**Report on the LAS Board Meeting – Tuesday 27th** **September 2012**

1. **Chief Executive of the LAS and new Non Executive Directors**

Interviews were due to take place on October 5th 2012 for a new CE. We await the result. Two appointments have been made for new non-executive directors-names are not known.

1. **Cardiac arrest survival rate**

The highest ever cardiac arrest survival rate (Utstein) has been recorded (31.7%). The overall survival to discharge rate from cardiac arrest has increased from 8% to 10%. The survival rate is the highest in the UK for ambulance services. I suggest we hold a future meeting of the Forum on this issue.

1. **Training of staff**

Staff training was suspended during the period of the Olympics and has now been reinstated. There have been problems for the LAS to achieve their training targets and this matter was dealt with in private in part 2 of the meeting. The LAS gets additional funding for providing adequate levels of training to staff (CQUIN).

1. **Foundation Trust Application**

The LAS application for FT status is being revised and a new application is being made. Alwen Williams from the NHS Trust Development Authority (a new quango) will appoint a ‘relationship manager’ to support the LAS’s new application.

1. **Service closures and reconfigurations of hospitals in north west and south London**

The LAS are working closely with the process of reviewing the impact of the closure of A&E departments in London. This work will include assessing the impact of closures on ambulance arrival times for Cat A (life threatened) patients.

1. **Modernisation of the LAS workforce**

I asked what this item from the part 2 (private) agenda was about but only received a very vague answer from Caron Hitchin.

1. **Collaboration with the Fire Brigade**

The London Fire Brigade has to reduce expenditure by £60millions and consequently discussions are taking place between LAS and LFB commissioners to look to see if joint commissioning of any aspects of the services is possible. Regular meeting already take place between the two services. This type of collaboration was suggested by the London Assembly in their review of the LAS. The Forum will invite the Chair of London Assembly Health and Environment Committee to attend the January 2013 meeting of the Forum.

1. **Category C Patients – urgent but not life threatened**

Performance against Category C targets (C1, C2 and C3) is in the ‘red’ on the LAS risk register (traffic lights). The target for C1 is 93% and the achievement (year to date is 79.2%). This could include an elderly person who has fallen in the street. The problem for the LAS is that if they concentrate more achieving their Cat C1 target this may impact on the staff and vehicles they have available for Cat A patients. There is no strategic plan to deal with this problem.

1. **Cat A – emergency - life threatened**

The performance for Cat A8 for August was 81.5% against a 75% target (arrival within 8 minutes). Cat A demand was 4,597 patients over the number for August 2011. For the period April 1st 2012 to August 31st 2012 there were a total of 24,148 more Cat A patients in excess of the number of patients for the same period last year (2011-2012).

1. **High Risk Register**

This is a register of addresses of patients who have been identified by ambulance crew as being potentially threatening to staff. In some cases clinical staff will not enter the homes of people on the register unless they have police support. There are 510 addresses on the register and each person on the register should have been notified that they are on the register and given a chance to appeal. The metropolitan police have also added 325 people to the LAS high risk register, but the LAS will not write to these people. It seems that being placed on the register in the past has been in some cases arbitrary. If an address is on the list – it is possible that in addition to the named person, other people living in the house who are unconnected with the named person at the address, could be denied essential care in an emergency. I am arranging a meeting with Peter Suter from the LAS to discuss this situation. In the past there have been tragedies as ambulance crew waited for the police to arrive before entering the premises of a serious ill person.

**Malcolm Alexander, Chair, Patients Forum, October 5th 2012**