



London Ambulance Service
NHS Trust



The London Ambulance Service 5 Year Strategy 2014/15 – 2019/20

Caring for the Capital: A strategy for The London Ambulance Service towards 2020



1. Context

The London Ambulance Service is the busiest ambulance service in the country, responding to over 1.7 million calls a year. We are the only pan-London health provider, providing urgent and emergency services for people in London. Commissioned by 32 CCGs and NHS England for our specialist services, we also provide patient transport, 111, and neonatal transport services. Demand for our services grows year on year. National and local issues and challenges affect everything we do.

1.1 National challenges

We recognise the challenges facing the NHS, which includes people living longer with more complex conditions; increasing costs of healthcare whilst funding remains flat; as well as the rising expectations of our patients. We understand that if NHS funding remains flat and services continue to be delivered in the same way as they are now, it will result in a funding gap that could grow to £30bn between 2013/14 to 2020/21. The challenge for our organisation, as every other NHS organisation, is to do more with less.

In addition to the funding issues mentioned above, the NHS has recently experienced issues with the quality of some services to patients. The Francis Report exposed distressing examples of extremely poor care at Mid Staffordshire and called for NHS organisations to ensure that patients are at the heart of what they do and that quality was top of the agenda, not the chasing of targets. Through the report's recommendations, we were reminded of the importance of positive, open cultures where issues raised by patients or staff were listened to, addressed and resolved. This will remain a priority for us over the years ahead.

1.2 London

Within London: 8.17 million people live in the capital with many more coming into the city to work or visit every day; over 150 languages are spoken; we have a transient population with people moving in and out of the city; extremes of wealth and poverty exist in London; there are significant variations in quality and health outcomes; large scale reconfigurations are taking place in the Acute setting; there is a drive for integrated services to improve care to patients; and new clinical commissioning arrangements are now in place ensuring a drive on local services and responses.

1.3 Urgent and emergency care services

Sir Bruce Keogh recently conducted a review into urgent and emergency care making a series of recommendations for improvement. The report outlined a simple vision. Firstly, for those people with urgent but non-life threatening conditions there is a need to provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in, or as close to, people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, the report outlined, for those people with more serious or life threatening emergency needs, we should ensure they are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.

The report highlights that two things in particular are often cited as the growing pressure on A&E. *"Firstly, an ageing population with increasingly complex needs is leading to ever rising numbers of people needing urgent or emergency care. Secondly, we know that many people are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E"*.

It identified that the reality is:

- That millions of patients every year seek or receive help for their urgent care needs in hospital who could have been helped much closer to home.
- The demands being placed on urgent and emergency care services have been growing very significantly over the past decade.
- The opportunities for bringing about a shift from hospital to home are enormous. For example:
 - 40 per cent of patients attending A&E are discharged requiring no treatment at all;
 - there were over 1 million avoidable emergency hospital admissions last year; and
 - up to 50 per cent of 999 calls requiring an ambulance to be dispatched could be managed at the scene.

It should be noted that new research undertaken by the College of Emergency Medicine identifies that only 15 per cent of attendees at emergency departments can be seen in the community without the need for emergency department assessment. Although there is obviously a difference of opinion as to the actual number, it is clear that there are a number of patients attending emergency departments who do not need to be treated there.

The Keogh review outlines that to seize the opportunities these numbers present, urgent care services provided outside of hospital will need to be greatly enhanced.

The report outlines five key elements for the future of urgent and emergency care services in England. These are to:

- provide better support for people to self- care
- help people with urgent care needs to get the right advice in the right place, first time
- provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
- ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
- connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts

Nationally, work is now being undertaken to ensure the report’s recommendations are put into action. We will work with national colleagues to support the report’s implementation.

1.4 Increasing demand for our services in London

Over the last three years we have seen significant changes in the health needs and expectations of Londoners. The tables below show rising and changing demand for our services.

Calls + Incidents	2011	2012	2013
999 Calls (Inc MPS)	1,560,588	1,719,604	1,720,191
Cat A Incidents	374,178	429,400	458,906
Non-Cat A	663,521	644,701	631,069
Total Incidents	1,037,699	1,074,101	1,089,975
Cat A Incident % of total	36.1%	40.0%	42.1%

% Change Year-On-Year	2013 Vs 2011	2013 vs 2012
999 Calls (Inc MPS)	10.2%	0.03%
Cat A Incidents	22.6%	6.87%
Total Incidents	5.0%	1.48%

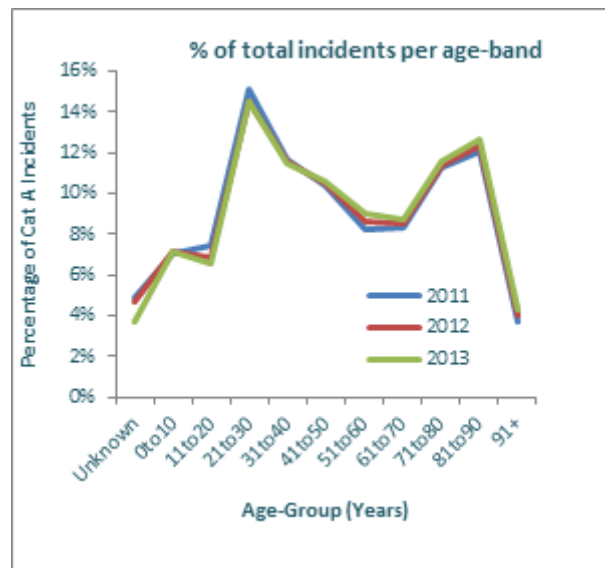
During much of this time, the London Ambulance Service did not see financial growth and, therefore, increased demand had to be absorbed. This has meant that financial investment in the Service has not matched demand, the consequences of which we are now beginning to see, for example much of our fleet now needs replacing.

As well as demand increasing, the needs of our patients are changing. National data shows that between 1990 and 2010, life expectancy in England increased by 4.2 years. Each year London’s population churns; the growing diversity resulting in over 150 languages being spoken in London and 1.7m people not having English as their first language. Many London residents are not registered with a GP, which results in their choice of urgent and

emergency care being either the London Ambulance Service or hospital accident & emergency departments. London's churn means that long term campaigns to educate people on London's health services do not achieve the desired success as many people have moved on.

NHS England's recent "call to action" identified that "hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times more likely to spend a day in hospital than those under 65". In London, these patients are likely to be taken to hospital by the London Ambulance Service. Many of London's frail elderly residents live alone and are often isolated; this often results in the London Ambulance Service taking them to hospital, even if their presenting medical condition can be managed, as they do not have the necessary support in place to keep them at home.

The graph opposite shows our total incidents per age band, with 29 per cent of our activity in 2013 supporting those over the age of 71. In 2013, we saw a 1 per cent increase in calls from people in the 21-30 age group and a 3 per cent increase in the 71-80 age group.



NHS England predicts that the number of older people likely to require care is predicted to rise by over 60 per cent by 2030.

NHS England state that around 800,000 people are now living with dementia and that this is expected to rise to one million by 2021.

We know that obesity is on the rise in London. Obesity puts people at increased risk of heart disease, stroke, diabetes, cancer and other diseases, and there is concern over the potential burden on the NHS as people get older and the toll of obesity-related illness rises. Recent figures, from Public Health England, revealed for the first time the percentage of adults in each London borough classed as obese. In Hillingdon, the figure was 67.2 per cent - 10 points more than the London and national average.

We know that in any given year, an estimated 1 in 4 individuals will experience a diagnosable mental health condition, and that many people will experience two or more conditions at once. Mental ill health impacts every aspect of a person's life. We are seeing a growing number of people with mental health conditions using our services, which could in part be due to the recent recession. We believe more needs to be done to support people with mental health issues and we are, therefore, making mental health our clinical priority in 2014/15.

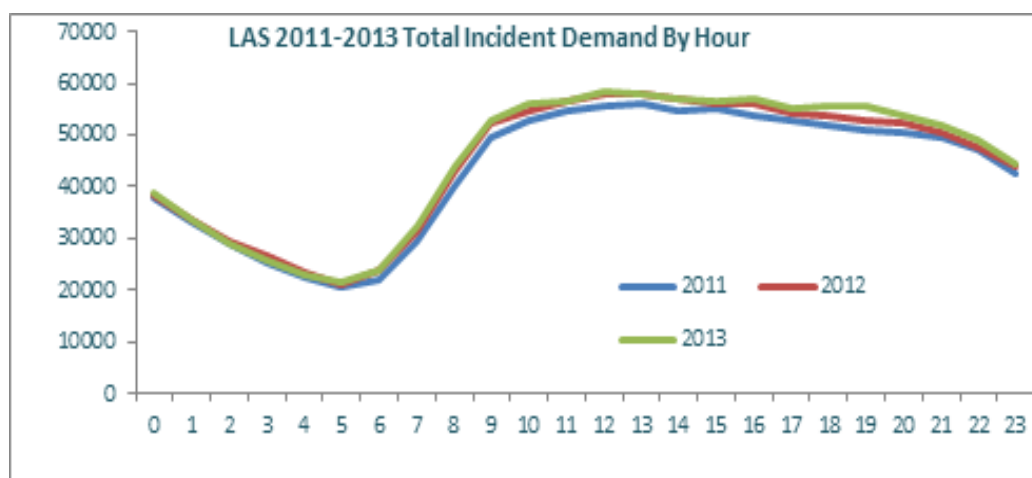
Changes in London's health and care needs will have a significant impact on growth and demand for London Ambulance services.

1.5 Utilisation

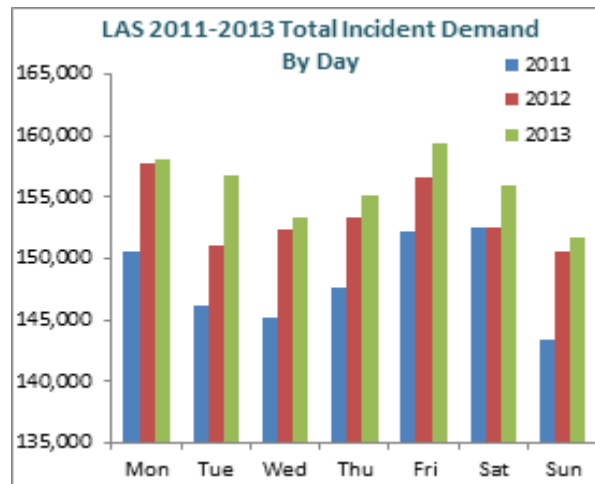
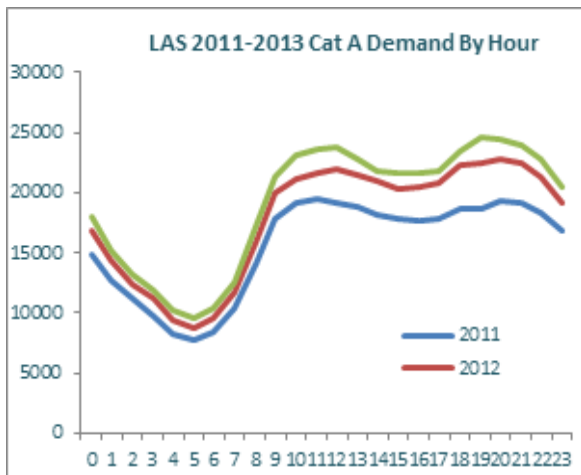
As highlighted earlier, last year we responded to over 1.7 million calls in London. The information below shows how our services are utilised. In addition to our emergency services, we have recently taken over the running of the South East London 111 service. This experience has enabled us to review what we do. We want to make it easy for Londoners to get the urgent care they need quickly and we believe that developing a single point of access for 111 and 999, with LAS running 111 for London is the answer.

London Ambulance crews are utilised for over 85 per cent of their time. In other parts of the country this is more likely to be 65 per cent. This constant pressure contributes significantly to our staff turnover rates with our staff leaving for a less pressurised environment. It also means that it is difficult for us to meet spikes in activity. We will work with our commissioners over the next nine months to reduce utilisation rates.

The chart below shows that total demand for our services dips in the early hours of the morning but rises sharply from 6–9 am, from which time demand remains consistent until 10 pm when it begins to decrease. This average position changes during weekends.

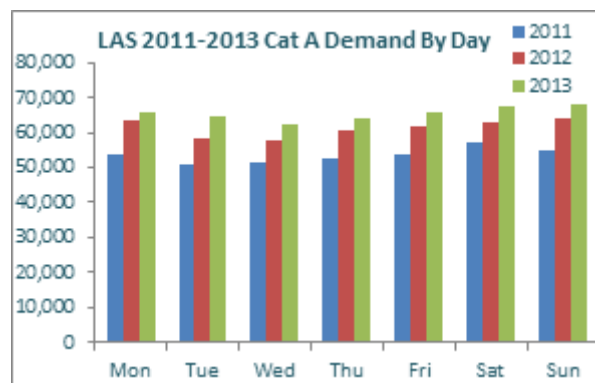


The chart on the next page (left) shows demand for Category A calls and highlights that demand dips in the early hours of the morning but rises sharply from 6–9 am, from which time it changes over the day with peaks between 10-12 noon and 6-10 pm. When we look at our service demand by day, the table on the next page (right) shows fairly consistent daily demand with the busiest days in 2013 being Friday and Monday.



When we consider demand for Category A calls (opposite) we find they rise slightly on Saturday, Sunday and Monday.

The changes we see in demand during the day and the hours of the day could be as a result of the opening hours of other NHS services. We expect this position will change as 7-day working is introduced across NHS services.



1.6 Demand for our services by London Borough

When we look at London boroughs in the table below, we find that the highest numbers of 999 requests are seen in Croydon, Newham, Ealing, Lambeth and Barnet respectively.

CCG	Year			Total
	2011	2012	2013	
Croydon	16326	20170	21193	57689
Newham	15365	17986	18082	51433
Ealing	14905	17070	17763	49738
Lambeth	14727	16880	17663	49270
Barnet	14257	16395	18260	48912

When we look at total incidents/calls in London boroughs, we find Croydon, Lambeth, Southwark, Hillingdon and Barnet boroughs are the biggest users of our services. We will continue to work with Urgent Care Boards in these areas to understand the drivers for this and agree actions for reducing demand.

CCG	Year			Total
	2011	2012	2013	
Croydon	45725	50052	50217	145994
Lambeth	43150	44801	44417	132368
Southwark	42731	43092	43429	129252
Hillingdon	39752	44074	44085	127911
Barnet	39938	41375	42912	124225

1.7 Demand for our service by condition

When analysing the reasons for 999 calls, the top 10 reasons for calls over the last three years are:

<u>2011</u>		<u>2012</u>		<u>2013</u>	
Illness Types	Total	Illness Types	Total	Illness Types	Total
Pain - Chest	44382	Other medical conditions	50272	Other medical conditions	58235
Other medical conditions	42755	Pain - Chest	50036	Pain - Chest	52911
Dyspnoea	39834	Dyspnoea	43116	Dyspnoea	44383
Generally unwell	31405	Generally unwell	36466	Pain - Other	39263
Pain - Other	30076	Pain - Other	35736	Generally unwell	37933
Alcohol related	28960	Abdominal pains	32419	Abdominal pains	36483
Abdominal pains	27492	Alcohol related	31927	Alcohol related	32064
Dizzy/near faint/loss of coordination	21427	Respiratory/Chest infection	24497	Respiratory/Chest infection	25990
Vomiting	19177	Vomiting	23224	Vomiting	24926
Respiratory/Chest infection	18720	Dizzy/near faint/loss of coordination	22917	Dizzy/near faint/loss of coordination	23890

When we consider the changing needs of callers over the last three years we find that:

- alcohol related calls have increased by 11per cent between 2011 and 2013
- chest pain calls have increased by 19 per cent between 2011 and 2013
- dyspnoea (difficulty breathing) calls have increased by 11 per cent increase between 2011 and 2013

1.8 Our performance against national targets

There are a number of nationally set targets for ambulance services across the country. Although incredibly challenging, we have successfully met our targets for the last five years. The table below shows our performance against national targets since 2009.

Performance against key national targets						
Category	Target	Performance 2009/10	Performance 2010/11	Performance 2011/12	Performance 2012/13	Performance 2013/14
Category A – 8 minutes	75%	75.46%	75.14%	75.74%	75.42%	75.37%
Category A – 19 minutes	95%	98.68%	99.07%	99.15%	98.16%	97.87%

2 A summary of our opportunities and challenges

- changing health needs of people in London
- population churn, and the number of languages spoken, in London
- NHS financial challenge over the forthcoming years
- year on year increases in activity for urgent and emergency services in London
- nature and challenge of national ambulance targets
- acute reconfigurations across London and the development of local alternative care pathways
- high levels of conveyance to emergency departments
- unpredictable peaks in activity across times, days and boroughs
- local needs and priorities balanced against the need for a pan-London emergency response
- historical funding for London’s Ambulance Service not keeping pace with demand
- consistent monthly performance against national targets
- satisfaction and turnover of staff
- organisational efficiency requirements
- the nature and impact of our response model
- aging fleet due to historical lack of investment
- speed of change historically
- competition and appropriate growth of services

We are clear that the NHS, and The London Ambulance Service, must change if we are to meet current and future health challenges. Our ***Caring for the Capital: A strategy for the London Ambulance Service towards 2020*** seeks to outline the actions we will take to do this.

2 Our purpose

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

4 Our values

In everything we do, we will provide:

- **Clinical excellence:** Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.
- **Care:** Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.
- **Commitment:** Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.

3 *Caring for the Capital: A strategy for the London Ambulance service towards 2020*



Our strategy is clear. We must do more for people in London, making it easy for them to get access to the right care. To do this we will need to work closely with our commissioners and healthcare partners. Our strategic priorities over the coming years are to:

- **Make it easy for people in London** to get the urgent and emergency care they need quickly
- **Do more for people in London** - developing and growing services so that our Clinicians can provide more care and treatment for patients at scene or at home
- **Provide the right response** - offer more advice and care via the telephone and other technologies; supporting patients to care for themselves
- **Use technology to improve care** so that our Clinicians can improve clinical treatment and outcomes; developing telehealth solutions
- **Develop and invest in our staff** so that we have a motivated, stable and engaged workforce
- **Put clinical standards and education** at the heart of what we do

- **Support the implementation of local priorities and improved urgent and emergency care solutions** in partnership with our clinical commissioning colleagues
- **Be a leading health partner** - working with partners across health and social care to integrate our services so that our patients receive joined up care and experience better outcomes.
- **Be a leading emergency services partner** - collaborate further with other emergency services, whilst remaining at the heart of the NHS, to ensure we are joined up, meeting the needs of, and providing value for people in London
- **Continue to develop as an organisation** with a clear commitment to learning and transformation
- **Always be there to support London** during major events and in times of major incidents

6 Delivering our strategic priorities

Delivering our strategic priorities will bring improvements in our care to patients, improvements for our staff and for our organisation. Actions to deliver our strategic aims are, therefore, grouped under each of these areas and described in the pages that follow.

To improve services for Patients

We will provide all our patients with a timely response to meet their health need. Specifically, we will:

- work with our clinical commissioners to redesign and improve our response to patients with non-life threatening conditions
- review our response model to reshape our response to calls, in particular we will review the appropriateness of multiple attendance of our vehicles to specific calls
- work intensively with our colleagues on Urgent Care Boards to take action to manage demand for urgent and emergency health services
- improve our direction of patients to Urgent Care Centres/ GP led health centres/ Minor Injury Units and community based services to ensure that out of hospital pathways are appropriately used
- achieve sustainable performance to meet the expectations of our patients and commissioners

We will increasingly offering advice and care via the telephone and other technologies. Specifically, we will:

- expand our Clinical Hub with the appointment of specialist nurses and other healthcare professionals
- redesign our services to increase our telephone response to patients
- work towards providing clinical advice directly to patients using developed IT solutions
- develop “LAS Apps” to support patients to care for themselves and make the right choices when accessing London’s healthcare

We will listen to our patients and use their feedback and experiences to improve our services and their experience. Specifically, we will implement the actions outlined in our new communications and engagement strategy, including:

- increasing the amount of patient experience data we collect by: working with local providers and Healthwatch and undertaking our own telephone surveys
- establishing a proactive community outreach programme to target specific communities for education and involvement activities
- establishing a patient representative reference group to engage on strategic decisions and changes to our services

We will make it easy for people to get the care they need by integrating our 111 and 999 services. Specifically, we will:

- work with South East London clinical commissioning groups to redesign our current 111 service in Beckenham
- redesign our 111 and 999 interface so that our patients can access advice and care quickly and impartially
- bid for new 111 services across London as and when they become available
- create partnerships with GP out-of-hours services and other urgent care providers so that quality, seamless care is provided to our patients

We will develop our mobile treatment service, so that our clinicians can provide more care and treatment for patients at scene or home. Specifically, we will:

- analyse data, collected with our partners at Imperial College Healthcare NHS Trust, to review the reasons that patients do not get admitted following conveyance to emergency departments by our crews
- redesign the scope of practice of our paramedics, developing their clinical capabilities to reduce the need for conveyance

- review our equipment and diagnostic capability to ensure our crews have the equipment they need for the future
- explore the potential for a mobile testing service with commissioners

We will constantly drive clinical improvements for our patients

We have identified clinical priorities for emergency care, urgent care, mental health, frail elderly and falls, long-term conditions and care for people at the end of the life. Specific examples of actions include:

In emergency care:

- continuing to develop pathways for cardiac conditions to improve cardiac arrest survival
- developing guidelines for the identification of emergency arrhythmias
- supporting the urgent transfer of patients with symptoms of stroke to London's Hyper Acute Stroke Units (HASU)
- continuing to improve the treatment, systems and pathways for patients presenting with major trauma
- ensuring patients with vascular emergencies are assessed, treated and conveyed to the most appropriate facility
- validating the use of clinical assessment algorithms to facilitate the recognition of potentially life threatening sepsis

In urgent care:

- supporting the development of shared referral guidelines
- enabling our clinicians to have comprehensive access to special patients notes and directory of service
- extending prescribing for paramedics

In mental health:

- working with our partners in mental health trusts to ensure timely and appropriate transport of mental health patients in crisis, to a destination suitable and sensitive to their needs
- considering the development of a pre-hospital risk assessment tool that is suitable for ambulance clinicians and the settings they work in
- developing processes that enable sharing of information between services to ensure more effective integrated, safe and joined up care
- incorporate specialist mental health nurses into our control room
- improving the care and recognition of patients with dementia

In frail elderly and falls:

- further developing pathways and direct ambulance access to community care, community elderly care physicians, access to frailty/step up/step down care units and virtual wards rather than conveyance to hospital
- review of pathways for patients following a fall to ensure robustness, effectiveness, consistency, timeliness of follow up and falls prevention strategies
- work with commissioners to scope whether we should develop a specific ambulance service/response to frail elderly and falls patients

In long-term conditions:

- further developing referral pathways so that paramedics can refer a patient with a long-term condition to an appropriately skilled health professional 24/7
- improving access to social care so that patients can remain safely at home
- recognising patients with undiagnosed long-term conditions with the ability to refer for more specialised support via their GP

Care for patients at the end of life

- ensuring our systems are linked to patient specific end of life care plans so that our clinicians have the right information to support the patient's wishes
- developing access to specialist palliative advice/services so our clinicians can access services 24/7
- piloting specialist nurses in our clinical hub to support patients at the end of their life
- developing procedures around how our clinicians can administer appropriate end of life medications

We will introduce greater technology on our ambulances so that our clinicians can access information quickly to improve the care they give to our patients. Specifically, we will:

- develop a technological solution to enable our ambulance crews to access information that exist in healthcare settings such as the summary care record, Directory of Service, Capacity Management System, Decision Making Software
- implement an extensive set of mobile information services to create an e-ambulance
- improve our crews job satisfaction and job cycle times by transforming how we collect and report essential data; current manual form filling will be replaced with the collection of data via electronic devices
- work with CCGs to enable information regarding the treatment and care given to patients by ambulance crews to be available to primary care and CCG colleagues

We will embrace technology to improve care, developing telehealth and other technological solutions to support patients to self-care. Specifically, we will:

- create information partnerships with CCG and other health partners to share data to improve patient care
- explore the replacement of the current Mobile Data Terminals to support the automated dispatch of resources across London
- develop telehealth and other solutions to support patients to self-care
- provide an intelligent conveyance service to CCGs to support the management of urgent and emergency care demand across London's trusts

We will work with partners across health and social care to integrate services so that our patients have better care and experience better outcomes. Specifically, we will:

- work with CCGs throughout London to support the development of alternate pathways of care so that patients are taken to the most appropriate setting of care
- be a key integration partner, developing integrated care solutions with health and social care organisations to improve ease of access, care and outcomes for patients
- engage Urgent Care Boards and use our knowledge of London's health system and issues to influence the redesign of urgent and emergency services across London
- actively bid for Better Care Fund resources to support better service integration
- support the CCG sectors across London to integrate health services
- work more closely with primary care colleagues to develop clear referral processes across London so that our crews can refer appropriate patients to primary care
- work with our colleagues in ambulance trusts operating outside London's borders to ensure a seamless response regardless of the provider of the service

We will provide excellent urgent and emergency services: saving lives; caring for the capital. Specifically, we will:

- provide 999 services for London, developing and improving our response and care throughout each year of the strategy
- benchmark our services to ensure we are learning and introducing best practice to improve our services and outcomes for patients
- ensure safe services for all patients by championing safeguarding and minimising the risk of infection
- ensure those service users from minority or protected characteristic groups receive the same safe care as other users of our service

We will review our clinical triage system to ensure it supports our Clinicians to provide the right care. Specifically, we will:

- undertake a review of NHS approved clinical triage systems to establish the system that best fits our future needs

We will be there to support London during major events and in times of major incidents. Specifically, we will:

- continue to improve our Hazardous Area Response Team and Chemical, Biological, Radiological and Nuclear response so that London is protected from harm
- undertake major incident planning, testing and exercising so that we are fully prepared to respond when needed
- work with multi-agency partners to plan for, and respond to, mass gatherings
- be a key member of the Joint Emergency Services Interoperability Programme (JESIP) to ensure that our joint response to major incidents is organised, structured and practised.

For our staff

We will develop to become a top employer so that we attract and retain the very best staff. Specifically, we will:

- implement the next phase of our modernisation programme that will support staff in balancing their home and working life
- implement a range of retention initiatives so that our experienced staff stay with us
- support our staff to access affordable housing in London
- revise our organisational structures so that they offer a variety of career development and progression opportunities
- value diversity and will work over the coming years to ensure our workforce is more representative of the communities we serve
- work to better understand our new graduate workforce and its expectations so that we can retain them
- continually review our staff model so it is fit for the future and provides opportunities for our staff
- understand, plan for, and work with staff turnover, taking actions to address the reasons for it

We will work in close partnership with our trade union colleagues to create a positive working environment in which our staff can thrive. Specifically, we will:

- put in place a wide range of management development programmes so that our staff experience excellent management and leadership
- introduce a “getting the basics right” scheme to ensure our staff have the tools they need to do their jobs well
- develop more ways to reward and recognise the contribution of our staff
- undertake a range of staff engagement activities to ensure our staff are involved in our organisation and development
- continue to work in partnership with our trade union colleagues so that our staff’s views inform our continual service transformation

We will invest in our staff and develop new ways of educating and developing our workforce of the future. Specifically, we will:

- expand the number of universities we work with to increase our pool of future paramedics
- over the life of the strategy, we will move to a BSC qualified paramedic workforce
- expand the assessment and critical decision making skills and diagnostic skills of our clinicians
- put in place internal training programmes to support our non-registered staff to train to become paramedics
- put in place development packages for our support and non-registered staff to continually develop and enhance their skills
- look to expand our workforce with other skilled healthcare professionals, e.g. nurses, GPs.

The health and wellbeing of our staff is of vital importance to us and we will create a range of initiatives in support. Specifically, we will:

- put in place a fully integrated health and wellbeing strategy for the organisation
- review our approach to occupational health to ensure we support the health and wellbeing of our staff
- introduce new ways of managing long-term sickness to support our staff whilst they are sick and when they return to work
- work in partnership with our trade union colleagues to tackle the reasons for stress and sickness absence
- feed into, and influence, the national work on the issues faced by our staff if they are required to “work longer”

We will recognise and reward our staff to ensure we have a motivated, stable and engaged workforce caring for our patients. Specifically, we will:

- reward and recognise contribution of our staff through the development of new non-pay reward and recognition packages
- work with NHS Employers to seek a review of the remuneration and entitlements of our clinical workforce
- put in place an annual calendar of management conferences and events to ensure they are informed and engaged
- develop our managers so that they give regular feedback to staff on their performance, and will make appraisal and objective setting a management priority
- put in place a new Trust-wide appraisal system so that every member of staff understands the contribution they make to the success of the organisation

Be proactive in our recruitment, attracting talent from across the world to join our services. Specifically, we will:

- Put in place annual recruitment campaigns to target:
 - paramedics from inside and outside of the European Union
 - paramedics from other ambulance services in the UK
 - student paramedics
 - ex-military personnel
 - experienced staff from other health professions such as nurses
 - new entrants to the ambulance service
- develop targeted recruitment packages to ensure we secure talented, new staff
- look to London as one of the markets for our future talent, developing London-wide recruitment campaigns to ensure we support Londoners into work

We will embed our modernisation programme to reduce pressure on our staff and improve their working lives. Specifically, we will:

- implement new rosters across all stations and complexes to give consistency to work-life planning
- implement new rest break arrangements to ensure staff receive a rest break during their shift
- implement annual leave arrangements to enable our staff to take their full allocation as well as provide sufficient cover to meet demand
- implement a new response model that will ensure the right response is sent to incidents
- recruit further to our clinical hub so that as many patients as possible can receive clinical advice from a trained healthcare professional

Through our staff engagement initiatives, we will engage and listen to our staff, involving them in the performance and development of the Trust. Specifically, we will:

- build on the *Listening into Action* year one programme, to implement our new staff engagement strategy
- recognise that line managers are the key to our staff engagement and develop a programme to empower, train and support them
- introduce a monthly service brief (based on the Industrial Society team brief model) that will enable strong two-way communication between senior leadership and front-line staff
- use technology to enable two-way communication, for example webinars, video and social media
- evaluate staff perception and experience with regular “pulse checks” and targeted staff surveys, taking action on what we find
- find ways to empower staff to better raise concerns, suggestions and solutions

We will continually improve our career and talent management structures so we retain our excellent staff. Specifically, we will:

- design and implement new talent management arrangements so we can spot, utilise and retain talent
- put in place the next stage of our new clinical career structure so that our staff have a range of career choices
- work with Local Education and Training Boards LETBs so that funded development packages are in place to support the retention of our staff

We will become the first “Teaching Ambulance Trust” to support our recruitment and retention challenges and proactively develop our workforce of the future. Specifically, we will:

- become the leading UK training provider for paramedics, through the depth and breadth of the experience they gain whilst with us
- design flexible recruitment and retention strategies that support our aspiration of being a ‘Teaching Ambulance Trust’, which recognise that staff may stay with us for shorter periods of time whilst they gain experience

We will address the shortage of paramedics through innovative recruitment; working with LETBs to ensure the right level of investment in training. Specifically, we will:

- work proactively with Local Education and Training Boards across London so that:

- our workforce plans are supported by appropriate levels of investment
- funding is available to support the post-registration development of our staff

For our organisation

We will review our operating business model and governance arrangements to ensure we are a well led, productive and efficient organisation. Specifically, we will:

- implement efficiency and effectiveness programmes across the Trust
- introduce service line reporting across our range of services to support a disciplined approach to the management of our income and costs
- deliver annual cost improvement programmes to ensure our services are continually refined and developed

We will build a culture of continuous improvement and constantly strive to improve all we do for our patients. Specifically, we will:

- vision our desired culture and take steps to develop our organisation so that we constantly improve

We will undertake a review of our fleet and define our strategic plan for fleet replacement. Specifically, we will:

- invest in the year-on-year replacement of our fleet
- review the type of vehicles that make up our fleet

We will continue our efforts to reduce our carbon footprint so that we protect the environment. Specifically, we will:

- focus on how we support carbon reduction through the utilisation of our fleet, estate and purchasing approach

We will develop plans to grow our services to extend our portfolio and reach. Specifically, we will:

- create service development investment programmes to maintain existing services and develop new services and approaches

We will rationalise our property and estate, reinvesting savings to modernise and improve what we do. Specifically, we will:

- rationalise our estates portfolio to meet our operational need and obtain best value for money
- explore opportunities to share space with other emergency services partners

We will become a Foundation Trust to gain greater freedoms and maximise our potential

- work with the Trust Development Agency to set out our path to become a foundation trust

We will explore further collaboration with other emergency services, whilst remaining at the heart of the NHS, to ensure we are joined up, meeting the needs of, and providing value for money to, Londoners. Specifically, we will:

- explore opportunities for collaborative procurement to support our drive for best value for London
- review property portfolios to see how our joint estate could be best utilised
- explore the potential benefits of sharing space to house our separate control rooms
- identify and use opportunities to jointly train our staff
- explore the potential for shared services arrangements
- be an active member of the Emergency Services Mobile Communications Project to deliver the Emergency Services Network for mobile voice and data across the country

7 Measuring success

We will know that our strategy has been successful when in 2020 we find that:

Patient feedback is strong and shows that they value the care and treatment received. **Patients have a strong voice** within the Service and are shaping our discussions and decisions.

People in London are **accessing health advice over the web using LAS apps/information** and are supported to self-care.

When patients telephone for help, regardless of whether they ring **111 or 999, they are answered by a trained LAS member of staff** who clinically triages their condition.

A large proportion of our patients are given **clinical advice over the phone, or via Skype or text messaging**. **Information on the treatment of the patient is immediately being sent to their GP** so that their full clinical history is up to date.

Our experts in our clinical hub are giving clinical advice to patients and **referring them back to their GP via our direct booking service** (GPs identify and keep LAS protected appointment times so that patients can be advised of their appointment during the call to us). For others who need an alternative care pathway, they are being advised and booked directly into the service via a **direct booking system**. **Electronic reminders of appointment details** are directly messaged to the patient.

For those that need it, a vehicle response is sent. In 2020, all of our paramedics are **qualified to BSC level**. On route to the patient, the **crew are accessing the patient's history** from the agreed urgent/emergency care record, from their GP surgery, and reviewing this before seeing the patient.

Our vehicles are fitted with **the most up to date equipment** and, therefore, our crews are diagnosing more effectively on scene. The **extended scope of the paramedic**, obtained through their **LAS clinical development programme**, including the ability to **prescribe more medication**, is resulting in more people being treated at home or on scene without the need for follow-up treatment. Information on the treatment of the patient is immediately being sent to their GP so that their full clinical history is up to date. A **30 per cent reduction in the conveyance to emergency departments** is seen as a result of our increased treatment and care.

Patients with life threatening or other serious conditions are **taken to London's emergency departments or specialist centres** quickly by our **newly replaced ambulance fleet**. Whilst on route, **information on the patient is being sent** directly to the healthcare provider.

Patients at the end of their lives have their wishes honoured as our crews, and staff on the clinical hub, have direct access to their care records.

Specialist nurses in our Clinical Hub are supporting patients with mental health needs and **directly linking and referring patients into mental health providers**. We are seeing improved joined up care for patients with mental health needs, and they are now less likely to be conveyed to A&E for mental health support or care.

Frail elderly patients are being seen by our fast response units, who are advising on falls avoidance and treating the patient. Our crews are **referring directly** into community falls or other relevant CCG commissioned services and are advising community/other teams of actions required to support the patient safely in their own home. **Links with social care have strengthened** with direct access to named social care staff.

National **performance targets** have been revised and we are consistently performing well against new national targets.

Vacancy rates are low, which brings **utilisation rates down** and the **Service is able to respond to peaks in demand**.

Staff satisfaction levels have increased significantly and turnover is at a level that is supporting sustainable performance and our position as the Teaching Trust for Ambulance Services. **Protected learning time** is in place, which sees an increase in the number of core and extended training packages being undertaken. **Talent management** processes are in place that are identifying and nurturing future talent. **Regular formal and informal recognition activities** are taking place to celebrate the very best of LAS.

Our **staff experience a wide range of development opportunities** and are able to see a clear personal career path that matches their aspirations.

Our **staff are engaged** in their role as well as in the organisation, and are helping shape our future. They are receiving **annual appraisals** as well as development and support throughout the year.

We have **well developed managers** who are clear about their responsibilities and priorities.

We are working in **close partnership** with CCGs and Urgent Care Boards to ensure local issues and needs are addressed and implemented. We are working in close partnership with primary, acute and community trust colleagues to ensure **seamless, integrated care** for patients.

We have put in place a **new funding methodology** with commissioners and **funding for London's ambulance service has kept pace with demand**.

We are operating from a **small, environmentally friendly estates portfolio** and are early adopters of, and key influencers in, **emerging technology**.

We have **increased our revenue** through growth in our services to existing and new commissioners/customers.

We are a **foundation trust**, and have **annual investment programmes** in place to constantly improve our services to patients.

We are an **essential and credible voice** on London's health issues.

We are constantly reviewing what, and how, we do things to make sure we are continuing to change and deliver for our patients.

8 Consultation on our strategy

Between winter 2013 and June 2014 the Trust engaged patients, stakeholders and staff on the development of our 5-year strategy. Consultation activities included; facilitated workshops; Sector CCG meetings; management conferences; staff webinars; group meetings; one to one meetings; written summaries to the membership; presentations to the patients forum.

There was overwhelming support for the emerging strategy with requests for further detail when finalised. The comments and suggestions led to the development of specific actions under each strategic objective and our thanks go to those people and organisations who took time to give us their feedback. They were:

Name of Responder	Organisation
Dr Naz Jivani	Chair - Kingston CCG
Eileen Sutton	Deputy Head of Service Redesign and Innovation (111 and Urgent Care) - NHS England
Keith Dean	Interim Urgent & Ambulatory Care Strategic Commissioner - Barnet CCG,
Cllr Victoria Borwick	Deputy Mayor of London
Jill Shattock	Director of Commissioning - Haringey CCG
Lambeth and Southwark Urgent Care Working Group via Peter McKenna	N/A
Paula Swann	Chief Officer - Croydon CCG
David Cryer	Chief Officer - Camden CCG
Malcolm Alexander	Chair - Patients' Forum
Ron Dobson	Commissioner - London Fire Brigade
Beryl Magrath	London Ambulance Service Member
Jean-Michel Garcia-Alvarez	London Ambulance Service Member
Dogus Karsili	London Ambulance Service Member
Darren Taylor	London Ambulance Service Member
Frances Walton	London Ambulance Service Member
Luiza Stanescu	London Ambulance Service Member
James Johnson	Staff Officer (Operations) - London Ambulance Service
Melody Woolcock	Assistant Director of Commissioning (Interim) - Camden CCG
Colin Jolly	London Ambulance Service Member
Daryl Harwood	London Ambulance Service Member
Conor Burke	Chief Officer - Barking & Dagenham, Havering and Redbridge CCGs
Dr Anne Rainsbury	Regional Director – NHS England
Dr May Cahill	Chair - Urgent Care Board, City and Hackney CCG
Our many members of our staff from our front line and support functions	

9 Working assumptions

We have made the following assumptions when devising our strategy:

- we will have to focus our energy in year one, two and three of the strategy on developing our core services and business
- we will continue to be commissioned to provide emergency and urgent care services for London
- we will have to make year-on-year internal efficiencies in line with the rest of the NHS
- we will be required to meet national targets
- we will continue to be financially stable, achieving the agreed level of surplus year on year
- we will receive limited funding from Health Education England and any funding received will be spent
- we will be successful in our bid for national investment to part fund our e-ambulance project
- 2014/15 will be a difficult year in terms of capacity and performance, subsequent years will be easier
- we will be successful in our recruitment drives in the latter part of 14/15, easing operational pressure
- CCGs will want us to have a continued local focus, as well as a pan-London emergency response
- our financial base case will exclude 111 after 2014/15, this is to ensure that the current core activity is viable (reflected in our upside scenario)
- we retain our contract for 111 in South East London, and are successful in at least one other sector when we bid for new 111 business
- we will lose PTS services
- we will see limited turnover in our executive management team and trust board
- We deliver our annual cost improvement schemes
- turnover will reduce and the numbers of experienced paramedics employed will increase
- other frontline staff remain easy to recruit
- our foundation trust application will be successful
- CCGs will invest to save
- activity will grow year-on-year, but we will manage it differently than we do today to smooth its impact and ensure excellent patient care

