Annual Service Plan 2008-2009

NHS London

Provider Agency

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1. Past year performance

1.1. Chief Executive's summary of the year

Chief executive's summary of the year

1.1.1 Introduction

1.1.2 This Service Plan for 2008/09 identifies what the London Ambulance Service NHS Trust (LAS) will strive to deliver for its patients and the public of London during the year. Alongside immediate performance challenges this is the third year of the seven year Strategic Plan for the organisation. The Strategic Plan sets direction in the wider context of developments in the NHS in the fields of emergency, urgent and out of hours care. It outlines what the LAS will strive to deliver for its key stakeholder groups, following extensive consultation with them, culminating when the Olympics come to London.

In order to drive forward service improvement and modernisation in the future the Strategic Plan maps the route to achieving the LAS Vision, Purpose and Values, translating these into tangible outcomes and programmes of work to deliver them:

A world class ambulance service for London

*An organisation of well-trained, enthusiastic, caring people who are **all** recognised for their dedication to meeting the needs of the public and **all** our patients*

The focus of the year 2007-08 has been to maintain and in some cases improve performance while preparing for the change to call connect time that comes into force in April 2008 (see section 2.1). This Service Plan aims to ensure sustainable category A and B performance building on a track record of achieving Category A but not Category B in the context of having been resourced to achieve the former but not the latter. Additionally a long term growth in call volumes of circa 3% to 4% per annum and the continuing need to prepare for terrorist attacks on the Capital places increasing demands on the Service. Only by developing alternative responses can the LAS manage a growing number of 999 calls, meet commissioners' requirements and existing and new response time targets in a tight financial environment..

The Service Plan aims to carry forward Government policy for the provision of emergency, urgent and out of hours care, specifically building on the NHS core principles documented in the Government's 10 year NHS Plan published in 2000, the NHS planning and governance framework "Standards for Better Health" published in July 2004, the Department of Health's National Ambulance Review "Taking Healthcare to the Patient: Transforming NHS Ambulance Services" published in June 2005 and the Health White Paper "Our Health, Our Care, Our Say" published in February 2006 and most recently Lord Darzi's 2007 report

"Healthcare for London: A Framework For Action".

The key stakeholder groups who have been consulted are: patients and public; Primary Care Trusts; NHS partners; police and fire services; LAS staff; Department of Health and the Strategic Health Authority ; the Greater London Authority and London Boroughs; and key suppliers. Discussions with patients, unions, commissioners and other stakeholders are ongoing while the feedback received during the Chief Executive's consultation meetings with staff is influential in planning for the forthcoming year. This broad consultation has helped the Board identify priorities for future years.

1.1.2 Review of 2007/08 - achievement against the Service Plan

The 2007/08 Service Plan was focused on delivery of two aspirations for the London Ambulance Service:

- To improve the delivery and outcomes of services for our patients and the public;
- To ensure that change is sustainable through investment in Organisational Development.

These aspirations informed the key objectives for the Senior Management Team and definition of the five component parts of the overall Service Improvement Programme (SIP2012) through which the Strategic Plan is being implemented (see sections 2.1 to 2.3). The remainder of this section reviews achievement against key objectives for 2007/08.

In year Performance

1. Response time targets

High levels of demand continued in 2007/08 forecast to out turn for the year at circa. 10.3% above the overall demand for 2004/05. Category A demand is forecast to be 48% higher than in 2004/05. These increases in Category A demand are especially challenging as they place more and more calls in the 8 minutes response bracket. With the advent of the new call connect target in April 08 the response time clock effectively starts some two minutes earlier which further adds to the complexity of the task.

During 2007/8 PCTs also provided part year funding for the new call connect target and the LAS has made good progress against the trajectory submitted to DH for this target raising performance on this measure from 43%in Dec 06 to 64% in October 07.

Performance against the main response time targets for 2007/08 year to date is:

	Response Time Target	Actual As At: 14/01/08
Current A8	75% in 8 minutes of address & key determinant	79.1
Connect A8	75% in 8 minutes of telephone operator call connect to control room (From April 2008)	60.7%
Current A19	95% in 19 minutes of address & key determinant	98
Connect B19	95% in 19 minutes of telephone operator call connect to control room	84.5

For many years the London Ambulance Service has worked under pressure. There have been occasions, e.g. winter pressures, when the LAS has produced a specific plan to deal with anticipated capacity issues. The response by the LAS to the threat to performance levels was to produce a new Capacity Plan which triggers specific measures when the Service is operating at 'over capacity' with a variety of tactical options that are considered most suitable to deal with the over-capacity situation.

The tactical options that may be considered are identified in the Resourcing Escalatory Action Plan (REAP) which is designed to increase operational resourcing in line with demand, to cope with periods of high pressure and maintain the quality of patient care. The REAP plan is in operation at all times. In general the organisation will operate at REAP level one, when the Service is at a steady state.

There are varying REAP levels reflecting increasing pressure on the Service, up to level five, where there is the potential of Service failure. Each level is triggered by intelligence from inside the Service or from the external environment. The triggers are detailed in the LAS Capacity Plan. The REAP plan and the REAP levels apply to the whole organisation. The prevailing level is widely publicised.

Each operational manager and head of department has a responsibility to understand the plan and to have a corresponding implementation plan for their area of operation. All areas of the Service are required to take meaningful action, with the appropriate urgency, as the plan escalates. During 200/08 the Service has at varying times been operating at REAP levels 2 and 3 to address the threat to performance.

The Category B19 target remains very challenging and inevitably progress against this has been hampered by the need to maintain Category A performance in the face of significant demand growth. That having been said the service has made some significant improvements in this area and these are expected to improve still

further during the final quarter.

2. Financial Balance

A surplus of £1.2m for 2007/08 is currently being forecast by the Trust.

In addition, the Trust received an additional £8.3m in December 2007 from NHS London to invest in a range of Invest to Save projects in Q4 2007/08.

Preparing for the Future – The Service Improvement Programme

The implementation programme to prepare the LAS for the challenges of the longer-term future comprises of five sub-programmes and an enabling Stakeholder Engagement and Communications Strategy which is described in section 2.3. Developments during the year in relation to each of these are as follows:

Access and Connecting (the LAS) for Health –

The focus of this programme was on progressing work to procure a new Computer Aided Despatch system. To date, a shortlist of two suppliers has been identified and work is underway to select the final supplier for presentation of a Business Case in the next Financial Year. A second key project has been the development of the digital radio project in response to shortcomings in communications identified in the aftermath of the terrorist attacks of July 2005. Work has commenced to scope requirements for improving access to the Service for people with hearing and speech difficulties or for whom English is not their first language. Work has also commenced on a project to develop a Data Warehouse for the Trust to better manage trust data and provide a platform for other infrastructure enhancements.

Improving our Response: Operational Model -

A large number of projects has been undertaken during the year to place the Trust in a better position to maintain response time performance when Call Connect changes come into being in April 2008. In particular, initiatives have been undertaken to make the fleet more mobile through dynamic deployment, positioning vehicles in location where it is anticipated calls will be made rather than starting from station and increasing the number of solo response units. Other key projects have been the automatic despatch of Fast Response Units and Ambulances upon identification of address and key complaint determinant which has had a significant impact on activation time of vehicles and hence made a contribution to response time.

Organisation Development And People -

Focus this year has been on identifying and scoping those initiatives necessary to

bring about culture change and new ways of working for implementation in 2008/09. Particular focus has been on agreeing a new Partnership Agreement with the unions with the aim of enabling agreement on a number of initiatives progressed through the other programmes, for example the Dynamic Deployment of all vehicles and staff.

Corporate Processes and Governance -

A number of projects aimed at improving efficiency and effectiveness in support functions have been initiated, aimed at achieving the Cost Improvement programme agreed for the Trust. A variety of Governance initiatives have also commenced, specifically an approach in tandem with Commissioners to pilot an approach to Payment By Results and consideration of the implications of applying to become a Foundation Trust and the necessary action to be taken in preparation.

Preparing for the 2012 Olympics –

As a key player in supporting the London Olympics games in 2012. the LAS has initiated a programme to gear itself up for the substantial increase in demand for its services anticipated as a consequence of the huge influx of people to London during the run up to, during and in the aftermath of Games time. Scoping work has led to thirty projects being initiated during 2007/09 and a lot of effort has been put into working with the Olympic and security authorities on behalf not just of the ambulance services involved, but also to represent the voice of Health.

Stakeholder Engagement and Communications Strategy -

Clearly such a large programme of work requires interaction with a wide variety of stakeholders. Among other initiatives two major PPI events in March 2008 are planned. Ongoing consultations have taken place with staff, other emergency services and parts of the NHS as well as the SHA and Department of Health.

Plans have also been influenced by a major research project carried out by IPSOS Mori into public views of the Service.

The key tasks for the Trust in 2008/09 remain: to meet the call connect target from April and throughout the year; to maintain financial balance while increasing efficiency; to progress the new Service Improvement Programme in circumstances of financial stringency and ever increasing demand - in particular the Trust is planning to embark on the most major organisational change activity it has undertaken to implement “New Ways of Working” on the first three ambulance complexes (see section 2.3). This involves not only changes to the response regime but also how the front-line workforce is managed and operated in teams. This will roll out to the remaining twenty three complexes over the period up to 20010/11.

The Trust is actively considering Foundation Trust status in conjunction with The Department of Health, Monitor and the London Provider Agency.

Also, the Trust is progressing strategic discussions with NHS London on a range of reconfiguration issues for the capital, including the setting up of co-ordinated response hubs for emergency health needs.
1.1.3

1.2. Summary of financial performance

Summary of financial performance: commentary
The Trust is currently forecasting a surplus of £1.2m for 2007/08. Income is higher than plan due to Call Connect (£6.8m), Invest to Save (£8.3m), HART (£1.3m) and Olympics 2012 funding (£0.6m) On cost, the comparison in the table is based on the original plan submitted to the LPA last year. This plan had an incorrect split between Pay and Non Pay. In reality, both the Call Connect and HART funding received were invested in increased staffing (£8m). The balance of the increase in costs relates to Invest to Save projects in Q4 2008/09.

Summary of financial performance: high-level comparison between historical plan performance and actual performance			
£m	**2007/08 plan**	**2007/08 forecast***	**Variance**
Income			
Clinical income	216.2	224.7	8.5
Non-clinical income	1.1	0	-1.1
Other income	1.7	10.3	8.6
Total income	219.0	235.0	16
Expenses			
Pay costs	166.6	169.00	2.4
Non-pay costs	41.4	55.30	13.9

Other costs	0.0	0.0	0.0
Total costs	**208.0**	**224.3**	**16.3**
EBITDA	11.0	10.7	-0.3
Exceptional items	11.0	9.5	-1.5
Net surplus/(deficit)	0.0	1.2	1.2
*Based on month 10 actual plus 2 months forecast initially			

1.3. Other major performance issues

Other major issues

1.3.1 Staff Engagement

Communicating with staff and involving them in Service initiatives and changes is a vital ingredient in Trust plans to continue developing the organisation. The LAS believes that its success depends on staff feeling informed, listened to, involved and valued. A number of communication tools have been enhanced and will continue to be developed – intranet, internal magazine, routine bulletins – and much attention has been given to face to face communication although this is a vital area which needs constant attention and development.

The seventh annual series of Chief Executive consultation meetings face to face with staff at each complex took place in April - June 2007. A new Partnership Agreement with the unions was agreed following a Partnership Conference held in October. Regular internal conferences for managers and team leaders continue to be used to share key messages and information and to reiterate the importance of the LAS values.

It is accepted that developing effective communications throughout the Service is key to the organisation's success and considerable focus will always be placed on ensuring that we continue to develop and improve the methods we use to inform staff, listen to them, act on what we hear and engage them in the development of the Service. Stakeholder Engagement and Communications has been identified as a crucial enabling strategy to support the new Service Improvement Programme.

1.3.2 Diversity and Public and Patient Involvement

The London Ambulance Service is committed not only to meeting its statutory obligations to equality and public and patient involvement legislation, but also to the spirit behind these and wants to go beyond mandatory obligations.. The Trust has

particular challenges in engaging public and patients generally within the various diverse communities in the geographical area it covers given that it is the only London-wide Trust. These are challenges are pro-actively and creatively being addressed (see section 2.3).

2. Future business plans

2.1. Strategic overview

Strategic overview, incorporating turnaround and reconfiguration

2.1.1 Drivers for Change

There are three different types of drivers for change which the LAS has to take account of: those arising from Government policy for the NHS; those identified from the wider operating environment; and those arising from within the LAS itself. The new Service Improvement Programme 2012, and many core activities, link to these drivers for change.

Policy drivers

The LAS has a key role to play in supporting the NHS in achieving the Government objectives and targets identified in the various published policy documents (see section1). Many of these depend on taking a whole system approach, with each organisation – including the LAS - playing its part in delivery, with local sharing of performance and financial data and involving front-line staff.

As an NHS Trust, the LAS sees itself as an active contributor to principles such as designing services around the people who use them, involving patients and the public, meeting national priorities, achieving cultural change.

The key national target for the LAS remains maintaining response time performance of reaching 75% of patients with conditions prioritised as Category A in eight minutes. The LAS must also concentrate on other national targets (Category A19, Category B19) as well as improve performance against clinically focused indicators. However as a consequence of the National Ambulance Review it has been decided by Government that:

- as from April 2008 for the purposes of measuring 999 Category A and Category B response times the clock should start when the call is connected to the ambulance control room to more closely match the patients' experience and to ensure consistency across the country;
- by April 2009 national performance requirements for Category B response times should be replaced by clinical and outcome indicators against which performance should be managed locally;
- as from April 2007 the performance requirements for responding to patients whose GP calls an ambulance on their behalf (GP Urgents) should be the same as for 999 calls.

These changes on top of the existing national targets present challenges for the LAS to achieve. In November 2005 the difference between existing and new Category A

performance was about 25-30% percentage points (ORH Modelling November 2005). A comprehensive programme of activities is in place to improve performance against the new target and include improvements in the control room processes involved in taking and managing the call as quickly as possible coupled with many improvements to the operational response regime. Subject to securing appropriate ongoing funding we are confident that these will place the trust in a position to reach the new targets for the month of April 08 and to be able to maintain this for the 2008/09 year and beyond. (see section 2.3).

The National Ambulance Review is of particular importance to the LAS as it envisages a reduction of one million in the number of patients taken by ambulance to hospital annually in England and Wales. Over the next five years ambulance trusts, working with patients and the public are required to achieve not only operational but also cultural change becoming services which respond appropriately to all patients and which look, feel, behave and deliver differently, building on the principles that there should be:

- High case completion at point of both telephone contact and physical contact;
- Reduced duplication;
- Localisation - embedded with primary care and community services;
- Flexible and highly empowered workforce as the key to cost efficiency.

The implications for the LAS are that approximately 200,000 fewer patients per annum will be taken to hospital Accident and Emergency departments than would otherwise have been taken. A new approach to patients, callers and the public is necessary, requiring changes in vehicle, skill and workforce mix (with increasing focus on solo first responders), training and education, roles, responsibilities and relationships, information management and technology as well as structure and operating arrangements. This Service Plan for 2007/08 progresses the approach the LAS is taking to these challenges in order to realise in London the benefits defined by the National Ambulance Review.

The February 2006 Government White paper *"Our Health, Our Care, Our Say"* signalled a fundamental shift in the running of the NHS which will impact on the development of care pathways. The operational implications for ambulance services as players in a "whole systems" approach to care will need to be worked through.

Significant aspects of the White paper potentially are:

a requirement for Primary Care Trusts to move 5% of acute hospital activity into primary care over the next 10 years;

a re-think on the closure of community hospitals;

turnaround teams will become service re-configuration teams in areas with persistent financial deficits;

a duty on local authorities and the NHS to work together to improve the health and well-being of older people to mirror the one improving services for children.

Lord Darzi's autumn 2007 report "Healthcare for London: A Framework For Action" proposes fundamental change in the pattern of acute trust service provision. This will have an effect on the ambulance service and the LAS is also crucial to the success of the reforms which are currently out to consultation. The LAS welcomes the recommendation that seriously ill and injured patients be treated at a smaller number of specialist centres – which carries further the LAS' existing policy of taking patients with confirmed myocardial infarctions to regional heart attack centres. Doing the same for patients with strokes and serious injuries will lead to better clinical outcomes. It may also have resource implications for the ambulance service if response times are to be maintained. At the same time, there will be more community-based options for patients in or near their homes, to which the LAS hopes to have access. The LAS also hopes to be involved in work to bring more coherence to the systems for patients to access urgent help by phone.

This Service Plan, and many core activities, link to these principles, policy objectives and targets. It is designed not only to maintain performance against the Core Standards documented in "Standards for Better Health" but also to make demonstrable progress against the Developmental Standards. These are used by the Healthcare Commission to determine the Trust's annual performance rating and as such are essential to move towards Foundation status should this be required (see section 2.2). For 2005/06 the LAS was given a scoring of Weak on quality of care the 2006/07 rating was good on quality of care and good on use of resources, the LAS being the only ambulance service in the country to be rated "good and good"..

Operating environment drivers

In addition to drivers for change which arise from health policy, a number of emerging themes have been identified from the wider operating environment:

1. *Stakeholder feedback to the Trust* on what they want it to deliver to them over the forthcoming years (see section 2.1.2);

2. *The requirements of Primary Care Trust commissioners* that the LAS:

    - assist them in preventing unnecessary hospital attendances through alternative methods of responding to 999 calls;
    - assist in the management of chronic diseases outside of hospital and meet response time targets in an environment of zero growth in funding;
    - provide more equitable performance across London;
    - more effectively integrate with the wider health economy and play a full part in local emergency care networks.

3. *The consequences of demand growth and the impact of developments in Out of Hours (OOH) provision as a consequence of GPs no longer being required to provide OOH cover, following on from new GP contracts;*

4. *The need to respond to population and visitor growth, particularly in the Thames Gateway area and the substantial increase in passenger throughput at Heathrow as a consequence of Terminal 5. Three main issues arise from this: the impact on relative PCT contributions to the LAS; resource requirements; and the potential to develop new models of care;*

5. *Opportunities for co-location with PCT facilities when they consider new builds to realise service and cost benefits and the potential for new models of care;*

6. *The need to further develop and deliver new locally agreed Category C outcome measures for specific disease groups in response to abolition of the national response time target for Category C patients;*

7. *Any possible requirement for PCTs to divest themselves of their provider functions presents a potential opportunity to form closer association with other healthcare professionals such as District Nurses who bring the NHS into peoples homes and external providers;*

8. *Demographic changes with fewer young people reducing the recruitment pool and hyper-diversity (28.8% of the population Black and Minority Ethnic (BME), 25% of born outside the UK and 300 languages are spoken in the Capital.*

9. *Emergency preparedness for and response to terrorist threats and conventional major incidents a priority issue in the wake of events on 7 July 2005;*

10. *The 2012 London Olympic and Paralympic Games bringing an influx of people to the capital and the need to provide dedicated cover at sporting venues;*

Internal LAS drivers

The LAS has traditionally been perceived as an emergency service responding to 999 calls with a 'Blue Light' response to get patients to hospital Emergency Departments as quickly as possible. Only around 10% of the Service's patients are in immediate danger of dying and around another 10% also require an immediate response because unless attended to quickly, their condition may deteriorate seriously. Another 20% of patients are in no danger of dying but nevertheless need the LAS to be there quickly (for example they may be in pain). The remaining approximate 60% of patients do not need a double-crewed ambulance and a variety of responses are possible.

A balance needs to be struck between focus on current performance and development for the future. The challenge for the Trust is to move to a position as quickly as possible whereby it manages demand differently. The Strategic Plan 2006/07-2012/13 maps the long-term route. This Service Plan maps the steps in 2007/08 along the way.

2.1.2 London Ambulance Service Strategic Direction and Objectives 2006/07-2012/13

The London Ambulance Services aspires as its Vision to be "A world-class ambulance service". In reality "World Class" looks like different things to different people and requires the organisation to meet differing stakeholder needs.

The eight stakeholder groups consulted (see section 1.1.1) told the LAS that they wanted it to be an accessible service that responds appropriately, engages the public, its patients and partners, provides greater options for patients, continues to focus on delivery and has a culture built around its Values.

In addition to understanding what stakeholders want from the organisation a second consideration is the scope and scale of future operations. Given that the organisation does not exist in a vacuum, delivery of the identified "Stakeholder Aspirations" has to take place with cognisance of the drivers for change identified earlier in section 2.1.1 of this Service Plan.

The direction of travel over forthcoming years for the LAS is to seek to keep the organisation's current 'market share' of calls to the NHS in London but consolidate the Trust's position, service provision and performance by embracing, promoting and integrating the majority of non-life threatening but often complex calls (Category C) as core LAS work.

The approach of focusing on urgent care while maintaining emergency service provision implies significant changes to Service support, provision and culture and positions the organisation to move, if it wishes or is required, to:

- co-ordinate response to additional Out of Hours demand (that is undertake a wider call taking and tasking role for other healthcare providers) and/or;
- manage services currently provided directly by Primary Care Trusts which have synergies with the current service portfolio, should the latter decide or be required to relinquish management of such provision;
- be in a position to apply for Foundation Trust status (see section 2.2).

Over the years 2007/08 to 2012/13 the London Ambulance Service has as prime objectives to:

- re-define itself as a provider of urgent care in London as much as it is a provider of emergency care, and demonstrate to partners and the public that it is of equal significance to the health service in this respect;
- develop an organisation which "responds appropriately to all our patients" whether their need is of an emergency or urgent nature.

The strategic direction will be implemented through the five programmes that make up the overall service improvement programme "SIP 2012" as outlined in section 2.3 and this Service Plan is intended to progress these programmes and other identified objectives in 2007/08.

High-level financial and investment implications of the proposed strategy

See sections 2.4. 2.5 and 2.6

2.2. Achievement of FT status

Actions identified to achieve FT status

The LAS is actively considering an FT application at Trust Board level.

Preparatory analysis is being undertaken to assist an application process, particularly in the area of membership and financial planning.

The LAS has been selected to be a pilot site for the FT process for ambulance trusts. The LAS is also running a pilot for PbR for ambulance trusts in 2008/09.

2.3. Service and workforce development plans

Service development plans

2.3.1 Transformational Change - implementation programme 2006/07

The implementation programme to achieve the long-term objectives of the LAS comprises five programmes (portfolios of projects) and an enabling Stakeholder Engagement and Communications Strategy:

Programmes

1. *Access and Connecting (the LAS) for Health* - covers not only access to LAS services by patients and the public but also Connecting for Health. Access/connectivity/information flows within the LAS and between it and partners, led by the Director of Information Management and Technology. In 2008/09 the focus will continue to be development and implementation of the large infrastructure projects CAD2012, digital radio (LARP), Data Warehouse along with improved computer network enhancements for resilience and Access for Speech and Hearing Impaired People (see section 1.1.2).

   The focus of this programme has been work to procure a new Computer Aided Despatch system. The current status of the procurement is that two suppliers have been invited to participate in the final stage of the competitive dialogue

process. It is anticipated that a preferred supplier will be selected, the Full Business Case approved by the SHA and a contract placed by the Trust Board in the next financial year. A second key project has been the development of the digital radio project. Its full implementation will address the shortcomings in communications identified in the aftermath of the terrorist attacks of July 2005. In support of a national initiative, work has commenced on a project to improve access for people with hearing and speech difficulties. Other projects will be developed to enhance the Data warehouse (improved use of data within the Trust), network enhancements, support Operational initiatives for new ways of working and improve the IT infrastructure.

2. *Improving our Response: Operational Model* - covers the comprehensive review of our operational response regime. It includes significantly improving processes and management within our emergency Control Rooms, coupled with the introduction of additional Fast Response Units and also improving the way in which all our vehicles are deployed to ensure that they are always geographically placed in the optimum positions to reach patients as quickly as possible. Finally it also involves developing a comprehensive clinical telephone advice system backed up by an urgent care fleet designed to minimise unnecessary emergency responses.(see section 1.1.2 and 2.3.2).

3. *Organisation Development And People* - covers Organisation Development, culture, HR strategy, education and training (clinical and non-clinical), Diversity and workforce skill mix (including recruitment and retention) and IR, led by the Human Resources Director. In 2008/09 the focus will be on defining and starting the implementation of the changes to working practices envisaged to go alongside the shift to more solo responding under the Operational Model, in particular moving to a genuine team based watch system (see section 2.3.2).

4. *Corporate Processes and Governance* - covers Corporate and Clinical Governance and development of all corporate management processes, led by the Director of Finance. In 2008/09 the focus will be on implementation of the work started in 2007/08 regarding Governance of the Trust (e.g. Payment By Results pilot, preparation for Foundation Trust status and development of a Balanced Scorecard method for performance management) along with new cost saving initiatives to achieve the efficiency savings expected through the Cost Improvement Programme (see section 1.1.2).

5. *London Olympics 2012* – covers preparations to meet the requirements of "The Olympic Games Medical Services, Technical Manual on Medical Services" (2005) which requires that "the level of medical services to the community must not be compromised during the Games-time. Capacity issues must be addressed during the planning phases to ensure optimal use of community-based health resources and appropriate level of care for the community and Olympic related populations." In 2008/09 the focus will be on implementing the initial tranche of projects identified in the scoping work undertaken in 2007/08.

These revolve around the assessment of the impact of the 2012 games on the LAS and identification of the capacity required for those areas identified as being affected during Games time. This reflects the first phase of the International Olympic Committee/London Organising Committee for the Olympic Games Readiness Integrated Plan.

Enabling Support Strategy

6. *Stakeholder Engagement and Communications Strategy* - covers relationships with external stakeholders and their involvement with the LAS especially Patients and the Public (PPI) but also other healthcare professionals, emergency services, social services, key suppliers etc., led by the Director of Communications. In 2008/09 the focus will be on PPI and other communication and engagement activity associated with the Operational Model and Organisation Development work collectively know as "New ways of Working: Clinical Leadership on Complexes" (see this section and section 2.3.2 following).

These five programmes and the support strategy provide the structure for all development activity in the Trust.

2.3.2 Managing Demand - high Impact changes

During 2004/05 call volumes rose at a rate of 7.5%, at 5.9% in 2005/06 and 4.2% in 2006/07. These years have all been in excess of the historic long-term rate of annual growth of approximately 3%. In terms of responses, growth of 2.9% was experienced in 2005/06 over 2004/05 and is anticipated to be 3.6% in 2006/07 over 2005/06 (Total responses: 1,173,24). These numbers however mask the changing pattern of calls with Category A constituting a greater proportion of the total, growing at 48% over the two year period with, correspondingly, Category A responses growing at 47.5%.

Given the context of capacity constraints, increasing demand and the potential impact on response time performance of the clock start changes, the Trust decided that a new operational model is required. It is necessary to continue with further "High Impact Changes" during 2008/09 such as solo responding except where it is known at the outset that the patient definitely will need to be transported lying down. This will be managed through the Operational Model Programme but form part of a wider Organisation Development initiative known as "New Ways of Working: Clinical Leadership on Complexes" which is intended to simultaneously bring in a genuinely team based watch system way of working with enhanced clinical leadership given to staff. This will be rolled out over three years to all complexes in London, the first three "exemplar" stations going live in 2008/09.

The "High Impact Changes" are designed to deliver fundamental change across the service in terms of how the LAS organises its processes to deliver on both the

challenging new performance targets and high quality patient care. They have been developed by thinking carefully about what needs to be different in A&E Sectors, the Emergency Operations Centre, the Urgent Operations Centre and within Patient Transport Services. In doing so, the Service has considered the whole system and has worked to ensure that the changes are complementary and improve the whole system rather than individual departments.

2.3.3 Delivery of Core and Developmental Standards and the Diversity agenda

A key requirement for the Trust is to meet the requirements of the NHS planning and governance framework "Standards for Better Health" published in July 2004. This Service Plan is designed not only to maintain performance against the Core Standards but also to make demonstrable progress over 2007/08 against the Developmental Standards. These will be used by the HealthCare Commission to determine the Trust's annual performance rating, along with delivery against national targets, the Information Governance Toolkit and achieving financial balance.

Compliance with national targets and performance criteria although supported by development activity remains part of routine operational work and not a separate work stream however. Work under the Corporate Processes and Governance Programme will drive forward LAS activity to ensure compliance.

The Trust has an established Diversity team and in accordance with legislation is in the process of carrying out Equality and Diversity Impact Assessments on its relevant policies, procedures, functions and practices. The actions arising from these assessments will be incorporated into the Trust's existing Equality Schemes and their associated action plans.

While responsibility exists and implementation takes place across the Trust to progress equality and diversity, through all directorates and programmes, the oversight and driving forward of development and implementation will take place through the Organisation Development and People Programme.

2.3.4 Organisation Development

The changes described in the new Service Improvement Programme will make Trust services quite different. This means the organisation will be different in many ways too.

An organisation built around the idea that every patient is in immediate danger of losing their lives has to respond quickly and provide technically expert care. When life depends on getting things right fast, discipline is needed, and a "command and control" style of management is sometimes necessary .

The LAS will still need to be like this at times, for example at the scene of a major incident.

However, many patients need a caring response more than they need a quick one. They need the Service to spend time with them – understanding their situations and resolving their problems. The skills needed will often be less "technical" and will require skilled communication alongside education in assessment and understanding of underlying causes and chronic illnesses as well as the ability to work with other health professionals in the community to secure the right next step for the patient.

The ambulance professional of the future will have far more independence and responsibility in decision-making and they will follow guidelines, rather than rules. A "command and control" management style will only be right for these professionals on the rare occasions when life depends on giving and following instructions.

This is what is meant by "an organisation that looks, feels and behaves differently".

To some extent this "cultural change" will happen over time by virtue of the fact that the LAS changes its response regime and increases workforce skills. However, the Trust is committed to a range of actions that will support this and speed it up and make it sustainable

2.3.5 Workforce Development Plans

Workforce development plans

To achieve the future aim of providing appropriate responses to the population of London, a long term workforce plan has been developed. This provides a skill mix and associated training plan to provide a wider range of interventions dependent on patient need, utilises a wider range of alternative care pathways and reduces the number of patients unnecessarily conveyed to hospital.

This workforce plan will produce a larger number of qualified paramedic staff with enhanced patient assessment skills, supported by a newly created support role. It will also create more Emergency Care Practitioners together with Clinical Telephone Advisors who will resolve more patient need fully over the telephone.

To develop this workforce the Trust will review its existing training models and will access more professional training through Higher Education Institutions

2.3.6 Clinical Income and Clinical Activity

Comparison between historical achievement and current plan*					
Clinical income					
£m	**Plan**	**Forecast**	**Current plan**		
	2007/08	**2007/08**	**2008/09**	**2009/10**	**2010/11**
A&E	206.8	214.5	231.3	236.0	240.7
PTS	9.4	10.3	8.5	8.5	8.5
Other	2.8	10.3	11.7	14.2	21.2
Other activity	0.0	0.0	0.0	0.0	0.0
Total	219.0	235.0	251.4	258.7	270.3

Clinical activity					
Activity numbers (000s)	**Plan**	**Forecast**	**Current plan**		
	2007/08	**2007/08**	**2008/09**	**2009/10**	**2010/11**
Elective					
Non-elective					
Outpatients					
Other activity					
A&E – Incidents	946	949	986	1017	1047

*** This table for the analysis of income and activity is based on the items relevant to an acute trust. Please use the appropriate items for analysis of income and activity for your trust type, changing headings where needed**

2.4. Operating resources required to deliver service development

Resources required to deliver service development
The revenue impact of implementing Call Connect in full is estimated to be £15.6m for 2008/09. This investment has now been agreed with the LAS Commissioning Group This cost relates mainly to additional staff working in an improved, more efficient operating environment. The LAS is working with NHS London on developing a significant change in how training and development of staff is delivered. NHS London asked the LAS to bid for MPET funds to fund this change. A bid of £18m was submitted for 2008/09, covering improved paramedic training, additional investment in ECPs and an enhanced e-Learning capability. To date no answer has been received from the SHA and for planning purposes, we have assumed income of £7m to cover the initial phase of this project. Costs matching this funding have also been included in the plan Current discussions with the SHA indicate that at least two HART teams will be required in London. We are finalising how these teams will be delivered and funded. In the plan, we have assumed that income of £2.5m will be provided form the Deprtament of Health to support this requirement. Costs matching this income have also been included in the plan. As part of the recent CSR submission, planning costs for the 2012 Olympics of £1.5m have been included for 2008/09. It is assumed in the plan that this activity will be funded centrally, with associated costs also planned. Additional resources for Service Development will be delivered by additional cost improvement programmes. Gross capital investment of £14.8m is included in the plan for 2008/09 covering additional vehicles, CAD2010 investment and a range of estates projects The current capital plan is planned to be funded from internal resources
Comparison between historic achievement and current plan

Operating expenses*					
£m	**Plan**	**Forecast**	**Current plan**		
	2007/08	**2007/08**	**2008/09**	**2009/10**	**2010/11**
Pay costs	166.6	168.8	188.5	195.5	206.3
Drug costs	0.6	0.4	0.6	0.5	0.5
Other operating costs	40.8	54.9	49.3	48.4	47.6
Total	208.0	224.3	238.3	244.4	254.4
*** This section of the table for the analysis of operating expenses is based on the items relevant to an acute trust. Please use the appropriate items for analysis of operating expenses for your trust type, changing headings where needed**					
Cost improvement plans					
Pay/Productivity	7.9	8.0	5.7	5.8	6.0
Non Pay	3.5	2.9	1.4	1.5	1.5
Total	11.3	10.9	7.2	7.3	7.5

Commentary on cost improvement plans
A significant Cost Improvement programme has been largely delivered in 2007/08. Further developments in IT systems, planning software and staff engagement will allow further improvements in overall productivity. For 2008/11, this is planned to continue using the SIP Programme methodology. In particular, the Corporate Processes & Governance programme is looking at all key processes within the LAS to identify further efficiencies. Areas such as procurement, logistics and staff administration are a key focus.

Turnaround and reconfiguration plans					
Initiative 1					
Initiative 2					
Initiative n					
Total					

Commentary on turnaround and reconfiguration plans

2.5. Service Line Reporting

Plans for implementation of service line reporting
The LAS currently splits out its business into A&E and PTS. Further analysis will be completed in 2008/09 as part of preparation work for FT status.

2.6. Investment and disposal strategy

Plans for investment and disposal
Key areas of investment over the next 3 years include CAD2010, new ambulances and a reconfigured estate. Estimates have been made regarding the split for capital and revenue for these projects. The Estates strategy for the Trust is currently being updated. In 2007/08, a major disposal of a site is forecast to be complete. In 2008/09, further disposals are planned for some smaller sites

Comparison between historic achievement and current plan					
Investment and disposal strategy					
£m	**Plan**	**Forecast**	**Current plan**		
	2007/08	**2007/08**	**2008/09**	**2009/10**	**2010/11**
Investment in fixed assets (non-maintenance)	3.0	2.3	1.2	0.6	0.6
Investment in fixed assets (maintenance)	1.4	1.5	1.4	3.2	0.7
Investment in other assets	11.3	8.1	12.2	8.8	5.8
Asset disposals	-3.26	-3.26	-1.5	0.0	0.0

2.7. Summary of key assumptions

Key assumptions			
	2008/09	**2009/10**	**2010/11**
A&E Incidents	4.0%	3.0%	3.0%
A&E Income (Base)	2.3%	2.0%	2.0%
Other Income	2.0%	3.0%	3.0%
Pay Inflation	2.5%	2.5%	2.5%
Non pay Inflation	2.0%	2.0%	2.0%
CRES	2.5%	2.5%	2.5%
AfC Drift (£m)	1.0	1.1	1.1

3. Risk analysis

3.1. Financial risk

3.1.1.Commentary on financial risk rating

Financial commentary
The provisional rating is 2. This is primarily driven by both the net margin and liquid ratio indicators each scoring a 2, which automatically results in a overall financial risk of 2 despite a weighted average score of 3.1. As the 2008/09 net margin is planned to be 0.4%, to achieve a score of 3, the net margin would need to be at least 1% which will not be possible in a challenging year. In the calculation, the interval between a score of 2 and 3 is a net margin range of a loss of 2% to a surplus of 1% i.e the LAS would get the same score with a deficit of £5m as with a surplus of £1m. The Liquid ratio also scores a 2. The requirement on the LAS to reduce net cash balances to £1.6m at year end results in a lower score. Historically, one of the mechanisms to reduce cash balances is to increase prepayments. In the Liquid ratio calculation, prepayments are excluded, resulting in a lower score. The current financial projections include assumptions on income not yet finally agreed with both A&E commissioners and other funding providers. The LAS has planned cost in line with these projections and in the vent of not receiving the required income, the cost base can be adjusted to ensure **financial** balance The comparison between the original submitted plan for 2007/08 and the the current forecast is skewed by the fact that Call Connect (£6.8m), Invest to Save (£8.3m), HART (£1.5m) and the Olympics (£0.6m) were not included in the original LPA plan, both from a revenue and a cost perspective

3.2. Governance risk

3.2.1.Commentary on governance and associated risks

Governance commentary

Compliance with statutory requirements, contracts with commissioners and the Agency Guidance

The LAS follows the statutory requirements using the 2007/8 Planning framework and the guidance set out in the London Commissioning Regime and Provider Regulatory Framework. It assures compliance by following NHS London guidance and Monitor's Compliance Framework.

Compliance with operational and financial requirements used by the Agency

The LAS has produced a Strategic Plan for the next three years with additional consideration for the 2012 Olympics. The plan establishes direction and includes specific priorities.

The LAS has provided an Annual Operations Plan with a three year horizon setting as detailed targets and financial plans. The Service Improvement Programme incorporates elements of the LDP and uses the health outcome targets from the Annual Health check.

The LAS has a range of approaches which constitute an Organisational Capability Development Plan setting out the capability needs and gaps with action plans to address them.

The LAS has a risk rating system focusing on the delivery of key performance targets at national and local level. Based on the May 2006 self assessment of governance systems, the Board receives annual reports from its core committees and responds to feedback on its governance approach from NHS London , the Healthcare Commission and the NHSLA. It undertakes a Financial Risk rating which is forward looking using reports to the Board with forecasts as well as comparative analysis using data from immediate past years.

Compliance with the Agency Board's rights to participate in key appointments

The Trust accepts the Agency Board's right to participate in key appointments and has followed the requirements of the NHS Appointments Commission when recently appointing Non Executive Directors.

Compliance with Best Practice for Corporate and Clinical Governance including appropriate board roles, structure and composition

The Trust has worked with the Audit Commission and Healthcare Commission to achieve positive scores in the Annual Healthcheck using the Inspection Guidance for the Core Standards of Better Health and the Auditors based evaluation (ALE) key lines of enquiry (KLOE) guidance. The Trust allows the principles of intelligent information to Boards as set out in *the Intelligent Ambulance Board* including a broad planner based on the annual board cycle in Annex 3 of that report. For clinical governance best practice the Trust follows the Joint Royal Medical Colleges Ambulance Liaison Committee (JRCALC) guidance. The Board have nominated the Medical Director as the Director of Infection Prevention and Control and receive infection control reports as required by the *National Infection Control Policy Clean, safe care: Reducing infections and saving lives*.

Effective risk and performance management

The LAS fulfils its responsibility for ensuring that its statutory obligations are met at all times. The Trust uses a risk-based approach to management receiving exception reports where there is an intensified risk of failure to meet national targets. This is known internally as the REAP system. In addition to this the Assurance Framework reports to the Board on the management of low risks that threaten the achievements of its principal objectives, using the domains of the Annual Healthcheck. The Trust uses a transparent method for risk assessing set out in a performance management framework underpinned by its Risk Management policy and the Statement of Internal control.

Implementation of national policy and guidance on planning for an incident

The LAS monitors its compliance with the Civil Contingencies Act 2004 and works within the framework of the London Regional Resilience forum. It is represented on the membership of the London Emergency Services Liaison Panel (LESLP). The LAS has an Emergency Planning Unit which uses the LESLP manual as a guide when following interagency processes. The LAS utilises the NHS Emergency Planning Guidance (Department of Health 2005) and has recently undergone an audit of its emergency planning arrangements as part of a Department of Health Emergency Planning Audit of ambulance service trusts undertaken in September 2007. Initial feedback has been positive. The Trust has also trained and exercised with partners to an agreed schedule. The Trust has identified financial resources required for responding to incident and emergency situations.

Maintaining an up to date Business Continuity Plan

The Trust has a Business Continuity Plan (BCP) which is maintained so that it reduces to a minimum the disruption of the normal work of the service. The plan includes contingency arrangements for business continuity in the event of a protracted incident or failure of utilities and systems. The Trust's Business Continuity Policy is supported by the BCP which is an overarching generic plan including specific plans produced by all LAS departments. The BCP is intended to

ensure that the LAS provides vital core services and maintain its essential support functions; restoring non critical support function as required.

3.3. Risk to services provided

3.3.1.Commentary on services provided and associated risks

Commentary on services provided
The planned performance is to achieve all national targets while achieving financial balance. This is contingent on securing the funding required from London commissioners to cover the increased investment required for Call Connect as well as non-PbR uplifts for volume and inflation. Failure to achieve the requisite funding would result in a trade-off with London PCTs on performance standards. For Education& Development, further feedback is required from NHS London to identify both the required activity and funding. The plan assumes that any such income is matched by expenditure on the plan. For CBRN, HART and the Olympics 2012 programme, services will be provided in line with funding as per current practice. The experience of the LAS is that funding will continue to be provided centrally.

3.4. Quality and safety risk

3.4.1.Commentary on quality and safety performance and associated risks

Commentary on quality and safety
The LAS will provide high quality and safe services in line with current performace.The LAS has a well developed risk management framework which identifies both generic and specific risk with associated action plans to manage these risks. Further activity is planned with our stakeholders to ensure that both the public and our patients receive the required service in line with both national and local guidelines.

3.5. Other risks

3.5.1.Commentary on any other risks

Commentary on other risks

4. Declarations and self-certifications

4.1. Board statements

Commentary
The LAS Senior Management Team has reviewed and agreed the submission of this plan. The LAS Board has reviewed the plan and has agreed the planning assumptions used. The Chairman, Chief Executive and Director of Finance have reviewed and approved this submission.