London Ambulance Service NHS
NHS Trust

Annual Report

2001-2002

Key to the
London Ambulance Service NHS Trust

3700 Staff
68 Ambulance stations
817 Operational vehicles

Covering
620 Square miles
7.4 Million residents
4 Airports

London Ambulance Service NHS
NHS Trust

Contents

Annual Report

2001-2002

This report is also available on the internet at www.londonambulance.nhs.uk

Vision & Values

A world-class ambulance service for London staffed by well-trained, enthusiastic and proud people who are all recognised for contributing to the provision of high-quality patient care.

C linical excellence
We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patients' needs.

R espect and courtesy
We will value all colleagues and the public, treating everyone as we would wish to be treated, with respect and courtesy.

I ntegrity
We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

T eamwork
We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

I nnovation and flexibility
We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

C ommunication
We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

A ccept responsibility
We will be responsible for our own decisions and actions as we strive to constantly improve.

L eadership and direction
We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

Chairman's statement

This is my third annual report on the London Ambulance Service NHS Trust. The first described a year of transition, with my appointment half-way through that year, followed by Board-level changes and a fundamental review of our operations against a background of poor performance. The second reflected substantial progress, with the development of a detailed, coherent and widely supported plan for meeting response time targets and improving clinical performance (the four-year Improvement Programme) and a good start on implementation. For the first time in many years, the Service met its agreed performance targets.

I am now pleased to report on a year of further progress, at the end of which we again met our main performance targets. We still have some distance to go before we are a world-class service but we know what we have to do to get there and have demonstrated - to ourselves and to Londoners - that, given the means, we can get there. By the end of March 2002, we had implemented 73 of the 256 initiatives that make up the Improvement Programme, thus laying the ground for further progress. We have strengthened the managerial, clinical, IT and logistical support we give frontline crews, and this was reflected in improved performance and staff morale. The NHS Executive recognised our achievement by awarding us two stars at the end of the year - unthinkable a year or two ago.

The balance of this report sets out in detail what has been done over the past year to improve the Accident and Emergency 999 Service, what remains to be done, what targets we have set ourselves and what resources are needed. It also describes the corresponding improvement programme for our Patient Transport Service, which serves 30 other NHS Trusts around London and provides an essential service for a large and vulnerable group of patients. Finally, we report on the Emergency Bed Service, which came under the London Ambulance Service in late 1999. We are in the midst of a fundamental review of both these important services, and will have a clearer view, when I report to you next year, of how they need to develop.

As last year, I want to go beyond the customary 'thank you' to staff. This service is all about people. Every single success (or failure) that we experience is the result of what someone (or, more likely, a group of people) has done (or failed to do). Thankfully, it is mostly the former, and we are trying harder than ever to recognise the contributions people make. But it is never enough, and I want to take this opportunity to say to each and every one who works for the London Ambulance Service how much their efforts are valued - not just by me and the Board, but by Londoners generally.

Sigurd Reinton
Chairman

Chief Executive's statement

For me, the achievement of two-star status in the NHS Performance Ratings demonstrated that we are travelling in the right direction with our plans to improve and modernise the London Ambulance Service, particularly as stars are not just about response times.

It was a tribute to the efforts and commitment of everyone in the London Ambulance Service and I would like to thank staff and managers publicly for their contribution to a successful year.

A good year for the London Ambulance Service means a good year for our many thousands of patients. We must never forget that they are the reason the Service exists and we will constantly strive to improve the service we provide across London - both in the A&E 999 service and our Patient Transport Service.

While ultimately successful, 2001-2002 was a difficult year. By the end of the year we had to achieve the Government's target of responding to 65 per cent of Category A (life-threatening) calls within eight minutes and we did. But it took some exceptional work to get there. It will take an equally huge effort to reach our next target of reaching 75 per cent of Category A patients in eight minutes by December 2002. Again, I am confident we will get there.

However, our year was not all about reaching percentage targets. Many initiatives within the Improvement Programme were completed and a large number started. We moved forward on issues around staff safety and staff support and were able to secure a well-deserved extra pay rise for frontline crew staff.

Our constant need to improve means we must never become complacent. Our annual staff survey, while showing considerable progress in many key areas, underlines the fact that we have a way to go before we can describe the London Ambulance Service as a world-class ambulance service. Progress must be made in a number of areas before we reach that goal, with an improvement in core ambulance cover and the introduction of brand new ambulances being two of the most urgent.

During my autumn series of consultation meetings I had the pleasure of speaking to 1,000 members of staff at 30 meetings across London. These events are the high point of my year: being able to talk to those who do the job - ambulance crews and staff in CAC, PTS and the many support services - and, most importantly, listen to their views and concerns. Face-to-face communication is crucial to our success and we must do more of it.

It would not be right to end this report without referring to the events of September last year. Our hearts went out to our emergency service colleagues and the many other people who lost their lives in New York on that fateful day.

The London Ambulance Service reacted swiftly and professionally to the terrorist threat and worked closely with other agencies in London to ensure our preparedness for major incidents. Our decontamination capacity was increased and we attended a number of incidents across the capital. I would like to thank all those involved in our response.

Finally, I would like to repeat what I have said many times: I am immensely proud to have the privilege of leading this organisation. I continue to be grateful for the enormous support I receive from all areas of the London Ambulance Service and I look forward to reporting further success and improvements in next year's report.

Peter Bradley
Chief Executive & Chief Ambulance Officer

ORGANISATION

The Board

The London Ambulance Service (LAS) is the only London-wide NHS Trust, a status attained in April 1996.

Our service is managed by the Trust Board comprising a non-executive chairman, five executive directors (including the Chief Executive) and five non-executive directors. The Chairman is Sigurd Reinton, who took up his post in October 1999. Peter Bradley was appointed Chief Executive in August 2000.

The five non-executive directors - each of whom bring considerable experience in their respective fields outside the LAS - are Suzanne Burn, Colin Douglas (Vice-Chairman), Lord (Toby) Harris, Barry MacDonald and Sarah Waller.

The four executive directors are Wendy Foers, Director of Human Resources; Mark Jones, Director of Finance and Business Planning; Fionna Moore, Medical Director; and Ian Tighe, Director of Technology and Trust Secretary.

The Chief Executive and the other executive directors are appointed through a process of open advertising and formal selection interview. All appointments are permanent and subject to normal terms and conditions of employment.

The Audit Committee comprises Barry MacDonald as Chairman, Colin Douglas and Sarah Waller. The Trust Chairman chairs the Service Development Committee, while he and the non-executive directors comprise the Remuneration Committee.

The Service's Clinical Governance Committee is chaired by Suzanne Burn and Charitable Funds Committee is chaired by Barry MacDonald.

The other LAS directors are Keith Andrews, Director of Patient Transport Services (PTS) and David Jervis, Director of Communications.

Following changes to the NHS structure in April 2002, the new South West London Health Authority has responsibility for the performance management of our service while the North East London Health Authority has responsibility for commissioning.

Non-executive directors

Sigurd Reinton is a former director of international management consultancy McKinsey & Co. He became Chairman of the Trust in October 1999 after having held the same post with Mayday Healthcare NHS Trust for two years.

Suzanne Burn is an experienced litigation solicitor, now working as a legal and training consultant, author and a deputy district judge. For five years she was the Law Society's civil litigation adviser and prior to becoming a solicitor worked for the local government ombudsman and as a town planner.

Colin Douglas is the Director of Communications at the Audit Commission, having previously worked in a similar post at Transport for London and Sport England and for a range of London local government and public service organisations. He is Vice-Chairman of the Trust. His skills and experience include communications, business knowledge, marketing and a reputation for and commitment to ethnic minority concerns.

Toby Harris was appointed a working peer in 1998 and was elected as a member of the Greater London Assembly in May 2000. Formerly leader of Haringey Council, he now chairs the Metropolitan Police Authority and also used to chair the Association of London Government.

Barry MacDonald is the Finance Director of COI Communications (formerly the Central Office of Information). He became an LAS non-executive director in April 2000. He chairs the Trust's Audit Committee and has previously been Finance Director for the Community Fund (formerly known as NLO), of Scope and Reuters Television.

Sarah Waller has held a variety of nursing and human resource director level appointments in the NHS and civil service and has been both a local councillor and a health authority member. A former director of standards at the UKCC, she is now an independent healthcare consultant. She chairs the London Quality Taskforce and is a member of the London Modernisation Board.





The Senior Management Team

Executive directors

Chief Executive *Peter Bradley* joined the LAS in May 1996 after completing an MBA at the University of Otago in Dunedin, New Zealand. He worked for 20 years in a variety of posts with ambulance services in New Zealand, latterly as Chief Ambulance Officer of the Auckland Ambulance Service.

Director of Human Resources *Wendy Foers* held several senior HR and management positions within the NHS and private healthcare sector before joining the LAS as Personnel Manager in April 1994. She was promoted to her current post in December 1997.

Director of Finance *Mark Jones*, who has spent most of his career within the Health Service, joined the LAS in February 2000 from a similar post at Wiltshire and Swindon Healthcare NHS Trust.

Medical Director *Fionna Moore* was appointed in December 1997 and was made an executive director in September 2000. She is the first person to hold this post. Dr Moore has 16 years' experience as an A&E consultant, currently with Charing Cross Hospital. She has previously worked at the University College and John Radcliffe Hospitals and also chairs the Service's paramedic steering group.

Director of Technology *Ian Tighe* joined the LAS in January 1994 from the West Midlands Police Authority, where he held the post of Head of IT. Ian had previously worked for West Midlands County Council and is a fellow of the British Computer Society.

The Board meets on Tuesdays from 10am in the conference room at LAS headquarters.

The final meeting of 2002 will be held on 25 November. This will be followed by meetings on 28 January, 25 March, 27 May, 29 July, 30 September 2003 (plus AGM at 2pm) and 25 November 2003.

We comply with the code of practice on openness in the NHS and our Trust Board meetings are always open to the public with time set aside for their questions at the beginning and end of the meetings.

Directors

Director of PTS *Keith Andrews* joined the Service in March 1999. He had previously worked in the private sector in the areas of production and logistics. He was made an LAS director in September 2000.

Director of Communications *David Jervis* was Head of the Press Bureau at the Metropolitan Police before joining the LAS in 1995. He had previously worked as a journalist in Cornwall and north London, latterly as a freelance crime reporter.

Assistant Chief Ambulance Officers

ACAO Sector Services *Martin Flaherty* joined the Service in September 1979, having gained a BSc in Biochemistry/Biology from the University of London.

His career has included some time spent as an operational technician and paramedic, followed by some 15 years as a manager in a variety of positions. Martin was appointed Assistant Chief Ambulance Officer in September 2000.

ACAO Control Services *Philip Selwood* joined the LAS in January 1998 after serving 32 years with the Metropolitan Police, latterly as a Chief Superintendent.

He is the Service's senior representative at all London Resilience and Civil Contingencies Committee meetings at the Cabinet Office.

A third assistant chief ambulance officer, Stuart Ide, left the Service in April and his post has now been left vacant, to be reviewed in April 2003. A head of operational support, Mike Boyne, was appointed at the end of May.

Assistant Director

Assistant Director A&E Development *Kathy Jones* joined the LAS from the South West Thames Health Authority in November 1992. She had previously worked in the area of policy development for a local authority, a major charity and the TUC. Kathy was appointed to Assistant Director A&E Development in November 2000.





IMPROVEMENT PROGRAMME

Background

Last year's report outlined a radical and challenging four-year Improvement Programme for the LAS - our blueprint for the development of a world-class ambulance service.

We explained how extensive consultation had been undertaken, both inside and outside the LAS, to ensure everything required to achieve our aim was included in this ambitious plan of modernisation for the world's largest ambulance service.

As long as we were able to secure the necessary funding, we were confident that delivering the LAS Improvement Programme would transform the Service into a modern, highly professional organisation fit for the 21st century and one of which our staff, London and the National Health Service could be proud.

The first year of the Programme is over and we are now well into the second year. This 'end-of-term' report will explain what has been done and what tasks remain ahead.

We have made considerable progress but are far from complacent. Some of our biggest problems still need to be solved. We shall be working with NHS colleagues to develop new ways of delivering emergency care and we will need the support and continued financial investment from our commissioners and the Government.

One of our biggest challenges is developing the 'culture' of the organisation. We must continue to move away from the negative 'us and them' attitudes, which dogged the LAS in the past, and develop a service that all our staff feel proud of and involved in.

The results from this year's staff survey demonstrate that things are moving in the right direction and support for the Improvement Programme from trade union colleagues has been solid - the LAS has the best industrial relations it has seen for many years.

WHAT IS IN THE LAS IMPROVEMENT PROGRAMME?

It consists of over 250 initiatives under the following headings:

- Organisation development
- Bringing resources in line with demand
- Strengthening management
- Improving support for staff
- Improving staff safety
- Managing demand
- Improving clinical effectiveness
- Improving productivity and response times
- Developing and modernising the Patient Transport Service
- Improving staff involvement
- Implementing NHS policy
- Improving risk management

What did we do in 2001-2002?

Through the considerable efforts of staff in all sectors and departments across the LAS we reached - in fact, exceeded - the Government's response time target of responding to 65 per cent of Category A (life-threatening) calls within eight minutes by the end of the financial year.

That was the headline achievement. However, it is important to record that progress was made in many other areas.

To fund the first year of the Improvement Programme, we received an extra £11.6 million from the health authorities, the NHS London Regional Office and the Government. We welcomed this extra investment but it did mean postponing some of our plans for a while, because it was short of the whole amount needed.

The additional money was spent as follows:

Pay	£5.2m
Additional resources	£2.2m
Inflation and capital charges	£2.4m
Staff safety, equipment and supplies	£0.4m
Station management support	£0.3m
Team leader roll-out	£1.1m

By the end of the financial year, we had completed 73 initiatives out of the 256 in the Improvement Programme (28 per cent). More have been completed since the start of the 2002-2003 financial year.

Below, we outline the main areas of development during the year under the four categories - Patients, People, Partnerships and Performance. Further information on most of these can be found elsewhere in this report.

Patients

New equipment - We continued to roll out our programme of equipping all frontline ambulances with a sophisticated monitor defibrillator capable of acquiring a diagnostic quality 12-lead ECG. This important piece of equipment allows much earlier accurate diagnosis of myocardial infarction (heart attack) leading to faster, more appropriate life-saving treatment. An injection of £1.4m from the Government was a great boost to this project.

Team leaders - The appointment of team leaders, whose role is to increase support for staff and further improve the quality of clinical care, continued apace. By the end of the year 79 had been appointed and we plan to have 175 in post by March 2003.

Clinical telephone advice (CTA) - This service provided in Central Ambulance Control enables paramedics and ambulance technicians to give telephone advice to our lowest priority callers. This often results in us not having to send an ambulance, saving this resource for more serious incidents. CTA has gone from strength to strength and now results in an average of 250 ambulance journeys being saved a week.

New national clinical guidelines - We have begun the process of introducing these new evidence-based guidelines across the Service, for use by frontline crews.

Bill Woolston

Age:	53
Role:	Paramedic Motorcycle Response Unit (MRU)
Location:	Greenwich
Length of service:	20 years

94%

of Category A calls were reached within eight minutes by Motorcycle Response Units during the year

People

Staff welfare - A number of improvements have been introduced, based on the recommendations of the staff support group. These include the extension of our counselling service.

Staff recognition - Passing out ceremonies for all new recruits were introduced, as were events to recognise exceptional contributions (such as bravery or service above and beyond the call of duty) and other service milestones.

Staff involvement - 1,000 members of staff from all disciplines have been involved in the planning for or implementation of the Improvement Programme initiatives.

Staff pay - A pay award well above the national pay increase was given to frontline staff. This reversed the alarming rise in staff turnover - which halved during the year - and began to address the problem of low pay for LAS staff in the context of the high cost of living in London.

Staff communication - A new bulletins system was introduced and the annual programme of 30 Chief Executive consultation meetings continued.

Management development - Personal development plans for all senior managers were put in place and work has begun to roll this out throughout the Service.

Partnership

New health authorities - The LAS began the process of developing strong links with the five new health authorities for London and the 32 primary care trusts in the capital.

Joint initiatives - A number of joint initiatives were begun with NHS colleagues. These include the IDEA (Ideal Design of Emergency Access) programme in Lewisham and Hillingdon. Also, the NHS NU-Care Centre at Northwick Park Hospital, which provides out-of-hours services for patients with non-urgent medical conditions.

Emergency planning - Our co-operation with other emergency services in London and other agencies continued and intensified after the events of September 11.

Performance

We have already referred to the achievements of the Government's response time target of 65 per cent by the end of the year.

Plans are now well underway to ensure we reach the target of responding to 75 per cent of Category A calls within eight minutes by December 2002.

More staff - 333 new recruits joined the LAS during the year with a further recruitment drive planned during 2002-2003. This is an essential part of our plan to bring down the level of ambulance utilisation.

Vicky Wilson

Age:	28
Role:	Management Information Officer
Location:	Headquarters
Length of service:	4 years

Technology - A mapping system enabling the location of ambulances to be tracked was introduced into Central Ambulance Control in early 2002. A project to equip all ambulances and rapid response cars with satellite navigation and mobile data terminals also began, and a direct computer link between our control room and New Scotland Yard was introduced.

Equipment and supplies - Plans were drawn up to improve the systems for replacement of faulty equipment. These were implemented early in June 2002.

Inappropriate use - An intensive and hard-hitting London-wide publicity campaign was launched to remind the public that the 999 system exists for emergencies - not for routine medical problems or queries, or for transport of patients who can make their own way to hospital.

What is next?

We are well into year two of the Improvement Programme and, while much has been achieved, some of the major challenges still lie ahead.

Ambulance cover - We will continue to introduce more resources to reduce the utilisation levels of our frontline ambulances. Too often - especially at weekends - the level of ambulance cover is inadequate to meet demand. We must continue to move towards a situation where we have ambulances waiting for calls rather than the other way round.

Clinical performance - We will continue to work hard to improve our cardiac arrest survival rates. Arriving at patients faster will help save lives. In addition, it is clear that a big difference can be made if members of the general public are able to deliver care within moments of someone suffering a cardiac arrest. We will, therefore, be working with others to develop community training in basic emergency life support skills, and to encourage the placement of automatic emergency defibrillators in public places and offices.

Patient and public involvement - We embrace the central plank of the NHS Plan which aims to develop a "patient-centred" National Health Service. We have appointed a manager for our Patient Advice and Liaison Service (PALS) and are developing a patient and public involvement plan - a great challenge for a London-wide organisation. We are determined to become a 'listening' organisation, acting on the views of the patients and public and learning from our mistakes. Details of the new arrangements for scrutiny of health services by local authorities are still being worked out but we welcome the opportunity to share our plans with the people we serve and to receive feedback.

Improvement Programme consultation

Our progress with the many and varied initiatives in the Improvement Programme was the major topic during our regular programme of conferences for managers and our annual series of meetings across the Service.

It was feedback from the first series of meetings in 2000 that played a major part in the design and contents of the Improvement Programme and these events are now a regular part of LAS 'life' and a vital component of our communications strategy.

At the 30 meetings with frontline staff, attended by 1,000 from all sections of the Service, the Chief Executive presented what was happening in the Programme and listened to views and concerns on a wide variety of issues.

This valuable feedback is used to make sure we are getting it right with the Programme.

The major issues raised during these meetings in autumn 2001 were:

- Inappropriate use of the 999 service by the public
- Too many calls wrongly categorised as Category A (life-threatening)
- Need for enhanced pay rates for unsocial hours
- Better staff welfare
- More out-of-hours management support

All these issues are being addressed as part of the Improvement Programme and are referred to, either in this chapter or elsewhere in the Annual Report.

The next series of meetings with frontline staff begins on 30 September 2002.

Organisation development - Underpinning the Improvement Programme are our organisation development plans, which focus on six key issues: vision and values; staff involvement and empowerment; management capacity and capability; modernisation agenda; communication; organisational structures and systems.

Developing these will help us resolve some of the cultural issues and help us move towards the organisation in our vision - one in which all staff are enthusiastic, proud to work for the LAS and feel valued, supported and involved.

New uniform and new vehicles - Plans to order 130 new ambulances are well advanced and the design of new uniforms for frontline staff - both A&E and the Patient Transport Service - is now taking place.

Technology - Crucial to our modernisation plans is the introduction of further technological improvements. We are equipping ambulances and rapid response cars with satellite navigation and mobile data terminals, but it is clear that the future health of the NHS will rely on even greater use of technology in areas like electronic health records and we will not only play our part in those developments but will actively encourage them.

Redesigning the 'front end' of the NHS in London - An increasing proportion of Londoners - over one million last year - call 999 when faced with a medical problem. Only some of these require a blue-light ambulance and transport to hospital. We shall be working closely with our NHS partners and others (including social services and voluntary organisations) to develop more appropriate ways to respond to these non-life-threatening situations. In particular, we want to test the idea of sending an experienced emergency care practitioner to patients where life or limb is not in danger, but where it is not safe to rely solely on a telephone assessment. We

hope these practitioners will be able to organise care that better responds to many patients' needs than the NHS is currently able to offer, and that it will contribute to relieving the pressure on hospital A&E departments.

Extra money for 2002-2003

Discussions with our commissioners have resulted in an extra £20 million in 2002-2003 for the A&E service. This is the minimum amount we believe we need to achieve our performance target of reaching 75 per cent of our Category A (life-threatening) calls within eight minutes by December 2002.

This is how we have agreed with our commissioners that the money will be spent:

£4.1 million must be used to meet inflation and the full costs of last year's improvements, including last year's additional pay rise.

£10.4 million for extra frontline staff, additional CAC staff, more rapid response units, this year's national pay award and any agreed additional pay rise.

£2.6 million for staff support, additional team leaders, staff safety, equipment and supplies, manual handling and estates improvements.

£2.9 million will be spent on improving support services including mobile data terminals, extra trainers, fleet improvements, resource centres, improved station support, technology staff and support, call distribution and CAC, and improving priority dispatch.

Our capital funding for the year is £8.6 million, which will be spent on vehicles, equipment, technology and estates.

772

emergency responses were made by the Helicopter Emergency Medical Service (HEMS) during the year

Tony Cumner	
Age:	41
Role:	Paramedic
Location:	HEMS
Length of service:	6 years
Chris Sutton	Firefighter
Captain Jonathan Salt	Pilot
Captain Rob Pennell	Pilot
Matt Hooper	Doctor
Andy Plom	Firefighter

ACCIDENT & EMERGENCY SERVICE

Activity and performance

During the last year we received 1,040,900 emergency calls - nearly a quarter of the total demand for ambulances in England and a rise of two per cent on the previous 12 months.

There was a corresponding rise in the number of emergency responses, which increased to 713,200.

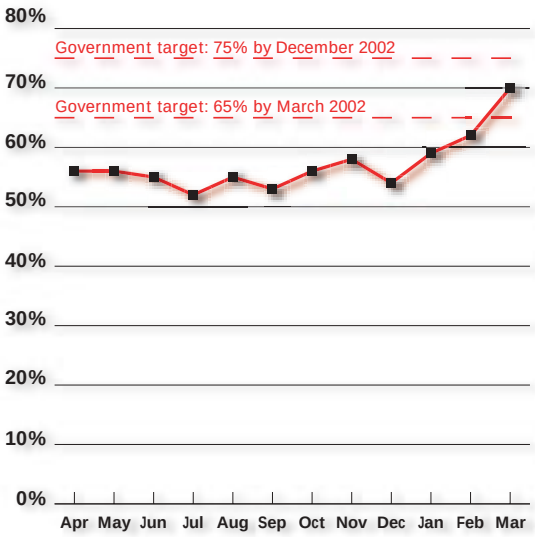
In line with Government guidelines, all calls are categorised as either Category A (immediately life-threatening) or Category B/C (serious or not-serious illness or injury). Each is responded to by the nearest available ambulance, with additional resources such as motorcycles or rapid response cars often dispatched to Category A calls as well. We can also send the Helicopter Emergency Medical Service (HEMS) to the most serious incidents.

Our main target for the year, as set by the Government, health authorities and the then Regional Office of the NHS, was to have reached 65 per cent of Category A calls within the national target time of eight minutes by the end of March.

This was achieved and we are now working

Paul O'Neill	*foreground*
Age:	29
Role:	Qualified Ambulance Technician
Location:	Tottenham
Length of service:	11 years

Angela Kenneth	*background*
Age:	32
Role:	Paramedic
Location:	Tottenham
Length of service:	6 years



Category A calls reached within eight minutes

towards attaining the national standard of 75 per cent by December. Levels of performance have remained good over recent months and so we are confident that this can be achieved.

The number of Category A calls reached within 14 minutes stood at 86 per cent for the year. A total of 79 per cent of Category B calls were reached in 14 minutes.

Central Ambulance Control (CAC)

Central Ambulance Control (CAC) is staffed by nearly 300 people, working on a rotating shift basis to receive and dispatch all 999 calls for ambulances in the capital. It also handles requests from doctors for patients to be attended and taken to hospital on a non-emergency basis.

CAC uses the Advanced Medical Priority Dispatch System (AMPDS) to categorise emergency calls and then dispatch the nearest available ambulance to them, and new technology was also introduced during the year to help improve this process.

One key development was the full introduction of an Automatic Vehicle Location System (AVLS) to assist CAC staff in determining where an ambulance, car or motorcycle is at any one time, so helping their decision in deploying these to calls.

713,200

emergency responses were made during the year

David Laird

Age:	21
Role:	Emergency Medical Dispatch
Location:	Central Ambulance Control
Length of service:	1 year

This was followed in November by the setting up of a pioneering computer link with the Metropolitan Police. Believed to be the first of its kind in the country, the system allows information about incidents to be passed directly between the two services without the need for a telephone call. As well as saving potentially vital seconds, by the end of the year the link had already saved nearly 29,000 calls from being made into CAC, so freeing up call-takers to deal with other calls, and a further 23,600 from us to the police.

Threat of terrorism

Following the incidents of September 11, we acted to improve our capacity to respond to possible acts of terrorism and worked with the Department of Health and other agencies to ensure that contingency plans were as robust as possible.

This included a visit in November to New York and Washington by two representatives of the Service, along with counterparts from the police and fire services, the secondment of an officer to the London Resilience Committee and the training of over 20 managers in chemical and biological terrorism awareness.

In the months following the attacks in the United States, our decontamination units attended more than 20 suspected chemical and biological incidents across the capital. The number of staff now trained to carry out this work has been increased to 150.

Inappropriate Use

We continue to receive a significant number of emergency calls which do not require an emergency ambulance response. An increasing percentage of these more minor cases are, in the first instance, passed to a specially-trained paramedic or qualified ambulance technician for them to offer telephone advice to the caller, saving approximately 250 or so ambulance responses a week.

We have also increased our efforts to educate the public about when and how to access both our service and the wider NHS.

In December we launched an Inappropriate Use campaign to raise awareness of the issue. Created and managed by the Press and Public Affairs Department, the campaign materials featured an ambulance and a taxi under the slogan ‘Only one of these is a taxi service’, and also provided information on other NHS services and advice for those callers with a genuine emergency.

The campaign - which subsequently won an Association of Healthcare Communicators Award - sparked a high level of interest in the media and was also picked up by MPs and other key opinion formers.

Indeed, the Department of Health has subsequently announced plans to produce new guidelines for all ambulance services on handling some less serious 999 calls.

Fleet issues

During the year we took delivery of 20 new rapid response cars, to respond to Category A calls.

All of these - and 14 of the older cars - have been fitted with mobile data terminals (MDTs) to enable details of emergency calls to be sent directly to the vehicle, so speeding up the dispatch process.

The process of fitting MDTs to all frontline vehicles will begin this year.

Following the extensive testing of new Mercedes Sprinter ambulances, we planned to replace 65 of the current fleet during the year. However, issues relating to health and safety and the procedure for reclaiming VAT delayed this process, and it is now anticipated that the first vehicles will be delivered early in the 2003-04 financial year.

Emergency Bed Service (EBS)

We have been responsible for the management of the Emergency Bed Service (EBS) since November 1999. It provides four main services - GP referrals, a national intensive care bed register, a neonatal intensive care service and a paediatric beds and cubicles service.

The only area to record an increase in activity over the year was GP referrals, which were up by nearly six per cent. The others all saw a fall in workload, contributing to an overall reduction in patient transfers and referrals of four per cent to 15,575 cases.

Inappropriate Use:
Campaign posters were displayed on the London Underground, advertising billboards and distributed to all stations. The image was also reproduced as a car-sticker and given to each member of staff.

This was the second relatively quiet year in a row, helped by low levels of influenza and little in the way of bad weather.

During the coming year it is planned to further improve the service to doctors by refining and harmonising the way in which GP demand is handled at EBS and in CAC.

EBS will also be co-ordinating a dedicated transport service for neonatal intensive care in London, Kent, Surrey and Sussex.

Terence Swain

Age:	56
Role:	Engineering Craftsman
Location:	West Ham
Length of service:	31 years

817
operational vehicles are owned by the London Ambulance Service

PATIENT CARE

While a lot of attention is paid to the need to respond to all calls as quickly as possible, we are also very aware of the importance of providing the highest standard of patient care once we arrive.

CLINICAL GOVERNANCE

Implementation

The Chief Executive and Trust Board are legally accountable to the public and the Department of Health for clinical governance, which is concerned with improving the care given to all patients. Direct responsibility for its implementation lies with the Medical Director.

549,384

emergency patients were conveyed to hospital during the year

Significant developments

One of the main areas of progress was the first steps in the introduction of local clinical governance action teams. So far established on a small number of station complexes, the intention is that they will be led by each of our seven sector commanders and involve both officers and staff, ensuring that issues are addressed on a very local basis.

On a more practical level, CAC staff's compliance with the AMPDS system now stands at over 95 per cent. Achieving this and other benchmarks mean that we are now in excess of AMPDS 'centre of excellence' standards, and we are awaiting confirmation that this is to be awarded.

We also achieved reaccreditation at level two of the Clinical Negligence Scheme for Trusts (CNST).

Our third annual patient care conference held in May this year, which was attended by representatives from other ambulance services as well as patient organisations, London health authorities and primary care trusts, was the most successful yet.

Risk management

During the year we revised and updated our risk management strategy with the aim of taking a more co-ordinated approach to the management of risk, and so further ensuring the safety of both staff and patients.

The strategy now provides a system for evaluating the known or potential risks within the Service and then categorising them into high, medium, low or insignificant priorities.

Any areas that fall into the first three categories are entered onto a risk register with action plans to eliminate the risks, or at least reduce them to an acceptable level.

Since the end of the year we have also ordered a new risk management database, Datix. The system, which will incorporate complaints, incidents, legal claims and risk register sections, will enable better reporting in all of these areas.

Links with other healthcare providers and emergency services

We are the front line of the NHS in London and our staff work closely with colleagues in hospitals and other health service organisations. In addition we enjoy excellent working relationships with the Metropolitan Police Service and London Fire Brigade, and continue to look at ways to share best practice.

The Medical Director is a member of the British Ambulance Service Medical Directors Group (BASMed) and we also have strong links with St John Ambulance and the British Red Cross in providing medical cover at a wide variety of public events.

Professional development

The process of achieving full state registration of all our paramedics is just about complete, while we have addressed the need for more training for middle managers through the introduction of a Leadership and Management for Officers Programme.

Making improvements

The overall aim of every new initiative we introduce is to improve the care given to patients.

The ongoing introduction of team leaders has helped enhance the clinical support and supervision of frontline staff, while the improved response times outlined earlier in this report have had a positive impact on patient care.

Working with patients and the public

We take all comments - good and bad - from patients and the public very seriously and work to address them as quickly as possible.

The development of a Patient Advice and Liaison Service (PALS) this year will help improve this further.

Learning lessons

We have seen a significant increase in the number of reported adverse events - including the failure of equipment - as staff have been actively encouraged to bring these matters to the attention of managers.

This has tied in with the launch of an updated risk management strategy and purchase of the Datix system, as previously described, while a regular column in our staff magazine, detailing case-study examples of good and bad practice, has also helped improve the lesson-learning process.

NEW INITIATIVES

Our work in developing the care we provide to patients was recognised with an award from the NHS London Modernisation Board.

We received the certificate at a ceremony in February for the introduction of 12-lead ECG machines - as outlined on the following page - and the previously-described clinical telephone advice system and Metropolitan Police computer link in CAC.

We were also thanked for the contribution made by both control room and crew staff to another of the award-winning projects, involving patient transfers from Central Middlesex Hospital to St Mary's Hospital.

Work on a number of other initiatives also began during the year, including:

- The Service's active role in the Lewisham IDEA (Ideal Design of Emergency Access) programme, including various trials of new ways of working
- The NHS Nu-Care centre at Northwick Park Hospital. This out-of-hours service involves paramedics and qualified ambulance technicians working alongside nurses and GPs to examine, treat and, where possible, discharge patients with minor injuries and illnesses

- The 2002 version of National Guidelines for use by UK ambulance services, released in February. The Service is currently piloting the guidelines in one of its operational sectors with the intention of introducing them across the LAS from April 2003
- The development of a new policy on lifting patients in care homes, with the drawing up of guidelines on when an ambulance should be called. This came into effect in Hillingdon in July, with the intention of introducing it across London by next summer.

New lightweight defibrillators

Clinical audit and research

The Clinical Audit and Research Department has continued to be involved in the implementation of the team leader role and, to support this, a co-ordinator for team leader research and audit work was appointed.

Wider research and audit work is divided into six different categories, ranging from externally-funded research to audits under development.

During the year, these included three 'snapshot' audits: examining the use of the drug furosemide, looking at the first three-month period after its introduction in July 2001; the system of using 'blue calls' for all patients with suspected cardiac chest pain; and the use of intraosseous infusion in children.

A report on a more extensive re-audit of the treatment of asthma patients, which was first carried out in 1996, was also published.

During the year work was completed on two important externally-funded research projects to test the safety of taking certain patients to minor injuries units rather than A&E departments, and testing protocols to help crews decide whether patients with minor conditions can safely be left at home, with advice on how to care for themselves.

Findings of this and other research are made available through regular meetings and a monthly research forum. We also take part in the Emergency Medical Services Research Forum at the annual national Ambex conference and exhibition, where this year the Department won two of the top three awards available for research projects.

Cardiac care

The care and treatment of cardiac patients, with the aim of improving their long-term survival rates, remains one of our top priorities.

During the year, more than 650 frontline staff were trained in the use of 12-lead ECG machines to determine the type and severity of heart attacks, so enabling the administering of thrombolysis (clot-busting drugs) to begin more quickly once the patient arrives at an A&E department.

The programme of introducing this sophisticated equipment across the Service is continuing, having so far proved very successful and meeting with widespread approval from those hospitals already involved. Another advantage is that the machines allow for monitoring end tidal carbon dioxide levels in intubated patients, and we will be the first ambulance service in the country to use this technique.

We have completed the introduction of new lightweight defibrillators to the Service, with the intention that frontline staff carry one to every patient they attend. We have also become the first ambulance service in the world to use paediatric pads and monitoring blocks with the machines, allowing the defibrillation of children under the age of eight.

Renewed emphasis is also being placed on the importance of bystander cardio-pulmonary resuscitation (CPR).

We now have 12 Heartstart LAS schemes, set up in conjunction with the British Heart Foundation's Heartstart UK programme, through which our staff can teach members of the public potentially life-saving CPR skills.

We have worked with the Greater London Authority and other NHS organisations to develop a new campaign, launched in May this year, aimed at raising heart attack survival rates through the early recognition of their signs and symptoms. We have also continued to develop links with primary care trusts to educate both other health professionals and the public in the appropriate treatment of cardiac patients.

We have a programme of auditing the outcomes of the patients we attend in cardiac arrest and produce an annual report on our success rates, using an internationally-recognised system that allows our success to be compared with services elsewhere in the world.

We are also developing an equally robust system to record our care for patients with chest pain, which will allow us to measure our care against standards set in the Coronary Heart Disease National Service Framework and to identify how we can further improve this treatment.

505

lightweight defibrillators were introduced to the Service

PATIENT TRANSPORT SERVICE

Our Patient Transport Service (PTS) provides non-emergency transport for patients to and from hospital treatment.

This is provided on a contractual basis, in competition with other organisations, and during the year a total of 844,300 patient journeys were carried out.

The market continues to be very competitive and, although PTS experienced an overall loss of £96,000, this was a substantial improvement on the £850,000 deficit recorded last year. This improvement was made possible by better management of contracts, and the real contributions of crews, controllers and support departments. These will be continuing this year for us to break even financially, and to further our drive to become the world-class PTS service of choice.

We ended the year with a total of 52 contracts. A couple of significant new agreements were secured, including a new joint contract with the Queen Elizabeth and Queen Mary's Hospitals in south-east London. On a less positive note, a number of contracts were lost, with the issue of cost differences cited as the greatest factor by at least one trust when deciding to award their business elsewhere.

A key development during the year was starting to run the first 24-hour, seven-day-a-week contracts and increasing the use of single-manned vehicles. Our ability to adapt to customers and patients' needs in this way is very important to ensuring we continue to develop our service.

This initiative was developed as part of the PTS Improvement Programme, which is made up of over 60 projects. Other areas that were addressed during the year included:

- Providing e-mail links for every manager
- Rolling out post-proficiency training
- Increasing the number of site managers to 18.

The PTS fleet was bolstered by the arrival of 12 new vehicles to be used on new contracts, while this year we are making a further £2.3 million investment in 28 nine-seat and 28 six-seat vehicles.

The nine-seat LDV accessible buses will be deployed to a combination of new contracts, and to replace some of our oldest vehicles. The six-seat, multi-purpose, Vauxhall Movanos will replace older PTS ambulances.

844,300
Patient Transport Service journeys were made last year

Winston Miller	*foreground*
Age:	45
Role:	Ambulance Person
Location:	Kenton
Length of service:	3 years

Sue Everitt	*background*
Age:	56
Role:	Crew Team Leader - PTS
Location:	Hillingdon
Length of service:	9 years

PATIENT SERVICES

We welcome patients' comments on the treatment they are given and during the year we received a total of 509 letters of thanks and 598 complaints.

We react to all expressions of dissatisfaction from the public however they are made, and make no distinction between formal and written complaints and those received informally.

When this is taken into account, 154 were classified as prompt resolution complaints and were closed within five days. The remaining 444 were registered as formal complaints with the NHS Executive.

Of these, 64 per cent were successfully resolved within the NHS 20-day target time, up from 56 per cent last year.

A total of 12 requests were received for referrals to independent review, against seven last year.

One independent review was held, and two cases were also referred to the Health Service commissioner. One of these was investigated, while a decision on the second was still being awaited when the Annual Report went to press.

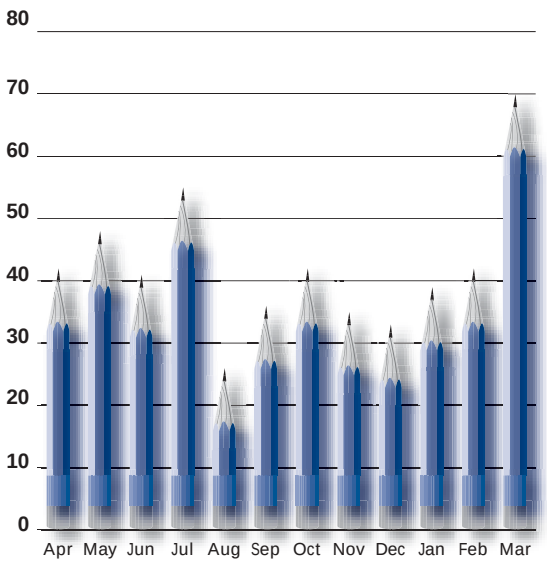
During the course of the year our complaints procedure was reissued following an extensive review process.

This was carried out in response to changes to the NHS complaints policy and was designed to address three particular issues: the need to improve monitoring; the need to give patients greater clarity about responses to their complaints; and to ensure that that there was an appropriate connection between complaints handling and the disciplinary procedure.

The last of these means it is now possible for a complaint investigation to become a disciplinary matter should the grounds for this change emerge at any stage of an inquiry, a change which was not possible under the old policy.

Up until the introduction of the new procedure at the end of October, 31 complaints were considered to be of such a serious nature they had to be dealt with under the disciplinary procedure.

Letters of thanks received



OUR STAFF

More than 1,000 staff attended a series of 30 open meetings held by the Chief Executive last summer to discuss progress with the Improvement Programme and other issues of importance and concern.

Further meetings are to be held this year, while the third annual staff survey was also carried out in June.

The findings of this were again encouraging, with 83 per cent of respondents saying that they were proud to work for the Service, compared with 76 per cent last year. Seventy per cent of staff indicated that when 'taking everything into account' they felt positive about working for the LAS - up from 55 per cent last time.

The survey also revealed, however, that satisfaction in some areas is lower - including the availability of training and development and the performance of some middle managers - and so needs to be addressed.

Pay

As reported in last year's annual report, frontline A&E staff received a total pay increase of 10 per cent in 2001-02 as part of the Improvement Programme's first year actions. The 2002-03 pay award, which came into effect on 1 April, was 3.6 per cent for all staff.

Recruitment

A total of 333 new frontline operational staff and 75 control room staff were recruited during the course of the year. Pleasingly, the rate of turnover of staff across the Service also halved year-on-year.

The 'staff bank' of qualified ambulance technicians and paramedics - which is used to cover vacant shifts and is particularly effective at weekends and during the night - has also grown to more than 100-strong.

Miranda Murphy	*foreground*
Age:	24
Jo Battrum	*left*
Age:	27
Haydn Locke	
Age:	26
Bonnie Higgs	
Age:	25
Paul Thompson	
Age:	27
Mark Evans	*right*
Age:	27
Role:	Trainee Qualified Ambulance Technician
Location:	New Malden
Length of service:	3 Months

333

The number of Trainee Qualified Ambulance Technicians recruited last year

Equality and diversity

We are committed to promoting and valuing equality and diversity, and are very keen to see the make-up of our workforce fully reflect the diverse nature of the capital's communities.

During the year our community relations department worked with a charity, Enre, to run three pre-employment programmes for people from ethnic minority groups. A number of participants were then successful in applying for jobs with us through the normal selection process. We will continue to develop this initiative further.

This is being supported internally through the running of 'applying for promotion' workshops targeted at certain staff groups - and in particular women and ethnic minorities - to improve their confidence in applying for new roles within the organisation.

As is outlined later in this report, we are now in the process of putting our Race Equality Scheme into action. The London Ambulance Black and Ethnic Liaison (LABEL), which continues to develop its network of support for ethnic minority staff, will be involved in this process and important to its success.

We continue to meet the criteria to use the Employment Service's 'Two ticks' disability symbol, and have a disability discrimination policy to protect the rights of disabled employees.

Staff safety

The threat of violence towards frontline staff remains one of our greatest problems, with more than 562 reported incidents of physical violence during the year and an additional 1,541 reported cases of verbal abuse.

While there remains no straightforward solution, one of the most significant developments in this area during the year was the introduction of a one-day personal safety training course.

This has initially been provided to staff based at those stations with the highest levels of reported incidents of physical abuse, although it is our intention that all frontline staff will receive the training in due course.

A second preventative measure has been the setting up of a 'high-risk' register in the control room. Addresses where LAS and other emergency service staff have faced abuse and threats of violence can now be entered onto the computer system so that they can be 'flagged' if we receive an emergency call from the premises.

Under the procedure - which complies with the Data Protection Act - the police can then be requested to attend the incident as well so as to ensure the safety of our staff.

Staff at three stations have also been issued with stab vests, with a view to making this equipment available to all crews within the next two years.

Steps have also been taken to ensure that there is at least one hand-portable radio on each ambulance so that crews can remain in contact with CAC when they are away from their vehicle, while a trial of issuing pre-programmed mobile phones has also got underway.

Staff support

Work has continued on the NHS Improving Working Lives strategy, with the aim of achieving stage two accreditation ('practice status') by April 2003.

A working group made up of representatives from across the Service has been looking at the areas that need to be addressed in order to attain this standard. These are likely to include childcare provision, access to training and the introduction of personal development plans for all staff.

A comprehensive staff support project, during which more than 1,700 members of staff were consulted, concluded with 21 recommendations to improve the welfare of everyone in the Service.

This work highlighted weaknesses in some support structures that needed to be addressed. One of the key recommendations, that the location and hours of availability of counselling services should be extended and their capacity increased, has now been implemented and a new role of staff support advisor, to co-ordinate advice on childcare and accommodation issues, is to be introduced in the coming months.

Work has also begun on a new induction programme for all new staff, which is due to be implemented by the end of the year, while the harassment support workers scheme also continues to offer support to staff who want advice on what to do about bullying at work.

It is also intended that our new organisation development strategy - as detailed earlier in this report - will be used to support the Improvement Programme and bring about sustained change across the Service, to the benefit of both staff and patients.

Staff recognition

As part of the Improvement Programme, a new post of awards manager was created during the year to put more formalised systems into place to recognise and reward the actions of staff.

In addition to long service, bravery and retirement awards, all new recruits to A&E, CAC and PTS are now welcomed officially into the LAS through a passing out ceremony.

Long service award

Team leaders

By the end of the year there were 79 team leaders across five of the seven sectors, with a total of 175 planned to be in post by March 2003. One team leader has already gained promotion to become a duty officer, while another has become the clinical audit co-ordinator for team leaders.

The purpose of the role, which has been phased into the Service over a two-year period, is to provide clinical leadership and support to frontline staff. All candidates must have served as paramedics for at

Roger Fox

Age:	49
Role:	Station Officer
Location:	Pinner, Kenton & Wembley
Length of service:	30 years

least two years and successfully complete a selection process. More than two-thirds of their rota is spent working on operational duties.

Team leaders spend five weeks in training, focusing on coaching and mentoring skills to support and develop team members and monitor and improve clinical practice and operational standards. This training is accredited by the Institute of Healthcare Development and provides team leaders with a work-based assessor qualification.

They are also offered the opportunity to gain the certificate in team leading, accredited by the Chartered Institute of Management. On-going development is planned using personal development plans and a team leader operational development log.

Training

In November, 14 of our paramedics became the first in the country to graduate with degrees in Paramedic Science after completing the course on a part-time basis over six years.

The Training Department made a substantial contribution to our achieving reaccreditation at level two of the Clinical Negligence Scheme for Trusts, while also playing a key role in the introduction of the new national clinical guidelines and the drive to recruit new staff.

The department itself underwent a restructure, with the aim of providing staff with more localised access and advice on training issues.

As well as appointing a senior training officer to each training centre and sector, we have also allocated a training officer to each station complex in the Service. They will be working closely with the station's management and acting as mentors for team leaders, with the ultimate aim of helping to improve patient care further.

Management development

We continued to give a high priority to learning and development, promoting the principles of professional development and encouraging staff to take control of their own learning. As well as providing a range of well-established courses and programmes, we are now looking to offer more flexible learning opportunities, including e-learning.

All senior managers completed training in the competency-based personal development review process and this training will be extended to all managers during 2002-03.

Almost 50 junior and middle managers completed the Leadership and Management for Officers Programme, and more of these courses - which begin with a development centre and have been particularly successful in developing leadership, management and interpersonal skills - are planned for this year.

Other priorities include building on the success of a Learndirect-sponsored computer bus and continuing to broaden the range of learning opportunities and support available for all staff, with a particular focus on the administrative and clerical and ancillary groups.

Congestion charging

We have made representations to Transport for London regarding the Mayor's congestion charging plans for central London, which are due to come into effect in February 2003.

We are concerned about increased volumes of traffic around the edge of the congestion area, as well as an anticipated rise in the number of emergency calls received from people living in and around central London who will dial 999 instead of making their own way to hospital.

RACE EQUALITY SCHEME

We have carried out extensive work in recent years to try to ensure that we do not discriminate against either our patients, or our own staff, on the grounds of their ethnicity.

This work has been given a new focus by the 2000 amendment to the Race Relations Act 1976, which introduced a statutory duty for all public bodies to promote race equality, and in particular:

- A general duty to promote race equality and good race relations
- A specific duty to monitor their workforces and take action to ensure that they represent the diversity of the population, and that minority groups in the workforce are not disadvantaged in any way
- A specific duty to prepare and publish a Race Equality Scheme, setting out how they intend to meet the general duty.

In December 2001 the Commission for Racial Equality published a draft code of practice setting out how these duties should be fulfilled.

Work on the LAS Race Equality Scheme began in January and was approved by the Trust Board at the end of July.

We intend to use the legislation as an opportunity to incorporate the Race Equality Scheme into a wider diversity strategy - to be developed over

Ricky Lawrence

Age:	42
Role:	Community Relations Officer
Location:	Bow
Length of service:	20 years

the first year - addressing how we deliver services to the public and also employment issues.

One of the first actions will be the creation of a new diversity team, to take a lead on the development, implementation and management of all equality and diversity issues.

We recognise, however, that the success of this work will depend on the support of staff in all areas, and at all levels, of the organisation.

The Race Equality Scheme identifies six 'core elements' to be addressed. These are some of our plans for the first year:

Patient care and health inequalities

We are committed to the highest standards of clinical governance and providing the best possible patient care, and we will take steps to reflect the needs and concerns of ethnic minority service users, and potential users, when setting up development projects and evaluating them.

Consultation and involvement

We will use public consultation to identify the key issues that need to be addressed by the Race Equality Scheme and will also develop new strategies to help consult with as wide a range of groups in the community as possible.

A new Patient Advice and Liaison Service (PALS) is to be set up during the year, a key role of which will be to act as a visible point of contact for all patients.

We will also ensure that our own staff are kept informed of progress with the Race Equality Scheme and that they are involved at appropriate stages of its development and implementation.

Access

a) To services

We already have a number of systems in place to improve accessibility to our services, including the use of professional interpretation and translation services in Central Ambulance Control (CAC), a multi-lingual emergency phrasebook used by crews and cultural awareness training for frontline staff.

However, we recognise that more needs to be done and so we will be carrying out research and data-gathering exercises to learn more about how and why people do - and in other cases do not - use our services.

b) To employment

Our workforce should reflect the diversity of the capital, but this is not currently the case.

We will be reviewing our recruitment and selection process, including internal promotion arrangements, and build on the community relations work carried out to encourage applications from members of ethnic minorities.

Policy and procedure development and review

We plan to review our functions, policies and procedures in line with the Commission for Racial Equality's code of practice to assess how they might affect race equality. A process to identify initiatives in the Improvement Programme which may have implications for race equality will also be developed.

Education and training

Those staff responsible for managing the implementation of the Race Equality Scheme will receive training to ensure that they have the necessary skills and understanding to undertake their roles effectively. Our internal training courses on equal opportunities and cultural awareness will be reviewed.

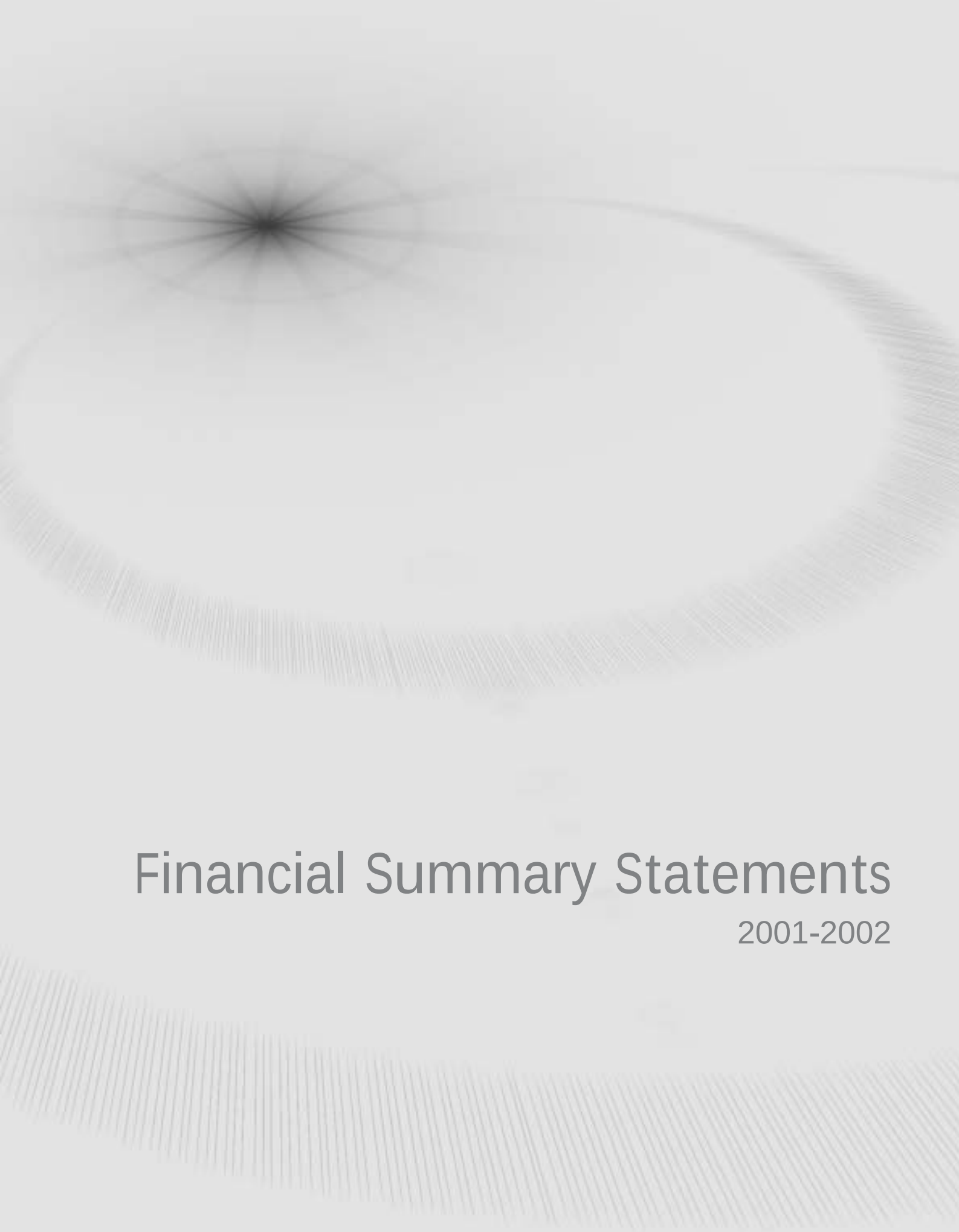
We will also ensure that Service publications and campaigns materials feature the positive contributions of ethnic minority staff and meet our wider race equality aims.

Monitoring and review

The Race Equality Scheme working group will monitor the scheme's progress and feed back to the diversity team and other groups such as the London Ambulance Black and Ethnic Minority Liaison (LABEL). Specific attention will be paid to any area of service delivery or policy that may have an adverse impact on the promotion of race equality, and where this is found it will be investigated and action taken. Ultimately, the Trust Board is responsible for monitoring progress of the Scheme, and progress will be reported to the Board at regular intervals.

We will also further develop our ethnic monitoring arrangements in employment and introduce new systems to ensure that the specific duties are met in relation to service delivery.

A full version of the Race Equality Scheme and the accompanying action plan is available on our website - www.londonambulance.nhs.uk. Copies can also be obtained by phoning 020 7463 2608 or writing to the Chief Executive at the address at the back of this document.



Financial Summary Statements

2001-2002

FINANCIAL REVIEW 2001-2002

The Trust fulfilled all three of its statutory financial duties in 2001-2002:

1. On income and expenditure, the Trust reported a surplus of £46,000 for the year, and therefore did better than the break-even target set for it by the Department of Health for 2001-2002. However, the Trust's statutory duty to break even is calculated on a cumulative basis, and the table below shows that the cumulative position was a deficit of £440,000.

Income and Expenditure £000s

	1997-98	1998-99	1999-00	2000-01	2001-02
Surplus/Deficit(-) in year	-163	485	-909	101	**46**
Cumulative Surplus/Deficit(-)	-163	322	-587	-486	**-440**
Cumulative deficit permitted (0.5%)	-529	-540	-584	-618	**-679**

The surplus in 2001-2002 meant that the cumulative position improved, and remained well within the limit of 0.5 per cent of turnover permitted by the Department of Health London Region.

2. The Trust undershot its external financing by £51,000, which it is permitted to do. Of this, £28,000 was at the specific request of the Department of Health London Region, to help out another NHS organisation that had made a late payment to the Trust.
3. A return on assets (the capital cost absorption duty) of 6.7 per cent was achieved. This was better than the target of 6.0 per cent.

The financial year 2001-2002 was one of growth overall, as the Trust used extra funding from Health Authorities to implement the Improvement Programme and improve accident and emergency response time performance. Other operating income has increased compared to the previous year. This is predominantly due to extra income received from health authorities to cover future liabilities of the Trust.

In the capital programme £3.0m was spent on a range of projects, including additional rapid response cars, motorcycles and other vehicles, Patient Transport Service vehicles, new technology projects, a new ambulance station in Islington, replacement defibrillators, and projects to improve the estate. Overall the Trust underspent by £43,000 against its Capital Resource Limit, which it is permitted to do.

The Trust was able to pay 85 per cent of its invoices within 30 days which was an improvement over the previous year's figure of 80 per cent, and meant that the Trust achieved the target set for it by the Department of Health.

There were no important events occurring after the year end that had a material effect on the 2001-2002 accounts. The financial statements for the year follow. These are summary financial statements extracted from the full accounts, which are available free of charge from the Financial Controller who can be contacted at the address given at the end of this Annual Report.

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF LONDON AMBULANCE SERVICE NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out herein and the summary directors' statement.

Respective responsibilities of Directors and Auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

I conducted my work in accordance with Bulletin 1999-6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2002 on which I have issued an unqualified opinion.

Nick Ward 12 July 2002
DISTRICT AUDITOR
16 South Park, Sevenoaks TN13 1AN

RELATED PARTY TRANSACTIONS

London Ambulance Service NHS Trust is a body corporate established by order of the Secretary of State for Health. Non-executive Director Lord (Toby) Harris is also a Director of the King's Fund.

During the year details of related party transactions undertaken by the Trust with the King's Fund were as follows.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
The King's Fund	0	7,072	0	0

During the year, no other Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below :

Lambeth, Southwark and Lewisham Health Authority;
the NHS Litigation Authority;
the NHS Logistics Authority.

The Trust received an administration fee of £2,500 from the London Ambulance Service Charitable Funds, certain of the Trustees for which are also members of the Trust Board.

DIRECTORS' STATEMENTS

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

CHIEF EXECUTIVE 10 July 2002

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

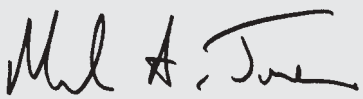
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors confirm they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with the requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

By order of the Board

CHIEF EXECUTIVE 10 July 2002



DIRECTOR OF FINANCE 10 July 2002

Statement of directors' responsibility in respect of internal control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management [Risk Management System standard for 2001-2002]

I plan to have the necessary procedures in place by the beginning of the financial year 2003-2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan is being developed to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- implement a new risk management database.
- develop the monitoring and review of the risk management system.
- embed the new Accident/Incident Reporting Procedure.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

By order of the Board

CHIEF EXECUTIVE 10 July 2002

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2002

	2001-02 £000	**2000-01** £000
Income from activities:		
Continuing operations	**132,050**	123,128
Other operating income	**3,725**	450
Operating expenses:		
Continuing operations	**(131,924)**	(119,785)
OPERATING SURPLUS		
Continuing operations	**3,851**	3,793
Exceptional Gain: on write-out of clinical negligence provisions	**190**	0
Exceptional Loss: on write-out of clinical negligence debtors	**(190)**	0
Profit on disposal of fixed assets	**18**	58
SURPLUS BEFORE INTEREST	**3,869**	3,851
Interest receivable	**416**	348
Interest payable	**(27)**	(19)
SURPLUS FOR THE FINANCIAL YEAR	**4,258**	4,180
Public Dividend Capital dividends payable	**(4,212)**	(4,079)
RETAINED SURPLUS FOR THE YEAR	**46**	101

BALANCE SHEET AS AT 31 March 2002

	31 March 2002 £000	31 March 2001 £000
FIXED ASSETS		
Intangible assets	**1,831**	1,882
Tangible assets	**68,688**	66,810
	70,519	68,692
CURRENT ASSETS		
Stocks and work in progress	**1,430**	1,536
Debtors: Amounts falling due:		
after one year	**-**	-
within one year	**6,441**	6,821
Cash at bank and in hand	**890**	2,400
	8,761	10,757
CREDITORS : Amounts falling due within one year	**(9,465)**	(10,268)
NET CURRENT ASSETS/(LIABILITIES)	**(704)**	489
TOTAL ASSETS LESS CURRENT LIABILITIES	**69,815**	69,181
CREDITORS: Amounts falling due after more than one year	**(44)**	(182)
PROVISIONS FOR LIABILITIES AND CHARGES	**(4,205)**	(3,375)
TOTAL ASSETS EMPLOYED	**65,566**	65,624
FINANCED BY:		
CAPITAL AND RESERVES		
Public dividend capital	**48,969**	53,114
Revaluation reserve	**13,559**	9,911
Other reserves	**10**	10
Income and expenditure reserve	**3,028**	2,589
TOTAL CAPITAL AND RESERVES	**65,566**	65,624

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2002

	2001-02 £000	2000-01 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	**10,562**	8,010
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	**416**	348
Interest paid	**(1)**	-
Interest element of finance leases	**(26)**	(19)
Net cash inflow/(outflow) from returns on investments and servicing of finance	**389**	329
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	**(2,439)**	(6,672)
Receipts from sale of tangible fixed assets	**24**	209
Payments to acquire intangible fixed assets	**(15)**	(31)
Net cash (outflow) from capital expenditure	**(2,430)**	(6,494)
DIVIDENDS PAID	**(4,212)**	(4,079)
Net cash inflow/(outflow) before financing	**4,309**	(2,234)
FINANCING		
Public dividend capital received	**-**	2,297
Public dividend capital repaid (not previously accrued)	**(3,948)**	-
Public dividend capital repaid (accrued in prior period)	**(132)**	-
Capital element of finance leases	**(126)**	(43)
Net cash inflow/(outflow) from financing	**(4,206)**	2,254
Increase in cash	**103**	20

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2002

	2001-02 £000	2000-01 £000
Surplus for the financial year before dividend payments	**4,258**	4,180
Unrealised surplus on fixed asset revaluations/indexation	**4,041**	631
Total recognised gains and losses for the financial year	**8,299**	4,811
Prior Period Adjustment	**-**	(2,514)
Total gains and losses recognised in the financial year	**8,299**	2,297

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Age	Salary[1] (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compensation for loss of office £000	Benefits in kind £000	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2002 (bands of £5000)
Suzanne Burn, Non-Executive Director	54	£0-£5,000	£0-£5,000	0	0		**
Colin Douglas, Non-Executive Director	38	£0-£5,000	£0-£5,000	0	0		**
Toby Harris, Non-Executive Director	48	£0-£5,000	£0-£5,000	0	0		**
Barry MacDonald, Non-Executive Director	54	£0-£5,000	£0-£5,000	0	0		**
Sarah Waller, Non-Executive Director	55	£0-£5,000	£0-£5,000	0	0		**
Sigurd Reinton, Chairman	60	£15,001-£20,000	£0-£5,000	0	0		**
Fionna Moore, Medical Director	52	£40,001-£45,000	£0-£5,000	0	0	£0-£2,500	£12,500-£15,000
Mark Jones, Director of Finance & Business Planning	41	£75,001-£80,000	£0-£5,000	0	0	£0-£2,500	£15,000-£17,500
Wendy Foers, Director of Human Resources	47	£80,001-£85,000	£0-£5,000	0	0	£0-£2,500	£17,500-£20,000
Ian Tighe, Director of Technology	*	£85,001-£90,000	£0-£5,000	0	3	*	*
Peter Bradley, Chief Executive	44	£110,001-£115,000	£0-£5,000	0	2	£0-£2,500	£2,500-£5,000

(1) Including pension contributions
* Consent to disclose age and pension entitlements withheld.
** Non-executive directors do not receive any pensionable remuneration.

The following number of employees received remuneration (excluding pension contributions) falling within the following ranges:

	2001-02 Number	2000-01 Number
Administration		
£40,001 - £45,000	**30**	8
£45,001 - £50,000	**11**	9
£50,001 - £55,000	**4**	4
£55,001 - £60,000	**3**	1
£60,001 - £65,000	**3**	5
£65,001 - £70,000	**2**	1
£70,001 - £75,000	**1**	0
£75,001 - £80,000	**0**	1
	54	29

NHS Managers' Pay for 2001-02

The pay increases awarded to senior managers for the year 2001-2002 were restricted to 3.7 per cent in compliance with the guidance issued by the Department of Health dated 9 April 2001.

MANAGEMENT COSTS

	2001-02 £000	2000-01 £000
Management costs	**7,312**	6,697
Income	**135,577**	123,578

BETTER PAYMENT PRACTICE CODE - MEASURE OF COMPLIANCE

The NHS Executive requires that NHS trusts pay their non-NHS creditors in accordance with the CBI prompt-payment code and Government accounting rules. The target is to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

	2001-02 Number	2001-02 £000	2000-01 £000
Total bills paid in the year	**43,873**	**35,384**	35,018
Total bills paid within target	**37,104**	**30,704**	29,397
Percentage of bills paid within target	**84.57%**	**86.77%**	83.95%

EXTERNAL FINANCING

The Trust is given an external financing limit which it is permitted to undershoot.

	2001-02 £000	2000-01 £000
External financing limit set by the NHS Executive	**(4,258)**	2,523
External financing requirement	**(4,309)**	2,519
Undershoot	**51**	4

The external financing requirement is the equivalent of the "Net Cashflow before Financing" in the Cashflow Statement.

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Designed and produced in-house by the Press & Public Affairs Department.

The Press & Public Affairs Department would like to thank all staff who agreed to be featured in this Annual Report.

Website

www.londonambulance.nhs.uk
This Annual Report and further details about the London Ambulance Service and our Improvement Programme can be found on our website -

আমাদের সম্পর্কে আপনি কি ভাবেন আমরা তা জানতে চাই। সার্ভিসের কোন দিক অথবা এই রিপোর্ট সম্পর্কে আপনার যদি কোন মন্তব্য বা প্রশ্ন থাকে, অথবা লণ্ডন অ্যাম্বুলেন্স সার্ভিস সম্পর্কে যদি অতিরিক্ত তথ্য জানতে চান, তবে অনুগ্রহ করে এই ঠিকানায় লিখুন:

તમે શું વિચારો છો તે અમે જાણવા માગીએ છીએ. જો તમે અમારી સેવાના કોઇ પણ પાસા બારામાં અથવા આ રિપોર્ટ વિષે ટીકાઓ કે પૂછપરછ કરવા માંગતા હો અથવા લંડન એમ્બ્યૂલન્સ સેવા વિષે વધુ માહિતી મેળવવા ઇચ્છતાં હો તો મહેરબાની કરી લખો:–

ਅਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਤੁਸੀਂ ਕੀਹ ਸੋਚਦੇ ਹੋ। ਜੇਕਰ ਸਾਡੀ ਸੇਵਾ ਜਾਂ ਇਸ ਰਿਪੋਰਟ ਦੇ ਬਾਰੇ ਤੁਸੀਂ ਕੋਈ ਟਿੱਪਣੀ ਜਾਂ ਪੁੱਛ-ਗਿੱਛ ਕਰਨੀ ਹੋਵੇ, ਜਾਂ ਤੁਸੀਂ ਲੰਡਨ ਐਂਬੁਲੈਂਸ ਬਾਰੇ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਮਿਹਰਬਾਨੀ ਕਰਕੇ ਇਨ੍ਹਾਂ ਨੂੰ ਲਿਖੋ:

Θέλουμε να ξέρουμε τι σκέπτεστε. Εάν έχετε σχόλια ή ερωτήσεις πάνω σε οποιοδήποτε θέμα της υπηρεσίας μας ή σχετικά με αυτή την έκθεση, ή εάν θέλετε περισσότερες πληροφορίες για την Υπηρεσία Πρώτων Βοηθειών Λονδίνου, γράψετε μας στη διεύθυνση:

Waxaanu dooneynaa inaanu ogaano sida ay kula tahay. Haddii aad qabtid faallo ama su'aal ee ku saabsan nooc kasta ee adeegyadeena ama warbixintani, ama haddii aad u baahan tahay akhbaar dheeraad ah ee ku saabsan Adeegyada Ambulaanska London, fadlan waxaad u soo qortaa:

我們想知道你的意見。如果你對我們的服務或這份報告書的任何方面有意見或疑問，或想獲得更多有關倫敦救護車服務的資料，請致函：

ہم جاننا چاہتے ہیں کہ آپ کا کیا خیال ہے۔ اگر آپ ہماری سروس کے کسی پہلو یا اِس رپورٹ کے بارے میں کچھ کہنا یا پوچھنا چاہتے ہوں یا لندن ایمبولنس سروس کے بارے میں مزید معلومات حاصل کرنا چاہتے ہوں تو برائے مہربانی اس پتے پر خط لکھئے:

We want to know what you think. If you have comments or queries about any aspects of our service, or about this report, or if you would like further information about the London Ambulance Service, please write to:

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