



ANNUAL PUBLIC MEETING

Held on Tuesday 24th September 2013 at 2.00pm
Robens Suite, 29th Floor, Guys Tower, Guys Hospital, London SE1 9RT

Present:

London Ambulance Service Trust Board

Richard Hunt	Chair
Roy Griffins	Non-Executive Director
Andrew Grimshaw	Director of Finance
John Jones	Non-Executive Director
Steve Lennox	Director of Nursing and Quality
Nick Martin	Non-Executive Director
Bob McFarland	Non-Executive Director
Fionna Moore	Medical Director

London Ambulance Service members of staff

Sandra Adams	Director of Corporate Services
Jane Chalmers	Director of Modernisation
Tony Crabtree	Acting Director of Workforce
Rachael Fothergill	Head of Clinical Audit and Research
Kevin Hervey	Interim Deputy Director of Finance
Vicki Hirst	Community Involvement Officer, Croydon
Katy Millard	Head of Control Services
Conal Percy	Community Involvement Officer, Bromley
Mark Whitbread	Consultant Paramedic
Paul Woodrow	Director of Operations
Vic Wynn	Acting Director of Information Management and Technology

LAS Members

Malcolm Alexander	LAS Member
Shirley Davis	LAS Member
Mrs M Ejegi	LAS Member
Michael English	LAS Member
Barry Hills	LAS Member
Julie Moses	LAS Member
P. S. Nagalingum	LAS Member
Godwyns Onwuchekwa	LAS Member
David Peers	LAS Member
Valentina Quintano	LAS Member
Richard Rees	LAS Member
Nicole Skeltys	LAS Member
Luiza Stanescu	LAS Member
Tom Sullivan	LAS Member
Natalie Teich	LAS Member
Bob Whittington	LAS Member
Chris Willson	LAS Member

Members of the Public

Mark Docherty	LAS Commissioner
Simon Hughes	Member of Parliament
Paul Stevenson	St John Ambulance

01.	Apologies for absence
01.1	Apologies had been received from Ann Radmore, Chief Executive.
02.	Minutes of the Annual Public Meeting held on 25th September 2012
02.1	The minutes of the Annual Public meeting held on 25 th September 2012 were approved.
03.	Welcome from Richard Hunt CBE, Chairman of the London Ambulance Service NHS Trust
03.1	The Chair welcomed everybody to the meeting and noted that apologies had been received from the Chief Executive, Ann Radmore.
03.2	The Chair remarked that 2012/13 had been a year of change with a number of new appointments to the Trust Board. Ann Radmore had joined as Chief Executive in January 2013, after her predecessor, Peter Bradley had left to head up St John Ambulance in New Zealand in September 2012. The Deputy Chief Executive, Martin Flaherty, and the Director of Finance, Mike Dinan had also left the organisation during the year. Andrew Grimshaw had been appointed as the new Director of Finance in June 2013 and two new Non-Executive Directors, John Jones and Nick Martin, had also been appointed to the Trust Board.
03.3	The Chair observed that demand had continued to be a challenge throughout the year, particularly during July and August 2012, which saw peak volumes of calls of up to 1500 calls a day. Despite this, the service had had a good year, the detail of which would be outlined in the following presentations.
03.4	The focus of the Trust Board was ensuring that the service continued to provide the best service to Londoners. In summary, the Chair commented that he was very proud to be involved in the London Ambulance Service and he thanked the staff for continuing to do a good job in challenging circumstances.
04.	2012/13 Annual Report presented by Fiona Moore, Medical Director
04.1	Fiona Moore observed that 2012/13 had been another busy year for the London Ambulance Service, with a number of high-profile events in London including the Queen's Diamond Jubilee celebrations. The LAS had also played an important role in supporting the 2012 London Olympics and had been joined by staff from ambulance services across the country.
04.2	Demand had continued to be a challenge throughout the year, with a significant rise in calls from critically ill or injured patients. This trend had been seen across the country, but had been more acute in London. Despite the increase in demand, the London Ambulance Service had reached 75.4% of patients with life-threatening illnesses and injuries within 8 minutes and had answered 95% of calls in 7 seconds.
04.3	The London Ambulance Service continued to provide good care to patients with life-threatening conditions, with cardiac arrest survival rates up to 28% from 4.2% in 1998/99. This was one of the highest cardiac arrest survival rates in the world. Appropriate patients were being transported to heart attack centres and hyper acute stroke centres where they receive specialist care.
04.4	Looking ahead, the service would focus on improving the quality of care provided to lower priority patients; reducing pressure on staff; learning from patients, staff

04.5	<p>and other organisations; addressing the gap between demand and capacity; and using our money wisely.</p> <p>To conclude the presentation, Fionna Moore commented that the Trust Board recognised that each member of staff made a difference to the London Ambulance Service and should be proud of working for the service.</p>
05.	Presentation of the 2012/13 Annual Accounts by Andrew Grimshaw, Director of Finance of the London Ambulance Service NHS Trust.
05.1	Andrew Grimshaw reported that in 2012/13 the London Ambulance Service had achieved a surplus of £0.26 million against a plan of £3 million. This was against the backdrop of a very challenging year which saw considerable activity growth and significant financial pressures.
05.2	<p>In his presentation, Andrew noted the following points:</p> <ul style="list-style-type: none"> ▪ The London Ambulance Service had achieved its key financial duties, with the exception of the Better Payment Practice Code targets; ▪ Income for 2012/13 was £303 million, which was up from £280 million in the previous year. This was partly due to £8 million one-off funding for the 2012 Olympics and additional funding for winter pressures; ▪ The external audit had identified three accounting errors during the course of their review, but these were not significant and the accounts were therefore not adjusted. This was acceptable accounting practice and was agreed by the Trust's Audit Committee and Trust Board; ▪ No significant issues had been identified in the review of audit risks; ▪ The auditors had issued an unqualified opinion on the accounts and an unqualified value for money conclusion; ▪ The Trust Board was satisfied, after having reviewed the accounts, that they represented a true and fair view.
06.	Presentation of the 2012/13 Quality Account by Steve Lennox, Director of Nursing & Quality of the London Ambulance Service NHS Trust.
06.1	Steve Lennox noted that the Quality Account for 2012/13 could be found on the London Ambulance Service website.
06.2	Steve explained that the Trust's quality priorities for 2012/13 were mental health care, health promotion, London 2012 Olympics and diabetes care.
06.3	In his presentation, Steve talked through each of the ambulance quality indicators which demonstrated that, on the whole, the London Ambulance Service performed well in comparison to other ambulance services nationally.
06.4	<p>The four quality priorities for 2013/14 were:</p> <ul style="list-style-type: none"> ▪ Category C patients. The Modernisation Programme was a significant change programme and one of its key aims was to improve the service provided to Category C patients; ▪ Attitude and behaviour; ▪ The experience of patients who have a delay; ▪ The experience of appropriate care pathways.
06.5	In summary, Steve remarked that 2012/13 had been a challenging year for the London Ambulance Service with two world events and demand increasing by 6.4%. Despite this, the service continued to achieve its performance target of reaching

	75% of critically ill and injured patients within 8 minutes and had delivered cardiac outcomes which were amongst the best in the world.
07.	Presentation from Rachael Fothergill, Head of Clinical Audit and Research and Mark Whitbread, Consultant Paramedic, on "Increasing survival from out-of-hospital cardiac arrest."
07.1	Rachael Fothergill and Mark Whitbread gave a presentation on increasing survival from out-of-hospital cardiac arrest. Rachael explained that survival from out-of-hospital cardiac arrest was not common and was dependent on a number of factors such as the cause of the arrest, pre-existing medical conditions, prompt actions of bystanders, rapid ambulance response and resuscitation efforts, and hospital treatment.
07.2	The clinical audit and research team had undertaken a review of cardiac arrest over a five year period from 1 st April 2007 to 31 st March 2012. The research looked at 2612 patients who met the Utstein criteria (a set of guidelines used to ensure uniform reporting of cardiac arrest). The research showed that survival to hospital discharge had improved from 12% to 32% over the period, representing a total increase of 167% over five years. Survival rates had dropped by 4% in 2012/13, but this was still very good and amongst the best in the world.
07.3	The London Ambulance Service had put in place a number actions to improve the treatment of cardiac arrest patients: <ul style="list-style-type: none"> ▪ Callers were now instructed to deliver 600 initial non-interrupted chest compressions prior to the ambulance arrival. Dispatchers helped callers to achieve the right rhythm by counting out loud in time to a metronome; ▪ Members of the public had been trained by the LAS to recognise cardiac arrest and deliver cardiopulmonary resuscitation (CPR); ▪ The importance of leadership of a cardiac arrest patient on scene had been emphasised. This was particularly important given that multiple resources were sent to cardiac patients; ▪ Guidelines had been reviewed to ensure that they were straightforward, robust and consistent to avoid any confusion about what staff were required to do; ▪ Staff had been trained to continue resuscitation on scene until return of spontaneous circulation was achieved; ▪ Appropriate patients were conveyed to a specialist heart attack centre. This was unique to London as no other UK ambulance service was currently doing this service-wide.
07.4	Mark explained that the London Ambulance Service was continuing to look at ways to improve the treatment of cardiac arrest patients including pre-hospital cooling, mechanical CPR and Cardiac Arrest Centres.
08.	Questions from members of the public
08.1	1. A member of the public commented that, given the population of London had continued to rise by 2% each year and that there were more people over the age of 60 than there ever had been before, the LAS should not be surprised at a rise in demand.
08.2	The Chair responded that the LAS was not surprised by the rise in demand but had noted that it continued to grow. It had however been difficult to pinpoint just one factor behind the increase in demand and demographics alone was not a sufficient explanation. The Trust would therefore continue to work to try to understand the

	key drivers of demand.
08.3	Mark Docherty, the LAS lead commissioner, stated that people in their 20s were calling the ambulance service twice as much as they had done previously and therefore the rise in demand could not be explained simply by changes to the population.
08.4	2. A member of the public who worked in an HIV and AIDS awareness organisation stated that he had never heard of any complaint from an HIV or AIDS patient about their treatment by the LAS. This was a very positive message and he urged the LAS to share their practice with other healthcare professionals. He also asked whether there was a plan to introduce more defibrillators to public places.
08.5	The Chair thanked the member of the public for their first comment.
08.6	In response to the question, Mark Whitbread stated that there were currently over 700 defibrillators across London in places where there were high numbers of people, such as airports and train stations. The LAS oversaw the governance of public defibrillators in London and delivered training for London Fire Brigade and the Metropolitan Police Service.
08.7	3. A member of the public commented that food was often at the root of problems in public health and asked what the LAS was doing to address this issue.
08.8	The Chair thanked the member of the public for their question, but noted that it was not within the remit of the LAS to address this issue.
08.9	4. A member of the public noted that the use of private ambulance services had increased substantially over the past year to cover the shortfall in staff and asked whether the LAS was assured of the quality of care provided by private and voluntary ambulance services.
08.10	Andrew responded that the use of private and voluntary ambulance services had increased last year partly due to additional support required to support the 2012 London Olympics and Queen's Diamond Jubilee celebrations. Private and voluntary ambulance services were used to bridge the gaps in staffing as there were a number of staff vacancies. The LAS was actively recruiting for additional frontline staff, but that there had been difficulties in filling vacancies due to the national shortage of paramedics.
08.11	Paul Woodrow added that the private and voluntary ambulance services used by the LAS were part of the NHS provider framework and there was significant clinical oversight of these providers. Paul was therefore satisfied that the service provided by private and voluntary ambulance services maintained the level of care provided by the LAS.
08.12	5. A member of the public noted that the annual report and accounts had not been made available in hard copy and expected to see this be provided next year. The member of public asked for clarification about the number of heart attack centres in London.
08.13	The Chair took on board the comment made about making hard copies of the annual report and accounts available at next year's meeting.
08.14	In response to the question, the Chair commented that there were four major

	trauma and four hyper acute stroke units and heart attack centres across London.
08.15	6. A member of the public commented that she had really enjoyed the meeting. She worked at Victoria Ambulance Service in Australia which ran a co-respondent model with the fire services. The member of the public asked if this model was in place in London. She also commented that Australia was experiencing the same rise in demand as in London and it was not clear what was causing this increase.
08.16	Paul Woodrow responded that London did not have a co-respondent scheme, but that the LAS worked closely with the London Fire Brigade to ensure that all fire fighting vehicles had defibrillators and all fire fighters had been trained to give CPR.
08.17	The Chair commented that the role of the LAS was far broader than just responding to emergencies and was keen to preserve this.
08.18	7. Simon Hughes MP commented that he was not persuaded that the NHS managed demand as well as it should do and suggested that advertising to remind the public of other options, such as urgent care centres, might help to manage demand. Simon Hughes stated that the comments about workfall shortages did not add up given the current level of unemployment and asked whether the LAS was doing anything to recruit additional staff.
08.19	The Chair responded that the LAS was looking to launch a recruitment campaign but that the length of time it took to train as a paramedic meant that this would have to be a long-term option. The LAS also faced the challenges posed by the high cost of living in London.
08.20	8. A member of the public stated that she wanted to become a paramedic but she had found it very difficult to find information about what options were available to her. She thought that there were a number of people who were interested in training as a paramedic but that the lack of information was a barrier.
08.21	Tony Crabtree responded that he was disappointed to hear this feedback. Tony suggested speaking with the member of public outside of the meeting.
08.22	9. A member of staff asked what actions were being taken to address the staff shortfall.
08.23	The Chair responded that the capacity review had identified a shortfall in resourcing and had recommended recruiting additional staff. Recruitment activity was ongoing and the Trust continued to address this issue.
08.24	Tony Crabtree commented that the Trust was also looking to address the upturn in staff turnover.