



London Ambulance Service **NHS**
NHS Trust

Policy on Traffic Calming

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To define the position of the Trust in the regards to traffic calming measures that have the potential to impact upon the delivery of patient care.

Sponsor Department: A&E Operations

Author/Reviewer: Staff Officer to the Deputy Director of Operations. To be reviewed by July 2013.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
4/5/10	1.2	Staff Officer to the Deputy Director of Operations	Redraft and restructure
29/01/10	1.1	Assistant Director of Operations West	Added: scope, responsibilities, implementation plan, reformatted
16/03/05	0.1	Chairman	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Chief Executive Officer	01/06/05	1.0
Agreed by Trust Board (If appropriate):		

EqIA completed on	By
Staffside reviewed on	By

Published on:	Date	By	Dept
The Pulse	09/07/10	Records Manager	GDU
LAS Website		Records Manager	GDU
Announced on:	Date	By	Dept
The RIB	07/10	Records Manager	GDU

Links to Related documents or references providing additional information		
Ref. No.	Title	Version

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

The LAS is concerned that, in pursuing the laudable objective of reducing death and injury on London's roads, local authorities may from time to time overlook the impact that traffic calming measures have on the delivery of patient care by the London Ambulance Service NHS Trust (LAS).

2. Scope

This policy defines the position of the Trust in relation to traffic calming measures that have the potential to impact upon patient care within the London area.

3. Objectives

1. To ensure any new traffic calming schemes are considered fully appreciating the wider implications upon the ambulance service and patient outcomes.
2. To encourage meaningful consultation with the LAS, engaging at the appropriate level, where new traffic calming schemes are felt to be needed or existing measures are under review.
3. That the LAS will, when appropriate, identify schemes that cause the service particular concern and will propose such reviews to the relevant authorities.

4. Responsibilities

- 4.1 **Ambulance Operations Managers (AOMs)** are responsible for seeking engagement at a local level with those authorities involved in planning, scoping and introducing traffic calming measures.
- 4.2 All **operational managers** within the Trust are responsible for engaging in traffic calming scheme consultations that take place, promoting periodic reviews of existing schemes and supporting research into this area.

5. Definitions

Traffic Calming Measures are defined within this document as: road humps, pads, chicanes, width restrictions, barriers, closure of minor roads, one way systems and pedestrian zones.

6. Policy Statement

- 6.1 Of the 7,500 accidental deaths a year in London, around 5,500 are from medical accidents (such as heart attacks and strokes) the remaining 2,000 are from external causes. Of these 2,000, approximately 280 are caused by road traffic collisions. Suicides and other accidents such as falls, fires, poisonings, drowning account for the remainder.

- 6.2 The LAS receives over one million calls a year. Of these patients, around ten percent (100,000) present with immediately life-threatening conditions. For these patients, there is a clear link between our response time and their chances of survival. A faster clinical response save lives amongst the most seriously ill patients. Conversely, anything that slows down an ambulance response endangers lives.
- 6.3 Furthermore, some types of traffic calming measures, by virtue of their design, cause difficulties for ambulance crews in treating patients whilst *en route* to hospital. The same measures frequently cause additional discomfort and/or pain to patients whilst in transit.
- 6.4 Against this background, the LAS has adopted the following policy with regard to traffic calming.

7. Policy

- 7.1 The introduction of any new traffic calming measure (eg road humps, pads, chicanes, width restrictions, barriers, closure of minor roads, one way systems and pedestrian zones) by any highways authority in London should outweigh the wider effects, including the effect on the wider road network, ambulance service response times and clinical care.
- 7.2 There should be early and meaningful consultation with the LAS at the appropriate level for each scheme where further traffic calming measures are felt to be needed. As most schemes are introduced by London's local authorities, this will typically be the relevant complex AOM, but schemes that have wider implications might need to be dealt with at area or Trust level. The LAS will engage in those consultations in a constructive spirit, e.g., by suggesting modifications that will reduce the impact on ambulance response times, wherever possible.
- 7.3 Existing schemes should be reviewed periodically to ensure that the benefits continue to outweigh the costs. The LAS will, when appropriate, identify schemes that cause the service particular concern and will propose such reviews to the relevant highways authority.
- 7.4 The public debate around these issues has generated a certain amount of heat but not much light. The LAS would like to see proper research carried out into the full range of benefits and costs of traffic calming schemes, and will fully participate in any such research.
- 7.5 The LAS is concerned that the measure of 'serious injury' appearing in statistics which are used for decision making in this area is not a clinical one. The service would like to see a review of the criteria for 'minor injury' and 'serious injury', and a move to collect statistics from a source where a clinical assessment can be made – such as A&E departments.

IMPLEMENTATION PLAN	
Intended Audience	Operational Managers
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.
Communications	Revised Policy to be announced in the RIB and a link provided to the document.
Training	There are no specified training requirements
Monitoring	Reports from AOMs engaged in traffic calming initiatives will be submitted to the Motor Risk Management Group on a quarterly basis.