



NHS

London Ambulance Service

NHS Trust

“For the patients and communities we serve,
we will improve our services, strengthen our
organisation and build our strategy for the future”

Business Plan 2022/23



Contents

1	Foreword from our Chief Executive	3
	Part A	4
2	Introduction to our plans for 2022/23	5
	Part B	8
3	Our priorities for 2022/23	10
	Our services for patients	11
	3.1 Continuously improve the safe delivery and quality of care for our patients	11
	3.2 Improving our emergency response	13
	3.3 Create more integrated and resilient 111/999 services	16
	3.4 Strengthen our specialist teams’ response to incidents, risks and threats	18
	Our organisation	20
	3.5 Support our workforce.....	20
	3.6 Develop a more positive working culture	24
	3.7 Strengthen, join-up and exploit the power of digital and data	26
	3.8 Use resources more efficiently and effectively	29
	Our future	31
	3.9 Build our role as an “anchor institution” that contributes to life in London	31
	3.10 Develop a new five-year strategy to improve services for the communities we serve.....	36
	Part C	39
4	How we will monitor our plan	40
	4.1 Monthly Organisational Performance Meetings OPM	40
	4.2 Integrated Performance Report.....	40
	4.3 Executive Committee (“ExCo”)	40
5	Strategic risk and mitigation	41
	5.1 Board Assurance Framework (BAF)	41
	5.2 Delivery Risks	41
6	Governance and assurance	43
	6.1 Governance and Assurance Forums	43

1 Foreword from our Chief Executive

Introduction

It is my pleasure to introduce the London Ambulance Service business plan for the financial year 2022/23.

It's no secret that the NHS has faced a particularly difficult couple of years, during which our sharp focus has remained on providing life-saving care during a global pandemic, while also keeping our staff and volunteers as safe and as well supported as possible. But now the time has come to look to the year ahead and plan for the future, including how we can further improve patient care, the role we can play in bringing urgent and emergency care services more closely together, and the responsibilities we have in making sure our services and career development opportunities are the best they can be for Londoners and those who want to work in our great capital city. And that's exactly what this business plan sets out.

Any organisation – large or small – would benefit from a robust plan that looks to the 12 months ahead, but for us, it is vital. The London Ambulance Service, which holds the key to ensuring 9 million people living and working in London can access the emergency and urgent care they need quickly, has significant responsibilities.

We are a complex operation that serves a diverse and heavily populated capital city – to deliver life-saving care, we rely on 10,000 staff and volunteers who manage services night and day, we run and maintain hundreds of ambulances and emergency response vehicles, we operate busy and bustling control rooms, and play a vital role in responding to major incidents and significant events.

As demand on our services remains high, we know that we have a lot of work to do in the coming year to achieve all that we want to,

and to make real progress against the priorities we have set. But, our mission is clear and our plans are ambitious, and so we are delighted to share details with you on the following pages. I hope you enjoy reading our Business Plan 2022/23.



**Daniel Elkeles,
CEO**

Part A

Our operating environment



2 Introduction to our plans for 2022/23

We are the busiest ambulance service in the country, serving a diverse capital city of more than 9 million people. Every 999 call in London comes to us, and we are proud to provide life-saving care to people in their hour of need. We also provide some local NHS 111 services for Londoners who need urgent care or advice about a health condition, and play a key role in responding to major incidents should they occur in London.

Our 24/7 service is powered by more than 10,000 members of staff and volunteers.

2.1 What we do

The London Ambulance Service (LAS) is the only NHS provider to cover the whole of London. We provide all 999 services across the city, and work with each of the capital's five integrated care systems (ICSs) to provide 111 services locally for Londoners. Due to the COVID-19 pandemic, 2021 was our busiest year ever. We answered more than 2.1 million 999 calls (15% more than the previous year) and 2.1 million 111 calls.

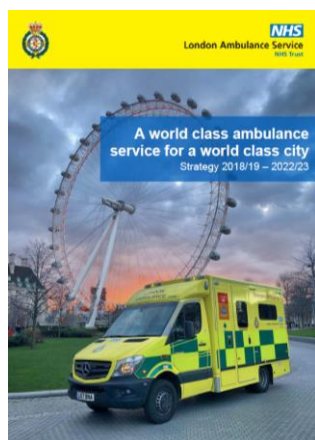
We play an important role in making it easier for people to access the right emergency and urgent care in the capital and are striving to ensure patients receive the right response, in the right place, at the right time. Our fundamental aim is to get help to patients who have serious or life-threatening injuries or illnesses as quickly as possible.

As an emergency service in the capital city we also need to be prepared to deal with large-scale events, incidents and terrorism threats. Working closely with other emergency services and organisations in London, we respond to and, where necessary, provide lifesaving care at these incidents, which are known as 'major incidents'. A major incident is defined by the NHS as any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Our specialist teams test our plans for major incidents on a regular basis, often working in partnership with other agencies to ensure we can respond as effectively and as efficiently as possible.

Across LAS we have numerous teams that work together in clinical, operational and corporate functions that collectively contribute to the high quality and equitable care we provide for patients in need across London.

Our plans for how we will improve and invest in these services are set out in the remainder of this document.

2.2 Delivering the commitments of our 2018-2023 Strategy



Our 2018-2023 strategy describes how we will move towards our vision to become a world class ambulance service at the heart of urgent and emergency care provision in London.

We are now in the final year of that strategy, and our vision remains at the heart of what we do. We continue to strive to improve the way we provide care to our patients, and have committed to supporting our health and social care partners as we restore services following the impact of the pandemic.

The strategy sets out our aspiration of facilitating urgent and emergency care pathways, delivering more care on scene, and avoiding taking patients to hospital when that is not the most appropriate place for the patient to receive care.

The strategy was published before COVID-19 developed and a global pandemic declared. From March 2020, the NHS in London, and across the country, has been under immense pressure and in each COVID wave, the ambulance service has been at the forefront of that response. Despite this, our teams have continued to make excellent progress delivering the goals and ambition set out in the organisational strategy.

This strategic ambition remains central to our planning for 2022/23 and underpins our core work. However, 2022/23 will also include reflection and learning from the last five years as we look to develop and agree a new organisational strategy for the next five years.

2.3 Responding to our changing operating environment

Over the last few years we have seen increasing demand for our 111 and 999 services. This has led to changes in how we work in some parts of our organisation and we continue to learn and adapt to ensure ongoing high quality care for our patients.

For 2022/23 we need to consider:

- London has been hit hard by the COVID-19 pandemic. The tragic loss of life, and the effects of long COVID have put unrelenting pressures on our staff. It has affected how patients access healthcare and how our healthcare professionals are able to respond.
- Since 2019/20, we have worked collaboratively with partners to care for more patients without taking them to hospitals. 'Hear and Treat' (where our clinicians provide care for patients over the phone, or remotely) has increased since 2019/20. 'See and-Treat' (providing the right care for patients on-scene, without taking them to hospital) has increased by five per cent, reflecting the increasing specialisation of our paramedics and increase in the use of alternative pathways co-designed with partners.
- Demand for 111 services has also increased significantly since 2019/20. The number of calls we receive has almost doubled, with an increase of 44% in south east London and 48% in north east London. .
- In other parts of the health and care systems across London there are pressures that directly and indirectly impact the demand for our services. The impact and lasting effects of the global pandemic has caused significant disruption to the NHS, and as people have delayed getting the care they need or have waited longer than usual for diagnostic tests, we have seen an increase in the number of people who become very unwell and Contacted LAS for

their required support. Finally, pressures in hospitals across London means that the time our crews wait to hand patients over to the care of the hospital has increased significantly.

- We have seen higher than usual levels of staff sickness, reflecting the pressures our staff have been under for a sustained period, as well as the transmission rates of the Omicron variant. Our expanded wellbeing services continue to be well used by LAS staff.
- We are a key part of London's five emerging integrated care systems (ICSs) – North West London, North Central London, North East London, South East London and South West London. LAS has a key contribution to make in all of these areas at system and local levels as long term plans are developed in coming months.

In spite of these changes and pressures, the LAS continues to provide high quality care to people across London. In the last 12 months we have:

- Successfully responded to the public in their time of need, working through national and major incidents, as well as sustained escalation levels for a large part of the year.
- Expanded our 111 service to manage calls from patients across most of London.
- Employed more specialist clinicians in our control rooms to support frontline crews, which in turn, has allowed us to treat more patients over the phone and take fewer patients to hospital.
- Invested £14.2 million to bring in-house the team responsible for cleaning and restocking ambulances, and successfully completed the transition, both increasing our resilience and improving staff terms and conditions.
- Secured £16.6 million to buy new greener vehicles, which will make us the NHS trust with the largest electric response fleet in the country.
- Launched a culture programme aimed at helping our staff and volunteers be happier at work while equipping them with the knowledge, skills and experience to thrive in their careers.
- Officially opened our new Logistics Supply Unit in Rainham, built to the highest standards of environmental sustainability replacing the old logistics stores at Deptford.
- Opened our new Medicines Packing Unit (MPU) which provides bespoke facilities for our Pharmacy Team, ensuring statutory requirements are met.

Even with all the progress and development described above, we know there is still more we can do to ensure the LAS improves care and outcomes for our patients and communities we serve and, along with London NHS, can address the inequity of healthcare for some parts of our community. We need to ensure excellence as we adapt and improve to the changing internal and external requirements.

Part B

Our Ambition for 2022/23



LAS Business Plan 2022/23 – Our priorities

In 2022/23, we will improve our services, strengthen our organisation and build our strategy for the future

Our patients	 <p>Continuously improve the safe delivery and quality of care for our patients</p> <ul style="list-style-type: none"> • Deliver our annual quality objectives. • Develop and use clinical outcome data more effectively. 	 <p>Improve our emergency response</p> <ul style="list-style-type: none"> • Improve the resilience and performance of our call handling and clinical assessment functions. • Work with partners to ensure the best care for our patients, including hospital handovers and utilisation of alternative pathways. • Reduce dispatch and conveyance rates by developing appropriate local alternatives. 	 <p>Create more integrated and resilient 111/999 services</p> <ul style="list-style-type: none"> • Create a single clinical assessment function for 111 and 999. • Develop a workforce that can manage patients effectively at first point of contact. 	
			 <p>Strengthen our specialist teams’ response to incidents, risks and threats</p> <ul style="list-style-type: none"> • Update the facilities and improve the locations of our teams. • Ensure ongoing readiness for future incidents and events 	
Our organisation	 <p>Support our workforce</p> <ul style="list-style-type: none"> • Increase the size of our permanent workforce. • Expand our educational capacity. • Encourage and promote diversity across our teams. • Reduce violence and aggression experienced by staff • Offer enhanced wellbeing provision. 	 <p>Develop a positive working culture</p> <ul style="list-style-type: none"> • Strengthen local team working. • Co-create a new values and behaviours framework. • Design and launch a new appraisal process to ensure greater support to people. 	 <p>Strengthen & optimise our digital and data assets</p> <ul style="list-style-type: none"> • Replace CAD, telephony and datacentres. • Join up data internally & externally • Develop an agile and data-driven ambulance service. 	 <p>Use resources more efficiently and productively</p> <ul style="list-style-type: none"> • Define and deliver a cost improvement plan for 2022/23 and beyond, getting maximum value for the LAS pound invested.
Our future	 <p>Build our role as an “anchor institution” that contributes to life in London</p> <ul style="list-style-type: none"> • Strengthen the in-house make-ready function. • Support local recruitment and create rewarding careers for Londoners. • Achieve our 22/23 carbon neutral plans. • Deliver the London Lifesavers project, increasing volunteer and defibrillator availability. • Work collaboratively to deliver public health messaging. 		 <p>Develop a new five-year strategy to improve services for the communities we serve</p> <ul style="list-style-type: none"> • Confirm priorities for the next five years, including estates modernisation • Take a collaborative approach with partners to tackle health inequalities • Build partnerships with others to design new and innovative models of care, including in primary care. 	

3 Our priorities for 2022/23

In response to the changing environment and impact of Covid-19, we will focus on a blend of operational priorities that will deliver improvements quickly for our patients and staff, alongside changes that will enable longer term transformations in how we work.

For the patients and communities we serve, our priorities set out how we will improve our services, strengthen our organisation and build our strategy for the future:

Our services for patients

1. Continuously improve the safe delivery and quality of care for our patients
2. Improving our emergency response
3. Creating more integrated and resilient 111 services
4. Strengthen our specialist teams' response to incidents, risks and threats

Our organisation

5. Support our workforce
6. Develop a positive working culture
7. Strengthen and exploit our digital and data assets
8. Use resources more efficiently and productively

Our future

9. Build our role as an "anchor institution" that contributes to life in London
10. Develop a new five-year strategy to improve services for the communities we serve

These priorities are outlined in more detail on the following pages, including information on the expected impact and specific deliverables expected for each of these themes.

Our priorities for 2022/23 are all focused on improving the care we provide to our patients. All teams across the organisation play a part in this, directly or indirectly. The priorities described in the section reflect changes, improvement and investments required across the whole of our organisation.

Our services for patients

The quality of care we provide to our patients is the central focus of everyone in the LAS. We strive to deliver consistent, high quality care every day. Our staff and volunteers are the people who make this happen, through collaboration across the whole organisation.

At LAS we are committed to delivering a better patient experience and to improving our patient outcomes by encouraging a culture of learning, commonly shared between staff groups. The following sections set out how we will achieve these ambitions.

3.1 Continuously improve the safe delivery and quality of care for our patients

Our directors must prepare quality accounts under the *Health Act 2009* and the *National Health Service (Quality Accounts) Regulation*. These accounts review progress against several quality priorities throughout the year and confirm priorities for the coming year.

Additionally, with the increased use of health informatics, there are more opportunities to use clinical data better, and more opportunities to help improve the safe delivery and quality of care for our patients.

3.1.1 Deliver our annual quality objectives

In 2022/23, we will focus our improvement efforts on three priority areas:

1. patient care;
2. patient, family and carer experience;
3. staff engagement and support.

While the continued effort in managing COVID-19 has presented challenges, opportunities are emerging that will improve how we can work and how we plan our future services.

How will this be achieved?

We will see the improvements reflected in our national performance reports, electronic record keeping and in the development of our targeted action plans. To deliver this, the clinical and quality directorates of LAS will focus on:

- Improving care for higher acuity patients including patients who have had a stroke or heart attack, identifying and referring specific patient conditions, improving health inequalities, and improving infection control measures.
- Sharing information to aid organisational learning, the delivery of a programme of clinical innovation, and improving the timeliness of our response to patients in need.
- Improving clinical development through supervision and rotational working and supporting the quality improvement process to enable staff to enhance services in their area.
- Realising benefits formally through the workforce plan, surveys, implementation of strategies, increased local communications, decreased hospital handover delays, and enhanced data metrics.

Full quality account documentation is published separately from this document but can be found on our website (www.londonambulance.nhs.uk/our-publications).

3.1.2 Develop and use clinical outcome data more effectively

In the first 12 months of the electronic patient care record (ePCR) project, the amount of paper documents moved and scanned by LAS colleagues has fallen from more than three million per year to less than 500,000. The ePCR brings a lot of positives, including improved clinical decision making (as our medics have more information available to them) and patient experience as the people we care for don't need to repeat details of injuries or conditions to different NHS staff. However, we recognise that there is more we can do to fully harness clinical data (such as recognising trends and assessing clinical standards).

How will this be achieved?

- A clinical data workgroup has been created with key stakeholders from across the Business Intelligence, Data Science, and Clinical Directorates. This workgroup will be tasked with understanding the ambitions of using clinical data and helping refine the medium and long-term goals. The working group will also help understand the gaps and limitations of the datasets.
- The Trust will be able to generate reports and visualisations utilising multiple data sources, including clinical data. These reports will help answer broader questions about clinical standards and consistency, resourcing and forecasting, and linking patient outcomes to performance.
- We will also ensure that any new health IT systems are aligned to other data sources to allow the swift analysis of information and statistics, in turn supporting the transition of the LAS to being a true learning organisation, where data and evidence are central.
- It is imperative that our datasets are standardised and linked to allow analysis across a large span of available data. This involves progressing important national priorities such as implementing the ambulance data set and correlating data from key systems together, including our Computer Aided Dispatch (CAD) system, ePCR and our Clinical Audit and Research Unit.

The Trust will also use other platforms including PowerBI (a business intelligence tool) to allow trained clinical personnel to analyse clinical data sources directly. As a result, with the LAS Business Intelligent team's support, we will increase understanding about our patients conditions and care and provide a more informed environment for critical clinical and business decision making.

Our 2022/23 commitments:

- ✓ Continue to improve clinical outcomes across the organisation, including for patients who have had a stroke and heart attacks
- ✓ Deliver the quality objectives relating to patient care, patient and family experience and staff engagement published in the quality delivery plan.
- ✓ Pilot the production of clinical outcome data for a range of conditions, linking 111/999/ambulance data with hospital data sets.

3.2 Improving our emergency response

The London Ambulance Service has accelerated the transition from a traditional ambulance service provider to a being an active system partner delivering integrated urgent and emergency care across London. By improving our resilience, reducing hospital handover times, utilising alternative pathways and providing high-quality clinical assessments through telephone clinical assessment services, we maximise our response capacity for patients who need it most.

We will continue to deliver this through our Right Care, Right Place (RCRP) Programme, working collaboratively with urgent and emergency care colleagues in other organisations across London.

3.2.1 Improve the resilience and performance of our call handling and dispatch functions

Ensuring that our emergency control rooms can answer 999 calls in a timely way, with enough resilience in the team to deal with further surges in demand, has been a challenge in recent years. The pressures of Covid-19 has resulted in a sustained increase in the number of calls we have received, and higher levels of staff absence at critical periods. However achieving an average time of 10 seconds to answer a 999 call remains a top priority for the Trust and will be a major focus throughout 2022/23.

How will we achieve this?

Achieving consistent staffing levels is a fundamental requirement and will be the main emphasis. The following actions will be delivered.

- We will increase the number of emergency call handlers working across our Emergency Operations Centre (EOC) function. The roles will form part of the major recruitment campaign the Trust has embarked on. Due to CAD implementation (see 3.7.1) the majority of this activity will be late in quarter three and into quarter four.
- We will introduce retention payments to encourage our staff to stay with the LAS and the EOC team.
- We will look into the option of sourcing more support from other ambulance trusts in the first half of the year.
- We will launch an EOC 22/23 improvement programme which will include a number of productivity, efficiency and workforce improvement initiatives commencing in Q1.
- Additionally we will continue to invest in the clinical quality of our dispatch function. A review will be undertaken in Q1 to understand how we can safely manage the number of higher acuity patients at times of high demand.

3.2.2 Work with partners to ensure the best care for our patients, including hospital handovers and utilisation of alternative pathways

Hospital handover delays remain one of the biggest challenges to performance in the ambulance sector. Sharing learning across regions, ambulance services, and healthcare partners, will be crucial in developing solutions and delivering improvements. Additionally, the utilisation of alternative pathways can be one of the most effective methods to reduce pressure on hospitals, and ensure our patients receive the most appropriate clinical care for their needs.

How will this be achieved?

- We are co-developing action plans with our integrated care system (ICSs) to address hospital handover delays across London. This will ensure that we convey to hospital only those patients who need care within a hospital emergency department and that information sharing between ambulance services and trust boards is prioritised.
- Where appropriate, a 'Fit to Sit' process will be used by our clinicians, enabling a progressive approach to patient mobility using wheelchairs, or by allowing the patient to walk on arrival to the emergency department if clinically appropriate.
- Vulnerable patients (i.e. elderly fallers and mental health concerns) must receive better access to care, including through better use of alternative care pathways. We are investing in specific patient cohorts, implementing multi-disciplinary teams to ensure we will provide the most personalised care possible for our patients.
- We will collaboratively develop and expand appropriate same day emergency care (SDEC) pathways for these patients, ensuring that their patient journey is as effective as possible.

3.2.3 Reduce dispatch and hospital conveyance rates by developing appropriate local alternatives

Since our Right Care, Right Place programmes (RCRP) was established, the external environment has changed significantly, driven primarily by the long-term health, social and economic consequences of the COVID-19 pandemic. The scope of the RCRP has therefore been updated to reflect a new post-COVID healthcare environment. The focus will remain on ensuring the patients receive the right resource at the right time, reducing avoidable conveyances to emergency departments and developing alternative solutions to treat patients closer to home.

Our ambition is that 50 per cent of patients are not conveyed to the hospital, but instead treated safely at home or through local alternatives, reducing the pressures on hospital emergency departments and ensuring our patients receive the right care, in the right place.

How will we achieve this?

- A review of the dispatch model will be undertaken to enable a more targeted and clinically supported dispatch process to patients in need. Longer-term, emerging technologies will provide greater options for dispatching resources to patients.
- Our clinical teams will work with local and regional health providers to define and use alternative responses through our telephone-based Urgent Clinical Assessment Service (UCAS) in our 111 services. The UCAS is supported by GPs, health advisors and other multi-disciplinary clinicians, offering a remote clinical assessment or alternative pathways to the patient, including through SDECs.
- We will increase the utilisation of our UCAS pathway to manage our lower acuity patients through the transfer of patients between the 999 Emergency Care Assessment Service (ECAS) and 111 UCAS system, where there has been clinical determination that the patient is likely to be managed more effectively through 111 provision.

Our 2022/23 commitments:

- ✓ Deliver sustainable improvement on national performance indicators compared with 2021/22, particularly for call handling and category two ambulance response times, so we are one of the top five in England.
- ✓ Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time
- ✓ Work with partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients.
- ✓ Work with our partners to increase the proportion of 999 patients that access alternative care pathways, particularly frail patients and those with mental health conditions.

3.3 Create more integrated and resilient 111/999 services

Our Integrated urgent and emergency care (IUEC) team have embraced the opportunity to introduce an IUEC model into the London Ambulance Service. The team are leading with the development of innovative roles for staff and partners across the health system. As a 111 service in an NHS Trust, we have a clear understanding of patient, stakeholder and system requirements. This informs our service response and quality improvement activity, allowing us to strengthen our existing infrastructure and clinical governance and develop an IUEC workforce with rotational working and portfolio career opportunities.

3.3.1 Create a single clinical assessment function for 111 and 999

As an ambulance service provider, delivering both 999 and 111 services across London, we are the first point of call for patients seeking urgent or emergency care.

Our aim is for every patient requiring urgent healthcare support or advice to undergo an initial telephone clinical assessment and, where appropriate, a full clinical consultation. This is to ensure they receive the right care, at the right time, in the right place regardless of whether they dial 999 or 111.

Our clinical assessment service allows us to do this by maximising the value of having a multi-disciplinary, highly skilled clinical team working flexibly across urgent and emergency care.

We are creating more career development opportunities for our highly trained call answering teams to not only add variety to traditional ambulance career paths, but also improve our future resilience.

How will this be achieved?

Our ambitions are:

- To review the initial assessment tool and validate the option to have one system across both 999 and 111 services, and allow for patients calling 999 to be routed to the most appropriate place of care, in a similar way to how 111 operates currently.
- To introduce Cleric (a computer-aided dispatch system) which will allow improved interoperability with Adastral (the urgent care clinical system) which already has embedded interoperability with other London healthcare systems including GP practices, urgent treatment centres and emergency departments. This will enable direct booking into other services, including seamless referrals for patients, the electronic transfer of clinical information and access to other patient information to support clinical decision making.
- To safely reduce the ambulance conveyance rates through more effective use of the ECAS and UCAS including collaboration between our clinical assessment and dispatch teams to avoid delay and maintaining safe clinical oversight of patients waiting for dispatch.
- To improve our response to 111 and 999 service users and support access to specialist care, we will introduce a CAS urgent community response (UCR) role to work directly with local UCR services across London to discuss suitability of patients who may benefit from direct referral.
- To develop specialist clinical teams (mental health, end of life care) to work with the wider system to support more complex patients where appropriate.
- To deliver targeted recruitment to strengthen the specialist clinical skill set within LAS, expanding our multi-disciplinary team to meet the needs of London.
- To provide a seamless experience for patients, carers and families through collaboration between LAS staff and system partners.

3.3.2 Develop a resilient workforce so that we can help patients more effectively at first point of contact.

In 22/23 we will be looking to expand the resilience of the workforce of our incident management and service delivery team, 111/999 control centres and clinical assessment services. We will also strengthen our leadership structures to improve efficiency, productivity and staff welfare.

How will this be achieved?

- A 24/7 real time connection is being created, with a silver commander, incident delivery manager (supported by operational delivery managers) and a senior clinical navigator to support the integration of 111 and 999 clinical queues.
- The duty LAS team will work with the pan-London surge team to support the navigation of patients during periods of pressure
- We will develop rotas for the multi-disciplinary team (MDT) so their knowledge is used across both clinical queues; enabling clinician support, learning and prescribing.
- The development of rotational roles throughout the service will expand the skill set available for the clinical assessment of patients, and enable greater variety in the ways our staff work, and greater resilience in escalation periods.
- Our business continuity plans will set out how we will share resources and work collaboratively with other healthcare providers
- We will continue to work with the Single Virtual Contact Centre (SVCC), recently implemented nationally (March 2022), allowing for calls to be routed to the local provider and redirected if they are experiencing long waits.
- We will continue to embed clinical oversight to ensure the right decisions are being made for each patient - to minimise delays and ensure that patients get the right response over the telephone or face to face.
- Our expert teams will work in conjunction with regional ICS and healthcare providers to take forward service improvement and development through shared learning and innovation.

Our 2022/23 commitments:

- ✓ Continue to be one of the top national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways
- ✓ Establish the resilient integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients.

3.4 Strengthen our specialist teams' response to incidents, risks and threats

The Resilience and Specialist Assets directorate (R&SA) ensures we can be ready to respond to any future major incidents and serious events, as well as service recovery. It must meet a series of interoperable capabilities set by the National Ambulance Resilience Unit (NARU), which form part of the Government's mitigation of events articulated in the National Risk Assessment and National Risk Register of Civil Emergencies.

3.4.1 Update facilities and improve the locations of our teams.

Over recent years and as a direct result of changing and developing requirements, we have invested in our Resilience and Specialist Assets directorate

The staffing numbers have nearly doubled in recent years as a result of changing and developing requirements. The R&SA directorate is required to meet NHS England and NARU standards for specialist equipment and vehicles, putting additional strain on the current estate and infrastructure. The current facilities are no longer of sufficient size to meet the requirements of the teams within the R&SA directorate. Additional capacity is required.

How will this be achieved?

The R&SA team have reconfigured their available space and utilised other LAS estates for storage of vehicles and equipment. To deliver larger and more modern estates we will:

- Bring together necessary equipment, vehicles and staff across London. This will support greater efficiency, reduce storage costs, allow for better asset tracking and maintenance, improve access to training, capacity for increasing staff numbers, and provide more opportunities for collaboration between the R&SA teams.
- Ensure the requirements of NARU are understood for briefing and training during incidents, and room for specialist vehicles can be accommodated on site.
- Define the requirements for specialist training equipment to enable more accessible training for our staff, reducing the reliance on costly external training providers, and increasing the assurance of the quality and delivery of education standards.
- Consider the opportunity to provide high quality, modern training facilities for other professionals working in high-risk environments, increasing our collaboration with external partner organisations.
- Continue to refine the requirements of the service, working closely with estates colleagues and seek appropriate new accommodation for the team.
- Develop a robust business case for the identified location that quantifies the benefits of the move for patients and for the LAS.
- Prepare for the safe transfer of the function to a new site early in 2022/23.

3.4.1 Ensure ongoing readiness for future incidents and events

The Department of Health and Social Care (DHSC) and NHS England's contribution to central government counter-terrorism strategies form part of the R&SA workload. Consequently, LAS must demonstrate that they meet the Interoperable Capabilities.

As part of the Interoperable Capabilities standards delivery, our emergency planning team are required to deliver an extensive and thorough training and education schedule. This includes training sessions for frontline staff groups as well as specialist courses such as Commander training and

Public Order training. This is significant undertaken that requires detailed planning for effective delivery.

How will this be achieved?

The Trust-wide 2022-23 Workforce Plan aims to increase the number of frontline clinical staff significantly. Consequently, the number of training sessions will need to rise to accommodate this. Additional training sessions are required to ensure the LAS continues to be compliant:

- The approximate sessions required for 2022/23 Training Plan are listed below.

	Training Course	Training Sessions delivered 2021/22	Anticipated Training Sessions 2022/23
Frontline Staff Groups	New Entrants/AAP/TEAC	51	70
	EOC staff	8	3
Specialist Courses	JESIP & Commander training	34	45
	Medical Response training	0	5
	Public Order training	2	5
	Enhanced SORT	15	40

- To deliver this ambitious plan, a command and resilience training team must also be recruited, to ensure capacity and greater assurance over the consistency and delivery of training modules.
- Additionally, an essential aspect of our future readiness is the ability to learn from our past experiences of incidents and emergencies. This is reflected in the NHS England Command and Control Framework. As we expand as an organisation, the remit of the RS&A directorate will develop too, ensuring we aim for compliance with all national standards for incidents and emergencies.

Our 2022/23 commitments:

- ✓ Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city
- ✓ Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements
- ✓ Maintain the team’s high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections

Our organisation

Working in the world's busiest ambulance service, where staff and volunteers can be sure that they are making a difference to people's lives, can be incredibly rewarding. But, it is not always an easy job – in recent years our staff have faced the challenges of increasing demand for our services, worked through the fear and uncertainty of caring for people with Covid-19, and at the same time, have seen increasing levels of abuse from the public and high levels of unplanned absences as a result of the pandemic. This has put enormous pressure on our teams and individuals for a prolonged period.

We are committed to doing more to support our staff and volunteers and improve the working environment in which our teams work every day.

3.5 Support our workforce

3.5.1 Increase the size of our permanent workforce.

We have an ambitious recruitment plan in place, and aim to recruit an additional 1,700 people in the coming year. Recruiting more staff will increase the numbers of frontline clinicians and operational managers to support new systems of working across the Trust.

How will this be achieved?

- Recruiting 477 additional paramedics with over 250 joining us from our partner universities, 44 internal students who will complete the Cumbria University paramedic apprenticeship and over 200 colleagues recruited internationally (including newly qualified paramedics from Australia).
- Recruiting over 500 Assistant Ambulance Practitioners (AAPs) from our local population. This is a popular role we launched in 2020 and can be an excellent 'stepping stone' for colleagues who want to progress to being trainee emergency ambulance crew (TEACs), to emergency ambulance crew (EACs) and paramedics.
- We will continue to support over 300 internal staff registered on the University of Cumbria apprentice paramedic programme, with plans to recruit 180 more people in 2022/2023.
- We will also be recruiting 45 people to join our non-emergency transport (NETs) team.
- Our advanced paramedic practitioners (APPs) – both urgent and emergency care – are a vital part of our clinical team and we will recruit an extra 34 APP colleagues over the year.
- To support our crews, we will be creating and recruiting to 80 new team leader band six roles, which will line manage our 'non-registrant' workforce.
- We will complete a significant recruitment phase in our 999 and 111 operations centres with plans for over 300 call handlers, dispatchers, health advisers, and clinical team navigators and clinical advisors to support our clinical hub and clinical assessment centres.

Additionally we will:

- Improve support for people working in our ambulance stations, by ensuring station managers have a maximum of 15 people reporting to them directly.
- Introduce a non-registrant leadership role to provide progression opportunities for a more diverse workforce.
- Introduce a greater variety of operational roles that will lead to potential savings through more efficient management models.

Providing appropriate staffing levels will not only benefit patients but also support our paramedics, nurses and doctors. We anticipate:

- A reduction in delays to patient care, whether an on-scene attendance or clinical assessment over the phone.
- A reduction in staff sickness and gaps in our rotas. This will reduce the need for overtime and extended hours, helping reduce the risk of 'burnout' and staff dissatisfaction.
- By increasing our workforce and reducing our reliance on incentives (such as overtime) to produce necessary operational hours, we will be able to stabilise our workforce pay expenditure and rostering to meet patient demand
- By increasing the capacity we can be more innovative with partners, for example through the mental health joint response cars and urgent crisis response cars, we can improve the patient flow and potentially increase non-conveyance across London.

3.5.2 Expand our educational capacity

With a focus on staff development and a commitment to upskilling our staff and volunteers, our clinical education team has already utilised the space available to them and will not be able to accommodate the full training requirements of the new staff cohorts.

As a result, we will need to invest in additional capacity with the necessary flexibility and digital capabilities to ensure training can successfully be provided to on-board the new staff we need.

How will this be achieved?

By expanding the space, we will enhance the educational experience of new joiners.. Creating a modern learning environment will also enable students and staff to continue to thrive and develop their skills and knowledge for the benefit of patients. We will:

- Identify sites for expanding the education centre provision both in the short term and an appropriate medium term solution.
- Develop the use of digital technology to deliver first-class distance learning to staff.
- Deliver the continuous professional development to the Clinical Education and Standards Directorate with an aim to develop and deliver more specialist training locally.
- Extend our capacity to support staff as they progress into new roles, allowing us to appropriately equip our future leaders with the skills and knowledge to lead their teams.
- Recruit sufficient numbers of tutors (both clinical and driving) to meet the expanding workforce demand.
- Replace the driver training units, to ensure driving education remains compliant with the legislation.
- Finally, we will work with Higher Education Institutes (HEIs), to develop opportunities for dedicated bespoke education programmes externally.

3.5.3 Encourage and promote diversity across our teams

London is the most diverse city in the UK, and we want our workforce to reflect the communities we serve, providing equitable opportunities to all.

We will develop strategies that help attract, recruit, promote and retain colleagues who represent the patients we serve. Studies show that a motivated, included and valued workforce will help deliver high-quality patient care, increased patient satisfaction and better patient safety.

How will this be achieved?

We will:

- Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism.
- Continue the use of more diverse selection panels for recruitment and promotions.
- Design bespoke workshops for local managers and a new module in the Engaging Leader programme. In addition, the Culture, Diversity and Inclusion team will continue to identify and remove structural or behavioural barriers within the Trust that prevent colleagues from reaching their true potential.
- Coordinate and report on Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the gender pay gap analysis.
- Demonstrate ongoing commitment for all demographic groups, through support to the Staff Network Groups (LGBTQ+, EnAbleD, B-ME, Women's and Christian Fellowship).

3.5.4 Reduce violence and aggression experienced by staff

We recently signed up to a new national campaign to highlight the profound impact of physical and verbal abuse on ambulance staff and volunteers, as figures show that cases of violence against staff and volunteers reached a record high last year.

As part of the national #WorkWithoutFear campaign, London Ambulance staff and volunteers were invited to meet with Chief Executive Daniel Elkeles to share their personal experiences of abuse while on duty and their suggestions for what could be done differently, helping to create and shape a brand new action plan to bring down the number of incidents and secure the toughest possible convictions for those who commit them.

How will we achieve this?

A Trust violence prevention and reduction standard (VPRS) action plan has been developed. The plan provides a framework that supports a safe and secure working environment.

- The approach is subject to ongoing strengthening and development, with stakeholder review at regular staff groups and formal committees.
- A VPRS team will concentrate on educating, preparing and supporting our staff when violence is experienced. With specialist knowledge, it will sift through approximately 300 incident reports a month and identify the 50 per cent that have a criminal element.
- CCTV will continue to be a powerful tool in our reduction of violence. We are rolling out body worn cameras to all frontline staff, and the CCTV footage from ambulances generates 43,000 hours of footage a day. Where an incident of violence takes place, the team supports the police investigation and analysis of the CCTV footage.
- As the legislation expands around the use of CCTV in prosecution, LAS will need to keep up to date.
- We commit to regular training for our staff, additional resources and growing corporate oversight. This is outlined in the VPRS Maturity Model Road Map, and we aim to meet significant milestones in 2022/23.

3.5.5 Offer enhanced well-being provision

LAS should be a place that enables our staff to be healthy and prioritise their wellbeing, especially in the wake of the pandemic and the busiest period in London's healthcare history. Although we have already increased the well-being offering to staff and volunteers, further enhancements are needed to combat the burnout and fatigue felt across the whole of the NHS.

What will be achieved?

Using an evidence-based approach that maximises our internal expertise, shapes the provision of our occupational health service and utilises the offers from external partners, we are enhancing our wellbeing offerings in several ways.

- We will increase wellbeing training for both staff and managers to include:
 - Doubling the size of our bespoke in-house peer support network
 - Additional mental health first aid training,
 - Courses to benefit teams and individuals,
 - Supervision training for managers.
- In July 2022, our new occupational health contract will begin, presenting us with the opportunity to refocus the service in the context of the pandemic and increased utilisation. Including offering;
 - more options for colleagues with specific mental health needs,
 - post-Covid syndrome support
 - self-help exercises for musculoskeletal injuries,

All the above will help prevent unnecessary sickness or reduce absence rates across LAS

- The mobile nature of much of the workforce has meant that our Wellbeing Tea Trucks continue to provide much-needed respite and refreshment for colleagues during a busy shift. Our tea truck provision will be continued.

Our 2022/23 commitments:

- ✓ Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 400 whole-time equivalents.
- ✓ Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.
- ✓ Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader
- ✓ Expand our educational capacity, both estate and courses.
- ✓ Publish and implement an action plan to reduce violence and aggression towards our staff.
- ✓ Make significant reductions in unplanned and sickness absence, achieving the lowest unplanned absence rates compared to other ambulance services.
- ✓ Offer improved occupational health provision, increasing staff health and wellbeing support

3.6 Develop a more positive working culture

As we look to the future, it is vital we can create and foster a working culture where people feel they are involved, are kept informed and belong to a team. It is about developing a stronger sense of collaboration across departments in response to the operational deployment of our clinical resources. Supporting this will be the creation of positive and meaningful LAS Trust values. These principles will guide the culture, structure and systems of the organisation. We will support every staff member to have more regular and holistic conversations that cover learning, development, well-being and performance.

3.6.1 Co-create and embed new values and behaviours

COVID-19 has placed significant demands on everyone in the NHS. It has highlighted our strengths, our flexibility, and our adaptability to a challenging increase in demand. But, it has also had a lasting impact on us – whether we have lost a loved one or colleague, or feel fatigued by the sheer hard work of the past two years.

Our new values and behaviours framework needs to reflect those positive characteristics and protect our staff from the negative, as well as the NHS constitution and what it means to be a public healthcare body. Values embody the human factors in healthcare and are fundamental to the practice of compassionate, ethical and safe clinical care.

How will this be achieved?

We have developed a new set of draft values and behaviours in our culture transformation programme; *Our LAS*. More than 1,000 staff took part in our initial workshops, which looked at what each individual had to say about what makes a good day, a bad day, what we should value, and what behaviours we would like to see more and less of from each other. Consequently, we're becoming more and more confident about what's important to our people.

As a direct result of what our staff and volunteers said, our new values are

- **Caring**
- **Respect**
- **Teamwork**

Following validation by the Trust board, we will seek to embed these values including at our leadership 'masterclasses' in Q1 and Q2 and other training where appropriate.

3.6.2 Strengthen local team working.

More unified and collaborative working across all our teams will contribute to better patient care, enable us to get to patients sooner, provide access to integrated resources and pathways most appropriate to the patient's needs and deliver a sustainable, consistent service across London resilient to variations in demand and maintaining equality of access.

How will this be achieved?

Our LAS programme has helped us explore both the positive and negative behaviours of effective and ineffective teamwork. We also looked at potential models that would enable colleagues to have regular catch ups/one to one meetings with their managers. Current working patterns (rosters) can constrain the active demonstration of consistent good leadership. Examples of this can be seen in our staff survey, which has seen a downward trend in the last few years, on the theme 'Teamworking'. This highlights the need for us to concentrate on:

- Face to face communication
- Consistent management and leadership
- Flexible working arrangements
- Development of strong relationships between people
- The establishment of 'real'¹ teams.

Improved local team working could be achieved through changes to working patterns, including the potential introduction of a watch system. This will be scoped and considered in 2022/23.

3.6.3 Design and launch a new appraisal process to ensure greater support to people.

Favourable employee reactions to formal appraisals are imperative if appraisals are to affect performance and create positive employee attitudes. However, all too often, the essential elements of setting performance standards, personal development plans and delivering frequent feedback during the appraisal cycle are not done well. Research supports the notion that frequent and positive feedback is important to staff, and this is supported by the NHS Staff Survey results for 2021/22.

How will this be achieved?

We will encourage regular, informal discussions to occur throughout the year, rather than appraisers and staff members only meeting once or twice a year to have a formal dialogue.

Our aspiration is that;

- A new appraisal system that will support staff development, differentiate between performance and succession, and include a new behavioural framework that can guide appraisers, enabling us to achieve 100 per cent of eligible colleagues being appraised.
- Qualitatively, through the new appraisal system we will promote the value of self-awareness and taking time to recognise individual contributions and strengths, and where we can develop personally to achieve more.
- For managers, a good appraisal system will allow team leaders to get to know their teams in a meaningful way and provides everyone with a fair opportunity to develop.
- For the organisation, an appraisal system can create a happier and more engaged team in an organisation that's more likely to achieve its goals.

Our 2022/23 commitments:

- ✓ Co-design, launch and embed a new set of Trust values and behaviours.
- ✓ Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work.
- ✓ Improve the quality and effectiveness of our appraisals, recruitment process, and managing inappropriate behaviours in colleagues
- ✓ Create pathways to enable career progression for staff in every part of the organisation.

¹ Real Teams or Pseudo Teams? The changing landscape need a better map (2012) Industrial and Organisational Psychology. M West and J Lyubovnikova

3.7 Strengthen, join-up and exploit the power of digital and data

The digital strategy refresh identified changes that are needed to modernise; initially calling for a strengthening of our core services, a replacement of outdated technology and followed by a long-term digital change programme to consolidate and join up our systems and data. Benefits include long-term stability, improved usability, flexibility, security, standardisation and digital interoperation.

In 2022/23 this will be achieved in the following ways:

3.7.1 Replace computer-assisted dispatch, telephony and LAS data centres.

The implementation of a new computer aided dispatch system is underway. The 111/ 999 telephone system has maximised all available support resources and the mobile data system is becoming difficult to maintain safely. Investment and action are needed to improve these services and lay the foundation for the future use of data.

How will this be achieved?

We will replace and modernise core systems needed to respond to patients and help staff deliver care and utilise the power of modern technologies to transform our organisation and patients' services. We will do this by:

- Replacing the ageing CommandPoint CAD with Cleric CAD; a modern robust solution that better supports staff in their daily work. It will be more reliable, compliant with interoperability and reporting standards, have lower maintenance and development overheads and less reliance on auxiliary systems.
- Upgrading the 111/999 telephone system by upgrading twice; firstly with software to connect Newham EOC mid-2022, and then with entirely new hardware so the system is maintained beyond 2022/23.
- Commencing work to modernise LAS's radio system. The 2022/23 EOC system refresh enables the future replacement of our bespoke mobile data terminals with centrally funded national solutions for staff on vehicles and handheld devices for other responders.
- Moving the majority of our in-house systems and data away from aging LAS equipment rooms into off-site datacentres will provide Trust-wide benefits of improved security, stability and access to systems. It will help us join-up data and start the journey to migrate more services to the cloud and agility.

We open our Newham EOC this financial year. The above are incorporated into the architecture so the new EOC is founded on modern infrastructure interconnected with 111/999 and corporate centres. Please refer to the section on Newham for more information.

3.7.2 Join up data internally and externally.

A programme of consolidation and integration will be established to drive improvements. Clinical and corporate workflows will be streamlined based on the new joined-up architecture and capabilities. Data will start to be amalgamated to better inform decisions.

How will this be achieved?

- We will link the ePCR and CAD systems, which will mean less requirement for manual input of data into ePCRs, reducing errors and saving time - using NHS numbers the patient records will

be linked to other digital care information. This will build a current clinical LAS record, linked other London and system-wide records, including information from 111.

- The new CAD and telephony will support patient workflow consolidation and redesign. The new Cleric CAD can use both our current triage tool (MPDS) and Pathways for triage and better integrates with care partners. It also provides enhanced electronic patient transfer between 999 and 111, improving coordination across settings and reducing manual transfer risks.
- Standardised Cleric CAD integrations will ease national 999 interoperability, enabling clinical resource dispatch regardless of where the call is taken, and causing fewer delays and errors from manually transferred calls. We will be able to use and provide mutual-aid and business continuity arrangements more effectively.
- We continue to develop process for electronic transfer of care so ePCR data is made available to emergency department (ED) staff digitally. A pilot will be implemented this year to inform a London-wide blueprint. Emergency departments will access details of pre-hospital treatment whilst patients are transported, with less system-wide re-keying/duplication of effort, improved resource efficiency, and inbound visibility of acuity to prepare for clinical handover.

Through this work, we will start to better link operational and corporate information for the management of all resources in the care pathways and corporate decision making.

3.7.3 Develop an agile and data-driven ambulance service.

The Trust will embrace modern digital approaches to improve the care. The vision is to become an agile, cloud-based and data-driven organisation. This will be delivered through a modernisation programme, which must be co-designed with staff and developed with the necessary investment case. This scoping will be the priority for 2022/23.

How will this be achieved?

There are three areas of improvement needed to set a course to modernise our digital infrastructure:

- Move as many digital services as practical to modern flexible cloud environments
- Develop the digital leadership, digital team and workforce of the future to manage and exploit digital cloud services and transformation
- Enable a data-driven culture using a trust-wide, joined up, modern data management, and analysis and insight capability.

This year, building on initial business case work and using the NHS's cloud migration framework, a programme will be established and full business cases will be developed to set out the levels and source of investment needed, intended benefits and a plans for delivery.

Some early, low-cost improvements will be managed and implemented alongside the development of the business cases and aligning to the overall vision.

3.7.4 Transition Bow emergency operations centre to Newham

The Trust has operated its 999 services from two emergency operations centres for many years to provide resilience. EOC North services have been delivered from our building in Bow, however, in recent years the building has not been able to comfortably accommodate either the technological or space requirements of EOC.

How will this be achieved?

The objective of this programme has been to deliver an estate for services currently provided at Bow that is safe, effective, efficient, and enables more people to consistently access better care.

Consequently, the first floor of the Dockside building, which formerly housed our clinical education facility, has been leased to convert it into a high-quality home for our EOC operations. Within the organisation this is known as the Newham EOC.

The Newham EOC is an ongoing programme from 2020/21 and is expected to go live in Q2 of 2022/23.

The transition for the Newham site will realise benefits for patients and staff. Primarily there will be;

- The implementation of a new IT Infrastructure at the acquired Newham building, will support the EOC service and training, allowing for better scrutiny of long held calls through improved technology
- We will increase productivity through improved on site facilities. More visible leadership will improve staff safety and wellbeing, leading to a more engaged workforce.
- The improved facilities will also reduce running costs, as well as an ecological benefit.
- Improved specialist operations facility allowing greater partnership working with other agencies (e.g. St. John Ambulance during events)

Our 2022/23 commitments:

- ✓ Deliver a new integrated and standardised computer-aided ambulance dispatch system.
- ✓ Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.
- ✓ Migrate the emergency operation centre in Bow to Newham.
- ✓ Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.

3.8 Use resources more efficiently and effectively

3.8.1 Define and deliver a cost improvement plan for 2022/23 and beyond, getting maximum value for every pound invested.

The financial framework for 2022/23 requires the Trust's plans to be fully aligned and agreed with the host ICS, North West London ICS. The financial environment has become increasingly challenging. It is within this context that the Trust has developed a financial plan with North West London ICS which includes an Income and Expenditure plan delivering a breakeven position and a capital programme of £18.3m.

Income and Expenditure

The Trust is planning income of £596.3m and expenditure of £596.3m. Although the Trust is operating within a challenging financial framework it has invested £26.4m to account for inflationary cost pressures and service developments to improve operational and clinical services. This investment also supports increasing our workforce over the year.

In order to deliver the income and expenditure plan, the Trust has planned an ambitious efficiency programme of £24m.

The efficiency programme is categorised in the following broad themes:

- **Workforce efficiency**- reducing the unit cost of delivering services by increasing frontline staff, reducing sickness levels and developing new roles to reduce reliance on more expensive sessional costs.
- **Reduce infrastructure costs** - the Trust is developing an estates strategy, which will reduce costs across the Trust's estates portfolio. In addition, the Trust continues to invest in its IT infrastructure which will drive efficiencies and reduce costs. The Trust's ongoing replacement of its ageing fleet with electric, hybrid and ULEZ compliant vehicles will not only support the Green agenda but will reduce running costs.
- **Reduce corporate overheads** - The Trust aims to maximise investment in frontline operational and clinical staff. It will do this by reviewing how corporate services are delivered and reducing their costs.
- **Procurement** – The Trust will review non-pay expenditure and where appropriate, collaborate with other ambulance trusts and trusts within North West London, to deliver cost reductions. It will also improve its capacity and capability to manage contracts.

Capital Programme

The Trust's aim is to continue to improve its enabling infrastructure to provide an environment that supports working in the most optimal way in modern facilities. The 2022/23 plan is to invest £18.3m. The areas of investment are:

- **Estates infrastructure (£4.3m)** - Continue to improve estates, particularly ambulance stations, invest in increasing capacity in education centres and complete the relocation of EOC into purpose built facilities at Newham Dockside. These investments will support the Estates Strategy, which will be finalised in Summer 2022.
- **IT investments (£6.6m)** – the Trust will continue to modernise systems to reduce legacy and ageing infrastructure risks. The investment will also deliver telephony services in line with national standards.
- **Fleet (£5.7m)** – In line with the Fleet Strategy, the Trust will modernise the fleet to provide greater operational resilience and reduce costs.

- **Other (£1.7m)** – There will be ongoing replacement of ageing medical equipment and investment in crew safety systems.

Our 2022/23 commitments:

- ✓ Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.
- ✓ Return to pre-pandemic levels of operational productivity.
- ✓ Deliver the capital programme for 2022/23 and secure any available additional funding.

Our future

The London Ambulance Services is continually changing and evolving to adapt to the changing needs of our patients, partners and staff. It is critical that we continue to dedicate time and resources to look longer term, to consider the type of organisation we want to be and to agree long term ambitions and plans to achieve these goals.

As we enter the final year of our current strategy we will take the opportunity to bring together the different plans and initiatives to ensure we are aligned as a single organisation agreed on our joint long-term future plans.

3.9 Build our role as an “anchor institution” that contributes to life in London

As a large NHS organisation serving the whole of London, we have a significant responsibility to the capital we serve, and not just because of the emergency care we provide. We aim to be a strong “anchor institution” that contributes to the wellbeing of the population.

As a major employer with 10,000 staff, we want to offer Londoners meaningful jobs with clear routes for career progression; we are also committed to improving our diversity so we better represent the people of this city. In addition, we have dedicated public education teams and run public health campaigns that are aimed at improving public health, tackling inequities, and contributing to developing thriving local community

The importance of being an anchor institution is published in the “NHS Long Term Plan” (2019) and the “Building Healthier Communities: the role of the NHS as an anchor institution” (2019).

3.9.1 Strengthen the in-house make-ready function

In January, we announced a £14.2 million investment in its Make Ready service – the team of staff who work around the clock to re-stock, re-fuel and deep clean ambulances at the end of a busy shift – in a move that improves pay and benefits for these vital staff members and allow for significant investment in new equipment and technology.

Starting on the 1 April 2022, the Make Ready teams who work across the capital to get the ambulance fleet ready and stationed in the right places for the next shift became NHS employees within the LAS, as the existing contracts (which were held by providers MITIE and Churchill Group) come to a planned end.

The move brings 400 members into the NHS family, with an average hourly pay increase of eight per cent for most of these teams in line with the London Living Wage and providing access to other NHS benefits such as the pension scheme. It will also encourage even stronger team working, enable better support for the individuals, and allow us to bolster the number of people working in the team.

How will this be achieved?

Bringing the teams in house was just the beginning. A 12-18 month transition project has been established to embed the new service, to make efficiencies and deliver operational changes that will fully realise the benefits described within the business case. Some of the key areas of development over the next 12 months are:

- The introduction of an electronic make ready system to reduce the need for paper systems
- A fuller integration of the make ready teams with the current Operational, Logistics and Fleet teams
- A reduction in out of service relating to missing and broken equipment and the improved working conditions of all our staff
- A detailed and bespoke culture programme is being developed and will be delivered in Q1 & 2 to bring the teams from very different diverse backgrounds together
- Trust-wide, there will be support required from multiple directorates to establish the improved processes and developments set out within the business case and to support the teams with these new changes.

By addressing these priorities, the consistency of care provided to our patients can be improved. There will be fewer instances of missing equipment and consumables, which can cause challenges for our crews. Quality assurance processes will be established to ensure consistency across the board.

3.9.2 Support local recruitment and create rewarding careers for Londoners

As part of the NHS People Plan, the LAS aims to support local recruitment and create rewarding careers for Londoners, including recruiting additional clinical staff in 2022/23 as outlined in 3.5.1. This will support the workforce goals of the Trust.

How will this be achieved?

As part of the learning from COVID-19, NHS trusts will focus on upskilling staff to create more flexibility, boost morale, expand multi-disciplinary teams and support career progression. We will reflect this in our role as a socially responsible employer in London. To ensure we remain aligned with the NHS People Plan, we have made the following commitments:

- Our public education team will participate in career fairs across London, and attend high-footfall events at least once a month to promote LAS as a place for rewarding careers.
- The public education team will champion the apprenticeship scheme, which provides opportunities for the public who are seeking formal training in a post and want to learn core transferable skills.
- The public education team will revise our digital content with our communications department, to ensure the public can access relevant and timely career information whenever they want.
- In the last year, several additional roles that do not require any clinical registration and have few entry requirements have been created, providing accessible entry points for marginalised communities.
- The coming year will focus on creating a rewarding career paths for these communities, ensuring that our managers are as diverse as our population. We will see more roles for non-registrant managerial and leadership positions
- The 'Armed Forces Covenant' has been signed, to create a bridge between the armed forces and LAS, providing career opportunities for veteran medics within LAS.

3.9.3 Achieve our 2022/23 carbon neutral plans

All NHS organisations, including the LAS, have environmental responsibilities. This social responsibility is embedded in legislation (including the Public Services (Social Value) Act 2012), in the terms of the new NHS standard contract, and in NHSE/I national guidance.

The London Ambulance Service (LAS) published its Green Plan in December 2021 outlining its carbon reduction ambitions to reduce emissions it directly controls by 2040 and emissions it can influence by 2045.

How will this be achieved?

The LAS Green Plan sets out several priority areas across multiple directorates with bespoke and ambitious targets to be achieved across a 23-year timeline.

- We announced a £16.6 million investment into purchasing new, greener vehicles, which will help us to drive down our carbon emission.
- A sustainability programme board, chaired by the Chief Finance Officer as the Senior Responsible Officer will oversee the delivery plans.
- A sustainability manager has been appointed to coordinate the delivery of the plan and ensure the Trust has access to a subject matter expertise.
- Delivering the Green Plan will directly impact patients, staff and partners as we shape and change the way we respond to emergencies differently. This includes driving zero-emission ambulances and cars, changing the way our buildings look and feel and using new and innovative technologies to reduce transportation where appropriate.
- WE will investigate external funding opportunities - The Trust's commitment to the Green Plan came with no guaranteed capital investment and all initiatives would need to be financed via business cases or via external grants and bursaries. Investing in new infrastructure and innovations within fleet will be costly and require investment over a number of years.
- Closely coordinate the internal interdependencies and action plans that will be delivered across multiple directorates. An example will be the introduction of a zero emission fleet requiring EV infrastructure to be installed across our estate. The introduction of such technology will require training and policies and procedures to be written put into place.

3.9.4 Deliver the London Lifesavers project, increasing volunteer and defibrillator availability.

We aim to expand our innovative volunteering scheme to further increase the survival rates for people who have a cardiac arrest while not in hospitals. To do that, we are calling on Londoners to join a life-saving movement that will create 100,000 every day heroes, who – with some simple training – would be able to save a life.

The London Lifesavers campaign aims to recruit and train 100,000 life savers who are able to perform chest compressions and use a defibrillator – the device that uses an electric shock to help revive someone should their heart suddenly stop pumping blood around their body, which is known as cardiac arrest.

Across the capital last year, London Ambulance Service responded to almost 14,000 cardiac arrests, and in the few minutes it takes for an ambulance crew to arrive at the scene, the actions of passers-by can make the difference between life and death. Without lifesaving intervention like CPR (cardio-pulmonary resuscitation) and defibrillators, the chances of survival decrease by about 10% with every passing minute.

How will this be achieved?

We operate a successful volunteering scheme that benefits not only patients and volunteers but also the organisation and is aligned with the NHS long term plan. We aim to:

- Recruit and train more than one percent of London's population to deliver high quality CPR and to confidently use any public access defibrillator, allowing members of the public to perform chest compressions in the vital first few minutes before our crews arrive.
- We will optimise the effectiveness of increased numbers of public access defibrillators by continuing to work with external organisations across London encouraging them to participate in the LAS Defibrillator Accreditation Scheme.
- We will target residential communities with a scheme that is self-sustaining and will empower people to take control and manage their own health and wellbeing. We will do this by providing advice on purchasing a defibrillator, training volunteer trainers and providing access to the GoodSAM app.
- The use of technology will play a vital role in saving lives and we will continue to work closely with partners such as GoodSAM. Alongside this, doubling the number of our volunteer Emergency Responders and Community First Responders will ensure faster response times and, in turn, improved survival rates and patient care, while our crews are on their way. The operation of this scheme will significantly improve cardiac arrest survival rates in the capital.

3.9.5 Work collaboratively to deliver public health messaging.

Our medics, call handlers and dispatchers, are always on hand for the people who need us, but it's also part of our role to help share information and knowledge that would help people to stay well and to access the care and support they need when they need it.

We will work with our partners across London to take opportunities to develop and share strong public health messaging with patients and the public. We already work effectively with many schools and patient groups to educate on the impact of different life choices. We attend schools and events regularly and use these platforms to discuss how interventions can significantly impact different and healthier lifestyles.

Developing this activity and doing so in a more coordinated way with other partners is a priority for us in 2022/23.

How will we achieve this?

By working closely with stakeholders and others in the health and social care system, we need to confirm the LAS role in public health promotion and messaging. We want to utilise our role and position as an ambulance service to share how people can make healthier choices. Our aim is to particularly focus this proactive work with children and young people - to be part of the ongoing conversations that influence the changing shape of public health in London. We will do this by:

- Developing a plans for the various aspects of public health including prevention, focussing on our activities in schools.
- Making our approach more resilient to escalations in demand so the public education team can continue activities consistently.
- Understanding the role of the paramedic and ambulance services in accessing social prescribing and opportunities where we can improve health outcomes, for example, establishing non-clinical care pathways.

Our 2022/23 commitments:

- ✓ Ensure the transition in house of the Make Ready service delivers the benefits to the staff and our service set out in the business case.
- ✓ Ensure entry level recruitment is representative of the communities and populations we serve across London.
- ✓ Actively promote paramedicine as a career pathway to diverse student communities in London.
- ✓ Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric.
- ✓ Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.
- ✓ Deliver sessions on health and prevention of harm for children and young people across the capital.

3.10 Develop a new five-year strategy to improve services for the communities we serve

It is essential that we prioritise planning for the long term as well as responding to the short term needs of Londoners. As we enter the final year of the current LAS strategy there is a need to formalise plans and ambition for the next period. Uniquely, the timing of this requirement coincides with the formal launch of integrated Care Systems. As such we will be working closely with our ICS partners to determine the best opportunities for collaboration as part of this long term planning.

3.10.1 Take a collaborative approach with partners to tackle health inequalities

We require a joined-up approach across all of urgent and emergency care, to deliver a whole systems approach to tackling health inequalities. We believe this will reduce demand on frontline services. As regional providers, ambulance services have wide access to patients, as well as a wealth of knowledge and information to help systems understand their populations and gain insight and a broader understanding of inequalities in the context of access, experience and outcomes.

How will we achieve this?

Developing a health inequalities action plan is a key priority in our quality account for 2022/23. For this scheme, we propose that:

- We jointly develop the action plan alongside commissioners
- We recruit a public health specialist to support the organisations understanding of the differences required in each case – supported by local authorities and ICS teams who have responsibilities for joint strategic needs Assessments via the health and wellbeing boards
- Carrying out a health needs assessment; mapping London demographic data against our own data to identify health inequalities, illness hotspots and where preventative initiatives might have greater impact
- Following identification of key patient groups, focus on improving care for these groups, such as our ‘Sickle Cell Learning’ event that took place in April 2022 to share learning from serious incidents and all-party parliamentary committee report.

We will be keen to work alongside commissioners to ensure that actions from their ICS plans are considered in the development of LAS’s plan to support the wider system working and benefits realisation.

3.10.2 Build partnerships with others to design new and innovative models of care, including in primary care

Local NHS organisations are increasingly focusing on population health and local partnerships with local authority-funded services through their integrated care systems (ICSs). We are currently working collaboratively to develop a shared, rotational model with the 164 primary care networks (PCN) in London; with a dedicated team of staff working across both PCN and LAS. We continue to look for other opportunities to develop other new innovative ways of working with our partners.

How will we achieve this?

With respect to the PCN activity, the programme is overseen by the PCN Programme Group, which comprises of representatives from people and culture, commissioning, operational and clinical teams.

- We will aim to increase the number of PCNs we are working with. We expect to commence a partnership with an additional 3 PCNs with whom we have established contracts for the coming year, and preliminary discussions continue with a number of others.
- In considering the potential scale of future delivery across London and the project and contractual work involved, we expect a further expansion of supporting roles will be required.

With respect to other innovative partnership models:

- The COVID pandemic increased collaborative working across regional partnerships, through locality based clinical networks. The learning from these networks has continued, and the alternative care pathways that were established now form business as usual. For the last year, on average we referred 2.86% of our patients to urgent ACPs and 2.09% to acute ACPs. This will have prevented 54,909 initial presentations at an Emergency Department. We are currently exploring the possibility of accessing these ACPs through the 111 service.
- We will also continue feasibility studies into other possible collaborations and ways of working including joint working with community providers and the possibly of a joint response vehicles for certain patient cohorts.
- Review the Fuller Stocktake on primary care and take account of recommendations for how ambulance services might work with all our partners in primary care to support the integration of service provision.

3.10.3 Confirm priorities for the next five years, including estates modernisation

Our approach for developing an updated strategy will be through close collaboration with our staff and partners. We will co-design our approach so the strategic ambition, and proposed role for LAS, is shared. This process will include consideration of other enabling planning that is required to ensure successful delivery.

For example, across London LAS has more than 80 properties for use by operational teams and our support services. There is significant variation in the size, location, age and use of these properties. Not all the buildings we work from provide the working environment we aspire for our staff, and they have been shown to promote inefficiencies in how we work. We are committed to undertaking a full review of our estate in 2022/23 to inform longer term decisions about how we use our assets and where we make investments in the future.

How will we achieve this?

Through 2022/23 we will work with staff and our external stakeholders to develop for proposals the future through the following activities:

- We will develop and test proposed strategic themes, developed from analysis of LAS data, conversations with staff on priorities and formal sessions with ICS teams on local ambition
- Publish a strategic intent document for sharing our ambition with staff, partners and the general public and encouraging dialogue and contribution to help us shape our future
- Understand how all of our assets are currently used and the future ambition for each of the categories of assets identified, including their opinions about the characteristics of a good ambulance station and how our existing assets are used.
- Develop long terms proposals to improve the operational and working environments for our staff, with a corresponding understanding of the investments required to make these a reality
- Publish a formal strategy document that sets out a clear long term intention for the LAS across London

Our 2022/23 commitments:

- ✓ Co-produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.
- ✓ Co-produce an estates strategy with incremental implementation from 2022/23 onwards.
- ✓ Increase collaboration with primary care, working with Primary Care Networks and contributing to implementation of the Fuller Stocktake recommendations.
- ✓ Continue to develop new and innovative ways of working with our partner organisations and across the Trust.

Part C

Governance



4 How we will monitor our plan

Formal governance arrangements will be essential to ensure our priorities and commitments are achieved. These arrangements are documented below and, where not already in active operation, will be introduced early in 2022/23.

The approach for monitoring delivery of the business plan will align with existing mechanism for teams to report on performance. The business plan objectives will be included within these structures to avoid additional meetings and reporting.

4.1 Monthly Organisational Performance Meetings OPM

Each directorate and operational sector team has a bi-monthly performance meeting, held with a subset of the LAS Executive Committee. The Operational Performance Meeting (OPM) is held to provide an up to date view of organisational performance to the executive focusing on operational delivery, financial performance and clinical excellence underpinned by safety and quality.

The most recent iteration of the OPMs has allowed the presenting team to shape the agenda for the meeting, including under performance where necessary.

Following the publication of the business plan, 'Progress with Business Plan Commitments' will be introduced as a routine agenda item and form part of the OPM discussion. Each directorate will report progress against a set of agreed deliverables or outcomes that will progress overall delivery of the business plan.

This process will allow the relevant team to track progress against a delivery plan and propose changes to plans where necessary. The process will also provide an opportunity for scrutiny from executive colleagues.

4.2 Integrated Performance Report

Following the OPM, the relevant delivery team will provide a summary of progress for inclusion in the Integrated Performance Report (IPR). The IPR is a monthly report, used by ExCo and then the wider Trust Board to understand overall trust performance position. A section will be included in the IPR that updates on delivery progress against the Business Plan.

The report will allow trust teams to confirm progress and identify where there are changes or delays against the original delivery plan, aligning these and formalising them with other priorities the departments or Trust has committed to.

This reporting mechanism will then allow formal scrutiny and reporting when discussed at Executive Committee (ExCo) and at Trust Board or relevant sub-committees.

4.3 Executive Committee ("ExCo")

ExCo is the meeting of Trust directors. On a monthly basis the Trust's integrated performance report is presented for discussion, updating on delivery against statutory and strategic performance metrics.

The Trust business plan will be included as a section within the IPR documentation, reporting progress against the agreed deliverables and milestones. Following agreement the IPR will be submitted to Trust Board sub-committees.

5 Strategic risk and mitigation

The Trust has adopted a rigorous approach to identifying and mitigating risks, managed in line with the Trust's Risk Management and Strategy Policy.

"The Trust recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff, patients and visitors."

Trust's Risk Management and Strategy Policy

The Trust is committed to having a risk management culture that underpins and supports the business of the Trust.

Ensuring we have identified the right risks and considered the necessary actions to mitigate the impacts of the risk, is an essential part of the business planning process. Each Directorate will be expected to consider their own specific delivery risks and manage these according to likelihood and impact.

At Trust level relevant risks are identified and captured formally in the board assurance framework (BAF) which are then reviewed regularly by the Trust Board. There are also other risks which will be monitored by ExCo that form part of the delivery planning.

5.1 Board Assurance Framework (BAF)

The Board has overall responsibility for ensuring systems and controls are in place sufficient to mitigate any significant risks which may threaten the achievement of the Trust's strategic objectives. Assurance may be gained from a wide range of sources, but wherever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Board achieves this, primarily through the work of its assurance committees, through use of audit and other independent inspection and by systematic collection and scrutiny of performance data to evidence the achievement of the corporate objectives.

5.2 Delivery Risks

Additionally, other risks to the delivery of the business plan have been identified. These have been considered and mitigated through the process as explained below.

Delivery Risks	Mitigation
Operational pressures (covid related or other pressures) limits focus on the business plan outcomes and slows delivery of the proposed commitments.	The importance of resilience has been raised and features heavily in our aspirations to recruit more operational staff to LAS. This will relieve pressure on individuals but also provide more management capacity to help shape and lead the initiatives proposed as priorities in the business plan.
Delays in CIP delivery or reduction in CIP value means reduced investment available to make changes described in business plan	Some of the changes proposed in the plan are dependent on new or additional funding. In part this will rely on the LAS teams successfully

	<p>delivering on the proposals in the CIP. A formal programme to monitor the CIP will be set up in early 2022/23. The CFO will be accountable for the Trust delivery plans and will chair a regular delivery group. Progress against CIP delivery will be reported regularly to FIC, with proposed impacts and mitigations where delays identified.</p>
<p>Insufficient capacity or capability to deliver Business plan deliverables and outcomes as agreed</p>	<p>The business planning process has aligned closely with the workforce requirements identified by LAS teams to deliver their proposed plans. These workforce plans will be monitored through the regular OPM discussions with senior executives and any delays in recruitment or workforce changes identified.</p>
<p>Cost of the proposed changes and investment have been underestimated and grow to be unaffordable</p>	<p>The Service Developments proposed in the Business Plan have been subject to financial review through the financial planning process. Significant investment decisions will be expected to be taken through a business case process to ensure both value for money, affordability and deliverability issues are all fully considered.</p>

6 Governance and assurance

An effective healthcare organisation requires clear lines of governance that cascades responsibility for delivering quality performance from the Trust Board to frontline and corporate teams.

6.1 Governance and Assurance Forums

The business plan will be overseen and managed through the Trust's existing governance arrangements as outlined below:

Mechanism	How they will assure the business plan
Trust Board	<p>The Trust Board leads the organisation by setting the strategy, vision, mission, values and culture. They are ultimately responsible for the delivery of the business plan. The Trust Board will:</p> <ul style="list-style-type: none"> • Approve spending on large programmes and capital expenditure • Review progress of the business plan deliverables • Receive updates on the delivery of strategic priorities
Board Assurance Committees	<p>The Trust Board has established the following Committees (all chaired by a non-executive director) to provide it with assurance in relation to the effectiveness of the controls in place to identify, manage and mitigate the risks to the successful operation of the Trust:</p> <ul style="list-style-type: none"> • Quality Assurance Committee - provides the Trust Board with assurance on the provision of a high quality, safe, and effective service • Finance and Investment Committee – focusses on the Trust's financial and investments policies, management and reporting, as well as overseeing its performance reporting framework. • Audit Committee – focuses primarily on the risks, controls and related assurances that underpin the achievement of the Trust's objectives. • People and Culture Committee – considers all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks • Remuneration and Nominations Committee - appoints and, if necessary, dismisses the executive directors, establishes and monitors the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency. <p>After every meeting, each of these Committees provide the Trust Board with a report on how it has fulfilled its duties.</p>
Executive Committee (ExCo)	<p>The Executive Committee (ExCo) meeting, chaired by the Chief Executive, consists of the executive directors who are on the Trust Board and other directors. The ExCo leads and manages the performance of the Trust</p>

Mechanism	How they will assure the business plan
	<p>within the strategic framework established by the Trust Board. In doing so, they are responsible for:</p> <ul style="list-style-type: none"> • the development and implementation of strategy, operational plans, policies, procedures and budgets • the monitoring of operational and financial performance • the assessment and control of risk • the prioritisation and allocation of resources. <p>ExCo members individually and collectively have responsibility for providing assurance to the Trust Board on the controls in place to identify, manage and mitigate risks to successful operation of the Trust.</p>
Corporate Committees	<p>Corporate Committees exist to ensure that cross-directorate risks and issues are being managed and mitigated appropriately. Where appropriate these committees will also be used to monitor performance and progress with delivery plans and update</p>
Portfolio Management Board (PMB)	<p>The PMB is responsible for prioritising the Trust’s portfolio of programmes and projects, including the delivery of CIPs and business cases. The PMB will receive reports on key programmes, resolve issues, mitigate risks and escalate where required to ExCo.</p>
Operational Performance Meeting (OPM)	<p>The Operational Performance Meetings will monitor the performance of the organisation, focussing on operational delivery and financial performance. The OPMs will be chaired by the CEO and attended by and CFO and Deputy Chief executives.</p>





Appendices



Improving services for patients – priorities and commitments

Our priorities and commitments





How we will deliver

 <p>Continuously improve the safe delivery and quality of care for our patients</p> <ul style="list-style-type: none"> • Deliver our annual quality objectives. • Develop and use clinical outcome data more effectively. 	<ul style="list-style-type: none"> ✓ Continue to improve clinical outcomes across the organisation, including for stroke and heart attacks. ✓ Deliver the quality objectives relating to patient care, patient and family experience and staff engagement published in the annual quality plan. ✓ Pilot the production of clinical outcome data for a range of conditions, linking 111/999/ambulance data with hospital data sets.
 <p>Improve our emergency response</p> <ul style="list-style-type: none"> • Improve the resilience and performance of our call handling and dispatch functions. • Work with partners to ensure the best care for our patients, including hospital handovers and utilisation of alternative pathways. • Reduce dispatch and conveyance rates by developing appropriate local alternatives. 	<ul style="list-style-type: none"> ✓ Deliver sustainable improvement on national performance indicators compared with 2021/22, particularly on call handling and category two ambulance response so we are one of the top five in England. ✓ Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time. ✓ Work with partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients. ✓ Work with our partners to increase the proportion of 999 patients that access alternative care pathways, particularly frail patients and those with mental health conditions.
 <p>Create more integrated and resilient 111/999 services</p> <ul style="list-style-type: none"> • Create a single clinical assessment function for 111 and 999. • Develop a resilient workforce so that we can help patients more effectively at first point of contact. 	<ul style="list-style-type: none"> ✓ Continue to be one of the top national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways . ✓ Establish the resilient integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients
 <p>Strengthen our specialist teams' response to incidents, risks and threats</p> <ul style="list-style-type: none"> • Update facilities and improve the locations of our teams. • Ensure ongoing readiness for future incidents and events. 	<ul style="list-style-type: none"> ✓ Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city ✓ Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements ✓ Maintain the team's high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections

Strengthening our organisation – priorities and commitments

Our priorities and commitments



How we will deliver

 <p>Support our workforce</p> <ul style="list-style-type: none"> • Increase the size of our permanent workforce. • Expand our educational capacity. • Encourage and promote diversity across our teams. • Reduce violence and aggression experienced by staff. • Offer enhanced wellbeing provision. 	<ul style="list-style-type: none"> ✓ Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 400 whole-time equivalents. ✓ Improve further our compliance with the NHS’s workforce race equality standards and workforce disability equality standards. ✓ Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader ✓ Expand our educational capacity, both estate and courses. ✓ Publish and implement an action plan to reduce violence and aggression towards our staff and support them more effectively. ✓ Make significant reductions in unplanned and sickness absence, achieving the lowest unplanned absence rates compared to other ambulance services. ✓ Offer improved occupational health provision, increasing staff health and wellbeing support.
 <p>Develop a more positive working culture</p> <ul style="list-style-type: none"> • Co-create a new values and behaviours framework. • Strengthen local team working. • Design and launch a new appraisal process to ensure greater support to people. 	<ul style="list-style-type: none"> ✓ Launch and embed a new set of Trust values and behaviours. ✓ Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work. ✓ Improve the quality and effectiveness of our processes for appraisal, recruitment and managing inappropriate behaviours. ✓ Create pathways to enable career progression for staff in every part of the organisation.
 <p>Strengthen and optimise our digital and data assets</p> <ul style="list-style-type: none"> • Replace CAD, telephony and datacentres. • Join up data internally & externally. • Develop an agile and data-driven ambulance service. 	<ul style="list-style-type: none"> ✓ Deliver a new integrated and standardised computer-aided ambulance dispatch system. ✓ Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation. ✓ Migrate the emergency operation centre in Bow to Newham. ✓ Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.
 <p>Use resources more efficiently and effectively</p> <ul style="list-style-type: none"> • Define and deliver a cost improvement plan for 2022/23 and beyond, getting maximum value for every pound invested. 	<ul style="list-style-type: none"> ✓ Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme ✓ Return to pre-pandemic levels of operational productivity. ✓ Deliver the capital programme for 2022/23 and secure any available additional funding.

Building our strategy for the future – priorities and commitments

Our priorities and commitments

How we will deliver

 <p>Build our role as an “anchor institution” that contributes to life in London</p> <ul style="list-style-type: none"> • Strengthen the in-house make-ready function. • Support local recruitment and create rewarding careers for Londoners. • Achieve our 2022/23 carbon neutral plans. • Deliver the London Lifesavers project, increasing volunteer and defibrillator availability. • Work collaboratively to deliver public health messaging. 	<ul style="list-style-type: none"> ✓ Ensure the transition in house of the make ready service delivers the benefits to the staff and our service set out in the business case. ✓ Ensure entry level recruitment is representative of the communities and populations we serve across London. ✓ Actively promote paramedicine as a career pathway to diverse student communities in London. ✓ Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric. ✓ Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London. ✓ Deliver sessions on health and prevention of harm for children and young people across the capital.
 <p>Develop a new five-year strategy to improve services for the communities we serve</p> <ul style="list-style-type: none"> • Take a collaborative approach with partners to tackle health inequalities • Build partnerships with others to design new and innovative models of care, including in primary care. • Confirm priorities for the next five years, including estates modernisation. 	<ul style="list-style-type: none"> ✓ Co produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023. ✓ Co-produce an estates strategy with incremental implementation from 2022/23 onwards. ✓ Increase collaboration with primary care, working with primary care networks and contributing to implementation of the Fuller Stocktake recommendations. ✓ Continue to develop new and innovative ways of working with our partner organisations and across the Trust.

Improving services for patients, priority 1

		OVERSIGHT	Description of the delivery			
			Q1	Q2	Q3	Q4
Continuously improve the safe delivery and quality of care for our patients	1	Chief Medical Officer	<p>ROSC to hospital 27%</p> <p>Individual STEMI bundle components 75%</p> <p>Stroke on scene time for patients conveyed direct to a HASU (crew decision) 43 mins</p>	<p>ROSC to hospital 28%</p> <p>Individual STEMI bundle components 78%</p> <p>Stroke on scene time for patients conveyed direct to a HASU (crew decision) 38 mins</p>	<p>ROSC to hospital Rosc 28%</p> <p>Individual STEMI bundle components 79%</p> <p>Stroke on scene time for patients conveyed direct to a HASU (crew decision) 36 mins</p>	<p>ROSC to hospital 30%</p> <p>Individual STEMI bundle components 80%</p> <p>Stroke on scene time for patients conveyed direct to a HASU (crew decision) 35 mins</p>
	2	Director of Quality	Develop the delivery plan for the quality account	Deliver the commitments for the action plan	Deliver the commitments for the action plan	Deliver the commitments for the action plan
	3	Director of Strategy	Refine the project to clinical outcome data	Deliver the proposed action plan to share outcome data between providers	Start using the data for improving patient care	Link with the ADS Process

Improving services for patients, priority 2

		OVERSIGHT				
		Description of the delivery				
		Q1	Q2	Q3	Q4	
		Improve our emergency response	4	Director of 999 EOC / Director of Ambulance Services	<p>Confirm the workforce plans to increase the resource available including call handling and ambulance crews</p> <p>Confirm plan from the 'improving our response to patients' QI project</p> <p>Undertake Waste walks and interviews with best practice</p>	<p>Implement the workforce plan actions including recruitment.</p> <p>Deliver learnings, recommendations and action plan from QI projects and waste walks</p>
5	Chief Medical Officer		<p>Scope clinical dispatch oversight. Scope clinical safety metrics to ensure that no patient is left without a clinical assessment and plan for longer than 2 times the 90th centile</p>	<p>Reduction in clinical incidents based on levels of harm (deaths, severe, moderate, low, no) linked with scoped trajectory calculated against baseline and best in class.</p> <p>Reduction of complaints relating to longest waits linked with scoped trajectory calculated against baseline and best in class.</p>	<p>Implementation of revised clinical model and dispatch.</p>	<p>Reduction in longest held call no longer than 1 times the 90th centile</p>
6	Director of Ambulance Services		<p>Agree stakeholder forums in each ICS area with representation from Acute trusts and incident delivery function</p>	<p>Agree action plan and improvement trajectory in each ICS</p>	<p>Implement action plans</p>	<p>Implement action plans</p>
7	Chief Medical Officer		<p>UCR- Scope and develop the role out of the ICS paramedic/UCR clinician collaborative</p> <p>SDEC- Implement exclusion criteria for crews to take patients directly to SDEC</p>	<p>UCR implemented at SWL ICS</p> <p>SDEC - 3 patients to each SDEC/ICS from both 111/999</p>	<p>UCR implemented within a further ICS</p> <p>SDEC - 4 patients to each SDEC/ICS from both 111/999</p>	<p>SDEC - 5 patients to each SDEC/ICS from both 111/999</p>

Improving services for patients, priority 3

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
<p>Create more integrated and resilient 111/999 services</p>	8	Continue to be one of the top three national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways	Director of IUEC	<p>Launch recruitment campaign for new frontline staff to respond to increased demand</p>	Provide structured support for Managers (Our LAS, Values and Leadership)	<p>Implement RotaMaster and Clinical Guardian software to improve rostering and clinical Audit</p>	
	9	Establish full digital and a resilient workforce integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients	Director of IUEC	<p>Agree the 50:50 Role (Clinical assessment / Ambulance crew) with HR & Finance</p>	<p>Introduce the 50:50 roles (CAS / Road). Commence recruitment</p>	<p>Expand recruitment - targeting joint, part-time and flexible clinical assessment roles</p>	<p>Agree and implement job share / rotational roles with partner providers.</p>

Strengthening our organisation, priority 5

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Support our workforce	13	Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 300 whole-time equivalents.	Director of People & Culture	2022/23 recruitment plans to be agreed by Exco and budgeted accordingly. Recruitment drive in Australia to be commissioned	Review success of Australian recruitment drive & national NHSP advert for call handling strategy	Review of all recruitment campaigns and agree revised methodologies for remaining posts	Review of all recruitment campaigns and agree revised methodologies for remaining posts
	14	Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.	Director of People & Culture	Renewed CEO commitment to delivery of the WRES Action Plan via annual objectives. Formal re-launch and funding of staff networks. B-ME Network Executive Lead is our CEO.	Embed new recruitment practice following Our LAS masterclasses training	Review implementation of Resolution Framework and impact on BAME staff; Demographic data of those involved in cases to be reported by the Resolution Hub on a quarterly basis.	Launch anti-racism campaign/pledge and See Me Campaign.
	15	Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader	Chief Executive / Director of People & Culture	Exploration of current team model, desired outcome and funding available	Socialise desired team model	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls

Strengthening our organisation, priority 5 (cont.)

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Support our workforce	16	Expand our educational capacity, both estate and courses.	Director of Education	<p>Secure lease for expansion at Brentside Clinical Education Centre.</p> <p>Develop the operational plan for the blended learning / digital education plans.</p> <p>Develop workforce plan for establishing Driving Education Academy.</p>	ExCo paper scoping paper for third Clinical Education Centre in South London	Complete the move into new capacity at Brentside Education Centre	Complete the business case for a Third Clinical Education Centre.
	17	Publish and implement an action plan to reduce violence and aggression towards our staff and support them more effectively.	Director of Quality	Publish the Reduce violence and aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan
	18	Make significant reductions in unplanned and sickness absence, achieving lowest unplanned absence rates compared to other ambulance services.	Director of People & Culture	<p>Initial meeting of the improving sickness absence group following May PCC</p> <p>Signing of contract and implementation period of first day absence reporting service run by Goodshape;</p> <p>Transition to new OH provider. Agree recovery plan and revised 6% KPI</p>	<p>Go live of first day absence reporting tool</p> <p>HR Business Partners take up post in operational and support areas;</p> <p>monthly reviews of performance and improvement plans commence;</p> <p>Scrutiny and oversight a feature of OPM meetings.</p>	Embedding of first day reporting and performance management of contract; On-going performance review	Review of actions taken in previous quarters - with aim of maintaining 6% KPI
	19	Offer improved occupational health provision, increasing staff health and wellbeing support.	Director of People & Culture				

Strengthening our organisation, priority 6

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Develop a more positive working culture	20	Co-design, launch and embed a new set of Trust values and behaviours	Director of People & Culture	Trust Values and Behaviours will be socialised at the Leadership Masterclasses in May and launched across the Trust in June 22.	Embed new Values and Behaviours in Trust documents, emails, promotional materials and Trust Inductions.	Monitor changes in behaviour as a result of new values.	Use staff survey, questionnaires and focus groups to measure effectiveness of new values and behaviours.
	21	Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work	Director of People & Culture	Key themes from 2021/22 Staff Survey have been captured in our Cultural Transformation Programme. 600 line managers to undergo training to reset Trust values and model expected behaviours.	Re-engage with Staff Survey Champions and work with LGMs to agree top three priorities. EDI/OD team to provide local support and training.	Introduction of local staff survey engagement tool - monitor and address any shortfalls	Review 2022 staff survey results
	22	Improve the quality and effectiveness of our appraisals, recruitment process, and managing inappropriate behaviours in colleagues	Director of People & Culture	Revised process for appraisals, recruitment and expected behaviour will be socialised at the Leadership Masterclasses in May and launched across the Trust in June 22.	Embed new tools in Trust policies and training materials	Monitor changes in behaviour as a result of new processes / behaviours	Use staff survey, resolution hub, and questionnaires with focus groups to measure effectiveness
	23	Create pathways to enable career progression for staff in every part of the organisation	Director of People & Culture	Engage with key stakeholders including Networks and Unions to Scope Career Pathways	The new Culture working group will oversee a Talent programme, which will include Career Pathways.	Launch Pilot Career Pathway Programme.	Roll out Career Pathways more widely across LAS. Use staff survey, questionnaires and focus groups to measure effectiveness of the career pathways.

Strengthening our organisation, priority 7

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Strengthen and optimise our digital and data assets	24	Deliver a new integrated and standardised computer-aided ambulance dispatch system.	Chief Information Officer	UAT, TTT, Security Testing Farnborough and Corsham Build Server Testing	Staff Training MDT Development and Deployment Go Live		
	25	Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.	Director of 999 EOC Chief Information Officer	Complete software update to allow Newham to connect to LAS Telephony network CM8 Go Live	Infrastructure Build and configuration for CM10	CM10 Go Live	Commence the removal of the legacy IT / telephony
	26	Migrate the emergency operation centre in Bow to Newham.	Director of 999 EOC Chief Information Officer	Technical Installation UAT / Load Testing Migration starts	Migration Completed		
	27	Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.	Chief Clinical Information Officer	Complete a comprehensive plan for piloting the practical sharing of patient care records	Completion of the mobile (iPad) access to 'OneLondon' Clinical records. Publication of the recommendations to link up Londoners' maternity data.	Completion of the Transfer of Care (ToC) to see data flow from ePCR into the native Cerner EPR. Publication of ePCR records (St Georges patients only) to the London Care Record.	Publication of ePCR records for all ePCR submissions to the London Care Record. Adoption of the Ambulance Data Set into the Trust

Strengthening our organisation, priority 8

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Use resources more efficiently and effectively	28	Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.	Chief Financial Officer	Resolve outstanding income issues with ICSs. Develop detailed CIP plans and governance framework	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	Monitor I&E delivery and identify mitigations if required. Prepare for year end close down
	29	Return to pre-pandemic levels of operational productivity.	Chief Financial Officer	Develop efficiency metrics as prt of CIP Programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme
	30	Deliver the capital programme for 2022/23 and secure any available additional funding.	Chief Financial Officer	Develop detailed plans for the "core" programme	Monitor capital plan. Develop plan for schemes within "over-programme" pot Access any in-year allocation	Monitor capital plan. Develop plan for schemes within "over-programme" pot Access any in-year allocation	Monitor capital plan Prepare for year end If appropriate deliver schemes from "over-programme" budget Develop capital plan for 23/24

Building our strategy for the future, priority 9

		OVERSIGHT		Description of the delivery			
		Q1	Q2	Q3	Q4		
Build our role as an “anchor institution” that contributes to life in London	31	Ensure the transition in house of the Make Ready service delivers the benefits to the staff and our service set out in the business case	Chief Financial Officer	Embed insourced team to feel part of LAS	Continual review of business case to identify and deliver efficiencies	Review the options to expand the scope of the Make Ready service to include more LAS vehicle cohort	Deliver the benefits expressed in the Business Case
	32	Ensure entry level recruitment is representative of the communities and populations we serve across London	Director of People & Culture	Recruit to newly established EDI team - particular focus on EDI specialist recruitment knowledge. Collaborate with NHE/I on anchor network	Recruitment strategies to be commissioned. Recruit public education lead to support – through educational activity – the recruitment of staff and volunteers from diverse communities	Develop and implement public education strategy that encourages diverse local communities to work at LAS, including children and young people	Delivery of public education strategy (ongoing). Review of all recruitment campaigns and agree revised methodologies for failed campaigns
	33	Actively promote paramedicine as a career pathway to diverse student communities in London	Director of People & Culture / Director of Education	Initiate research to define the specific issues and challenges with respect to diversity in para medicine. Join with other partners including AACE support collective view	Discuss findings of research with HEE and LAS education partners including universities Agree action plan with partners and Health education team	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities

Building our strategy for the future, priority 9 (2/2)

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Build our role as an “anchor institution” that contributes to life in London	34	Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric.	Chief Financial Officer	38 new hybrid vehicles brought into use.	Start on developing charging infrastructure Start receiving electric FRUs and mental health cars	Receive the remainder of the 220 vehicles	Start developing plans for 23/24 fleet procurement
	35	Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.	Director of Communications and Engagement	Host london Lifesavers Awards - raises awareness and recognition.	Launch a dedicated comms and engagement plan to raise awareness and increase recruits.	Hosting a number of 'restart a heart' events (where high numbers of people are trained at high-profile	
	36	Deliver sessions on health and prevention of harm for children and young people across the capital.	Director of Communications and Engagement	Visual planner to measure each staff member / volunteer activities and the topics covered (to monitor progress)	Promoting the work of the teams (via our website and social media channels) to raise profile and use digital content to share key messages - helping us to reach a larger audience Recruit public education lead	Expanding volunteer database - objective is to have 100 additional volunteers by December Develop and launch public education strategy	Updating our education/PPI resources – including enhancing the accessibility of our resources Delivery of education strategy (ongoing)

Building our strategy for the future, priority 10

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Develop a new five-year strategy to improve services for the communities we serve	37	Co produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.	Director of Strategy and Transformation		Engage with partners of the challenges priorities and ambition for LAS	Publish a strategic intent document for formal engagement with partners	Engage with partners Publish final version of strategy document
	38	Co-produce an estates strategy with incremental implementation from 2022/23 onwards.	Chief Financial Officer	Set up programme	Publish Estates options paper following agreement with Trust Board	Formally engage with stakeholders to obtain feedback on the options	Publish an agreed strategy Start implementation of agreed strategy
	39	Increase collaboration with primary care, working with primary care networks and contributing to implementation of the Fuller Stocktake recommendations.	Chief Medical Officer / IUC Medical Director	Agree contracts of support with next cohort of PCNs Scope LAS response to the Fuller Stocktake	Start rotational placements with three new PCNs Identify the priorities and developed an action plan from the Fuller Stocktake	Agree additional PCNs looking for support from LAS paramedics Plan and deliver Fuller Stocktake action plan with partners	Plan and deliver Fuller Stocktake action plan with partners
	40	Continue to develop new and innovative ways of working with our partner organisations and across the Trust.	Director of Strategy and Transformation	Collect and analyse data to guide opportunities for new ways of working	Complete review on the feasibility of joint response community cars	Agreed priorities areas where new models / innovation is required	Scoped, defined and agreed new models with partners, ready for implementation