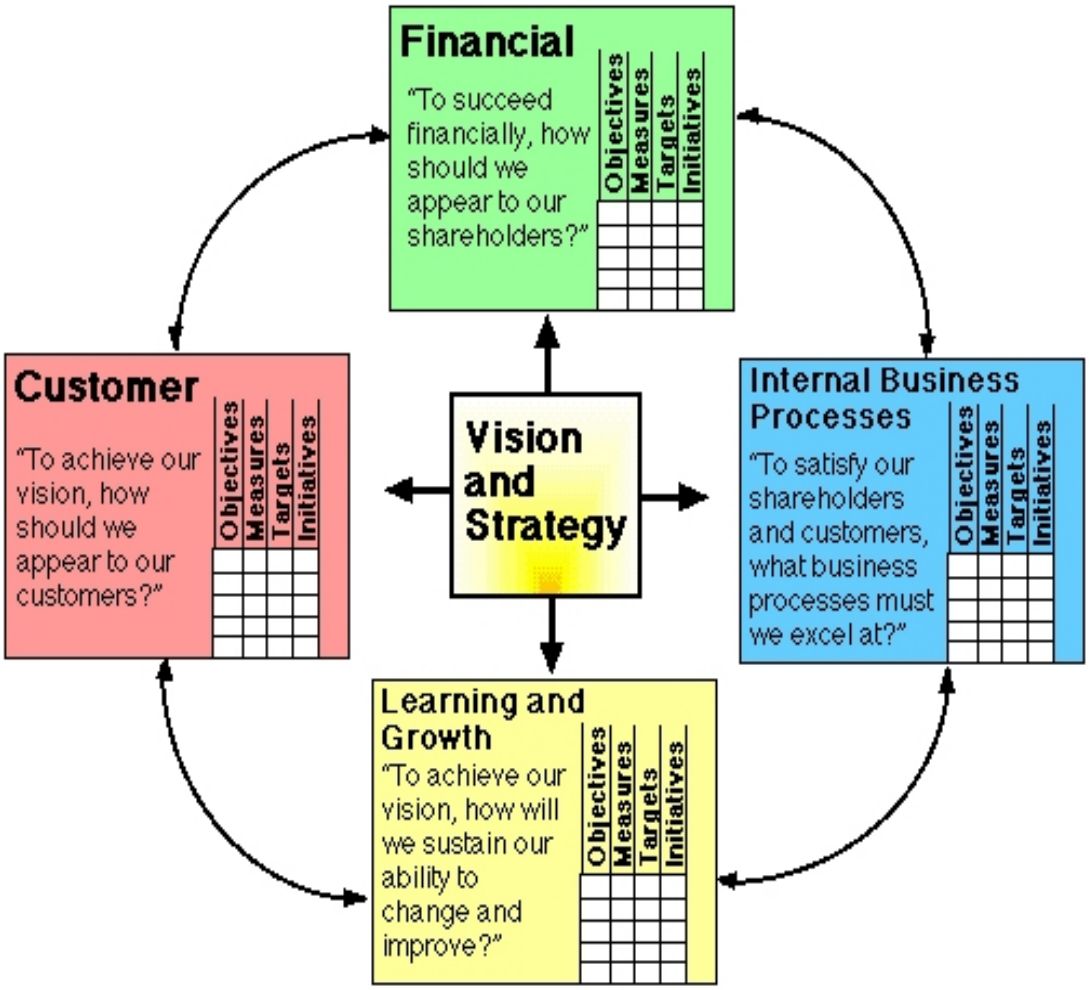
Standards for Better Health Panel

Motor Risk Management Panel

Support for the Audit Committee, Clinical Governance Committee and the Risk Compliance and Assurance Group will come from the LAS Compliance Unit and theTrust Secretary

Appendix 8

The Balanced Scorecard of Kaplan & Norton



Appendix 9 - Review of Current Membership and Chairs of the Governance and Feeder Committees and Working Groups

This revealed that:

1) One NED chaired 2 committees and one chaired 1 committee
2) One Executive Director chaired 4 committees and co-chaired another, one chaired 3 and one chaired one committee
3) One Director co-chaired one committee
4) One senior manager chaired 3 committees

LAS Membership numbers of committees is as follows:

	Title	Membership	NEDs	Executive Directors	Directors	Senior Managers	Managers	Others
1	Risk Management Committee	8	3	4	1			
2	Clinical Governance Committee	11	3	1	1	2	8	
3	Audit Committee	3	3					
4	Risk Management Group	11		4	2	5		
5	Information Security Panel	12		1	1	2	8	
6	Clinical Risk Group	18		1		4	13	
7	Clinical Steering Committee	6		1		2	3	
8	Clinical Audit & Research Group	13		1	1	2	9	
9	Complaints Review Panel	11	1	2	3	4	1	
10	Corporate Health & Safety Group	12		1	2	5	4	
11	Standards for Better Health Group	8		3	2	2	1	
12	Vehicle Equipment WG	16				1	12	3
13	Motor Risk Management Group	12		1		1	10	
14	Manual Handling Steering Group	?				1		
15	Infection Control Steering Group	12				3	9	
16	Training Services Committee			2	1	1		

It should be noted that a 3-hour meeting of 12 persons earning £45,000 per annum would cost (with on-costs) in the region of £1,100. Meetings attended by Directors could double that cost.

Appendix 10 Suggested Templates

10.1) Front Sheet for a Committee Paper

LAS Logo London Ambulance Service *NHS*

XXX Committee Report Sheet

Date of Meeting:	**SMG Sponsor:**
Title of Report:	**Agenda Item:**
	Attachment:
Aims: *(include a brief background/what is the report trying to tell the committee?)*	
Summary: *(what are the main decision points and issues arising?)*	
Recommendations or actions required: *(are there a set of actions being put forward for agreement?)*	
Outcomes: *(are there outcomes from incidents or projects that could be shared across LAS?)*	
Author and date:	

The format for papers should include a front sheet as illustrated above with the detail of the paper in order as presented in the summary.

10.2) Minutes–Format and Style

LAS Logo London Ambulance Service *NHS*

Minutes of the XXX Committee

Date/ Place held/ Time

Present:
Name (Chairman)-post
Name (Vice Chairman)-post
Name (Minute Secretary)-post
Names and posts held of other members
Names and posts held of those in attendance & reason for attendance

Apologies for absence:

Minutes of last meeting and date held:

Record of Minutes: Should be recorded in the third person, indicating the topic discussed, decisions agreed and action points

Items: Should be listed in running order for the year i.e. 1/05, 10/06, 25/06 etc.

Action column: All action points should include the initials of the person responsible for the action and the timescale for the action to be completed. Action points should be reported upwards, where the committee reports to another

Acronyms: On the first appearance these should be spelled out in full with the abbreviation given in brackets in any set of agendas, papers or minutes

Date of next meeting: Should be agreed at end of meeting and indicated at the end of minutes

10.3) Terms of Reference

These should be written in a standard format to include:

- Function of the committee
- Membership, including the Chairman and Vice-Chairman. This should be reviewed regularly
- The use of empowered deputies
- Terms of office of the Chairman and Vice-Chairman
- Numbers constituting a quorum
- Frequency of meetings
- Tasks and processes. (The Board should set a forward work-plan for the committee)
- Outcomes
- Reporting lines
- Reporting lines, including the reporting of decisions to staff
- Should be reviewed annually
- The provision of an Annual Report to the Board
- The nomination of one empowered member (usually the Chairman or Vice-Chairman to sit on a higher committee to which that reports
- A time limitation on sub-committees

Specimen Terms of Reference for the revised Audit Committee can be found in the *NHS Audit Committee Handbook 2005, Appendix A*

10.4) Minute Summary Sheet for the Board

LAS logo *NHS*

London Ambulance Service

Trust Board-Date

Summary of Minutes of … Committee-Date

Chairman of Committee:	*Name*
Purpose:	
Summary: Matters Arising: *(Indicate those of relevance to the governance of LAS with Action Points with time scale)* Reports and Presentations: *(Indicate those made and any Action Points with time scale, relevant to the governance of LAS)* Standing Items and Minutes received by the Committee: *(Enumerate those received and indicate any matters of relevance to the governance of LAS)*	
Recommendations:	

Appendix 11 Guidelines to be followed when setting up a Committee, Working Group or Panel

1. Document the justification for a new group. Ask why it is required and define clearly its objectives and what is needed to achieve them i.e. project plans etc. Would be possible to achieve the desired outcome by other means e.g. tele-conferencing, e-mail, one to one etc.?

2. Ask whether the objectives of an existing group could be altered or extended to deal with the issues as a short-term solution.

3. Determine the type of group that is needed to achieve the desired outcome. Is there a specific requirement for the group to address and should it be time-limited? Review what management arrangements will need to be included in any group to 'make things happen'.

4. Define the desired outcomes and put in place measures, which will provide assurance that these outcomes have been achieved, together with a process that will ensure monitored feedback on a regular, to be determined, basis. Also consider a project management approach using milestones to register progress or delay.

5. Determine where this new group will stand in the committee governance structure and where it will report, both upwards and downwards.

6. Ensure that the scheduling of the first and subsequent meetings takes into account the committee structure and reporting requirements.

7. Determine what authority is required before the group can be established. i.e. is Trust Board approval required and will the Board delegate any authority?

8. Establish a plan for the conduct of the group's work over the first year with review dates.

9. Establish who should be members of the group and clearly determine their roles and what is expected of them. Who will take the roles of chair, vice-chair, and secretary and to whom are they accountable?

10. Determine whether or not the proposed members of the group will require specific training in order to fulfil their roles successfully.

11. Determine the workload to be generated by the group as a whole and ensure that members are aware of their expected contributions as individual members of the group prior to joining. Their performance will be reviewed against the objectives of the group and the achievement of any work plan.

12. Write the Terms of Reference for the group in the standard format as detailed in Appendix 10.

13. Determine who should have access to the documentation produced by the group and liaise with the Head of Records Management to ensure that it is retained and stored electronically in the correct location to facilitate ease of access.

Appendix 12 To show actions deriving from main recommendations, with the aim of ensuring that governance becomes integrated with operational business within LAS

1. Audit Committee to scrutinise areas of organisational and clinical governance in addition to financial governance - one committee overseeing all assurance to the Board. **Action Barry MacDonald**
2. Clinical Governance Committee will scrutinise areas of clinical risk and ensure appropriate action plans are in place to reduce these. They will monitor clinical care using clinical audit and other available evidence to do this **Action Beryl Magrath**
3. Risk Compliance and Assurance Group to maintain Risk Register and monitor action plans for clinical, organisational, Information Governance and other high-risk matters. **Action Peter Bradley**
4. Governance Development Unit to become the LAS Compliance Unit with a pivotal role in the Organisation holding Compliance and Risk Registers and supporting all above committees and groups. **Action Mike Dinan**
5. Standardisation of committee structure, title, membership, TORs, agendas, minutes, reporting links and timescales to increase effectiveness. All committees should undertake regular self-appraisal. **Action John Wilkins**
6. Institution of a Complaints Department to ensure complaints analysed, responded to and lessons are learned. **Action Peter Bradley**
7. Publication scheme on Trust website should be routinely updated with active links. **Action John Downard**
8. LAS should begin the process for the appointment of Members and Governors in preparation for Foundation Trust status. **Action John Wilkins/ Margaret Vander**
9. When the Review of PSU is published it should provide assurance as to where the gaps are in compliance with the core healthcare standards as above. **Action Peter Bradley/John Wilkins**
10. Implementation of a Balanced Scorecard. **Action Mike Dinan**

Appendix 13 : Table to indicate membership, core tasks and timing of meetings of main governance committees

Committee/Group	Frequency	Membership + Core tasks	Position of meeting
Audit Committee	Quarterly	3 NEDS (One to chair) *Delegated authority from the Board to ensure effective internal controls* *Verifying systems in place for risk management*	Meetings must take place after Clinical Governance Committee and Risk Compliance and Assurance Group in the meetings calendar and relate to the Trust Board meetings that review progress against Final Declaration requirements
Clinical Governance Committee	Quarterly	3 NEDS (One to chair) Director of Operations Medical Director Director of Communications Director of Service Development Head of Governance Head of Education and Development Consultant in Emergency Medicine Head of Employment Services PPI Manager Chairman, Patients Forum *Scrutinise areas of clinical risk, reviewing APs.. Monitoring development and practice of clinical care using clinical audit and other available evidence*	Meetings must be timed to take place before the Audit Committee meets so that clinical governance reports can be made to the Audit Committee in its enhanced role of monitoring clinical governance activity and progress
Risk Compliance & Assurance Group	Bi -monthly	Chief Executive (Chair) Director of IM&T Director of Finance Medical Director Director of HR and OD Director of Operations +co-opted key managers i.e. Head of Governance *Overall management of the Risk Register and all risks within the trust*	Timed to report to the Audit Committee
Clinical Audit and Research Group	Quarterly	Medical Director (Chair) Head of Education and Development Head of Clinical Audit and Research Director of Service Development Clinical Education Manager Clinical Practice Manager	Regularly reports to Board via Medical Director's report

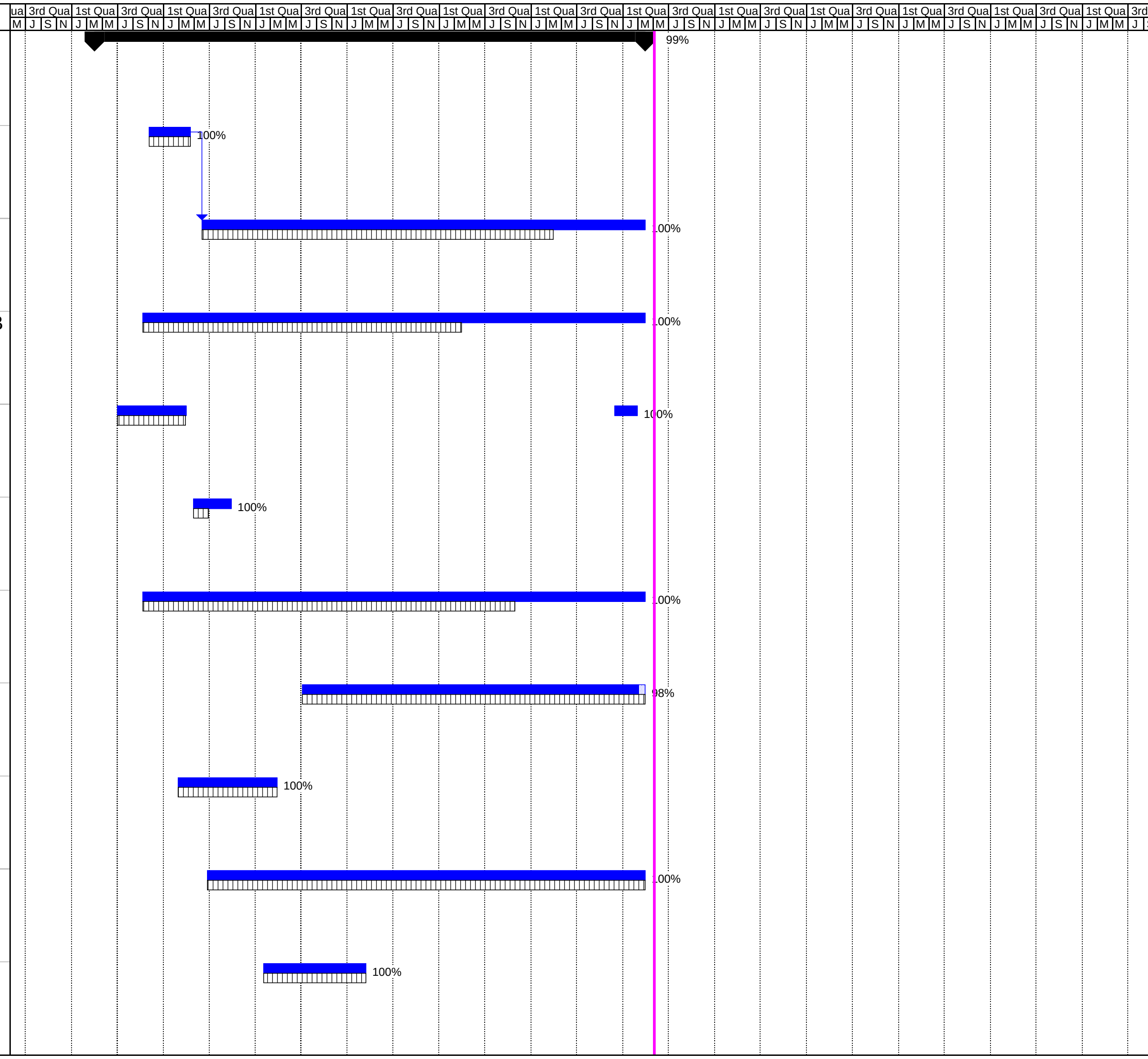
Committee/Group	Frequency	Membership + Core tasks	Position of meeting
		AOM, Team Leader EMT Consultants in Emergency Medicine, A&E, clinical toxicology, Cardiology Intensive Care Midwife *Management of research governance including clinical audit with NHS Partners*	
Information Governance Group	Quarterly	Director IM&T} Medical Director}Joint Chairs, 1 NED Senior Operations Officer (EOC) Senior HR Manager Legal and Risk Services Manager Head of Governance PALS Manager Information Security Officer Complaints Manager Head of Records Management Management Information Manager Head of Software Development and Support *Management of Information governance including the Information Governance toolkit and compliance with the Freedom of Information Act*	Must be planned to avoid conflicting dates with Clinical Governance Committee and Risk Management and Assurance Group
Health and Safety Group	Quarterly	Director of HR and OD Director of Operations Head of Fleet Head of Estates Safety and Risk Advisers Staff Safety Officer Head of Employee Services Head of Education and Development Support Services Manager Occupational Health Representative Health and Safety representatives (1per area,1 PTS, Fleet and A&C Rep) PTS Manager *Co-ordinating Health and Safety plan and promotion of a positive Health and Safety Culture Service wide*	Must be planned to meet external accreditation by HSE and other external Health and Safety agencies
Clinical Steering Group	Quarterly	Medical Director (chairman) Head of Clinical Audit and Research	

Committee/Group	Frequency	Membership + Core tasks	Position of meeting
		Head of Education and Development Senior Clinical Advisor Senior Training Officer Assistant Head of Training Consultant Paediatric Intensivist Consultant Paediatrician Consultant Cardiologist Consultant Anaesthetist Consultant Obstetrician Senior Lecturer Obs&Gov *Strategic group contributing to the development of Emergency care*	
Training Services Committee	Bi monthly	Medical Director Director of Operations Director of HR&OD Head of Education and Development Determining the planning and delivery of training programmes for operational staff	Must take place to enable forward planning of training for new and existing operational staff
Complaints Group	? (awaiting PSU review implementation)	Finance Director (Chair) Director of Communications 1 NED Senior Operations Manager Senior Complaints Manager Chair, Patients Forum Head of Governance Head of Education and Development EOC Manager complaints lead Staff representative Frontline staff (X3) PPI manager Head of Urgent Care *Monitoring Trust's compliance with NHS Complaints policy and standards- subject to change relating to PSU Review*	Must report to Board to supplement current complaints reports included in routine CEO's report so full compliance is achieved with Healthcare core and developmental standards
Infection Control Group	Quarterly	Head of Operational Support (Chair) Head of Governance Head of Employee Services Clinical standards Manager Consultant Adviser in Infection Control Staff side representative Estates Manager Governance Manager Audit Manager AOM *Co-ordinating Infection*	Annual report made to the Board and updates from the Minutes included in Medical Director's report

Committee/Group	Frequency	Membership + Core tasks	Position of meeting
		Control Policy compliance including Annual infection control audit programme	
PPI Committee	*Quarterly*	Director of Communications (Chair) Director of Service Development PPI Manager PALS Manager Chair, Patients Forum Senior Operations Manager EOC PTS Manager PALS Officer Diversity Manager Diversity Officer Head of Governance AOMs (X2) *Monitoring the development and delivery of the Trust's PPI strategy and annual work programme*	

LAS Service Improvement Programme 2001 - 2006 (March)

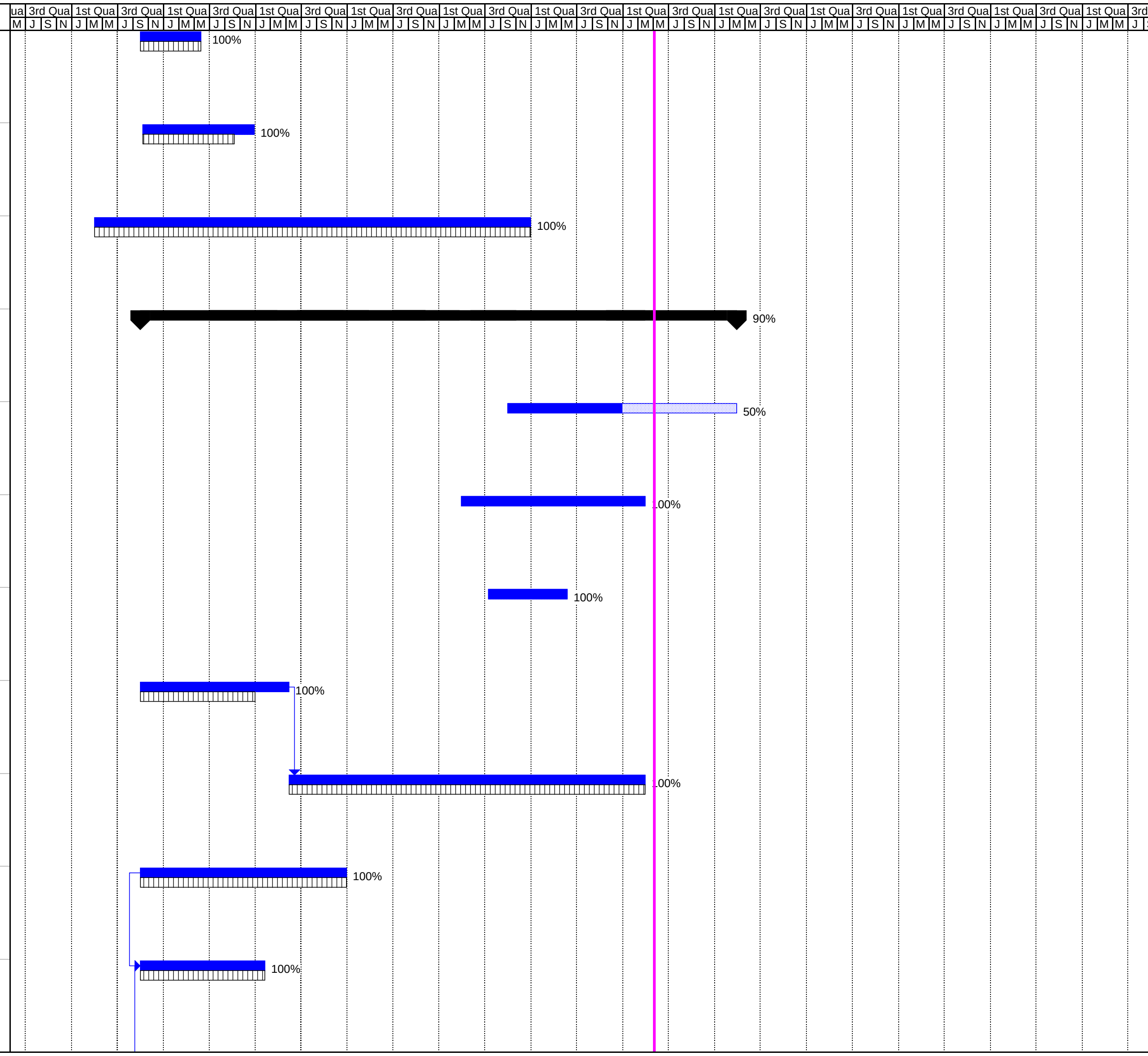
No.		Task Name	Start	Finish	Lead
1		**ORGANISATION DEVELOPMENT**	**Mon 03/04/00**	**Fri 31/03/06**	
2	✓	Implement the activities of the LAS values programme (ISON)	Mon 06/11/00	Wed 18/04/01	PB
3	✓	Implement the activities of the LAS values programme (ISON) - superceeded	Mon 04/06/01	Fri 31/03/06	PB
4	✓	Further develop tools and techniques to assist in the redesign of LAS processes and	Thu 12/10/00	Fri 31/03/06	SMG/PB
5	✓	Introduce statement of duties (ISON)	Mon 03/07/00	Tue 28/02/06	FM
6	✓	Develop the link between objective setting and service planning processes for	Tue 01/05/01	Fri 28/09/01	WF
7	✓	Promote the principles of continuing professional development and life	Thu 12/10/00	Fri 31/03/06	WF
8		Review (and redesign where appropriate) (clinical) career paths and grading structure	Mon 08/07/02	Fri 31/03/06	FM
9	✓	Introduce personal professional development programmes with	Thu 01/03/01	Fri 29/03/02	WF
10	✓	Design and introduce (non-management NB. MERGED WITH No. 7) staff development	Mon 25/06/01	Fri 31/03/06	WF
11	✓	Introduce corporate induction programme for all new staff, including basic life	Mon 04/02/02	Mon 17/03/03	DJ / WF



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical	Task	Baseline	Milestone	Rolled Up Progress
	Critical Progress	Task Progress	Baseline Milestone	Summary	

LAS Service Improvement Programme 2001 - 2006 (March)

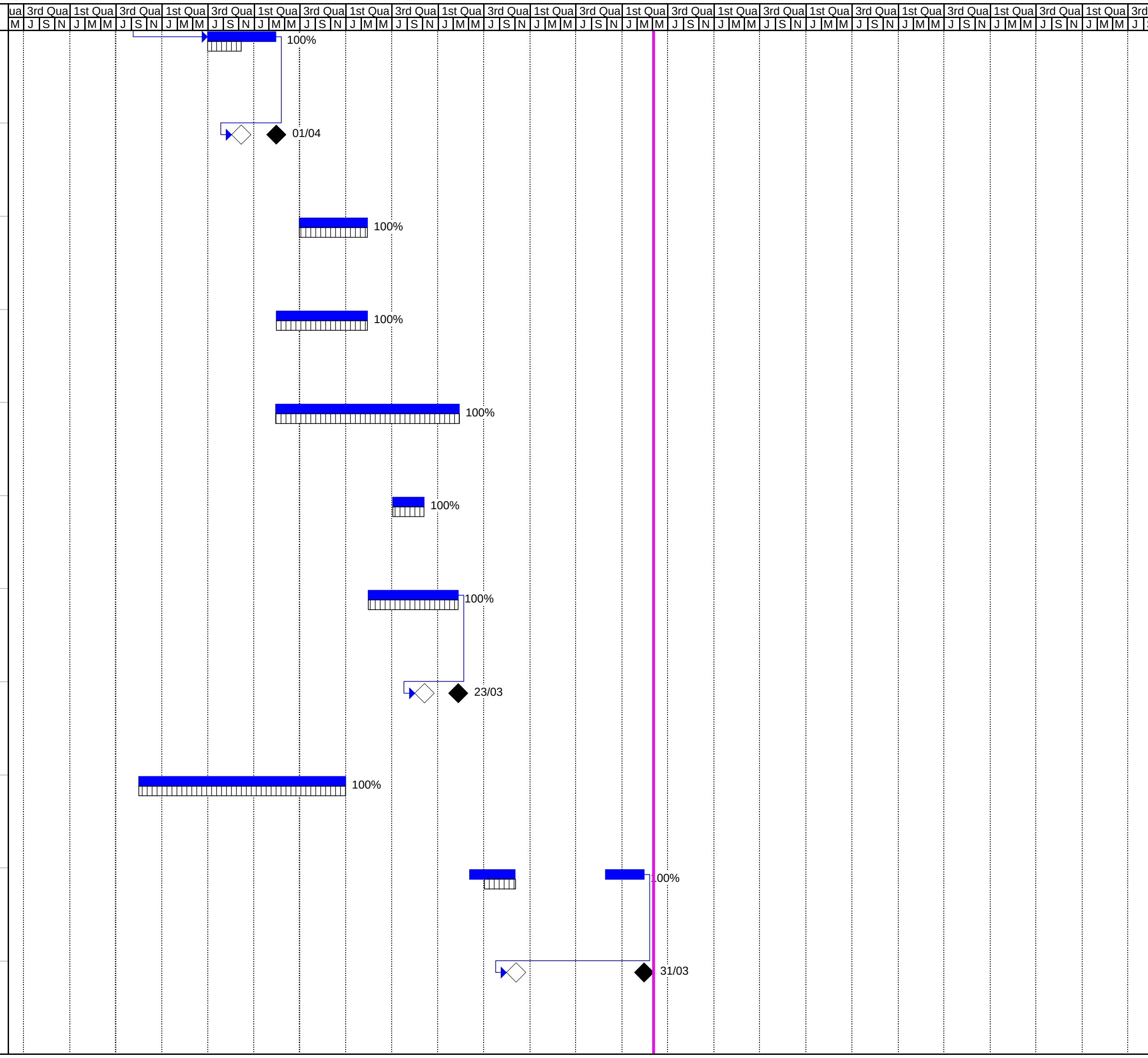
No.		Task Name	Start	Finish	Lead
12	✓	Update A&E policies and procedures (review of each document in circulation	Mon 02/10/00	Wed 30/05/01	SI
13	✓	Re-issue updated, rationalised policies and procedures service-wide (ISON)	Thu 12/10/00	Fri 28/12/01	SI
14	✓	Implement improvements outlined in Clinical governance Strategy and Caldicott	Mon 03/04/00	Fri 31/12/04	FM
15		**BRING RESOURCES IN LINE WITH DEMAND**	**Mon 02/10/00**	**Fri 30/03/07**	
15a		review workshop cover and implement change as required	Fri 01/10/04	Fri 30/03/07	MF
15b	✓	Review operational management of fleet resources and fleet size and implement	Wed 31/03/04	Fri 31/03/06	MB
15c	✓	Match call taking resources to demand.	Tue 30/03/04	Wed 25/05/05	JH
16	✓	Agree workforce planning / resource production model to permit projection of	Mon 02/10/00	Wed 15/05/02	MF
17	✓	Implement workforce planning / resource production model to permit projection of	Thu 16/05/02	Fri 31/03/06	MF
18	✓	Add additional trainers (and increase establishment of qualified trainers)	Mon 02/10/00	Mon 30/12/02	FM
19	✓	Replace front line ambulances 1 (ISON)	Mon 02/10/00	Fri 08/02/02	IT



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical Critical Progress	Task Task Progress	Baseline Baseline Milestone	Milestone Summary	Rolled Up Progress

LAS Service Improvement Programme 2001 - 2006 (March)

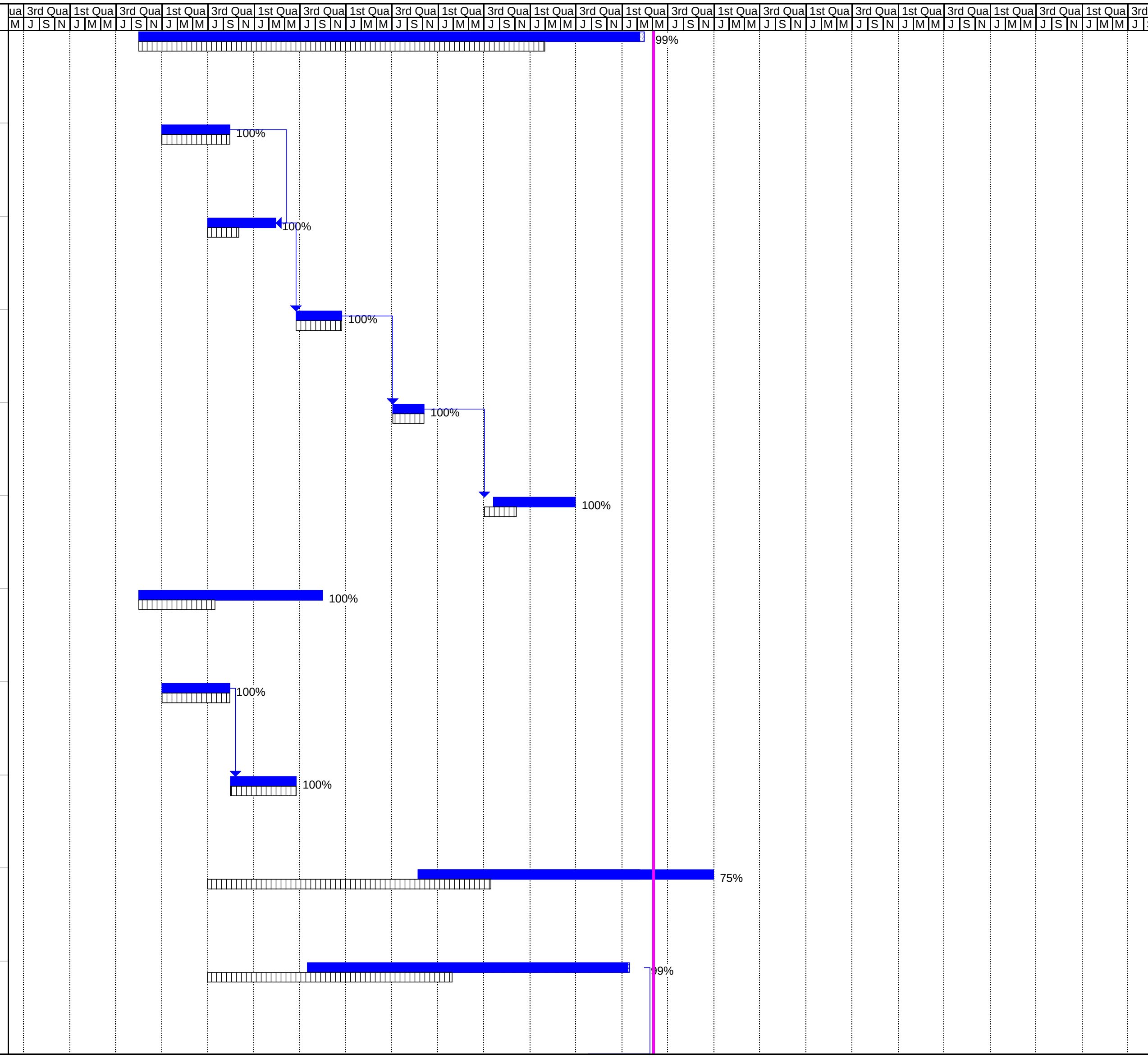
No.	Indicators	Task Name	Start	Finish	Lead
20	✓	Recruit & train additional frontline crews (on top of normal attrition) / CAC	Mon 02/07/01	Fri 29/03/02	WF / SI
21	✓	Review support arrangements following addition of operational staff	Mon 01/04/02	Mon 01/04/02	WF
23	✓	Add front line ambulances 2 (2002/03)	Mon 01/07/02	Fri 28/03/03	IT
24	✓	Recruit & train additional frontline crews (on top of normal attrition) / CAC	Mon 01/04/02	Fri 28/03/03	WF / FM
25	✓	Review support arrangements following addition of operational staff (ISON)	Fri 29/03/02	Fri 26/03/04	WF / MF
27	✓	Add front line ambulances 3 Subject to ORH research	Mon 07/07/03	Fri 07/11/03	IT
28	✓	Recruit & train add'l frontline crews (on top of normal attrition) / CAC / Admin staff 3	Tue 01/04/03	Mon 22/03/04	WF
29	✓	Review support arrangements following addition of operational staff	Tue 23/03/04	Tue 23/03/04	WF
	✓	Improvement of A&E vehicle crew and patient safety through adoption of CEN	Mon 02/10/00	Tue 31/12/02	IT
32	✓	Recruit & train add'l frontline crews (on top of normal attrition) / CAC / Admin staff 4	Fri 07/05/04	Thu 30/03/06	CH
33	✓	Review support arrangements following addition of operational staff	Fri 31/03/06	Fri 31/03/06	CH



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical		Task		Baseline		Milestone		Rolled Up Progress
	Critical Progress		Task Progress		Baseline Milestone		Summary		

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
34		Put in place an action plan to recruit more staff from under represented groups	Mon 02/10/00	Fri 31/03/06	CH
	✓	Review use of Fast Response Vehicles (ISON)	Mon 01/01/01	Fri 28/09/01	PS
36	✓	Add fast response vehicles 1 2001-2002 (ISON)	Mon 02/07/01	Fri 29/03/02	IT
37	✓	Add fast response vehicles 2 (2002/03)	Tue 18/06/02	Mon 16/12/02	IT
38	✓	Add fast response vehicles 3 (2003/04)	Mon 07/07/03	Fri 07/11/03	IT
39	✓	Add fast response vehicles 4 (2004/05)	Mon 05/07/04	Thu 30/06/05	MB
40	✓	Agree estates strategy (incl. Location and strategic deployment of resources) (ISON)	Mon 02/10/00	Mon 30/09/02	IT/ MB
42	✓	Agree fleet support levels (ISON)	Tue 02/01/01	Fri 28/09/01	IT
43	✓	Implement appropriate fleet support levels (ISON)	Mon 01/10/01	Tue 18/06/02	IT
44		Fleet computer system implementation (ISON)	Thu 01/03/01	Sun 31/12/06	MF
45		Agree resource distribution model	Fri 02/08/02	Fri 31/03/06	MF

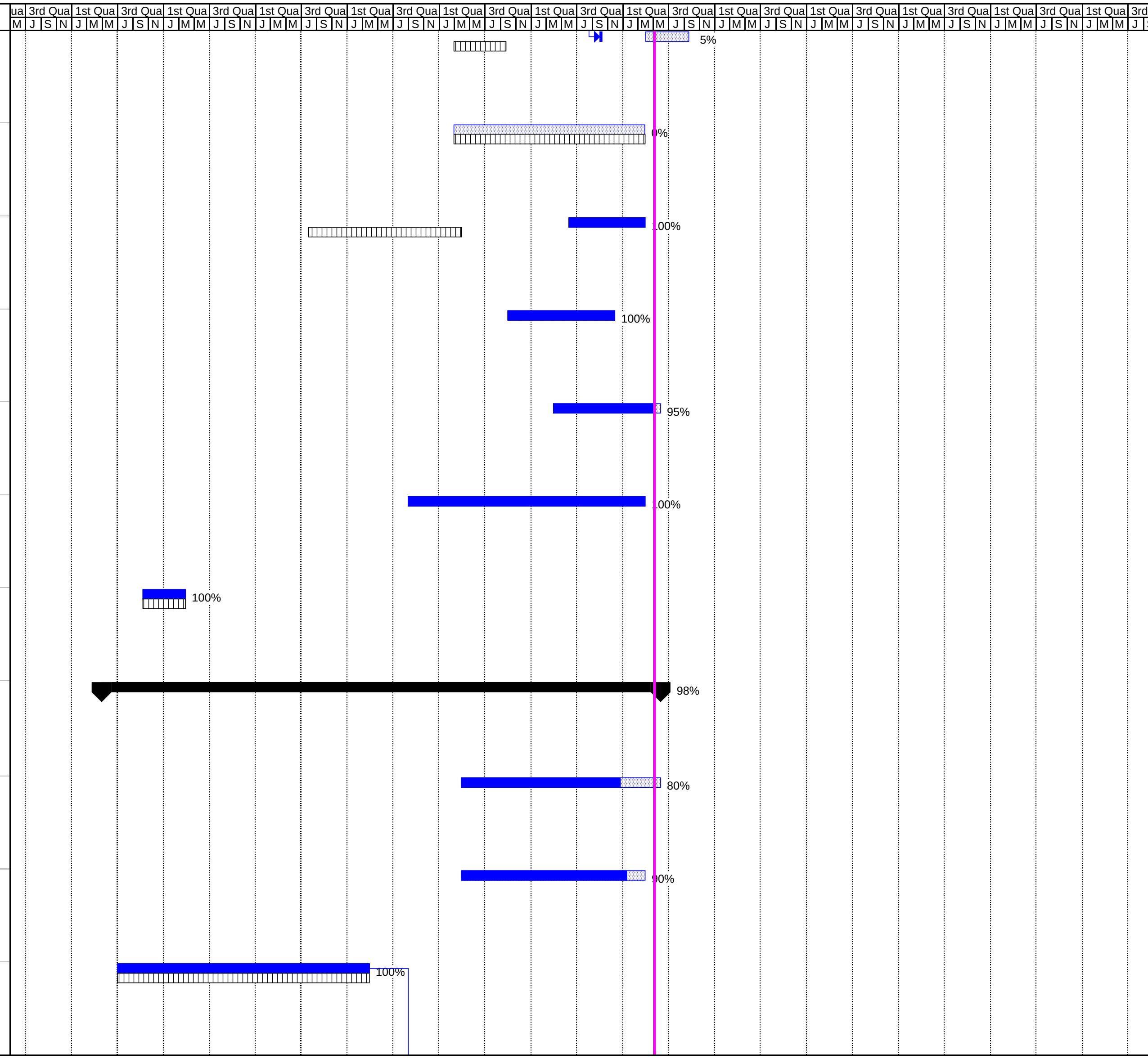


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
46		Implement appropriate resource distribution model (ISON)	Mon 03/10/05	Thu 21/09/06	MF
47		Agree activation and co-ordination arrangements for the deployment of first	Mon 01/03/04	Thu 30/03/06	MF
49	✓	Implement 999 call taking in dispatch part of CAC	Wed 01/06/05	Fri 31/03/06	Psu/JH
304	✓	Implement Urgent Operations Centre Stage 1 (i.e. excluding CTAK - see item 140)	Tue 18/05/04	Wed 30/11/05	PSu
305		Acquire 65 new ambulances (05/06)	Fri 01/04/05	Wed 31/05/06	MF
306	✓	Implment Urgent Care Service	Mon 01/09/03	Fri 31/03/06	MF
50	✓	Introduce bank of staff (ISON)	Thu 12/10/00	Fri 30/03/01	WF
51		**STRENGTHEN MANAGEMENT**	**Mon 01/05/00**	**Wed 31/05/06**	
51a		Review clinical development and education arrangements and	Wed 31/03/04	Wed 31/05/06	FM
51b		Introduce new arrangements to improve Team Leader role	Wed 31/03/04	Fri 31/03/06	MF
52	✓	Agree the sector operational model (I.e. management structure, HR, fleet, stores)	Mon 03/07/00	Mon 31/03/03	PB

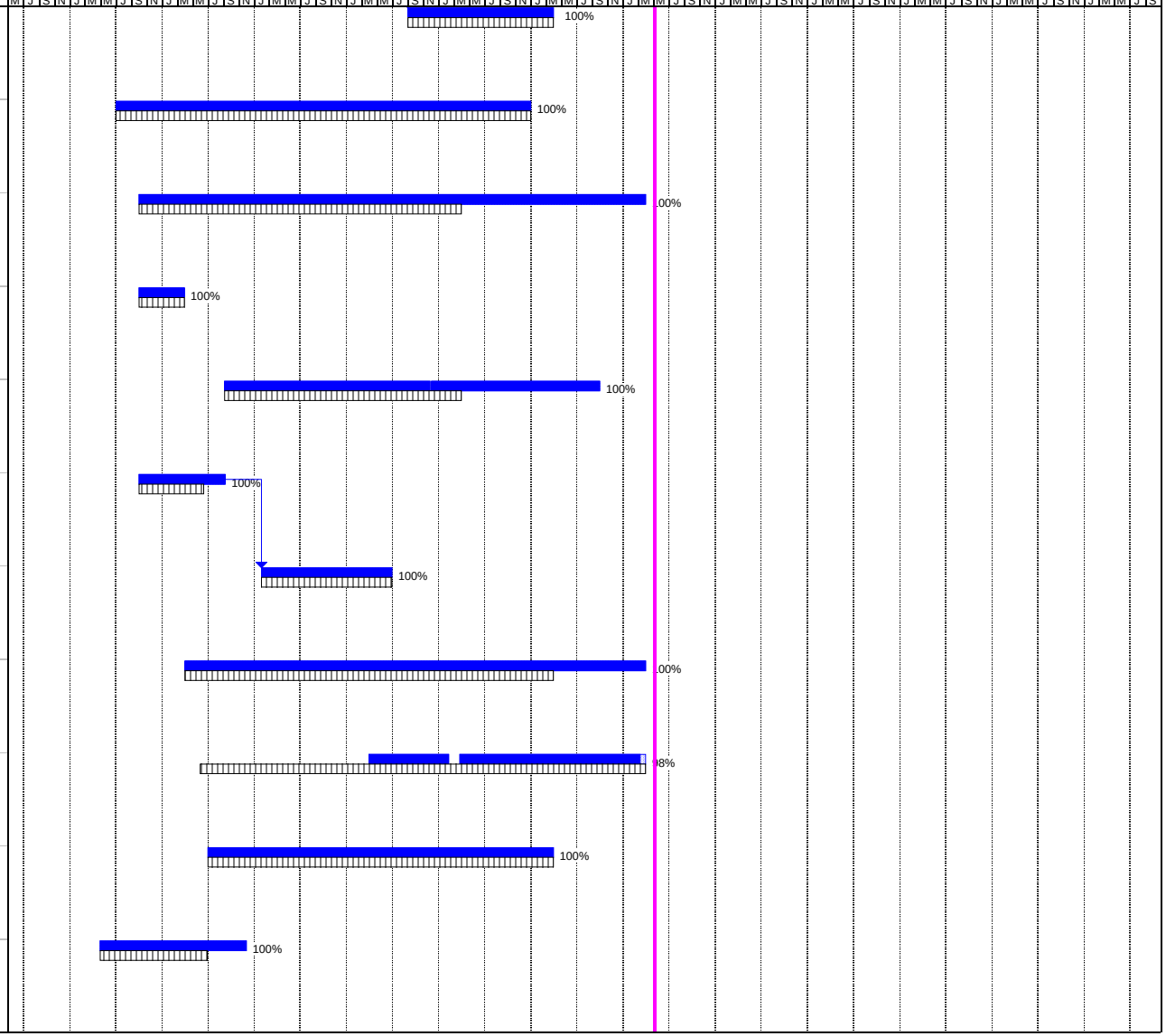


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

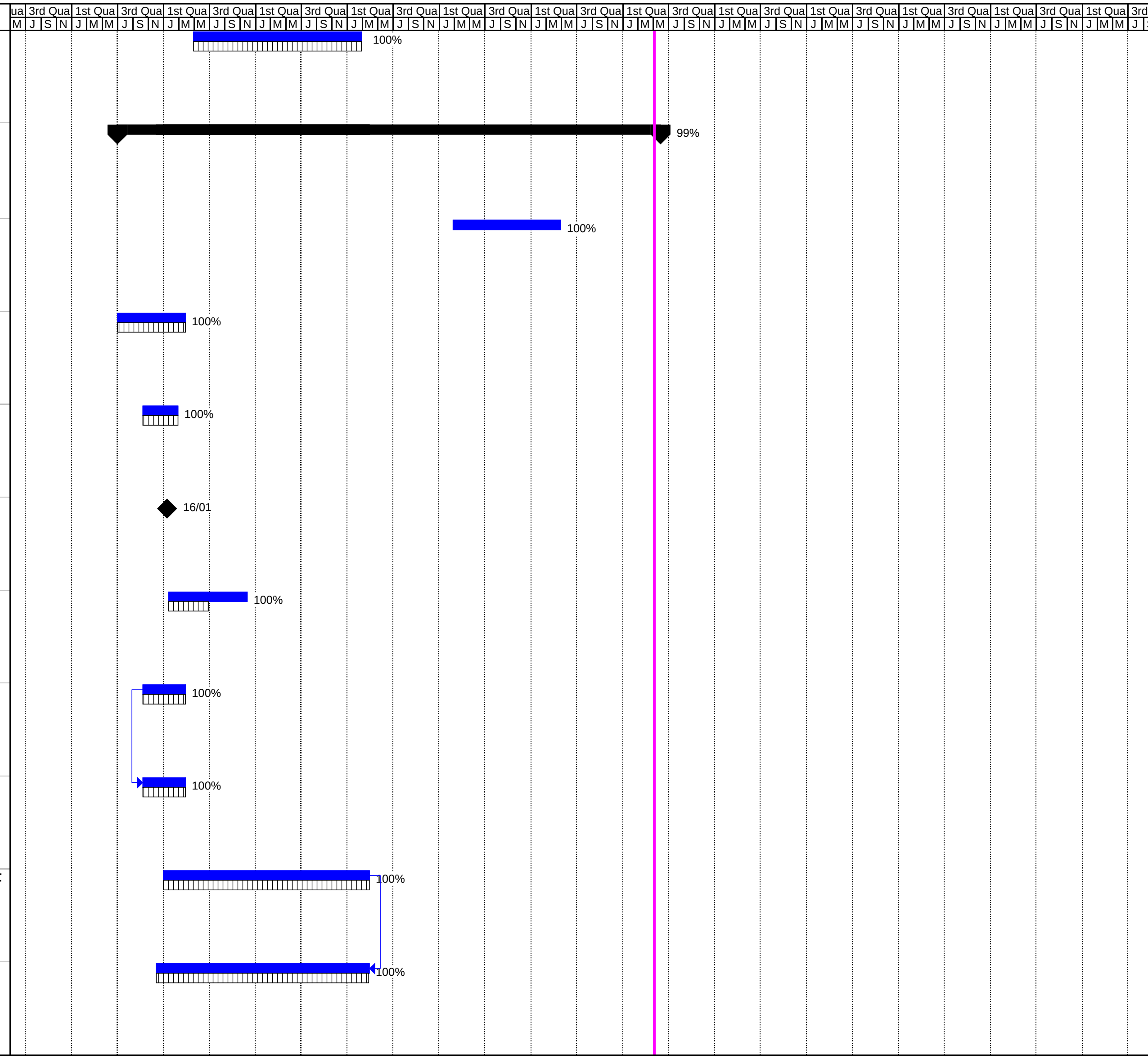
No.	Task Name	Start	Finish	Lead
53	Implement the sector operational model (I.e. management structure, HR, fleet, stores)	Tue 02/09/03	Thu 31/03/05	MF
54	Review and add appropriate support for station officers (ISON)	Mon 03/07/00	Fri 31/12/04	MF
55	Introduce & roll out Team Leader programme (ISON)	Mon 02/10/00	Fri 31/03/06	MF
56	Complete (A&E) document management system (ISON)	Mon 02/10/00	Fri 30/03/01	SI
251	Implement a document management system for archives	Thu 06/09/01	Fri 30/09/05	PSu
57	Review and make proposals to station operating systems (ISON)	Mon 02/10/00	Fri 07/09/01	KA
58	Implement revised station operating systems based on above review (ISON)	Wed 30/01/02	Mon 30/06/03	MF
59	Introduce & maintain clinical refresher training courses for all operational managers	Mon 02/04/01	Fri 31/03/06	FM
60	Develop and implement support staff PDR Process management	Tue 01/04/03	Fri 31/03/06	CH
61	Develop and implement a leadership development programme for all LAS	Mon 02/07/01	Thu 31/03/05	WF
62	Review financial accountability and control systems	Mon 01/05/00	Fri 30/11/01	MJ



Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical
Critical Progress
Task
Task Progress
Baseline
Baseline Milestone
Milestone
Summary
Rolled Up Progress

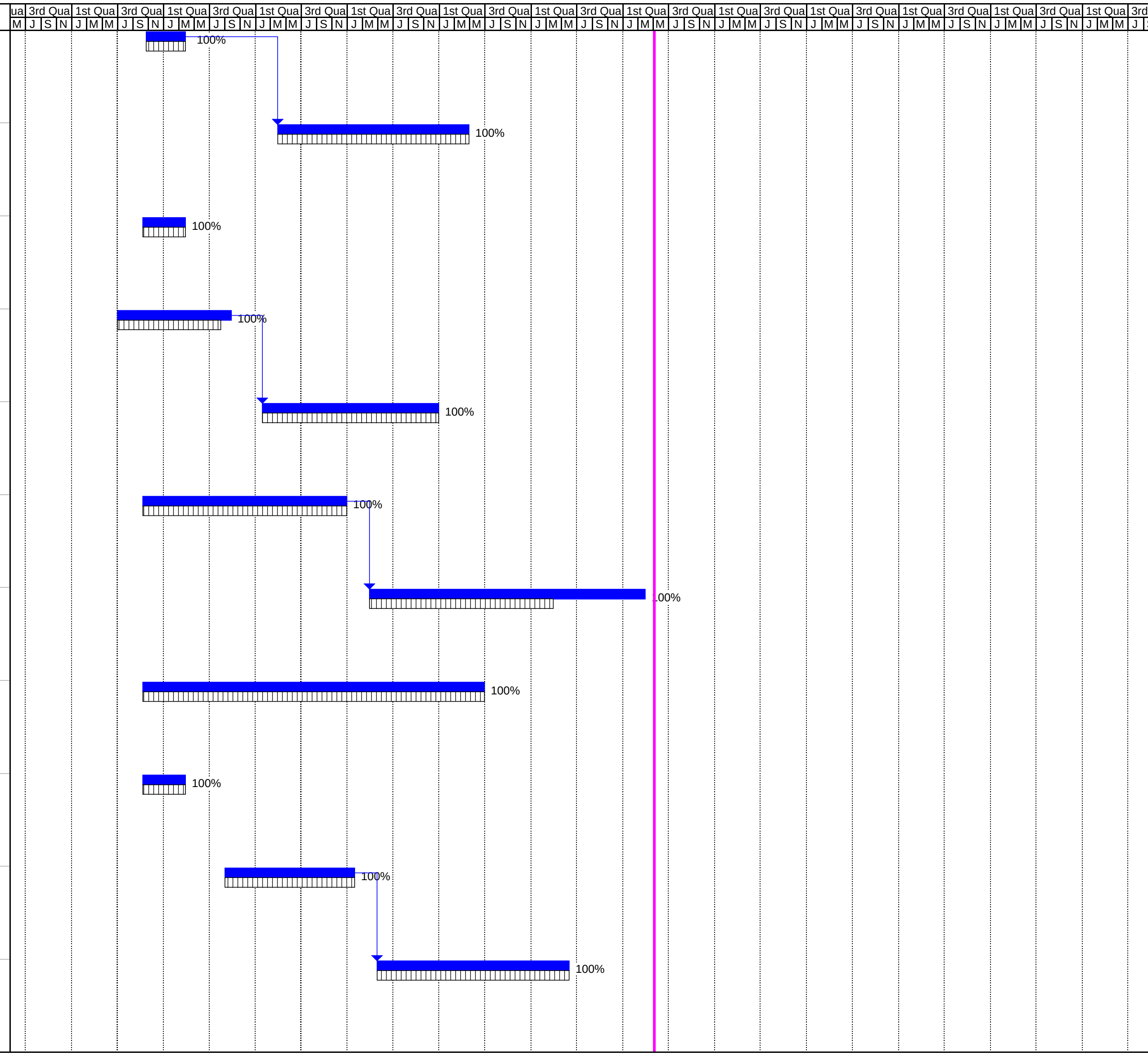
No.		Task Name	Start	Finish	Lead
63	✓	Review control of overtime payments	Tue 01/05/01	Fri 28/02/03	MJ
64		**IMPROVE SUPPORT FOR STAFF**	**Mon 03/07/00**	**Wed 31/05/06**	
64b	✓	Review retirement arrangements and make case nationally	Fri 27/02/04	Fri 29/04/05	WF
65	✓	Ensure new payroll system performs to agreed requirements (ISON)	Mon 03/07/00	Fri 30/03/01	WF
66	✓	Temporarily improve pay arrangements for Winter (ISON)	Thu 12/10/00	Wed 28/02/01	WF
67	✓	Pay A&E crews full mileage rate for travel between stations (ISON)	Tue 16/01/01	Tue 16/01/01	WF
68	✓	Review policy for reimbursing all staff who use their personal cars (ISON)	Mon 22/01/01	Fri 30/11/01	WF
69	✓	Increase funded relief factor from 29.5% to 33% (ISON)	Thu 12/10/00	Fri 30/03/01	MF
70	✓	Introduce and adjust improved appropriate geographical postings for recruits (ISON)	Thu 12/10/00	Fri 30/03/01	MF
149	✓	Agree on and implement operational resource flexibility	Mon 01/01/01	Mon 31/03/03	WF / MF
71	✓	Introduce long term pay improvement strategy - linked to operational flexibility	Mon 04/12/00	Mon 31/03/03	WF



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006					
	Critical	Task	Baseline	Milestone	Rolled Up Progress
	Critical Progress	Task Progress	Baseline Milestone	Summary	

LAS Service Improvement Programme 2001 - 2006 (March)

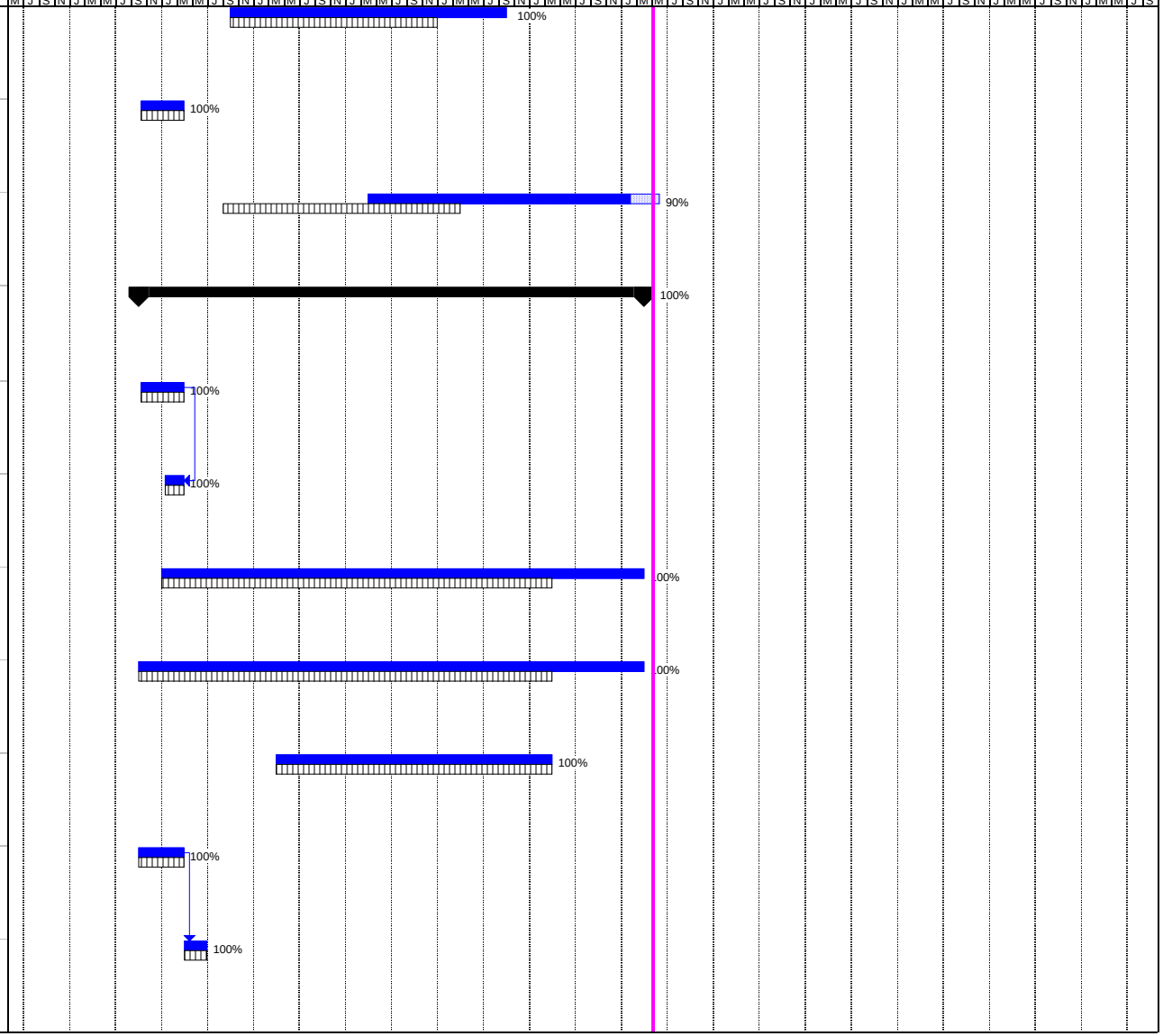
No.		Task Name	Start	Finish	Lead
72	✓	Undertake a review of resource centres	Mon 02/10/00	Fri 30/03/01	MF
73	✓	Implement operation of resource centres following review recommendations	Mon 01/04/02	Fri 30/04/04	MF
74	✓	Provide fund for local use to improve staff facilities (incl. lockers) (ISON)	Thu 12/10/00	Fri 30/03/01	SI
75	✓	Review staff support systems (welfare, counselling)	Mon 03/07/00	Fri 28/09/01	WF
76	✓	Implement staff support systems (welfare, counselling) (ISON)	Wed 30/01/02	Wed 31/12/03	WF
78	✓	Improve service provided by uniform suppliers - processes (ISON)	Thu 12/10/00	Tue 31/12/02	MB
78a	✓	Continual improvement provided by uniform supplier through SLA agreement	Tue 01/04/03	Fri 31/03/06	MB
79	✓	Review uniform supplier, quality and supply - tender with existing uniform (ISON)	Thu 12/10/00	Wed 30/06/04	MB
80	✓	Re-establish pool dress uniform (incl. Female and PTS staff) and systems for	Thu 12/10/00	Fri 30/03/01	SI / KA
81	✓	Develop a new uniform, incl. PTS, specification (incl. functionality) and	Mon 03/09/01	Fri 31/01/03	MB / KA
81a	✓	Introduction and roll out of new uniform (A&E Ops) - Feb 04/April 04, (CAC &	Thu 01/05/03	Thu 02/06/05	MB



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical		Task		Baseline		Milestone		Rolled Up Progress	
	Critical Progress		Task Progress		Baseline Milestone		Summary			

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
82	Introduce health promotion scheme for staff including voluntary medical	Mon 01/10/01	Thu 30/09/04	WF
83	Create a new post to be responsible for recognising achievements, long	Thu 12/10/00	Fri 30/03/01	DJ
85	Develop and implement a strategy for seeking corporate sponsorship	Tue 01/04/03	Wed 31/05/06	DJ/MD
86	**IMPROVE CREW SAFETY**	**Mon 02/10/00**	**Fri 31/03/06**	
87	Raise public awareness regarding staff safety	Thu 12/10/00	Fri 30/03/01	DJ / WF
88	Appoint a Staff Safety Officer	Mon 15/01/01	Fri 30/03/01	WF
89	Develop closer liaison with Metropolitan Police Service (ISON)	Mon 01/01/01	Fri 31/03/06	MF
90	Develop liaison with Crown Prosecution Service (ISON)	Mon 02/10/00	Fri 31/03/06	MF
91	Develop protocol to facilitate improved rate of prosecution (ISON)	Mon 01/04/02	Thu 31/03/05	MF
92	Implement interim arrangement for a system of tagging in CAC for dangerous	Mon 02/10/00	Fri 30/03/01	IT / PS
93	Introduce automatic warning system in CAC for known dangerous locations (ISON)	Mon 02/04/01	Fri 29/06/01	IT / PS

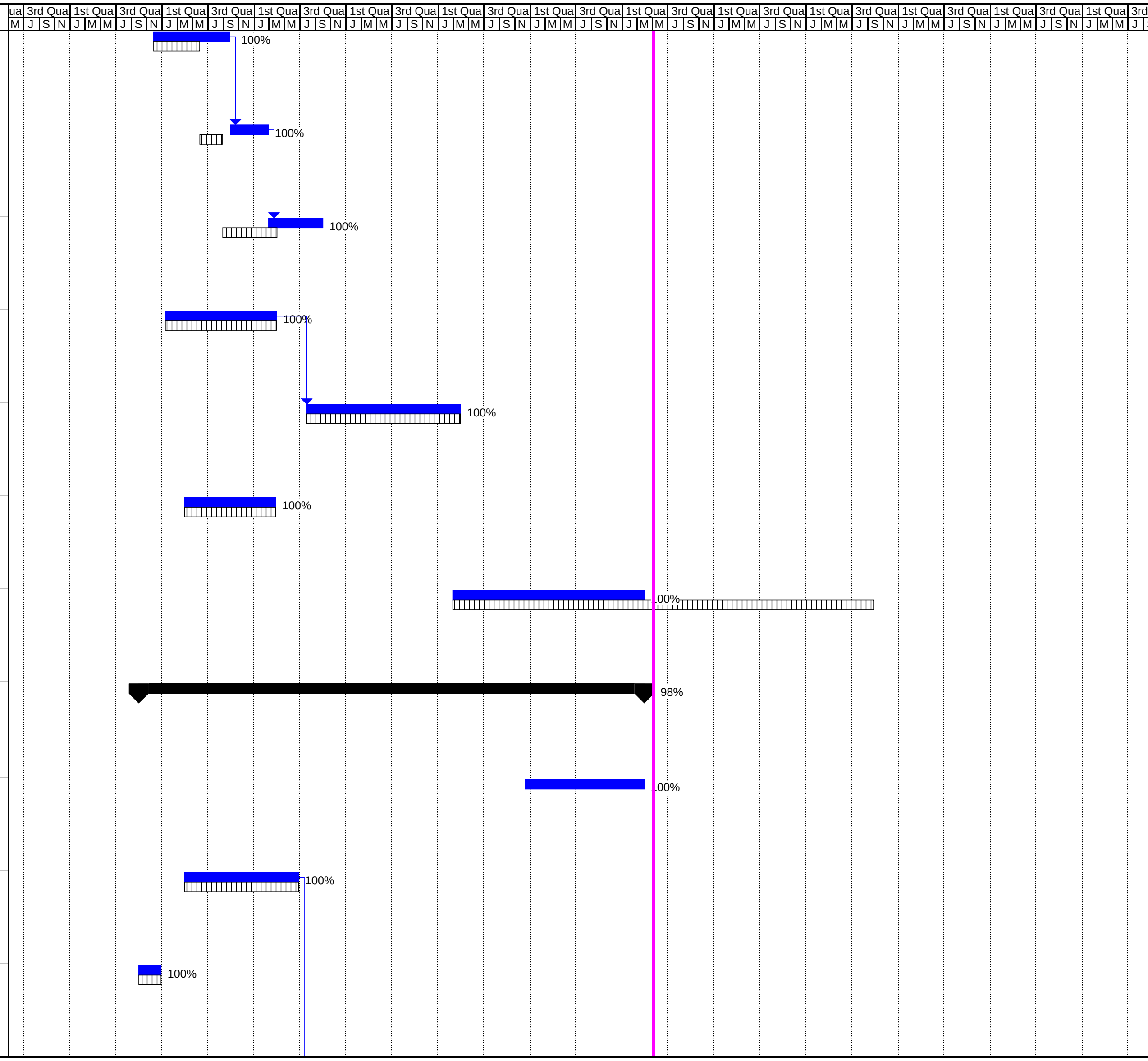


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
94	✓	Trial open channels hand held radios on cars at Fulham (RRUs)	Thu 30/11/00	Fri 28/09/01	IT
95	✓	Identify and review effective (short term) away from vehicle communication	Mon 01/10/01	Thu 28/02/02	IT
96	✓	Introduce effective (short term) away from vehicle communications	Fri 01/03/02	Wed 02/10/02	IT
98	✓	Conduct, evaluate and implement the final trial of stab proof vests (ISON)	Mon 15/01/01	Mon 01/04/02	SI / WF
98a	✓	Roll out Stab Proof vests (includes wearer trails and selection of product)	Wed 31/07/02	Wed 31/03/04	MB
99	✓	Devise and implement personal safety training (ISON)	Mon 02/04/01	Fri 29/03/02	SI/ WF
100	✓	Separate car driver assessment and training as required for FRUs	Mon 01/03/04	Fri 31/03/06	FM
101		**MANAGE DEMAND**	**Mon 02/10/00**	**Fri 31/03/06**	
101a	✓	Reduce inappropriate use by NHS colleagues	Mon 01/03/04	Fri 31/03/06	JH/PB
102	✓	Assess existing pilot schemes (e.g. 'treat and refer'), roll out as appropriate	Mon 02/04/01	Fri 28/06/02	FM / KJ
103	✓	Integrate AMPDS into CAC call taking system	Mon 02/10/00	Fri 29/12/00	IT

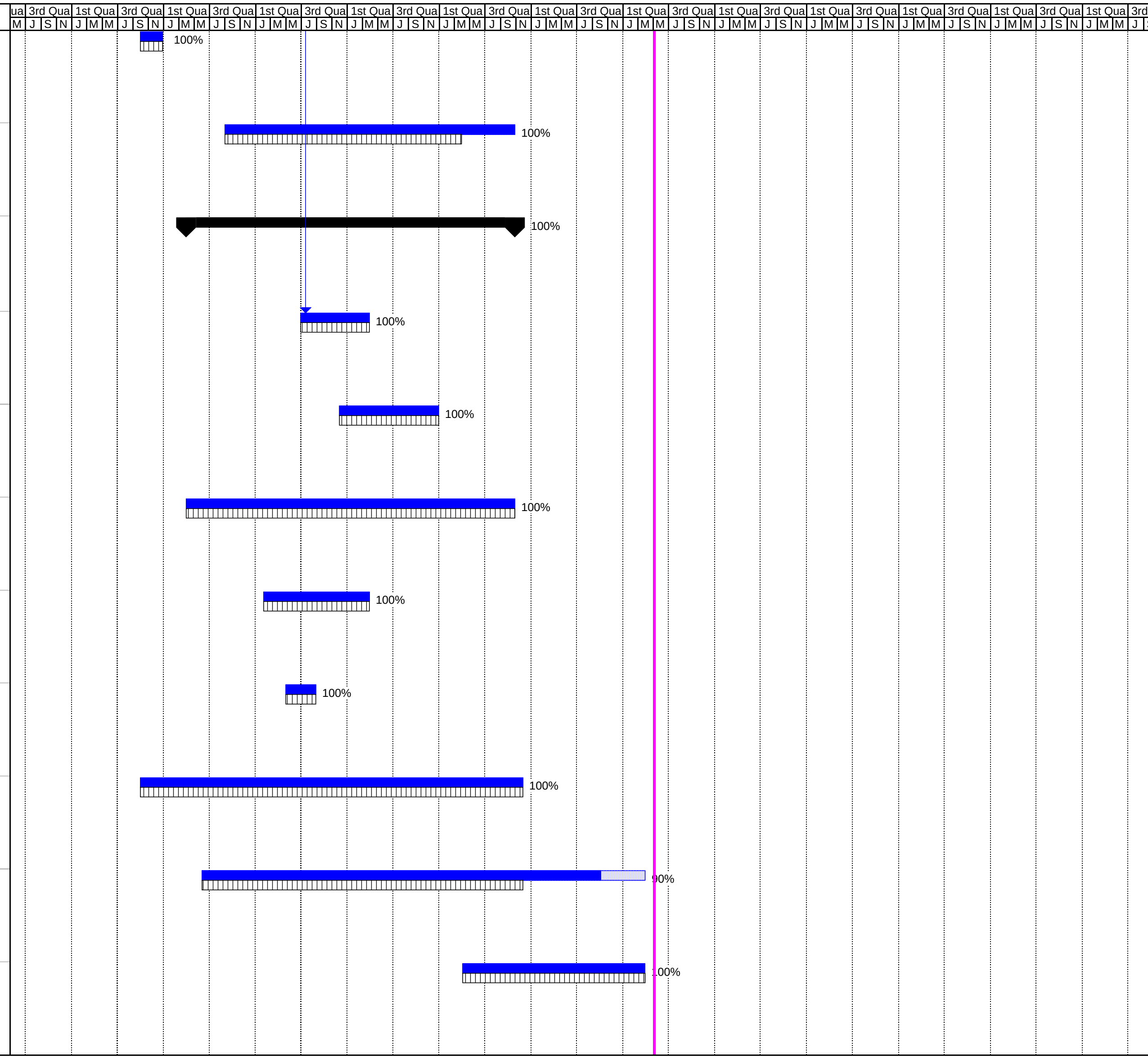


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
104	✓	Introduce telephone advice in CAC-CTA (ISON)	Mon 02/10/00	Fri 29/12/00	PS
106	✓	Review and if appropriate implement a changed role for Whitebase, in the	Mon 03/09/01	Fri 29/10/04	PS
107	✓	**Identify alternative responses & destinations for patients. Develop,**	**Mon 02/04/01**	**Fri 29/10/04**	**KJ**
107a	✓	Produce report on MIU R&D study, identify action requirements and	Mon 01/07/02	Mon 31/03/03	KJ
107b	✓	Secure funding for emergency care practioner project and set up (Set up	Mon 02/12/02	Wed 31/12/03	KJ
107c	✓	Participate in partnership projects about Reforming Emergency Care	Mon 02/04/01	Fri 29/10/04	KJ
107d	✓	Take forward work on elderly fallers (research bid, set up LAS Falls group.	Mon 04/02/02	Mon 31/03/03	KJ
107e	✓	Evaluate Green responder Pilot scheme in SW sector	Fri 03/05/02	Fri 30/08/02	PS
108	✓	Develop and introduce revised training programmes to support introduction of	Mon 02/10/00	Tue 30/11/04	FM
109		Develop and implement an ongoing and comprehensive system of determining	Mon 04/06/01	Fri 31/03/06	KJ
110	✓	Introduce Public Education Programme	Mon 05/04/04	Thu 30/03/06	DJ

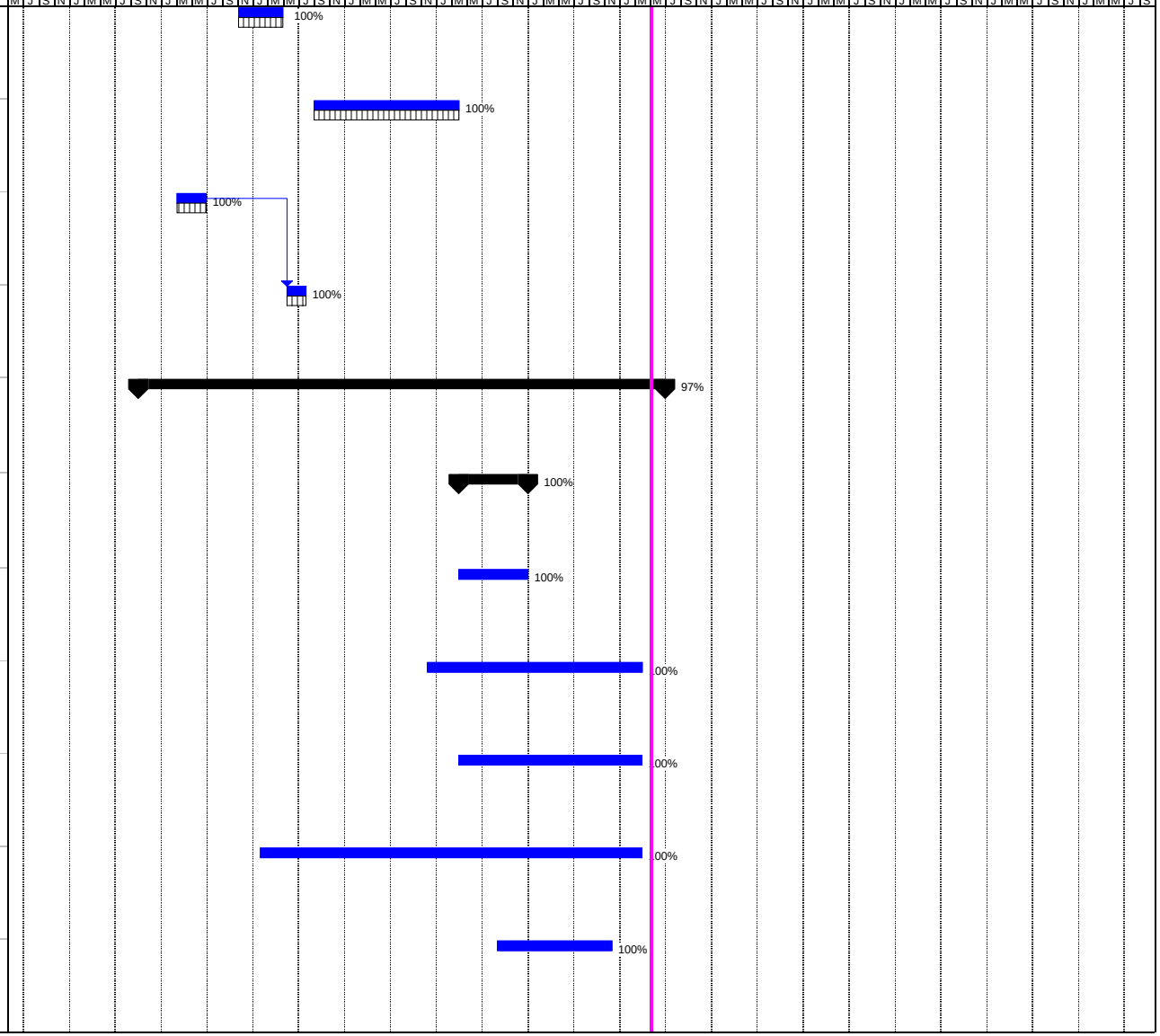


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
111	Initiate a publicity campaign over inappropriate use	Mon 05/11/01	Tue 30/04/02	DJ
112	Implement business continuity arrangements for payroll, PTS, Resource	Mon 02/09/02	Wed 31/03/04	IT
249	Evaluate the need for a Cycle Response Unit (ISON)	Mon 05/03/01	Fri 29/06/01	KJ
250	Implement (if necessary) a Cycle Response Unit	Fri 17/05/02	Wed 31/07/02	MF / KJ
113	**IMPROVE CLINICAL EFFECTIVENESS**	**Mon 02/10/00**	**Fri 30/06/06**	
64a	**Review management of mental health patients and implement change as**	**Wed 31/03/04**	**Fri 31/12/04**	**KJ**
113a	Implement action plan following commission for health improvement	Wed 31/03/04	Fri 31/12/04	MD
113b	Implement revised paramedic re-certification course	Fri 28/11/03	Fri 31/03/06	FM
113c	To Explore, Pilot and if appropriate implement LAS assistance to GP out of hours. Needs	Wed 31/03/04	Thu 30/03/06	KJ
113d	Evaluate and roll out Emergency Care Practioners	Thu 31/01/02	Thu 30/03/06	KJ
113e	Asset tracking Phase 1 (manual system)	Wed 01/09/04	Wed 30/11/05	MF

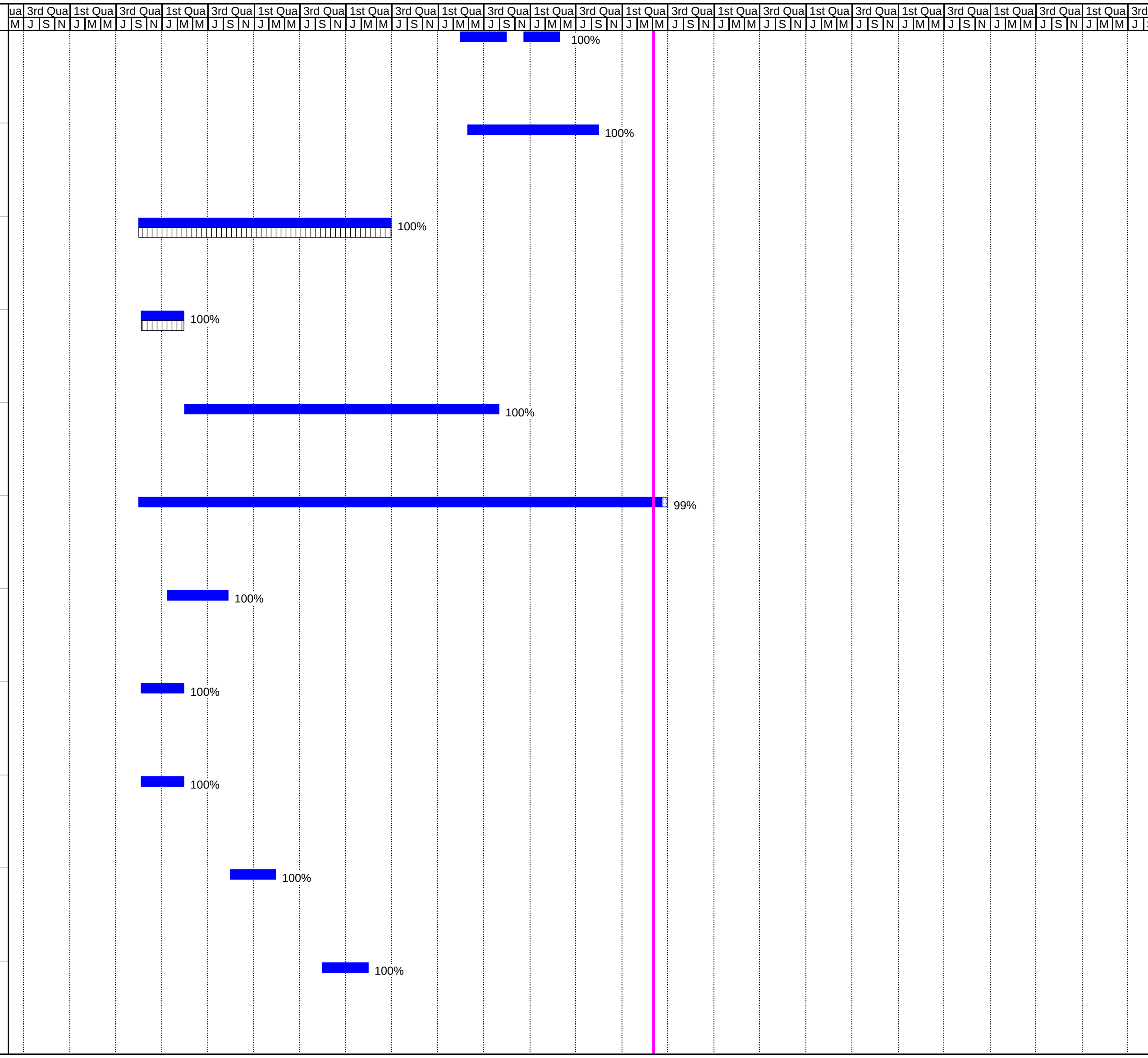


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
113f	Introduce version 11.2 AMPDS	Wed 31/03/04	Fri 29/04/05	JH
113g	Review logistics and implement change	Fri 30/04/04	Fri 30/09/05	MB
114	Develop and introduce cardiac care strategy (ISON)	Mon 02/10/00	Mon 30/06/03	FM / KJ
115	Acquire and commence roll out of a new 'shock box' (ISON)	Thu 12/10/00	Fri 30/03/01	SI / FM
116	Replacement defibrillator programme	Mon 02/04/01	Tue 31/08/04	MB/FM
119	Overhaul complaints investigation process including defining management	Mon 02/10/00	Fri 30/06/06	PB
120	Review equipment and supply systems	Tue 23/01/01	Fri 21/09/01	SI
121	Raise staff awareness of AMPDS category contents	Thu 12/10/00	Fri 30/03/01	FM/PS
122	Review content of AMPDS categories (ISON)	Thu 12/10/00	Fri 30/03/01	FM / KJ / PS
123	Review content of AMPDS categories 2 (ISON)	Mon 01/10/01	Fri 29/03/02	FM / KJ / PS
124	Review content of AMPDS categories 3	Tue 01/10/02	Mon 31/03/03	FM / KJ / PS

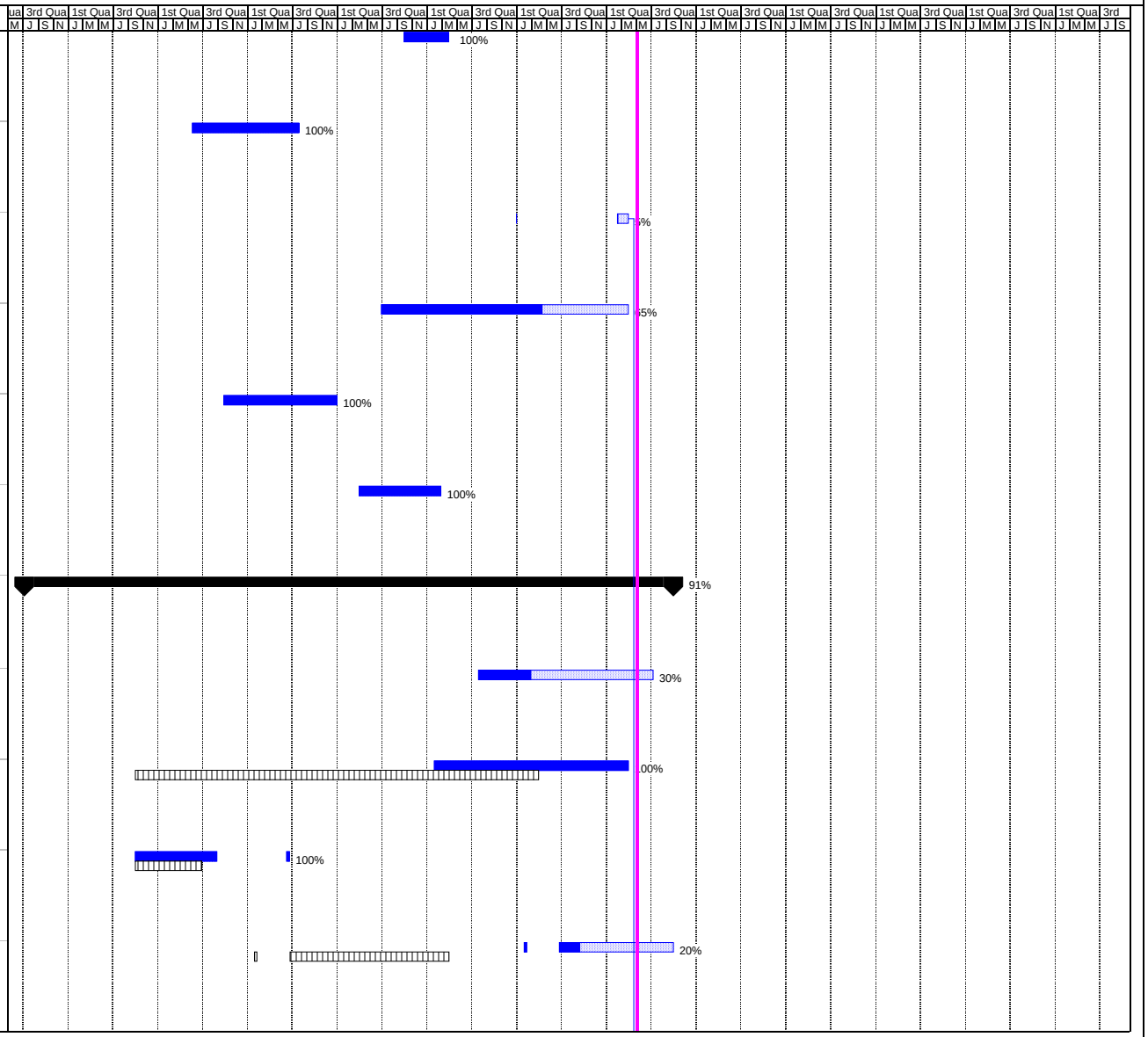


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Critical Progress | Task | Task Progress | Baseline | Baseline Milestone | Milestone | Summary | Rolled Up Progress

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
125	Review content of AMPDS categories 4	Wed 01/10/03	Tue 30/03/04	FM / KJ / PS
129	Develop a capacity to meet targets identified by National Service Frameworks (CHD)	Tue 22/05/01	Mon 29/07/02	KJ / FM
129a	Develop Long-term conditions strategy	Fri 31/12/04	Fri 31/03/06	KJ
129b	Develop and introduce older persons strategy	Tue 01/07/03	Fri 31/03/06	KJ
252	Improve drug issue and storage arrangements (ISON)	Thu 27/09/01	Tue 31/12/02	MB
252a	Roll out Drug Management Scheme	Tue 01/04/03	Fri 27/02/04	MB
130	**IMPROVE PRODUCTIVITY & RESPONSE TIMES**	**Thu 08/07/99**	**Sat 30/09/06**	
130b	Introduce 3 satallite station sites per annum (towards 25 total)	Wed 31/03/04	Mon 10/07/06	MD
131	Review and optimise administrative handover of patients (ISON)	Sun 01/02/04	Fri 31/03/06	MF
132	Review and recommend improvements to the performance of	Mon 02/10/00	Fri 21/06/02	MJ
31	Fully Integrated Supply Chain	Tue 01/02/05	Sat 30/09/06	MD

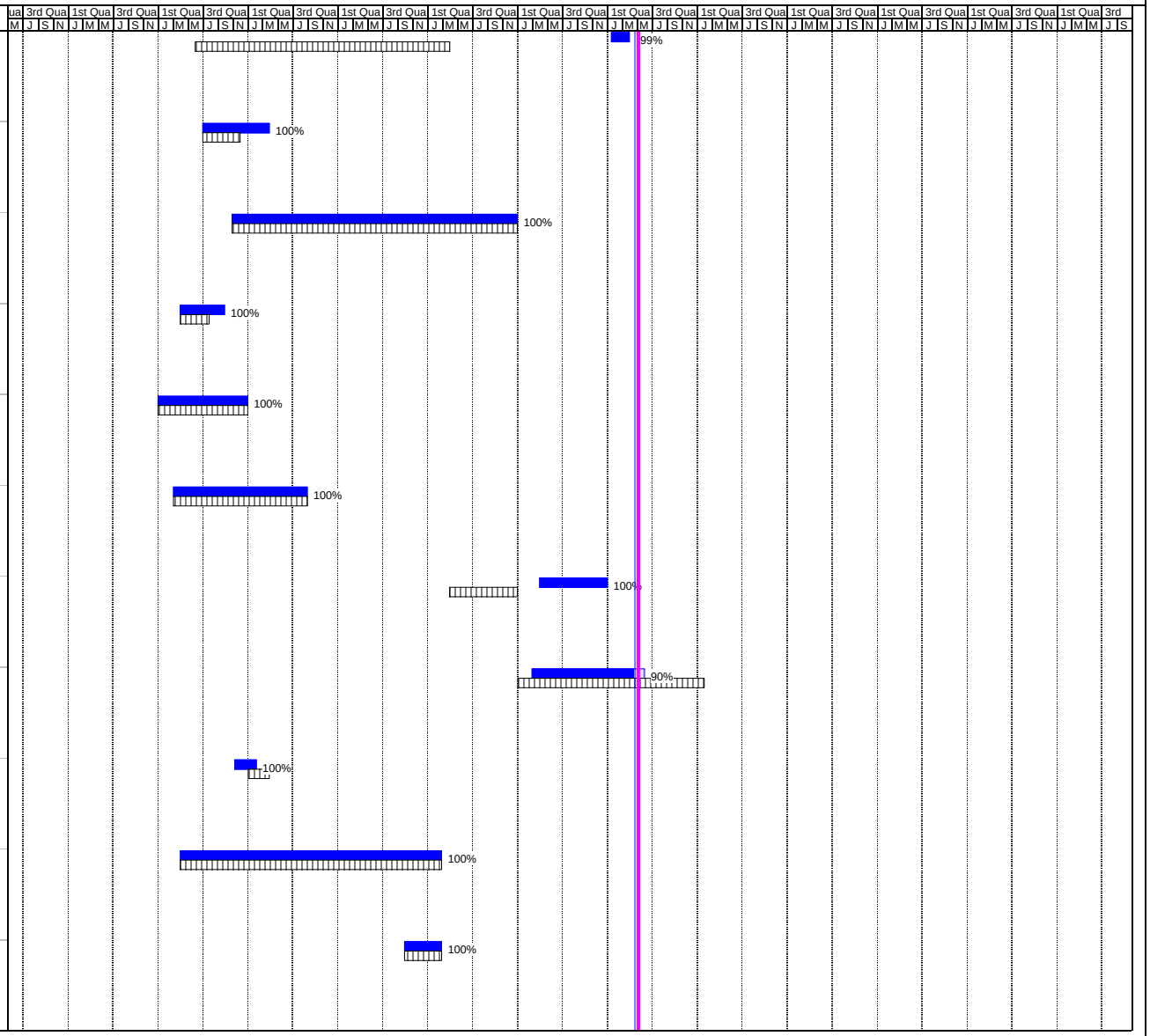


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
133	Review and implement appropriate arrangements for control of subsistence	Thu 08/07/99	Fri 31/03/06	CH
134	Review 12 hour shifts in line with working time directive	Mon 02/07/01	Fri 29/03/02	WF
135	Develop and implement an action plan to review flexible working in line with the	Mon 29/10/01	Fri 31/12/04	WF
136	Introduce mapping and AVLS into CAC (Allocators only)	Mon 02/04/01	Fri 28/09/01	IT
137	Increase effective communications capacity on Sectors (i.e. reduce radio	Mon 01/01/01	Mon 31/12/01	PS
138	Trial mobile data on RRU - (ISON)	Mon 05/03/01	Fri 30/08/02	IT
139	CAD plan Phase 2 Stage 1: define the user requirement for a new CAD system,	Fri 01/04/05	Sat 31/12/05	PSu
140	CAD plan Phase 1: implement Ctak for Urgent Care and FRUs on sector desks (see	Tue 01/03/05	Wed 31/05/06	PSu
141	Evaluate electronic mapping systems for A&E vehicles (ISON)	Thu 08/11/01	Mon 04/02/02	IT
142	Mobile data terminals (MDTs) on A&E vehicles	Mon 02/04/01	Fri 27/02/04	IT
143	Implement operational management cat A response capability (ISON)	Tue 30/09/03	Fri 27/02/04	PS

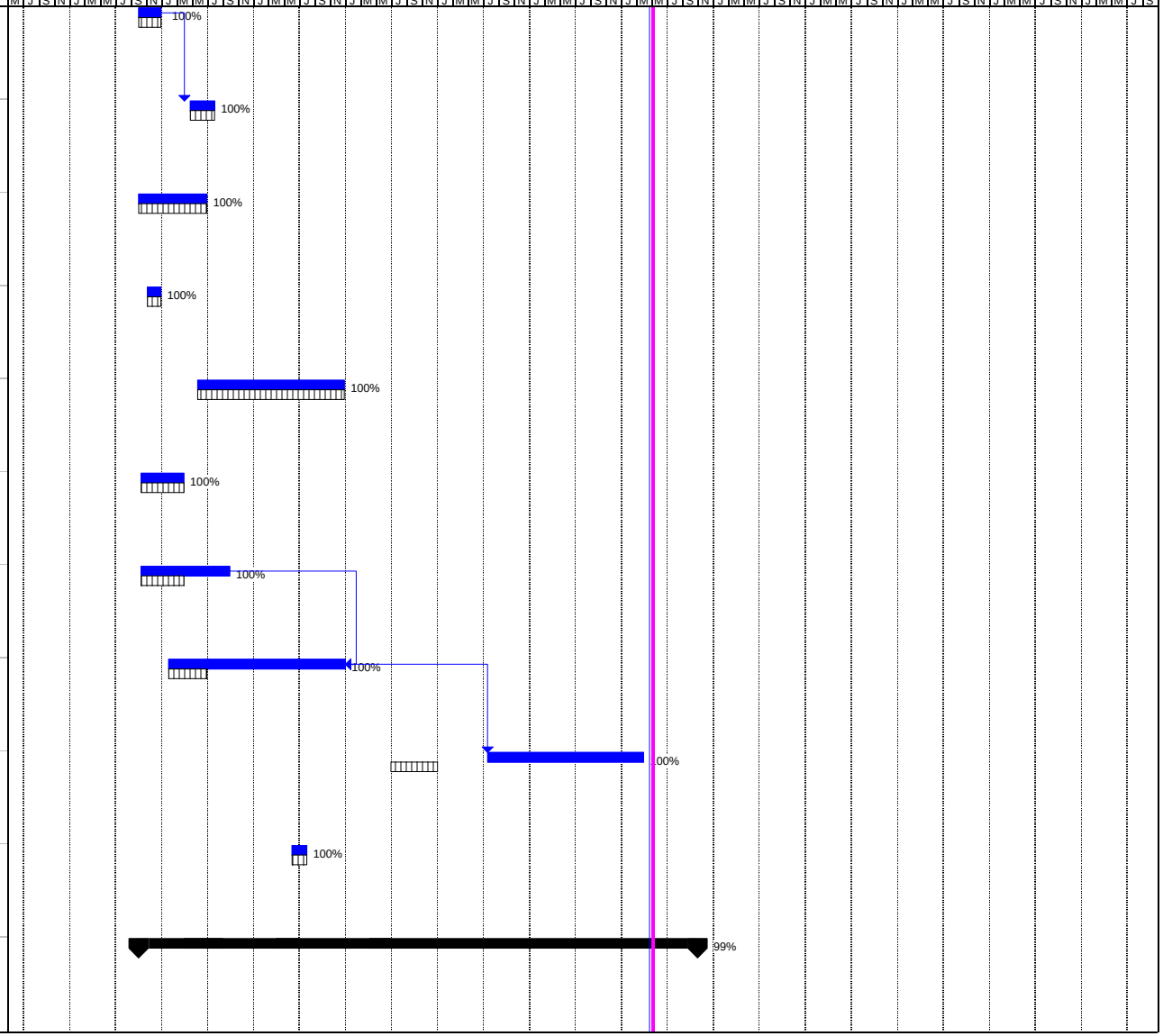


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
144	Agree strategy for PTS	Mon 02/10/00	Fri 29/12/00	KA
145	PTS support for A&E - introduce a pilot scheme	Mon 02/04/01	Mon 30/07/01	KJ / KA
146	Develop Improvement Programme for PTS	Mon 02/10/00	Fri 29/06/01	KA
147	Communicate and consult on PTS Improvement Programme	Mon 06/11/00	Fri 29/12/00	KA
151	Review the role of the pan London bed management system within EBS	Fri 16/03/01	Fri 27/12/02	KJ/PS
152	Roll out printers on station	Thu 12/10/00	Fri 30/03/01	IT / MF
153	Introduce pilot scheme for cleaning ambulances	Thu 12/10/00	Fri 28/09/01	SI
154	Evaluate and introduce innovative initiatives for ensuring vehicles are always fully equipped,	Mon 29/01/01	Tue 31/12/02	MB
154b	Implement cleaning vehicles and Make Ready	Mon 19/07/04	Thu 30/03/06	MF
155	Implement recommendations from review of equipment and supply systems,	Mon 03/06/02	Wed 31/07/02	MB
156	**IMPROVE STAFF INVOLVEMENT**	**Mon 02/10/00**	**Mon 30/10/06**	

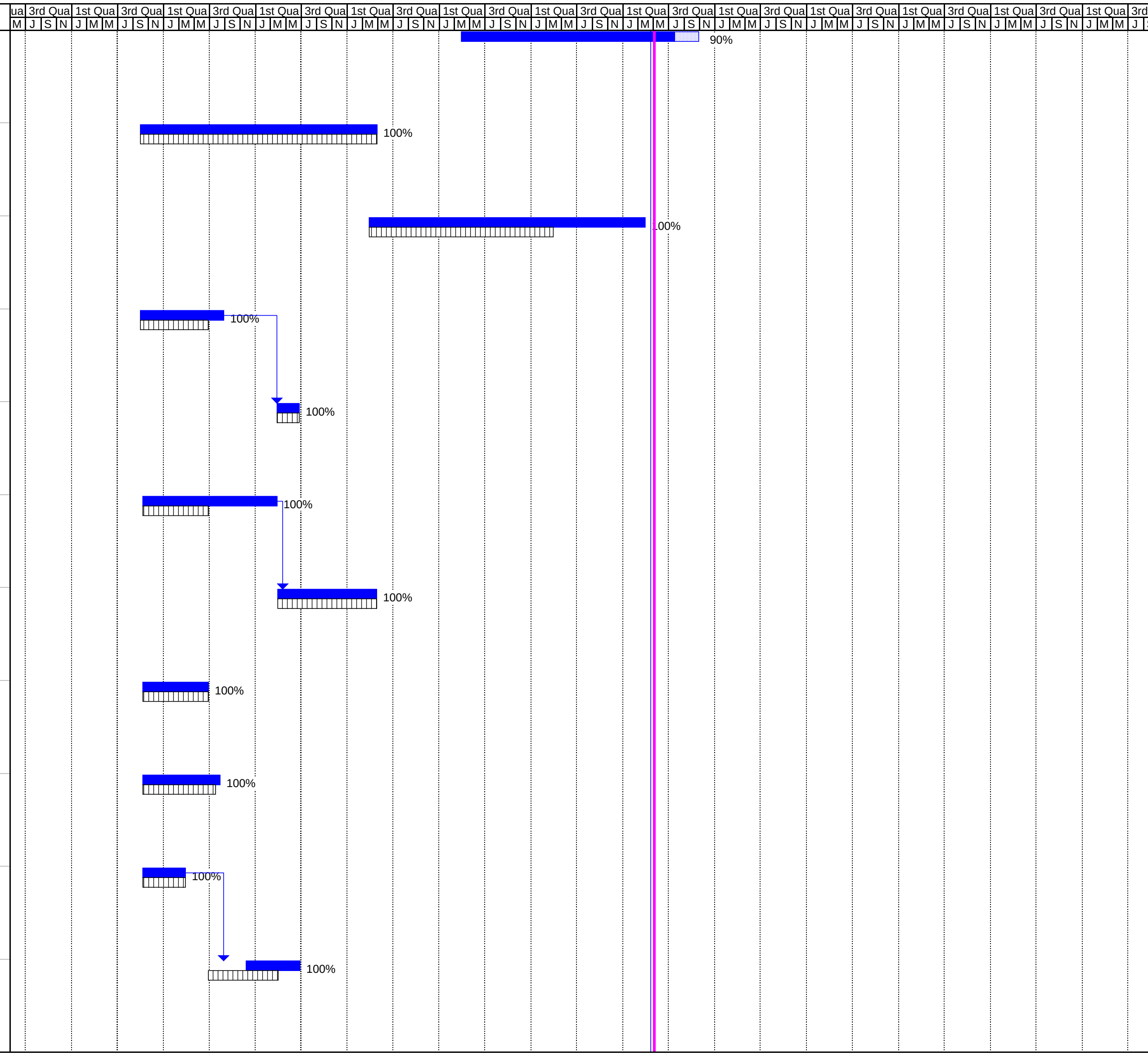


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
156b		Develop effective communication plans for complexes	Wed 31/03/04	Mon 30/10/06	DJ
157	✓	Develop a partnership agreement with staff side	Mon 02/10/00	Wed 30/04/03	WF
157a	✓	Implement Partnership Agreement to achieve Modernisation & Pay	Mon 31/03/03	Fri 31/03/06	WF
158	✓	Make recommendations to strengthen internal communications	Mon 02/10/00	Wed 29/08/01	DJ
254	✓	Implement recommended internal communication improvements (New	Fri 29/03/02	Tue 25/06/02	DJ
159	✓	Develop and implement LAS internet and commence intranet	Thu 12/10/00	Fri 29/03/02	DJ
159a	✓	Develop & implement LAS intranet	Mon 01/04/02	Tue 29/04/03	DJ
160	✓	Connect CAC mess room, Whitebase and EBS to LAS email system	Thu 12/10/00	Fri 29/06/01	IT
161	✓	Install and connect PTS SSL terminal in Whitebase	Thu 12/10/00	Tue 14/08/01	IT
162	✓	Offer PC training to staff (ISON)	Thu 12/10/00	Fri 30/03/01	IT
163	✓	Deliver PC training to staff	Wed 29/08/01	Fri 28/06/02	WF/IT

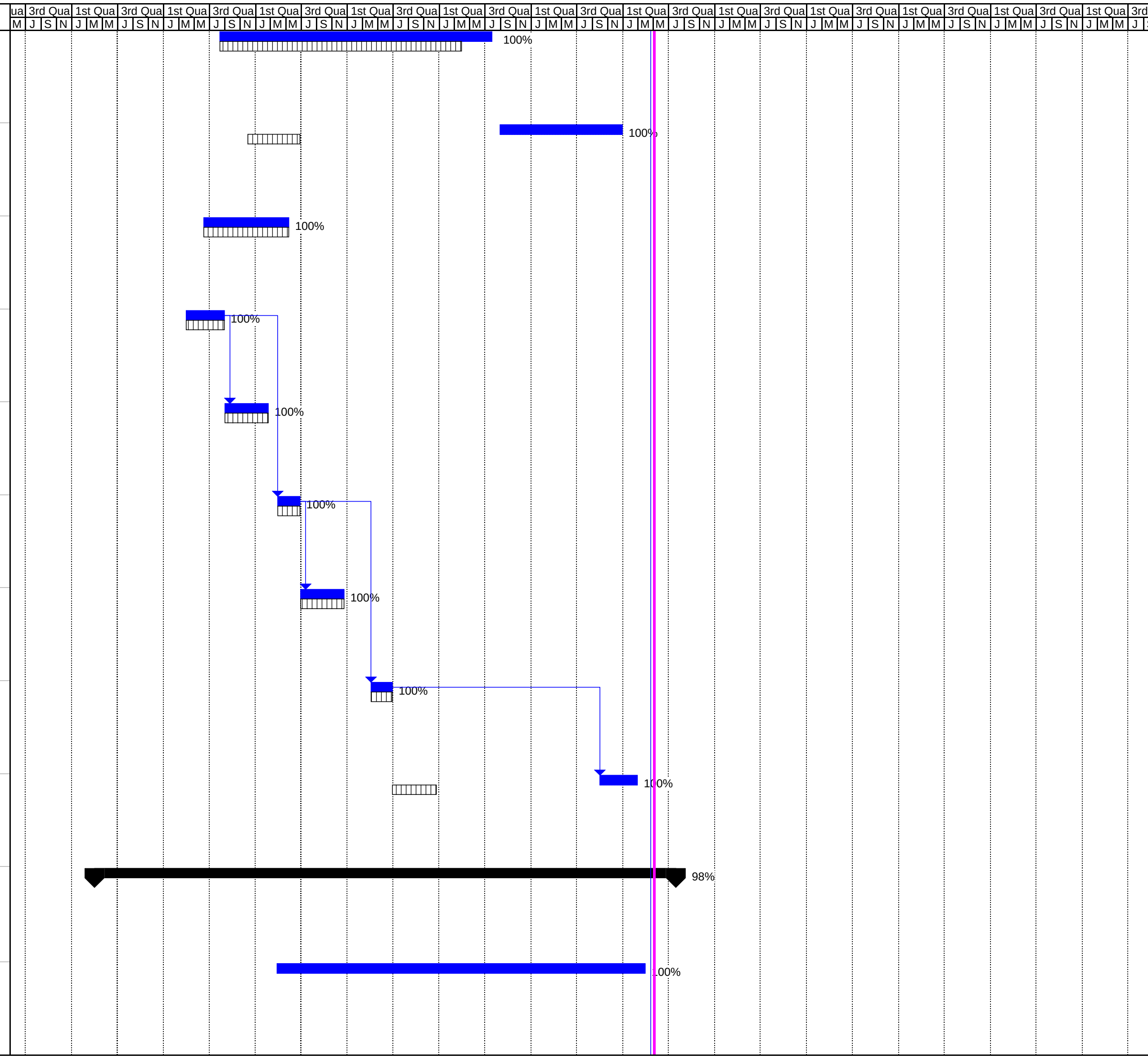


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

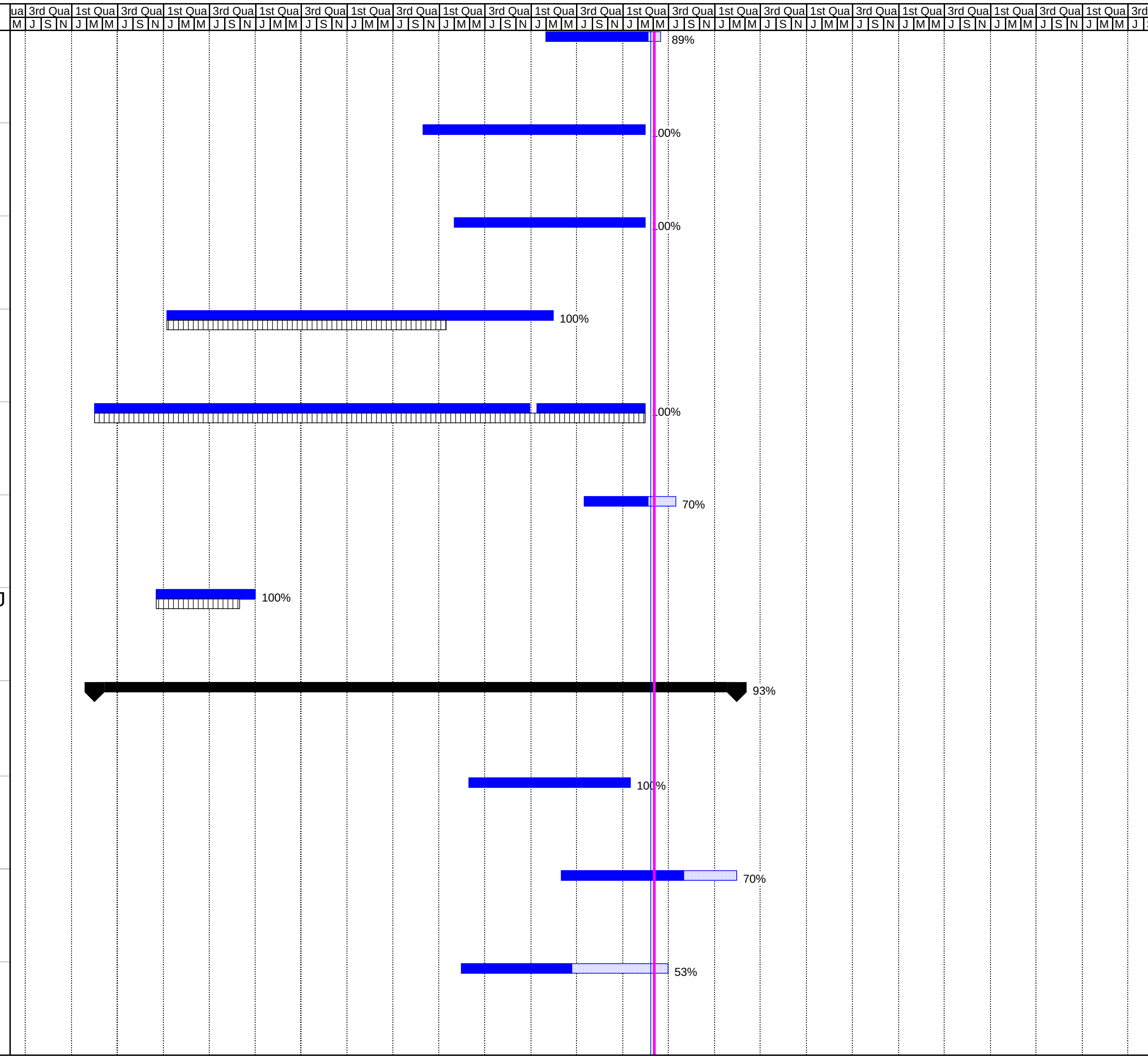
No.		Task Name	Start	Finish	Lead
164	✓	Join NHS Net	Tue 14/08/01	Fri 30/07/04	PSu
165	✓	Investigate the viability of introducing a service improvement and suggestion scheme	Wed 01/09/04	Fri 30/12/05	DJ
166	✓	Introduce SIP staff involvement mechanism (ISON)	Mon 11/06/01	Tue 14/05/02	PB / WF
167	✓	Undertake annual staff survey 1	Mon 02/04/01	Fri 31/08/01	WF
168	✓	Undertake annual CE / CAO consultation programme	Mon 03/09/01	Fri 22/02/02	PB
169	✓	Undertake annual staff survey 2	Mon 01/04/02	Fri 28/06/02	WF
170	✓	Undertake annual CE / CAO consultation programme	Mon 01/07/02	Fri 20/12/02	PB
171	✓	Undertake annual staff survey 3	Mon 07/04/03	Mon 30/06/03	WF
172	✓	Undertake annual CE / CAO consultation programme	Mon 03/10/05	Tue 28/02/06	PB/DJ
173		**IMPLEMENT NHS POLICY GUIDANCE**	**Mon 03/04/00**	**Mon 31/07/06**	
173a	✓	Implementing Race Equality Scheme	Fri 29/03/02	Fri 31/03/06	WF



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical		Task		Baseline		Milestone		Rolled Up Progress
	Critical Progress		Task Progress		Baseline Milestone		Summary		

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
173b	Agenda for change	Fri 30/01/04	Wed 31/05/06	CH
173c	Implement improving working lives 'practise Plus' level	Fri 31/10/03	Fri 31/03/06	WF
173d	Develop and implement patient and public involvement stratergy	Wed 03/03/04	Fri 31/03/06	DJ
174a	Implement NHS Plan (75%)	Mon 15/01/01	Thu 31/03/05	PB
175	Implement national HR initiatives	Mon 03/04/00	Fri 31/03/06	CH
303	Implement Electronic Staff Record including payroll on national system	Mon 01/08/05	Mon 31/07/06	CH
176	Implement monitoring process for Improvement Programme, Capital	Mon 04/12/00	Tue 01/01/02	OMG/MJ
177	**IMPROVE RISK MANAGEMENT**	**Mon 03/04/00**	**Fri 30/03/07**	
177a	Improve infection control processes and kit	Fri 30/04/04	Tue 31/01/06	MF
177b	Carry chair replacement	Mon 02/05/05	Fri 30/03/07	MF
177c	Root cause analysis and lessons for complaints, claims, incidents and near	Wed 31/03/04	Fri 30/06/06	MD

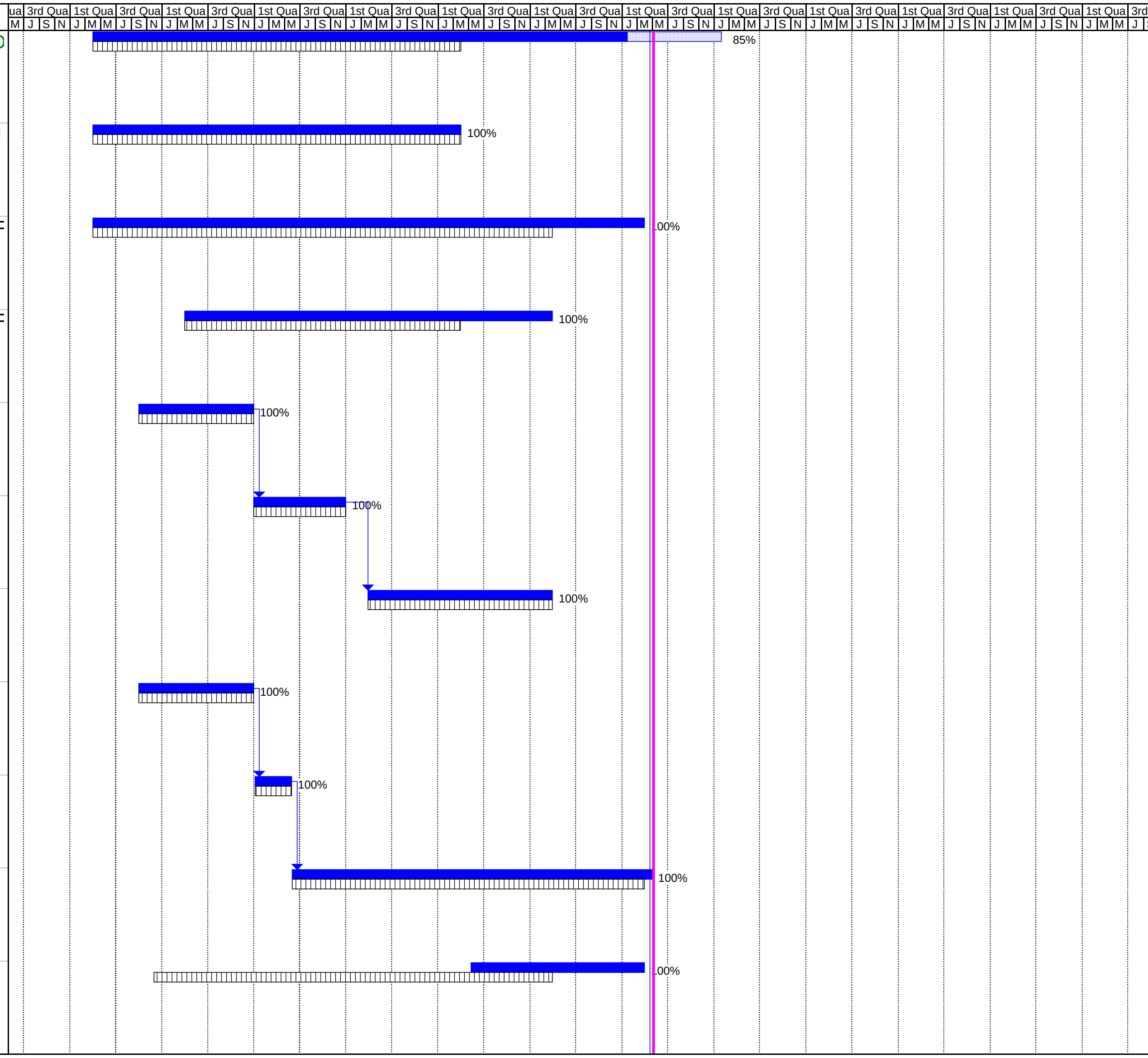


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	i	Task Name	Start	Finish	Lead
178		Implement improvements in NHSLA Risk Management Standard	Mon 03/04/00	Wed 31/01/07	SMG/MD
179	✓	Implement improvements outlined in controls assurance (ISON)	Mon 03/04/00	Fri 02/04/04	SMG/MJ
180	✓	Specify the managerial responsibilities for health and safety, provide management	Mon 03/04/00	Fri 31/03/06	SMG/WF
181	✓	Implement Health & Safety Executive report recommendations	Mon 02/04/01	Thu 31/03/05	SMG/WF
182	✓	Undertake risk assessment (service wide) - clinical	Mon 02/10/00	Mon 31/12/01	FM / SI
183	✓	Implement outcome of risk assessment (service wide) - clinical	Tue 01/01/02	Wed 01/01/03	FM
183a	✓	Continuing management of Clinical Risk	Mon 31/03/03	Thu 31/03/05	FM
184	✓	Undertake risk assessment (service wide) - corporate	Mon 02/10/00	Mon 31/12/01	MJ
253	✓	Undertake a priority setting exercise, following risk assessment	Mon 07/01/02	Fri 31/05/02	MJ
185	✓	Implement outcome of risk assessment (service wide) - corporate	Mon 03/06/02	Sun 30/04/06	MD
186	✓	Improve techniques and equipment for manual handling to reduce the risks of	Thu 13/05/04	Fri 31/03/06	CH

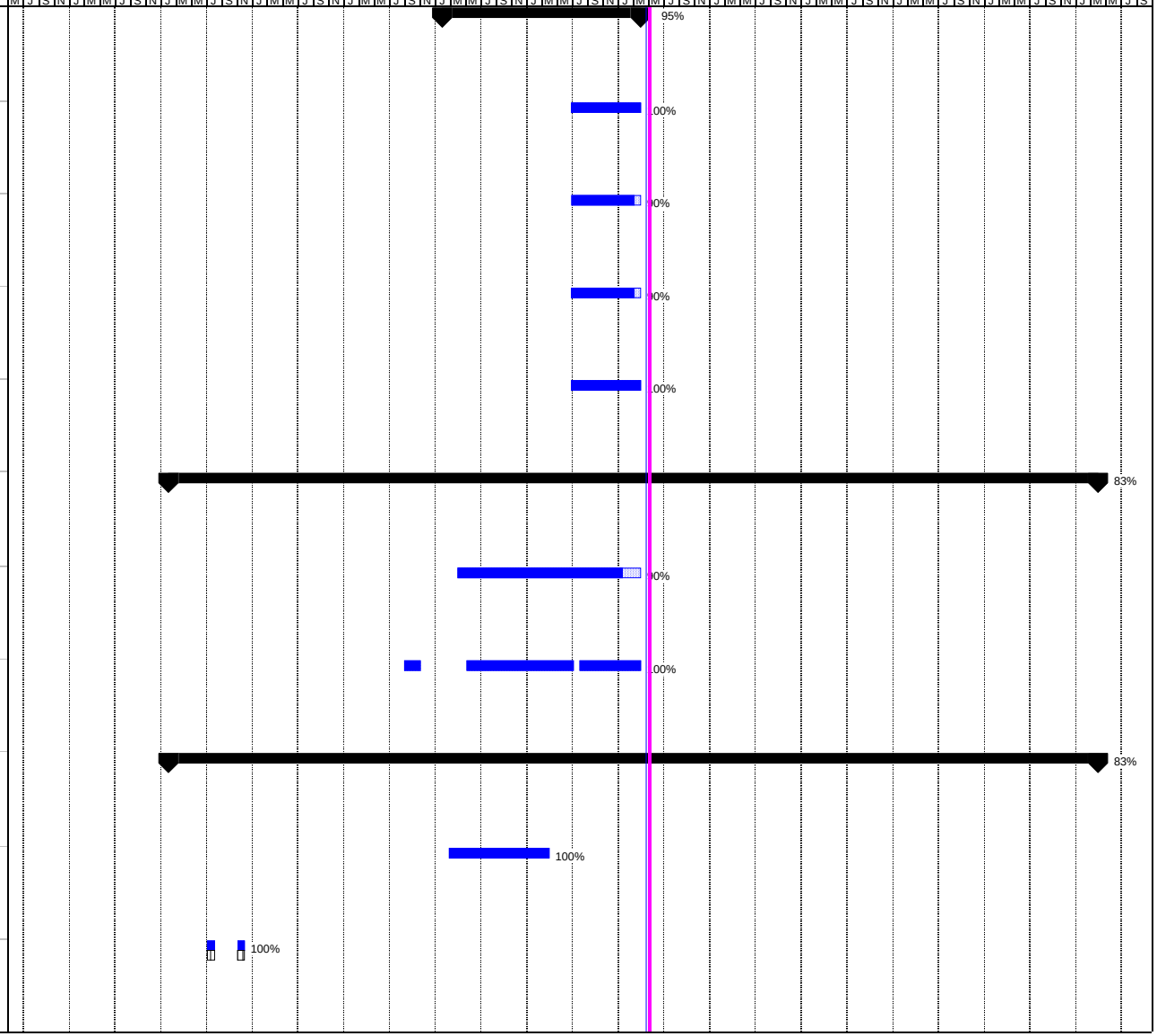


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical	Task	Baseline	Milestone	Rolled Up Progress
Critical Progress	Task Progress	Baseline Milestone	Summary	

LAS Service Improvement Programme 2001 - 2006 (March)

No.	Task Name	Start	Finish	Lead
186a	**Organisational Development**	**Fri 30/01/04**	**Fri 31/03/06**	**CH**
186b	Implementing Diversity plan	Fri 30/01/04	Fri 31/03/06	CH
86ea	Engage SMG in OD Programme	Mon 02/02/04	Fri 31/03/06	CH
86eb	Work with senior 100 managers	Fri 30/01/04	Fri 31/03/06	CH
186d	Development of A&E managers	Fri 30/01/04	Fri 31/03/06	CH
186f	**Emergency Bed Service Modernisation Programme**	**Thu 01/02/01**	**Thu 31/03/11**	
186g	Fully integrate EBS staff into LAS NHS Trust	Thu 01/04/04	Fri 31/03/06	MF
186h	Introduce and evaluate, pilot for integrated information management to	Mon 01/09/03	Fri 31/03/06	MF
186j	**PATIENT TRANSPORT SERVICE SPECIFIC IMPROVEMENTS**	**Thu 01/02/01**	**Thu 31/03/11**	
187l	Market test for all third party providers	Fri 27/02/04	Thu 31/03/05	Mdo
202	Introduce Control Assistant (CA) forum	Fri 06/07/01	Fri 30/11/01	KA

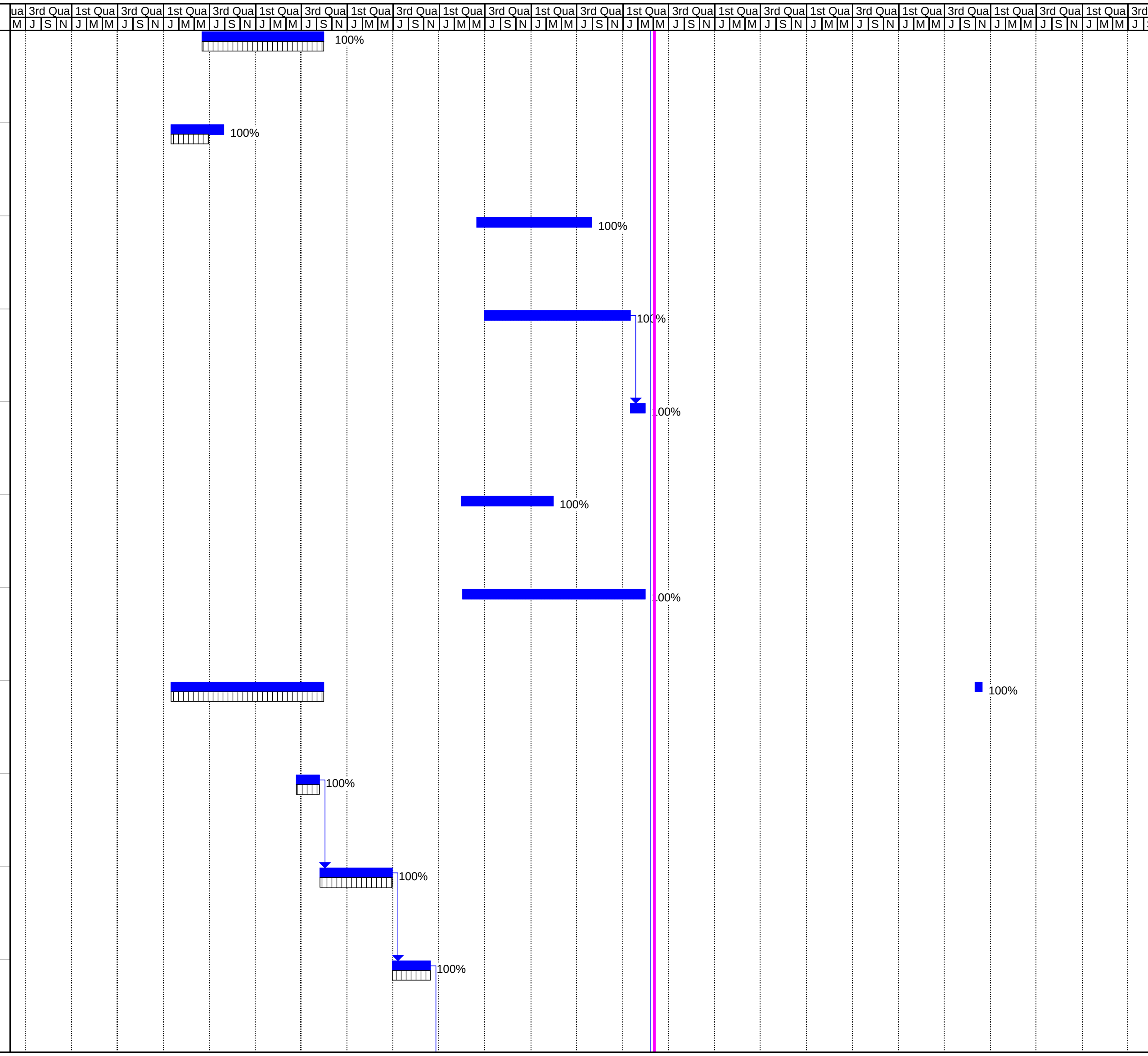


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.	i	Task Name	Start	Finish	Lead
207	✓	Develop and implement a PTS 2-way communication	Mon 04/06/01	Mon 30/09/02	KA
195	✓	Provide email links for all PTS Managers	Thu 01/02/01	Wed 29/08/01	KA
187b	✓	Review and ensure all PTS staff have access to a computer and PTS	Mon 31/05/04	Wed 31/08/05	KA
187a	✓	Review communications arrangements for all PTS staff	Mon 16/12/02	Tue 31/01/06	MD
87aa	✓	Implement findings of the PTS communications review	Wed 01/02/06	Fri 31/03/06	MD
156a	✓	Develop and agree a PTS Partnership agreement	Tue 30/09/03	Thu 31/03/05	Mdo
300	✓	Identify, develop and implement initiatives for PTS re-integration within	Mon 05/04/04	Fri 31/03/06	Mdo
208	✓	Develop, implement and evaluate a pilot scheme for PTS 2nd tier work	Thu 01/02/01	Mon 30/11/09	KA
232	✓	Consult PTS staff on the potential introduction of a PTS Bonus Scheme	Fri 14/06/02	Fri 13/09/02	KA
232a	✓	Design and implement a PTS pilot Bonus Scheme	Mon 16/09/02	Mon 30/06/03	KA
232b	✓	Evaluate the PTS pilot Bonus Scheme, and adjust as necessary	Tue 01/07/03	Fri 28/11/03	KA

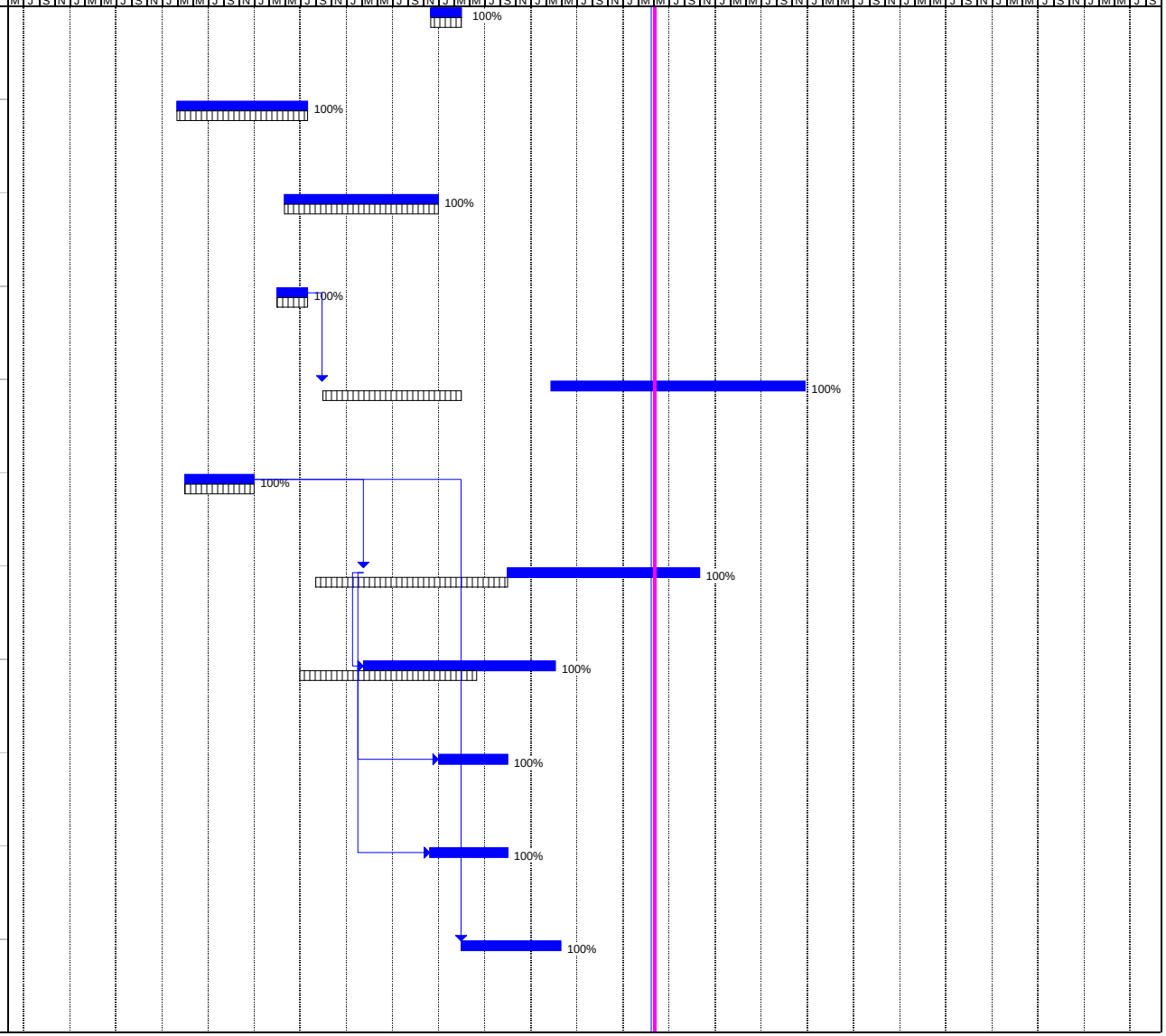


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical		Task		Baseline		Milestone	◆	Rolled Up Progress	
Critical Progress		Task Progress		Baseline Milestone	◇	Summary			

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
232c	✓	Roll out a PTS-wide Bonus Scheme	Mon 01/12/03	Wed 31/03/04	KA
209	✓	Develop PTS out of hours service	Thu 01/03/01	Wed 31/07/02	KA
236	✓	Develop and introduce an integrated PTS Portering Service	Wed 01/05/02	Wed 31/12/03	KA
219	✓	Review options for contract resource sharing	Mon 01/04/02	Wed 31/07/02	KA
220	✓	Implement findings of contract resource sharing	Fri 27/09/02	Mon 24/12/07	Mdo
221	✓	Develop proposals for selective centralisation	Sun 01/04/01	Mon 31/12/01	KA
222	✓	Implement centralised planning	Mon 10/03/03	Tue 31/10/06	Mdo
229	✓	Develop operating procedures for ECJ and long distance PTS journeys	Mon 10/03/03	Thu 07/04/05	KA
229a	✓	Develop pricing strategy for ECJ and long distance PTS journeys	Thu 01/01/04	Thu 30/09/04	KA
187o	✓	Implement proposals for a centralised PTS car service	Fri 28/11/03	Thu 30/09/04	KA
222a	✓	Implement Central Services Relief Pool	Wed 31/03/04	Fri 29/04/05	Mdo

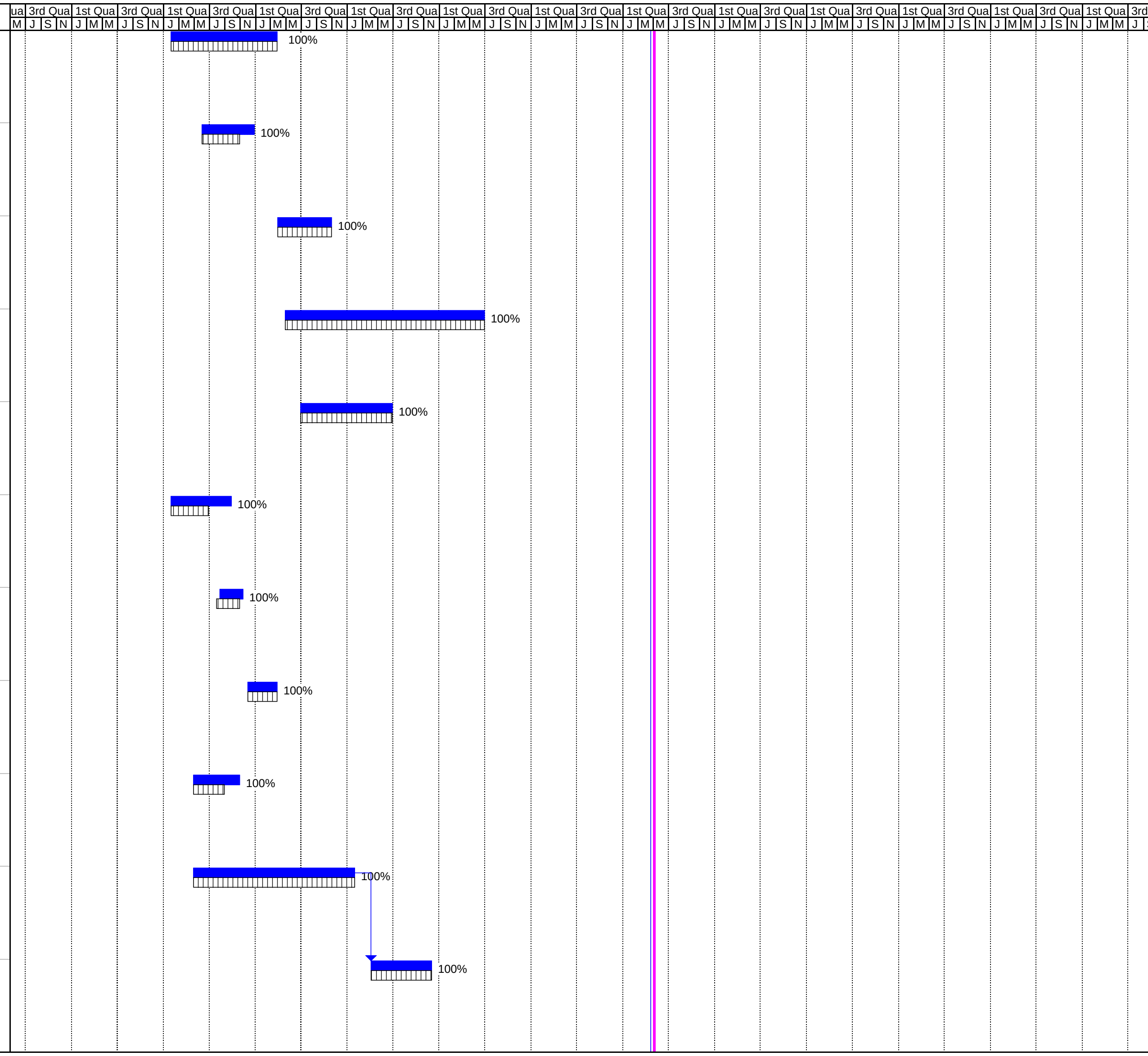


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical
Critical Progress
Task
Task Progress
Baseline
Baseline Milestone
Milestone
Summary
Rolled Up Progress

LAS Service Improvement Programme 2001 - 2006 (March)

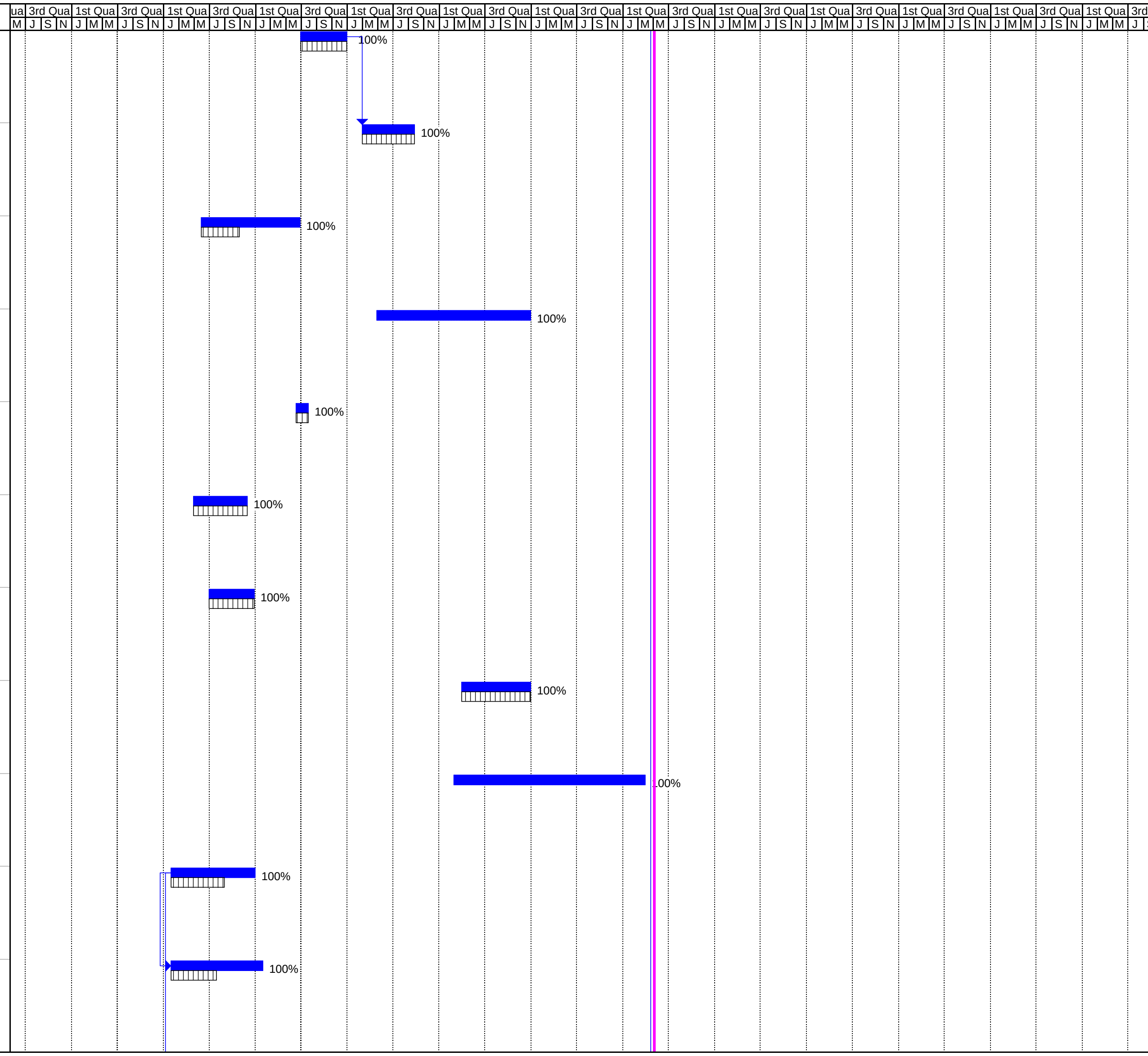
No.		Task Name	Start	Finish	Lead
211	✓	Ensure complete, accurate and timely invoicing	Thu 01/02/01	Fri 29/03/02	KA
212	✓	Ensure complete, accurate and timely customer MI	Mon 04/06/01	Fri 28/12/01	KA
224	✓	Design and implement improved format and content of contract reports	Mon 01/04/02	Thu 31/10/02	KA
228	✓	Design and implement a regular PTS customer survey	Wed 01/05/02	Wed 30/06/04	KA
237	✓	Incorporate PTS livery logos on documentation, presentational	Mon 01/07/02	Mon 30/06/03	KA
214	✓	Agree SLA with Fleet	Thu 01/02/01	Fri 28/09/01	KA
187c	✓	Agree SLA with Recruitment	Tue 14/08/01	Tue 13/11/01	KA
87ca	✓	Agree SLA with Training	Mon 03/12/01	Fri 29/03/02	KA
200	✓	Develop PP training content	Tue 01/05/01	Wed 31/10/01	KA
204	✓	Develop proposals for a new Controller and revised CA roles	Tue 01/05/01	Fri 31/01/03	KA
205	✓	Implement new Controller and revised CA roles	Mon 07/04/03	Wed 03/12/03	KA



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical		Task		Baseline		Milestone		Rolled Up Progress
	Critical Progress		Task Progress		Baseline Milestone		Summary		

LAS Service Improvement Programme 2001 - 2006 (March)

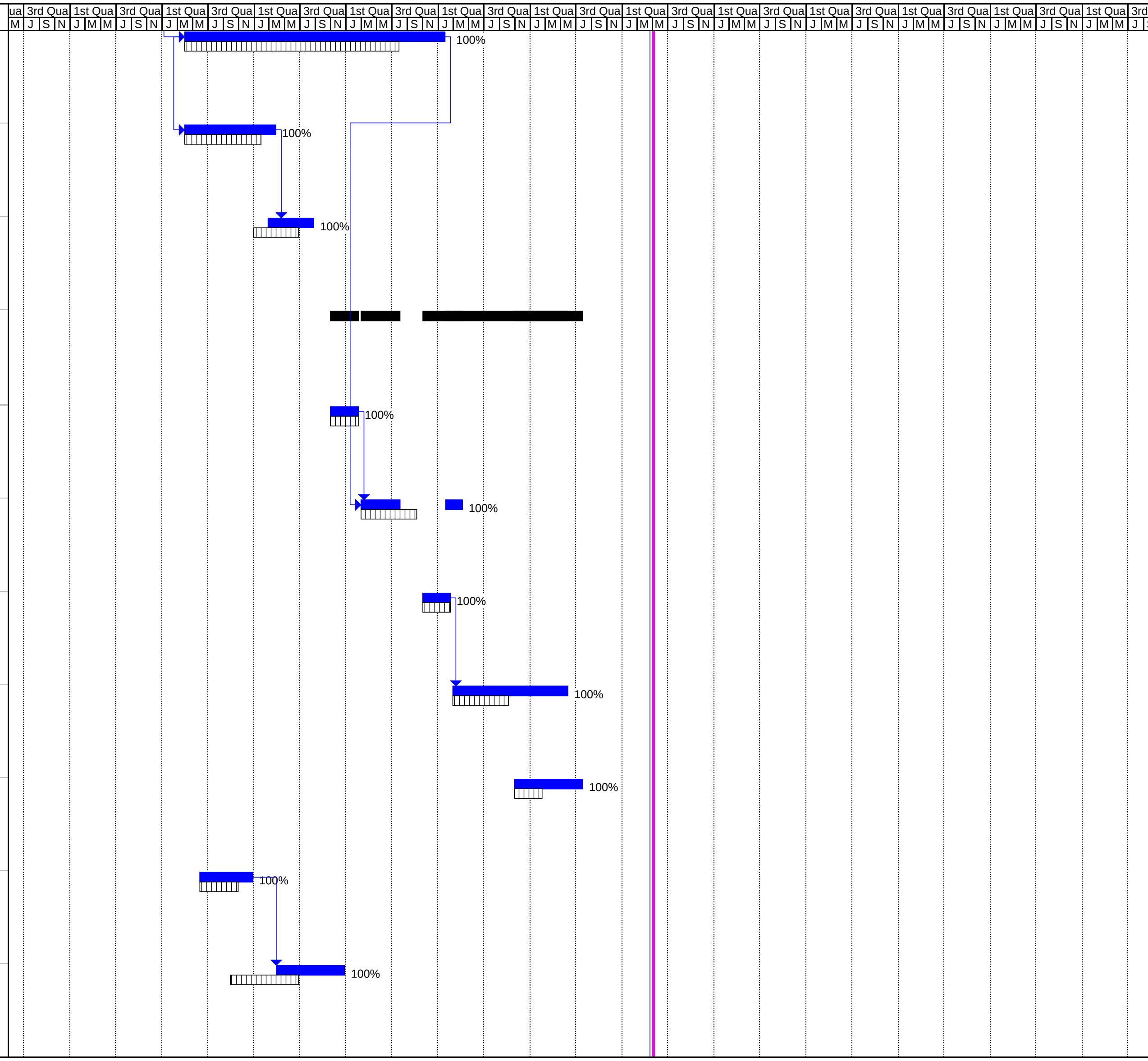
No.		Task Name	Start	Finish	Lead
233	✓	Review role and skills of PTS Work Based Trainers	Mon 01/07/02	Tue 31/12/02	KA
234	✓	Implement findings of PTS Work Based Trainers Review	Mon 03/03/03	Fri 26/09/03	KA
196	✓	Review how to deliver PTS operational training needs	Fri 01/06/01	Fri 28/06/02	KA
187p	✓	Implement PTS training strategy recommendations, including regular	Wed 30/04/03	Fri 31/12/04	Mdo
230a	✓	Consult staff on operational Multi-skilling, developing the role	Thu 13/06/02	Wed 31/07/02	KA
198	✓	Implement a programme of PTS specific management	Tue 01/05/01	Fri 30/11/01	KA
213	✓	Develop and implement PTS improved administration and	Mon 02/07/01	Fri 28/12/01	KA
239	✓	Compile and use a competitor database to analyse industry best practice	Thu 01/04/04	Fri 31/12/04	KA
187k	✓	Establish 'operations Internal Best Practise Conferences'	Mon 01/03/04	Fri 31/03/06	KA
188	✓	Develop PTS vehicle fleet replacement plan	Thu 01/02/01	Mon 31/12/01	KA
189	✓	Acquire sitting case vehicle replacements	Thu 01/02/01	Thu 31/01/02	KA



Project: LAS Improvement Programme Date: Wed 03/05/06 8 May 2006	Critical		Task		Baseline		Milestone		Rolled Up Progress
	Critical Progress		Task Progress		Baseline Milestone		Summary		

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
191	✓	Complete PTS vehicle specifications for future needs	Mon 02/04/01	Fri 30/01/04	KA
190	✓	Procure first 6-seater multi-purpose vehicle	Mon 02/04/01	Fri 29/03/02	KA
192	✓	Obtain further 27 6-seater multi-purpose vehicles	Wed 27/02/02	Tue 27/08/02	KA
225b	✓	**Budget and procure next batch of new vehicles**	**Fri 01/11/02**	**Fri 29/07/05**	**KA**
	✓	Budget for next batch of new vehicles 1	Fri 01/11/02	Thu 20/02/03	
	✓	Procure next batch of new vehicles 1	Mon 03/03/03	Thu 08/04/04	
	✓	Budget for next batch of new vehicles 2 (stretcher)	Mon 03/11/03	Fri 20/02/04	
:25ba	✓	Procure next batch of new vehicles 2 (new stretcher	Mon 01/03/04	Tue 31/05/05	Mdo
:25bb	✓	Budget for next batch of new vehicles 3 (new business needs)	Mon 01/11/04	Fri 29/07/05	Mdo
193	✓	Identify and address key areas of existing vehicle equipment shortages	Fri 01/06/01	Fri 28/12/01	KA
194	✓	Upgrade vehicle equipment to meet future requirements as appropriate	Mon 01/04/02	Fri 27/12/02	KA

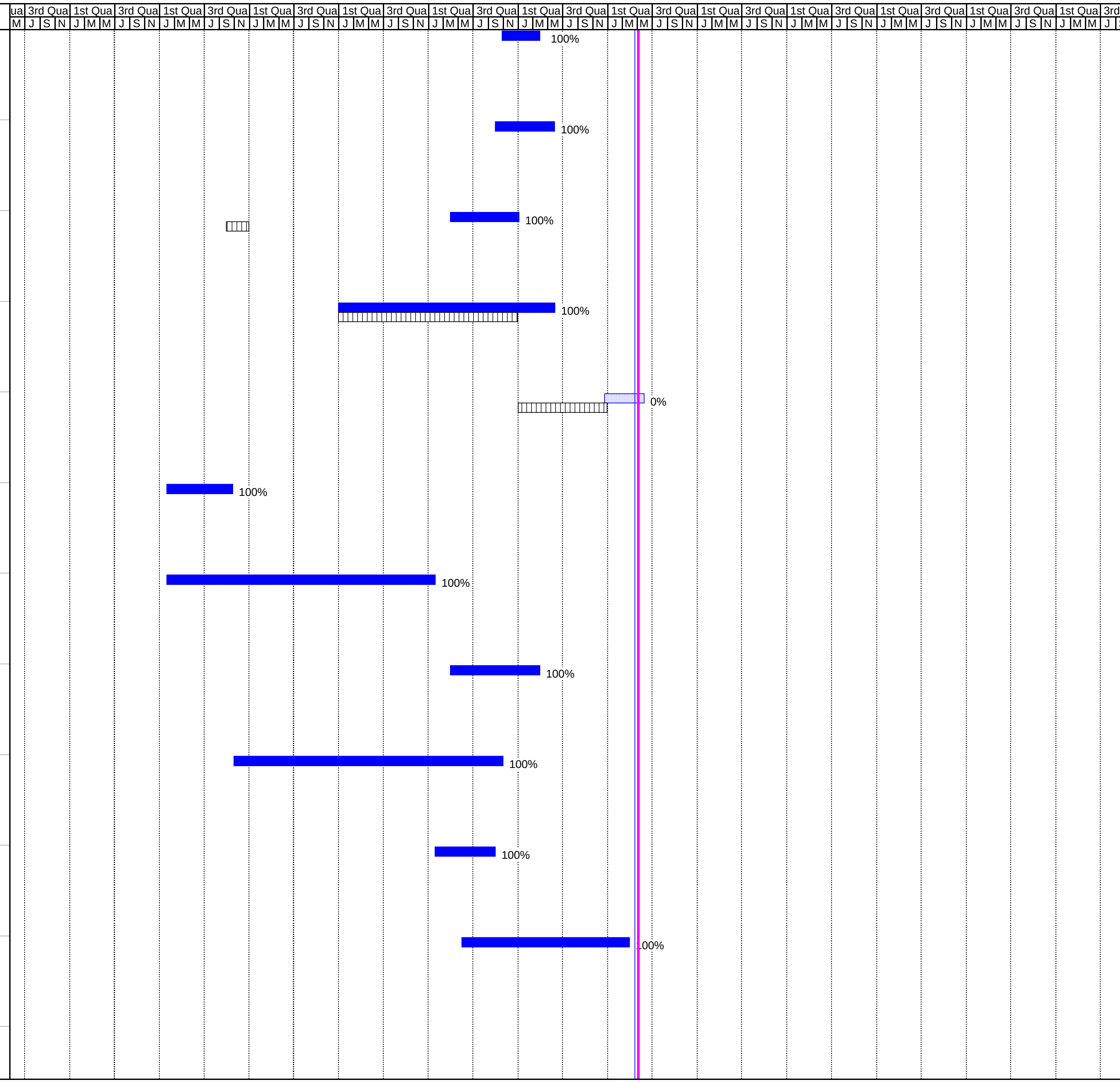


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary

LAS Service Improvement Programme 2001 - 2006 (March)

No.		Task Name	Start	Finish	Lead
187f	✓	Investigate feasibility and case for defibrillators on PTS vehicles	Fri 29/10/04	Thu 31/03/05	KA
187fa	✓	Implement findings of the case for defibrillators on PTS vehicles (first batch)	Fri 01/10/04	Mon 30/05/05	KA
218	✓	Update SSL system to solve existing problems and enhancements	Thu 01/04/04	Wed 05/01/05	KA
245a	✓	Investigate options for a replacement PTS scheduling system	Wed 01/01/03	Tue 31/05/05	Mdo
245b		Acquire and implement a replacement PTS scheduling system	Tue 20/12/05	Tue 30/05/06	MF
199	✓	Revise content of basic trainingfor Aps and Cas	Thu 01/02/01	Fri 26/10/01	KA
203	✓	Ensure staffing requirements meet contracts' needs	Thu 01/02/01	Fri 30/01/04	KA
206	✓	Raise the visibility of and access to PTS Managers (Phase 2)	Thu 01/04/04	Thu 31/03/05	Mdo
210	✓	carry out pro-active marketing and business generation	Thu 01/11/01	Mon 01/11/04	KA
187n	✓	Acquire the technology required to support selective re-centralisation	Fri 30/01/04	Thu 30/09/04	KA
301	✓	Review and seek to improve PTS accomodation in LAS premises	Tue 18/05/04	Fri 31/03/06	

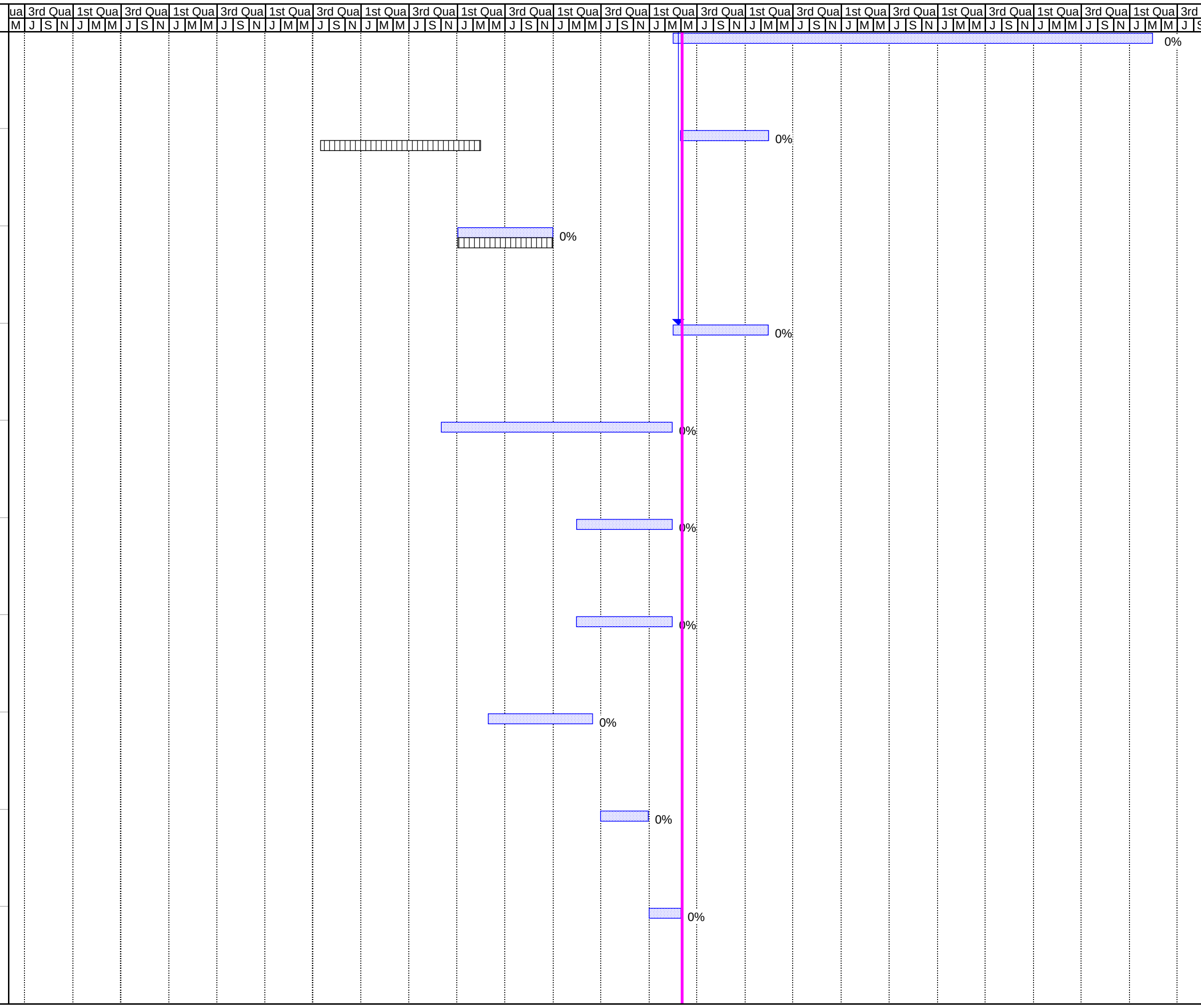


Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Critical Progress | Task | Task Progress | Baseline | Baseline Milestone | Milestone | Summary | Rolled Up Progress

LAS Service Improvement Programme 2001 - 2006 (March)

No.	i	Task Name	Start	Finish	Lead
		CARRY FORWARD TO NEXT PROGRAMME IN 2006/07	Mon 03/04/06	Thu 31/03/11	
48		Implement Pooled dispatchers in CAC	Mon 01/05/06	Sat 31/03/07	Psu/JH
97		Introduce long term Digital solution which will give effective away from	Mon 05/01/04	Fri 31/12/04	PSu
13ea		Asset tracking Phase 2 (Computer system)	Mon 03/04/06	Fri 30/03/07	MB
117		Evaluate electronic Patient Report Form (ISON) (Deferred subject to provision	Mon 03/11/03	Thu 30/03/06	PSu
118		Evaluate data link with A&E departments; access to EPR and	Fri 01/04/05	Thu 30/03/06	PSu
186i		Implement pan London arrangements for the above (186h)	Thu 31/03/05	Thu 30/03/06	PSU/MF
186j		National Intensive Care Bed Register: Provide an integrated national &	Fri 30/04/04	Tue 31/05/05	PSU/MF
244		Investigate and implement PTS radio communications	Fri 01/07/05	Thu 29/12/05	Mdo
244a		Implement PTS radio communications	Mon 02/01/06	Tue 02/05/06	Mdo



Project: LAS Improvement Programme
Date: Wed 03/05/06
8 May 2006

Critical | Task | Baseline | Milestone | Rolled Up Progress
Critical Progress | Task Progress | Baseline Milestone | Summary