



Annual Review 2010/11

A look back over the year 2010/11

New trauma centres saving more lives

MORE patients in London with serious injuries have been saved since ambulance staff began taking them directly to major trauma centres, according to official figures.

Since April 2010, ambulance crews have taken major trauma patients, including those with amputations and gunshot wounds, straight to specialist centres rather than a local A&E department.

The units are staffed around the clock by expert clinicians who can offer the best level of care and treatment to these patients.

Data for the first six months, published by the London Trauma Office which oversees the management of the new trauma system, shows

that 37 extra patients survived their injuries to leave hospital, compared to the national average.

The Service's Deputy Medical Director Fenella Wrigley said: "Anyone who suffers life-threatening injuries in London can be assured they will get the best clinical care in the country. Whatever time of day or night, London Ambulance Service staff can provide vital treatment at the scene before taking patients to a specialist trauma centre where consultants will be on hand to provide further expert clinical care, giving them the best possible chances of survival." In the first six months since trauma care was centralised, almost 2,000



Trauma network: The four major trauma centres and supporting hospitals

severely injured patients were taken to specialist trauma centres.

And figures show that between May and November 2010 the average ambulance

journey time from the scene of an incident to a major trauma centre is just 16 minutes.

The London Trauma Office will publish its full year report in autumn 2011.

Jake's thanks for expert care

In July 2010, 15-year-old Jake Saunders fell 20 feet through a garage roof, resulting in severe head injuries, broken ribs and a broken collar bone.

A Camden ambulance crew – which included Student Paramedic Catherine Maynard – and colleagues from London's Air Ambulance stabilised Jake before taking him to the major trauma centre at the Royal London Hospital in Whitechapel. He was later transferred to Great Ormond Street Hospital and was able to go home within three weeks of the incident.



Trauma survivor: Jake Saunders is reunited with Student Paramedic Catherine Maynard

Jake said: "There aren't a lot of people around who could treat my injuries. If it wasn't for the major trauma care I think things would've turned out a lot differently."

Looking back

INSIDE our Annual Review, we look back at the London Ambulance Service during the 2010/11 financial year.

Our full annual report is online at www.londonambulance.nhs.uk. Log on and enter 'annual report 2010-11' into the search box. This will also take you to our quality account for 2010/11.

Health reforms in progress

THE way in which the Service receives its funding looks set to change under proposals for the future of the NHS.

The Health and Social Care Bill, which was published in January 2011 and then revised in July, outlined plans for groups of GPs to take on responsibility for health services in their area – meaning that they would also take over the commissioning of ambulance services.

At the time of going to press, it was still to be confirmed when the changes could come into effect.

Protecting the vulnerable

FRONTLINE crews have continued to increase the number of referrals they make about potentially vulnerable patients.

All healthcare staff have a responsibility to report an incident if they believe that a person is vulnerable. This can help protect people who otherwise may be victims of abuse or neglect.

Under the Service's safeguarding arrangements, more than 2,200 child safeguarding referrals and almost 7,500 vulnerable adult referrals were made to social services during the last year.

Papal planning pays off



POPE Benedict's visit to the UK was one of the main occasions in a busy year of planned events for the Service.

An ambulance formed part of the convoy that followed him around the capital and on Popemobile journeys in central London, with a small team of staff responsible for his emergency medical care.

Deputy Medical Director Fenella Wrigley (pictured) was part of a delegation invited to meet the pontiff at the end of his three-day visit in September, when he expressed his gratitude for the Service's support.

Other big events during the year included the New Year's Eve celebrations, the

London Marathon and the Notting Hill Carnival – with all of them attracting thousands of visitors to the capital.

On each occasion, extra control room and frontline staff were on duty and support was provided by volunteers from organisations such as St John Ambulance and the Red Cross.

Deputy Director of Operations Jason Killens said: "We work very closely with a range of other agencies in our planning for these types of events, so that we can manage the extra demand for medical help while at the same time maintaining our normal 999 service to the rest of London."

Reflections on a

Chairman

Richard Hunt

What were the highlights of the year?

They included meeting the Category A standard to get to seriously ill and injured patients within eight minutes, despite some very busy periods. It was also the first year of the new London-wide trauma and stroke networks, which are both proving to be major successes, and we also received two awards for our 999 control room.

What impact will the proposed NHS reforms have?

There are still some uncertainties, for example it is unclear how exactly GPs will take on the responsibility for providing our money.

However, we will continue to focus on meeting patients' needs and expectations.

How is the application to become a foundation trust progressing and what benefits will this status bring?

There has been some slippage in our original timeline due to the thoroughness of the process, but the additional freedoms to manage our affairs, funding and finances are key benefits.

We also have more than 5,000 public members with whom we now engage and whose views will help develop the Service in a way that reflects patients' needs.



How will you maintain levels of patient care when significant financial savings have to be made across the NHS?

We will not compromise our focus on patient care, and we are managing our approach to the savings through a comprehensive programme which is being monitored on a monthly basis by the Trust Board.

Out and about



Keen to learn: School children with Emergency Medical Technician Yvonne Chambers at an event in Ilford

STAFF were involved in 551 visits and events last year, following requests from members of the public, schools, community groups and businesses.

The Service's public education team co-ordinated the varied schedule of work, ranging from basic life support lessons for new mums to talking to teachers about the

consequences of knife crime.

Head of Patient and Public Involvement and Public Education Margaret Vander said: "One day we could be

talking to elderly people about how to get the best healthcare and the next explaining to primary school children what happens when they dial 999.

"We also regularly go to community fairs where people can drop by and find out more about how the Service is run, look inside the back of an ambulance and learn some important life-saving skills."



551

Events attended by our public education team last year



London Ambulance Service **NHS**
NHS Trust

Feeling unwell?

How to get the right NHS treatment

NHS Direct 0845 4647

GP Out of Hours

Urgent Care Centre

If you need fast, convenient advice from an expert, or treatment for a minor illness or injury, there are a range of services on your doorstep.



a very busy year

Chief Executive

Peter Bradley

What improvements have patients seen in the care they received last year?

They have had their calls answered and have received help more quickly. We also continued to improve the care of stroke, trauma and cardiac patients, those people nearing the end of their lives, and our infection control procedures.

What were the biggest challenges in 2010/11?

How did you cope and what lessons did you learn?

The big challenge was working to a much tighter budget than in previous years, and having to achieve the main performance target while demand increased. The key lesson is that we have

to look to provide much more clinical advice over the phone and increase our use of community and referral services where clinically appropriate.

What benefit will the removal of time targets for responding to less seriously ill and injured patients have?

We will now be judged on how well patients recover and the quality of care we provide, rather than on just how quickly we can get to them.

We will have the flexibility to provide a more appropriate response, so will be able to undertake a more thorough telephone assessment and then agree the best course of action.



Will you be ready for the Olympic and Paralympic Games?

Yes we will. We have a very good track record of dealing with large scale events, and while this is on a much bigger scale, our planning team have done a first-class job and I know that all our staff will show the world what a professional, high-quality service we have.



Alcohol centre is West End hit

A CENTRAL London treatment centre, set up as an alternative to hospital for people who had drunk too much alcohol, was used to care for 268 patients in December.

The joint initiative between the Service and Westminster Council opened its doors on 18 evenings in the run up to New Year's Eve 2010.

Patients were taken to the

site by the Service's 'booze bus', with 96 per cent of them able to sober up and go home after a few hours rest, meaning they were kept away from increasingly busy A&E departments. Patients were also given advice on how to drink sensibly.

In 2010/11 the Service responded to more than 57,000 patients suffering from the effects of too much alcohol.

Londoners get a quicker response

AMBULANCE staff battled the elements, and an overall increase in emergency calls, to again improve the response provided to patients.

As well as a 4.5 per cent rise in incidents needing an ambulance response, the Service faced extra pressures during the World Cup, while in the winter snow and ice caused different problems and a number of student protests also took place.



Demand in 2010/11

Total 999 calls received	1,494,207
Calls to life-threatening patients	347,675
Total incidents attended	1,058,132
Patients taken to hospital	785,014
Patients given clinical advice over the phone	97,238

Director of Operations Richard Webber said: "Our staff worked very hard and, although they had to deal with

some very challenging situations, we met our main target of reaching 75 per cent of life-threatening patients within eight minutes."

Almost 100,000 callers were given medical advice over the phone either by clinical telephone advisors or after being referred to NHS Direct.

However, the Service did fall short of the standard for reaching patients in a serious but not life-threatening



Cold conditions: Bad winter weather led to a rise in 999 calls

condition, although this did improve on the previous year.

This national Category B target to reach 95 per cent of patients within 19 minutes was removed in April 2011.

It has been replaced by clinical measures to judge the overall quality of ambulance services. These include the survival rate of patients who collapse and stop breathing, recovery rates from heart attacks or strokes and patients' overall experience.

Ambulance services will still

have to reach 75 per cent of patients in a life-threatening condition within eight minutes.

Response time targets 2010/11

75 per cent of Category A (life-threatening) calls within 8 minutes	75.1 per cent achieved
95 per cent of Category A calls within 19 minutes	99.0 per cent achieved
95 per cent of Category B (serious but not life-threatening) calls within 19 minutes	87.2 per cent achieved

In brief

The Service's fleet is made up of 450 ambulances, 186 fast response cars, 23 motorcycles, 60 bicycles and 122 patient transport vehicles.



Stroke patients benefit from the 'best care'

LAST year was the first full year of operation for a London-wide stroke network that gives patients access to the best care in the country.

Crews started to take anyone suspected of suffering a stroke – a type of brain injury caused by restricted blood flow or bleeding in the

brain – to one of nine specialist hyper-acute stroke centres from February 2010. Once there, a patient can quickly receive a scan and, if appropriate, a procedure known as thrombolysis, a clot-busting drug that can help restore blood to the brain.

The network went fully live



in July 2010 and from then until March 2011, a total of 7,254 patients were identified by staff as suffering a stroke and 84 per cent of them were taken straight to a specialist centre.

Assistant Medical Director Neil Thomson said: "We are working closely with the stroke centres to ensure Londoners receive the best level of care immediately."

High blood pressure is the biggest risk factor for causing a stroke and in April 2010, almost 2,200 people were given free blood pressure checks as part of the Service's biggest ever health promotion initiative.



Checked out: A blood pressure event at Waterloo station

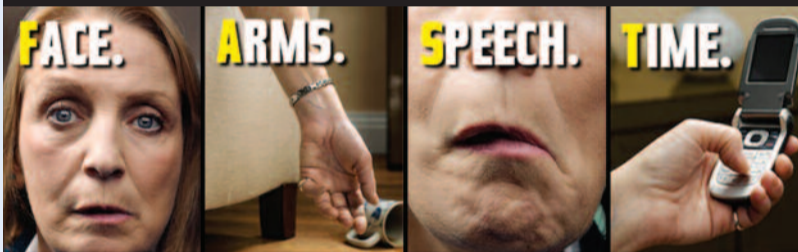
The FAST test is a quick and easy way to check if somebody is suffering from a stroke:

Facial weakness - can they smile? Has their mouth or eye drooped?

Arm weakness - can they raise both arms?

Speech problems - can they speak clearly?

Time to call 999



Financial facts and figures

THE Service again balanced its budget in 2010/11, but is now implementing plans to make savings of more than £53m over the next five years.

The savings plan has been drawn up as the funding the

Service receives every year is set to stay the same, while operating costs and demand on the 999 system are likely to rise.

Director of Finance Mike Dinan said: "We have already been taking action to save

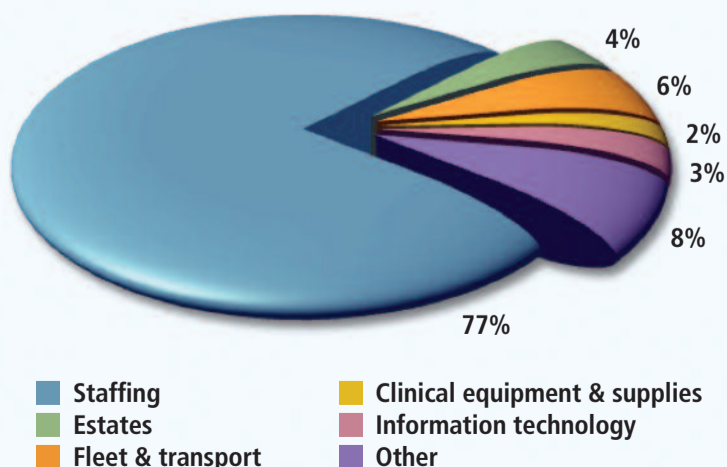
money, but the financial pressures facing the NHS mean that we're now having to step this up even more while ensuring that patient care continues to improve.

"Given the fact that 80 per cent of our budget is spent on staff costs, unfortunately it will be impossible to make the necessary savings without impacting on the size of our workforce."

Savings of £15m are planned for 2011/12, with over 160 post reductions expected to be made. Around 890 posts are likely to be removed over the course of the five-year plan, although it is hoped to avoid compulsory redundancies.

Money facts – 2010/11:

- **£284m** – The Service's total income last year
- **£30** – Annual cost per Londoner for their emergency ambulance service
- **£250m** – the funding the Service received from the capital's 31 primary care trusts. Other funding came from the Department of Health, NHS London and other non-NHS organisations.
- **£1.8m** – the money paid back for not meeting some of the Government's performance targets. This represents 0.6 per cent of the budget.
- **£227** – the average amount it cost the Service to respond to an incident.



In brief

A fifth of all cardiac arrests – when the heart stops beating – happened in public last year, including 55 which took place at a transport hub and eight in a restaurant. The survival rate increased to 22.8 per cent.

Staff support is strengthened



OVER 90 staff are now fully trained to provide help and support to colleagues.

The award-winning peer support network LINC (Listening, Informal, Non-judgemental, Confidential) is a professional and confidential listening service which is available to all employees and is provided by the people they work with.

LINC Manager Chris Hutchinson said: "Staff can talk about anything that's affecting them with trained LINC colleagues who have the tools to help; the support is there for work or non-work related issues."

In June 2010, the network was recognised at the Healthcare People Management Association awards and named runner-up in the 'best management

practice in tackling workplace stress' category.

As well as LINC, staff also have access to a number of forums designed to help them share information and offer mutual support.



...supporting each other

LAS Pride has been set up for lesbian, gay and bisexual staff, the Deaf Awareness Forum for staff with hearing impairments and 'Enable' for those who have a disability or caring responsibilities.

Mark Weller, who established the Deaf Awareness Forum, said: "What started out as a small interest group has come a long way since it was formed 18 months ago, with over 40 people now involved. That's a lot of people who can help each other."

