

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD

MINUTES OF THE ANNUAL GENERAL MEETING

Tuesday 26th September 2006 at 2.10pm

Held in the Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD.

Present:

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| Sigurd Reinton | Chairman |
| Peter Bradley | Chief Executive |

Non Executive Directors

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| Caroline Silver | Non Executive Director |
| Sarah Waller | Non Executive Director |
| Beryl Magrath | Non Executive Director |
| Roy Griffins | Non Executive Director |
| Barry McDonald | Non Executive Director |
| Ingrid Prescod | Non Executive Director |

Executive Directors

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

In Attendance:

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| Kathy Jones | Director of Service Development |
| Peter Suter | Director of Information Management & Technology |
| David Jervis | Director of Communications |
| John Wilkins | Head of Governance |
| Christine McMahon | Trust Secretary (Minutes) |
| Malcolm Alexander | Chairman of the LAS Patients' Forum |
| Sr Josephine Udie | Member of the LAS Patients' Forum |
| Henry Gillard | Member of the LAS Patients' Forum |
| Mark Mitten | Member of the LAS Patients' Forum |
| Saleha Joffer | Member of the LAS Patients' Forum |
| George Shaw | Member of the LAS Patients' Forum |
| Alison Buick | Transport for All |
| Bridie McDonagh | Transport for All |
| Dr Joseph Healy | Transport for All |
| Isobel Lane | Member of the Public |
| Collette Whitehead | Member of the Public |
| Pascale Maroney | Just Communication (British Sign Language Interpreter) |

The Chairman apologised for any inconvenience for the late start, this was caused by the Trust Board meeting finishing later than expected.

1/06 Minutes of Annual General Meeting held on 3rd October 2005

The minutes were **agreed** as a correct record and **signed** by the Chairman.

2/06 Chairman's Introduction

The Chairman welcomed the audience to the tenth annual general meeting of the London Ambulance Service NHS Trust. He introduced the main speakers, Peter Bradley (Chief Executive), Mike Dinan (Director of Finance) and Kathy Jones (Director of Service Development).

In reviewing the previous year (April 2005 - March 2006) the Chairman referred to the London bombings that took place on 7th July 2005. He paid tribute to the members of staff who responded to the four separate bombing incidents that took place that day. The criticisms and the recommendations contained within the report published by the Greater London Assembly have been considered and a response is being prepared. Although some of the criticism was felt to be unwarranted it was acknowledged there are always lessons that can be learnt and these have been implemented.

During 2005/06 Agenda for Change was implemented throughout the NHS. The new arrangements caused a number of difficulties which hopefully have now been laid to rest and the Trust can move forward.

The Five Year Service Improvement Programme, which was essentially a turnaround programme, was successfully completed. The next Strategic Plan (entitled SIP 2012) is being finalised and will be presented to the Trust Board for approval in November 2006.

The Chairman referred to the dissolving of the five Strategic Health Authorities and the establishment of a single London Strategic Health Authority. A single London Strategic Health Authority is potentially very exciting for the LAS in terms of being able to work with a single strategic partner in London. The uncertainty concerning the senior appointment of the London SHA has been unfortunate.

In closing, the Chairman paid tribute to Lord Toby Harris and Colin Douglas, both of whom retired from the Board during 2005/06. They both served their full term as a Non Executive Members of the Board and were therefore ineligible for reappointment

3/06 Report of the Chief Executive

The Chief Executive reported that in 2005/06 the Trust had answered 77,000 more 999 calls and responded to 30,000 more calls than in 2004/05. 2005/06 had been a record year for calls responded to and calls answered. He highlighted the following events that occurred in 2005/06:

- The London bombings and the subsequent near misses which resulted in London being put on high alert for 6-8 weeks.
- The Trust retaining its status as a two star NHS Trust.

- London's successful bid to stage the Olympics in 2012; essential preparatory work has already commenced.
- The development of the Thames Gateway which will present a challenge for the Trust given the anticipated increase in calls from this part of London.
- The opening of two new ambulance stations built in Rotherhithe and Streatham. Efforts are continuing to ensure that the Trust's stations are situated in the right places of the capital to enable the Trust to respond quickly to current and future demand.
- Improved patient care as demonstrated by the improved cardiac survival rates, 8.6% in 2005/06 compared with 4.2% in 2000.
- Make Ready has been fully rolled out with the result that vehicles are fully equipped and cleaned on a daily basis as part of the Trust's Infection Control processes.
- The Urgent Operations Centre was opened; the single room includes PTS, Emergency Bed Service (EBS), Clinical Telephone Advisers (CTA) and Urgent Care.
- Margaret Vander was appointed Patient Public Involvement Manager and has been actively engaged in working with the LAS Patient's Forum and community groups across London. During the year the Patients Advice Liaison Service (PALS) responded to 4,000 enquires from the public.
- The Trust delivered Cardio Pulmonary Resuscitation (CPR) training to members of the public.

The Trust is well placed in 2006/07 to move forward in its objective of providing the best possible care to patients. The Chief Executive felt it was crucial that the Trust work with other parts of the NHS to ensure it can achieve that objective.

The Chief Executive concluded by thanking the Chairman, the Trust Board and colleagues for their support during 2005/06.

4/06 Finance Director's Report

The Director of Finance presented the accounts to the meeting and referred the meeting to pages 30-35 of the Trust's 2005/06 Annual Report.

On income and expenditure the Trust reported a surplus of £1,258,000 for the year, and therefore did better than the break even target set by the Department of Health for 2005/06.

The Trust achieved its EFL (external financing limit) for the year.

A return on assets (the capital cost absorption duty) of 4.1% was achieved. This was 0.1% higher than the permitted range of 3.0% to 4.0%. The variance from 3.5% is due to slippage in the capital programme relating to a number of estate projects.

The Trust was able to pay 79% of its invoices within 30 days, which was below the 95% target set by the Department of Health.

He confirmed that since the end of the financial year, 3 April 2006, there were no impact events occurring after the year end that had a material effect on the 2005/06 accounts.

- Noted:**
- 1. That the 2005/06 Financial Statements were presented to the AGM by the Director of Finance.**
 - 2. That the Trust had received £5m anti-terrorist funding following the bombings on 7th July 2005.**

5/06 Presentation of the Trust's draft Seven Year Plan

Kathy Jones, the Director of Service Development outlined the Trust's draft seven year plan. The plan had been drafted in consultation with stakeholders including patients, public, NHS colleagues and suppliers. MORI had recently been asked to poll Londoners and the essence of their findings was that the public want the ambulances to respond quickly and get them to a hospital.

The objective of the Seven Year Plan is to transform the LAS into a service that responds appropriately to all patients and 'looks, feels and behaves differently'. It may be that when responding to life threatening situations the ambulance will transport patients to the right place for their treatment rather than necessarily the nearest place e.g. to receive angioplasty treatment. Work is being undertaken to understand what treatment stroke patients in London currently receive; the Patients Forum has made a very useful contribution to this research.

Further work is being undertaken to finalise the plan which will be presented to the Trust Board in November. Talks are taking place with the Primary Care Trusts concerning funding for the proposed changes outlined in the plan.

6/06 Questions from the audience

Call answering. The Chairman of the Patients Forum asked what work was being undertaken to make the Service more accessible to all members of the community particularly those who are deaf or do not speak English. The Director of Service Development explained that the Access Portfolio includes those identified communication issues but also included a host of other aspects of communication. The focus on speed, on identifying what calls require 8 minute response times, is crucial in that it will literally save lives. There is no time pressure on call takers to complete a call more quickly than it is safe to do so. When necessary Language Line will be used to understand the requirements of callers who do not speak English.

Clinical Telephone Advice. In response to a question about whether there was an overlap between Clinical Telephone Advice (CTA) and the advice that can be received from NHS Direct, the Director of Service Development agreed that the service offered was very similar except that when calls are deemed to be suitable for CTA they can be re-triaged if the patient's condition changes and so is a form of risk management by the Trust. CTA is not accessed directly, instead when a caller dials 999, triage is undertaken and if identified as suitable for telephone advice the caller is telephoned by the Clinical Telephone Adviser.

Emergency Care Practitioners. In response to a question regarding the Emergency Care Practitioners (ECPs) the Director of Finance explained that the Trust received £182m in funding for the accident and emergency service and £1.5m in separate agreements with individual Primary Care Trusts for the provision of Emergency Care Practitioners. The funding of the ECPs is discretionary expenditure by the Primary Care Trusts and can therefore be withdrawn when they are under financial pressure except when there is a Service Level Agreement in place.

Diversity. The HR Director was asked about the report on diversity undertaken by Ruth Valentine. The HR Director said that the Service and the Ambulance Service Association had jointly commissioned a review of the barriers to black and minority ethnic recruitment in the Ambulance Service. In addition, an internal review was undertaken in 2005/06 of the Trust's recruitment processes; its recommendations have been implemented. The Trust has introduced two key policies to encourage diversity. The first is the utilisation of existing members of BME staff to be advocates of the Trust to specific communities so as to encourage applications from those communities. The second is the completion of a life skills questionnaire by a successful applicant. The questionnaire identifies life skills which could be a useful resource to the Trust e.g. language skills or membership of an ethnic group. The success of this initiative has yet to be assessed. In May 2006 the Trust published its Revised Race Equality Scheme. There has been a slight improvement in the ratio of BME staff, from 8.47% in 2005 to 8.7% in 2006.

In reply to a supplementary question it was confirmed that the Trust Board, including the three new members had not yet received diversity training though this is one of the requirements of Race Equality Scheme. The Trust takes seriously its responsibility for encouraging diversity throughout the organisation. The HR Director is the lead on diversity for the Trust. Beryl Magrath, Non Executive Director, as Chairman of the Clinical Governance Committee receives official updates on diversity issues and takes a focus on diversity issues on behalf of the Non Executive Directors.

Post meeting note: the Executive Directors undertook diversity training on 15th November 2004. The three new Non-Executive Directors (Caroline Silver, Ingrid Prescod and Roy Griffins) received diversity training as part of their corporate induction in October 2006.

National Standards Framework for Older People. It was asked what progress had been made with implementing the 36 National Standards Framework for Older People. The Director of Service Development said that progress has been made but with the recent appointment of a Policy, Evaluation and Development Manager the Trust's Older People Strategy will be relaunched.

London acute hospital's reconfiguration. The Board was asked about what impact the 'major convulsions' being experienced by the acute hospitals in London will have on the Service's ability to provide a first class ambulance service. The Director of Service Development agreed that the proposed closure of

A&E departments and acute hospitals will be a major challenge for the Service. In the past the Trust would have been involved at a late stage in the process but some Trusts are involving the Service in the early stages of the consultation process. The Medical Director said that there are occasions when the local hospital would not necessarily be the most appropriate destination for a patient e.g. a patient that suffered a Myocardial Infarction would be taken to a specialist unit in a hospital to receive angioplasty which may not be available at the nearest hospital. The Trust will continue to work with Primary Care Trusts to provide quality patient care. An underlying factor is the infrastructure of the community services and the necessity of ensuring that the basic structure is in place to provide alternative pathways of care for patients other than the hospital. Work is being undertaken to identify and to use alternative pathways.

Patient Transport Service. The Finance Director said that the Trust intends to continue to provide Patient Transport Service. It is a very competitive sector which is predominantly driven by price. London is unusual in that the Acute hospitals commission Patient Transport Service; elsewhere in the country Primary Care Trusts commission the service.

Misuse of Taxi Cards. A member of the public reported that she had been encouraged by the hospital she attends to use her taxi card to travel to and from the hospital. The Director of Service Development agreed with her that this was not the proper use of a patient's taxi card. She said that she was aware of a report that indicated that many people were using their taxi cards in this way and that she believed that Local Authorities and the GLA would be making representation to the Department of Health about this issue.

The meeting closed at 15.10 hours.