NHS
London Ambulance Service
NHS Trust

London Ambulance Service Strategy 2018-2023

One year review, May 2019

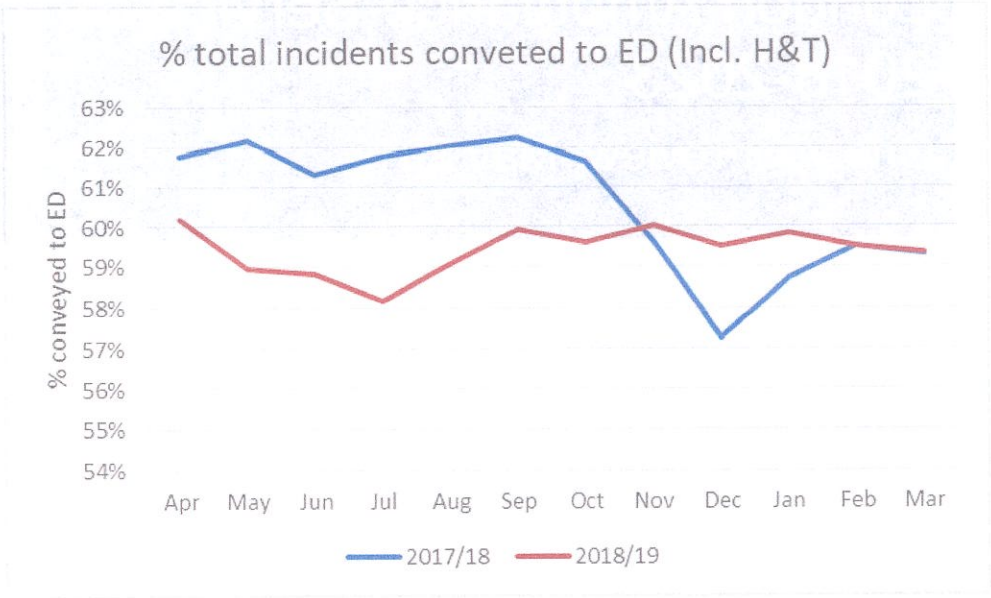
1. Introduction and our key strategy goals

Our 2018-23 organisational strategy was signed off by Trust Board in May 2018, which outlined our ambition to become a world-class ambulance service for a world-class city. This new strategy detailed how we want to change and improve the way in which we provide urgent and emergency care to the people who live, work and travel in London. It seeks to improve the care we provide for all of our patients and, crucially, to do so in the most cost effective way to generate savings for the NHS as a whole. It also targets a reduction in avoidable ambulance conveyance to Emergency Departments (ED) of around 10%, from 63% to just above 53% over the next five years and identifies a potential saving to the NHS as a whole of between £12m - £36m a year.

As part of the work to respond to the Carter Review and the development of our 2019/20 contract we have agreed to change the methodology of measuring ED conveyances to now include Hear & Treat discharges in our overall activity. This inclusion of Hear and Treat increases the total number of incidents we record as having attended. Our strategy identified the number of patients who we thought we could avoid taking to emergency departments. This number has not changed, but now represents a slightly smaller percentage of our overall incidents. As a result, our overall target for reducing ED conveyances is now 8.6%

Our year-end position for 2018/19; year one of our strategy, was an overall ED conveyance percentage of 59.4%. This represents an overall ED conveyance reduction of 0.8% from our previous year baseline of 60.6%[1]. This decrease, whilst only a small amount, is in the context of a significant increase in our overall demand, including an overall increase in acuity of incident which limits our ability to provide a non-ED conveyance outcome. We are also only in the planning pilot phase of our pioneer services, detailed later in this document, which have therefore not had a chance to fully impact upon conveyance rates as we would expect to happen in year 2 and beyond.

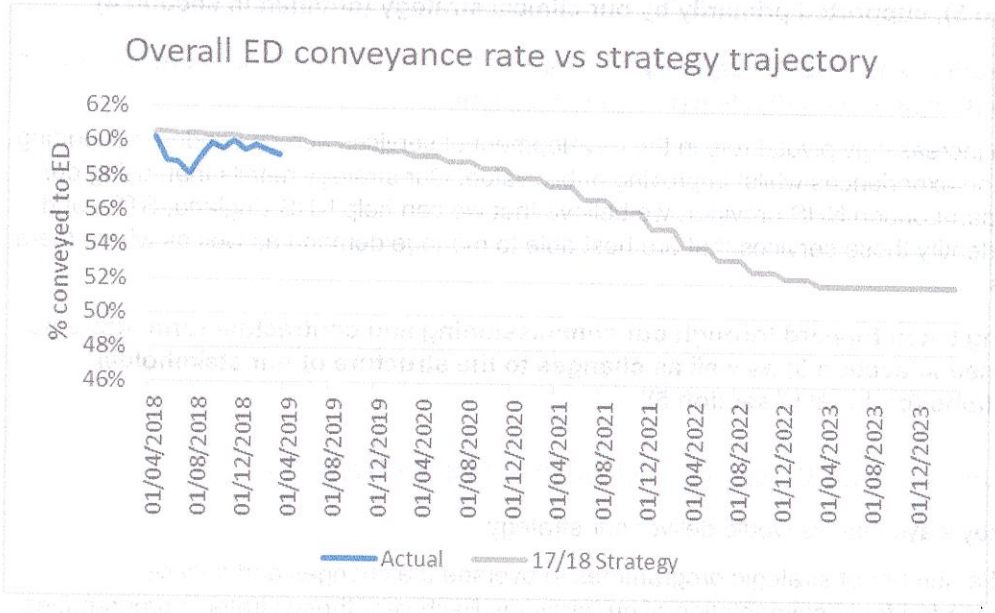
Figure 1: Overall ED conveyance rate 2017/18 vs 2018/19



This ED conveyance reduction has ensured that we have achieved our year 1 objective as detailed in the graph below, showing that we have remained below our 201/18 strategy trajectory for the whole year.

[1] This figure differs from the 1% increase in conveyance rate that we reported through our ED conveyance CQUIN. The reason for this is that the CQUIN uses a baseline of December 2017-June 2018, whereas this report uses the full year 2017/18 as the baseline, which does include some months before ARP was fully implemented.

Figure 2: Overall ED conveyance rate vs strategy trajectory



As outlined previously, the second overall aim of our strategy is to make savings of between £12m-£36m per year for ourselves and the wider NHS by the end of 2023. Primarily through or work to reduce ED conveyances we estimate that we have avoided £1.57m of costs in 2018/19 through our strategic initiatives. The bulk of these avoided costs have been through our initiatives for our urgent care and mental health patient cohorts.

2. Background

Our strategy details how we intend to achieve this vision through three strategic themes:

Theme 1: Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

This theme introduces our desire to develop an integrated clinical assessment and triage service; iCAT London. This service would sit behind both 111 and 999 services across London with an expanded range of methods for patients to get in touch with us. Our strategy outlines our belief that by implementing iCAT across London as a whole we could provide a better service for patients and generate savings to the health system in London as a whole.

This theme is being taken forward through our iCAT strategic programme (outlined in section 3), supported primarily by our IM&T, Data and Digital strategy and Clinical strategy (outlined in section 4)

Theme 2: A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients, a faster conveyance to hospital.

We will continue to provide high quality of care to everyone who needs us, especially those most critically ill and injured which for a number of our patients means identifying their needs, dispatching resources and conveying them to a specialist centre for treatment as quickly as possible. Our strategy also introduced our five pioneer services, specialised responses for specific patient groups:

- Urgent care response
- Mental health
- Palliative & End of Life care
- Falls
- Maternity

These pioneer services will change how we respond to these patient groups, placing emphasis on improving the quality of care they receive, improving their experience of being treated by the London Ambulance Service and, where possible and clinically appropriate, treating them over the phone or in their own home thereby reducing the need to take them to hospital.

This theme is being taken forward through our Pioneer Services strategic programme (outlined in section 3), supported primarily by our clinical strategy (outlined in section 4)

Theme 3: Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

We want to play an increasingly pivotal role in the development of services across London, supporting patient outcomes and experiences whilst improving public value. Our strategy details that, using our insight as the only pan-London NHS provider, we believe that we can help NHS England, STPs and commissioners to identify those services that are best able to manage demand as well as where there are inconsistencies.

This theme is being taken forward through our commissioning and contractual form strategic programme (outlined in section 3) as well as changes to the structure of our stakeholder engagement functions (outlined in section 5)

3. How we said that we would deliver our strategy

We identified two key ways that we would deliver our strategy:

1. The delivery of a number of strategic programmes to oversee the changes and service developments needed for implementation of our strategy. Each year these strategic programmes are assessed, prioritised and resourced through our annual business planning process
2. Refreshing or writing a series of enabling strategies that translate the overall strategy to a functional level

3.1 Strategic Programmes

As part of the 2018/19 Business Plan, we set up six strategic programmes which were tasked with starting to deliver the main changes that need to take place across our organisation to deliver our strategic ambitions. Each of these programmes had programme and project management resources and reported to a Portfolio Management Board (PMB) on a two monthly basis. PMB, a subset of the Executive Committee, maintains oversight of delivery, risks and issues as well as resourcing implications. The six strategic programmes for 2018/19 were:

- iCAT London
- Pioneer Services
- Spatial Development
- Connecting Clinicians
- Ready, set, go (medicine management)
- Commissioning and contractual form

Detail on progress against each of these programmes is included in section 3.

Our six month strategy review detailed that good progress had been made on each of our strategic programmes with tangible outputs and/or detailed preparatory work evidenced.

As part of our 2019/20 Business Plan these programmes have been refined, but all of the key work that needs to take place to deliver on our strategy is included within that new programme structure. These programmes for 2019/20 are:

- IM&T essentials
- Productivity & efficiency
- Strategic assets & property
- Strategic
- Compliance

3.2 Enabling strategies

Following the publication of our organisational strategy we embarked on a process of refreshing, rewriting or newly developing a suite of enabling strategies. Each of these strategies are being supported by the strategy team, ensuring that there is alignment across them all as well as to our Trust strategy. There are a number of key principles that have been adhered to through the development of these strategies:

- Direction has been set by Trust Board as well as regular reviews, utilising the informal Board sessions and ad hoc briefings
- Staff engagement and co-design at the appropriate level has been undertaken through a variety of means including workshops and other engagement sessions
- Where appropriate we have engaged with external stakeholders to prevent developing in isolation
- Where necessary analysis and modelling has been undertaken

Our six month strategy review detailed that whilst at that point no enabling strategies had received formal sign off, a number of them were in drafting stage and had been through the board development process to inform priorities and direction of travel.

The table below provides a status update for all of the organisational enabling strategies. Further detail on the strategies that have been progressed to drafting or sign off stage is provided in section 4.

Figure 3: Progress summary of enabling strategies

Strategy	Lead Director	Development stage	Board Engagement	Final sign-off
People & Culture Strategy	Patricia Grealish, Director of People & Culture	Approved by Trust Board	NED briefing session in July 2018	November 2018
Digital Strategy	Ross Fullerton, Chief Information Officer	Approved by Trust Board	August 2018	March 2019
Quality Account/ Strategy	Trisha Bain, Chief Quality Officer	Approved by Trust Board	None	March 2019
Learning & Education	Patricia Grealish, Director of People & Culture	Sign off	December 2018	May 2019
Operational Estates Strategy	Benita Mehra, Director of Strategic Assets & Property	CEO review	June 2018	tbc
Volunteering Strategy	Fenella Wrigley, Medical Director	CEO review	December 2018	July 2019
Clinical Strategy	Fenella Wrigley, Medical Director	Drafting	October 2018	July 2019
Patient & Public Involvement & Engagement	Trisha Bain, Chief Quality Officer	Drafting	tbc	tbc
Fleet Strategy (refresh)	Benita Mehra, Director of Strategic Assets & Property	Drafting	June 2018	tbc

4. Progress on strategic programme

Our strategic programmes all report into our Portfolio Board. This section provides a brief summary of each of those programmes and the main progress that has been seen over the last six months.

4.1 iCAT London

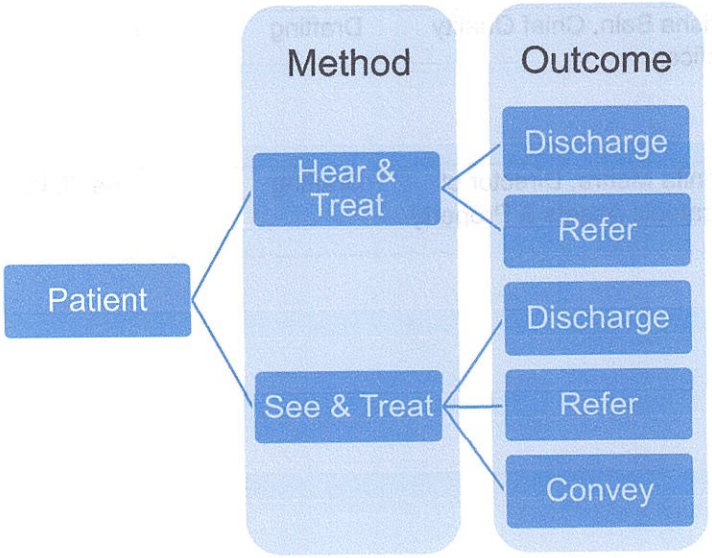
SRO Fenella Wrigley, Medical Director

The Integrated Clinical Assessment and Triage (ICAT) programme seeks to provide patients a single point of access to clinical assessment. The objective is to improve clinical decision making and clinical care with resulting enhancements to patient care. The table below provides a summary of our proposed iCAT service model:

Service delivery (patient-facing)	Service implementation (staff-facing)
• Improving the availability of high quality clinical information available to patients through a variety of digital means, utilising emerging artificial intelligence technology • Development of online self-triage systems linking to clinical self-care information, and connecting to the clinical queue where further assessment is required • Multidisciplinary clinical assessment service, utilising a broad range of clinicians, enabling the service to manage a high proportion of calls via 'hear and treat' using a clinical decision support system, reducing the number of unnecessary onward referrals • Well-governed referral pathways with smooth transfer of information between providers reducing the need for repetition • Post event messaging/discharge summary to a patient's GP to provide information about the assessment and management plan as well as recommendations for follow-up	• Full inter-operability between the 999 and IUC Clinical services facilitating seamless referrals and greater economic benefits of scale and scope • Shared access to clinical records supporting safe prescribing and tailored clinical management • A comprehensive directory of services populated with primary / secondary / community / voluntary sector services, facilitating appropriate referral • Electronic information transfer, prescribing and appointment booking in real-time with information following the patient • Central oversight of clinical queues with alert systems and a demand/capacity dashboard monitored to maintain patient safety • Opportunities for clinical workforce development/sharing clinical resources across the system

Once fully implemented, patients will be able to access ICAT services via 111 or 999 and be assessed by a single integrated assessment and triage team. With the exception of Category 1 and Category 2 ambulance situations, patients will fall into one of the following;

Figure 4: ICAT patient flow outline



Utilisation of the principles of Integrated Urgent Care should result in patients receiving health advice, a face-to-face consultation, including ambulance attendance, or a prescription.

There are three key building blocks for the development of ICAT, on which a significant amount of work has already been undertaken;

iCAT building block 1 - Mobilisation of the North East London (NEL) Integrated Urgent Care Clinical Assessment Service (IUC CAS) for East London Health Care Partnership (ELHCP). Key achievements so far:

- Successful mobilisation of the NEL IUC CAS to 'Live' on 1 August 2018
- Full mobilisation of SEL IUC on 7 May 2019
- As of the end of 2018/19, our South East London Service has had an average ambulance dispatch rate of 8.64% over the last year, whilst in North East London it was even better at 6.95% since August 2019 when it went live. This is in comparison to an average ambulance dispatch rate for the other three sectors of 9.98% in North West London, 10.05% in South West London and 11.42% in North Central London.
- In order to mobilise we established a multidisciplinary workforce to work together in a way that had not existed beforehand
- Through mobilisation we set up our e-prescribing functionality which allow us to send prescriptions electronically to any community pharmacy. This improves access for patients to their medicines when urgently needed, whereas they would have otherwise potentially have needed to wait for a GP appointment or go to an emergency department

iCAT building block 2 – Transformation of the South East London (SEL) 111 to a SEL IUC CAS

- Mobilisation of the SEL IUC CAS with a phased implementation from 26 February 2019 to full service implementation from 7 May 2019
- We have been accredited as a GP Registrar training centre, which is the first one that exists as part of an IUC CAS. This provides us with a more stable pipeline of GPs who also have a much better understanding about the wider urgent and emergency care system than they otherwise would have

iCAT building block 3 - Increasing interoperability & transformation of LAS IUC CAS and LAS CHUB

- Successful implementation of the Adastra™ system within the 999 clinical hub which has enabled greater hear and treat options for 999 callers through ability for our CHUB clinicians to book into ACPs that were previously only available through 111. Early indications are showing that Adastra has increased the efficiency and productivity of the Clinical Hub and Clinical Support desk with Hear & Treat discharges through the Clinical Hub increasing by over 50% since the Adastra functionality has gone live.
- Activation of 999 clinical hub desks co-located within the Barking and Croydon 111 IUC contact centres by the end of May 2019
- We are now able to see frailty flags from GP records. This helps us identify potentially frail patients and tailor advice and assessments accordingly. Based on effectiveness of this we will be looking to develop other flags to help us better care for other patient cohorts.

We are continuously looking to improve our IUC service offering. Some of our key next steps are:

- Scoping the use of video conferencing
- Staring to use telemedicine, to access patient readings where they can help inform advice and assessment
- Improving our remote working capabilities to increase capacity as well as improve efficiency and staff working experience

- Workforce development including rotational placements to develop advanced practitioner role. We are also expanding existing roles and considering what additional healthcare professional roles could be incorporated into our CAS to help us improve patient care and outcomes.

As well as these further improvements and developments to our existing North East and South East London services, we are actively seeking to expand our IUC footprint. To achieve this ambition we are looking to work together with other IUC providers to develop strategic partnerships.

4.2 Pioneer services

SRO Trisha Bain, Chief Quality Officer

Our Pioneer Services programme has seen the establishment of a steering group to drive forward this work and oversee progress. This programme seeks to finalise the design specification, pilot and roll out new services or service improvements for five patient specific patient groups.

We have designed a pilot evaluation framework which has established a strict set of evaluation criteria for each pilot before they start operating, so we have clarity about what we are measuring and what our baseline is, in order to formally and accurately evaluate the benefits or challenges associated with the pilot. Additionally we have worked to identify a trajectory of ED conveyance reduction attributed to each pioneer service which is included below.

The five pioneer services and the progress made on each one is outlined below:

Mental health

The most notable outcomes to date have taken place as part of our mental health pioneer service. The Mental Health Joint Response Car (MHJRC) was launched on 26th November 2018. The pioneer service model consists of a Mental Health Nurse and Paramedic responding to patients in a Mental Health Crisis in South East London. South East London was chosen as the pilot location as it has the highest prevalence of mental health incidents and was supported by the South East London Mental Health Trusts and the STPs.

A three month evaluation has been completed and showed a reduction in ED conveyances. The MHJRC has achieved an ED conveyance rate of 19%, which compares favourably with 54% which is our BAU conveyance rate for mental health patients and 59% which is our overall Trust ED conveyance rate. The job cycle time and re-contact rate is also favourable. We have appointed a Mental Health Paramedic Lead to support the work of the team. Not only does the car itself provide this benefit to the patients that it sees, but paramedics who have operated on this service tend to have a lower ED conveyance rate for mental health patients when responding on their normal shift. This demonstrates that there is knowledge transfer between the mental health nurse and the paramedic and increases the paramedic's confidence of how to treat these patients with mental health needs on their own.

Whilst we continue the South East London pilot, we can now see that it is successful in treating more patients without conveying them to Emergency Departments. Whilst we can see the success of this pilot, we are not currently receiving additional funding to roll it out across London. By conducting a formal and reliable evaluation we are seeking to identify clear and measurable benefits to the wider NHS as well as our own organisation. We believe that we will be able to put a credible business case forward to commissioners and STPs to fund a further roll out of this service. We have already been approached by one other STP who has initiated discussions about them funding an extension of the pilot in their locality.

We also have no desire to employ the significant number of mental health nurses that it would require to run a 24/7 pan-London mental health service. We are therefore working with the Mental Health Trusts to develop a collaborative approach to service provision. The intention is to work with the mental health trusts to use their staff to fill the roster, to work with our paramedics, on the fully rolled out mental health pioneer service. We have held a workshop with Mental Health providers and are due to meet again to identify an optimal crisis pathway and data points for analysis. Whilst we are still

in early discussions, there is clear enthusiasm from the mental health trusts as there are clear benefits for our respective organisations as well as the patients themselves.

The two graphs below show the progress of reducing the percentage of mental health patients conveyed to Emergency Departments. Figure 3 shows that over the course of year 1 of our strategy, the initiatives that we have put in place have been reducing the percentage conveyed to Emergency Departments. Figure 4 beneath shows that this improvement has tracked broadly in line with our strategic trajectory and gives us a starting position better than our 2019/20 business plan. It should also be noted that whilst this work has led to an overall improvement, the year-end conveyance figure is higher than the 19% for the pioneer service, so we would expect to see further improvements in 2019/20, year two of our strategy.

Figure 5: Mental Health ED conveyance actual – representing c. 9,000 incidents per month

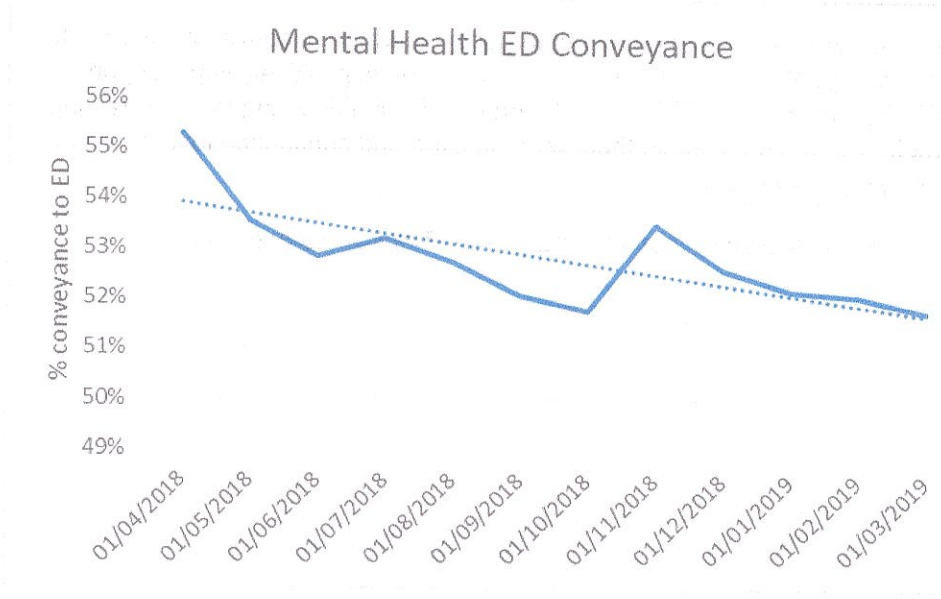
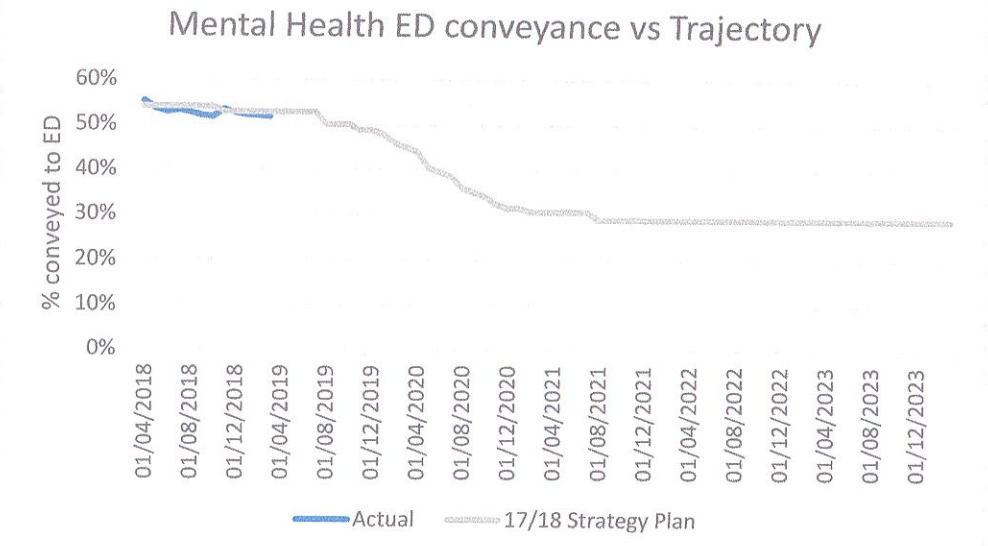


Figure 6: Mental Health ED conveyance actual vs plan



Urgent care

This patient cohort includes a variety of patient groups who are classified as 'urgent care' and would be suitable for a response by an Urgent Care Advanced Paramedic Practitioner (APP-UC). The main way in which we are targeting improvements in this patient cohort is through increasing our numbers

of APP-US. At the same time we are also reviewing our training and enhancing the skill sets of all of our staff to treat urgent care patients without the need to take them to emergency departments

Four APP-UC sites are now active across London; Croydon, Barnhurst, Brent and Friern Barnet. Recruitment for a fourth cohort will commence in May 2019 to enable a fifth site to be established in the remaining STP area to provide full pan-London coverage. The programme continues to demonstrate increased non-conveyance and low re-contact rates compared with standard ambulance response, indicating that the service is safe and effective. During 2019 we appointed an APP-UC practice development manager and were the recipients of a research award from the Ambulance Leadership Forum for our evaluation of the APP-UC programme.

The two graphs below show that over 2018/19, despite monthly variation, the overall ED conveyance rate for Urgent Care patients has been reducing. The ED conveyance rate for this patient cohort is lower than our strategy trajectory.

Going forward into 2019/20 we will continue to reduce emergency department conveyances for this patient cohort through increasing APP-UC numbers. We will also seek to positively impact upon this patient group through training a new cohort of 'rotational paramedics' and ensuring that our training that is provided to our whole workforce will equip them with the skills and confidence to treat urgent care patients without conveying them to EDs.

Figure 7: Urgent Care ED conveyance actual – representing c. 40,000 incidents per month

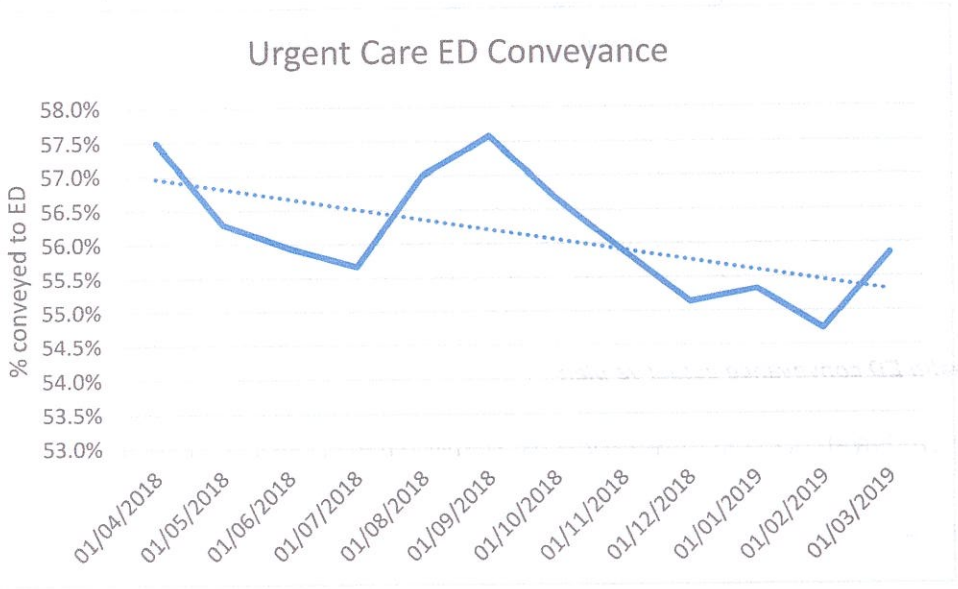
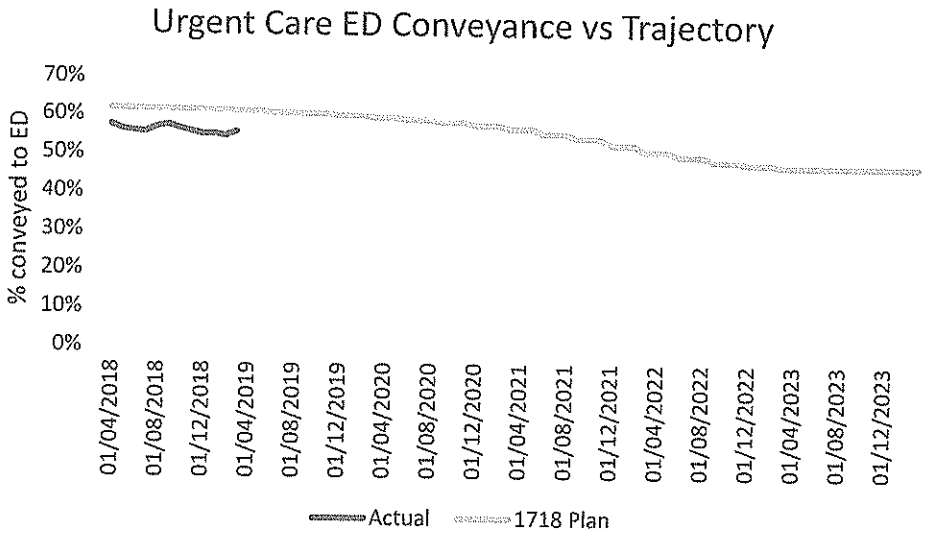


Figure 8: Urgent Care ED conveyance actual vs plan



Falls

The pilot falls service staffed by a paramedic and non-emergency transport service (NETS) staff member commenced in March 2019 operating in the North West area of London where there is a high prevalence of older fallers and support from the STP. Staff underwent additional training in assessment, risk management and onward referral of falls patients. Preliminary data suggest that the service enables a higher proportion of older fallers to receive treatment in the community compared with a standard ambulance response.

Whilst the pilot has only been operational for a few weeks we can see that compared with a BAU ED conveyance rate of between 75%-77%, the falls pioneer service is demonstrating an ED conveyance rate of between 15%-60%, with an average of around 35%. Whilst it is too early for this to be statistically significant, we can see that there is scope for this pioneer service to deliver a significant improvement to ED conveyance rates to this patient cohort.

The graphs below show that there has been a slight increase in the percentage of fallers who have been conveyed to emergency departments in 2018/19. This is however broadly still in line with our strategy trajectory which only estimated a small improvement this year. As the falls pilot was only launched in the last couple of weeks of year 1 of the strategy it will not have had any impact on this. We can see that there is benefit to be derived from this pioneer service and would expect to see that reflected in the data going forward into 2019/20.

Figure 9: Falls ED conveyance actual – representing c. 10,000 incidents per month

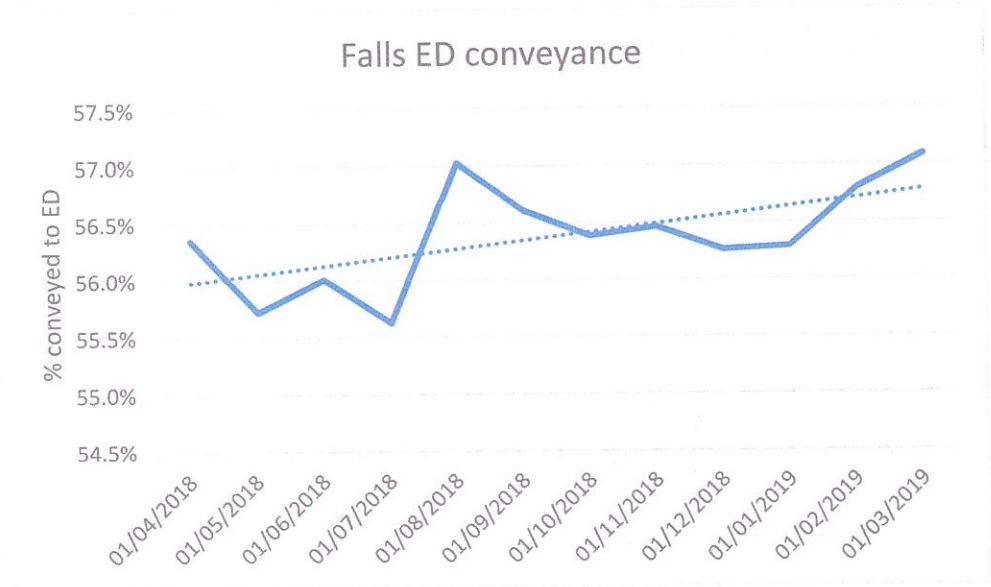
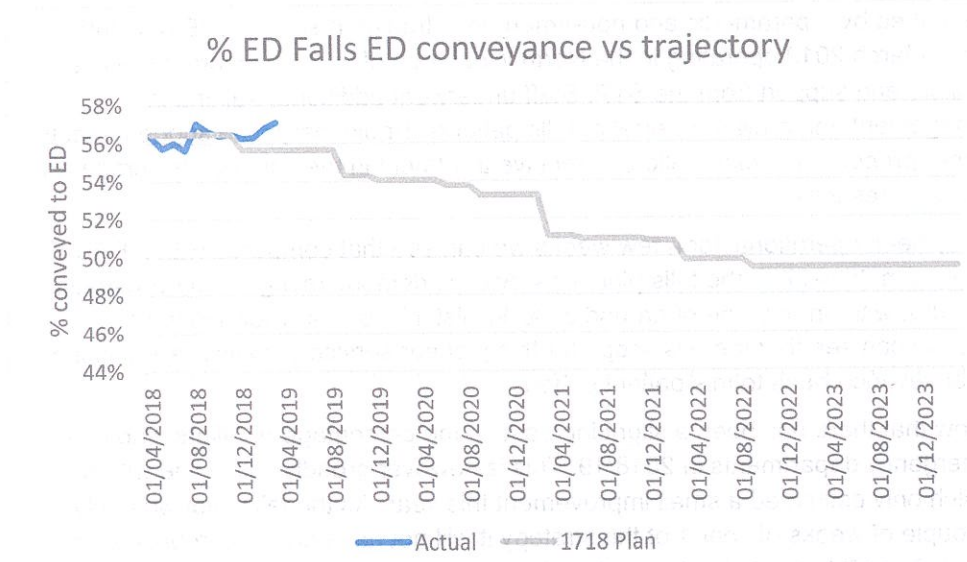


Figure 10: Falls ED conveyance actual vs plan



Maternity

Phase one of the maternity pioneer service is to introduce midwives into our control room clinical hub, working as part of the clinical team. This will provide additional 'hear and treat' capacity to treat women over the phone who are experiencing maternity emergencies, complications or concerns. This pioneer service will provide expert advice for those women and will also seek to reduce unnecessary ambulance dispatches and conveyances where reassurance and advice over the phone is sufficient. For the first time, this new model will offer all patient facing staff a midwifery advice service available to assist assessment and decision making around the care impacting directing on the quality of care we provide.

Similarly to our approach for the Mental Health Pioneer Service, we are working with external stakeholders to work toward sustainable staffing solutions such as rotational positions through both the service and pan London maternity services. The maternity pioneer will evidence its measure of impact through the development of key performance indicators that evidence the quality, safety, and acceptability of the service to our patients and staff.

The service has established a clinical model of midwifery leadership within the organisation with a Clinical Lead, the Consultant Midwife, and the team of Practice Leads for Pre Hospital Maternity Care. The established team will enable excellence in maternity care delivery and oversight for maternity clinicians rotating through the service.

The graphs on the following page show that the percentage of maternity patients conveyed to ED has slightly increased over 2018/19. It should be noted that whilst we are seeking funding for commissioners for this pioneer service, we have not been able to launch phase one of this pioneer service which has meant that it has not been able to directly impact upon this ED conveyance rate. We are developing a business case which will be presented to commissioners in 2019/20 in order to secure additional funding for this enhanced service.

Figure 11: Maternity ED conveyance actual – representing c. 1,200 per month

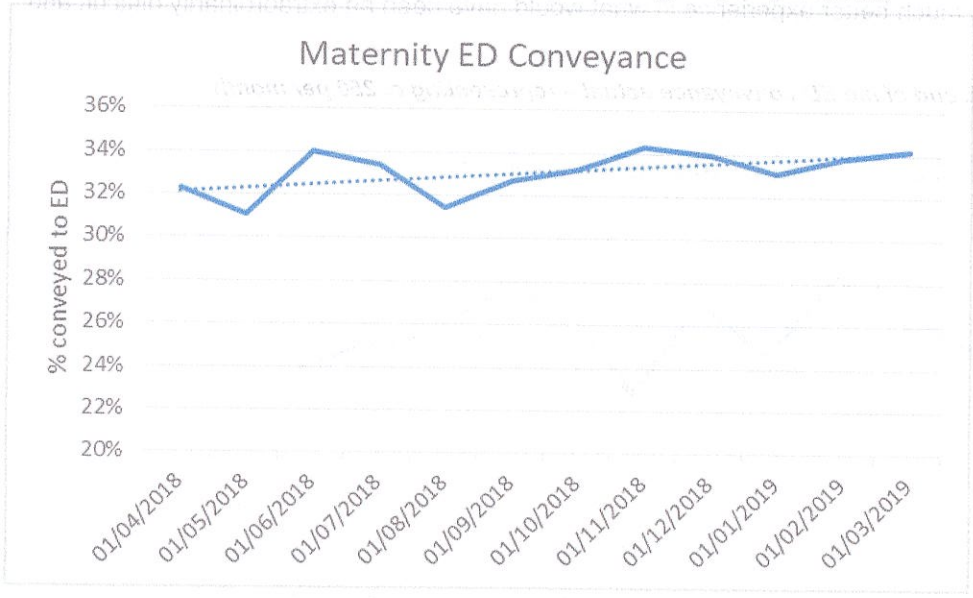
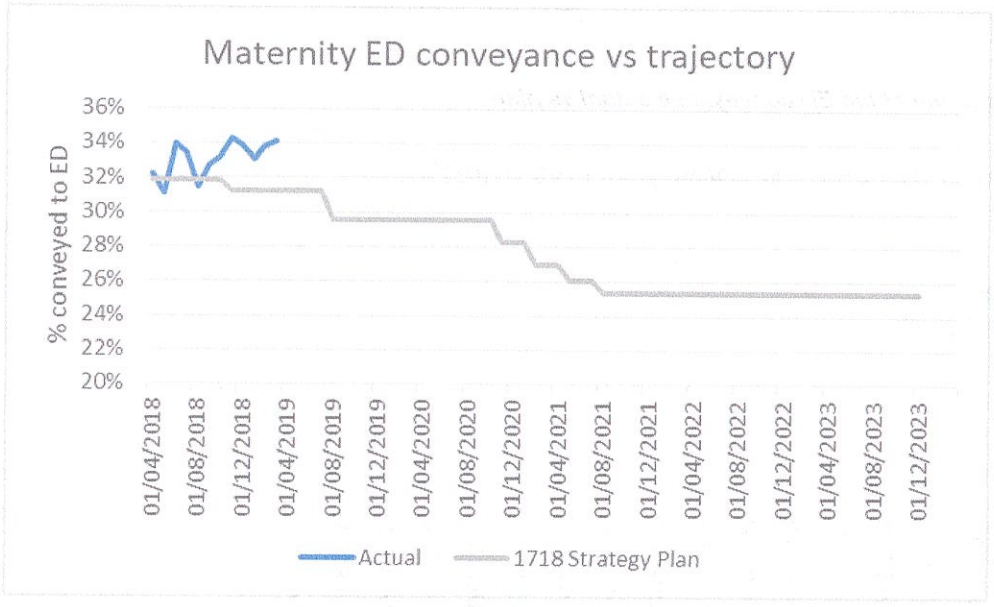


Figure 12: Maternity ED conveyance actual vs plan



Palliative & end of life care

This pioneer service has received Macmillan funding for two years, which has allowed us to employ a small team comprising of a clinician from palliative and end of life care specialism and three paramedics, to support the development of improved palliative and end of life care within our organisation. A major part of this work is engaging with stakeholders across London with the intention

of identifying and creating appropriate care pathways. A pan-London conference held in March 2019 successfully engaged hospices in discussing challenges faced for this patient population and considered possible solutions for the future, including increased support and advice for our staff whilst on scene. The team is also providing learning and education opportunities for our staff to improve their skills, knowledge and confidence when dealing with patients approaching the end of their life, as well as focussing on improving communications and interaction using electronic patient records via staff iPads. In addition, ongoing collaboration with the metropolitan police service has culminated in a mapping exercise to consider appropriate resource allocation for expected versus unexplained deaths, thus avoiding family distress.

The graphs below show that, whilst only representing a small number of patients, we are conveying fewer of them to emergency departments which indicates that for those patients and their families, they were provided a much better experience in what would have been an extraordinarily difficult and emotional situation.

Figure 13: Palliative & end of life ED conveyance actual – representing c. 250 per month

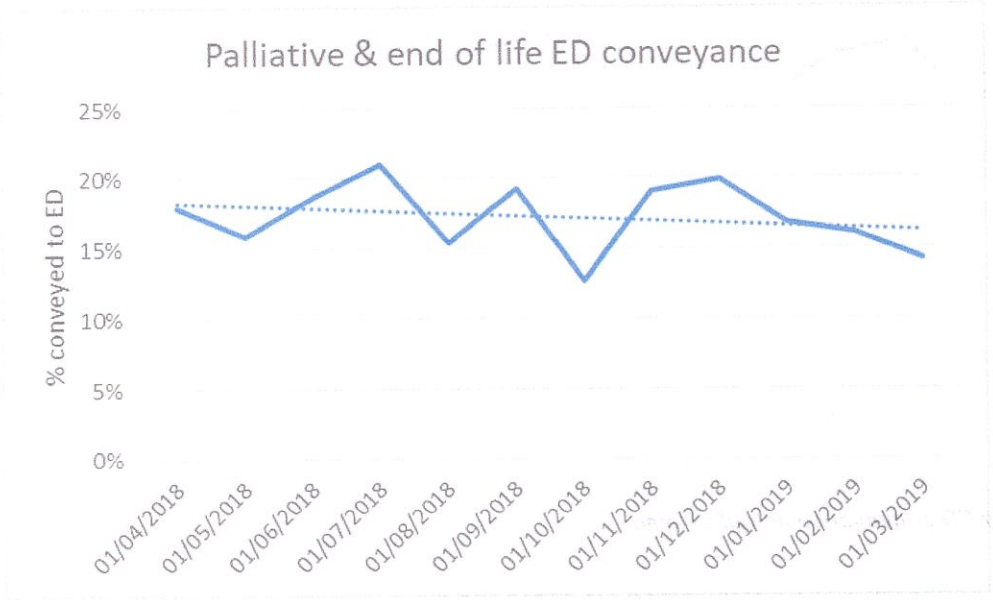
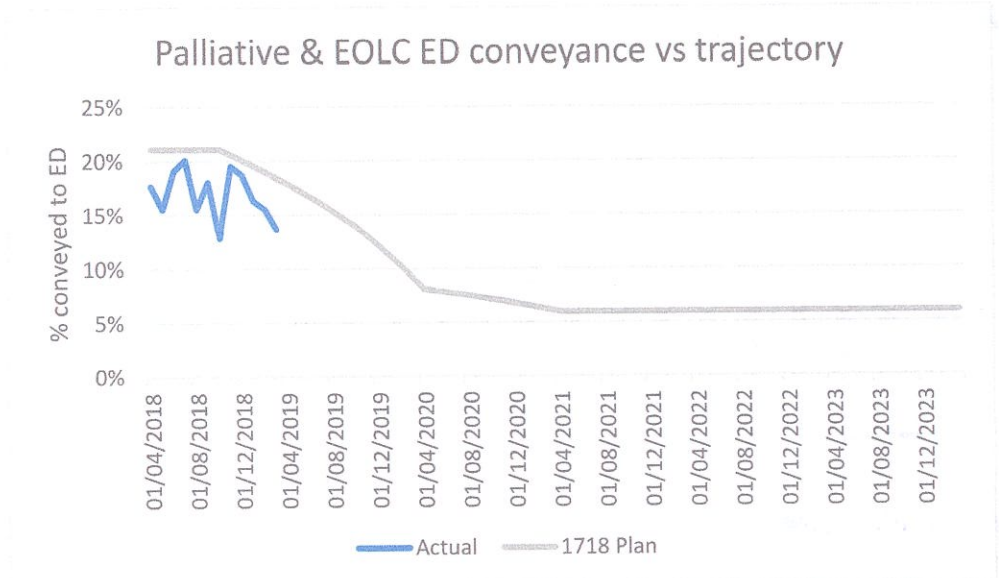


Figure 14: Palliative & end of life ED conveyance actual vs plan



4.3 Spatial development

SRO Benita Mehra, Director of Strategic Assets and Property

The spatial development programme comprises of a review of the entire estate with a view to making best use of the trust's resources, to ensure that the estate is fit for the future and provides a high quality working environment for staff. The spatial development programme has focussed primarily on the corporate estate to-date until the operational estate strategy is finalised.

The first tranche of the corporate estates project to refurbish the second floor of the Waterloo Road headquarters was successfully delivered on schedule in November 2018. The second phase of the works to refurbish the third floor East wing of the trust headquarters was completed as planned in mid-April 2019, with staff occupying the newly refurbished areas on Monday 15th April.

This work has delivered a 50% increase in occupancy (40-59) as well as four new meeting rooms available to all staff. This new area, occupied by the People & Culture Directorate, has allowed us to consolidate teams previously based in multiple locations, promoting better team communication and working.

Work is currently being undertaken to specify the requirements for the refurbishment of other areas at the trust headquarters, including; the refurbishment of the first and second floor East wings of the building, and communal areas throughout the site. Toilet areas will also be refurbished and a quiet room available to all staff will also be created. A specification for works to the front of the building is also being finalised.

We have already moved our finance team out of Morley Street with that building to be decommissioned to return to the landlord by 31 May 2019. We plan to consolidate all of our corporate and support staff on two central London sites (Waterloo HQ and Pocock Street) by the end of March 2020 when our lease at Union Street ends. Work before then will ensure we have sufficient capacity and infrastructure to accommodate the staff that were previously spread amongst five sites.

In addition to the operational estates strategy and these works to the corporate estate, improvements and efficiencies that could be seen in other areas of the estate will be identified, including; the control rooms, the training estate and vehicle maintenance facilities.

4.4 Connecting clinicians

SRO Fenella Wrigley, Medical Director

The Connecting Clinicians project has made significant progress since its inception in November 2017. After successfully rolling out iPADs to over 4000 paramedics, the project focussed on providing enabling technologies to our clinicians, providing the tools to improve patient care. Key applications include:

- **Coordinate My Care (CMC)** which allows clinicians access to patient care plans
- **MiDOS** which provides our paramedics with a directory of services available to the patient. Whilst there was initially some resistance to use or lack of awareness from staff about MiDOS we have seen a significant increase in usage following an extensive internal awareness communications campaign. We are now seeing month on month increases in MiDOS usage (4196 in Jan 2019, 4361 in Feb and 4405 in March)
- **JRCalc** which provides protocols for the joint working of emergency services and
- **Waze** which provides drivers with directions, live traffic reports and alerts about: car accidents, road conditions, and hazards. This application aims to improve driving time, fuel consumption & increase cost savings.
- In addition to these applications, the project has successfully implemented Record Locator Service (NRLS) within the Clinical Hub with 100% of clinicians being trained on the system by the end of the financial year 18/19.

Our advanced paramedic practitioners worked with NHS Digital providing requirements for the new Summary Care Record additional (SCRa) mobile application. The application which went live on 17

April 2019, will provide our clinicians with mobile access to all the SCRa information available on the desktop version. Mobile access to patient information access using a virtual smart card through the use of biometric authentication will revolutionise the way our paramedics treat patients as they will have background information to support their clinical decisions. Alongside the SCRa deployment, the project produced an outline business case and full business case to support the procurement of an electronic patient care record (ePCR).

As part of the ongoing due diligence within the programme, the programme team reviewed the business case for the procurement of the ePCR alongside the business planning and priorities of the Trust. The conclusion of the review was is that, although there are significant qualitative and quantitative benefits associated with the procurement of an ePCR application, the cost of procuring an ePCR in isolation was deemed to be high when compared to the other initiatives being reviewed as part of the business planning process. Alongside the review of the ePCR, an exercise was undertaken to review the costs attributed to the running and ongoing maintenance of the Computer Aided Despatch (CAD) system. The Carter Review identified the cost of operating our current control room systems are very high in comparison to all other English ambulance trusts. Internally, it was proposed that potential cost saving would be to replace CAD system and the other integrated applications.

Building further on this proposal and the experience of other ambulance trusts, it was proposed that there are further cost savings and operational efficiency gains if a fully integrated Triage, CAD and ePCR system were procured rather than a separate procurement for each system.

A paper was presented to the Executive Committee on 26 March 2019 setting out the case for LAS to replace the existing Emergency Operating Centre (EOC) systems used for call handling, triage and dispatch. The Executive Committee agreed that the Trust should build on the work already undertaken to support the ePCR development and explore and scope a programme to replace the CAD and associated systems.

4.5 Ready, set, go (medicine management)

SRO Benita Mehra, Director of Strategic Assets & Property

The Ready Set Go Programme manages the development, implementation and roll out of the storage, management, distribution and audit of medicines and consumables with the aim to achieve:

- consistent patient quality
- standardisation of processes
- greater efficiencies in the use of medicines
- traceability of medication

We have made improvements to our medicine management arrangements over the past few years and this programme seeks to continue those improvements in these four areas:

Secure drug rooms

This project ensures the security of medicines at station by developing and building a purpose high spec secure drug room with CCTV and 'smart' key systems at 29 stations. This project is underway and 80% complete with 24 rooms already in use. Feedback from staff on the new rooms has been very positive and benefits are already being realised with any incident investigation time being reduced along with a clear and transparent audit system. The new processes also mean time savings for the band 7 APP clinicians and MRU/CRU whose packs are now routinely delivered to station. Phase 2 of the project is currently also in planning.

All IT systems and dependencies relating to the secure drug rooms are currently being transitioned into IM&T BAU. Anticipated completion dates for phase 1 and 2 are September 2019 and March 2020. A full benefit realisation review will take place once all rooms are complete.

Multi-dose drug packs

Multi-dose drug packs of the "station-based drugs" project brings together the currently loose drugs, which are either signed out by the individual clinician or vehicle into a pouch. These drugs are

currently stored in containers on station and are not necessarily secure and are not carried in secure, appropriate or auditable ways. A pilot pack has been approved and pilot locations have been identified.

The business case for the pouches has been approved and the pouches are ready to be ordered. The project is currently waiting for the update of kit prep development to incorporate the new packs and packing processes which has been hindered by the wifi issues (in progress to resolve).

Primary response bags

This project is replacing the vehicle-based equipment bags and will develop a modular restocking system for the equipment bags during a shift that eliminates the current inventory of loose consumables. We identified that the SCAS style bags were appropriate and a pilot is being prepared based on the LAS ALS design together with the SCAS primary response bags. Each bag content is modular with spare modules to be placed in the ambulances by VP.

The business case has been approved subject to an update on the benefits realisation case and is partially funded for the rollout of Advanced Life Support bags.

Kit prep

The kit prep pack audit system has been in use for almost 2 years in stations. The Logistics packing app is integral to supporting the packing of drug packs with info being entered and printed of kit prep (pack list) and management of multi-dose drug packs. The next phase of roll out will provide crews with the ability to run the kit prep app on their iPads instead of hand writing the drug forms.

The Kit Prep app development was delayed due to wifi implementation. A BT survey at LSU was completed and a report confirming requirements concluded in February 2019. The wifi Rollout date is yet to be confirmed.

4.6 Commissioning and contractual form

SRO Lorraine Bewes, Director of Finance

Negotiations with the Trust's lead commissioner are still ongoing with regard to our 2019/20 contract. The Trust continues to keep NHSE/I informed of the progress of these negotiations and for the current contract year will still be contracted using the NHS Standard Contract. As part of the 19/20 negotiations the Trust has managed to secure funding previously received outside agreed contracting arrangements within the contract terms. This has provided additional assurance over the receipt of £13m relating to pay awards and winter resilience.

For 2018/19, the Trust is currently working with commissioners to validate the level of reported over-performance. This is likely to result in an additional £4.3m-£4.6m income.

The Trust provided a formal response to NHSI's consultation on the proposed Integrated Care Provider contract. The response highlighted the need for ambulance services/111 to be included within the scope of integrated provision on the basis that the contract should allow and support system wide integration and innovation and not impose restrictions on such developments. NHSI is currently reviewing consultation responses and will issue a report once they have complete their review. In the interim, the Trust continue to review alternative commissioning arrangements for future contract years.

5. Progress of development of our enabling strategies

5.1 People & Culture Strategy – signed off by Trust Board

SRO Patricia Grealish, Director of People & Culture

The People and Culture Strategy aims to create a richer, more supportive working environment with greater opportunities for learning and career development, attracting and retaining the best people in the country from all walks of life.

Background to strategy development

In late 2017 we developed and published a People and Organisational Development (P&OD) Strategy (2017-2020). In response to the publication of our new organisational strategy, as well as the restructure of P&OD to People and Culture, this strategy has been reviewed to ensure it reflected the changes happening across the Trust and is aligned to the new Trust strategy.

Progress

In May 2018, work commence on the refresh of the People and Culture Strategy. A gap analysis was conducted initially to review the original People and Culture Strategy (2017) with the newly published Trust strategy (May 2018) to identify synergy and gaps. LAS staff were engaged with the development of the strategy during a workshop which focused on the Trust's new vision, values and behaviours and staff were asked their views on specific questions on areas to inform the refresh of the strategy.

Further engagement and input was sought from our Non-Executive Directors (Jayne Mee, Bob McFarland and Jessica Cecil) to gain insight and views on future direction of the strategy. We ensured that Unions were engaged with regularly throughout the development of this strategy with updates provide at Staff Council and feedback taken into account.

The draft final version of the Strategy was presented to ExCo in October 2018, and signed off by Trust Board in November 2018.

Key strategy development milestones

Figure 15: People & Culture strategy development timeline

5.2 Digital Strategy – signed off by Trust Board

SRO Ross Fullerton, Chief Information Officer

The Digital Strategy (renamed from IM&T strategy) details a technology roadmap to support our organisational transformation. It outlines that we not only want to use available technology, but want to lead the way in developing, piloting and utilising new technology to improve productivity, efficiency and patient care.

Background to strategy development

In September 2017, we set out our IM&T strategic vision in a slide pack presentation, presented to Trust Board. The LAS commissioned PA Consulting in May 2018 to assist with identify the LAS Digital Capability Opportunities within the local, regional and national context. With the publication of our new organisational strategy, we commenced the development of a new digital strategy which focussed on three key areas; iCAT, ambulance operations and Pioneers and Sustainable and effective corporate functions.

Progress

In May 2018, work commence on the development of a new IM&T, digital, data strategy with initial focus on understanding the external landscape / national context and its opportunities for the LAS. A

gap analysis was undertaken focusing on what we knew from previous strategic work and cross-checking with the new Trust Strategy.

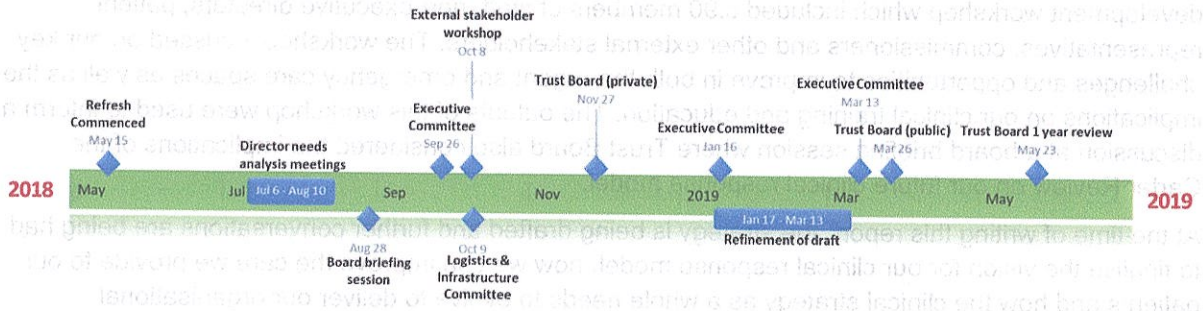
A significant amount of engagement has occurred to inform and support the development of the IM&T, data and digital strategy. Our Chief Information Officer met and engaged with the Pan-London Digital Governance Group, London CIO Council, National Chief Information Officers (CIO) and Chief Digital Officers (CDO), the Chief Digital Officer for London as well as with providers and Commissioners. There has also been significant 'user' engagement nationally for the elements of IM&T programmes which the LAS will be part of. Specific project level engagement and workshops have informed the development of the strategy including the electronic patient care record (e-PCR) project. Needs analysis meetings were held with all Directors to understand their technological, data and digital needs arising from their strategies and work plans. Extensive input was sought from the IM&T Senior Managers through a series of workshops.

A Board briefing session took place in August 2018 for further engagement and input from Trust Board. The strategy was presented to Trust Board in November 2018 which led to a further stage of refinement, with changes including closer alignment with the new NHS long term plan, alignment with our organisational strategy and more detail on costs and affordability.

The revised Digital strategy was presented to and signed off by Trust Board in March 2019

Key strategy development milestones

Figure 16: Digital strategy development timeline



5.3 Quality Strategy – signed off by Trust Board

SRO Trisha Bain, Chief Quality Officer

Our quality strategy is the plan through which we focus on the quality of clinical care and patient experience to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything we do.

Background to strategy development

Our quality strategy is produced alongside our quality account each year. The strategy was informed largely by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. This included comparisons of trends and variations from a range of intelligence including patient surveys, staff surveys and governance data such as complaints and incidents.

The quality strategy identifies a number of key goals and targets, which are aligned to the CQC domains and will be monitored and reported at our committee structure through to Trust Board.

5.4 Clinical Strategy

SRO Fenella Wrigley, Medical Director

Our clinical strategy describes describe the way in which we will deliver outstanding care to all of our patients. It outlines the overarching clinical leadership, accountability, responsibility and behaviours required to deliver clinical excellence in a changing NHS. It provides the framework against which developments in clinical practice will be made, and against which we will measure progress.

Background to strategy development

Our Clinical Strategy (2016-2021) was approved by the Board at the end of January 2017. It was developed with feedback from staff, the Patients' Forum and a significant number of external stakeholders. It sets out the Service's aim, commitment and expertise to be the provider of emergency and urgent care - with an integral role in the development and delivery of NHS 111 - for patients in London.

Whilst our clinical strategy was only signed off relatively recently, with the publication of our new trust strategy, as well as the changing nature of the NHS and other key enablers it is the right time to refresh this clinical strategy. This refresh will ensure that it is up to date, aligned with our overall strategy and ambitious is what it seeks to deliver.

Progress

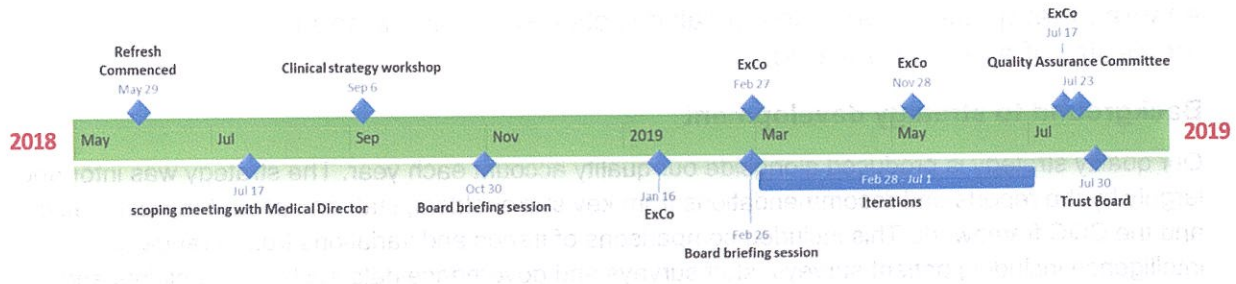
In mid-July 2017, work commenced to review the Clinical Strategy. We ran a clinical strategy development workshop which included c.90 members of staff, non-executive directors, patient representatives, commissioners and other external stakeholders. The workshop focussed on our key challenges and opportunities to improve in both the urgent and emergency care spaces as well as the implications on our clinical training and education. The outputs of this workshop were used to inform a discussion at a board briefing session where Trust Board also considered the implications of the Carter Review on our future clinical response model.

At the time of writing this report, the strategy is being drafted and further conversations are being had to finalise the vision for our clinical response model, how we can improve the care we provide to our patients and how the clinical strategy as a whole needs to evolve to deliver our organisational strategy.

It is planned to present a final draft version to ExCo, Quality Assurance Committee and then Trust Board in July 2019.

Key strategy development milestones

Figure 17: Clinical strategy development timeline



5.5 Learning & Education Strategy – Presented for sign off in May

SRO Patricia Grealish, Director of People & Culture

Our Learning and Education Strategy details how we will transform our learning and education offer for all our people to easily access through user-friendly digital channels from anywhere, anytime, any device, and introduce performance

enhancing classroom experiences. This strategy overhauls how learning is designed, managed and delivered to be patient-centred and create thriving multi-disciplinary communities across the trust, as one organisation

Background to strategy development

This strategy is a newly developed one, pulling together all learning and education activities across the Trust. Historically within LAS, training and development has been managed and monitored completely separately for clinical and non-clinical staff. Clinical and non-clinical skills have also been largely separate. It was decided that a single learning & education strategy, encompassing a shared governance approach to all learning and education across the Trust should be developed.

This work is also predicated on the review of our training and development undertaken by ReThink in 2018, which provided a number of recommendations, including the development of a single strategy.

Progress

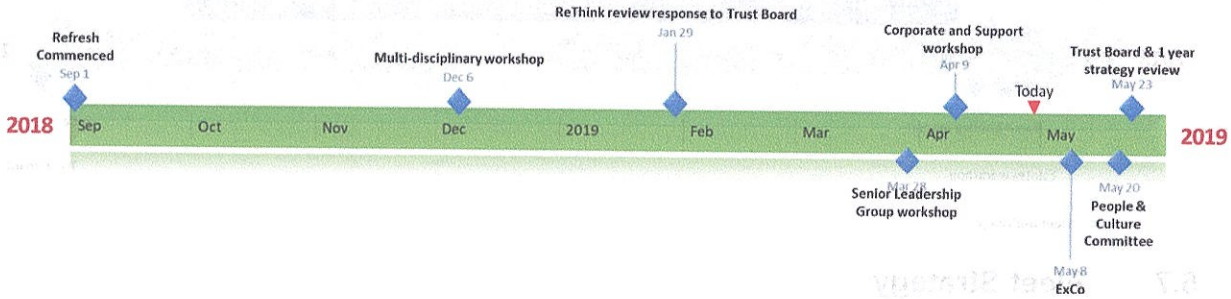
Following kick off meetings with the Director of P&C, we held a workshop in December 2018 with senior managers and trainers to start developing our key themes and priorities for this new strategy. Common themes were identified, particularly about improved processes, improving the learner experience and utilising modern technology. In January 2019 the Trust response to the ReThink review was presented to Trust Board, including the commitment to developing this strategy and including all relevant themes and priorities from the review within it.

In order to get a broader range of staff input, two further workshops took place in early 2019. In March we utilised the Senior Leadership Forum to build on the outputs of the initial workshop and discuss, based on the emerging themes, what that looked like in a world-class organisation and what initiatives or changes needed to be made accordingly. Having identified that the majority of input that we had received thus far was regarding clinical training, we ran a workshop focussed on corporate and support staff development needs. This workshop was well attended and provided viewpoints from a broad range of individuals including senior managers, station administrators and corporate staff from a number of directorates.

Following these workshops, we have been working with the Director of People & Culture and Chief Executive to iterate and refine the strategy which is being presented to Trust Board at this May meeting.

Key strategy development milestones

Figure 18: Learning & Education strategy development timeline



5.6 Operational Estate Strategy

SRO Benita Mehra, Director of Strategic Assets & Property

Our estates strategy outlines our current operational estate, the expected requirements on that estate in the future and how we plan to develop our operational estate to meet those requirements.

Background to strategy development

Over the past five years we have conducted a number of reviews into our estate, but have not finalised an estates strategy to outline what changes we need to make and how we will make them. The reviews that have taken place are:

- 2018 Currie & Brown; Corporate estate – office accommodation review
- 2017 Citrica & Knight Frank Estate strategy report following planning workshops
- 2016 ORH station location optimisation report
- 2012 '6-facet survey' looking at the quality of our estate

Progress

In May 2018, work commenced on the development of a new Estates Strategy. A workshop took place in June 2018 for LAS senior managers to contribute to a shared vision for what our estate needs to be and do now and in the future. A separate workshop also took place focussing on our fleet which will be a key input for our estates strategy

At the end of June 2018 a Board briefing session took place focussing on estates which included a significant amount of modelling work which contributed to the Trust Board discussion about our future operational estate.

Since those development workshops and meetings a significant amount of iterative development has taken place with the CEO regularly reviewing progress and directing further improvements to the document. A number of substantive additions have been made including more detailed benchmarking between ourselves and other ambulance trusts, a greater level of analytics to identify the proposed locations of our future estate and a high level plan for operational estate development by site.

Following approval by the Chief Executive it is proposed that this document will be shared with Trust Board members in June or July for discussion. Final details to be confirmed.

Key strategy development milestones

Figure 19: Operational estate strategy development timeline

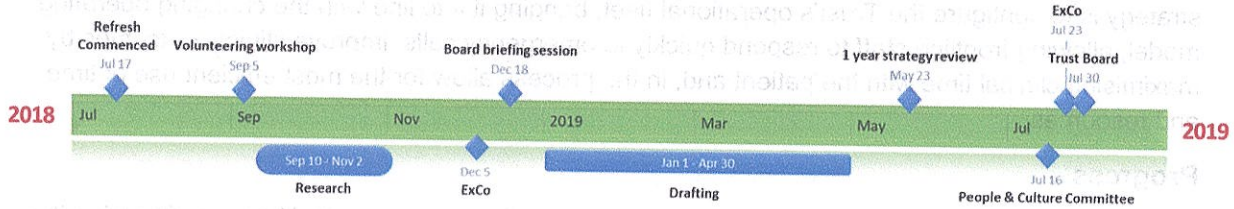
5.7 Fleet Strategy

SRO Benita Mehra, Director of Strategic Assets & Property

Our fleet strategy outlines the future requirements for our fleet and how our vehicles will support the delivery of world class patient care. Our fleet strategy needs to detail how we will ensure our fleet is best placed to meet our future needs, including being environmentally friendly, utilising modern technology and providing our staff with a high quality working environment.

Key strategy development milestones

Figure 20: Volunteering strategy development timeline



5.9 Patient & Public Engagement Strategy

SRO Trisha Bain, Chief Quality Officer

Our existing Patient & Public Engagement strategy outlines how we will engage with our patients, patient representatives and the public to ensure that their input and experiences improves the way that we deliver our service.

Background to strategy development

We have an existing Patient & Public Involvement strategy which was produced in 2017. We also have a significant amount of patient and public engagement work that takes place around the Trust which is reported in the PPI annual report

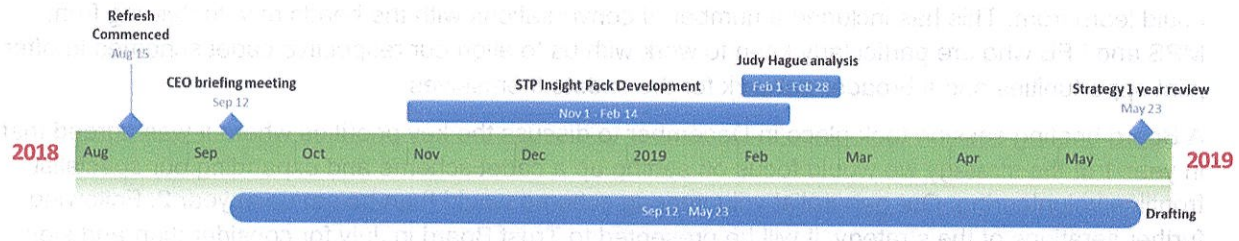
Progress

This strategy remains in the drafting stage with iterations refining the content, specifically in regards to whether it includes the broader organisational stakeholder engagement or remains a standalone strategy focussing on patient and public engagement.

If this strategy does include the wider stakeholder engagement area, a great deal of work has been taking place that will feed into it. The strategy team has developed a set of detailed STP Insight packs which details the key stakeholders within each STP, the associated CCGs and local authorities. The packs include the STP priorities and the key forums in which we engage with them. In addition, Judy Hague was commissioned to carry out a separate piece of work looking at our key organisational stakeholders, and this work would also be ready to feed into a broadened engagement strategy.

Key strategy development milestones

Figure 21: Patient & public engagement strategy development timeline



Background to strategy development

A Trust fleet strategy was signed off by Trust Board in May 2017 which spanned 2017-2020.

The strategy set out an analysis of the operational and technical challenges that impact the Trust in its development of a robust fleet strategy to support the vision of the organisation. The aim of the strategy is to configure the Trust's operational fleet, bringing it into line with the changing operating model, allowing frontline staff to respond quickly to emergency calls, improve clinical outcomes by maximising clinical time with the patient and, in the process allow for the most efficient use of time and resources.

Progress

As we have an existing strategy we are not currently developing a new one. However, following the ULEZ requirements being made clear as well as the national ambulance specification being published, we are focussed on ensuring our fleet will be compliant with these requirements within the necessary timeframe.

5.8 Volunteering Strategy

SRO Fenella Wrigley, Medical Director

Our volunteering strategy will establish a volunteering scheme, identifying an expanded range of opportunities for members of the public to volunteer directly with us, or contribute to the health and wellbeing of their local community.

Background to strategy development

Whilst we have a number of existing volunteers, most notably Emergency Responders and Community First Responders, we have not previously had a strategy which outlined a broad vision for volunteering within the London Ambulance Service. Our ambition to expand on what we already do and set up a 'community of life changers' is outlined in our organisational strategy.

Progress

In August 2018, planning commenced to develop the Volunteering Strategy and a workshop was held in September 2018 to inform its development. This event was attended by a wide range of staff, some of our current volunteers, Heads of Volunteering from NHS Trusts and other key stakeholders including St John Ambulance, London's Air Ambulance and HelpForce. It was an energetic workshop which provided a large number of suggestions of what volunteering opportunities we could look to develop.

Additionally, we have carried our extensive research into what volunteering takes place within the NHS, within other Ambulance Trusts in the UK and abroad as well as in other organisations who we could learn from. This has included a number of conversations with the heads of volunteering from MPS and LFB who are particularly keen to work with us to align our respective cadet schemes to offer joint opportunities and a broader network for the cadets themselves.

A Board briefing session took place in December to discuss the key priorities where it was agreed that in year 1 of the strategy we would focus on setting up a cadet scheme and expanding our specialist frontline volunteering. Our generalist volunteering scheme would then be set up in year 2. Following further iterations of the strategy, it will be presented to Trust Board in July for consideration and sign off.

6. Effective stakeholder engagement

One of our three strategic themes as outlined in our new organisational strategy is that we want to have a stronger working relationship with our key stakeholders across London, particularly NHSE, NHSI, the five STPs and London's CCGs. In order to achieve this, within 2018/19 we have restructured and expanded our stakeholder engagement function with the aim of being able to focus this engagement work on the key strategic issues. The main changes that we have made are:

- Our Stakeholder Engagement Managers transferred from the Operations Directorate to our Strategy team, ensuring a greater focus on the key strategic engagement issues within each sector.
- We have established a Strategic Partnerships function and recruited a Head of Partnerships to lead it.
- Our STP engagement CQUIN was refocussed to ensure that we are working at a local level on shared priorities. We have received 100% of the CQUIN award from all five sectors in quarters 1, 2 & 3 and are expecting to be similarly successful in quarter 4.

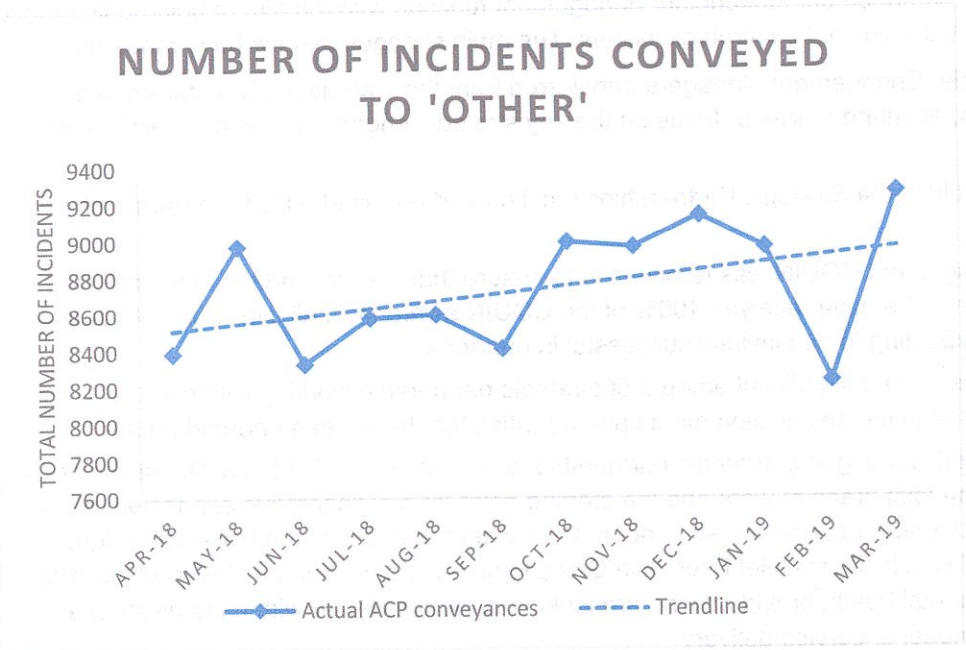
This past year has seen a significant amount of strategic partnership working with our key stakeholders. Some of the key achievements and activities that have been undertaken are:

- We have started working at a strategic partnership level with London's Mental Health Trusts, which has led to some joint areas of work and the starting point for a collaborative expansion of our Mental Health pioneer service across London. We have engaged with the Cavendish Square Group (Mental Health Trust Chief Executive Group) and have developed a closer relationship with a number of mental health providers who are looking to work together with us to develop a collaborative model of service delivery
- We have built on our existing work with the Metropolitan Police and London Fire Brigade to build a stronger level of collaboration and partnership working. We are seeking to collaborate on providing a more joined up response to people in a mental health crisis, no matter which emergency service they come in to contact with
- As part of the STP engagement CQUIN we have, utilising a successful bid for funding from Health Education England, rolled out a scheme in North West London for our staff to shadow rapid response teams. This experience and improved knowledge about those teams will enable our staff to increase the number of referrals into that pathway. This has contributed to North West London having improved see & treat rates and lower conveyance rates. This scheme is being seen as best practice and is being replicated across other sectors
- Within the last six months in particular, we have increased our engagement with STPs, participating more consistently in strategic forums, particularly in South East, North Central and South West STPs. Further work is underway to identify strategic engagement opportunities in North East and North West London
- We co-chair the pan-London ACP and demand management group, working with commissioners and STP colleagues to identify issues, inconsistencies, or best practice with pathways and improve their provision and usage.
- Our Stakeholder Engagement Managers and Assistant Directors of Operations have been ensuring they are responsive to the needs of their respective STPs. For example:
- We assisted South East London in identifying the root causes of demand increases from Greenwich
- In South West London we worked on a deep dive into handover delays at particularly problematic hospitals and identifying actions which will seek to improve turnaround times going into 2019/20
- In North East London we have been supporting particularly challenged hospitals by providing a mobile management vehicle to engage with staff about conveying decisions to encourage them to use ACPs for suitable patients in the future.

The key metric that we identified for this theme was to increase the number of patients who are conveyed to appropriate care pathways as opposed to emergency departments. Figure 21 below

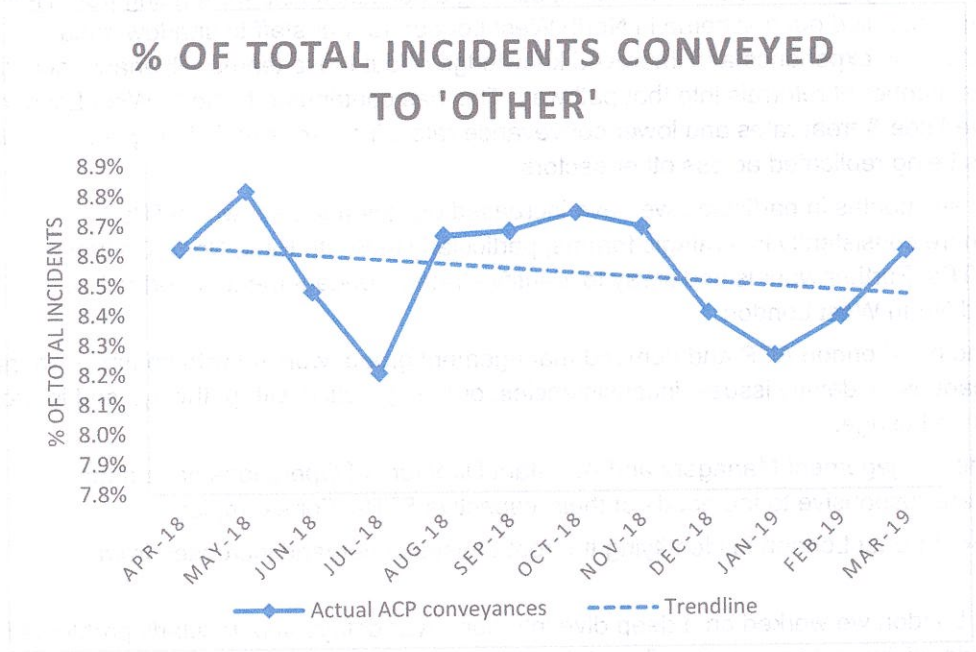
shows that through 2018/19, the first year of our new strategy, we steadily increased the absolute number of patients who we conveyed to non-emergency department care pathways. Whist there is monthly variation, there was a very clear upwards trend in this.

Figure 22: 2018/19 number of incidents conveyed to 'other'



However, as Figure 22 below shows, this has correlated to an overall decrease in the total percentage of incidents responded to that we have conveyed to pathways other than emergency departments.

Figure 23: 2018/19 Percentage of total incidents conveyed to 'other'



Whilst it is crucial that we continue to promote ACP usage, the total growth the number of patients who are conveyed to an ACP as opposed to an emergency department is a positive sign that usage of these pathways are becoming more commonplace within our organisation. There are a number of mitigating circumstances in why the percentage of total incidents conveyed to 'other' locations has not increased:

- The total number of incidents we respond to has increased, particularly the higher acuity patients who are not suitable for conveyance to an ACP
- Our staff sometimes find that some of the processes hinder their ability to access ACPs, such as lengthy delays in being able to make the referrals. We are working with commissioners and system partners to improve this as well as working with our staff to ensure that they are using MiDOS to improve their visibility of what pathways are available for them to access
- We have seen an overall increase in our Hear & Treat rates over 2018-19 which would have provided appropriate care for patients over the phone, who would have otherwise been suitable for an ACP referral. The more effective our 'hear and treat' is, the higher the overall acuity of our face to face responses will be, necessitating conveyance to emergency departments.

Whilst improved partnership working is a priority in and of itself, it is also a key enabler of all of our other priorities and the changes we have made to this function will seek to support all the work we do as part of our strategy. We have made good progress over the past year in developing some key partnerships and working with our system partners to improve our ACP usage. This work will continue in 2019/20 and plans are already in place to improve the effectiveness of this work to deliver greater outcomes in year two of our strategy.

7. Key dependencies

Within our strategy we identified four key dependencies that would impact on our ability to successfully deliver our strategy. The table below outlines what those dependencies are and where they are being monitored and progressed:

Figure 24: Key dependencies outlined in 2018/23 organisational strategy

Dependency	What that means	Where progress is primarily being monitored
Closer clinical working with partners	1. For iCAT London, we will need to be able to access specialist advice from staff at other providers 2. We need to be able to access shared care records 3. We need to be able to refer to local community teams & partners populate shared records	1. iCAT strategic programme 2. Connecting Clinicians strategic programme 3. Connecting Clinicians strategic programme
Digital interoperability	1. Technical ability to access shared records in EOC and on the road 2. Support NHS Digital & influence national initiatives	1. IM&T enabling strategy 2. IM&T enabling strategy
Approach to commissioning	1. Ensure we have the right incentives in place through our contracts with commissioners 2. Contracts and payment mechanisms will need to reflect savings that we make for the wider system 3. We need to develop our strategy in collaboration with commissioners	1 Commissioning & contractual form strategic programme 2 Commissioning & contractual form strategic programme 3 Changes to stakeholder engagement function
Funding from commissioners	1. We are likely to need additional funding to roll out our pioneer services once they have been piloted	1. Pioneer services strategic programme 2. Commissioning & contractual form strategic programme

8. Next steps

We will continue to drive forward progress on each of our strategic themes, sign off and implement our enabling strategies and build strong and effective relationships with our key stakeholders. Trust Board will receive regular oversight of all of these activities through delegated committees and the Integrated Performance Report.

As outlined in section 2.1, as part of our 2019/20 business plan we have refreshed our strategic programmes, but will continue to drive these forward through our Portfolio Management Board. All of the key actions that were included in our 2018/19 programmes, if not completed, are included within our 2019/20 programmes.

Whilst a significant amount of work went into the development of our 2018-23 strategy with particular focus on detailed modelling, we are now in a position to fill in some of the assumptions that were made with actual data from the past year. That, in conjunction with the publication of the new NHS long term plan and an ever-changing urgent and emergency care sector has led us to the view that it would be sensible to refresh our organisational strategy, particularly focussing on updated modelling.

The strategy team will lead on this work with the intention of presenting it to Trust Board for consideration in November 2019 instead of a standalone 18 month strategy review.

Angela Flaherty

Interim Director of Strategy

23 May 2019