LONDON AMBULANCE SERVICE NHS TRUST

THE TWELFTH ANNUAL PUBLIC MEETING OF THE TRUST

2.30pm on Tuesday, 30th September 2008

The Conference Room, London Ambulance Service Headquarters
220 Waterloo Road, London SE1 8SD

AGENDA

1. Apologies for absence.

2. Minutes of the Annual Public Meeting held on 25th September 2007 (attached).

3. Welcome from Sigurd Reinton, Chairman of the London Ambulance Service NHS Trust.

4. The 2007/08 Annual Report will be presented by Peter Bradley, Chief Executive of the London Ambulance Service NHS Trust. (attached).

5. Presentation of the 2007/08 Annual Accounts by Michael Dinan, Director of Finance of the London Ambulance Service NHS Trust.

6. Presentations on key LAS developments:
   - Clinical developments within the LAS, presentation by the Medical Director
   - The LAS' involvement with the implementation of 'Healthcare for London', presentation by the Director of Service Development

7. Questions from Members of the Public.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD

MINUTES OF THE ANNUAL GENERAL MEETING

Tuesday 25th September 2007 at 2.00pm
Held in the Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD.

Present:

Sigurd Reinton	Chairman
Peter Bradley	Chief Executive

Non Executive Directors

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

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

In Attendance:

Peter Suter	Director of Information Management & Technology
John Wilkins	Head of Governance
Margaret Vander	Patient, Public Involvement Manager
Nic Daw	Head of PTS Modernisation & Performance
Angie Patton	Head of Communications
Josef Kane	Clinical Telephone Adviser Co-ordinator
David Trevelyn	Clinical Telephone Adviser
Paul Ward	Emergency Medical Technician
Christine McMahon	Trust Secretary (Minutes)
Mark Mitten	Member of the LAS Patients' Forum
Robin Standing	Member of the LAS Patients' Forum
George Shaw	Member of the LAS Patients' Forum
Melanie Box	The Shaw Trust
Gary Orris	St John Ambulance
John Larkin	St John Ambulance
Leyla Strutt	St John Ambulance
Kate Outhwaite	Just Communication (British Sign Language Interpreter)
Maria Munro	Just Communication (British Sign Language Interpreter)

1/07 Minutes of Annual General Meeting held on 26th September 2007

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

2/07 Chairman's Introduction

The Chairman welcomed the audience to the eleventh annual public meeting of the London Ambulance Service NHS Trust. He introduced the main speakers, Peter Bradley (Chief Executive), Mike Dinan (Director of Finance) and Dr Fionna Moore (Medical Director).

The Chairman said that 2006/07 had been quite a tough year for the Trust, one of the toughest he had experienced in his eight years as chairman. Despite a rise in the number of 999 calls the Trust met its performance targets and maintained financial balance. On behalf of the Trust Board, he thanked the Chief Executive and all members of staff who had risen to the challenge and given a magnificent performance in 2006/07.

The Chairman said he had been disappointed with the Healthcare Commission's rating which assessed the quality of clinical care given by the LAS as 'weak'. He felt this was a 'parody of reality' as in fact clinical care had dramatically improved in 2006/07.

The Chairman said he felt quite optimistic about the future. There were a number of challenges, including tougher response time targets with the introduction of 'Call Connect' in April 2008, but he felt these should be seen as an opportunity for the Trust. Lord Darzi's recent report, 'Healthcare for London: a framework for action' envisaged the Service having a key role in delivering improved healthcare with the transportation of patients suffering heart attacks, stroke, serious trauma and serious paediatric cases to specialist treatment centres. In due course, there would be additional specialist centres for other categories of illnesses. Formal consultation of Lord Darzi's 'Healthcare for London: a framework for action' would be taking place between November 2007 and February 2008. The Chairman said he believed this was an opportunity to improve the delivery of urgent and emergency care in London.

One of the key developments in 2006/07 was the expansion of the Clinical Telephone Advice service; it would be extended in 2007/08, with patients being offered clinical advice over the telephone, when it is appropriate to do so, and when necessary, being referred to an appropriate service i.e. General Practitioner, District Nurse etc.

The Chairman concluded by thanking Barry MacDonald, who has served on the Trust Board for eight years, for his contribution, particularly as the Chairman of the Audit Committee.

3/07 Report of the Chief Executive

The Chief Executive said that the Trust had met its two key performance targets: it had broken even financially, which had been a difficult challenge, and met the Category A 8 minute performance target. Although the Trust did not achieve the Category B 12 minute target in 2006/07, significant improvements have been achieved in this area in recent months.

The Seven Year Plan, which was presented at the last Annual Public meeting, had received input from the Patients' Forum and other key stakeholders, and would be implemented over the next six years.

The LAS was the busiest ambulance service in the United Kingdom: in 2006/07 the Trust handled more than 1.2 million emergency calls from across London and attended more than 865,000 emergency incidents.

The LAS was working with other healthcare agencies in London to ensure that the necessary preparatory work was undertaken to ensure a good service is provided to all those participating in the 2012 Olympics in addition to the service provided to Londoners.

At the 2006 Annual Public Meeting there was a report concerning the 7th July 2005 bombings. There has been significant progress made in implementing the lessons learnt, including the introduction of 200 hand-held airwave radios. In 2006/07 a pilot was undertaken of the Hazardous Area Response Team (HART) prior to it being rolled out across England. The HART team would be the Trust's first response to chemical, biological and radiological incidents, and were also trained to operate in any hazardous area.

The Trust achieved full establishment in 2006/07. A significant development was the introduction of Personal Development Reviews which included appraisals for all staff.

The Chief Executive said that 2006-07 had been a busy and successful year; in terms of future service delivery there would be focus on improving triage and continuing improvements in the clinical care of patients. The significant improvements taking place in the Emergency Operations Control were outlined to the Trust Board earlier in the day by the Deputy Director of Operations, Control Services.

The Chief Executive said that the Patient Transport Service (PTS) had done very well in 2006/07; it had won back contracts and had met performance targets such as patient waiting times.

The Chief Executive thanked colleagues and all staff for their efforts in delivering the service. He also thanked the Patients' Forum for their contribution during the year.

4/07 Finance Director's Report

The Director of Finance presented the accounts to the meeting. The Trust fulfilled all four of its statutory financial duties sin 2006/07:

- On income and expenditure the Trust reported a surplus of £113,629 for the year and therefore did better than the break even target set for it by the Department of Health for 2006/07;
- The Trust achieved its EFL (external financing limit) for the year.
- A return on assets (the capital cost absorption duty) of 3.99% was achieved. This was within the permitted range of 3.0 – 4.0 %.

- In the capital programme £7.6m was spend on arrange of projects including rapid response vehicles, new technology projects and projects to improve the estate. Overall, the Trust was under spent by £2.8m against its Capital Resource Limit of £10.4m, which it is allowed to do.

The financial year 2006/07 was a challenging one for the Trust. The Trust had to internally generate funds through cost saving initiatives to continue to implement changes in service delivery, meet increased demand in activity and to maintain accident and emergency response time performance.

The Director of Finance confirmed that since the end of the financial year, 3 April 2007, there were no impact events occurring after the year end that had a material effect on the 2006/07 accounts.

Noted: That the 2006/07 Financial Statements were presented to the AGM by the Director of Finance.

5/07 Clinical Developments Presentation by the Medical Director

The Medical Director gave a brief presentation outlining clinical developments that have taken place in 2006/07:

Crews were making increased use of the network of nine heart attack centres which operate around-the-clock in London. Using this system, if crews diagnose an ST-elevation myocardial infarction (STEMI) – a common type of heart attack – using a 12 Lead Electro-cardiogram (ECG), they can make the decision to take the patient directly to a cardiac catheter laboratory (cath lab) for specialist treatment, bypassing A&E departments. This enables the patient to benefit immediately from primary angioplasty, a procedure that offers a much better chance of survival and a quicker recovery than the standard treatment (thrombolysis, which involves administering clot-busting drugs and transporting the patient to the nearest A&E. For crews on the periphery of London this has been a very significant change; instead of taking patient to the nearest hospital, they now take seriously ill patient past a number of hospitals to a heart attack centre. In August 2004, 4% of patients were taken to cath labs compared to 73% in September 2006. Currently 95% of patients with a STEMI were taken to heart attack centres. The Medical Director said there was a debate currently taking place regarding non STEMI patients receiving angiography. A trial of adjuvant therapy before hospital arrival was being undertaken with the administration of clopidogrel en route to the hospital.

Stroke was receiving a higher profile with the implementation of the Stroke Strategy and patients were now being taken to the most appropriate centre for treatment. All front line staff had been trained to recognise incidents of stroke via the use of the FAST (face, arms speech test). More units were delivering thrombolysis treatment and there was now emphasis on early rehabilitation and maintaining mobility.

The Medical Director said that the LAS had seen a dramatic improvement in cardiac arrest survival rate, which had risen from 4.2% in 1998/99 to 15.8% in

2006/07. The improvement followed the introduction of new Resuscitation Guidance that involved the undertaking of chest compressions only as well as the professionalism of the crews and their ability to identify via the use of 12 Lead ECG the type of heart attack being suffered.

Another development in 2006/07 was the identification of alternative pathways. Only one in ten of patients have a life threatening condition and less than half need to be taken to Accident and Emergency. The feedback received from patients was that they like clinical telephone advice and they like not having to go to hospital. Clinical Telephone Advisers undertook triage over the telephone and advise the patient. 50 Emergency Care Practitioners (ECPs) have been deployed across London; their main role was to respond to complex but less urgent 999 calls when it was suspected that a patient may not need, or even want, to go to hospital, but where a fact to face assessment was required. ECPs work closely with their local primary care trust and can prescribe drugs, make referrals and transport patients to GP's surgeries or minor injuries units if required. There has been an increase in the number of Minor Injuries Unit (MIU) and Walk in Centres, these have almost the same facilities as A&E departments but were smaller. In a number of primary care trusts crews were able to call upon District Nursing Services, local Falls Team and local Mental Health Intervention Teams.

Training: the Trust was training more paramedics. In 2006/07 approximately 900 staff undertook Continuing Professional Development and Emergency Medical Technician 4 courses. In May 2007, modular training was introduced; to date two modules have been delivered, Advanced Life Support for Paramedics (308 staff) and Patient Assessment (466 staff). Other modules were under development. In 2006/07 67 members of staff were supported to take external courses.

Clinical supervision and support: there has been an improved audit of clinical records (Patient Report Form checks or Clinical Performance Indictors) with regular feedback being given to staff with the aim of improving patient care. Crews can now contact senior clinicians for advice on a 24/7 basis.

Patient specific protocols have been developed for over 200 patients who have Chronic Obstructive Pulmonary Diseases, Addison's Disease, Do Not Attempt Resuscitation (DNAR) orders and Advance Directives. On average the Service received three new requests a week.

Clinical Audit & Research Unit liaises with hospitals to identify outcome data for patients who have suffered a cardiac arrest and supports Team Leaders in under-taking CPI audits. Applications have been submitted for grants to research diabetes and stroke, and collaborative work has been undertaken in respect of cardiac arrest, new drugs and stroke assessment.

6/07 Questions from the audience

In response to a question from George Shaw concerning Lord Darzi's recommendation that there be 5-7 stroke units in Greater London the Medical Director said that Lord Darzi envisioned a 'hub and spoke' network of treatment centres that would deliver healthcare to Londoners. She said that in South West

London there was an arrangement already in place whereby a number of hospitals offered stroke treatment during normal working hours with one, St Georges, providing treatment 'out of hours' and at weekends. She said this model would probably work quite well across London.

Robin Standing asked what progress the Trust had made to ensure equality of access to the Service for people with hearing, speech or communication difficulties. The Director of IM&T said that improving access was one of the key part of the Trust's Seven Year Programme. A specific project would be launched in 2008 that would explore options for accessing the Service by people with hearing difficulties.

John Larkin asked what further participation would service users and stakeholders have in the development of the Trust's Seven Year Plan. The Patient & Public Involvement Manager said that for some of the programmes in the Seven Year Plan the consultation had already taken place and it was now a matter of implementing the project, for others there would be an on-going dialogue, e.g. with the Commissioners as well as service users on how the service would be delivered. Patient Public Involvement would vary for each project but the intention was that people would be involved as the Programme is delivered over the next seven years. The Director of Finance said that the Primary Care Trusts (the Commissioners) who, in a sense represent the local constituencies were kept informed of the Programme's progress.

George Shaw asked whether the Trust had annual targets for increasing the diversity of front line crews. The HR Director said the Trust had a challenging target of recruiting 15% of staff from Black and Minority Ethnic communities; this was 5% higher than the 2005/06 recruitment target.

In response to Mark Mitten's comment that the Services' web site had not been updated for some time the Head of Communications said that the future of the web site had been under consideration. It had been decided that over the next 12-18 months a new web site would be developed that would have a shared ownership across the Trust so as to facilitate the site being regularly updated.

Gary Orris asked what steps were taken in respect of seriously ill mental patients who were in crisis. The Medical Director said that as part of the Continuous Professional Development there was a session concerning mental illnesses. Members of staff work very closely with the Police to ensure that patients suffering from the relevant mental illnesses were transported in a safe manner to a place of safety or treatment depending on their circumstances. The Medical Director recognised that this was an area where further work needed to be undertaken.

The Chairman closed the meeting and thanked attendees for their attention and participation. He thanked the Head of Communications and the Communications team for producing the Trust's annual report which was an excellent piece of work. He also thanked the Trust Secretary for organising the Annual Public Meeting.

The meeting closed at 15.10 hours.