# London Ambulance Service NHS Trust Operating Plan Narrative; Introduction and Context

The London Ambulance Service (LAS) is the busiest ambulance service in the country and one of the busiest in the world. We are the only pan-London NHS Trust whilst also working in close collaboration with the capital's other emergency services. The LAS responds to over 1.9m 999 calls each year, attending over 1 million incidents 24 hours a day, 365 days a year.

**The purpose** of the London Ambulance Service is to care for people in London: saving lives; providing care; and making sure they get the help they need.

**Our goal** is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud.

**Our values are *Clinical Excellence, Care and Commitment***. By **clinical excellence** we mean giving our patients the best possible care; leading and sharing best clinical practice; learning from staff and patient feedback and experience to improve our care. By **care** we mean helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation. By **commitment** we mean setting high standards and delivering against them; supporting our staff to grow, develop and thrive; learning and growing to deliver continual improvement

The London Ambulance Service has been on a change journey for the last two years to improve the service that we offer to the people who live in, work in London and make the London Ambulance Service a great place to work. We were inspected by the Care Quality Commission (CQC) in June 2015 and as a result of receiving an overall rating of 'inadequate' were placed into Special Measures. The CQC did however recognise the dedication and good quality care that our staff provide and identified areas of good practice including the Clinical Hub and our Clinical Audit and Research Unit. Following publication of the CQC inspection report the London Ambulance Service has launched a Quality Improvement Programme (QIP) as the single overarching improvement programme for the organisation in order to ensure we move out of special measures as quickly as possible which is a key aim for the organisation in 2016/17. There is a dedicated focus within the LAS on delivery of the QIP and all of our finance, workforce, quality and activity planning are designed to ensure we meet all of the targets of the programme which will improve the service we provide our patients and the work environment for our staff.

Our vision, values and objectives are summarised in the diagram below which is the image and brand that will also be used to publicise the quality improvement plan within the organisation

The Trust has set out 5 work streams for the year ahead. These are supported by a number of projects that are designed to improve patient care, make LAS a great place to work and move the Trust out of special measures as soon as possible. The diagram below outlines the main transformational and business objectives and therefore the focus for the Trust in 2016/17:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Making LAS a Great Place to Work | Advert to Action | Bullying & Harassment | Training | Equality & Inclusion | Vision & Strategy | Supporting Staff | Retention | Workforce & Organisational Development | | | |
| Achieving Good Governance | Risk Management | Capacity & Capability of Health & Safety | Improving Incident Reporting | Duty of Candour | Operational Planning | Listening to Patients | Blue Light Collaboration | CQC Reinspection | Business Intelligence Systems | Internal Audit | Policy and Guidance Review |
| Improving Patient Experience | Patient Transport Service | Meeting Peoples Needs | Response Times | Learning from Experiences | | | | | | | |
| Improving Environment & Resources | Fleet/ Vehicle Preperation | Information Management & Technology | Infection Prevention & Control | Facilities & Estates | Resilience Functions | Operations Management | Improving Operational Productivity | Cost Improvement Programme | Frontline Equipment & Uniforms | | |
| Taking Pride & Responsibility | Clinical Supervision | Consent - Mental Capacity Act | Medicines Management | Safeguarding | Quality & Clinical Strategy | Operating Model and Clinical Education & Training Strategy | Developing the 111 Service | | | | |

# Our Approach to Activity Planning

Our detailed approach to activity planning is based on comprehensive modelling using current and historic data. We have worked closely with external consultants in order to develop an activity trajectory that builds on 10 years' activity analysis to predict activity for 2016/17. However there is an element of unpredictability given the nature of Urgent and Emergency care.

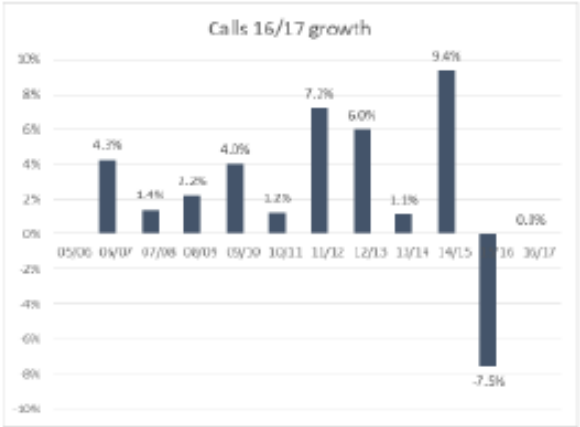
**Planning in collaboration with Commissioners and Stakeholders**

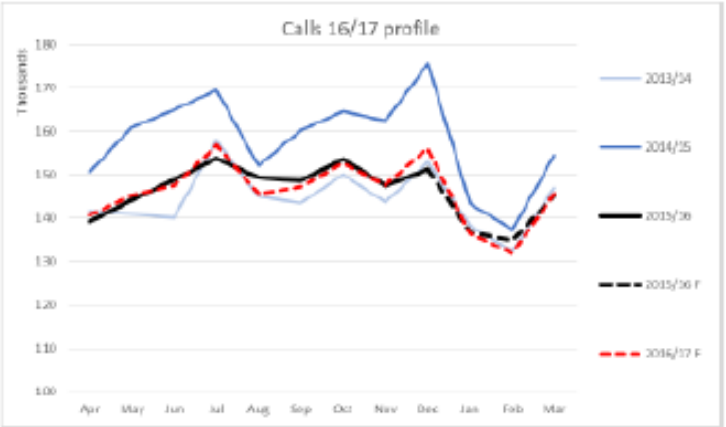
Our activity trajectory, underpinning assumptions and associated plan have been compiled in conjunction with NHS England, NHS Improvement and Commissioners, primarily through the Regional Oversight Group using a modelling tool developed in 2014/15 and refined in 2015/16. This trajectory maps out expected demand and capacity and our expected performance against the national ambulance standard (75% of Category A calls in 8 minutes).

**Predicted Activity over 2016/17 and our key planning assumptions**

We have analysed our data to identify a number of key assumptions underpinning our activity planning, these will, as mentioned above, be discussed and agreed with commissioners before a final plan is confirmed for 2016/17

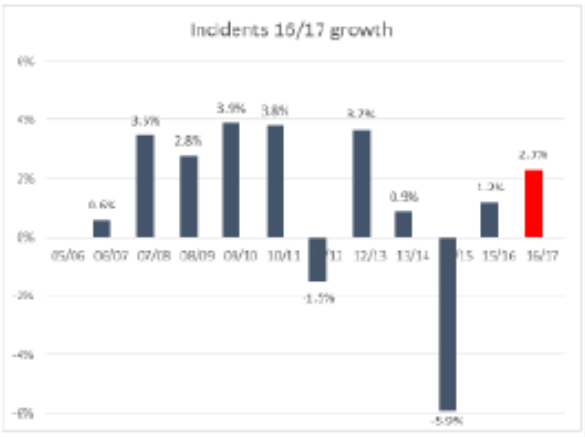
**Call growth forecast & rationale; Forecast: 0% growth in calls**
Call volumes have fallen in 2015/16 due to a range of reasons including better response rates resulting in less ring backs. Calls have been lower than forecast in 2015/16 (-8% rather than +4%). Rather than use the 5 year average we expect that calls will remain static or even fall slightly in 2016/17.



**Incident growth forecast & rationale; Forecast: 2.36%**

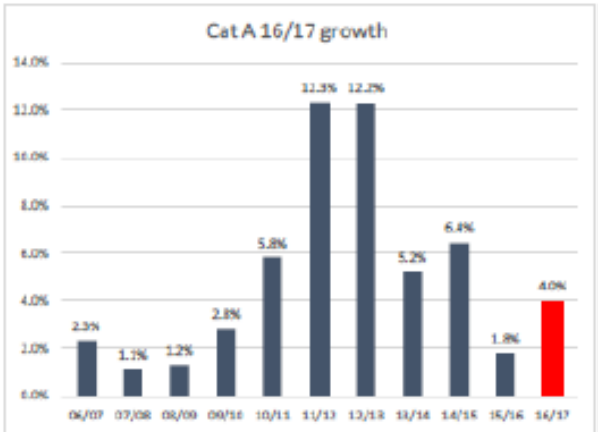
While Category A incidents (patients who are most seriously ill or injured) have continued to see growth Category C (lower acuity calls) has been more variable. This is partly due to actions to reduce demand and alterative response methodologies (e.g. hear and treat, use of taxis and our Non-Emergency Transport Service). While Cat A is forecast to continue to grow by 4.0%, as demonstrated in the diagrams below, Cat C is forecast for more modest growth of 0.7%. This reflects the picture seen in 2015/16, with continued steps to mitigate demand.

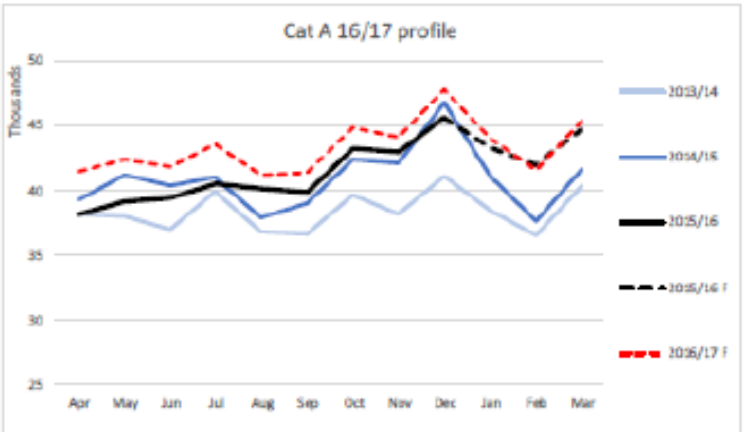




**Category A growth forecast & rationale; Forecast: 4.0% growth**

Growth in Category A incidents has been significant over the last five years. It has however been lower for the last two years and levelled off in 2015/16. A growth of 4% is therefore reflective of the last three years. It should be noted that in 2015/16 Category A activity was below plan across Q1, 2 and 3, but is running significantly above plan at the start of Q4. This variability has made forecasting, both demand and performance challenging. Category C activity has been on plan in Q1 and 2 but significantly over plan across Q3 and the start of Q4. It is possible that demand patterns have materially changed in quarter 4 placing the demand and performance trajectories for 2016/17 at risk. This issue has been noted at the Regional Oversight Group and will be reviewed across the first quarter of the new year.

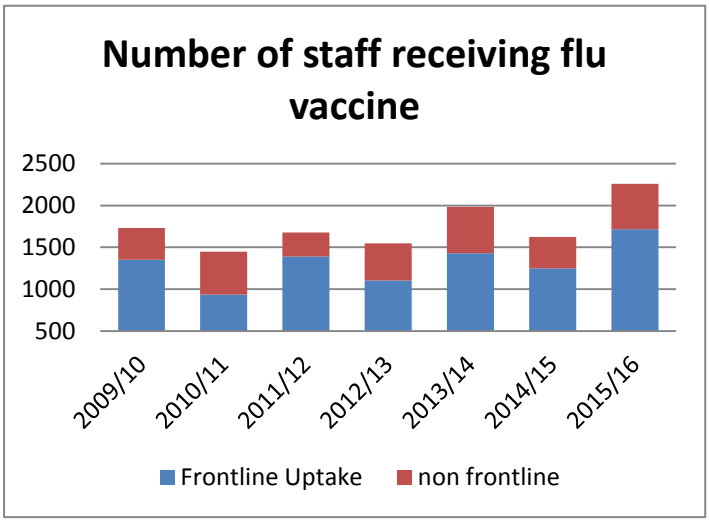


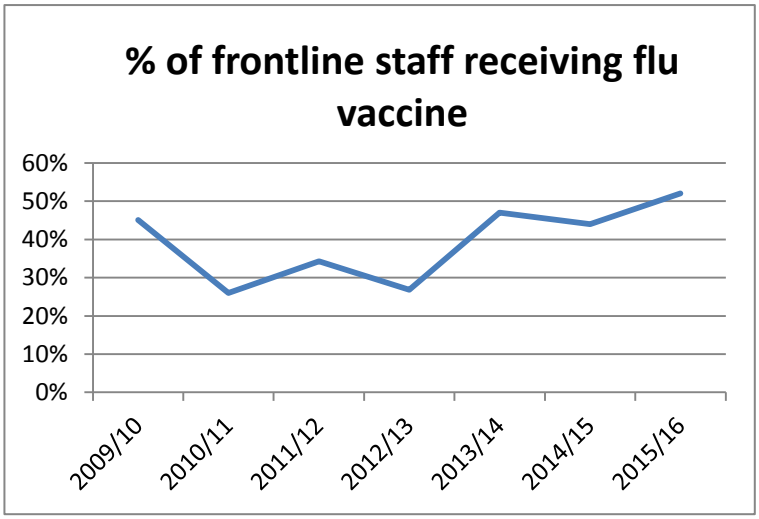



**Winter resilience and responding to unplanned changes in demand**

The London Ambulance Service has a detailed winter plan to manage surges in demand and winter pressures, particularly around Christmas and New Year. A Senior Manager coordinates the LAS strategy and chairs a Winter Planning Group which has representation from all areas within the organisation to ensure a single cohesive plan is developed. In order to ensure that capacity is flexed up in relation to expected peaks in demand, the plan incorporates:

- An incentive package to encourage staff to work additional hours across the Christmas period. This includes overtime rates, a bonus scheme and enhanced bank rates. These incentives are focused on specific times and locations.
- Daily management calls to optimise performance.
- Daily forecasting meetings to review past and expected performance.
- A public awareness campaign run in conjunction with the London Fire Brigade and the Metropolitan Police, aimed at encouraging the public to be responsible in their actions when drinking alcohol and in their use of the ambulance service.
- The use of Private and Voluntary Ambulance Providers to respond to patients
- An extensive flu vaccination programme to vaccinate as many of our staff as possible in order to keep sickness levels at a minimum and protect patients. The two charts below show that we have had a higher rate of vaccinations in 2015/16 than in the preceding six years.




Every effort is made to predict changes in demand on the immediate horizon and our Forecasting and Planning Group meets more regularly throughout winter to review activity, capacity and any other influencing factors, and makes recommendations to the Director of Operations accordingly.

Where we do see unplanned and unexpected changes in demand we are able to use our Surge Plan in order to manage that demand and maintain safety. Our Surge Plan has a number of levels of escalation which can be invoked depending on the pressure facing the service and the wider NHS system at any given time. Each level has pre-agreed actions which determines how different calls are managed depending on severity of illness or injury, and ensures priority is always focussed on responding to the sickest and most seriously injured patients. Authorisation to escalate a Surge level is through the LAS Gold Group which

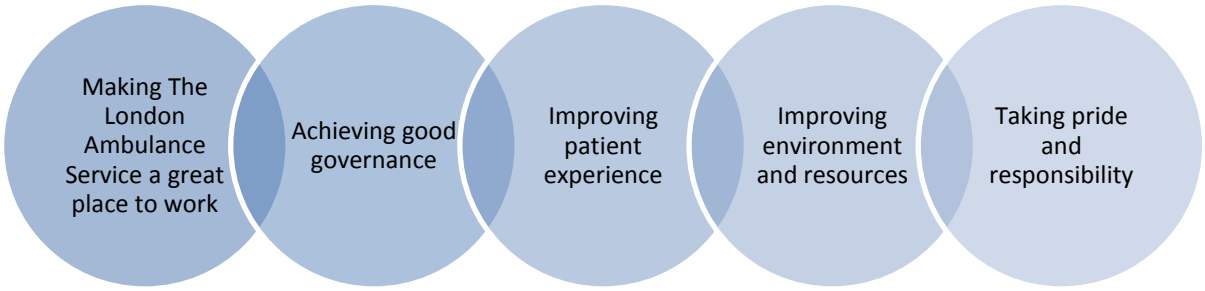
includes an Operational Commander and Senior Clinical Advisor. Regular reviews are undertaken when running at surge levels higher than normal operating levels.

In order to learn from what we do each year, our Business Analysis team undertake statistical analysis which is used as a foundation for the development of appropriate capacity models to ensure a solid evidence base is used for future planning. From this modelling an appropriate construct for staff is developed which can then be monitored and modified where necessary during periods of highest anticipated demand.

# The London Ambulance Service Approach to Quality Planning

Following a CQC inspection in June 2015, the LAS has developed a Quality Improvement Programme (QIP) which is the single overarching plan addressing quality improvement in the Trust. The Senior Responsible Officer is Karen Broughton, Director of Transformation and Strategy. The QIP focuses on five themes, each of which has an Executive Director Lead accountable for delivery progress and improvement throughout the year. Our Quality Improvement Plan is our roadmap to improving our care to patients, the experience of our staff and our overall CQC rating when we are re-inspected in 2016/17 to ensure we come out of special measures as quickly as possible.

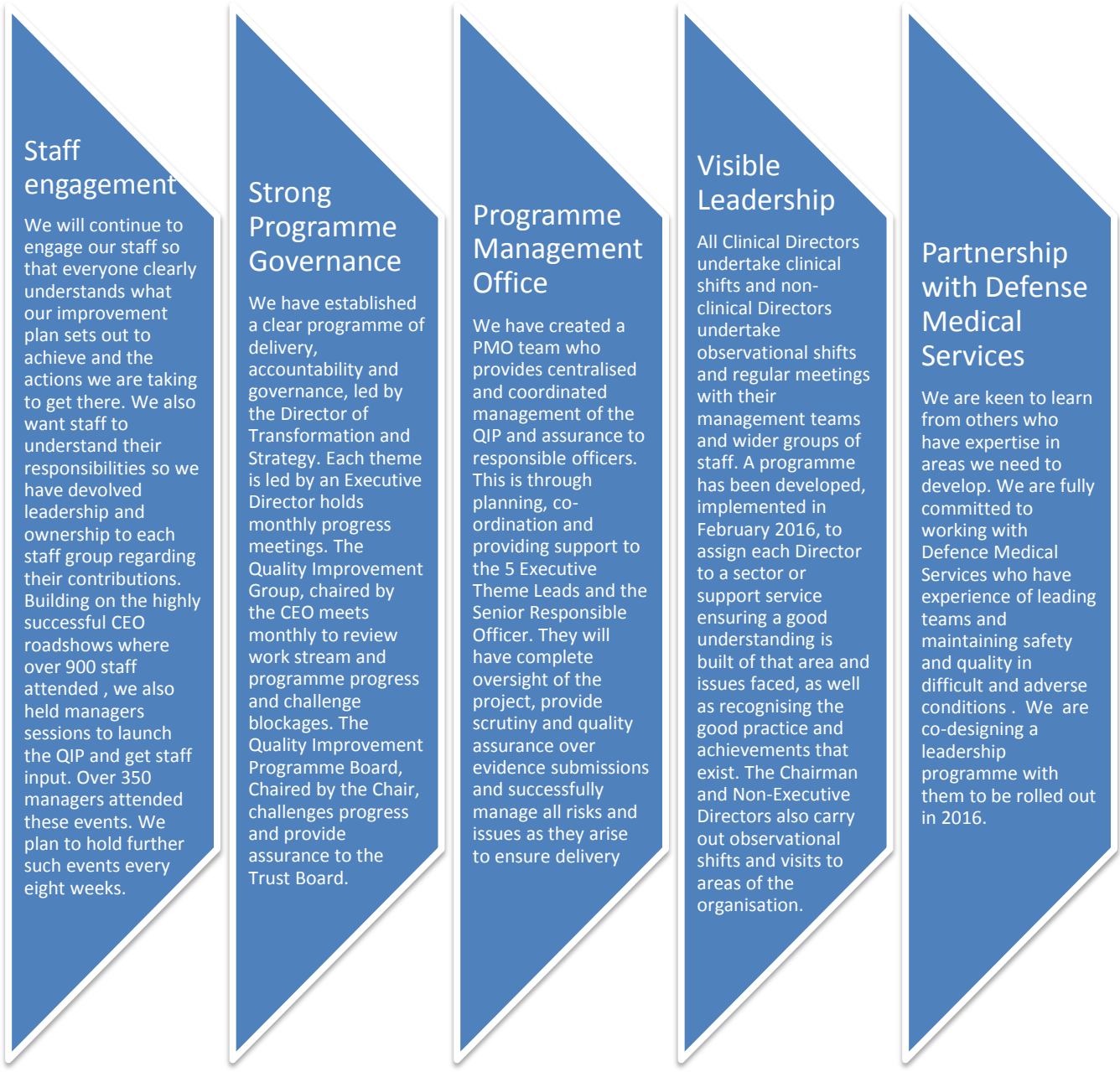
**Quality Improvement Programme – Our five work streams**




Our Quality Improvement Programme is wide ranging to incorporate a large number of areas that we are working to improve on over the next year. As referenced previously, below are the key projects that make up our QIP

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Making LAS a great place to work | Advert to Action | Bullying & Harassment | Training | Equality & Inclusion | Vision & Strategy | Supporting Staff | Retention | Workforce & Organisational Development | | | |
| Achieving Good Governance | Risk Management | Capacity and capability of health, Safety & Risk | Improving incident reporting | Duty of Candour | Operational planning | Listening to patients | Blue light collaboration | CQC Reinspection | Business intelligence systems | Internal audit | Policy and guidance review |
| Improving patient experience | PTS | Meeting peoples needs | Response times | Learning from experiences | | | | | | | |
| Improving environment & resources | Fleet / Vehicle Preparation | Information Management & Technology | Infection Control & Prevention | Facilities and Estates | Resilience functions | Operations Management | Improving operational productivity | Cost Improvement Programme | Frontline Equipment and Uniforms | | |
| Taking pride & responsibility | Clinical Supervision | Consent - MCA | Medicines Management | Safeguarding | Quality & Clinical Strategy | Operating Model and Clinical Education and Training Strategy | Developing the 111 Service | | | | |

We have identified five key enablers to ensure that will help to deliver the organisation-wide improvement that we want through our Quality Improvement Programme. These are described below.



Below is the detailed LAS Quality Improvement Plan which outlines our extensive improvement programme, detailed methodology and how we will measure success.

The London Ambulance Service Q

**Annual Publication of Avoidable Deaths**

As part of our Serious Incident monitoring we publish details of unexpected deaths. These are included in the Serious Incident Annual Report which is taken to the Quality Governance Committee and Executive Leadership Team. Externally these are then reviewed by the Clinical Quality Review Group made up of CCG and LAS clinical leads. The figures are also reported via the National Reporting & Learning System (NRLS) which are available online to the public.

**Quality Impact Assessment Process**

Wherever we undertake improvement or cost improvement programmes, a Quality Impact Assessment (QIA) is undertaken. These QIAs are carried out by the project lead as well as a Clinical Lead to establish the benefits and potential risks associated with the project.

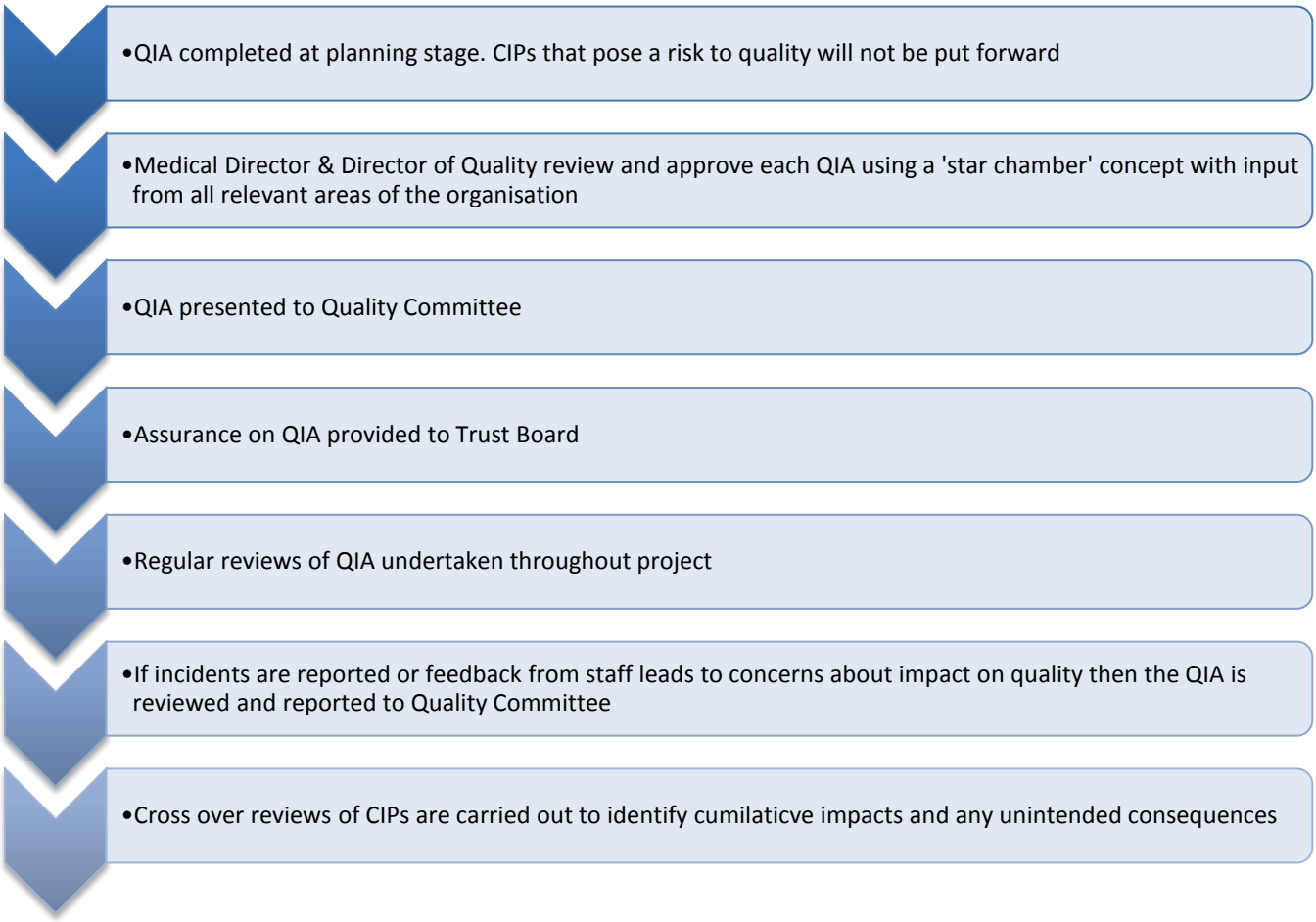
The assessment looks at the impact on:

- Patients, with specific consideration given to
  - Patient Safety
  - Clinical Effectiveness
  - Patient Experience
  - Infection Control
- Our staff
- The Trust
- The wider NHS

The assessments aim to identify specific risks, and consider what mitigation is already in place, as well as the additional work that is needed to further reduce the risk (or improve the benefits). Each risk is scored using our standard risk matrix to give it context and allow further mitigation to be prioritised.

Measures are identified that can be used to monitor and mitigate each risk and the completed Quality Impact Assessment is submitted to the Quality Committee for approval, and then to our Executive Leadership Team.

These measures are monitored on an on-going basis and, together with feedback from operational crews and managers are used to adjust the programme. The diagram below demonstrates the QIA process that is undertaken from planning stage throughout implementation and after the project has been completed.




Our 2016/17 Quality Account identifies the following as the key quality issues for the organisation:

- Patient Safety
  - Sign up to Safety campaign
  - Medicines Management
  - Infection Prevention and Control

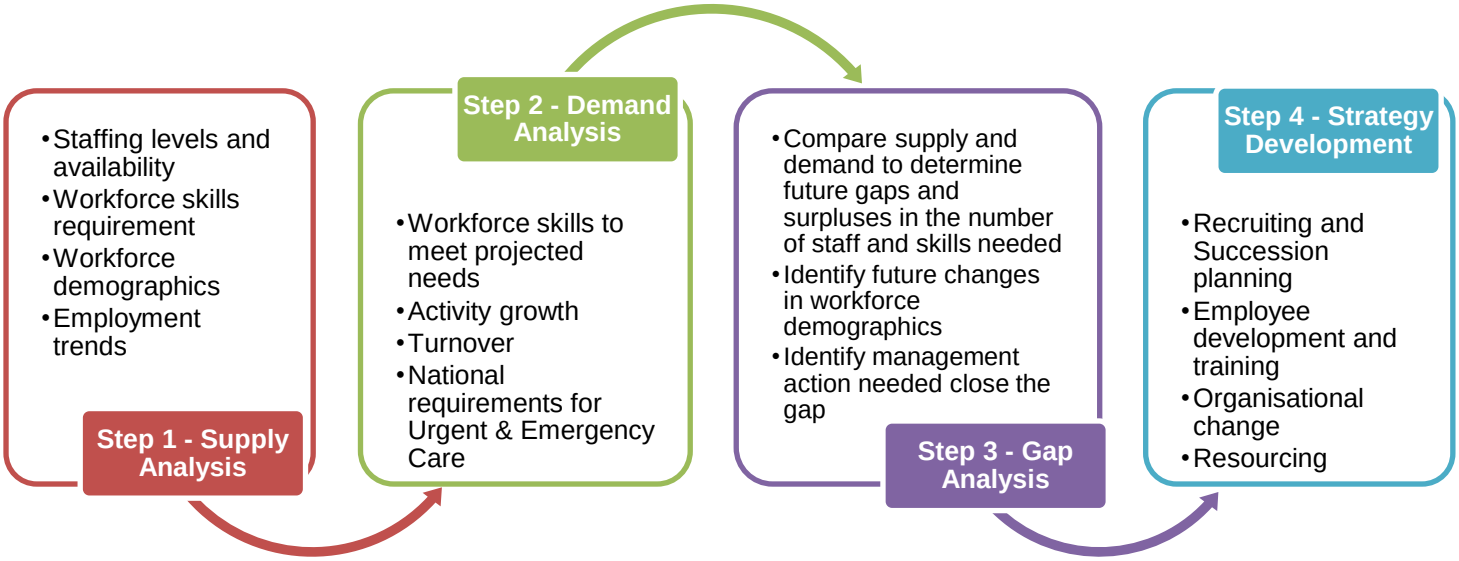
- Patient Experience
  - Mental Health – specifically the management of dementia patients and those detained under section 136 of the Mental Health Act
  - Bariatric Care
  - End of Life Care

- Clinical Effectiveness and Audit
  - Exercise Unified Response 2016
  - Continuous re-contact (patients who make contact with LAS following ‘See & Treat’ or ‘Hear & Treat’.
  - Mental Capacity Act
  - Sickle Cell Crisis
  - Hypovolaemic shock

# Approach to Workforce Planning

**Our approach to workforce planning with clinical engagement**

Our workforce planning model is outlined in the diagram below:




Our Workforce plan in 2015/16 has focused on building a clear and sustainable pipeline to increase the number of staff operationally working within the Trust and to reduce turnover. This has been developed to address historic high levels of vacancy and high turnover rates. This has focused on three core groups. Since October 2014:

1. Overseas paramedics: Over 550 WTE have been engaged from Australia
2. UK Graduate paramedics: 129 WTE have been engaged from UK universities.
3. TEAC: 267 WTE have been employed.

This work has been successful and will see the Trust have no frontline vacancies by the end of March 2016.

Focus has also been placed on:

1. Developing a capacity model to inform future recruitment needs based on expected activity and productivity levels. This has been developed in conjunction with external advisors to ensure it provides a robust management tool.
2. Retention. Active steps have been taken to reduce the outflow of staff from the Trust through active engagement with staff, the development of a clinical career and support structure and improved training.
3. The development of the “LAS Academy” to support the ability for direct entrant TEACs to become the paramedics of the future.

Detailed discussions are ongoing with the LAS Regional Oversight Group to define the scale of the workforce and associated performance trajectory for 2016/17. The aim is to ensure LAS returns to sustainable performance as quickly as possible. The oversight from the Clinical Quality Review Group, Commissioners and the Regional Oversight Group, ensures that there is appropriate scrutiny and clinical engagement in our workforce planning.

The LAS Workforce Plan will be monitored and signed off by the Workforce Committee, chaired by a Non-Executive Director who will recommend the plan to the Trust Board and provide regular assurance on progress made against objectives and actions. It will be signed off by the Trust Board as part of the annual planning round. Workforce reports are presented to the Board at each Trust Board meeting so workforce metrics are visible and monitored.

In order to support our workforce plan we have drafted a People and Organisational Development (POD) strategy. The strategy's focus is on building the Trust's capacity to achieve its priorities through planned development, improvement and implementation of strategies, structures and processes that lead to organisational improvement. We need strong leaders capable of dealing with change and who emulate our values and behaviours so staff in turn can do the same and our POD strategy will ensure this happens. Our POD strategy includes the following aims:

**Mission & Strategy;** To support the development and embedding of strategies which will underpin transformation and the delivery of high quality care in a way that is meaningful to staff, stakeholders and patients

**Structure;** To have robust staffing structures that are able to provide leadership and deliver their services flexibly and meet the needs of stakeholders as well as support the staff who work within those structures

**Values & Behaviours;** To ensure that all staff display the appropriate values and behaviours that create an environment where staff enjoy coming to work and patient and staff experience are aligned

**Culture;** To develop a nurturing reflect and learn culture that emphasises quality, safety, compassion, engagement and transparency

**Systems;** To ensure the Trust has robust systems, policies and procedures in place that effectively support our workforce and manages our workforce data, compliance and effective governance.

**Engagement;** To develop a culture of engagement with staff, patients, partner organisations and stakeholders in order to improve the quality of working life for staff and the quality of care for patients.

**Leadership;** To have Leaders who work collaboratively to encourage a healthy, positive culture that embraces the concept of collective leadership. Leaders who role model LAS values and behaviours; striving for quality, safety, engagement and transparency through their day to day practice.

**Leadership behaviours;** To ensure that Leadership Behaviours fit with the develoopment of a supportive and compassionate culture

**Tasks & Skills;** To have a supported, qualified, and flexible workforce that are experienced and able to deliver the highest standard of care. Staff who have the skills to improve their roles and are able to develop their careers within the LAS.

**A clear link to clinical strategy and local health and care system commissioning strategies:**

In order to further develop the link between the LAS Workforce Strategy and Clinical Strategy, a new Clinical Operational Strategy Group has been formed and will meet from early 2016. Our new Medical Director, who took up her post in December 2015, has been working with the other senior clinicians to identify key priorities for development over the next five years. These priorities will be aligned to overall NHS clinical strategy, the development of specialist pathways for specific conditions and emerging areas of clinical practice in pre-hospital medicine. We will use existing clinical and performance data together with evidence from serious incidents and near-misses and patient feedback to inform decisions around the importance and urgency of potential projects. We aim to publish a five-year clinical strategy with our staff and external stakeholders by the end of the first quarter of 2016/17

Our Workforce Plan will be linked to the emerging Sustainability & Transformation Plans. The development of the STPs is under way and as the only pan-London NHS Provider, The LAS is part of each of the 5 STPs across London.

**Local workforce transformation programmes and productivity schemes**

A major productivity project is the work we are undertaking on Job Cycle Time (JCT) to ensure that frontline staff are supported on every call to deliver the safest, most effective care possible for every patient. The job cycle time has lengthened over the past two years from 72 to 88 minutes and the JCT project is working to decrease this. The JCT project focuses on time critical patients to reduce on scene time for patients where early conveyance to definitive care is beneficial. The impact of the JCT project on our frontline workforce will be a decrease in utilisation which will ease the pressure on our staff and increase the capacity available to meet demand.

A further improvement in patient care is being provided by the Non-Emergency Transport Service (NETS) which provides a response to patients who do not require a qualified clinician but do require transport to a Hospital or Alternative Care Pathway. The NETS project action plan aims to stabilise the number of journeys it makes thereby reducing the utilisation of our other frontline workforce and the availability of service to our less acutely ill patients.

Work continues to maintain Hear and Treat at the levels achieved in 2015/16. Hear and Treat includes patients undergoing an enhanced clinical assessment by experienced registered clinicians which enables the right disposition to be made e.g. GP, ACP, Ambulance etc. Hear and Treat provides support for frontline capacity by ensuring vehicles are prioritised to the most seriously ill patients and less seriously ill or injured patients are directed to the correct Healthcare Pathways.

**Reducing reliance on agency staffing**

Agency staff are not used as part of our frontline workforce but there are a number of agency staff in other Departments. Directors are currently reviewing their teams to ensure that they actively plan to reduce the number of agency staff they use. Controls have been put in place to review all agency staff working across the Trust and any new agency engagements are subject to review by a vacancy control panel. Agency has been used, in a focused way to bring in skills and capacity not available within LAS at this time. A number of restructures are already underway e.g. our Recruitment team where there will be a significant reduction in reliance on agency staffing as permanent members of staff will be recruited to all positions.

Where restructures are taking place we are ensuring that structures are designed to be able to cope with the current workload and are agile enough to cope with fluctuations in future requirements so we do not return to a reliance on agency staff.

**Working in partnership with Local Education and Training Board**

We work closely with Health Education England (HEE) locally and nationally. We worked closely with HEE when they developed their Workforce Plan for 2015/16 to ensure it acknowledged the shortage of Paramedics and the need to increase the pipeline of future Paramedics. We have also worked with HEE in presenting to the Migration Advisory Board to ensure that Paramedics are entered onto the Shortage Occupation List. The HEE investment plan demonstrates their intention to increase paramedic training by over 87% by 2017/18. This clearly aligns with our workforce needs as we look to increase the number of staff we recruit each year and increase our establishment overall.

Locally, HEE has provided financial support for training bursaries for frontline staff and we are in the process of developing bursaries to support new Paramedic graduates.

In the year ahead we will work closely with HEE to develop an apprenticeship scheme for Trainee Emergency Ambulance Crew and other roles throughout the Trust.

We work closely with HEE to ensure Universities train the right number of Paramedics so that they provide a strong workforce pipeline for the future.

**Triangulation of quality and safety metrics with workforce indicators**

On a monthly basis an Integrated Performance Report is presented to the Executive Leadership Team. The report is also presented at Trust Board. This report contains four sections; ‘safety and quality’, ‘our people’, which contains a number of workforce indicators, ‘performance’ and ‘finance’. The Executive Team and Trust Board use the information and data contained in the integrated performance report to triangulate the information and identify potential issues e.g. whether a rise in sickness, split by Operational or Business area, could be related to pressure relating to increased demand.

Sickness data is available across the organisation at Trust, Sector and Group station level to ensure all levels of the organisation have access and can review and influence. This data is readily available on our data portal and is included in the LAS Integrated Performance Dashboard.

One specific area where safety metrics are triangulated with workforce indicators is through Incident and Serious Incident (SI) reporting. Where Serious Incidents are reported they are assessed by the SI Group and following investigations, identification of trends relating to workforce information can be assessed and lessons learned. We are currently implementing Datixweb to improve our incident reporting and ability to triangulate data. This system will allow the organisation to better identify any trends in incidents relating to workforce and other issues.

## Quality impact assessments

Quality Impact Assessments are conducted for all workforce Improvement Plans and Cost Improvement Programmes by a nominated Clinical Lead to establish the benefits and potential risks associated with the project. The completed Quality Impact Assessment is reviewed by the Medical Director and Director of Quality before being submitted to and monitored by the Quality Committee and the Executive Leadership Team.

## Plans for any new workforce initiatives agreed with partners and funded specifically for 2016/17 as part of the NHS Five Year Forward View

We are currently in discussions with Commissioners about plans for 2016/17 and what new workforce initiatives will be funded.

The table below shows our workforce planning assumptions for the next three years:

| | Frontline establishment | Recruitment target | Frontline | | Growth in establishment resulting from activity | | Other growth | Recruitment target |
|---|---|---|---|---|---|---|---|---|
| | | | Turnover | WTE | % | WTE | WTE | |
| **2015/16** | 3336 | 3169 | 12.6% | - | - | - | 144* | - |
| **2016/17** | 3480 | 3306 | 15% | 496 | 4% | 130 | Tbc | 626 |
| **2017/18** | 3619 | 3438 | 16% | 550 | 4% | 137 | Tbc | 687 |
| **2018/19** | 3763 | 3575 | 22%^ | 786 | 4% | 143 | tbc | 929 |

* 144 consists of 128 WTE to cover the recruitment pipeline and 16 for focussed overtime
^ we expect a peak in turnover in 2018/19 due to International Paramedics returning home after serving in LAS for two or three years. UK recruitment will be planned accordingly to avoid any large vacancy gaps.

## Systems in place to regularly review and address workforce risk areas

We have a well governed risk process in place within the LAS, including a Board Assurance Framework, (BAF) which is taken to each Trust Board meeting together with a workforce update to explore particular workforce projects, challenges and issues. The BAF identifies a number of workforce related risks including recruitment, retention and turnover. The BAF is regularly monitored by the Audit Committee, Executive Leadership Team and the Trust Board. Workforce risks are updated on a monthly basis and signed off by the appropriate Director.

In addition to the Board Assurance Framework and local risk registers, workforce risks are analysed and presented in our Integrated Performance Report. The Integrated Performance Report, that was presented to Trust Board on 29th March 2016, included information on our performance, activity, capacity and efficiency. The report also includes an 'our people' section which highlighted trends and risks in terms of vacancy levels, turnover, recruitment, sickness and Equality & Diversity.

A Workforce Committee has been formed, chaired by a non-executive director to ensure there is effective assurance and oversight of this key area of the Trust's operation.

# Approach to Financial Planning

The Trust has adopted an integrated approach to producing the Financial Planning process ensuring it is aligned to both robust activity projections and the workforce plan. This has been achieved through a strategic top down process involving Board members and senior managers identifying key pressures and opportunities across all areas of the Trust in all disciplines. This has been combined with a detailed bottom up review led by the finance team who have reviewed detailed divisional budget position to identify issues at a granular level. Where material gaps are identified the relevant Top Down and Bottom Up positions are reviewed as a point of focus to ensure differences are understood and reconciled accordingly.

The planning principles and submitted plans have been reviewed and signed off by the Executive Leadership Team, the Finance and Investment Committee and the Trust Board. The Budgets are produced primarily by the finance team led by the Deputy Director of Finance and overseen by the Director of Finance. All Divisional leads are expected to own and proactively engage with the planning process to ensure all key issues, opportunities and risks are identified and reflected in the plan. The Finance Department works to ensure that the top-down and bottom-up views are aligned and any differences are identified, verified and either addressed or consistently included in both views.

The LAS ended 2015/16 with a deficit of £4.4m which was in line with the plan. This includes £4.5m of capital to revenue transfers. Excluding this transfer the underlying position would be an £11.3m deficit. This deficit was against a planned position of £9.0m. The primary reason for the adverse position relates to a lower level of recovery of CBRN (Chemical, Biological, Radiological and Nuclear) income in year, £2.0m against a plan of £4.3m. Within the in-year position there are a range of positive and negative movements against plan.

Current planning for 2016/17 is based on the following assumptions;

1. Report a deficit of £5.5m in 2016/17. This is lower than the control total of £11.0m set by the TDA reflecting the need to be as close to balance in 2016/17 to avoid a greater challenge in 2017/18.
2. Receive in full the £20.7m of recurrent funding promised by CCGs in 2015/16.
3. Receive additional funding of £10m in 2016/17. This funding is to support addressing the recommendations in the CQC report, improving performance and addressing underlying performance issues.
4. Costs in support addressing the CQC recommendations can be contained within this level of funding.
5. Deliver CIPs of £10.0m.
6. Spend £19m on capital. All of which will be internally funded. Of these funds £4.5m relates to the capital to revenue transfer carried forward from 2015/16.
7. Maintain a positive cash balance across the year, but at a much reduced level from 2015/16.

**Lord Carter's provider productivity work programme**.

To date this has not addressed ambulance trusts. Despite this, The LAS has started to undertake further review of productivity and is working closely with colleagues in other ambulance services and the London Fire Brigade and Metropolitan Police in identifying opportunities for improvement.

Procurement rules within the Trust have been tightened and a detailed work programme for all areas is being developed to ensure best value is being obtained. Where appropriate LAS is actively engaged in collaborative procurement activities.

**Capital Planning**

Capital plans are under ongoing review to ensure they are complete and deliverable. The main areas of focus include;

1. Fleet. The need for continual fleet replacement. A Fleet strategy will be developed across early 2016/17 to cover requirements for the next 5 years.
2. IM&T. The need for considerable investment in IM&T has been identified across the next 5 years following the development of a detailed IM&T strategy. This has been included within the 5 year forecast but further work is required to define potential benefits, funding and where possible central support in line with the move towards paperless systems.
3. Estate. Estate renewal will be key to securing lasting change and improvement within the Trust. The current 5 year plan includes initial assumptions regarding asset disposals and reinvestment. This is initially limited, seeking to address key areas of risk and operational challenge. Further work will be completed across the first 6 months of 2016/17 to define plans.

The development of Estates and Fleet strategies will be key actions across 2016/17. These strategies will need to not only support clinical and operational plans, but also identify and integrate opportunities for change that help to improve operational and clinical performance within the LAS.

The overall need for capital investment represents a challenge for the Trust, but this investment is necessary to help drive, support and embed change and performance improvement.