



London Ambulance Service



NHS Trust

LOOKING AFTER LONDONERS



Application for NHS foundation trust status

Consultation response and evidence of
staff engagement and involvement

October 2009

Introduction

London Ambulance Service NHS Trust ran a public consultation from 9 February to 15 May 2009 to seek the views of key audiences on its proposed governance arrangements as a foundation trust and its future plans.

This document provides a summary of our consultation and will be submitted as part of our application for NHS foundation trust status to the Department of Health.

Background

1. Name of applicant trust

London Ambulance Service NHS Trust

2. Area served by the London Ambulance Service

The London Ambulance Service provides an emergency healthcare service for the seven and a half million people who live in London, as well as visitors and commuters to the city. Our service extends across the 33 London boroughs - an area of approximately 620 square miles.

3. Contact details of person responsible for the public consultation

Angie Patton, Head of Communications

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About the public consultation

4. Dates of public consultation

Our 14-week consultation started on Monday 9 February and ended on Friday 15 May 2009.

5. Media used for the public consultation document

5.1 The following media were used to support our public consultation

- Full consultation document in hard copy
- Summary consultation document in hard copy
- Web-based consultation document (full and summary documents)
- Large and easy read print versions
- Versions in other languages Arabic, Bengali, French, Polish, Portuguese, Punjabi, Russian, Somali, Tamil and Turkish) were publicised, but no copies were requested

Note: the consultation documents also included a section about membership with registration forms.

Media	Details	Area/number covered
Letter sent out with consultation document to key stakeholders	Explained context of consultation and encouraged feedback and membership	Sent to over 3500 contacts representing: <ul style="list-style-type: none">• Patient groups eg Patients Forum• Community and voluntary organisations eg LINKs• Government and parliamentary eg local authorities inc overview and scrutiny committees, MPs, Greater London Authority (GLA)• NHS organisations eg

		<p>acute and mental health hospitals</p> <ul style="list-style-type: none"> • GPs • Patients/users of the Service • Academic organisations
Adverts in local newspapers	Placed in local media across all boroughs, advertising the consultation, public events, and how to find out more	<p>Names of newspapers with circulation figures.</p> <ul style="list-style-type: none"> • South London Press (Tue) - 15,583 • South London Press (Fri) x 2 - 18,942 • Ealing Gazette - 10,874 • Fulham Chronicle – 3,150 • Harrow Observer - 7,168 • Kingston Informer - 50,584 • Richmond and Twickenham Informer - 44,793 • The Wharf - TBC • Uxbridge Gazette - 13,949 • Barking and Dagenham Yellow Advertiser - 17,569 • Barnet Hendon Press - 109,168 • Bexley Mercury - 13,239 • Enfield Advertiser - 83,119 • Haringey Advertiser - 33,392 • Mitcham Post - 34,108 • Romford Yellow Advertiser - 63,886 • Lewisham and Greenwich Mercury - 78,567 • Ilford Yellow Advertiser - 45,546 • Stratford Yellow Advertiser - TBC • Streatham Post - 27,982 • Walthamstow Yellow Advertiser - 33,233 • Metro - 733,284 <p>Total circulation 1,438,136</p>
Editorial in local newspapers	<p>One news release sent out across London to announce the start of the consultation</p> <p>Held briefing with health</p>	<p>Coverage received:</p> <ul style="list-style-type: none"> • Wembley Observer • Pinner Observer • Willesden Observer

	editor of Evening Standard	<ul style="list-style-type: none"> • Stanmore and Edgware Observer • Health Service Journal • Mayorwatch.co.uk • Londra (London Turkish Gazette)
Website	Promoting consultation process and membership, with facility to submit views and sign up online	<ul style="list-style-type: none"> • Unique URL for all communications • Prominent position on home page • 1643 visitors to main foundation trust section • 592 visitors to consultation section • 42 visitors to online consultation form • 207 visitors to dates of public meetings • 378 visitors to membership section • 210 visitors to online membership registration form
Email signature	Encouraging people to visit our website and have a say on their ambulance service	
Distribution on vehicles	Given out to patients using our Patient Transport Service	900 leaflets distributed

See section 17 for details of staff engagement and media used to communicate about the proposals.

5.2 Presentations at public meetings

Public road shows

Date	Venue	Attendance
28 February 09	Tesco, Hackney, E9 (City & Hackney)	30
14 March 09	St Ann's Centre, Harrow, HA1 (Harrow)	121
16 March 09	Lewisham Hospital, SE13 (Lewisham)	30
18 March 09	Gracefield Gardens health centre, Streatham, SW16 (Lambeth)	28
19 March 09	Hammersmith Town Hall, Hammersmith, W6 (Hammersmith & Fulham)	51
24 March 09	Richmond Adult Community Centre, Richmond, TW9 (Richmond & Twickenham)	30
25 March 09	King's College Hospital, Southwark, SE5 (Southwark)	32
25 March 09	University College London Hospital, Camden (Camden)	50
27 March 09	Heart of Hounslow centre for Health, Hounslow, TW3 (Hounslow)	20
28 March 09	The Mall, Ilford, IG1 (Redbridge)	100

31 March 09	Whittington Hospital, N19 (Islington)	60
31 March 09	Waterfront Leisure Centre, Woolwich, SE18 (Greenwich)	77
1 April 09	Liberty Shopping Centre, Romford, RM1 (Havering)	60
2 April 09	Whitgift Shopping Centre, Croydon, CR0 (Croydon)	63
2 April 09	Vicarage Field Shopping Centre, Barking, IG11 (Barking & Dagenham)	65
9 April 09	Edmonton Leisure Centre, Edmonton, N9 (Enfield)	20
14 April 09	St Nicholas Shopping Centre, Sutton, SM1 (Sutton & Merton)	19
15 April 09	Town Hall, Ealing, W5 (Ealing)	28
16 April 09	Broadway Shopping Centre, Bexleyheath, DA6 (Bexley)	63
17 April 09	Beckenham Green, Beckenham, BR3 (Bromley)	72
18 April 09	Bromley Market Square, Bromley, BR2 (Bromley)	30
20 April 09	Pavillion Shopping Centre, Uxbridge (Hillingdon)	60
20 April 09	Lewisham High Street, Lewisham, SE13 (Lewisham)	60
21 April 09	Broadgate, EC2M (City & Hackney)	18
22 April 09	The Laurels Healthy Living Centre, Tottenham, N15 (Haringey)	60
23 April 09	Asda, Wembley Park, HA9 (Brent)	145
23 April 09	Market Place, Kingston upon Thames, Surrey (Kingston)	47
24 April 09	St Mary's Hospital, W2 (Westminster)	47
25 April 09	East London Mosque and London Muslim Centre, E1 (Tower Hamlets)	25
25 April 09	Selbourne Shopping Centre, Walthamstow, E17 (Waltham Forest)	28
28 April 09	City Hall, SE1	147
6 May 09	Stratford Centre, Newham (Newham)	100
11 May 09	Wandsworth	20
Total	33 public roadshows	1806

5.3 Meetings and events with stakeholders/partners

Date	Group	Venue	Attendance
6 March 09	Primary care trusts	London Bridge	22
20 March 09	All stakeholders. Representation from: - primary care trusts - London Fire Brigade - Metropolitan Police Service - Local authorities - LINKs - Acute hospitals - Voluntary organisations	Royal College of Physicians	27
15 April 09	Primary care trusts	London Ambulance Service Headquarters	6

15 April 09	Orpington community first responders (volunteers with the Service)	Orpington	20
Total			75

5.4 Trust attendance at external patient/community group meetings and events

Date	Group	Venue	Attendance
1 December 08	Patients Forum	London Ambulance Service Headquarters	Circa 35
16 January 09	National Pensioners Convention	RMT Office, Chalton St , Euston	8
5 March 09	LINks Hosts Network	Kings Fund	15
6 April 09	Patients Forum	London Ambulance Service Headquarters	23
11 March 09	Ethnic Minority Advocacy Group (Richmond)	Kneller Road, Twickenham	40
16 April 09	Hounslow Borough Neighbourhood Watch	Hounslow	60
8 May 09	London Ambulance Service Retirement Association	Newbury Park, Ilford	100
Total			281

See section 17 for details of staff engagement and media used to communicate about the proposals. 103 formal responses were received from staff.

6. Number of formal responses received

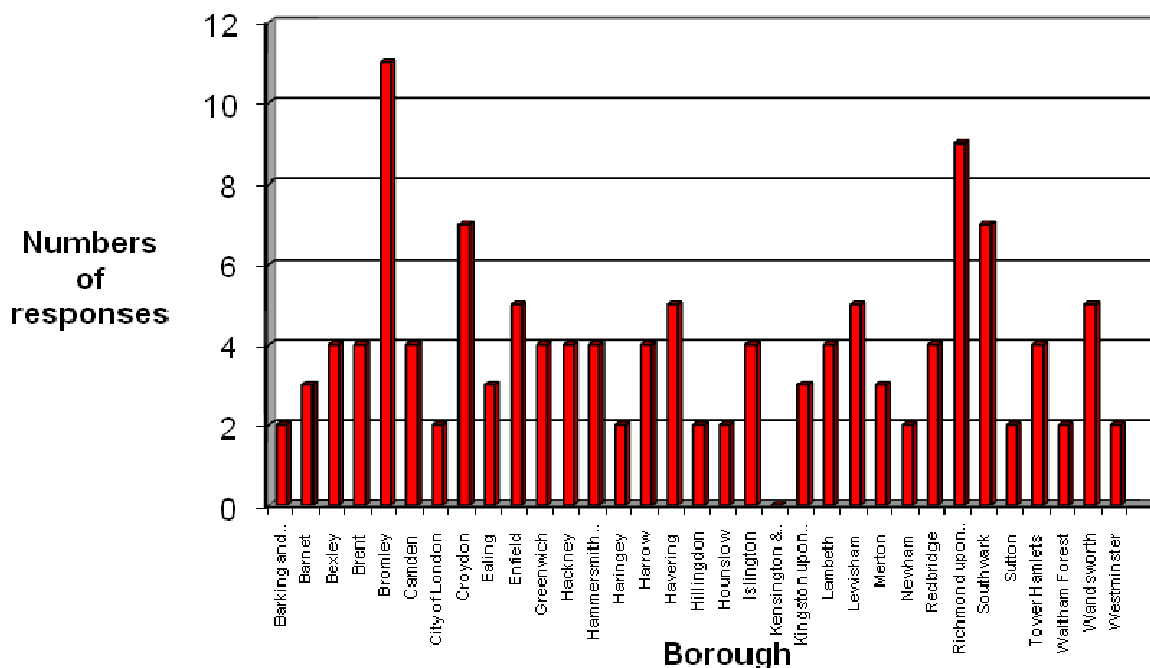
Format	Number
Hardcopy, using proforma provided as part of the consultation exercise	294
Others in hardcopy – letters etc	17
On website	38
By email	1
By telephone	
By fax	
By text	
Verbally at public meetings	1806 attendees – see details at 5.2, 5.3 and 5.4
Total	350 + comments from attendees at public meetings

7. Was the pattern of responses to the public consultation in line with the demography and geography of the area? Were there any areas or groups that were not adequately represented in the responses received? Please provide explanations where necessary.

An analysis of responses from members of the public who live in London (based on the 128 postcodes that were provided out of a total 212 London respondents) shows that responses were received from all but one geographical area – Kensington and Chelsea. Unfortunately a public

event in that area had to be cancelled at short notice. Boroughs where a higher number of responses were received were Bromley, Richmond and Southwark.

Public responses received per borough



We did not request details of age, gender and ethnicity in the consultation responses. These details have been obtained for all membership applications.

About the comments

8. Responses received from major stakeholders.

(Name, broadly in favour/broadly neutral/broadly opposed, main issues raised)

Group/individual	Broad view	Main issues raised	Response mechanism
Patient, voluntary sector and community groups			
London Ambulance Service Patients' Forum	Broadly opposed	<p>Unable to identify any substantial advantages for patients in the Trust becoming a foundation trust.</p> <p>Confident Trust will take commitment to public involvement seriously, but not confident the proposed governance system will give any real decision-making power to public eg in relation to strategy or policy.</p> <p>States Chief Executive has already given assurances that Board meetings will be held in public.</p>	Formal letter

		<p>Questions how legitimate the proposed model of representation is – feels representation of communities by governors needs to be examined in more detail.</p> <p>Concerned about diversity of members and governors. And questions how representative governors can be of their communities.</p> <p>Feels proposed voluntary sector partners are too big – prefer Trust to work with London organisations eg Sickle Cell Society, Lewisham ethnic minority partnership.</p> <p>Disappointed no consideration given to how LINKs will provide a vehicle for foundation trust membership.</p> <p>Agrees with minimum membership age of 16 but suggests Trust employs a youth worker to engage with younger people.</p> <p>Believes membership should be restricted to London residents.</p> <p>Disagrees with some of public constituency groupings – does not feel they follow natural boundaries eg Kensington, Chelsea, Islington and Enfield constituency.</p> <p>Does not feel balance of power is sufficiently weighted towards public governors on the Council.</p> <p>Would like PCT governor to be a non-executive member of PCT, and local authority governor to be an elected councillor.</p> <p>Longer contracts with commissioners could lead to less public involvement in key decisions if not wider engagement in commissioning process.</p>	
Camden LINK	Broadly in favour	<p>Disagrees that only residents living in London should be able to be members. It should be open to anyone who uses the ambulance service.</p> <p>Some reconfiguration of the public constituencies may be appropriate.</p>	Consultation response form

		Name of London Ambulance Service NHS Foundation Trust is too long.	
Lambeth LINK	Broadly in favour	Disagrees that only residents living in London should be able to be members. Non residents who work in London should be eligible.	Consultation response form
NHS partner organisations			
Barking and Dagenham Primary Care Trust	Broadly in favour	<p>Consider membership of anyone aged 12 and above.</p> <p>Consider having another public constituency for people living outside of London. And a representative from this constituency on the Council of Governors.</p> <p>Suggests name of London Ambulance (NHS) Foundation Trust.</p> <p>Suggests the Trust considers providing out-of-hours services for primary care.</p>	Consultation response form
NHS City and Hackney	Broadly neutral	<p>Agrees with Service's priorities but does not feel these will be strengthened by foundation trust status.</p> <p>Does not want foundation trust status to distract the Service from its core purpose and targets.</p> <p>The proposed change in status should demonstrate how it will strengthen the Service's ability to respond to the development of local objectives and enter into local contracts.</p> <p>Disagrees with the proposed grouping of the public constituencies. States that constituencies should be aligned to reflect emerging collaborative arrangements.</p> <p>The Council of Governors should have strengthened PCT representation.</p>	Formal letter
NHS Hounslow	Broadly in favour	<p>Whilst in favour of Service's application, questions whether it is the right time to apply in view of the change and uncertainty in the London NHS health economy.</p> <p>Agrees with priorities but states the need for commissioner engagement in developing and delivering them.</p> <p>Agrees with minimum membership age, and that members should be drawn from either residents living in a London</p>	Formal letter

		<p>borough or who work in London.</p> <p>Would prefer a public governor to represent NHS Hounslow – proposed constituency is too wide.</p> <p>Disagrees with suggestion that staff should automatically become members with option to opt out.</p>	
Redbridge PCT		Concern regarding the alignment of boroughs within the proposed public constituencies.	Email
NHS Richmond (Lead commissioner)	Broadly neutral	<p>Broadly in favour of vision and priorities, but feels there needs to be PCT/commissioner engagement in determining the development and delivery of priorities.</p> <p>Believes membership should be drawn from people who live and/or work in London.</p> <p>Disagrees with public constituencies. Proposes constituencies are linked with six London health sectors, with two/three public members per sector.</p> <p>Disagrees that staff should be automatically made members with option to opt out.</p> <p>4000 public membership target is low considering size of population.</p> <p>Proposes that there is a London hospital trust and a GP representative on Council of Governors. Each London health sector should have a governor (six in total). With three public members per sector, it is suggested Council will total 35.</p> <p>Suggests a number of safeguards to ensure benefits are realised, there is accountability to the public and change is not detrimental to partners.</p> <p>Number of questions raised about decision-making regarding future developments.</p> <p>Would like to understand how foundation trust status will add value for the Trust.</p>	Formal letter

<p>South London Healthcare (New Trust covering Queen Elizabeth, Queen Mary's Sidcup and Princess Royal)</p>	<p>Broadly in favour</p>	<p>Agrees that membership should include individuals who work in London.</p> <p>Unclear why Greenwich has been grouped with boroughs north of the river – would like to understand the reason for this.</p> <p>Suggests representation from a cancer organisation may be appropriate on the Council of Governors.</p> <p>Agrees with other points in proposals.</p>	<p>Formal letter</p>
<p>Northwick Park Hospital (The North West London Hospitals NHS Trust)</p>	<p>Broadly in favour</p>	<p>Requests that there is a governor representing the acute hospital sector on the Council of Governors, as well as PCT and local authority representation. This will better reflect the close relationship between the Trust and the acute sector.</p>	<p>Formal letter and consultation response form</p>
<p>South West London and St George's Mental Health NHS Trust</p>	<p>Broadly in favour</p>	<p>Membership of people who work but don't live in London would only be possible with a general 'out of London' constituency open to everyone, not just those who work in the capital.</p> <p>Feels size of the Council of Governors is very small. Three staff seats seem too few for over 4000 staff. One representative each for all PCTs and local authorities could be challenging.</p>	<p>Consultation response form with cover letter</p>
<p>NHS Tower Hamlets</p>	<p>Broadly opposed</p>	<p>Asks how foundation trust status will change the way the Trust operates culturally and clinically, and how it will improve performance against quality and response time measures.</p> <p>Disagrees with minimum membership age of 16. How are the views of younger people represented?</p> <p>Members should include those that work in the Greater London area.</p> <p>Disagrees with proposed public constituencies. Should reflect the six NHS commissioning alliances and similar networks in social care. Suggests how equality could be achieved across smaller number of groupings.</p> <p>Prefers option 2 for staff groups – one group for support staff and one for frontline.</p>	<p>Formal letter</p>

		Suggests two public governors per suggested commissioning alliances.	
GP – Mill Hill Surgery, W3	Broadly in favour	Suggestions made as to how Trust should respond to GP calls.	Consultation response form
GP – Practice in Chiswick	Broadly opposed	Believes move to a foundation trust will result in a reduction in services, eg declining to take patients to hospital.	Consultation response form
GP – Squires Lane Medical Practice, W3	Broadly in favour	Minimum age of 16 for members is too young.	
GP – Hillview Surgery, UB6	Broadly in favour	NHS/GP employees who work in London boroughs but don't actually live there cannot be members under current proposals.	Consultation response form
Government and parliamentary			
Borough of Bexley	Broadly in favour	<p>No strong view on whether people who work in London should be members but notes hundreds of thousands of people pass through/work in London.</p> <p>States would be useful to have further clarification of how and why proposed constituencies were developed. Bexley and Bromley would be better placed with Greenwich in terms of hospital care and related ambulance journeys.</p> <p>Marginally prefers option 2 for staff groups since different staff groups will have different experiences and opinions.</p> <p>Rebranding costs should be kept to a minimum.</p>	Formal letter
Croydon Council	Broadly in favour	<p>Values the services provided by the Trust.</p> <p>Highlighted that Trust needs:</p> <ul style="list-style-type: none"> • to be fully engaged in joint planning pan London • to be accountable to Londoners through processes such as overview and scrutiny • to have range of mechanisms to engage Londoners <p>Not convinced foundation trust status will automatically achieve benefits outlined by Trust.</p> <p>Trust needs to strengthen links with partners outside of governance arrangements.</p> <p>Supports proposal for a 16+ membership.</p>	Formal letter

		<p>Suggests non-residents working in London should be eligible for a separate category of membership and able to elect a public governor.</p> <p>Asks how representative membership will be achieved, and how the Trust will ensure that single/minority interests do not dominate.</p> <p>Supports the proposal for a single staff constituency.</p> <p>States that in terms of governance, accountability is key and suggests how this can be strengthened.</p> <p>Would like to see and comment on a firm proposal for how the single local authority governor is selected.</p> <p>Believes that one of partner governors should be appointed by a London charity – rather than all national charities. Also that one governor should be from an umbrella organisation representing the voluntary sector in London.</p>	
London Borough of Merton	Broadly in favour	<p>Keen to see benefits delivered. Would like more emphasis on how quality of care will be safeguarded.</p> <p>Could be clearer on how foundation trust status will help achieve vision and priorities.</p> <p>Agrees that 16 should be the youngest age to be a member, but we should not overlook engagement with younger people.</p> <p>Proportions between constituencies hard to follow.</p> <p>Questions whether only one place for local authority member on council of governors demonstrates public accountability.</p>	On line response and letter
City of London	Broadly in favour	<p>Acknowledged the future challenges with relation to delivery of stroke and trauma services, and handover times at hospital.</p> <p>States that people who work but don't live in London should be included in the public membership – some 320,000</p>	Formal letter

		<p>commuters enter the City of London each day.</p> <p>Agrees with constituency of Tower Hamlets, Hackney and City of London.</p> <p>The Council of Governors and Patients Forum should be involved in the commissioning process in the future.</p> <p>The PCT and local authority governors should be elected councillors.</p>	
Councillor Christopher Buckmaster, Kensington and Chelsea	Broadly neutral	<p>Seeks assurance that the flow of information to the public is not diminished if application is successful ie board does not meet in private and papers are not withheld.</p> <p>Requests that constituency boundaries are redrawn since no rationale for structure of proposed constituencies. No natural relationship or common boundaries between some areas. For example, Kensington and Chelsea, Islington and Enfield – and Westminster, Hammersmith & Fulham and Barnet.</p>	Formal letter
Borough of Sutton – Health and Wellbeing Scrutiny Committee	Broadly in favour	<p>Agrees with vision and priorities, but would like more emphasis on working closely with other healthcare providers.</p> <p>Minimum age for membership should be 18 in accordance with the position for voting in the elections.</p> <p>Agrees that people who work in London should be able to be members.</p> <p>Prefers option 2 regarding staff groups – to balance different groups and ensure broader representation.</p> <p>Does not think one local authority representative will be sufficient to represent the interests of local government. There should be at least three representatives.</p>	Formal letter
Emergency services partner organisations			
London Fire Brigade – Croydon Borough	Broadly in favour	Public constituency of Croydon, Bexley and Bromley is too big. Better if Croydon and Bromley were together.	Consultation response form
Metropolitan Police Service – New Scotland Yard	Broadly in favour	One staff group appropriate and demonstrates everyone working together.	Consultation response form

Metropolitan Police Service – Wembley Police Station	Broadly in favour	London Ambulance Service NHS Foundation Trust is a long title. Asks how the Trust's constituencies fit into other organisations' arrangements.	Consultation response form
Metropolitan Police Service – Tottenham Police Station	Broadly in favour	The title of London Ambulance Service NHS Foundation Trust is too long. Stick with current name.	Consultation response form
Metropolitan Police Service – Ealing Police Station	Broadly neutral	More partnership and involvement should be included in the Trust's priorities. Public constituencies are too large. Ealing needs its own representative.	Consultation response form
Transport organisations			
Transport for London	Broadly in favour	Devolved budgets should result in better allocation of resources and better services. Will continue to work closely with the Trust in service planning. And to provide advice and support to better understand traffic issues and manage congestion impacts, to improve health outcomes for Londoners.	Formal letter
Academic organisations			
University of Hertfordshire	Broadly in favour	Freedom from central bureaucracy should provide for improved strategic and operational management. People who work but don't live in London should be eligible to be members. And need a separate constituency. Prefers option 2 regarding staff groups (two groups) – to be inclusive of all interests. A change in the name will make no difference to the public with regard to service provided by the Trust.	Consultation response form
Staff representative groups			
UNISON	Broadly opposed	Request for UNISON seat/s as a partner organisation on council of governors. Request for a memorandum of understanding (MOU) to be signed between UNISON and the Trust to protect the union and its members. Issues included in MOU: <ul style="list-style-type: none"> Staff will remain with existing terms and conditions (Agenda for 	Formal letter

		<p>Change). Changes to terms and conditions will be made through joint agreement through recognised consultation and negotiation process.</p> <ul style="list-style-type: none"> • The Trust will invest in staff training and development to ensure a skilled and flexible workforce to deliver future services. • The Trust will work with UNISON in the design of future services and roles needed to deliver them. • UNISON is guaranteed three seats on the Council of Governors. • UNISON will have one observer seat (non-voting) on the Board of Directors. 	
GMB	Broadly neutral	<p>Request for a guaranteed seat on Council of Governors and observer seat on Board of Directors.</p> <p>Request that existing partnership working arrangements continue.</p> <p>Request that terms and conditions continue to be Agenda for Change.</p>	Formal letter

9. Number of other responses received (apart from those listed at 8. above)

As well as the responses outlined above from key stakeholders, we received a further 319 responses. Of these, 216 were from patients and members of the public, and 103 were from members of staff.

We spoke with 1806 people at our public road shows, with many of them offering verbal feedback on our proposals.

9a. Was there an OSC review process?

The Greater London Authority and all borough council chief executives and chairs, as well as all local overview and scrutiny leads were sent a letter and consultation document during the consultation period.

Overview and scrutiny (OSC) leads were also invited to attend a stakeholder event on 20 March. This was attended by OSC leads from the Borough of Hounslow and the Borough of Hammersmith & Fulham. Representatives also attended from the Borough of Lambeth and the City of London.

Formal responses to the consultation were received from the Borough of Sutton Health and Wellbeing Scrutiny Committee and the Borough of Bexley's Health and Adult Social Care Overview and Scrutiny Committee. The City of London, Croydon Council and the Borough of Merton also formally responded. See Section 8 – Government and Parliamentary for the comments that were made.

10. Other responses

In addition to the responses received from stakeholders, outlined in 8. above, we received 216 responses from patients and members of the public, and 103 responses from staff.

The feedback from staff was broadly positive and is provided at section 17.

The public feedback is detailed below. Again this was broadly positive.

The figures shown here do not reflect the responses received verbally at our public consultation meetings. People we spoke to at our public meetings were generally in favour of our plans for becoming a foundation trust. They were positive about the opportunities this status offered, namely that local people could have a greater involvement in their ambulance service; that the Trust would have more independence in developing its services; and that it could retain surplus funds to reinvest in patient services.

Consultation form responses from the public and patients:

Question	Answer		
1. Do you agree with our vision and our priorities for the next four years?	Yes – 195 (90%)	No – 9 (4%)	n/a - 12
2. Do you agree that 16 should be the youngest age to become a member	Yes – 165 (76%)	No – 42 (19%)	n/a - 9
3. Do you agree that only residents living in a London borough should be able to become public members?	Yes – 133 (62%)	No – 72 (33%)	n/a - 11
4. Do you think that we should include people who work but don't live in London in our public membership?	Yes – 138 (64%)	No – 70 (32%)	n/a - 8
5. Do you agree with the proposed public constituencies?	Yes – 171 (79%)	No – 30 (14%)	n/a – 15
6. Do you agree with the general proposals for staff membership?	Yes – 192 (89%)	No – 12 (6%)	n/a – 12
7. Do you agree that our staff should be made members with the option to opt out?	Yes – 188 (87%)	No – 18 (8%)	n/a – 10
8. Which of the two options for staff constituencies do you prefer? Option 1 – a single constituency for all staff Option 2 – one constituency for support staff and one for frontline staff	Option 1 – 104 (48%)	Option 2 – 91 (42%)	n/a - 21
9. Do you agree with the role of the Council of Governors?	Yes – 184 (85%)	No – 16 (7%)	n/a - 16
10. Do you agree with the proposed make-up of the Council of Governors?	Yes – 178 (82%)	No – 17 (8%)	n/a - 21
11. Comments on changing name to London Ambulance NHS Foundation Trust	A mix of views for and against the proposed name. (Note: a foundation trust has to have the words 'foundation trust' in the name). Most comments were around the name being too long, and the cost of changing the Service's branding.		

11. General tone of responses

The tone of responses to the consultation has been generally supportive of our proposals. Constructive comments were received about the proposed make-up of our public constituencies and membership of our Council of Governors, as well as about the membership of people who work but don't live in London, and our options for staff groups. We have taken these into account when reviewing our proposals.

12. Main topics attracting critical comment

The following themes emerged, and were either addressed during the consultation itself or later in amendments to our governance proposals.

Issue or comment	Trust's response
<p>Benefits of becoming a foundation trust (source: UNISON, Patients' Forum, NHS Richmond, Croydon Council, Partnership Conference, GP – Chiswick, general public and staff consultation response forms).</p> <p>One or two key stakeholders felt it was not clear how being a foundation trust would add value to the Service or provide benefits to patients. And one was not convinced that foundation trust status would automatically deliver the benefits that had been outlined.</p> <p>One of the unions is concerned that foundation trust status will undermine partnership within the Trust.</p> <p>Some respondents suggested that becoming a foundation trust is simply a step towards privatisation of the London Ambulance Service.</p>	<p>It is national policy that all NHS trusts will become foundation trusts, and we want to make the most of what this status can offer.</p> <p>We see one of the main benefits of becoming a foundation trust being the opportunity for patients and the public to have greater involvement with our Trust. We are in the unique position of providing a service across the whole of London, and that affords us the opportunity to build a membership reflecting all walks of life in the capital. We believe that we and our patients will benefit from Londoners, staff and partner organisations having a greater say in how our services are delivered.</p> <p>We also believe that the opportunity to agree longer contracts with the primary care trusts, who buy our services, and the ability to keep and reinvest any surplus funds will directly benefit our patients.</p> <p>We value the current partnership working arrangements with our trade unions, and are committed to maintaining these when we become a foundation trust.</p> <p>Becoming a foundation trust is not a step towards privatisation for the Trust. As we have stated before, we will continue to be part of the NHS providing free medical care to patients. We will still have to meet national standards and targets, and be inspected by independent bodies.</p>
<p>Membership of people who work but don't live in London (source: Barking & Dagenham PCT, NHS Hounslow, NHS Richmond, South London Healthcare NHS Trust, NHS Tower Hamlets, South West London and St George's Mental Health NHS Trust, NHS City & Hackney,</p>	<p>There is a great deal of support for people who work but don't live in London to be eligible for membership of our organisation.</p> <p>We have therefore decided that we will have a constituency that will have a membership of people from outside greater London, as a means of</p>

<p>City of London, Croydon Council, Borough of Sutton, University of Herts, Camden LINK, Lambeth LINK, stakeholder event on 20 March, general public and staff through consultation response forms).</p> <p>The current proposals are that only people living in London can be members of the Trust. However, during the consultation the question was asked whether people who work but don't live in London should be eligible for membership.</p> <p>Generally, key stakeholders agreed that non-residents who worked in London should be eligible for membership. Sixty-three per cent of staff and public respondents also agreed. The main reason cited is that these people may need to use our service. It was stated that some 320,000 commuters enter the City of London every day.</p>	<p>involving those people who work in the capital and may need to use our services.</p> <p>This public constituency covers the three strategic health authorities that border London – East of England, South East Coast and South Central – and has a population of over 13.5 million. The health authorities cover the following counties: Bedfordshire, Berkshire, Buckinghamshire, Cambridgeshire, East Sussex, Essex, Hampshire, Hertfordshire, Isle of Wight, Kent, Norfolk, Oxfordshire, Suffolk, Surrey, West Sussex.</p> <p>We will call this constituency 'Outside London'.</p> <p>Members of this constituency will be represented by one governor on our Council of Governors.</p>
<p>Make-up of public constituencies (source: Patients' Forum, Camden LINK, Redbridge PCT, Tower Hamlets PCT, NHS Richmond, Borough of Bexley, London Borough of Merton, South London Healthcare NHS Trust, Councillor Buckmaster – Kensington and Chelsea, London Fire Brigade (Croydon), Met Police (Ealing), stakeholder event on 20 March, general public and staff through consultation response forms).</p> <p>Many key stakeholders questioned the proposed make-up of the public constituencies. It was felt that some of the groupings did not make sense, whether it was due to size, geography or alliance of boroughs within proposed constituency groupings.</p> <p>Some of the PCTs suggested that the boundaries should reflect the six recently-formed London health sectors. One suggested the adoption of a proportional representation model.</p> <p>Interestingly 78 per cent of public and staff respondents agreed with the proposed constituencies. The quarter that didn't said that some groupings were too large, or questioned the logic of them.</p>	<p>Taking account of the issues raised by many of our key stakeholders, we have decided to change the make-up of our public constituencies.</p> <p>In London, we will have six public constituencies (instead of 11 as initially proposed) which will be closely aligned with the six health sectors under which our commissioners – the primary care trusts who buy local health services – operate. We feel this will enhance our partnership arrangements and it fits well with the health model for London.</p> <p>In addition we will have a public constituency covering the strategic health authority areas bordering London which will enable people who work in the capital but don't live there to have a say in our Service.</p>

Linked with membership of non-London residents, some respondents suggested that the Trust has an additional public constituency eg Rest of England.

Our public constituencies:

Public constituencies

- 📍 **North West London**
Ealing, Harrow, Brent, Westminster, Kensington and Chelsea, Hammersmith and Fulham, Hounslow and Hillingdon

- 📍 **North Central London**
Barnet, Enfield, Haringey, Islington and Camden

- 📍 **Outer North East London**
Barking and Dagenham, Havering, Redbridge and Waltham Forest

- 📍 **Inner North East London**
City of London, Hackney, Newham and Tower Hamlets

- 📍 **South East London**
Bexley, Bromley, Greenwich, Lewisham, Southwark, and Lambeth

- 📍 **South West London**
Richmond and Twickenham, Wandsworth, Kingston, Sutton, Merton, Croydon

- 📍 **Outside London**
Bedfordshire, Berkshire, Buckinghamshire, Cambridgeshire, East Sussex, Essex, Hampshire, Hertfordshire, Isle of Wight, Kent, Norfolk, Oxfordshire, Suffolk, Surrey, West Sussex



One or two staff groups (source: staff and general public through consultation response forms, NHS Tower Hamlets, Trust, Borough of Bexley, Croydon Council, Borough of Sutton, Metropolitan Police).

Fifty-eight per cent of staff indicated they would prefer two staff groups within our staff constituency – one for support staff and one for frontline staff. Forty per cent opted for one group.

Where comments are given in support of two groups, the main reason is that the different interests of support and operational staff will be better represented

When considering the overall response to whether we should have one or two groups within our staff constituency, respondents did not come down in favour of a specific option.

However, when considering the response of staff, who are the stakeholders most affected by the arrangements, three-fifths preferred the option to have one group for support staff and one for frontline staff.

We have therefore decided to accept the majority staff vote to have two groups within our staff constituency. One will be for support staff (for example staff who work in our finance, HR, fleet, resource centre and technology departments), and one for our frontline staff (staff who are directly

<p>this way.</p> <p>When taking staff and public views together, 45 per cent indicated a preference for option one (a single staff group), and 47 per cent for option 2 (two staff groups).</p> <p>Three key stakeholders opted for a single constituency, and three for two constituencies.</p>	<p>involved in treating patients or who take 999 calls). Since our frontline staff make up the majority of our staff (82 per cent), this group will have two seats on the Council of Governors, and our support staff will be represented by one governor.</p>
<p>Make-up of council of governors</p> <p>Primary care trust (PCT) and local authority representation (source: NHS Tower Hamlets, Northwick Park Hospital, NHS City & Hackney, NHS Richmond, NHS Hounslow, South West London and St George's Mental Health Trust, Croydon Council, Borough of Sutton, London Borough of Merton).</p> <p>The question is raised as to how effectively one PCT and one local authority governor can represent all London PCTs or boroughs.</p> <p>A few stakeholders have suggested that PCT representation is strengthened. One PCT suggests there are six PCT governors representing each of the six London health sectors. It is also suggested there is a London hospital and GP representative on the Council of Governors. Acute hospital representation is also requested by one of the acute hospitals.</p> <p>One council would like to know how the Service will elect the single local authority governor. Another suggested there should be at least three local authority governors.</p> <p>A trust asks whether the number of public governors can provide genuine representation.</p> <p>The Patients' Forum is not confident that the proposed governance system will give any real power to the public in terms of major decision making.</p>	<p>We recognise the benefits of having a representative Council of Governors, and have considered the responses with this in mind. We are also aware from other foundation trusts that a Council of Governors is more effective if the size of the Council is kept at a manageable level.</p> <p>We have decided that we will continue with our original proposal to seek one governor to represent primary care trusts on our Council of Governors. We recognise that this nominated representative will bring valuable knowledge and information about world-class commissioning to the table.</p> <p>We decided not to increase the number of primary care trust governors because we feel the current commissioning arrangements in London provide an effective mechanism through which we can work with our commissioners to improve the quality and responsiveness of our services, and involve them in the development and delivery of our priorities. We would expect the primary care trust governor to represent the interest of hospitals, mental health trusts and GPs.</p> <p>We will seek one governor to represent local authorities. We will be asking the Greater London Authority to appoint our local authority governor.</p> <p>We have now increased the number of public governors from 11 to 13 (two per public constituency in London and one for our 'Outside London' public constituency that covers the strategic health authority areas bordering London and provides commuters with the opportunity to be members). In line with legal requirements, the majority of our governors will be public members.</p>

<p>Other partner organisations (source: Patients Forum, Croydon Council, South London Healthcare NHS Trust, UNISON).</p> <p>The Patients' Forum would prefer the Trust to work with London voluntary agencies rather than national organisations.</p> <p>A suggestion is made that a cancer organisation is represented on the Council of Governors. And another suggestion is that there should be a governor from an umbrella organisation representing the voluntary sector.</p> <p>UNISON suggested they are given guaranteed partner organisation status.</p> <p>Governor to represent people who live outside London (source: Barking and Dagenham PCT, Croydon Council).</p> <p>The PCT and council suggest the Trust considers a constituency to represent people who live outside London – and they would need a governor to represent them on the Council of Governors.</p> <p>This issue should be considered bearing in mind the positive response to the question whether people who work but don't live in London should be eligible for membership.</p>	<p>This means the public will have a real say in the Council of Governor's decision-making process. Our Council of Governors will be consulted on our future plans and on proposed changes to how services are delivered.</p> <p>Being in the unique position that we cover the whole of London, we are confident we will be able to have a group of public governors that are representative of the capital and the communities we serve. We will closely monitor the diversity of our membership and our Council of Governors.</p> <p>We identified the five voluntary sector organisations – BHF, Diabetes UK, The Stroke Association, Mind and Age Concern London – because they represent our largest patient groups. We feel we could benefit greatly from their expertise and knowledge, and do not feel that the fact that most of them are national organisations will detract from that. We now need to enter into detailed discussions with each of these organisations about the role of partner governors.</p> <p>We already work with a number of local partner organisations, including local involvement networks (LINKs), and will continue to develop these relationships and address patient issues through these forums.</p> <p>See response on pg 23 – Staffside representation on membership council.</p> <p>Having agreed that we will have a constituency for people who live outside of London – Outside London*– we will have a governor to represent this membership on the Council of Governors.</p> <p>*Note: This constituency covers the three strategic health authorities that border London – East of England, South East Coast and South Central. It gives people who work but don't live in London an opportunity to become members, and covers the counties of Bedfordshire, Berkshire, Buckinghamshire, Cambridgeshire, East Sussex, Essex, Hampshire, Hertfordshire, Isle of Wight, Kent, Norfolk, Oxfordshire, Suffolk, Surrey, West Sussex.</p> <p>Our new Council of Governors is illustrated at Appendix A.</p>
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<p>Staffside representation on membership council (source: UNISON, GMB).</p> <p>Both of the unions that responded to the consultation have requested guaranteed seats on the Council of Governors. UNISON specifically stated they wanted seats over and above, and separate to, the three staff seats – and suggested they are given guaranteed partner organisation status.</p> <p>Both unions also requested observer seats on the Board of Directors.</p>	<p>We have a strong relationship with our trade unions, and we plan to maintain our consultative arrangements with them when we become a foundation trust.</p> <p>There are currently three staff seats available on the Council of Governors, and all staff, including Staffside representatives, will have the opportunity to stand for election to these seats. We are, however, continuing discussions with the unions about their role in future foundation trust arrangements and their request for guaranteed seats on the Council of Governors.</p> <p>We will extend an invitation to all unions to attend our Board meetings. We will invite the Staffside secretary to routinely attend the meetings and actively participate in Board discussions. This will be a non-voting seat.</p> <p>All other unions are welcome to attend the meetings in a public capacity where they will be invited to contribute to the discussions.</p> <p>Decisions on the role of the unions will be made before we submit our application to become a foundation trust.</p>
<p>Pay and conditions for staff (source: UNISON, GMB, Partnership conference, staff through consultation response forms).</p> <p>Staff raised the question whether their terms and conditions under Agenda for Change will be protected, as well as their pensions, if the Service becomes a foundation trust.</p> <p>The unions have also asked for guarantees on pay and conditions remaining under Agenda for Change.</p>	<p>We have no plans to move away from the Agenda for Change terms and conditions for our staff. And we will continue to consult with the unions should we want to make any changes within the current terms and conditions.</p> <p>With regard to pensions, staff will continue in the NHS pension scheme.</p>
<p>Change of name (source: Camden LINK, Met Police – Wembley and Tottenham, Barking and Dagenham PCT, Borough of Bexley, University of Herts, general public and staff through consultation response forms).</p> <p>There was a mixed response to the proposal to change our name to London Ambulance Service NHS Foundation Trust.</p>	<p>When we become a foundation trust, we will be required to have the word 'NHS Foundation Trust' in our name.</p> <p>We recognise that our proposed new name is long, but we want to build on what is an established name and brand. For this reason, we will adopt the name London Ambulance Service NHS Foundation Trust. We agree with those respondents who feel that this will reflect our new status well.</p>

<p>Many thought it would reflect the new status well.</p> <p>Others felt it was too long and some alternative suggestions were made (bearing in mind that the words 'foundation trust' must be in the name if we become a foundation trust):</p> <ul style="list-style-type: none"> • London Ambulance NHS Foundation Trust • London Paramedic Foundation Trust • London Emergency Health Service Foundation Trust <p>The point was made that isn't the name that matters, it is the service that is delivered.</p> <p>Other people expressed concern at the expense that would be incurred to change the Service's branding eg on stationery, vehicles, uniforms and signage.</p>	<p>We recognise the concerns people have about the cost of changing our branding. For this reason, we will phase in changes over time.</p> <p>Initially we will change our branding on our letterhead (much of this is in electronic format now), and we will change our signage on our ambulance stations. We don't believe we will need to make any changes to our uniforms, and any changes to livery on our vehicles can take place as and when vehicles are replaced.</p>
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13. Main areas attracting support locally

Issue	Comment
<p>Vision and priorities (Positive - source: general public, staff, stakeholders).</p> <p>(Issues raised - source: London Borough of Merton, Metropolitan Police – Ealing, NHS City & Hackney, NHS Hounslow, NHS Richmond, Borough of Sutton, representatives at stakeholder event – 20 March).</p>	<p>The vast majority of respondents were in favour of our vision and priorities as a foundation trust.</p> <p>Eight-eight per cent of staff and public respondents were in agreement (83% and 92% respectively).</p> <p>There were two points of view from stakeholders.</p> <p>Some stated that we should focus on our core service of responding to patients who need emergency and urgent care, and not be distracted to diversity our services. Others felt that we should look for opportunities to diversify.</p> <p>One or two stakeholders felt that more clarity could be given on how foundation status will help us achieve our vision and values. And a couple of PCTs, whilst agreeing with our priorities, stated that there was a need for commissioner engagement in developing and delivering them.</p> <p>A suggestion was also made that more focus should be put on community involvement.</p>

<p>Opportunities for greater patient/public involvement (source: Patients' Forum, general public response to consultation).</p>	<p>This was widely recognised as a benefit of becoming a foundation trust.</p>
<p>Staff membership proposals and proposal to opt staff in (source: staff response to consultation, and responses from stakeholders and members of the public).</p>	<p>Eighty-seven per cent of staff agree with our general proposals for staff membership. And 91 per cent of staff responding to the consultation agreed that staff should be made members with the option to opt out.</p> <p>These issues received overwhelming support from the public too.</p>
<p>Minimum age limit of 16 for membership (Positive - source: staff and general public through consultation response forms, Patients' Forum, Croydon Council, London Borough of Merton).</p> <p>(Issues raised – Barking and Dagenham PCT, NHS Tower Hamlets, Borough of Sutton, staff and public, stakeholder event on 20 March).</p>	<p>Fifty-eight per cent of staff and 76 per cent of public respondents agreed that 16 should be the minimum age for membership.</p> <p>Of those respondents that did not agree, reasons were given for the membership age being higher or lower.</p> <p>Those in favour of lowering the age limit highlighted the value of having engagement with and contributions from younger people. It was noted that younger people also use our service. Some stakeholders, who agreed with the minimum age of 16, stated that we should not overlook opportunities to engage with younger people. The Patients' Forum suggested that we employ a youth worker to engage with under 16s.</p> <p>Those who felt the age should be higher were suggesting 18 or 21, specifically where voting was concerned.</p>
<p>The work of the Service</p>	<p>A lot of comments were received from the public and patients about the good work that our staff do.</p> <p>A number of stakeholders acknowledged the value of the service we provide.</p>

14. General tenor of responses with regard to specific issues

Issue	Comment
Membership	<p>Our consultation was launched at same time as our initial membership drive.</p> <p>People were generally supportive of membership and the opportunity to get involved with the Service, and we recruited approximately 640 members during the consultation period.</p>
Council of Governors	<p>Responses were generally supportive.</p> <p>There were some concerns about the number of local authority and primary care trust governors. Also a request for a governor representing hospitals, and one for GPs.</p> <p>Two unions have requested guaranteed places on the council.</p>

	Some comments were made about which voluntary sector partner organisations should be appointed.
Board of Directors	The main response came from UNISON and GMB unions requesting observer seats on Board of Directors. One or two respondents raised the issue of whether the Board of Directors would meet in public.
Elections	No significant response.
Constituencies	There were a lot of questions from stakeholders about how the public constituencies were developed. There were concerns about the groupings and their boundaries or size. The majority of staff were in favour of having two staff groups within the staff constituency – one for support staff and one for frontline staff. Though the overall response (including the public and key stakeholders) was almost equally split.
Boundaries	See above.
Constitution	None received.
Age limits	The majority of respondents agreed with the proposed minimum age limit of 16, but a lot of comments were received on whether this should be higher or lower.
Youth representation	The importance of engaging with younger people was raised by a number of respondents. If the minimum age for membership was to be 16, a number of respondents suggested that we should find more ways of engaging with people under 16. This is explored more in section 20 on page 32.
Staff representation	There was support for the general staff membership proposals. People were supportive of staff automatically becoming members with the option to opt out. Staff prefer the idea of two staff groups. Two unions want guaranteed places on the council of governors.
Vision	There was general agreement with our vision and priorities (89 per cent of the public and staff respondents). Some additional priorities were suggested, and some key stakeholders, whilst in agreement, wanted to be closely involved in how the priorities were developed and delivered. Some stakeholders want us to diversify our services, whilst others feel we should continue to focus on delivering emergency care.
Transitional arrangements	No significant comment.
HR strategy	Staff were keen to know how foundation trust status would impact on them – eg their terms and conditions and pensions. The unions were keen that current terms and conditions were maintained. They also want the Trust to invest in staff training and development; and to work with the unions in developing the roles needed to deliver care in the future.
Communications	Most groups were grateful for the opportunity to comment on the proposals.
Other issues	There was general support from the public for the opportunity that foundation trust status gave to reinvest financial surpluses, and the greater independence that would be given to the Trust.

15. Is there anything else about the public consultation exercise and outcome that you would like to let the Secretary of State or regulator know?

Carrying out our public consultation on a pan-London scale has proved very challenging, but we are encouraged by the level of responses received and we valued the opportunity the consultation gave us to engage with such a wide range of stakeholders about our service.

16. Contact details for the person who can answer detailed queries on the public consultation and provide copies of any responses for further scrutiny

Angie Patton, Head of Communications
 Tel: 020 7921 5257
 Email: angie.patton@lond-amb.nhs.uk

Staff engagement, involvement and wider culture change

17. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the foundation trust application? Where have staff dialogue and views influenced the broad HR strategy, which in turn supports the service development plans and organisational goals for the trust?

We publicised our foundation trust proposals to staff through a number of channels in the lead up to and during the consultation period:

Media	Details
Personal letter to all staff pre launch of consultation	Sent from the Chief Executive explaining about the consultation process and the importance of staff views.
Internal magazine	The launch of the consultation was announced in the internal magazine, LAS News. Follow-up stories ran in the magazine throughout the consultation period.
Intranet	Launch of consultation on home page of intranet. Dedicated section set up with Q&As, opportunity to give views online etc. Reminder about giving views as home page story towards end of consultation.
Personal letter to all staff with summary document	Sent from the Chief Executive asking staff for their views.
Briefing document for managers	
Weekly bulletin	Information about how staff could give their views.
Video interview	Messages shared with staff in video interview with the Chief Executive. Published on intranet and issued on DVD on request.
Chief Executive's blog	Ahead of the consultation, the Chief Executive informed staff that he was sending them a letter about the process. During the

	consultation period, he used his blog to answer some of main questions raised by staff about proposals.
Payslips	Message outlining how staff could give their views.

Staff engagement took place through a number of meetings during the consultation period:

Date	Group	Venue	Attendance
19 February 09	Staff council (the consultative committee for the Trust attended by senior reps for each recognised union)	London Ambulance Service	19
24 February 09	Staff induction session	Millwall Football Club	33
3 March 09	Staff induction session	Millwall Football Club	16
10 March 09	Staff induction session	Millwall Football Club	42
11 March 09	Local operational managers	London Ambulance Service	13
17 March 09	Staff induction session	Millwall Football Club	24
24 March 09	Staff induction session	Millwall Football Club	39
15 April 09	Staff induction session	Millwall Football Club	24
24 April 09	Senior managers' conference	Millwall Football Club	67
27 April 09	Legal team	London Ambulance Service	4
28 April 09	Staff induction session	Millwall Football Club	36
28 April 09	Managers' conference	Millwall Football Club	65
28 April 09	Admin and support conference	Millwall Football Club	62
29 April 09	Chase Farm complex meeting	Chase Farm	22
6 May 09	Staff induction session	Millwall Football Club	24
7 May 09	Staff council	London Ambulance Service	15
12 May 09	Admin and support conference	Millwall Football Club	38
12 May 09	Staff induction session	Millwall Football Club	24
15 May 09	Partnership conference – unions and managers	Excel Centre	86
Total			653

The views of the 103 responses received from staff are below. The majority were broadly in favour of the proposal. Two or three respondents had strong views that we should not be applying to become a foundation trust.

Question	Answer		
1. Do you agree with our vision and our priorities for the next four years?	Yes – 86 (83%)	No – 16 (16%)	n/a – 1
2. Do you agree that 16 should be the youngest age to become a member	Yes – 60 (58%)	No – 41 (40%)	n/a – 2
3. Do you agree that only residents living in a London borough should be able to become public members?	Yes – 78 (76%)	No – 23 (22%)	n/a – 2
4. Do you think that we should include people who work but don't live in London in our public membership?	Yes – 63 (61%)	No – 37 (36%)	n/a - 3

5. Do you agree with the proposed public constituencies?	Yes – 78 (76%)	No – 21 (20%)	n/a – 4
6. Do you agree with the general proposals for staff membership?	Yes – 90 (87%)	No – 9 (9%)	n/a – 4
7. Do you agree that our staff should be made members with the option to opt out?	Yes – 94 (91%)	No – 6 (6%)	n/a – 3
8. Which of the two options for staff constituencies do you prefer? Option 1 – a single constituency for all staff Option 2 – one constituency for support staff and one for frontline staff	Option 1 – 41 (40%)	Option 2 – 60 (58%)	n/a – 2
9. Do you agree with the role of the Council of Governors?	Yes – 96 (93%)	No – 5 (5%)	n/a – 2
10. Do you agree with the proposed make-up of the Council of Governors?	Yes – 80 (78%)	No – 21 (20%)	n/a – 2
11. Comments on changing name to London Ambulance NHS Foundation Trust	A mix of views for and against the proposed name. (Note: a foundation trust has to have the words 'foundation trust' in the name). Most comments were around the name being too long, and the cost of changing the Service's branding on stationery, livery, signage etc. One or two staff stated it is not the name that matters, but the service that is delivered.		

Foundation trust status has been a standing item on the agenda of the Staff Council, which is the Trust's consultative committee attended by senior representatives for each recognised union.

Two unions, UNISON and GMB, responded separately to the consultation. Their main concern was the protection of Agenda for Change terms and conditions for staff, and the retaining of current partnership arrangements. They both requested seats on the Council of Governors, and observer seats on the Board of Directors. UNISON requested a memorandum of understanding to this effect.

18. How did (and for the future 'how will') the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in the broadest sense?

Partnership working with the unions

We have long-established partnership working arrangements with our trade union colleagues, with a formal consultation and negotiation framework in place. This relationship has been strengthened over recent years as we have worked together on major change programmes, including the implementation of Agenda for Change terms and conditions, and new cover arrangements for frontline staff that places them where data indicates the next 999 call will come from.

As well as formal diarised meetings at corporate and local level, we hold a partnership conference that brings all managers and staffside representatives together to discuss service development issues. Our recent conference addressed issues including swine flu, planning for the Olympic and Paralympic Games and our application for foundation trust status.

We plan to maintain these working relationships when we become a foundation trust.

Staff conferences and consultation meetings

Another effective way in which we engage with staff is through our programme of internal conferences and consultation meetings. Conferences with different staff groups take place throughout the year, and every 18 months our Chief Executive and Medical Director hold consultation meetings at local level, visiting some 30 ambulance stations, as well as fleet workshops, and meeting with patient transport service staff. These meetings have provided a key opportunity for staff to provide their views on what we should be focusing on, and have influenced service strategy.

New ways of working initiative

Last year we launched an initiative to develop clinical leadership at local level which would improve the care we give to patients and improve job satisfaction for staff. Local operational areas were encouraged to apply to be an early implementer site, and the two successful sites are now focused on identifying new ways of working to achieve these objectives. Staff at all levels locally are actively encouraged to be involved in this work which ranges from improving clinical training and leadership skills to introducing new rotas and increasing community engagement. This initiative will roll out across all local operational areas in due course.

Staff survey

Staff consultation also takes place through the annual NHS staff survey. This year we sent the survey to all members of staff, rather than the sample required for the purpose of the national survey. This has enabled us to get a better picture of staff's views and concerns across the Trust. The results have been fed back to each directorate, and local action plans will be developed to address any key issues. Some themes are consistent across the Trust, and we are setting up a working group to consider these in more detail, and to identify ways of addressing them from a corporate perspective.

Staff involvement in policy development

There are a number of examples where staff have been directly involved in influencing how we deliver our service, for example how we report concerns about vulnerable adults and children, the introduction of a bicycle ambulance in central London, the launch of the media-dubbed 'booze bus' that deals with alcohol-related calls, and the development of a pan-London programme whereby patients diagnosed with a heart attack are taken directly to one of eight heart attack centres in the capital where they receive specialist treatment. Staff have also been involved in the development of key strategies relating to mental health, long-term conditions, older people and public education.

Representation on the Council of Governors

When we achieve foundation trust status, staff will be able to stand for election to our Council of Governors. We are proposing three seats for staff representatives.

19. How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussions been analysed from a cost/benefit perspective and integrated into the service development plans outlined in the business plan?

We regard over 70 per cent of our staff as clinicians. These include our largest staff group of paramedics and emergency medical technicians, our patient transport service staff, emergency care practitioners, team leaders and local operational managers. We also have a medical directorate which is our lead for clinical developments and a clinical audit and research team, both of which work closely with managers and staff to improve the way we care for patients.

It should be recognised that the majority of our clinical care provision is directed by external parties, for example, the Joint Royal Colleges Ambulance Liaison Committee and Healthcare for London. However, we now have staff on many of these committees or working closely with the key agencies, which enables us to influence the development of clinical practice at a national and regional level.

There are a number of ways in which our clinical staff can get involved with clinical developments through our clinical audit and research activity.

When we carry out research and large-scale audits, we invite staff to join the working group and we seek their advice on how to carry out the research or audit project. One example is a recent audit which looked at the quality of care we provide to routine and emergency obstetric patients (pregnant women) from the initial 999 call to admission at hospital. Involvement was not just limited to our staff; we also had midwives and obstetricians on the working group.

As a matter of routine, we share the findings of our research and audits with staff at local stations and encourage them to give feedback on our recommendations and how changes might be implemented locally.

Our staff are able to take part in research and audit activities in a number of ways. This includes projects based on proposals developed by staff members and those proposed by our research partners. There are also opportunities for staff to take up secondments to do research, both internally and with other organisations.

Research can take many forms, including researching and reporting the background to an issue, collecting the views of groups of staff or patients through interview, and testing new approaches to delivering patient care.

A randomised controlled research trial taking place at present – the Smart CPR project – involves our staff who attend cardiac patients. This research is designed to compare alternative approaches to resuscitating patients whose hearts have stopped beating. Staff have been using a Smart defibrillator which contains a programme that analyses the patient's heart rhythm to predict whether a cardiac arrest patient with a 'shockable' rhythm would benefit from either an immediate shock to restart the heart or a short period of cardio-pulmonary resuscitation prior to defibrillation. Data from the defibrillators and patient outcomes is being collected and should indicate whether the Smart CPR approach to defibrillation is more effective than an immediate shock.

Staff take part in regular research events where presentations on research in the field of emergency medicine are given and discussed. Our journal club also provides a forum to discuss topical published research and clinical audits, enabling staff to consider the implications for our organisation. Staff can also bring along ideas for possible research or audit projects to the advice surgeries.

As mentioned above, we work closely with external clinicians and academics in other organisations to develop our services. One significant achievement as a result has been the introduction in recent years of a programme which sees heart attack patients taken to specialist heart attack centres in the capital (see 18 above). These patients have an operation called angioplasty, where a catheter is inserted into their artery and a small balloon is then inflated to open the blockage. Our latest figures show that in 2007/08, 1,280 patients diagnosed with a STEMI (a common type of heart attack) were taken to a heart attack centre.

Our work with clinicians within London hospitals and other healthcare trusts will continue to increase. We have a key role to play in the delivery of healthcare services in London, and we will make a key contribution to the success of developments in trauma and stroke care. We are committed to joint working with other health partners to achieve the best outcome for our patients.

20. How is the Trust developing/managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility, and playing a role in the wider community?

Our relationships with local health and social care partners extend across the capital, and as a pan-London organisation we take the opportunity to be involved in many initiatives that demonstrate good citizenship and social responsibility.

Working with local organisations and networks:

Health and social care

Many of our patients have both health and social care needs, and as a result we work with local social services, acute hospitals, GPs and mental health trusts amongst others on a regular basis to determine the appropriate care for individual patients. Recognising the close links between health and social care, we now employ a social worker – we are the first ambulance service in the country to do this.

One example of effective joint working relates to cases of vulnerable adults or children who are at risk of suffering abuse. We inform social services about individuals who our crews have identified as potentially being at risk, and where appropriate we attend local safeguarding committee meetings where agencies jointly review cases and decide what action needs to be taken in the interest of the individuals.

In a similar way, we work with the relevant health and social care professionals in finding more appropriate means of care for those patients who make a high number of 999 calls. Action plans are developed jointly for frequent callers – that is any service user who makes more than 10 emergency calls in a calendar month.

Patient groups

We remain closely involved with our Patients' Forum which, though not a statutory body any more, continues as an independent charity that represents our patients. Forum representatives attend most of our committee meetings including our Trust Board. We have started to develop relationships with the recently-introduced Local Involvement Networks (LINKs) that have been set up in each borough to find out what people want from local services, monitor and review the care local services provide, and tell those who run and commission services what the community wants.

Community involvement officers

During the last year we have introduced the role of community involvement officer to the Service. The officers are responsible for developing relationships with groups including patients and residents, voluntary groups, and other health and social care partners to increase understanding of our work and improve patient care.

Demonstrating good citizenship and social responsibility:

Improving health within the Bangladeshi communities

We have worked with Tower Hamlets Primary Care Trust to build relationships and improve health outcomes amongst the local Bangladeshi community. A health education pack 'Get the right treatment' has been produced and is used in training sessions with the community. It includes information about accessing local health services and a DVD to prompt discussion about which services should be accessed in different circumstances. We also provide basic life support training to women in Tower Hamlets, are building relationships with the East London Mosque, Muslim women's groups, and are looking at how we can work more closely with young people in the area.

Working with young people

We are involved in the Junior Citizen schemes which are held in most London boroughs with the aim of teaching 10 and 11 year olds in year six about how to deal with every day dangers safely

and effectively. The events are coordinated by the Metropolitan Police Service in conjunction with the London boroughs and topics covered include safety, healthy living and good citizenship. Each year we teach approximately 30,000 children about our role in the community and how to react in an emergency. During the interactive sessions, we teach the children about what happens in a medical emergency and how to dial 999 for an ambulance - all with a focus on personal safety.

This year we have been involved in a joint agency road safety initiative, 'Driven by consequences', in the borough of Bromley. This educational event, targeted at 17 and 18 year olds, aims to reduce the number of young people killed or seriously injured on the borough's roads. Students watch a video of a car crash and hear first-hand accounts of local incidents attended by the emergency services. Speeding, seat belts, drink and drugs are also discussed before moving to the scene of a car crash. With the help of a police accident investigator, the students work out the causes of the crash. The reality is made all the more shocking through the reconstruction of a coroner's court with actors portraying the bereaved parents. We are hoping to be involved in a similar scheme in Bexley and Greenwich next year.

We work closely with organisations across London, including the Metropolitan Police Service and British Transport Police, to help educate young people about the implications of knife crime. Whilst the nature of the events varies, the underlying message is about the impact stabbings have on our patients and their families.

We have recently launched a scheme with the Prince's Trust which will provide the opportunity for staff to help and mentor disadvantaged young people. It is hoped that each year, three members of staff will take part in a secondment with the charity which works with young people aged between 14 and 18, and adults up to 30 years old, to help them move forward in life.

We recently worked with a group of 15 and 16-year-old students to evaluate our GoWalk campaign – an internal initiative which encouraged staff to get fit ahead of 2012. Over 600 staff signed up for the initiative and clocked up over 60,000 miles in June. The students carried out research into the impact that GoWalk had on the daily life and fitness levels of staff; what staff liked about the challenge; and what staff thought the Service could do to support them in staying active.

21. What is the degree of 'integration' of first-rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself?

We believe that the key to effective people management is for HR practice to be owned and practised at local level.

For this reason, managers across all functions have responsibility for HR activity, and are supported by dedicated teams of HR professionals.

All our HR policies are developed with the expectation that it will be local managers who will apply them, whether they are dealing with recruitment, attendance, performance management or any other HR issue.

We have key HR performance indicators for local managers, which include measures for turnover, sickness absence and appraisals.

These key performance indicators for the Trust as a whole are reported to the Trust Board every two months. Workforce numbers and progress against our workforce plan are also reported to the Board on a regular basis.

As well as an induction programme for new managers and supervisors, we offer a range of development courses in staff management skills – from carrying out recruitment and selection to managing attendance and cases of whistleblowing.

Good HR practice does not just lie with our managers. We have a very effective staff support network in place provided by staff volunteers. Our peer support scheme, LINC (which stands for Listening, Informal, Non-judgemental, Confidential) provides a confidential listening service and is available to all staff. A 24-hour on-call facility means that staff can access support around the clock.

As mentioned in section 18, we also have long-established working arrangements with our trade union colleagues. Our joint formal consultation and negotiation framework has enabled us to deliver key changes to staff terms and conditions over recent years.

22. How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?

We offer a comprehensive programme of learning and development opportunities for staff at all levels of the organisation.

We recognise that staff are our most valuable resource, and for this reason we feel it is important to invest in their development.

In preparing our learning and development programme, we take account of statutory requirements, best practice, and the needs identified through staff and patient experiences.

We incorporate training to address a number of statutory requirements, for example, health and safety. As best practice we include the provision of refresher training in cardio-pulmonary resuscitation and the use of defibrillators and 12-lead electro-cardiograms (ECGs). When issues are raised through staff and patient experiences, we will consider the training implications; this has led in recent years to the introduction of modules about how to treat mental health patients, and situations where staff are dealing with patients with positional and restraint asphyxia.

As well as identifying what development key staff groups require, we identify individuals' training and development needs through staff appraisals which take place on an annual basis.

Our general approach to learning and development is for a member of staff and their manager to agree an annual development plan, taking account of the individual's learning style and the challenges faced by working in a 24/7 environment.

Continuing professional development (CPD)

Our continuing professional development (CPD) programme is primarily aimed at our clinical staff. It is a flexible modular programme which is based on five days of training over a period of 18 months. The programme covers statutory training as well as refresher training and clinical update sessions. Training is predominantly classroom based at present, though we are developing an e-learning package to support it.

Through our new ways of working initiative (see section 18), we aim to embed CPD training into the workplace. For example, a lot of development will be on-the-job training, and we plan to have more classroom facilities at local level so that we don't have to take staff away from their place of work.

E-learning

We have recently employed an e-learning manager who will be responsible for developing on-line training packages, specifically to support the CPD modules.

Developing leadership

We run a number of development programmes that focus on developing leadership skills.

Our course for junior to middle managers – ELSA (Exploring Leadership and Self Awareness Programme) – is a foundation programme in leadership development. It gives managers a level of self awareness and helps them understand more about their own leadership style and how they can adapt this to become more effective when working by themselves and with their teams.

Our senior leadership programme builds on the basis of ELSA and expands the concept of leadership so that managers develop their abilities in strategic thinking and decision making. The programme takes account of the NHS Leadership Quality Framework, with an emphasis on emotional intelligence.

We will shortly be starting some work that will enable us to provide an accredited training programme for our managers in coaching and mentoring.

In addition, we have agreed a talent management framework and process, along with competencies, that will enable us to identify and develop members of staff who can demonstrate the potential to become high performing leaders. This fast track programme which focuses on unlocking talent will be open to all levels of staff.

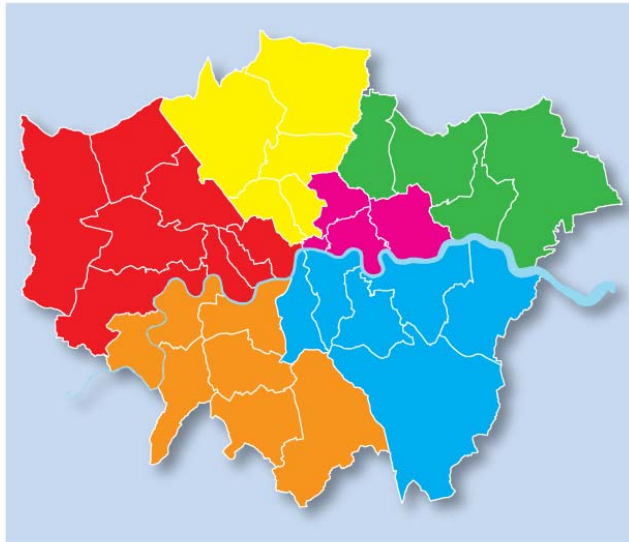
Sponsorship for study

There are a number of ways in which we support staff who are undertaking work-related training. Staff are able to apply for financial support to help fund their training; they can take study leave to attend courses and sit exams; and they are given opportunities to meet with mentors and managers, or participate in project groups to transfer learning.

Appendix A – Agreed make-up of our Council of Governors

Proposed make-up of our Council of Governors

Public governors – elected



North West London	2
Ealing, Harrow, Brent, Westminster, Kensington and Chelsea, Hammersmith and Fulham, Hounslow and Hillingdon	
North Central London	2
Barnet, Enfield, Haringey, Islington and Camden	
Outer North East London	2
Barking and Dagenham, Havering, Redbridge and Waltham Forest	
Inner North East London	2
City of London, Hackney, Newham and Tower Hamlets	
South East London	2
Bexley, Bromley, Greenwich, Lewisham, Southwark, and Lambeth	
South West London	2
Richmond, Wandsworth, Kingston, Sutton, Merton, Croydon	
Outside London	1
Bedfordshire, Berkshire, Buckinghamshire, Cambridgeshire, East Sussex, Essex, Hampshire, Hertfordshire, Isle of Wight, Kent, Norfolk, Oxfordshire, Suffolk, Surrey, West Sussex	
Subtotal	13

Staff governors – elected

Frontline staff	2
Support staff	1
Subtotal	3

Statutory partner organisation governors – appointed



Primary care trusts	1
Local authorities	1

Other partner organisations – appointed

Voluntary agencies	4
Subtotal	7

Number of Governors	Total	23
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Note: Discussions are ongoing with trade unions about their role in future foundation trust arrangements.