Trust Board Meeting in Public

Schedule	Thursday 12 June 2025, 13:15 — 16:15 BST
Venue	Prospero House, 241 Borough High Street, SE1 1GA and via MS Teams
Organiser	Committee Secretary

Agenda

Agenda

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

1.15pm on Thursday 12th June 2025
at Prospero House, 241 Borough High Street, London SE1 1GA

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
1.15	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
1.20	2.1	Minutes of the Public Meeting held on 6th March 2025	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient/Staff Story					
1.30	3.1	**Violence Against Staff** One member of staff's experience: Charlotte Miller, Paramedic.	ME	Inform	Present
4. Chair and Chief Executive Report					
1.50	4.1	Report from the Chair	Chair	Inform	Verbal
2.00	4.2	Report from the Acting Chief Executive	CEO	Inform	Report
5. Director and Board Committee Reports					
2.10	5.1	**Performance** 5.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
2.25	5.2	**Quality** 5.2.1 Quality Report: CMO and Deputy CEO 5.2.2 Quality Assurance Committee Report	FW MSp	Assure	Report
2.55	5.3	**People and Culture** 5.3.1 Director's Report 5.3.2 People and Culture Committee report	DMG AR	Assure	Report
3.05	5.4	**Finance** 5.4.1 Director's Report 5.4.2 Finance and Investment Committee Report 5.4.3 Audit Committee Report	RPa BA RP	Assure	Report

3.15		**Report from LAS Charity Committee**	BA	Assure	Report
3.25	5.5	**Digital and Data** 5.5.1 Directors Report 5.5.2 Digital and Data Committee Report	SD CM	Assure	Report
3.35	5.6	**Corporate Director's Report**	ME	Assure	Report
6. Approval					
3.40	6.1	Business Plan year review 2024-2025	RD	Assure	Report
3.50	6.2	Business Plan 2025/26 To approve in public the 2025/26 Business Plan	RD	Approval	Report
7. Assurance					
4.00	7.1	Board Assurance Framework	ME	Approve	Report
8. Concluding Matters					
4.10	7.1	Any Other Business	All	Note	Verbal
4.15	7.2	Date of Next Meeting – Thursday 11th September 2025	Chair	Note	

1. Opening Administration

1.1. Welcome and apologies (verbal)

For Noting

Presented by Andy Trotter

1.2. Declarations of Interest (Verbal)

For Approval

2. General Business

2.1. Minutes of the Public Meeting held on 6th March 2025

For Approval

Presented by Andy Trotter

Meeting in Public
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
Held at 12.30pm on Thursday 6th March 2025 at Prospero House, 241 Borough High Street, London SE1 1GA

Present		
Rommel Pereira	RP	Deputy Chair and Non-Executive Director *(Chair of meeting)*
Andy Trotter	AT	Chairman *(by MS Teams)*
Mark Spencer	MS	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Anne Rainsberry	AB	Non-Executive Director
Daniel Elkeles	DE	Chief Executive
Rakesh Patel	RPa	Joint Deputy Chief Executive and Chief Finance Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Damian McGuinness	DMcG	Chief People Officer
Pauline Cranmer	PC	Chief Paramedic Officer
Mark Easton	ME	Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Clare McMillan	CM	Chief Digital Officer
In Attendance		
Johra Alam	JA	Clinical Director for Integrated UEC
Nora Hussein	NH	Head of Corporate Governance
Apology for Absence		
Shera Chok	SC	Non-Executive Director

1.OPENNG ADMINISTRATION		
1.	**Welcome and Apologies** The Chairman welcomed all present to the meeting.	
2.	**Declarations of Interest** There were no new declarations of interest.	
2. GENERAL BUSINESS		
2.1	**Minutes of the Previous Public Board Meeting** The Minutes of the previous public meeting of the Board held on 5th December 2024 were approved as a correct record.	
2.2.	**Action Log** There were no outstanding actions on the action log.	

3. PATIENT STORY		
3.1	**Intergrated Urgent Care Coordination** The Board received a presentation from Dr. Johra Alam (JA) on integrated urgent care (IUC) coordination, highlighting the use of the 111*5 clinical pathway as a mechanism for managing patients within the community and reducing emergency department (ED) conveyances. JA outlined the operational context of the 111 Clinical Assessment Service (CAS), including how it provides GPs, nurses, and paramedics who assess and manage patients referred through NHS 111. The presentation focused on three anonymised case studies involving elderly patients, demonstrating how clinical collaboration between ambulance crews and IUC clinicians leads to improved outcomes. Board members expressed support for the initiative and its patient-centred approach. The safety netting provisions and use of integrated IT systems were commended. The ability to reduce ED conveyance for vulnerable patients was highlighted as a key achievement. Board members also discussed the variation in access across London boroughs and the need for system-wide consistency. The Board noted the presentation and recognised the 111*5 model as a valuable service innovation supporting urgent care transformation across London.	
4. CHIEF EXECUTIVE REPORT		
4.1	**Report from the Chair** AT, Chairman, expressed his appreciation to RP, Deputy Chair, for chairing the meeting in person during his absence. There were no further updates from the Chairman. The Board noted the Chairman's comments and extended their best wishes to him on a smooth recovery.	
4.2	**Report from the Chief Executive** DE, Chief Executive provided the Board with a update focusing on recent operational developments, recognitions, and ongoing strategic initiatives. He began by noting the exceptional challenges experienced over the winter period, describing it as the most demanding segment of the season. He acknowledged the pressure on services but commended the effectiveness of the Trust's winter planning, developed in partnership with London's five Integrated Care Systems (ICSs). This plan contributed significantly to mitigating the impact of heightened demand across the region. DE highlighted the charitable work of Paramedic Nigel Flanagan, recipient of the Queen's Ambulance Award, who continues to deliver presents to children across London. His efforts have received significant media attention and fundraising success. DE personally accompanied Mr Flanagan on a shift during Boxing Day.	

	The Board was also informed that Mr Darren Farmer, Director of Ambulance Operations, had been awarded the King's Ambulance Service Medal in the New Year Honours. DE described Mr Farmer's career as exemplary and noted the Trust's pride in his recognition. DE updated the Board on progress with the Trust's local delivery model, aimed at devolving operational responsibilities to station-level teams. This includes team-led management of vehicles, equipment, and performance improvement. DE emphasised that embedding this model would be a major focus for 2025/26. Engagement with key stakeholders continued, with several high-profile visits. Notably, the Secretary of State for Health and Social Care, senior NHS England officials, and other policymakers observed the Trust's "hear and treat" model in action. Feedback from these visits was extremely positive. Further engagement included visits from Members of Parliament and officials from Northern Ireland, who sought to learn from LAS's management of handovers and patient flow. DE also addressed the serious issue of violence against staff, reiterating its priority status within the organisation. He provided an early indication of NHS Staff Survey results, reporting a record response rate of 72%—the highest ever achieved by the Trust and potentially the highest nationally. He expressed optimism about the forthcoming detailed results. The Board noted the Report from the Chief Executive.	
5. Director and Board Committee Reports		
5.1	**Performance**	
5.1.1	**Operational Performance Report: Chief Paramedic** PC, Chief Paramedic Officer introduced the operational performance update, noting that the report covered the period from 1 November 2024 to 31 January 2025. She described this timeframe as the peak of winter pressures, with high levels of activity across the service. She explained that activity is measured through incoming call volumes to the call centre, which saw significant increases during November, December, and January. She highlighted the Trust's focus on segmenting emergency responses—ensuring patients with time-critical conditions such as chest pain or symptoms of stroke receive an immediate ambulance response. Other patients are appropriately referred to community services or directed to clinical assessment pathways. PC provided assurance that, as part of this segmentation approach, the Trust closely monitors response times for cardiac arrests, heart attacks, and strokes. She noted that these critical response times had improved, with reduced time to arrival for the most unwell patients. The importance of making such clinical performance distinctions more visible to the public, who may only see average Category 2 response times was noted by Board members.	

	She went on to highlight recent performance data from a particularly effective operational day, where the Trust achieved a 23-minute average for Category 2 responses, handling approximately 5,400 calls. She attributed this to a favourable alignment of call volume, minimal hospital handover delays, strong staffing, and efficient call flow. PC emphasised that this demonstrated the Trust's ability to deliver strong Category 2 performance under normal operational conditions, with existing resourcing and demand. She reported the year-to-date average for Category 2 response time as 38 minutes and 17 seconds—approximately 90 seconds better than the same point in the previous year. She confirmed the Trust's ambition remains to improve further and ultimately meet the government target of 30 minutes. Following PC's update, a separate issue was raised regarding the recent Airwave system outage. CM, Chief Digital Officer, clarified that this was a national outage affecting the new control room solution implemented in November. The Trust eventually failed over to a secondary data centre. She noted that significant learning has been identified and is being addressed nationally. It was confirmed that the matter is being reviewed by the relevant committee, with a report due for discussion once root cause analysis has been completed**.** The Board noted the Operational Performance Report.	
5.2 5.2.1	**Quality** **Quality Report: CMO and Deputy CEO** FW, Chief Medical Officer provided a summary of the Quality Report, which covered performance across the domains of safe, effective, and caring services, as well as regulatory oversight. She acknowledged the pressures experienced during the winter period, echoing comments made earlier in the meeting by the Chief Executive and Chief Paramedic Officer. The collaborative winter plan developed by the Trust and London partners enabled safety to be maintained during high system-wide demand. Importantly, the plan supported a pan-London response to pressure, beyond the Trust's own internal clinical safety framework. Weekly updates were issued to system partners during this period, and a full review of the plan is underway to inform learning for future winters. FW reported increases in presentations related to viral illnesses, elderly patients experiencing falls, and individuals in mental health crisis. She referenced a rise in mental health patient contacts compared with the previous year, as shown in her report. She also updated the Board on several clinical and operational risks recently reviewed through internal governance processes. These included improvements following the integration of processes at the North Middlesex site, resolution of duplicate emergency call issues, and implementation of team-based working to address shift changeover pressures. Certain residual risks remain—such as the 5:00 a.m. backup risk—which have not yet been fully mitigated. ECG interpretation challenges are being addressed through both structured training and the Clinical Skills Refresh (CSR) programme. Training for tactical and operational commanders was also referenced.	

	In relation to regulatory assurance, the Trust has engaged with its Care Quality Commission (CQC) engagement team, who have participated in a strategic system oversight meeting and reviewed the Trust's governance documentation. No concerns were raised. Additionally, one of the Trust's quality leads is involved in a national group shaping future ambulance service inspection frameworks. The Board was informed that the Trust is supporting peer services, including a repeat inspection in the East of England. A question was raised regarding the development of policies and governance surrounding the use of artificial intelligence (AI) in clinical and operational settings. It was confirmed that the Trust is reviewing recently published guidance from the five London Integrated Care Boards (ICBs) and consulting externally to ensure comprehensive governance. Policy development will be routed through the Digital and Data Committee.	
5.2.2	**Quality Assurance Committee Report** The Board noted the report.	
5.3	**People and Culture**	
5.3.1	**Report from the Chief People Officer** DMcG Chief People Officer, provided an update on key workforce developments, with a particular focus on the Trust's local delivery model and associated organisational change. He reported that consultations relating to the implementation of the local delivery model had now concluded. The aim of the model is to provide local managers with defined responsibility and accountability for their teams and resources. This shift is intended to improve performance, empower carers, and enhance patient care through strengthened local ownership. The change programme involved over 100 staff and was supported by a comprehensive consultation and engagement process. DMcG acknowledged the challenges for staff but considered the programme a justified and successful transition. On core workforce matters, DMcG confirmed that all recruitment courses are fully subscribed, with no vacancies reported. Retention had improved significantly, with rates now below 8.5% and continuing to fall. Staff absence remains an area of concern, currently tracking at 1% above plan. While the Trust benchmarks its absence rates against the wider sector, further interventions are being explored through the People and Culture Committee to support faster returns to work. In terms of employee relations, the Trust is midway through a digital improvement programme aimed at streamlining case handling processes. This includes automation to reduce delays in hearings and lessen the burden on those involved. He also noted that the Clinical Education team remains highly active, delivering over 4,000 refresher training courses to date. Regarding the broader People Plan submitted to the Integrated Care Board (ICB), DMcG reported that the current plan is operating within a flat cash envelope. Technological enhancements are being introduced to support workforce policies. One	

	example is a digital tool that now fields approximately 2,000 HR-related questions with an 83% recognition rate—an early step in the application of AI within the HR function. In collaboration with the IT team, the People Directorate is assessing the potential for automation across at least 32 internal processes, with the aim of improving efficiency and reallocating resources to value-added activities. Finally, DMcG highlighted that the LAS Apprenticeship Team has once again been recognised as London's Apprenticeship Employer of the Year—marking its third consecutive win. The Board noted the Report from the Chief People Officer.	
5.3.2	**People and Culture Committee Report** AR, Non-Executive Director and Chair of the People and Culture Committee provided a brief supplementary update following DMcG report, noting that much of the detail had already been shared. She emphasised the Committee's focus on the recent rise in sickness absence rates across the organisation. She clarified that the increase is largely being driven by short-term absences, rather than long-term sickness. The Committee reflected on the impact of the previous occupational health model, delivered by an external provider which had enabled immediate access to clinical advice for staff feeling unwell. This model was linked to earlier improvements in attendance, but such progress has not been sustained since its replacement. AR noted that one of the intended benefits of the Trust's team-based working approach is to empower local managers to better manage sickness absence. However, it was recognised that further training and support are required to equip managers to fulfil this role effectively. She informed the Board that the Committee will continue to monitor this issue and consider additional interventions. SD, Non- Executive Director and Chair of the Digital and Data Quality Committee extended particular commendation to the team for their leadership in process mapping and prioritising 32 automation opportunities. This was described as a model approach that could generate wider momentum across the organisation. DMcG confirmed that the digital assistant had already responded to over 2,000 workforce queries, many of which were received outside of standard operating hours. This has helped improve access to information and reduce service delays. He also noted that internal processes are becoming faster and more efficient as automation expands. The Board discussed the potential to extend this approach to other directorates. CM Chief Digital Officer, was acknowledged as a lead in supporting this innovation, with further opportunities anticipated particularly in corporate services such as finance and performance. A query was raised regarding how governance and consistency would be maintained under the local delivery model, especially as authority is devolved to frontline teams. In response, it was confirmed that oversight arrangements are in place through a weekly delivery oversight meeting, previously chaired by the Chief Executive. These sessions review each component of the programme, including operational delivery and organisational development elements.	

	The Board noted the People and Culture Committee Report.	
5.3.3	**Equality Diversity and Inclusion Committee** AR informed the Board that a discussion regarding the current approach to staff engagement and governance around inclusion continued. It was noted that while there has been strong work in this area, there remains a perceived imbalance between providing staff with meaningful opportunities to shape decisions and the Board's role in assurance. She added that in response to the Executive proposed the establishment of a Shadow Advisory Board aimed at increasing staff participation in governance. This group will be commissioned by the Board to explore and provide feedback on selected issues. The proposal was agreed, with implementation anticipated in April or early May. Board members welcomed the development, noting it as a constructive mechanism to deepen engagement and widen representation in decision-making. Further reflections highlighted a growing sense of ownership among leaders across the organisation regarding the inclusion agenda. It was observed that this agenda is now more consistently prioritised in business planning, supported by organisational workshops and a stronger understanding of workforce data. In response to a query, it was confirmed that the Shadow Advisory Board model has been informed by successful examples from other NHS organisations, including those familiar to Board members from Barking and Dagenham and other local systems. The approach being adopted is tailored to the needs of the Trust, while incorporating external learning and best practice. The Board endorsed the approach and noted the update.	
5.4	**Finance**	
5.4.1	**Director's Report** RPa Chief Finance Officer provided a summary of the Trust's financial position as at the end of January 2025, representing the first ten months of the financial year. He confirmed that the Trust remains on target to deliver its operational financial position by year-end. He expressed confidence in the clarity and understanding of both financial and Integrated Urgent Care (IUC) elements contributing to the overall outcome. He reported that the Trust's capital investment programme had increased to £72 million, up from the previously stated figure of £61 million, subject to business case approvals due at the March Finance Committee. In relation to fleet, RPa outlined progress on vehicle commissioning. Despite operational pressures, the Trust has maintained a consistent pace of investment in new vehicles. The average age of the double-crewed ambulance (DCA) fleet has fallen from seven to four years, significantly reducing maintenance costs and improving operational reliability. New vehicles are also reportedly more positively received by paramedics. On estates, RPa confirmed that planning permission had been granted for the East London resilience site. Contractors are expected to begin works imminently. Two additional facilities are in development: a new site at Heathrow Airport and a training facility at NARU now referred to as the Emergency Capabilities Unit (ECU). Both are pending business case approvals.	

	The Board was also updated on structural reforms within the Resource Coordination and Allocation (RCA) function. This unit, responsible for vehicle movement and scheduling, is now being reorganised into production units aligned with the Trust's local delivery model. This follows a successful consultation process and aligns with broader workforce transformation objectives. RPa additionally highlighted sustainability efforts, confirming a forthcoming report to the Finance Committee detailing current progress and future planning for 2024/25 and 2025/26. He concluded by reporting on significant developments related to the Make Ready workforce. Following insourcing over three years ago, staff will now formally transition to Agenda for Change terms and conditions as of 1 April 2025. The Trust has also reviewed rotas to better align shift patterns with operational demand. This involved major consultation to address staff reluctance around rota change and standardise scheduling for nights, weekends, and weekday shifts. RPa acknowledged that some staff departures were anticipated, and risk management plans are in place. The coming months will be critical to embedding these changes ahead of the next winter period. The Board noted the Finance and Estates update and thanked Mr Patel for his comprehensive report.	
5.4.2	**Finance and Investment Committee Report** BA Chair of the Finance and Investment Committee informed the board that the Committee had maintained close scrutiny throughout the year on the evaluation and scoring of corporate risks. He reported that the organisation had demonstrated a clear trajectory of improvement in risk management and that the Committee had adopted a rigorous approach in its oversight. He commended the Trust for effectively managing its principal risks during the current financial year and acknowledged the collaborative effort required across all directorates to maintain this position. Looking ahead to 2025/26, BA cautioned that many of the risks identified for the coming year may remain substantively similar to those currently in place, albeit with updated dates. He emphasised that the challenge would lie in assessing whether current mitigations remain adequate within a potentially more difficult financial and operational context. He also signposted that the March meeting would be particularly significant, with major planning items and issues scheduled for discussion before coming forward to the Board. Members were invited to extend their availability for the session, and an open invitation was extended to Non-Executive colleagues to attend the meeting. In conclusion, BA reiterated his view that the organisation had performed strongly in terms of its 2024/25 financial and risk delivery, and he commended the collective effort of all departments in contributing to that success	
5.4.3	**Audit Committee Report** The Board noted the Audit Committee Report.	

5.5	**Digital and Data Report** CM provided an update on key developments in digital strategy, innovation, and infrastructure, beginning with a summary of the Trust's first Artificial Intelligence (AI) event, held in February 2025. The event was a major success, with approximately 100 attendees from LAS, other NHS and ambulance services, and industry partners. Representatives included large enterprise organisations such as Meta and Salesforce, as well as smaller start-ups and sector thought leaders. The event, which was fully funded by external partners, focused on exploring practical applications of AI and digital technologies to address identified service challenges within LAS. Feedback was very positive, and the Trust is considering making it an annual fixture. Outputs from the event are being integrated into the Trust's 2025/26 business plans, with selected proposals already under development. CM also highlighted collaboration under the Southern Ambulance Digital Alliance, with two major areas of focus: • AI and automation, with shared routes for exploration noted in the Board paper. • Shared infrastructure, with early-stage work underway to assess opportunities and constraints in pooling core digital systems across organisations. Although each Trust currently uses different platforms, there is collective commitment among the five CEOs and CIOs/CDIOs to explore the benefits and risks of shared models. In response to recent risk escalations, cybersecurity was noted as a standing priority. CM confirmed that cybersecurity has been escalated through both the Audit Committee and Digital & Data Committee. NHS England's Director of National Cyber Operations, Mike Fell, will attend the Audit Committee in March to brief the Board on the current threat landscape and the governance responsibilities of NHS boards during cyber incidents. All Board members were invited to attend this session. CM further reported on the review of the Digital and Data Target Operating Model, which is focused on moving away from legacy IM&T and business intelligence functions toward a more modern, integrated data and digital structure. The plan includes a 10% headcount reduction in the next financial year as part of business planning. The Data Warehouse Project, in partnership with IBM, is progressing and a set of strategic options will be presented to the Digital & Data Committee for consideration in the upcoming period. The Board commended CM and her team on their leadership in digital innovation, with specific praise for the success of the AI event and collaborative planning efforts.	
5.5.1	**Digital and Data Quality Committee Report** SD reported that the data quality team had completed and closed all legacy audit findings and associated actions—a significant organisational milestone. This progress has enabled the reduction of the associated corporate risk score from 12 to 8. The Committee will continue to receive updates and monitor ongoing data quality work, particularly in response to more recent reviews. The Board was also informed of continued concerns regarding critical infrastructure risk. The Digital and Data Committee has been reviewing the pace of mitigation, with further traction expected through forthcoming workstreams. The need for a Trust-wide policy framework on artificial intelligence was raised. Board members noted the importance of clear governance, especially regarding clinical responsibility and the use of AI in decision-making.	

	CM confirmed that a newly published policy from the London ICB would serve as a foundational reference. While originally written for ICBs, many elements will be adapted for LAS use. The policy will be presented to the Digital and Data Committee, likely by May 2025. The Board discussed the need for clear consent protocols in the context of AI-supported clinical conversations. It was confirmed that patients are informed and asked for permission before any conversation is recorded, and that they are made aware of their ability to review and retain a transcript of the clinical interaction. Once the official record is confirmed, original recordings are deleted, ensuring compliance with data protection standards. Board members reflected on the broader implications of AI-enabled documentation, noting its potential to streamline patient experiences across NHS settings, including outpatient care. The vision shared was one where patients would immediately receive a clinical summary via email or the NHS app—transforming communication and improving transparency. The Board expressed strong support for the digital transformation underway and encouraged continued focus on system interoperability and operational readiness. Board Members reiterated the importance of governance, user consent, and policy alignment as the Trust explores the full potential of artificial intelligence. The Board noted the Digital and Data Quality Committee Report.	
5.6	**Corporate Affairs – Director's Report** ME the Director of Corporate Affairs, provided an update on progress in complaints handling and response quality across the Trust. He reported that the Trust had surpassed its 75% target for response times to complaints. This improvement was attributed to two key factors: the identification and elimination of internal process bottlenecks, and an increased use of early resolution, allowing concerns to be addressed swiftly where appropriate without the need for formal escalation. He highlighted that the quality of complaint responses had also improved significantly. Responses were now simpler, clearer, and included more open acknowledgements and apologies where errors had occurred. He emphasised that the quality of response is as critical as the timeliness, and that leadership oversight ensures the issues raised are meaningfully addressed. In response to a Board question, ME and FW outlined the Trust's current engagement with coroners, noting a rise in coroner intervention, including: • A growing number of requests for witness statements and Regulation 28 (Prevention of Future Deaths) reports. • An increase in reports directed to the Department of Health and Social Care, with LAS being indirectly impacted. Thematically, coroners have sought assurance on: • Staff training and supervision, for which the Trust now routinely provides documented evidence at inquests. • Issues related to handover delays, multi-agency working, and their downstream effects on patient care.	

FW confirmed that when concerns are raised during an inquest, the Trust provides prompt clarification and supporting information to avoid delays and support families through the process.

The Board was informed that a senior coroner had recently visited LAS to better understand Trust processes. A readout from this visit will be incorporated into forthcoming reporting.

Regular discussions are maintained with senior coroners to manage expectations and address the operational burden their requests place on Trust resources. The relationship was described as constructive, with mutual recognition of challenges.

The Board noted the update and commended the continued improvements in response performance and engagement with external review bodies.

The Board noted the reports.

6. Assurance

6.1 **Board Assurance Framework (BAF)**

ME introduced the BAF update, noting that the Trust had made significant progress in the last two months in mitigating and reducing a number of key strategic risks. These changes reflect action taken throughout the year to manage and improve the Trust's overall risk position.

The Quality Assurance Committee (QAC) and Finance and Investment Committee (FIC) were noted as having reduced several of their risk scores. In particular:

- FIC had reduced the scores on five risks.
- QAC had lowered scores based on improved performance and assurance.
- In the Digital and Data Committee, multiple risks were either downgraded or closed entirely due to sustained improvements.

An exception to this trend was highlighted in relation to cybersecurity. The Audit Committee had reviewed and revised the description of the cyber risk to reflect a more comprehensive understanding of current threats. Consequently, the risk score was increased from 15 to 20, making it one of the Trust's highest-rated risks. This reflects the strategic significance and evolving nature of cyber threats.

It was noted that other committees, such as People and Culture and Equality, Diversity and Inclusion (EDI), are actively reviewing their risk areas, with final decisions on risk scoring due at upcoming meetings.

Board members discussed the broader implications of cyber risk and the importance of incident response preparedness. It was suggested that while the Executive team has engaged in cyber incident response planning, the Board itself has not yet participated in a resilience simulation. Members proposed scheduling Board-level training following the presentation by Mike Fell, Director of National Cyber Operations at NHS England, who is due to attend the March Audit Committee.

The Board agreed that this would offer an appropriate point to reassess preparedness and formulate a response strategy. It was acknowledged that cyber response planning includes not only operational recovery but also critical elements such as communication, reputational risk management, and governance oversight.

The Board reviewed and approved the new BAF risks, and the comments of assurance committees with associated scoring of risks in the attached 2024-25 BAF.

6.2	**EPPR Annual Compliance Self-Assessment** PC presented the annual EPRR assurance outcome, which was assessed by NHS England in September 2024 and formally reported to the Trust in December. The outcome was previously reviewed by the Audit Committee in January 2025 and was presented to the Board for formal noting. The assessment covered the ten core standards and five interoperable capabilities, against which the London Ambulance Service was found to be fully compliant. PC highlighted this as a positive outcome, reflecting the Trust's robust preparedness for major incidents and emergencies. The Board was informed that areas rated "amber" had already been identified as such through the Trust's self-assessment and were being actively addressed through an agreed action plan. While there was some delay in receiving the formal feedback, it was noted that no significant concerns were raised during the review itself. It was acknowledged that the national EPRR standards have not been formally reviewed in several years, and PC confirmed that LAS would contribute to future reviews, particularly in light of learning from the Manchester Arena Inquiry. Updated standards are expected to be more demanding and will likely incorporate lessons learned from recent national reviews and incidents. The Board welcomed the report and agreed that future EPRR findings and discrepancies should be integrated into the regular Performance and Resilience Report submitted to the Board. The Board noted the report and commended the EPRR team for their ongoing work and strong assurance outcomes.	
9.	**CONCLUDING MATTERS**	
9.1	**Any Other Business** RP thanked Board members, Executive colleagues, and all teams across the Trust for their hard work, dedication, and commitment during a period of ongoing transformation. He recognised the volume of business covered and the quality of discussion throughout the meeting, which balanced support with appropriate challenge. He also extended specific thanks to the corporate governance team for their role in ensuring the smooth running of Board proceedings.	
9.2.	**Date of Next Meeting** The next public meeting of the Board would be held on ~~1st May~~ 12th June 2025.	

2.2. Action log

For Discussion

Presented by Andy Trotter

London Ambulance Service NHS Trust

TRUST BOARD IN PUBLIC – ACTION LOG – June 2025

Meeting	ACTION	LEAD	REFERENCE	UPDATE
No outstanding actions.				

3. Staff Story

Violence Against Staff - One member of staff’s experience

For Information

Presented by Mark Easton

4. Chair and Chief Executive Report

For Information

4.1. Report from the Chair

For Information

Presented by Andy Trotter

4.2. Report from the Acting Chief Executive

For Information

London Ambulance Service NHS Trust Board meeting
June 2025
Report from the Chief Executive Officers

This report covers Daniel Elkeles work up to the 16 May when he left the organisation after 3 years and 10 months to take up his new role as chief Executive for NHS Providers. Over the time Daniel was CEO at LAS he has led on many projects both within LAS and externally – he will be remembered for his enthusiasm and drive to improve things for both patients and staff / volunteers both within LAS and more widely across the NHS. We all wish him well in his new role.

As the Chair has announced the new CEO for LAS will be Jason Killens, KAM. We are looking forward to welcoming Jason back to LAS in July 2025 – in the interim the CEO post is being covered by Rakesh Patel and Dr Fenella Wrigley.

LAS celebrates 60th anniversary

April 2025 marked a milestone in LAS's history, as we celebrated the 60th anniversary of the amalgamation of nine services, forming London Ambulance Service as one organisation. For the past six decades, LAS teams have worked tirelessly to care for Londoners when they needed us, while going through a huge process of transformation.

Recognition of this important milestone were spread right across London, as we supported ambulance groups and sectors to mark this occasion locally. On 1 April we held a ceremony outside our Waterloo HQ, and welcomed back retired colleagues for the occasion. During this event, Rakesh was joined by Director of Ambulance Operations Darren Farmer and Deputy Chief Paramedic Alison Blakely who both reflected on how far LAS has come since 1965 in terms of innovation, culture and service. We also noted some of the key challenges over the years and thanked all colleagues for their hard work and commitment.

Vehicles and items from the Historical Collection and information were on display and a commemorative 60th flag was raised. Former colleague, Ron Davis, 93, who attended the amalgamation ceremony in 1965, was also awarded a retirement bell for his 37 years of service, which he'd sadly not been able to pick up when he originally retired back in 1991.

Jim Mackey, CEO, NHS England visits LAS

Also in April we welcomed the CEO at NHS England Sir Jim Mackey. His visit coincided with his first day in his new role at NHS England. The NHS is undergoing a significant period of transition as NHS England is being merged with the Department of Health and Social Care over the next two years and Jim will oversee this change. It was a great honour that Jim chose LAS as his first visit and we had the opportunity to showcase the great work we're doing to deliver community, digital and prevention.

During the visit, Jim met a range of frontline colleagues and observed emergency resources that respond to emergencies and patients. Then he toured our facilities including Emergency Operations Centre, Tactical Operations Centre and Clinical Hub which included a brief listening into a hear and treat assessment call and a presentation from Mike Ward, Deputy Director Clinical Safety and Compliance.

The BBC's Health Editor, Hugh Pym, was present throughout the visit along with a camera crew which resulted in some medical coverage where Sir Jim Mackey praised the "innovative work" of clinicians performing hear and treat.

LAS in business and our capital allocation

As we entered the new financial year LAS has concluded the development of the business plan for 2025/26. This was co-developed with senior leaders across the organisation and has been approved by the executive team.

Reflecting on the past 12 months, we made some significant investment in key areas with a view to improve our patient care. In 2024/25, we spent £73 million capital during the year to invest in areas such as our estate, Information Technology (IT) and fleet. We also have signed the lease and awarded the building contracts for a new centre for our Hazardous Area Response Team.

There are further significant and exciting reforms planned for the estate over the coming year as new facilities are developed including a new large ambulance station on Cody Road in East London and a new training centre for the NHS Emergency Capabilities Unit (formerly NARU). Outside estates, we're also updating our fleet and IT meaning LAS colleagues have the tools they need to do their jobs efficiently.

Performance update

As mentioned, the investment and changes we make to our infrastructure are all designed to improve patient care and supporting our teams.

The Ambulance Quality Indicator data that NHS England published in May 2025 showedgood performance for LAS. Our response time for Category 1 in April 2025 were the fastest they have been since the same month in 2022. For Category 2 calls, our response times were the fastest since June 2021. This was more than seven minutes faster than April last year. The response times have been achieved despite 999 call volumes remaining consistently high in recent years.

Local Delivery Model goes live

In the last report, Daniel shared an update about the upcoming new local delivery model. On 2 April, the project officially went live across the Trust. This work has been two years in the making, and brings different elements of our operations together such as the management of people, vehicles and equipment.

Under the new model, scheduling, vehicle resourcing, fleet, and Make Ready are now working with ambulance stations rather than our central teams - giving colleagues and teams extra control with a view to improve efficiencies and deliver better outcomes for our patients and our staff. As we move forward, our small but dedicated team is continuously refining their approach to better manage daily tasks, with the aim to foster a positive and efficient working environment for our teams, the wider organisation, and, most importantly, our patients.

We are continuing to develop the model and listen to feedback as the project embeds.

Staff Survey Results

The annual NHS staff survey results have been published and we are pleased to report 6,052 LAS colleagues participated. That equates to 72% of our workforce which is our highest ever response rate and the highest level of engagement for any NHS provider in the country.

Our biggest improvements are in the areas the Our LAS Culture Change Programme focuses on, especially in leadership and teamwork. Sadly, our most declined areas are in experiences of violence from patients and/or the public (which we are challenging with increased awareness and media coverage of unacceptable behaviour towards our teams), satisfaction with flexible working opportunities, feeling the LAS acts fairly on career progression and feeling the LAS respects individual differences.

We were particularly concerned to see a reduction in the number of people who believe they have the tools they need to do their job, a slight drop in the number of us who would recommend the LAS as a place to work (which is down 1.2% from last year), and a drop of 2% to 59.4% of us happy with the standard of care we provide.

We are grateful for colleagues who responded to the survey. These key areas for improvement have been subject to discussion by the Executive Committee and the Extended Leadership Group, and action planning is now taking place.

Stakeholder engagement

Since the last Trust Board we have welcomed a large number of external visitors to LAS sites in the last couple of months. They truly came from various backgrounds and included London MPs, London Assembly Members, civil servants, NHS partners and even international visitors. Colleagues we welcomed in the last couple of months include:

- **Frances O'Callaghan, CEO and Jo Sauvage, Chief Medical Officer, North Central London ICB** – came to the first joint Integrated Care Coordination Hub in North Central London on 18 February.
- **London Assembly's Health Committee** – we hosted a pop-up London Lifesavers event at Liverpool Street Station on 27 February, training four elected London Assembly Members who sit on the Assembly's Health Committee.
- **Maternity policy team from the Department of Health and Social Care (DHSC)** – four colleagues from the team came to HQ and met Lisa Smith (LAS Consultant Midwife) and toured EOC and Clinical hub on 4 March.
- **Laura Churchill, Director of Strategy, Partnerships and Integration at Central London Community Healthcare NHS Trust** – visited LAS HQ on 20 March to meet the strategy team and toured our control room including listening into calls at EOC and Clinical Hub.
- **Bambos Charalambous MP for Southgate and Wood Green** – visited Edmonton Ambulance Station on 21 March, located in a neighbouring constituency to observe a huddle and meet frontline crews.
- **Jenny Keane, National Director of Urgent and Emergency Care Delivery** – returned to LAS on 27 March to visit Bernard Weatherill House, our state-of-the-art Croydon 111 centre. She was accompanied by three colleagues from NHS England.
- **Laura Churchill, Director of Strategy, Partnerships and Integration at Central London Community Healthcare NHS Trust** – returned to LAS to Brent Ambulance Station and did a ride out with an APP-UC on 3 April.
- **Bobby Dean MP for Carshalton and Wallington** – visited St Helier Ambulance Station to meet local crews and went out for a ride out on 9 April.
- **Deirdre Costigan MP for Ealing Southall, and Parliamentary Private Secretary to the Department for Health and Social Care** – visited Hanwell Ambulance Station for a tour of the station and observed a staff huddle showcasing our teamwork and culture on 14 April.
- **Emily Roche, Director of Urgent and Emergency Care at DHSC** – visited HQ and did a ride out from Waterloo Ambulance Station on 8 May.
- **Danny Beales MP for Uxbridge and South Ruislip** – visited Hillingdon Ambulance Station in his constituency to tour the station and observe a shift on 9 May.
- Six colleagues working for **a regional Fire Headquarters in South Korea** visited Dockside on 15 May to tour the Education Centre and the Control Room.

Supporting #TeamLAS through charity initiatives

Our London Ambulance Charity Team has been incredibly busy with a large number of fundraising initiatives.

On 14 March, a number of volunteers scaled the famous Tottenham Hotspur Football Club stadium, before abseiling down the 42 metre descent. They raised £28,000 in

sponsorship. All the money raised will be used to provide free training in life-saving skills and provide defibrillators for areas in London where they are most needed.

The event attracted a wide range of people including a volunteer from St John Ambulance, a police officer, and corporate companies taking part, alongside our own colleagues.

The London Marathon is a huge occasion for Londoners and beyond. It often draws additional demand on our services as a large number of people gather to support the runners as well as preparing to care for anyone who may become unwell during the event. This year's London Marathon took place on a warm and sunny day which meant that the Marathon weekend saw us responding one of the highest days of demand so far this year. So a huge thank you to everyone who worked to meet this pressure during that weekend.

Our team wasn't only caring for patients on the route but many of us were on the other side of the cheering lines with ten LAS colleagues running through the heart of the city for our London Ambulance Charity.

Our gratitude also goes to the members of the public who supported our runners on the course and clinicians on duty. Together, LAS raised over £31,300) – the most we have raised in a single event – which will go towards supporting our staff wellbeing.

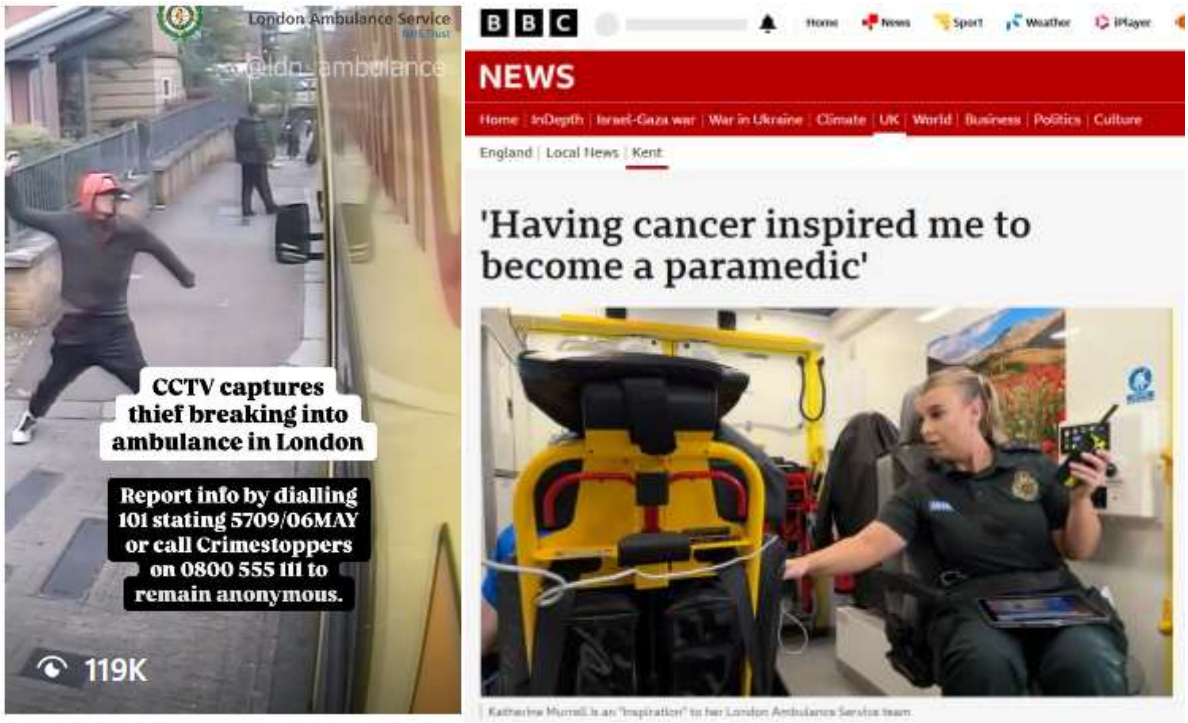



There are a number of events planned throughout this year and many ways you can support us. If you'd like to show your support, you can donate on the just giving page or sign up to participate in Dragon Boat Race or London Life Hike.

LAS hits the screens and headlines

As the busiest ambulance service in the UK, LAS is frequently featured on media anytime of the year. But our media and digital teams had a particularly excellent period in the last couple of months. Some of the highlight stories include:

- Jason Killens appointed as LAS CEO
- Paramedics Charlotte Miller and Gary Watson discussing violence from the public and patients on ITV's Good Morning Britain
- Patient reunion at Liverpool Street Station
- Jim Mackey's first day at NHS England
- A Tottenham Hotspurs fan's patient reunion at the stadium
- Mahrukh Jaffar, first-ever pharmacy technician trainee
- Cancer survivor Katherine's inspiring story as LAS EMT
- Appeal for a theft who stole crews' back from an ambulance



Finally, the award-winning documentary Ambulance returned to BBC One on 24 April, covering a wide range of topics such as mental health, homelessness and social care. The support from the public has been very positive following episodes, you can take a look at a couple of highlights below, but there were many, many more comments coming in through various channels.

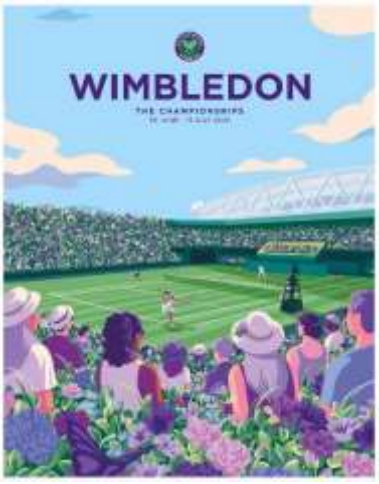
Introducing the NHS Emergency Capabilities Unit

As Daniel has previously mentioned LAS won the tender to host the contract for what was known as the National Ambulance Resilience Unit (often referred to as NARU) last year. To reflect the wider remit of this multi-agency Unit, the unit has been rebranded, renamed and relaunched at the national group on 3 March. It is now called the NHS Emergency Capabilities Unit.

Taking place in Moreton-in-Marsh, the launch event brought together senior figures and key players in ensuring emergency service responders are ready to deal with major incidents. It included all the English ambulance services, the Ministry of Defence, NHS England, the Department of Health and Social Care (DHSC) and Association of Ambulance Chief Executives. This event was our chance to bring together the organisations who are at the frontline of dealing with large scale incidents – such as the Grenfell tragedy or the terrorist attack at Manchester Arena. In those dark moments, it takes all of us to work together seamlessly to save lives.

Supporting medical care at Wimbledon

We are pleased to report that, in partnership with Enhanced Care Services (ECS), we have been awarded the contract to provide care and treatment for the public and staff at the Wimbledon Tennis Championships for the next three years.



ECS is an experienced provider of event medical services, with strong clinical governance and a commitment to high quality patient care. LAS will lead on control and command arrangements for the event, supported by our response teams, while ECS will manage the medical centres, bringing enhanced diagnostics and care to ensure patients can be seen and discharged from the event.

Celebrating our teams

We are very proud of our staff and volunteers and always delighted to see how many ‘thank you’ messages we receive from members of the public for the exemplary care they have received from our teams. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
2025	January	221	1477	461	3591
2025	February	192	1669	434	4025
2025	March	191	1860	547	4572
2025	April	189	189	380	380
2025	May	115	304	250	630

5. Director and Board Committee Reports

5.1. Performance

Operational Performance Report

For Assurance

Presented by Pauline Cranmer

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING
Performance Report – June 2025

The last Trust Board performance report gave a summary of performance up to January 2025 and therefore this report will cover the period to end of April 2025. As a consequence there will be a reflection of the monthly performance for February 2025 to April 2025 as well as a review of the 2024 to 2025 financial year.

During this reporting period the LAS has agreed with commissioners and NHS England national team the parameters and targets for the 2025/2026 financial year operating plan. As a consequence this and future reports will be structured to report and monitor the metrics which are to be performance managed by the system over the coming year.

1. 2024, 2025 Financial Year End Performance Comparison

The London Ambulance Service ended the 2024-2025 financial year with improved performance over the previous year as shown in figure 1. Key points to note were:

- Demand for the last year were 8.8% up on total contacts which saw an increase of 11.3% in total incidents.
- Call answering mean improved by 8 seconds with a mean of 4 seconds meaning that we answered the phone more quickly to those seeking help
- Category 1 performance improved by 7 seconds at 7 minutes 22 seconds, demonstrating we continue to prioritise our sickest patients
- Category 2 performance improved by 1 minute at 37 minutes 39 seconds, improving the outcomes for a large number of critically ill patients.
- Hear & Treat rates increased by 4.6% to 20.1% ensuring that more patients received appropriate telephone advice and support; reducing the number of ambulance dispatches required.

Metric	Feb-25	Mar-25	FY 2023/2024	FY 2024/2025	Difference
Total Contacts	158,767	172,157	1,922,080	2,091,924	169,844
Category 1	00:07:14	00:06:58	00:07:29	00:07:22	-00:00:07
Category 2	00:31:16	00:29:00	00:38:39	00:37:39	-00:01:00
Category 3	01:21:23	01:08:30	01:15:23	01:26:12	00:10:49
Hear and Treat	20.60%	20.70%	15.40%	20.10%	4.70%
See and Treat	26.10%	25.70%	29.00%	26.60%	-2.40%
Convey to ED	48.60%	48.90%	51.20%	48.80%	-2.40%
CAM	1	1	12	4	-8

Figure 1: Performance metrics with full financial year comparison

Performance continued to improve in February and March 2025 and saw the LAS exceed the national standard of 7 minutes for category 1 and 30 minutes for category 2 calls. We compared favourably nationally where the national averages were:

- Category 1: 8 minutes 4 seconds (February) and 7 minutes 52 seconds (March)
- Category 2: 31 minutes 22 seconds (February) and 28 minutes 34 seconds (March)

The LAS hear & treat rate continues to be the best in the country with the national average for both month being 16%.

2. 2025/2026 Operating Plan

As part of the national planning round the LAS has been engaged with local commissioners, NHSE Region and National teams to agree expected operational inputs against the financial envelope with an expected improvement in Category 2 performance.

Over the last financial year we saw improvements in the time we spent with patients, available ambulance hours and hear & treat rates. This was as planned and has driven LAS efficiency. As a consequence the operational plan for 2025/2026 looks to improve upon these areas further by:

- On average reducing our time with patients by 1 minute 45 seconds across the year. This will ensure that we have more availability of ambulances to meet the next waiting patient. It should be noted that this does not include hospital handover times which is outside of the LAS' control and subject to separate ICS efficiency plans.

- Reducing unavailable ambulance hours from an average last year of 15% to 13%. This again will maximise our availability of ambulances and improving our response times and outcomes for patients by responding more quickly.

- To further increase the number of patients we help over the telephone and reducing the number of ambulance dispatches to increase ambulance availability. Plans are to increase hear & treat from 20% at the start of the year to 23% by quarter 4.

Performance monitoring across 2025/2026 will now involve both NHSE Regional and National teams alongside commissioners with additional scrutiny given to the metrics we have agreed as part of this plan.

These have been incorporated within a revised balanced scorecard for the Trust which is monitored weekly and monthly at an executive level to ensure that LAS meets its priorities. However, in addition the scorecard has been extended to incorporate some other metrics which support the key priorities and is inclusive of IUC key metrics.

As a consequence the structure of Performance Board Reports for this financial year will report against the key metrics within the operating plan and balanced scorecard.

3. Performance Metrics

3.1. Call Answering Mean (operating plan metric)

April 2025 Target	10 Seconds	April 2025 Actual	1 Second

The call answering mean is set within the operating plan at 10 seconds, the national standard. In April this was exceeded with a call answering mean of one second. This continues the improvement seen across the last 2 years in the statistical process control graph where special cause improvement has been maintained (figure 2).

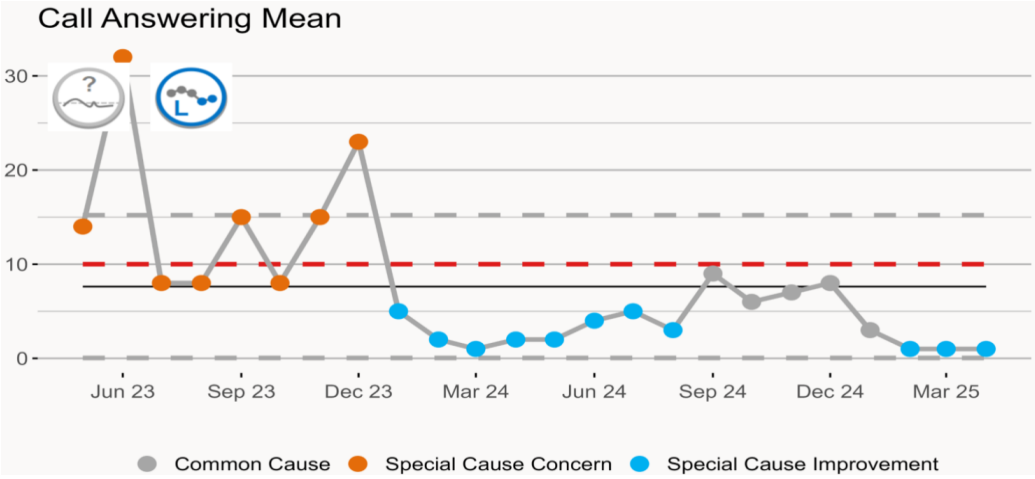


Figure 2: Call answering mean SPC

3.2. Category 1 Mean (supporting metric)

April 2025 Target	7 Minutes	April 2025 Actual	6 Minutes 42 Seconds

LAS exceeded the 7 minute target in April 2025. The SPC continues to show common cause variation figure 3. This is the 2nd month in a row where the LAS has met the national standard and is as a result of continued focus of dispatch priorities, adherence to stand by points and appropriate mix of fast response vehicles and double crewed ambulances. Maintenance of the current trend would result in common cause improvement being demonstrated from June 2025

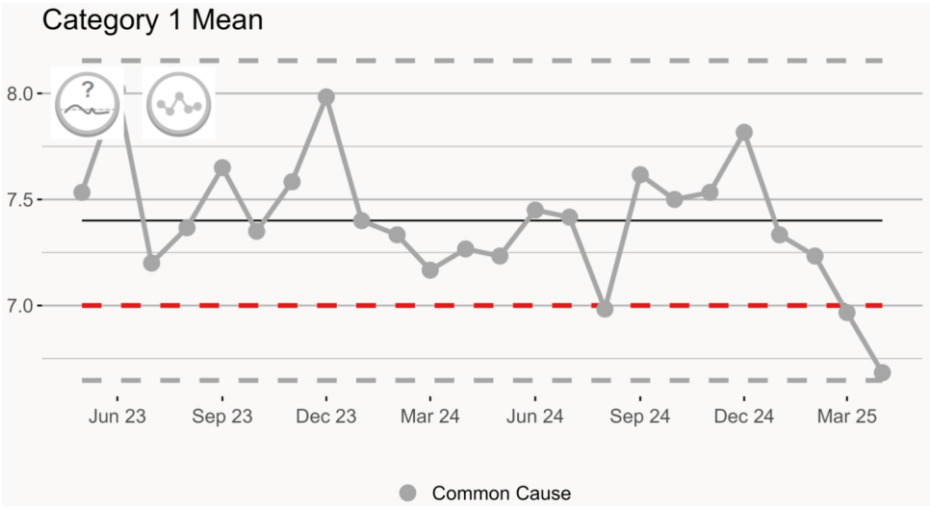


Figure 3: Category 1 Mean SPC

3.3. Category 2 Mean (operating plan metric)

April 2025 Target	29 Minutes 12 Seconds	April 2025 Actual	27 Minutes 48 Seconds

The Category 2 mean is the core output of the national operating plan. For April 2025, as part of the plan, LAS forecast a Category 2 of 29 minutes 12 seconds. Actual performance in April was 27 minutes 48 seconds, 1 minute and 24 seconds ahead of forecast.

The national standard remains 18 minutes although there is an NHSE target of 30 minutes which has been met. The SPC (figure 4) shows common cause variation, however, this like Category 1 will show common cause improvement in June 2025 should current performance be maintained.

Efficiencies seen through improvement in out of service and double crewed operational hours are making delivering improvements in overall category 2 mean and this is highlighted later in this report.

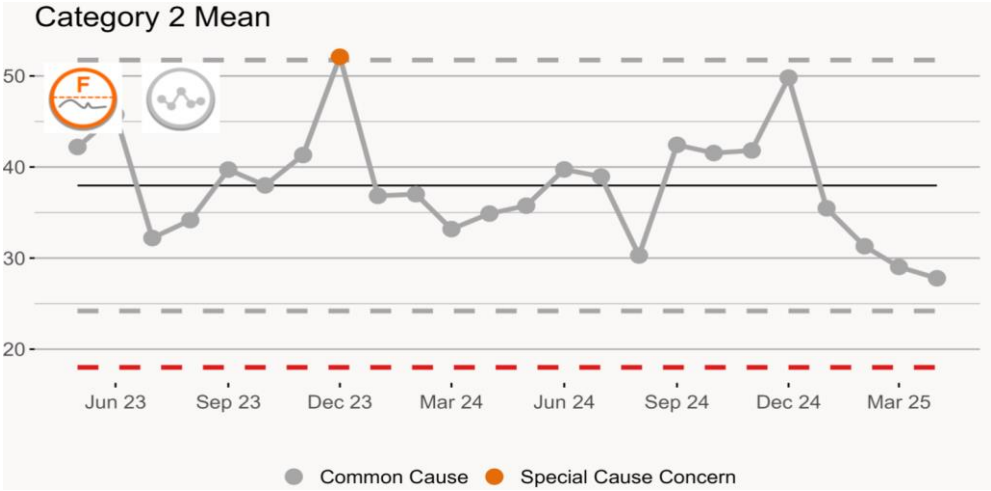


Figure 4: Category 2 mean SPC

3.4. Time to dispatch (supporting metric)

April 2025 Target	45% or less C2 dispatches greater than 20 minutes	April 2025 Actual	30%

To maximise our response times for C2 patients, the time taken to dispatch a resource is a critical element in our overall response time. Given that travel time from mobilisation to arrival with a patient is consistently circa 10 minutes. To meet a target of 30 minutes, dispatching resources within 20 minutes has been developed as a metric to measure effectiveness of dispatch.

This measure looks at the percentage of C2 incidents where dispatch took longer than 20 minutes and therefore a result less than 45% indicates better performance. There is a strong correlation between lower percentage on this metric and better c2 response times. The trend line for the past year is shown in figure 5.

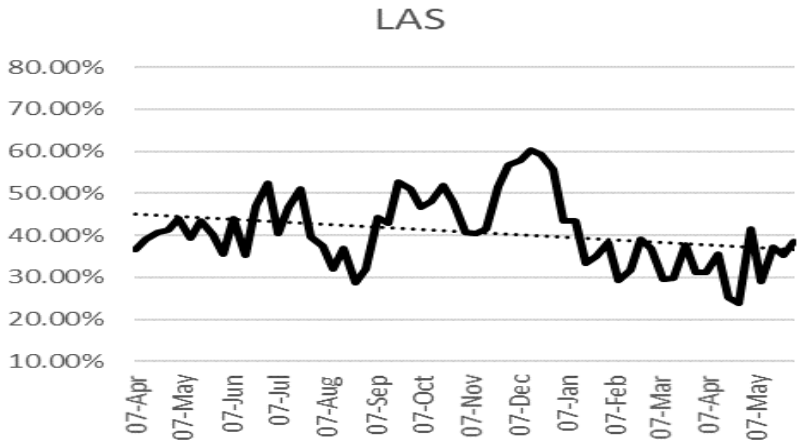


Figure 5: C2 dispatches >20 mins

3.5. Cat 2 Distribution (supporting metric)

April 2025 Target	Reduction of C2 tail from previous year	April 2025 Actual	

There is a focus to reduce the number of long dispatches to C2 patients. This has the benefit of better patient outcomes, improving patient experience and reduces the drag on LAS response time performance.

To measure success, initial concentration has been on responses over 90 minutes with a reduction in the number of responses in each 5 minute segment and end point of the tail. The comparator shown below is April 2025 compared with April 2024 (figure 6).

This comparison shows that there has been a significant reduction in April 2025 in the tail with a total number of responses greater than 90 minutes of 1240 compared to 3504 in April 2024, a reduction of 64%. The length of the tail has also reduced during the reference periods with only 289 response longer than 120 minutes in 2025 compared to 1315 in 2024.

This improvement is demonstrative of the work undertaken as part of the dispatch reset initiative which has been undertaken within 999 Emergency Operations and a focus on dispatching resources to highest acuity and longest waiting call.

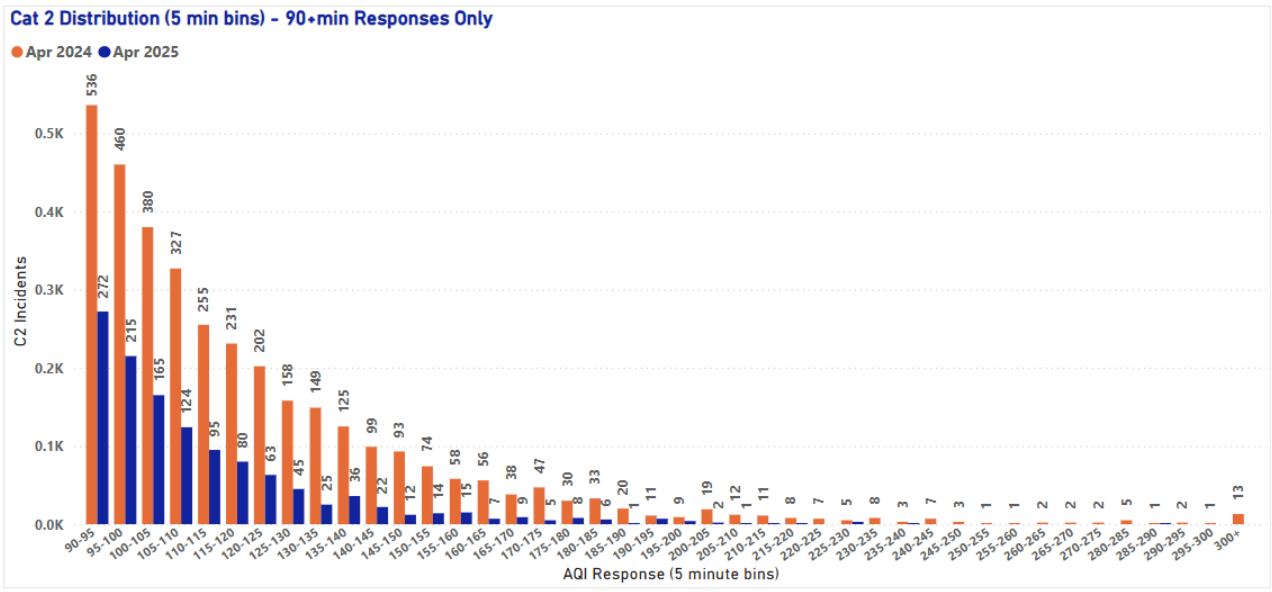


Figure 6: C2 distribution of 90 + minute responses

3.6. Multiple Attendance Ratio for C2 and C3 (supporting metric)

April 2025 Target	1.01	April 2025 Actual	1.05

The number of resources sent to Category 2 and Category 3 calls has an impact on the number of available resources to attend waiting patients. There is a focus to reduce the number of multiple resources sent to be as close to 1 resource dispatched as possible.

The target for this measure is being reviewed and may be adjusted for future reports.

The trend or multiple attendance ratio is shown in the trend graph in figure 7.

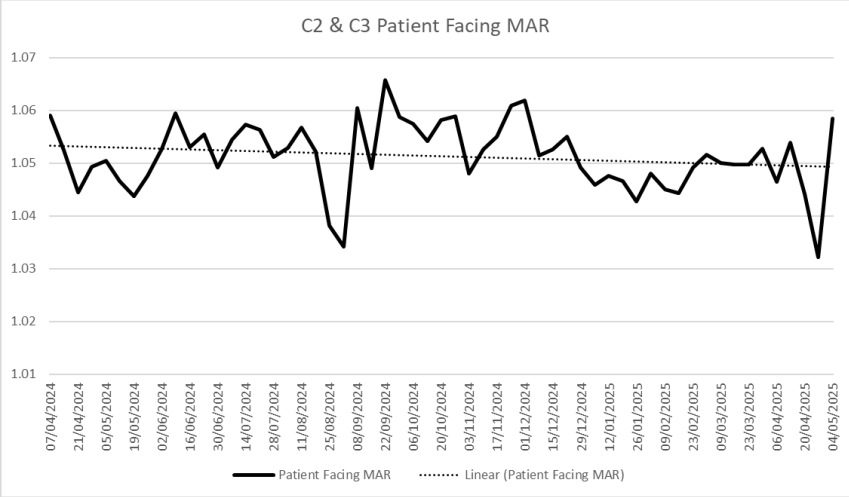


Figure 7: Multiple attendance ratio trend (past 12 months)

3.7. Hear and treat (operating plan metric)

April 2025 Target	21%	April 2025 Actual	20.5%

The increase in hear and treat has a demonstrable impact on our Category 2 response times by reducing the number of face to face incidents that require an ambulance attendance. The operating plan looks to increase the percentage of calls which are dealt with over the telephone rising from 20% at the start of the financial year to 23% by quarter 4.

There is a focus within the Clinical Hub on the productivity of each clinician looking to triage 3 cases per hour. To support this the team are developing a dashboard to visualise the productivity of both the team and individuals and to help support learning and best practice. The ability to access accurate reporting enables dynamic responses to changes in productivity, staffing and quality/risk. This will go live during June/July 2025.

There has been a refresh for clinicians over April over the correct hear and treat stop codes to ensure that we correctly count all hear and treat outcomes. The LAS has therefore seen an improvement in hear and treat rates from end of April and percentages in May are increasing back in line with the trajectory set within the operating plan.

Increased collaboration between clinical hub clinicians and EOC dispatchers has taken place to ensure that, as ambulance availability has improved, that there is not early dispatch on incidents where hear and treat may be appropriate. This is to ensure that patients are referred to more appropriate healthcare pathways rather than sending an emergency category 2 ambulance.

The SPC (figure 8) for hear & treat continues to show special cause improvement, however, the measures above are looking to maximise effectiveness further to ensure we consistently hit the current the target of 21% per month.

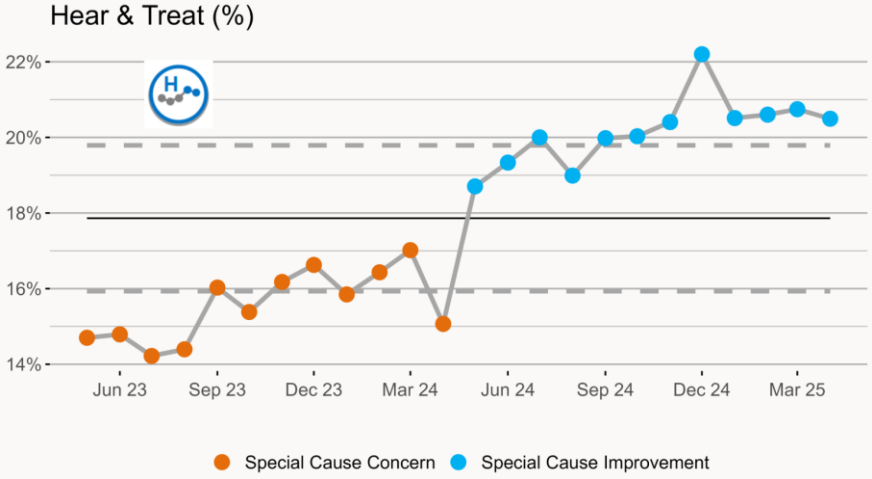


Figure 8: Percentage of hear & treat

3.8. See and treat (operating plan metric)

April 2025 Target	28.7%	April 2025 Actual	26%

There is an expectation contained within the operating plan that there will be an increase in the number of patients who receive a face to face attendance by an ambulance where the crew will determine an outcome where a conveyance is not required.

There is a tension between increased hear and treat rates and the opportunity for crews to deliver a see and treat outcomes. Increases in see and treat are therefore linked to the development of ICC hubs which are planned to be rolled out across each sector of London across the year.

An Integrated Care Co-ordination hub is in operation already in North Central and North West London and is enhancing real time collaboration with sector clinicians and system partners to maximise alternative care pathway utilisation. Early data for NCL indicates an increased rate of treatment on scene, with a See and Treat percentage 1.9% higher and a patient conveyance rate 3.7% lower than other sectors average.

There are ongoing conversations regarding the development of ICC hubs within the other sectors of London with greater or lesser enthusiasm by system partners. The LAS is using the NCL ICC hub as an exemplar to demonstrate the effectiveness of this model to improve outcomes for both the ambulance service and wider urgent and emergency care system.

Progress against this metric is inextricably linked to development of alternative care pathways and system working to maximise these.

The see and treat trend is shown in figure 9. The underlying trend should be compared to the hear in treat trend shown in figure 8 which demonstrates the tension between these 2 metrics.

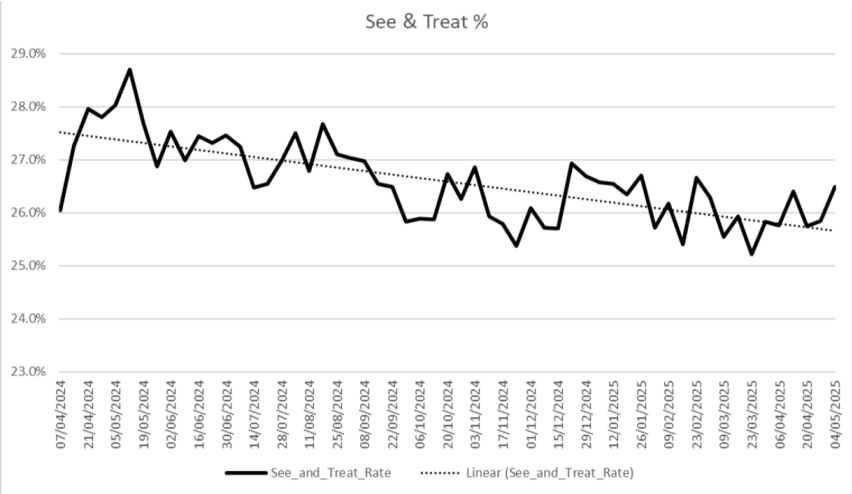


Figure 9: See & treat trend (12 months)

3.9. See and convey (operating plan metric)

April 2025 Target	50.3%	April 2025 Actual	53.5%

See treat and convey is linked to the increases in hear and treat and see and treat metrics. The expected outcome is that if hear and treat and see and treat increase then the number of conveyances will be proportionately reduced.

All of these metrics will feed into there being more availability of ambulances to meet the next patient with a representative improvement in patient outcomes, experience and response times. Figure 10 shows the trend for see and convey over the past 12 months.

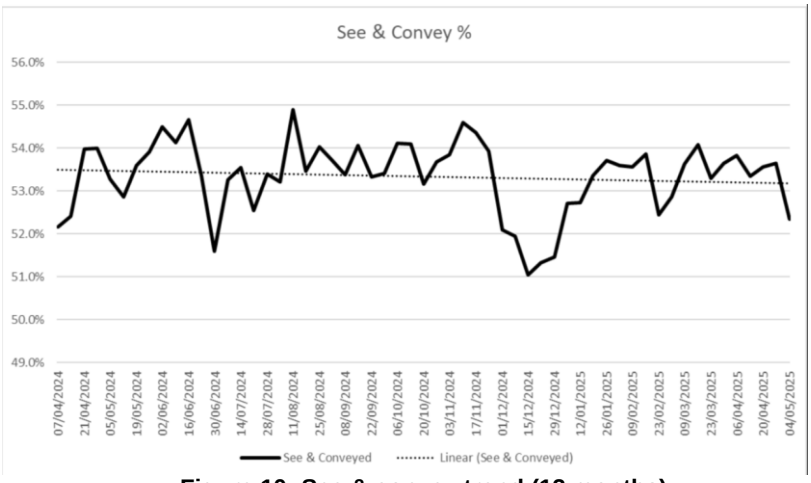


Figure 10: See & convey trend (12 months)

3.10. Job Cycle Time (operating plan metric)

April 2025 Target	83 minutes 6 seconds	April 2025 Actual	84 minutes 10 seconds

Job cycle time within the operating plan is seen as all time from the mobilisation of a resource to becoming available to attend the next patient, excluding any time taken to hand over the patient at hospital.

Ambulance operations as part of team based working is continuing to focus on the time crews take on scene with a patient and time from handover of the patient at hospital to becoming available to take the next patient. These times are where crews can maximise their available time and this is being monitored at local group station and team level with targets set to improve performance of outliers.

This is linked to the patients per shift metric and which is now averaging at 5.2 in April 2025 up from 4.7 from the middle of the last financial year.

3.11. Unavailable Time – Out of service (operating plan metric)

April 2025 Target	14.7%	April 2025 Actual	14.2%

Unavailable time has continued the trajectory from last year where LAS had a reduction from 19.5% to 15% across the last financial year.

Improvements have been made through the introduction of messaging from team based working, the roll out of tethered fleet, QI initiative and roll out of start of shift process, and most recently a move to the local delivery model.

The out of service trajectory is shown in figure 11 with the split between people and vehicles shown in figures 12 and 13 respectively. To deliver further improvements the focus remains on how, within local teams, people related out of service can be reduced further through team based interventions.

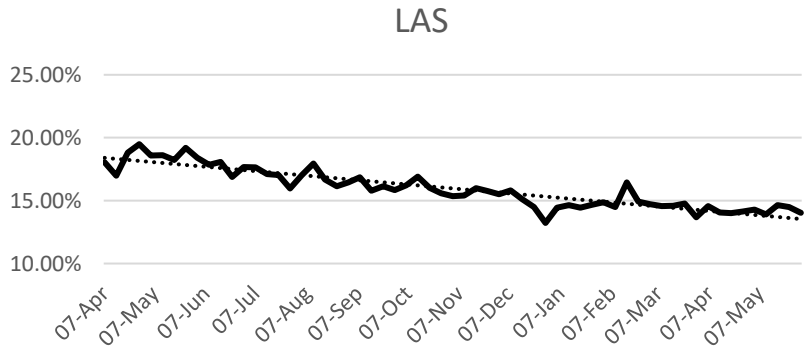


Figure 11: Total out of service trend (12 months)

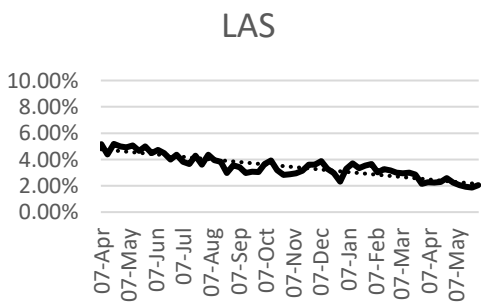


Figure 12: Vehicle out of service trend (12 months)

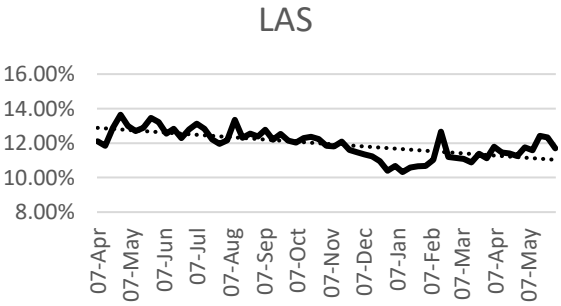


Figure 13: People out of service trend (12 months)

3.12. Average Hospital handover time (operating plan metric – outside LAS control)

April 2025 Target	22 minutes 21 seconds	April 2025 Actual	23 minutes 55 seconds

The operating plan includes the plan supplied by ICS areas for improvements in the average handover time. NHSE have confirmed that this element is outside the control of LAS and ICS areas will be asked to account for progress to meeting the trajectory for improvement.

Although there has been a slight reduction in the average handover time from hospitals the actuals in April 2025 are above the expected targets. . In addition to loss of hours attributable to handover delays LAS continues to support provider Trusts with cohorting. 432 hours were taken up by cohorting in April 2025 and this decreased the available operational hours to attend waiting patients in the community.

The LAS continues to work with systems and providers where there have been specific handover issues with individual hospitals. The systems in place for escalation are now embedded since last winter and these continue to be utilised to address problems on a daily basis. This continues to include executive engagement with ICS and individual providers where necessary.

3.13. Resource Hours – Double Crewed Ambulances (operating plan metric)

April 2025 Target	191,418	April 2025 Actual	197,631

One of the parameters that was set out by NHSE national team as part of the development of this year's operating plan was that total frontline resources should be at least the same as the previous financial year. There was a small element of growth included in the LAS plan for 2025/2026 of 6 additional DCAs per day.

In April we exceeded the target for DCA hours which was partly due to a rebalancing of fast response resource hours to increase DCA hours to improve our category 2 response times.

To meet our financial targets in developing this year's plan we rebalanced the number of DCA hours produced across the financial year. This was because the LAS overproduced hours during the 1st quarter of last year and this redistribution has been completed by spreading this over production to points of pressure (primarily winter) to ensure that our response to patients is improved across the year.

The trend on the production of hours is shown in figure 14 below.

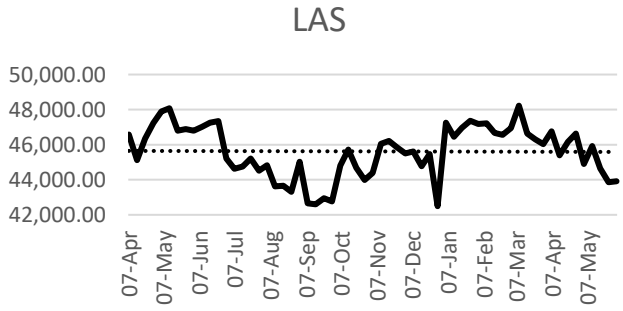


Figure 14: Deployed DCA hours (12 months)

3.14. Resource Hours – Fast Response Vehicles (operating plan metric)

April 2025 Target	42,367	April 2025 Actual	40,167

As commented in 3.13 above the LAS has continued to review the distribution of FRV and DCA hours to maximise our performance. This redistribution has not affected the category 1 performance where LAS has exceeded the national standard. This distribution of resource hours will be kept under review to ensure there is no real adverse impact on category 1 performance, whilst maximising our delivery against category 2 performance.

To ensure the effectiveness of the FRV work has continued within the control rooms to ensure appropriateness of calls to dispatch FRVs too and compliance with standby points of these resources.

The trend in FRV produced hours is shown in figure 15.

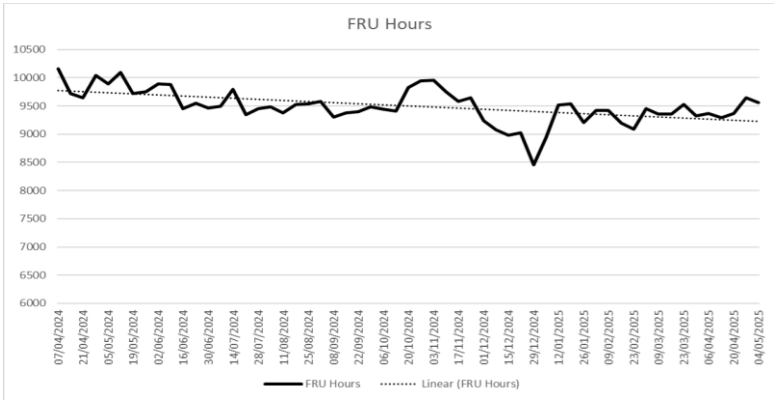


Figure 15: Deployed FRV hours (12 months)

3.15. Resource Hours – Call Handling Hours (operating plan metric)

April 2025 Target	521.7 WTE	April 2025 Actual	489 WTE

The call handling resource hours within the plan were based on the maintenance of the WTE from last year.

999 Emergency Operations have been reviewing the total resource requirement to meet the national standard. Current performance against the call answering mean has remained at 1 second and exceeds the national standard of 10 seconds.

Staffing will be constantly reviewed and flexed where necessary to continue to meet performance requirements

3.16. Resource Hours – Clinical Hub (operating plan metric)

April 2025 Target	205 WTE	April 2025 Actual	229 WTE

As part of the growth monies within the operational plan and ambitious trajectory for hear and treat, the growth in clinicians both within the Clinical Hub and ICCs are ahead of trajectory for April 2025.

4. Integrated Urgent Care Balanced Score Card Metrics

4.1. 111 Star 5 utilisation

* 5 volume	No target	April 2025 Actual	2740
* 5 ringback time	No target	April 2025 Actual	00:35:29

*5 activity for April has been in line with seasonal and historic trend, whilst there is a noted impact in relation to activity spikes in Easter weekend and especially toward the latter part of the day (c.23:00). The trend is seen commonly across *5 services, where rationales have included shift finish times, referral pathway services closing and lack of system capacity. These factors increase the call duration of the calls as GPs attempt to negotiate an appropriate outcome with this limited system access.

4.2. Priority call back times

Priority 1 % in time	95%	April 2025 Actual	67%
Priority 2 % in time	95%	April 2025 Actual	44%
Priority 3 % in time	95%	April 2025 Actual	46%

Though the CAS activity for April has been in line with seasonal and historic trend with no noted significant increase, within priority groups, there has been a noted variation, with higher acuity P1s & P2s, which have taken a larger percentage of the overall activity. It is also noted, though Easter was a strong performance within the month, there was a spike of demand at this point.

P1 performance saw a minimal deterioration, noting where activity in this priority group was most affected by calls coming in within groups/clusters.

P2 performance saw a slight improvement, where CAS focus has been to improve response to these incidents – noting Ambulance Validations are within this group

P3 performance also noted a slight improvement

4.3. Call answering metrics

Abandonment rate	Less than 3%	April 2025 Actual	2.5%
Average time to ans.	20 seconds	April 2025 Actual	00:00:12

Focus on front end call answer remained strong within April, where there was a slight improvement (0.1%) on abandonment rate, as staffing profiling has been closer matched to the forecast demands. Easter was noted to have had an impact with the additional demand for the 4-day weekend, though performance over this period was consistent with the month, delivering abandonment rates within KPIs.

4.4. Percentage of Ambulance validation

Validation target	75%	April 2025 Actual	98.3%

April saw 19,968 Ambulance C3/C4 cases validated to a confirmed outcome. From the 20,305 required (98.3%), where 17,468 ambulances were stood down to another clinically appropriate outcome (stand down rate 86%).

4.5. Percentage of ED validation

Validation target	50%	April 2025 Actual	99.7%

April saw 7,198 Emergency department cases validated to a confirmed outcome. From the 7,223 required (99.7%), where 4,946 Emergency Department cases were diverted to another clinically appropriate outcome, which was not an ED or ambulance (stand down rate 68%).

4.6. Average handling time

Average Handling time	No target	April 2025 Actual	00:10:33

Average Handling times for Health Advisors has remained consistent at 10:33 – Planning cycles accommodate a 630 Seconds (10:30) within forecast planning and as such is within tolerance for staff workforce planning.

5. Resilience & Special Assets

Since the last report the Trust has responded to one declared Significant Incident.

During the evening of Wednesday 9th April 2025 we responded to a fire in a seven storey block of flats in Tower Hamlets. The Specialist Operations Centre (SOC) within our control room at Headquarters, Waterloo managed the incident and in total 16 patients were treated. Following all declared Significant and Major Incidents, a feedback form is circulated to all staff involved in the incident, from EOC, Ambulance Services and the Command team. A number of lessons were identified following feedback from this incident, including consideration for extending the use of Body Worn Video (BWV) footage for individuals in non-command roles and the utilisation of action cards during incidents.

Since the last report the Trust has responded to one declared Significant Incident.

On Wednesday 9th April 2025 LAS responded to a fire in a block of flats with a total of 16 patients being treated.

A number of lessons were identified from this incident, including consideration for extending the use of Body Worn Video (BWV) footage for individuals in non-command roles and the utilisation of action cards during incidents.

In April 2025 there were 10 reported Business Continuity (BC) incidents, two of which were declared and one of which was critical.

The declared critical incidents were on 12 April for a loss of NMA and on 29 April 2025 were we experienced Control Room Operating Position System (CROPS) issues.

London Ambulance Service NHS Trust

Report To:	Public Board of Directors			
Date of meeting:	12 June 2025			
Report title:	Performance Report			
Agenda item:				
Lead Executive:	Pauline Cranmer, Chief Paramedic Officer			
Report Author:	Pauline Cranmer			
Purpose:	X	Assurance		Approval
		Discussion		Information

Key points, issues and risks for the Board

The attached report refers to Trust performance and activity for the period 1 February 2025 to 30 April 2025.

Performance in February and March 2025 against Category 1 and Category 2 was better than forecasts. In particular March 2025 we exceeded the national standard of 7 minutes for category 1 and were below the 30 minute target for Category 2.

The 2024/2025 year end performance improved from the previous financial year with:

- Category 1 – 7 seconds improvement at 7 minutes 22 seconds
- Category 2 – 1 minute improvement at 37 minutes and 22 seconds
- Hear and treat - rates increased by 4.6% to 20.1%

These improvements were made against a backdrop of an 8.8% increase in total contacts and 11.3% in total incidents over 2023/24 financial year.

For the 2025/26 financial year performance will be monitored and measured against metrics agreed with NHSE and commissioners as part of the agreed operating plan.

For April 2025 we have continued to receive higher than expected activity with 170,975 total contacts and 115,625 total incidents. This is 4.25% and 6% higher than operating plan respectively.

Category 1 performance in April 2025 was 6 minutes 42 seconds. Category 2 performance for the month was 27 minutes and 48 seconds. Both results were ahead of target. This was supported by improvements in out of service which was 14.2% ahead of the target 14.7%

Hear and Treat performance was maintained at 20.5% for April albeit the target for the month was 21%. There have been arrange of activities to improve hear and treat rates and we have seen improvements to this in May 2025.

The IUC team has continued to improve call answering performance with both average time to answer and abandonment rates ahead of target. Compliance of Ambulance and Emergency Department validation remain substantially higher than targets; reducing the number of ambulances dispatched and avoiding Emergency Department attendances.

10 business continuity incidents were reported in April 2025. Of these two were declared with one as a critical incident.

A significant incident was also declared in April involving a fire and where 16 patients received treatment.

Recommendation/Request to the Board/Committee:

The Trust Board of Directors is asked to accept this report as assurance.

5.2. Quality

For Assurance

5.2.1. Quality Report

For Assurance

Presented by Fenella Wrigley

Report to:	Trust Board			
Date of meeting:	12 June 2025			
Report title:	Quality Report			
Agenda item:				
Report Author(s):	Dr Fenella Wrigley			
Presented by:	Dr Fenella Wrigley			
History:	The quality report has been presented to the Clinical and Quality Oversight Group and Quality Assurance Committee.			
Purpose:	X	Assurance	☐	Approval
	☐	Discussion	☐	Noting

Key Points, Issues and Risks for the Board / Committee's attention:

This report focuses on the quality of care provided by London Ambulance Service. The report covers four domains:

- Safe
- Effective
- Caring
- Well Led – Quality Regulation

Areas of highlight:

Reported incidents:

- In March 2025 the Trust moved to the new incident reporting system which provides functionality and the ability to build live dashboards. During the transition open incident reports were closed records being quality checked and closed with final approvals.

- The number of incidents saw a reduction during February 2025 and dropped below the mean for the first time in 6 months. The top categories for incident reporting are: medicines management, reports of violence and aggression against staff, and medical equipment issues. The number of reported moderate/severe harm and death incidents decreased during this reporting period. The top category for these incidents remains dispatch and, specifically, delayed response. 111 / IUC has continued to show an increase in the number of incidents reported compared to the last reporting period. However, it remains the lowest reported percentage of instances with death severe moderate harm.

Learning from deaths

- Quarter 4 -276 reviews, 194 cases demonstrated no problems with care or service delivery.

Medicines Management

- A total of 192 controlled drug (CD) incidents were reported in March 2025. This is a decrease on the 4 months preceding. Most of the reported cases relate to errors made when completing the CD register
- There were no unaccounted for losses of schedule 2 controlled drugs

Safeguarding

- We were just below the contractual target of 85% Level 2 & 3 safeguarding training

Health & Safety

- 139 RIDDOR incidents were reported to HSE during 2024-25

Infection control

- The 2024-25 Infection Prevention and Control annual work programme was 100% completed.
- IPC Training compliance was 94% for level 1 and 96% for Level 2 (target 90%)
- The overall hand hygiene rate for March 2025 was 96%. This score continues to exceed the Trust performance target (90%).
- Make Ready six-weekly vehicle deep clean compliance is reported at 86%, which remains below the Trusts target of 95%. Action plans are in place to address this through recruitment to vacancies.
- Premises cleaning audit compliance was reported at 94%, which met the Trust's target of 90%.

Clinical AQI

- In November 2024, the LAS was ranked 2nd nationally for ROSC to hospital in the overall group – achieving and maintaining ROSC until hospital handover for 30.4% of patients, compared to the national average of 26.7%. In the Utstein comparator group, 47.8% of patients had ROSC upon arrival at hospital, slightly above the national average of 47.2%.

Community First Responders

- On 28th March 2025 we launched our new Community First Responder (CFR) scheme. This scheme is aimed at getting trained responders to our sickest patients before the arrival of an ambulance. These volunteers are equipped with a defibrillator, oxygen, airway adjuncts and observation kit. CFRs will also play a vital role in community resilience and targeted health advice in communities

CARU:

- Since the last report CARU have published a clinical audit report focussed on the identification, assessment, and treatment of patients with an allergic reaction.
- The research team continue to be busy, giving the patients we treat the opportunity to be involved in clinical research that is aimed at improving outcomes for them and others.

Health Inequalities:

- The Sickle Cell Improvement Plan continues to be implemented. There are 19 agreed actions of which 4 have been implemented already

Integrated Coordination Care Hubs / SPOA

- The LAS is taking a coordinating role in supporting the five ICS in their development of Integrated Care Coordination (ICC). NCL and NWL are early adopters and seeing benefits for patients as more can be managed closer to home

Recommendation(s) / Decisions for the Board / Committee:

For discussion and assurance

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	**Agreed**				**Relevant reviewer [name]**
Quality	**Yes**	X	No		Via Clinical Quality oversight Group
Finance	**Yes**	X	No		Via Clinical Quality oversight Group
Chief Paramedic	**Yes**	X	No		Via Clinical Quality oversight Group
Medical	**Yes**	X	No		Via Clinical Quality oversight Group
Operations	**Yes**	X	No		Via Clinical Quality oversight Group
Communications & Engagement	**Yes**	X	No		Via Clinical Quality oversight Group
Strategy	**Yes**	X	No		Via Clinical Quality oversight Group
People & Culture	**Yes**	X	No		Via Clinical Quality oversight Group
Corporate Affairs	**Yes**	X	No		Via Clinical Quality oversight Group

London Ambulance Service NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – June 2025

Trust Quality Report – reporting on March 2025 data

This report focuses on the quality of care provided by London Ambulance Service (LAS). The Trust's Quality Dashboard report containing the March 2025 data provides an overview of the quality performance through relevant key performance indictors (KPIs) and information including the quality improvement agenda across the organisation.

The report covers four domains:

- Safe
- Effective
- Caring
- Well Led

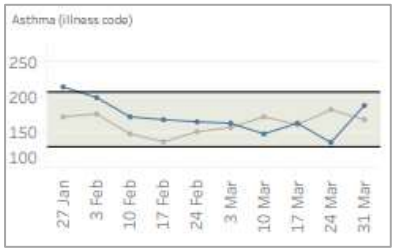
1.0 Safe

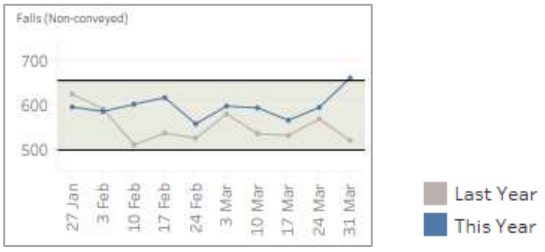
This section reviews the areas which are under the safe domain and how patients are protected from abuse and avoidable harm.

1.1 Clinical Demand and maintaining safety

As we moved out of Winter we worked collaboratively with all the 5 Integrated Care Systems, NHS England London Region and all the Urgent and Emergency Care Boards in London to learn from Winter 2024 -25, gathering feedback on the Winter Plan to further refine it. The plan was in place until mid-March and throughout Q4 we were able to maximise capacity for both ambulances and hear and treat, increase the use of local healthcare pathways where clinically appropriate and use the new Patient Flow Framework to mitigate against demand pressures and reduce congestion in the busy emergency departments. The Clinical Safety Plan continued to be used to ensure that we were prioritising our response to the sickest and most seriously injured patients but also included, for the first time, some Pan-London actions which could be utilised when needed.

Whilst viral illnesses began to reduce during Q4 we saw an increase in respiratory presentations, in particular asthma, as pollen levels rose. We continued to see a higher number of patients who had fallen – this is not uncommon in more elderly or frail patients who are unwell and we were able to utilise the urgent community response to attend to these patients and where possible keep them safely in their own home. We are continuing to work closely with partners to ensure there is sufficient capacity for these patients to be assessed in their own home without the need for an emergency ambulance.

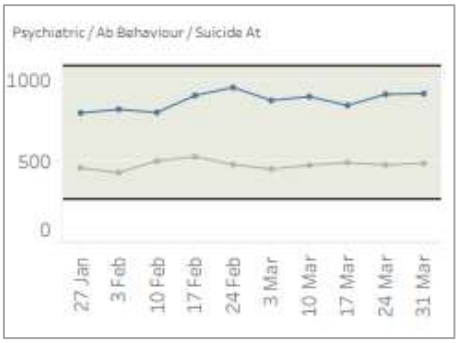




London Ambulance Service NHS Trust

1.2 Mental health patients and Right Care Right Person

Mental Health demand has remained high over this reporting period with over 10,000 calls a month being received, resulting in around 8,000 face to face incidents. See and Treat rates remain on an increasing trajectory as does conveyance to alternative care pathways such as crisis assessment services.

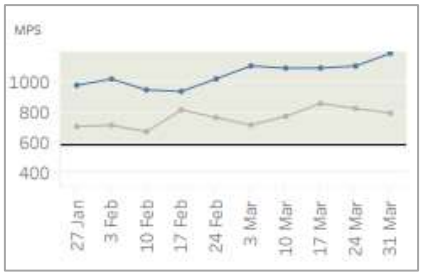


The Trust continues to operate six Mental Health Joint Response Cars (MHJRCs) daily across five of the Integrated Care Systems (ICS) areas. Our mental health joint response car, which brings together mental health experts and paramedics, has celebrated a decade of providing specialist mental health care across the capital – this milestone was featured on the BBC news. Since the team was introduced over 30,000 patients have been attended by this specialist team. The team continues to maintain a see and treat rate of around 80% ensuring patients with mental health conditions get appropriate treatment quickly and, where possible, avoid the distress of attending busy emergency departments when they could receive more appropriate care elsewhere.

Mental Health Joint Response Cars Data

	Mar-25	Apr- 25
Monthly Utilisation	81%	79%
Activations	1143	1100
ED conveyance rate	17%	18%

The LAS continues to receive a high volume of calls from the Metropolitan Police many of which are relating to a person / patient with mental health concerns. A significant number are, however, about a ‘welfare concern’ ie a patient leaving a healthcare facility before their treatment is complete or loss of contact with a relative - many of these may be more appropriately addressed by other agencies.



The new Core Skills Refresher (CSR) features training on how to conduct a mental state examination and risk assessment, and aligns with the new electronic patient care record tab for mental health which is due to launch in the coming months.

1.3 Safety incidents – 999

The Trust went live with a new risk management system on 03 March 2025. The transition went well with no reduction in incident reporting observed. The number of incidents reported has returned to common cause variation but has remained above the 12-month average. The south east sector and north west sector continue to see the highest number of incidents reported.

The most common incident categories for the reporting period are as follows:

- Reports of violence/aggression – specifically directly verbal abuse. Reported incidents in this category has increased since the last reporting period.
- Medical equipment – specifically failure of device / equipment. Reported incidents in this category has increased since the last reporting period
- Medicines management – specifically documentation of controlled drug withdrawal and return identified through audit errors. Reported incidents in this category has decreased since the last reporting period.

Whilst most incidents reported are within the no or low harm severity grading the number initially reported as moderate harm remained high during this reporting period. Severe and death harm incidents have seen a decrease. All moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups and, where applicable, are the subject of a Learning from Death Review.

1.4 Safety Incidents – 999 Clinical Hub

The number of clinical assessments conducted by the Clinical Hub continues to increase significantly. In February and March 2025, the Hub completed an average of 22,500 clinical telephone assessments per month – representing a 39% increase compared to the same period in 2024. Despite this substantial rise in activity, patient safety incidents have remained consistently low.

During March 2025, 21 new incidents related to the Clinical Hub were reported through the system. Of these, 19 were categorised as no harm or low harm. Two incidents were referred to the Patient Safety Incident Group (PSIG) for discussion - they did not meet the threshold for a Patient Safety Investigation under the national framework, and a local investigation and learning was undertaken.

1.5 Safety Incidents – Integrated Urgent Care (IUC)

Incident reporting within the Integrated Urgent Care (IUC) service has continued to show an increase in the number of incidents reported however, it still has the lowest reported

percentage of death, severe and moderate harm incidents meaning most are categorised as no harm or low harm. This reflects a strong and positive reporting culture.

A continued focus on timely and meaningful feedback has further strengthened engagement across the service. Staff working within 111/IUC have actively participated in tailored learning sessions developed in response to reported incidents. This proactive approach not only reinforces the importance of incident reporting but also demonstrates its direct impact on service improvement and patient care.

In March 2025, the three most frequently reported incident categories were:

- 111/IUC Call Handling
- Communication/Clinical Concern Regarding External Provider
- Care & Consent

One key trend is the sustained presence of "Concerns Regarding External Providers" in the top three incident categories. These reports frequently involve issues with downstream services, such as general practices advising patients to contact 111 to arrange ambulance transport to hospital, and a rise in failed referrals to community teams. Such concerns are systematically escalated via the quality alert process and communicated to the relevant services. They are also shared with Integrated Care Board (ICB) clinical leads to enable wider system learning and drive improvements across the care pathway.

1.6 Overdue incidents

During the transition to Radar, all open incidents on the previous reporting system were investigated and closed resulting in no overdue incidents. Less than 150 incidents were transferred onto Radar. The majority of these were open learning responses or those anticipated to become a learning response.

1.7 Learning from Deaths

Where incidents require a Learning from Death (LfD) review, if they meet the nationally defined criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework. The harm grading is subject to change following this more in-depth review.

These cases undergo a detailed review working with clinicians, families and carers and other healthcare providers who have been involved in the care of the patient. A case being reviewed under the learning from deaths process does not necessarily indicate that any errors were made but that there may be opportunity for internal or cross-organisational learning. The process enables us to share learning and understanding and continue to improve the quality of the care we provide to patients and their families.

During Quarter 4, after initial review, 194 cases required no further investigation, compared to 203 during the last reporting period. In 18 cases a learning response was commissioned including after action reviews (n=3) and patient safety incident investigation (n=15). The themes identified were telephone clinical assessments, call handling concerns, response time,

assessment and management of a patient with learning disabilities and the assessment and management of a patient with back pain.

1.8 Medicines Management

A total of 192 controlled drug (CD) incidents were reported in March 2025. This is a decrease on the 4 months preceding but remains within the statistical process control limits. Most of the reported cases relate to errors made when completing the CD register.
There have been no losses of schedule 2 controlled drugs.

1.9 Safeguarding

Safeguarding provides assurance through the Safeguarding Assurance Group to Quality Oversight Group. A quarterly report is produced for 999 Safeguarding Health Outcomes Framework, as well as quarterly reports for the contracts in relation to IUC. The Trust continues to attend the Brent Safeguarding boards for children and adults and provides assurance, through these boards, for LAS safeguarding activity.

The Trust also produces a safeguarding annual report which is published on the Trust website and shared with commissioners & partners. This is in draft and will be published along with other annual reports in Q1 for the prior year.

Safeguarding Policies are all up to date having been reviewed at Safeguarding Assurance Group.

The main focus during Q3 and Q4 has been on the introduction of a new electronic referrals process. The Trust launched this new safeguarding process on 12th November 2024. This was a significant change for all staff across the organisation. The new process allows staff to be accountable for their referrals and the detail within it; and reduces the time taken to make a referral, on average by 40 minutes.

Additional guidance about completion of the referral, including mandatory fields, is being shared through team huddle training content – these also provide an opportunity for feedback.

Safeguarding training level 1 achieved 86.57% and level 2 achieved 77.48% against a target of 90%. Recovery plans are being monitored through the Quality Oversight Group.

1.10 Health Safety and Security

The Health Safety & Security Team have delivered 13 sessions of Managing Safety courses to total of 267 staff members and 12 sessions of Corporate Induction during 2024/25.

Load handling risk assessments continue to be developed by Departments with support from the Health, Safety & Security Department (HSSD). So far these have been completed for Make Ready, Medicines Packing Unit and Fleet Workshops. The Community Resuscitation &

Training Department have collaborated with the HSSD to develop a First Aid course, this course is underway with positive feedback, dates are available throughout 2025.

A total of 139 RIDDOR incidents were reported to HSE during 2024/25. Manual Handling Incidents account for the highest number (58%) of RIDDORs reported across the Trust during 2023/24.

Current compliance for FFP3 fit testing is 67% due to the 2-year revalidation period. We have now taken receipt of all 14 of the Porta counts which has enabled all group stations to take receipt of their own machine in order to test locally. Over 60 new staff members have been trained up as Fit Testers and we will continue to offer the training from May onwards to enable more staff to become Certified Testers.

1.11 Infection Prevention and Control (IPC)

The Infection Prevention and Control (IPC) annual work programme was 100% completed by 31st March 2024. The 2025-26 work programme has been prepared and assurance on delivery is provided via Quality Assurance Committee. The aim of the 2025-26 programme is to enhance infection prevention and control practices by empowering all LAS staff and volunteers to take responsibility and ownership to improve, contribute and deliver positive patient outcomes. To achieve this, the IPC team will continue to engage with staff to develop systems and processes that lead to sustainable and reliable improvements in application of IPC core principles. The programme is structured according to SMART principles (Specific, Measurable, Achievable, Relevant and Time-Bound). The work programme is also segmented into elements and aligned to the Health and Social Care Act (2015): code of practice on the effective prevention and control of infection by health service providers' consultation with the Infection Prevention and Control Committee (IPCC).

IPC Training compliance was 94% for level 1 and 96% for Level 2 (target 90%).

Hand hygiene compliance for March 2025 was recorded at 96%. Localities are responsible for conducting the hand hygiene audit element as part of the Operational Workplace Review (OWR) process.

Compliance to 'bare below the elbow' continues to be promoted as a priority for effective hand hygiene practice. This is being supported by the senior operations and clinical quality teams.

Make Ready six-weekly vehicle deep clean compliance is reported at 86%, which remains below the Trusts target of 95%. Action plans are in place to address this through recruitment to vacancies.

Premises cleaning audit compliance was reported at 94%, which met the Trust's target of 90%.

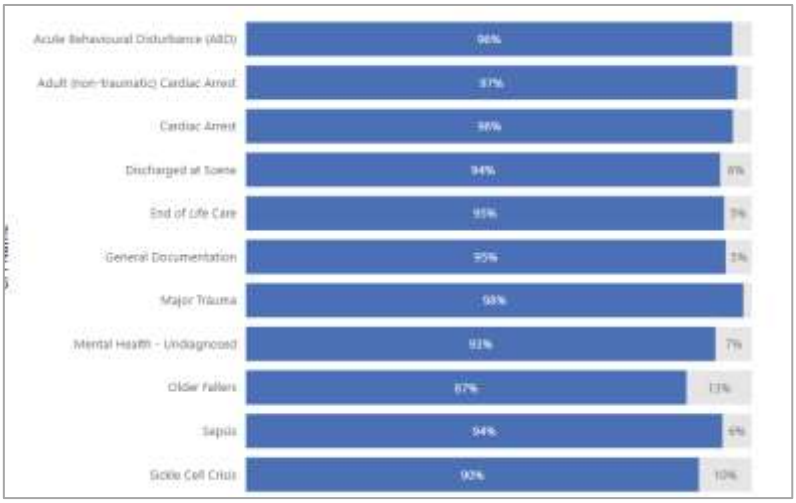
London Ambulance Service NHS Trust

2.0 Effective

This section considers whether LAS is providing an effective service by which we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

2.1 Clinical Performance Indicators (CPI)

The CPIs are a tool used to continuously audit the care the Service provides to 8 different patient groups, as well as general documentation. The launch of the new CPI application in January means the Clinical Audit and Research Unit are now able to produce interactive monthly CPI reports for operational managers to monitor compliance at their group station down to the individual aspects of care. In March 2025, 81% of available CPI audits were completed demonstrating a range of compliance to clinical guidelines as shown below.



Areas for learning from the CPI audits are shared with the Sector Clinical Quality Teams to incorporate into local training sessions and team huddles.

2.2 Clinical Ambulance Quality Indicators

Through our clinical registries we continue to monitor and report the care provided to patients experiencing either a cardiac arrest and ST elevation myocardial infarction (STEMI). We submit this data to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of the quality of care across all ambulance Trusts in England. There is still a time lag in receiving national end-to-end patient data of up to 5 months. The Quality Assurance and Improvement report for this period includes the November 2024 clinical outcomes data.

In November 2024, the LAS was ranked 2nd nationally for ROSC to hospital in the overall group – achieving and maintaining ROSC until hospital handover for 30.4% of patients, compared to the national average of 26.7%. In the Utstein comparator group, 47.8% of patients had ROSC upon arrival at hospital, slightly above the national average of 47.2%. The LAS currently ranks

6th nationally for this measure.

The LAS also performed slightly above the national average for 30-day survival in the overall group (LAS: 8.6%; national: 8.4%), ranking 4th. In the Utstein comparator group, the LAS reported a 30-day survival rate of 32.6%, well above the national average of 27.2%, ranking 2nd among all ambulance services.

For the post-resuscitation care bundle, the LAS was ranked 6th nationally, with 82.6% of patients receiving a full post ROSC care bundle – slightly below the national average of 83.9%.

For our STEMI patients, the LAS recorded a time of 02:38 hours* for the 'Call to Angiography' measure, which is 9 minutes longer compared to October 2024. This was also 3 minutes longer than the national average of 02:35 hours, placing the LAS 6th nationally among other ambulance services. The STEMI Care Bundle data was not published for November 2024. The next set of figures, covering January 2025, will be released in June 2025.

**This is based on MINAP data which is subject to change during the revision period*

The new Falls Care Bundle AQI is provided on quarterly basis. The next set of figures, covering December 2024, will be available in the next Quality Report.

2.3 Cardiac Arrest data – March 2025

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing, movement, a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can, in some cases, be achieved through immediate and effective treatment at the scene. The key to increasing the chances of achieving return of spontaneous circulation (ROSC) are the speed of starting basic life support and defibrillation when the patient's heart is in a shockable rhythm. Our March 2025 cardiac arrest data indicates:

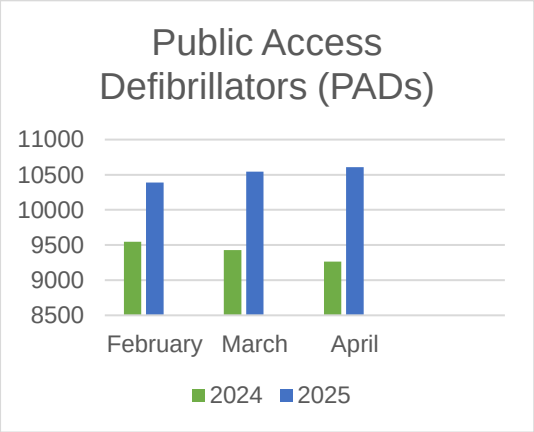
- 1032 patients in cardiac arrest were attended by LAS
- 379 patients had resuscitation commenced
- The median time from 999 call to dispatcher assisted basic life support (chest compressions) was 3:56 minutes and the mean response time was 6:14 minutes
- Mean time from arrival on scene to first LAS defibrillation was 4 minutes
- For all patients in cardiac arrest return of spontaneous circulation (ROSC) was achieved in 44% of patients with 30% sustaining ROSC to hospital

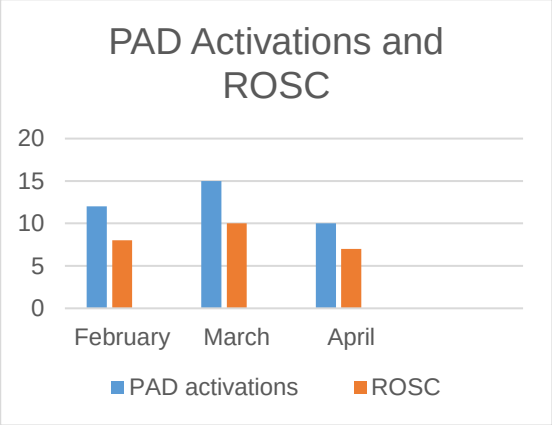
2.4 'Chain of Survival'

Out of Hospital Cardiac arrest (OHCA) survival increases the earlier we can start the "chain of survival" with early identification of cardiac arrest, CPR and defibrillation. High quality CPR and early time to first shock are vital if we want to increase OHCA survival. These two elements in the chain of survival are often carried out by our volunteers, Emergency Responders, Community First Responders and GoodSam responders. We are working hard to encourage

members of the public to be trained in recognition of cardiac arrest, learning CPR and giving them the confidence to use a defibrillator, through our London Lifesavers programme.

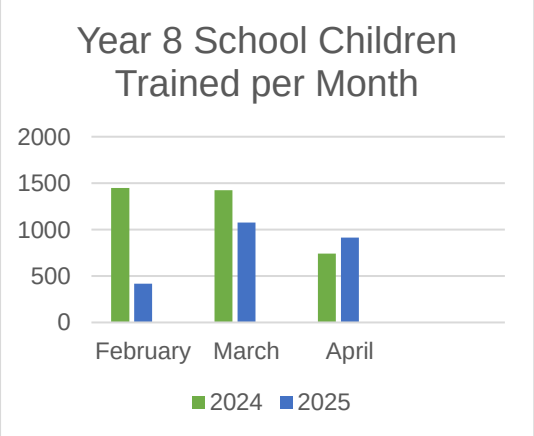
Find out more about becoming a London and register for training here - https://www.londonambulance.nhs.uk/getting-involved/become-a-london-lifesaver/about-london-lifesavers/ .

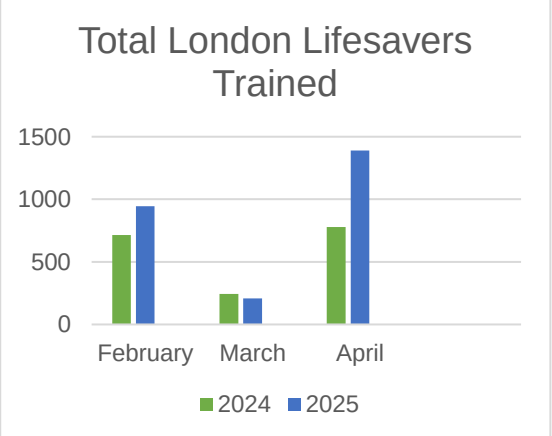




* PADs numbers are a combination of circuit registered and LAS data base registered.

As previously reported in October 2023 we launched our London Lifesavers schools programme aimed at giving all year 8 pupils in London the skills and knowledge to step in and help save the life of someone in cardiac arrest. Evidence shows that countries who ensure CPR is taught in all schools have almost double the survival rate compared to countries which do not. We are also placing defibrillators in underserved areas across London through our London Heart Starters project. We have identified 150 priority boroughs where there are either no defibrillators (defibrillator deserts) or below the number we would expect per population and we are working with councils, members of the public and businesses to place defibrillators in residential areas. We are targeting residential areas as 75% of OHCA happen in the home so by placing defibrillators within easy reach of homes we can start to reduce the time to first shock. (https://www.londonambulancecharity.org.uk/Appeal/heartstarters)





∗ February figures are low compared to last year due to 4 of the 6 schools being SEN so numbers trained are smaller.

On 28th March 2025 we launched our new Community First Responder (CFR) scheme. This scheme is aimed at getting trained responders to our sickest patients before the arrival of an ambulance. We launched with 11 responders initially tasked mainly to patients in cardiac arrest. These volunteers are equipped with a defibrillator, oxygen, airway adjuncts and observation kit. We aim to train 100 CFRs in 25/26 with a targeted recruitment campaign for those areas that are most in need. CFRs will also play a vital role in community resilience and targeted health advice in communities

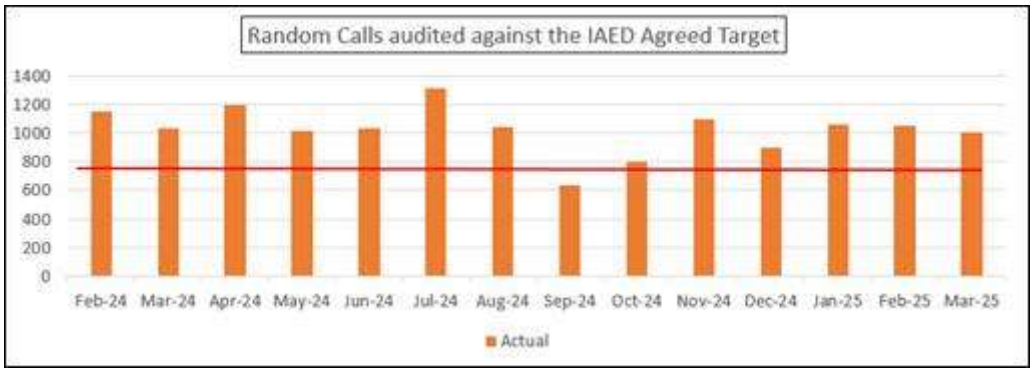
2.5 STEMI – March 2025

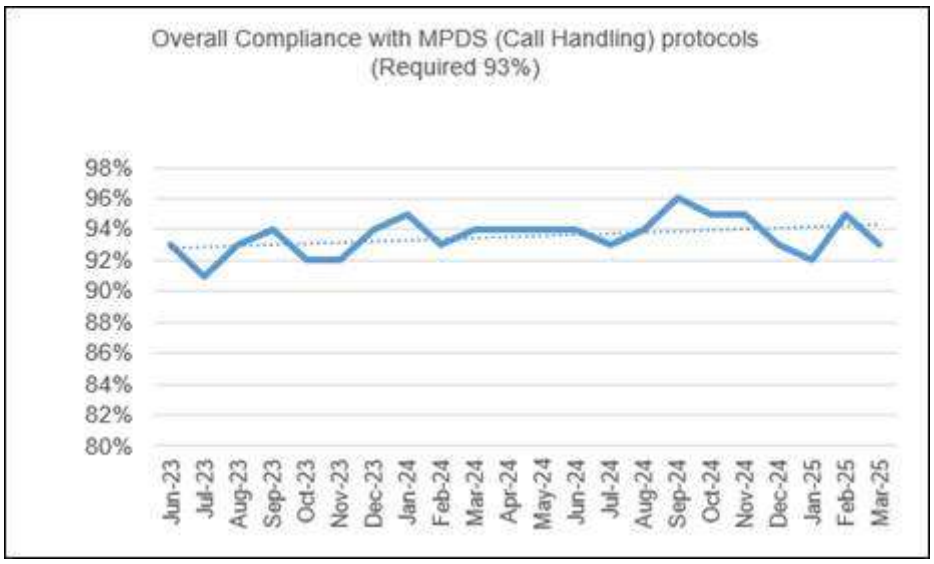
A heart attack, or myocardial infarction (MI), is caused by a sudden blockage of the blood supply to the heart muscle. It is therefore vital that blood flow is quickly restored through clinical interventions such as primary percutaneous coronary angiography and stenting.
Our most recent data indicates:

- In March 2025, 260 patients attended by LAS had a STEMI suspected by clinicians
- 100% of these patients had the ECG uploaded onto their clinical record
- 99% of the patients were conveyed to the correct destination and 94% were conveyed directly to a Heart Attack Centre
- 78% of patients had received the complete care bundle with 90% receiving analgesia
- The mean call to arrival at hospital time was 1:35 hours.

2.6 Emergency 999 Call Handling

The number of 999 call audits has exceeded the required target, and the Trust has maintained ‘Ace in Good Standing’ for Quarter 4 (January to March 2025). The quality assurance team continues to focus on supporting new entrants, and in addition attend the EOC Team Based Working huddles and training days to support the learning and development of staff. Although 999 call volumes remain high, the required compliance standards were maintained by EOC call handlers. Individual feedback is provided to 999 call handlers where learning is identified.





2.7 111 / IUC Quality Audits

We have had excellent completion rates across all skill sets in 111 / IUC at 100% over the reportable period. In addition, compliance remains high ranging from 90-97%. Feedback is available in real time, via clinical guardian, and themes and trends form a section of staff one to ones and ongoing training sessions to support safe service development.

2.8 Clinical Audit and Research

Clinical audit is a tool to improve clinical quality and patient care and plays an important role in ensuring that the highest standard of care is delivered to patients across the National Health Service (NHS). It enables organisations to demonstrate the quality of their services and identify areas for improvement or where further education may be needed. Importantly, it can reduce variability in practice and improve standards of clinical care. It is common practice to find results being used to inform local protocols and national ambulance clinical practice guidelines.

In March, we published a clinical audit report that focussed on the identification, assessment, and treatment of patients with an allergic reaction. The results of this clinical audit highlighted that while there was good practice in the identification and treatment of allergic reactions, improvement is needed for patients experiencing anaphylaxis. The key recommendations for improvement include:

- Clarifying with the JRCALC Guideline Development Group whether blood pressure should be measured for paediatric patients having an allergic reaction.
- Clarifying with the JRCALC Guideline Development Group whether adrenaline should be given in 5-minute intervals or at least 5 minutes
- Including anaphylaxis recognition and treatment into future Core Skills Refresher (CSR) training modules.

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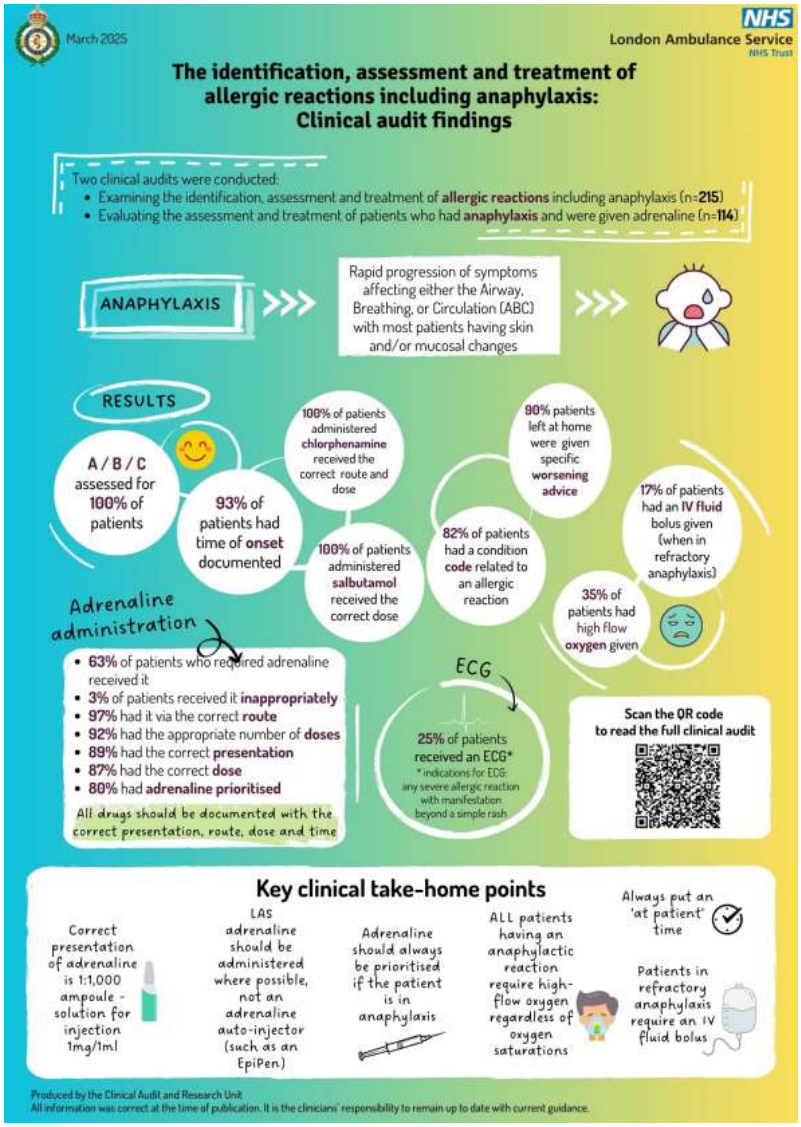


The Clinical Audit Work Programme for 2025-26 was also approved by the Clinical Audit & Research Steering Group. New projects approved for 2025-26:

- Acute Behavioural Disturbance
- Hear & Treat Worsening Advice
- Hyperventilation and Panic Attack
- Management of Hypothermic Cardiac Arrest
- Major Head Injury
- Non-Conveyance of Abdominal Pain
- Non-Conveyance of Headache
- Overdose and Poisoning in Children

The research team continue to be busy, giving the patients we treat and the clinicians who treat them the opportunity to be involved in clinical research that is aimed at improving outcomes for them and others.

- The Spinal Immobilisation Study (a randomised controlled trial comparing movement minimisation with triple immobilisation - hard collar, blocks and scoop - for trauma patients with suspected spinal injury) is approaching 300 patients recruited so far. A clinician from Brent complex has recruited 20 patients into the trial, which is an incredible achievement. An excellence report was completed by CARU to let their station management know the hard work they have put in.
- The CRASH-4 trial (exploring whether administering intramuscular Tranexamic Acid (TXA) to older patients with mild symptomatic traumatic brain injury can improve outcomes) has gained approval from 3 station group management teams to open across their sites. This will open training to a potential pool of almost 300 additional clinicians, giving them the opportunity to participate in clinical research. We have recruited 271 patients into this trial so far.

In March, the publication for the PROTECTeD study was featured as a paper of the month on the popular Resus Room podcast. PROTECTeD was a mixed methods study looking into the effect of Termination of Resuscitation decisions in out-of-hospital cardiac arrest. Co-authored by the LAS Research team, this paper interviewed the families of LAS cardiac arrest patients

Finally, one of our publications, that explored the motivations and views of frequent callers, was awarded by Wiley publishers as being a top viewed article for the 12 months following its release.

3.0 Caring

This section considers whether the service we provide involves and treats people with compassion, kindness, dignity and respect.

3.1. Health Inequalities

As the only pan-London acute provider, LAS has a unique insight into the Health Inequalities being experienced by Londoners.

3.1.1 Sickle Cell Disease

Sickle cell disease is a genetic condition that is particularly common among people with African or Caribbean backgrounds, affecting red blood cells. It is a serious, lifelong condition, though treatment can manage many symptoms. The main symptoms include painful crises, increased infection risk, and higher chances of severe illnesses like strokes.

LAS attends approximately 5,700 incidents per year for sickle cell patients in London. Two-thirds of the UK's sickle cell sufferers live in London or receive specialist care here.

The Sickle Cell Improvement Plan continues to be implemented. To develop our action plan, LAS sought feedback from patients who had used our service during a sickle cell crisis, frontline staff, and clinical audit data. We commissioned two reports from the Sickle Cell Society and Croydon Sickle Cell and Thalassaemia Support Group. While many patients were

satisfied with their care, too many had experiences that affected their confidence in our service.

LAS Improving Sickle Cell care action plan contains 19 actions, which were developed following extensive patient engagement, staff engagement and a review of the quality of care LAS provides to patients with sickle cell crisis.

Four of those actions have been completed, notably;

- The findings and themes from this engagement has been shared with over 300 leaders in the Organisation, to ensure consistent messaging and driving quality improvement at a local level.
- A clinical education package has been written and will be completed by all LAS clinicians in 2025/26 as part of mandatory clinical education.

13 actions remain ongoing and on track for delivery, notably;

- We have implemented direct access to specialist haematology care at St George's University Hospital for patients with sickle cell crisis. This means patients can bypass the Emergency Department, receiving specialist care in a timelier way.
- We have agreed direct access pathway between LAS and University Hospital Lewisham and are in the process of launching this for patients.
- We have filmed clinical education content with patient groups, to bring a personalised view to the key aspects of sickle cell care.

Two actions are yet to be started, which have external interdependencies. These are planned within 2025/26.

This work will vastly improve the care and treatment of sickle cell patients. I recommend reading the report: Sickle Cell Patients' Experiences of London Ambulance Service.

3.1.2 Maternal Health

As part of our work to address health and inequalities in maternal health, we continue to work in partnership with two Voluntary, Community and Social Enterprise (VCSE) organisations (Healthwatch Barking and Dagenham and Tower Hamlets *Council for Voluntary Service* - Flourishing Communities*)* to undertake patient engagement activities. We have focused upon engaging with women and birthing people of Global Majority ethnicities, to understand their experiences of accessing urgent and emergency care via 111 and 999 during their pregnancy or within 12-months post-partum.

The two organisations have completed the patient engagement phase of the project and have shared their initial draft reports. We have provided comments on the drafts and both organisations are in the process of finalising them. The findings and recommendations from these reports will enable us to develop and implement an improvement plan to help address the specific challenges, identified directly by the affected patient groups, and support maternal health improvement in LAS. These patient insights will be triangulated with staff views and clinical audit findings for a rounded approach to improvement.

As part of the LAS five-year action plan to respond to London's Health Inequalities, one of the cross-cutting themes that has been identified is English language proficiency, which contributes to clear disparities in healthcare access, experience and outcomes. We are working in collaboration with Happy Baby Community (HBC), a charity that supports women who are pregnant or with young child and are claiming asylum or seeking refuge in the UK. Many women arrive with extremely limited English language, no maternity care and limited support to access vital antenatal care.

Through HBC, we have held engagement sessions with some of the women to co-design a maternal health leaflet which contains important information on the services available to support pregnant women. It is currently being translated into nine commonly spoken languages. These information leaflets will be shared with charities that promote maternal health, to help improve access to appropriate ante natal care and promote appropriate access to LAS services for women and birthing people with low proficiency in English.

3.1.3 Social Determinants of Health

We continue to make progress with our Social Determinants of Health, which focuses on the tangible interventions our crews can take to promote improved longer-term health and preventing ill-health.

Key 'Making Every Contact Count' interventions

We have published signposting pathways and accompanying educational sessions to all clinicians to support patients experiencing homelessness. This includes signposting information for roving homelessness support charities who provide a one-stop shop for patients, including oral care, general care, mental health and financial, employment and housing support. We have also published details of General Practices that specialise in providing health care for patients experiencing homelessness, as well as advocacy material to support our clinicians to empower patients to register and access primary care services.

We have scoped and agreed digital changes to our safeguarding referral application, to increase awareness, confidence and quality of the reporting of housing concerns, such as the presence of damp and mould. This will enable clinicians to more accurately record concerns. This has been co-designed with external partners to ensure it contains relevant and actionable information for the receiving local authorities. We are now scoping implementation of these changes.

Noting the language diversity in London, and the known challenges that low language proficiency have on accessing health services, we have created resources to support those with low English language proficiency to navigate health care services. We have translated general health access information, including maternity-specific information, into nine commonly-spoken languages, to advocate parity of information and access into our services.

London Ambulance Service NHS Trust

3.2 Alternative Care Pathways and Care Co-Ordination

3.2.1 Alternative Care Pathways

A central clinical pathways team has been established to provide strategic and clinical leadership of Alternative Care Pathways (ACPs), these are agreed care pathways with acute and community providers that enable LAS patients to be cared for in the most appropriate place that meets their needs and avoids unnecessary Emergency Department admissions.

The ACPs are developed and maintained through collaboration with our system partners, there has been a refresh to streamline how ACPs are approved, with sign off by LAS, ICB and providers. Work continues to enhance LAS access to and utilisation of ACPs, through a data driven and engagement approach.

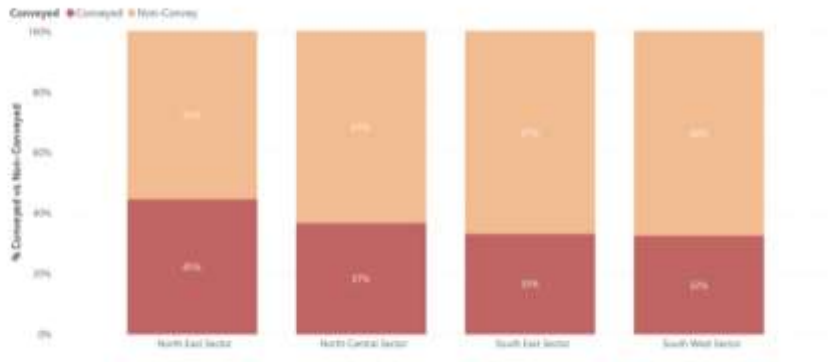
3.2.2 LAS Urgent Community Response Cars

Currently there are 8 Urgent Community Response (UCR) cars operating across NC, NE, SW and SE London. NW London have withdrawn from our collaboration. 602 patients were attended during March 2025 and a total of 193 ambulance conveyances were saved. Collaboration between LAS and external UCR providers continue with regular engagement sessions. We continue to work together to maximise the number of patients the LAS UCR team see, this results in a smaller percentage of patients that require conveyance to an emergency department.

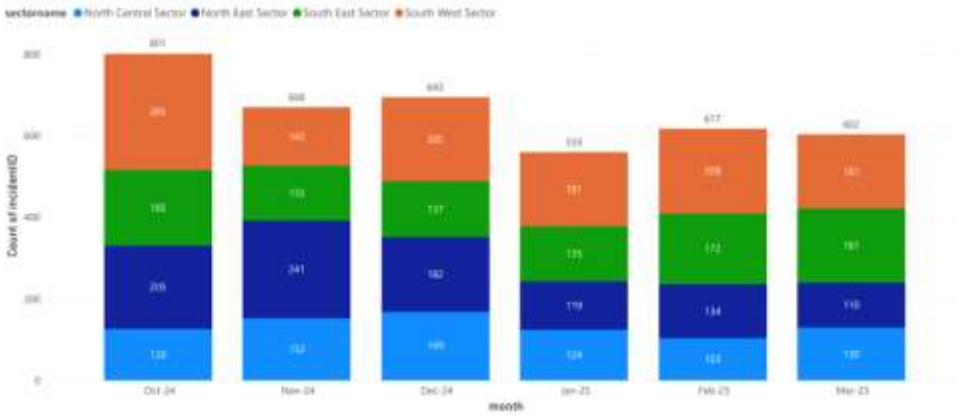
Whilst the volume of UCR cars has reduced, the volume of SPPC cars has started to increase which sees a LAS specialist paramedic in primary care attending the same cohort of patients, but as a solo resource.

Below shows conveyance/non-conveyance percentage (including Category 1's) and total face to face incidents LAS UCR cars attend. Incidents attended by Urgent Community Response cars result more often in non-conveyance than conveyance

Conveyance vs. Non-Conveyance by UCR cars



Total Face to Face Incidents attended by Sector



3.2.3 Integrated Care Coordination (ICC) / Single Point of Access (SPOA)

The LAS is taking a coordinating role in supporting the five ICS in their development of Integrated Care Coordination (ICC) / SPOA. The aim is to bring together functions which enable referral to the most appropriate service to meet patients' needs, navigating them to the right place at the earliest point in their journey. Key to this approach is integration, working across service and professional boundaries, which will further embed the LAS within the wider health system. In conjunction with ICB and acute partners, the LAS has two Hubs operational in NWL and NCL; these early adopter sites aim to evaluate aspects of the model, informing further expansion across London.

Both early adopter sites have a multidisciplinary team (including GP, ED Consultant, Advanced Paramedic-Urgent Care) who review 999 calls and identify patients that may not require ambulance or Emergency Department attendance. The team can provide easy access for LAS clinicians to seek senior clinical advice that supports their decision making and referrals to acute and community services, streamlining and simplifying access for LAS patients.

Both NCL and NWL Hubs models continue to be evaluated to determine the most effective operating model that LAS can offer to our ICS partners. To date the results have demonstrated:

- Increased Hear & Treat
- Reduction in conveyance to ED and improved referrals to community alternatives, acceptance of referrals increased from 68% to 76%, January-April 2025.
- Decision support to ambulance clinicians on scene, 60% advice only required, 31% referral to GP, 4% referral to UCR
-

These are providing a foundation from which integration with local pathways, existing SPoAs and acute and community services can be built, creating Hub models that meet the population and service needs of each ICS.

3.2.4 Point of Care Testing (PoCT)

The Point of Care Testing pilot continued to run in partnership with Northwick Park and Barts Health REACH. To date, there have been 50 saved conveyances where an ambulance journey to hospital was avoided as a result of POCT, allowing the patients to remain at home with or without a community pathway referral.

4.0 Well-Led

This section considers whether the service provided promotes an inclusive and positive culture of continuous learning and improvement.

4.1 Quality Regulation

As part of our CQC preparation, the Quality Intelligence & Compliance Team are supporting managers with the development of review frameworks. Initially these are being developed for Logistics and Make Ready. The framework will include independent multi-disciplinary team reviews, which is evidence based and will consist of an SOP and policy review, audit results and action plans.

The Quality Regulation Team have also re-established a Trust Improvement Plan. By developing this plan, we are continuing to share our commitment to openness, transparency, and learning around incidents. It allows us to systematically identify gaps and areas for improvement, and to take proactive steps to address them. This approach also ensures that we are continuously striving to provide safe, effective, and compassionate care.

We are continuing the engagement with the CQC and sharing information with them around all our plans.

4.2 Quality Improvement

The Start of Shift rollout project is progressing well with only estate-related contractor work pending completion. The Quality Improvement (QI) team are actively engaging with local stations to support data collection to meet the deadlines for the 30/60/90 day reports and the ongoing improvement works. Preliminary analysis of the impact of QI initiatives on ambulance operations—specifically productivity, performance, and activation is in development

The Executive Committee (ExCo) has endorsed the next primary QI Project: Optimising staff breaks during 12-hour ambulance shifts. Planning for a Rapid Process Improvement Workshop (RPIW) is underway, with the Rapid Improvement Event scheduled for week commencing 30th June. The QI team has also begun collecting baseline data through observation shifts with live crews, attending the Tea Truck and shadowing ERDs in the Emergency Operations Centre (EOC). This was all supplemented by an online survey capturing staff views and improvement ideas which received over 90 responses to date.

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The Quality Dashboard

Quality Assurance Committee 6th May 2025

Providing Assurance on February & March 2025 Data (Up until the close of Datix)and Updates from CQOG April 2025

We are the capital's emergency and urgent care responders

Index

Introduction & Purpose

The quality report has evolved over recent months and forms part of the quality directorate development work. This latest iteration aims to bring together all of the elements of quality and multiple papers into a single escalation report from CQOG to QAC and in so doing demonstrate that there is sufficient oversight and assurance in regard to quality across the LAS. This report will then, in turn, shape the structure of the committees that report into CQOG, the flow of quality intelligence and the degree of oversight obtainable at CQOG and QAC.

As the report is a work in progress, **there are a number of intentionally blank placeholder slides marking where additional Quality information will be displayed once the baseline committees and reporting structures are introduced** and amended covering areas that are vital to not only fully understanding how safe the organisation is but previously have sat outside of this report.

Other slides are works in progress as we refine reorting templates to aid the efficient flow of information from Ambulance to Board

Patient Story

January 2024
At 08:40, a 999 call was received for a 34-year-old male described as having 'abnormal breathing, cannot swallow, cannot balance - ?stroke – lips numb - one side'. The call received a category 2 call priority. At 08:44, a note was added to the call log that stated 'airways feel like they are closing'. A paramedic-staffed ambulance (made up of three clinicians) was assigned and arrived at the scene with a response time of 15 minutes and 26 seconds.

The Patient was conscious, alert and appeared short of breath but could communicate with the attending clinicians. The Patient described discomfort in his neck/throat, feeling as if he could not swallow, and that he was unable to clear his airway. He also described that he was dizzy, with a spinning sensation and a headache. On examination, it was identified that the Patient had a swelling in the tonsil area of his throat, which was exuding pus.

The Patient was transferred to the ambulance with the assistance of a carry chair, and on reassessment in the ambulance, it was found that the Patient's oxygen saturations had reduced, and he advised that his airway was feeling more swollen. The Patient was treated as if presenting with anaphylaxis and was administered high-flow oxygen and a dose of adrenaline. After the adrenaline administration, the Patient continued to deteriorate.

At 09:46 the clinicians left the scene and a priority call was passed to the Royal London Hospital. A second dose of adrenaline was administered on the way to the hospital. The Patient's condition deteriorated further with a recorded respiratory rate of 6 breaths per minute (low), oxygen saturation of 63% whilst on oxygen (low), heart rate of 49 beats per minute (low) and their GCS was 4 (unconscious).

Following this patient up, it was identified in later correspondence that the Patient had suffered a significant neurological event

Themes

- Quality issues not related to delays
- Clinician education, development, supervision, support and confidence - The importance of doing the basics well and understanding your findings
- Airway emergencies

How have we made patients safer?

- Referred to the airway management group for an opinion and an action plan

Matters for Escalation to QAC

The following matters are to be escalated from CQOG to QAC:

- The quality report
- Successful transition from Datix to Radar on 3rd March
- New Local priorities for PSIRF
- Compliance with Bare below the elbows
- Advanced practice governance reporting
- Current challenges to the Education department affecting patient safety
- Attendance and submission of reports to CQOG and RCAG
- Head of CARU – Published the most-read academic paper of 2024
- Head of CARU – Changed the law to enable paramedics to be Principal Investigators for studies

Medical Director, Clinical Governance - Top 5 hot topics:

- ECG interpretation (Risk register, Patient safety incidents with Harm)
- Clinical – The basics done well & clinical decision-making (Quality Alerts, Patient safety incidents with harm, legal)
- Documentation (Audits, Patient safety incidents with harm, Quality alerts)
- Medicines management (Patient safety incidents, Abloy, eDUF)
- Delays (Patient safety incidents with harm, complaints, performance data, legal)

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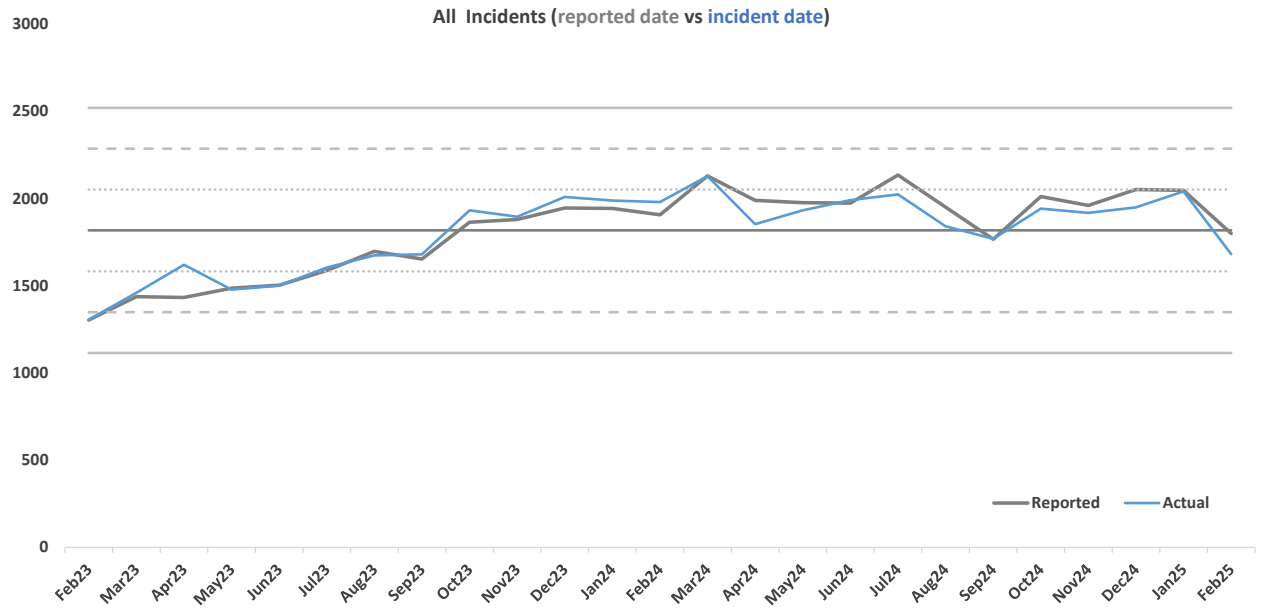
Patient Safety & Incidents

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

All Incidents

No concerns for escalation



The number of incidents saw a reduction during February 2025 and dropped below the mean for the first time in 6 months.

A comparison of incident vs reported date demonstrates a similar trend.

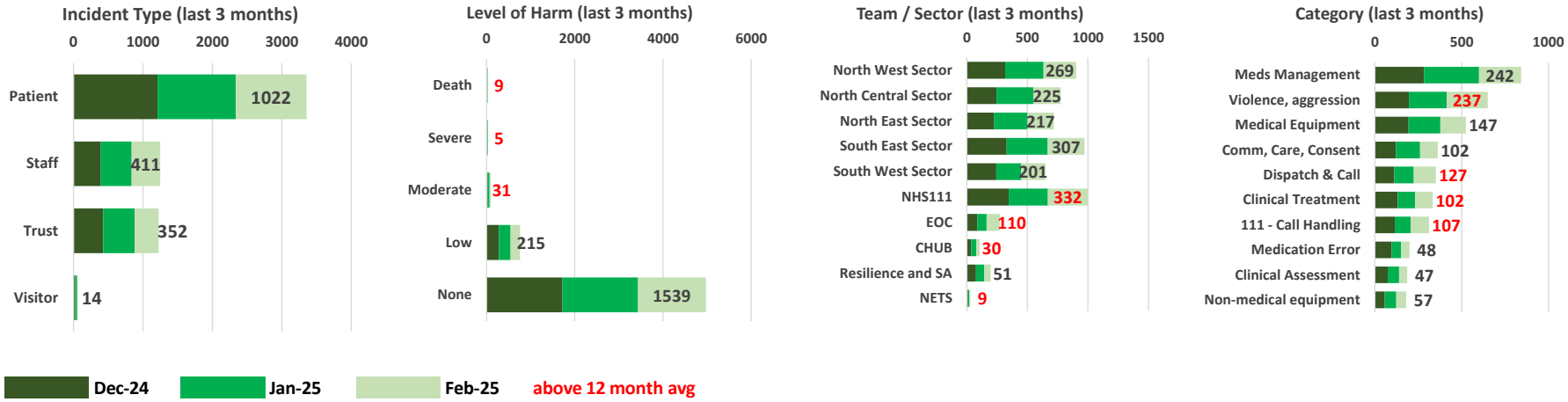
NHS111 were the highest reporting sector, surpassing the Southeast and Northwest, both of whom remain in the top three.

Top categories for this reporting period include:

Medicines management

Reports of violence/aggression

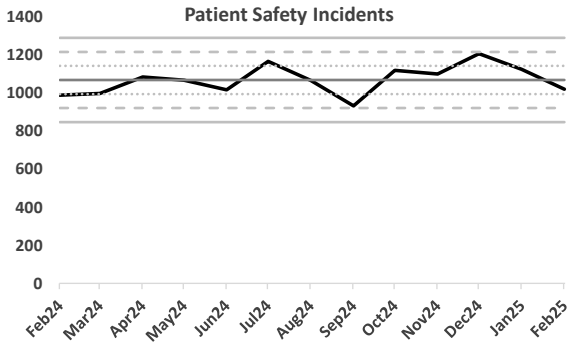
Medical equipment

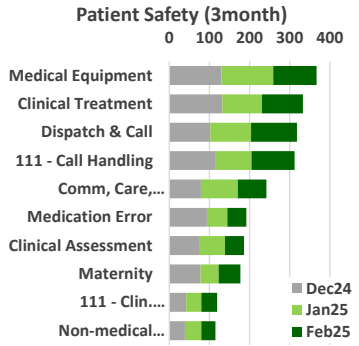


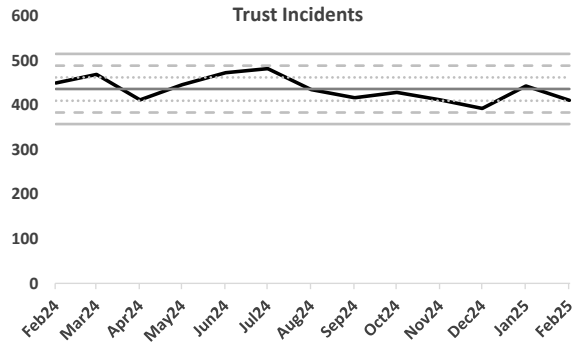
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

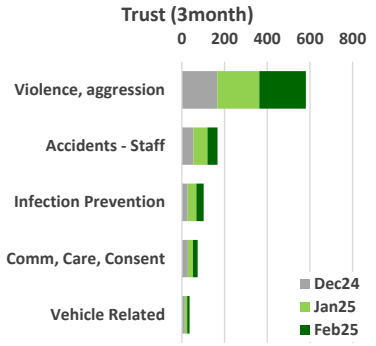
Incidents by Type (reported date)

No concerns for escalation

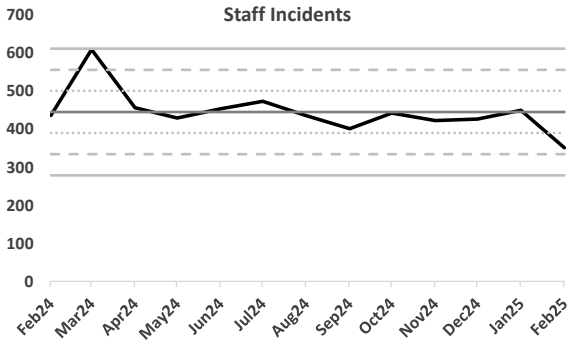


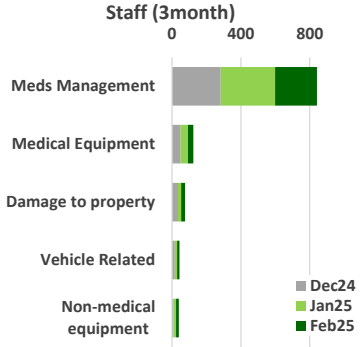


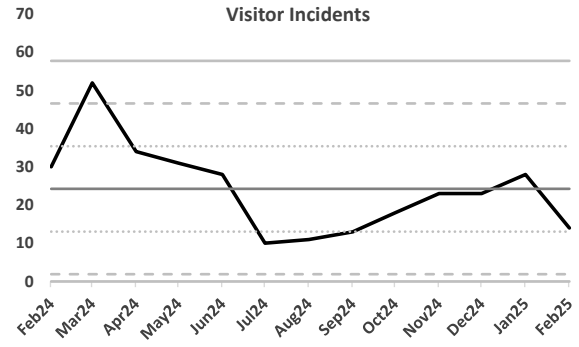


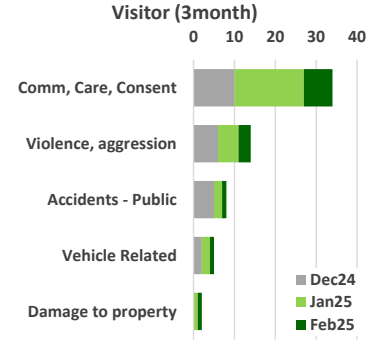


Common cause variation is evident across all four reporting types. The central patient safety team review new incidents reported on a daily basis. This is with a view to flag those of immediate concern but also to ensure that they are reported under the correct category/type.







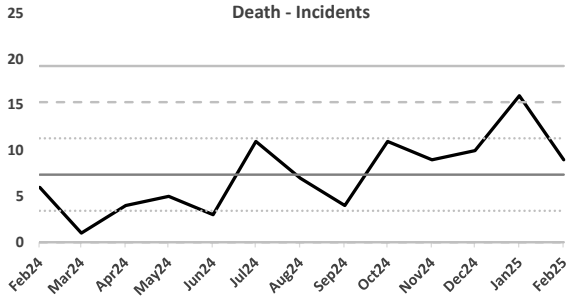


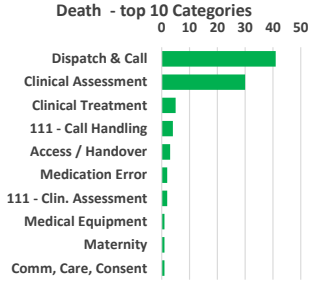
The number of visitor incidents are being monitored by the central patient safety team with a view to quality assure the data at the point of reporting. Visitor incidents are usually errors at the reporting stage whereby incidents have been reported to raise a concern about a visitor/non LAS staff member and not due to incidents affecting this cohort. The number of visitor incidents has increased since the introduction of LFPSE with the increase in the number of questions being asked by the system for patient safety incidents.

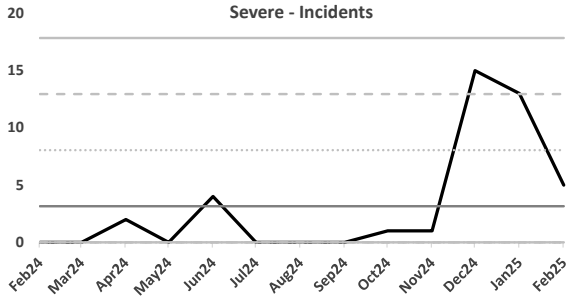
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

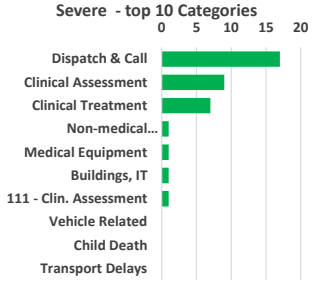
Incidents by Harm (reported date)

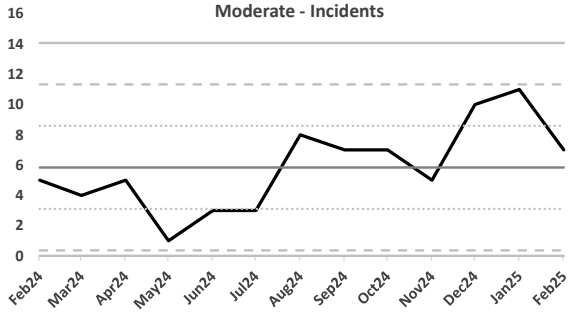
The number of reported moderate, severe and death harm incidents saw a decrease during this reporting period but remains above the mean.

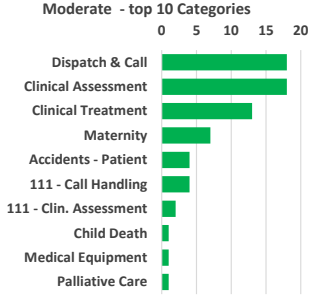












Learning From Deaths	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
C1 calls double 90th centile	0	0	1	0	1	0	1	0	1	0	0
C2 calls double 90th centile	5	2	2	4	7	2	3	4	4	4	2
All C3 cases	3	3	4	3	7	3	8	6	6	4	5
All C4 cases	0	0	0	0	0	1	1	1	0	1	1
Re-contact within 24 hours	9	11	17	6	7	7	11	7	12	11	14

PSIP Outcomes - Last 6 months

	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25
Enhanced Inv. - External	3	2	1		1	2
Loc-defined - Local PSII		1	1			
Nat-defined - Local PSII	8	6	7	4	5	8
Nat-defined - Alt. Team						
Patient Safety Review						
PSR - After Action Review	8	4	6	1	4	4
PSR - Complaint Response		2		1		2
PSR - Delays SJR						
PSR - MDT		1		1		
PSR - SWARM Huddle		1			1	1
	19	17	15	7	11	17

PSIRF Themes - Last 6 months

	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25
111 - Clin. Assessment						
Clinical assessment	1			1	1	1
Clinical treatment (EXCEPT meds)					1	1
Communication, care & consent						
Dispatch & call	3	4	2	2	3	1
Local – Call Handling - 111/IUC					3	2
Local – Call Handling - 999	1	3	5	1		2
Local – Cardiac Arrest / Airway Mgmt			1			1
Local – Cardiac Arrest / Recognition		1				
Local – F2F - incorrect non conveyance	5	3	2		2	2
Local – 999/111 clin assess. incorrect advice	1	1				
Local – F2F - definitive care	3	3		1	1	2
Local – F2F - immobilisation	1		1			
Local – F2F - extremes of age	1		1	1		
Local – Medicines Management			1			1
Local – Emergency Patient Safety Incidents						
Maternal, obstetric and neo-natal	3	1			1	2
Non-medical equipment						
Patient accidents & injuries						1
	19	16	13	6	12	16

The number of reported moderate, severe and death harm incidents saw a decrease during this reporting period but remains above the mean across all three harm grading.

The top category for these incidents was dispatch and call, specifically delayed response.

The second highest category was clinical assessment, followed by clinical treatment, which aligns with previous reporting periods.

The number of learning responses commissioned during this reporting period has increased when compared to the previous period.

Themes from commissioned learning responses include:

Delayed response

111/IUC call handling/assessment

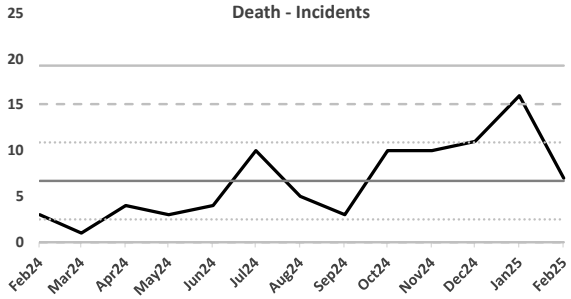
Non-conveyance decision making

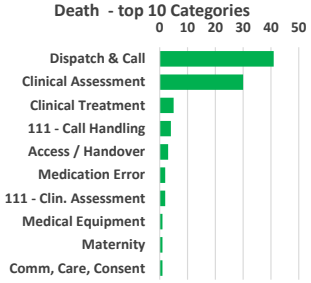
NB. moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups where LfD reviews are undertaken. Therefore, the harm grading is subject to change.

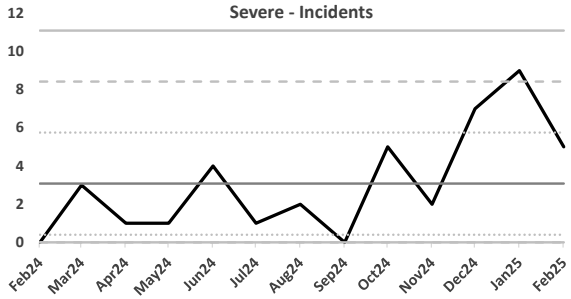
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

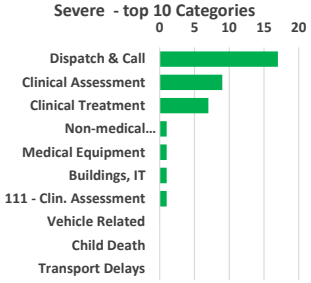
No concerns for escalation

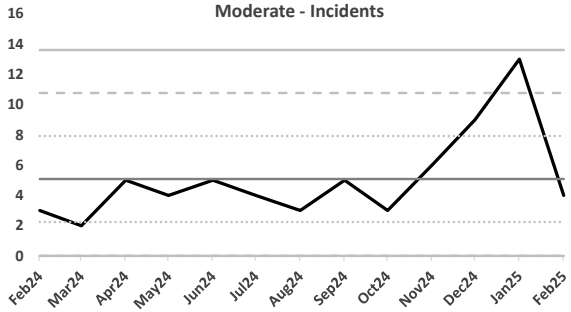
Incidents by Harm (incident date)

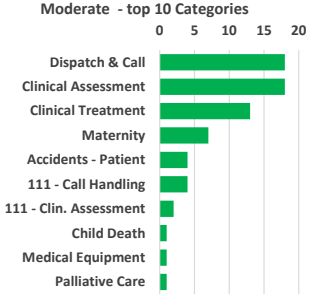












It is acknowledged that not all incidents are reported in the same month that they occurred. Reasons include:

Notification of a case from the coroner

Completion of an annual audit

Complaint received at a later time from a patient/family.

The number of moderate, severe and death harm incidents that occurred during the reporting period saw a decrease. It is possible that, due to the transition to Radar, the incident was reviewed and harm re-categorised ahead of this data being extracted.

Incidents of note during February 2025 include:

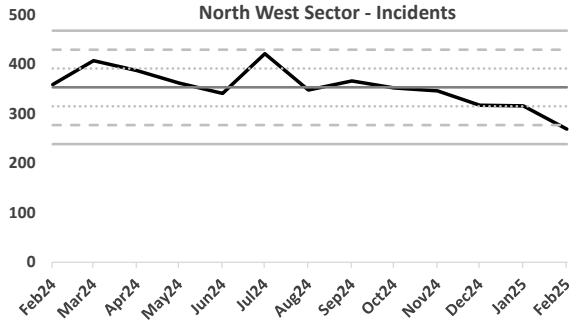
- An intoxicated patient who had fallen from a bicycle was taken to a local ED where they were found to have multiple injuries.
- A patient who was non-conveyed re-presented in cardiac arrest 4 hours later. A concern has been raised by the family that the clinicians did not listen to the families concerns
- Clinical telephone advice which was provided to a 92 year old who had fallen. A re contact occurred a couple hours later where the patient was in cardiac arrest.

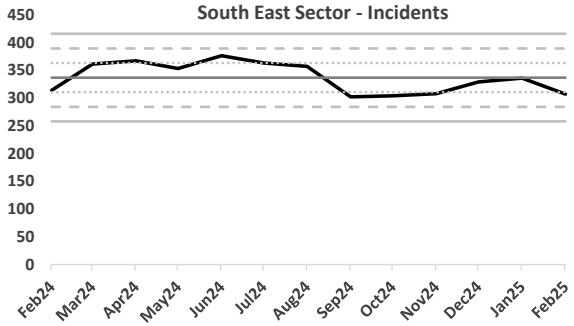
NB. moderate, severe harm and death reported incidents are reviewed via sector Patient Sector Incident Groups where LfD reviews are undertaken. Therefore the harm grading is subject to change.

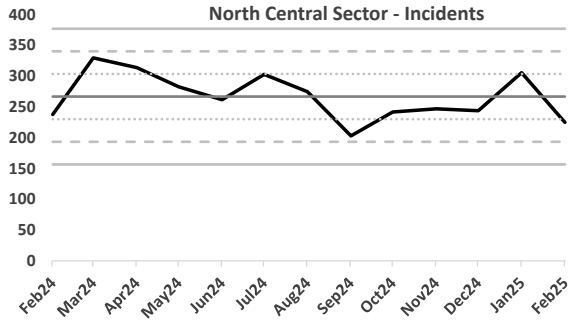
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

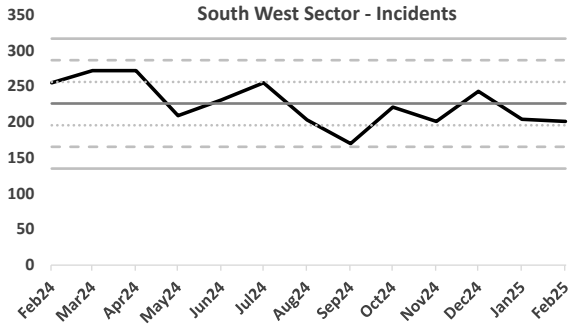
Incidents by Sector (reported date)

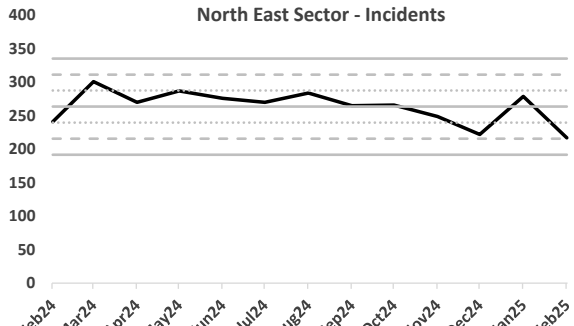
No concerns for escalation

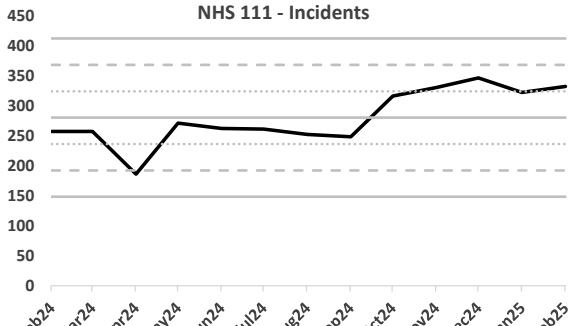












Breakdown of data by Team for last 3 months

	NW	NC	NE	SE	SW	111
Patient	460	331	323	471	329	835
Staff	224	150	207	256	148	127
Trust	201	280	174	216	160	11
Visitor	12	5	7	13	6	16
Patient %	51%	43%	45%	49%	51%	84%
Staff %	25%	20%	29%	27%	23%	13%
Trust %	22%	37%	24%	23%	25%	1%
Visitor %	1%	1%	1%	1%	1%	2%
Death	3	2	2	4	1	7
Severe	4	1	1	1	5	1
Moderate	5	3	3	5	1	2
Low	52	31	25	56	39	19
None	396	294	292	405	283	806
Death/Sev/Mod %	2.6%	1.8%	1.9%	2.1%	2.1%	1.2%
Patient Contacts	69,422	38,076	57,070	57,566	38,938	
Death (per 100k)	4	5	4	7	3	
Severe (per 100k)	6	3	2	2	13	
Moderate (per 100k)	7	8	5	9	3	
Death/Sev/Mod (per 100k)	17	16	11	17	18	

Incident Categories (per 100k)

Meds Management	199	586	210	273	275	
Violence, aggression	179	186	184	255	185	
Medical Equipment	148	215	159	205	265	
Comm, Care, Consent	52	68	39	61	33	
Dispatch & Call	42	45	16	50	49	
Clinical Treatment	84	97	86	109	85	
111 - Call Handling	6	0	2	3	5	
Medication Error	39	74	37	64	85	
Clinical Assessment	45	87	58	49	41	
Non-medical equipment	53	68	39	78	92	
Maternity	60	45	46	64	44	
Accidents - Staff	37	68	49	59	57	
Vehicle Related	48	74	25	64	77	
111 - Clin. Assessment	1	3	0	3	5	
Damage to property	24	45	30	33	41	
Infection Prevention	29	26	37	47	41	
Buildings, IT	14	32	9	5	8	
Access / Handover	17	50	30	19	21	
Information Gov.	13	16	7	19	18	
Accidents - Patient	10	24	9	19	28	

NHS111 has continued to see an increase in the number of incidents reported.

NHS111 has the lowest reported percentage of incidents in death/seve/mod category.

The Northwest has seen an increase in the number of death/severe/mod incidents per 100k patient contacts

The Northcentral and Northeast sectors had the lowest harm incidents per 100K contacts.

In relation to the top three categories per 100k patient contacts:

Northcentral continues to have the highest rates of med management incidents

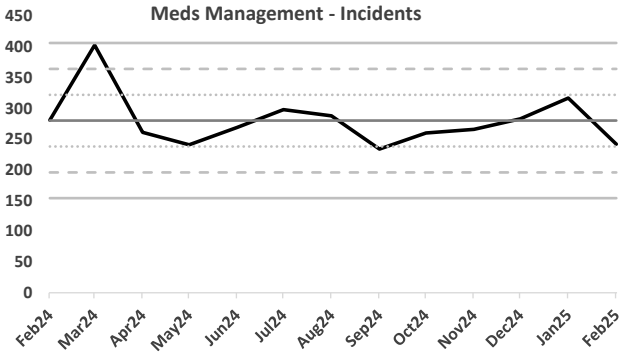
Southeast has the highest rates of violence/aggression incidents

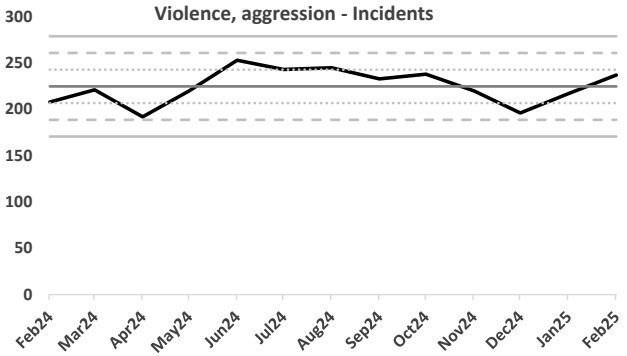
Southwest has the highest rates of medical equipment incidents

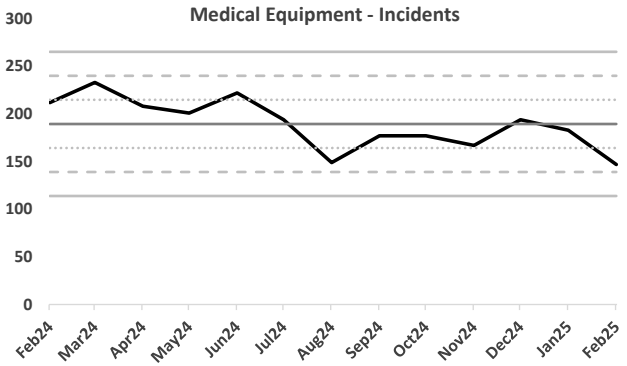
Safe | Effective | Caring | Improve | Priority | Owner AW | Exec Lead FW

Incidents by Category (reported date)

No concerns for escalation







Categories	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25	Total
Meds Management	403	261	241	269	298	288	234	260	266	283	317	242	3362
Violence, aggression	221	192	220	253	243	245	233	238	220	196	217	237	2715
Medical Equipment	233	208	201	222	194	149	177	177	167	194	183	147	2252
Comm, Care, Consent	148	121	138	134	121	109	109	149	157	121	139	102	1548
Clinical Treatment	85	96	86	93	112	91	107	121	75	132	99	102	1199
Dispatch & Call	63	64	84	81	125	109	75	108	104	111	113	127	1164
Medication Error	92	213	87	66	159	119	52	80	70	96	55	48	1137
111 - Call Handling	63	51	70	75	86	91	99	105	99	114	91	107	1051
Non-medical equipment	74	82	88	68	69	73	58	68	58	56	67	57	818
Vehicle Related	74	84	68	74	49	59	45	48	50	57	52	49	709
Maternity	48	51	45	48	61	57	63	56	81	78	45	54	687
Clinical Assessment	51	53	55	42	51	47	46	61	51	74	65	47	643
Accidents - Staff	46	44	48	44	50	44	51	45	40	54	66	47	579
Damage to property	68	49	52	53	46	41	48	40	52	48	34	36	567
Infection Prevention	55	41	57	40	46	38	39	43	38	29	42	34	502
Access / Handover	40	48	58	41	35	34	28	46	46	33	25	23	457
111 - Clin. Assessment	28	17	28	22	30	26	15	30	37	42	38	39	352
Information Gov.	24	27	16	31	38	29	16	36	30	27	30	17	321
Buildings, IT	23	16	21	31	26	19	25	27	28	23	38	21	298
Accidents - Patient	13	20	34	15	28	28	23	15	27	13	21	10	247
Handling (not Patients)	10	11	14	9	13	15	13	8	13	6	14	9	135
Clinical Advice	11	8	5	7	6	7	3	9	11	4	9	6	86
111 - Incorrect Referral	4	5	4	10	12	5	2	2	9	9	8	4	74
111 - Confidentiality	7	6	14	7	3	5	7	4	5	6	4	6	74
Estates (Incl. Facilities)	10	4	6	8	7	8	11	3	5	1	6	2	71
Palliative Care	7	3	5	2	5	6	10	5	4	5	8	7	67
Transport Delays	8	5	0	3	6	5	2	7	4	3	5	7	55
Staff Welfare	4	3	3	2	4	3	4	2	3	1	1	2	32
Accidents - Public	3	2	4	3	0	0	0	1	1	5	2	1	22
Child Death	0	1	0	0	1	0	0	0	1	1	1	0	5
CCTV Loss/Failure	0	0	0	2	0	0	0	0	1	0	0	1	4
Handling (Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0
External Provider	0	0	0	0	0	0	0	0	0	0	0	0	0

Red = Highest count per month, Green = Lowest count per month

Medicines management incidents continue to be the highest reported incident category.

There has been an increase in the number of dispatch and call incidents. Violence and aggression incidents remain high.

London Ambulance Service
NHS Trust

Never Events

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner MW | Exec Lead FW

Never Event list (2018) NHSE

The majority of the listed Never Events fall outside the day-to-day activities of the majority of staff at LAS; however, to provide assurance and as a result of expanding scopes of practice, the quality team track all of these criteria.

Surgical
- Wrong site surgery
- Wrong implant/prosthesis
- Retained foreign object post-procedure

Medication
- Mis-selection of a strong potassium solution
- Administration of medication by the wrong route
- Overdose of insulin (abbreviations or incorrect device)
- Overdose of methotrexate for non-cancer treatment
- Mis-selection of high-strength midazolam during conscious sedation

Mental Health
- Failure to install functional collapsible shower rails/curtains

General
- Falls from poorly restricted windows
- Chest or neck entrapment in bed rails
- Transfusion or transplantation of ABO-incompatible blood components or organs
- Misplaced naso or oro-gastric tubes
- Scalding of patients
- Unintentional connection of a patient requiring oxygen to an air flowmeter

Number of Never Events:

0

There have been no never events recorded within the LAS during this period

London Ambulance Service
NHS Trust

National Patient Safety Alerts, NICE & National Guidance

Compliance & Awareness

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Safe | Effective | Caring | Improve | Priority | Owner | Exec Lead

Delays in implementing actions

NICE Guidance

•The February NICE Guidelines have been reviewed –no updates required review by LAS.

•Outstanding guidance actions updates:

National Institute for Health and Care Excellence (NICE)
Guidance: Update Report August 2024

Summary of guidance requiring review

Release	Ref.	Guidance	Awaiting Review by
June 2021	NG197	Shared Decision making	SCL NC

Summary of guidance with actions outstanding

Release	Ref.	Guidance	Responsible Group
Aug 2021	NG9	Bronchiolitis	Assistant Medical Director
May 2022	NG218	Vaccine Uptake in the General Population	Assistant Medical Director
Nov 2023	NG136	Hypertension in adults: diagnosis and management	Assistant Medical Director

- Bronchiolitis - worsening advice group met on 21/02 and moving forward with next steps to create standardised worsening advice.
- Vaccine Uptake in the General Population - wording agreed
- Hypertension in adults: diagnosis and management - huddle content has been developed and reviewed by LG. Content to be shared for huddle learning by RP.

Trusts are required to review all NICE guidance, respond with applicability, and confirm compliance.

Large numbers of these guidelines are not applicable to ambulance trusts

A Database of these reviews is held centrally

They are currently discussed in the PSCEG

Last PSEG (reporting here): 20th March 2025

Whilst we have a robust process for reviewing the NICE guidance as it is published, it is clear that it takes the trust a long time to implement some of the necessary changes

This has to improve and will be addressed with the review of the new governance meeting and reporting structures.

Safe | Effective | Caring | Improve

Priority | Owner | Exec Lead

National Patient Safety Updates

None for this reporting period

London Ambulance Service
NHS Trust

Complaints & Compliments

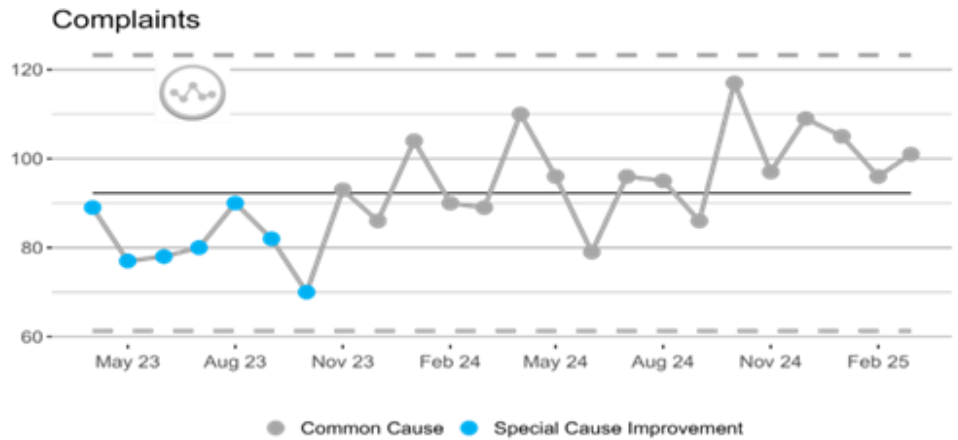
We are the capital's emergency and urgent care responders

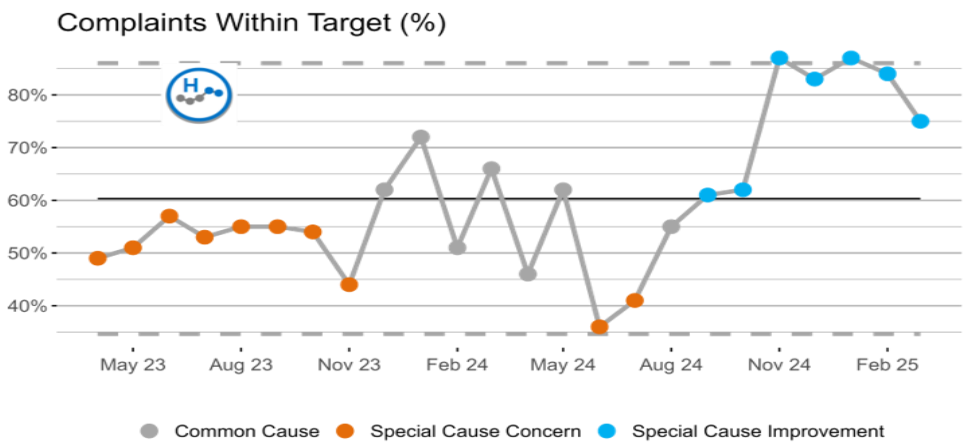
Safe | Effective | Caring | Improve | Priority | Owner WC | Exec Lead

Complaints

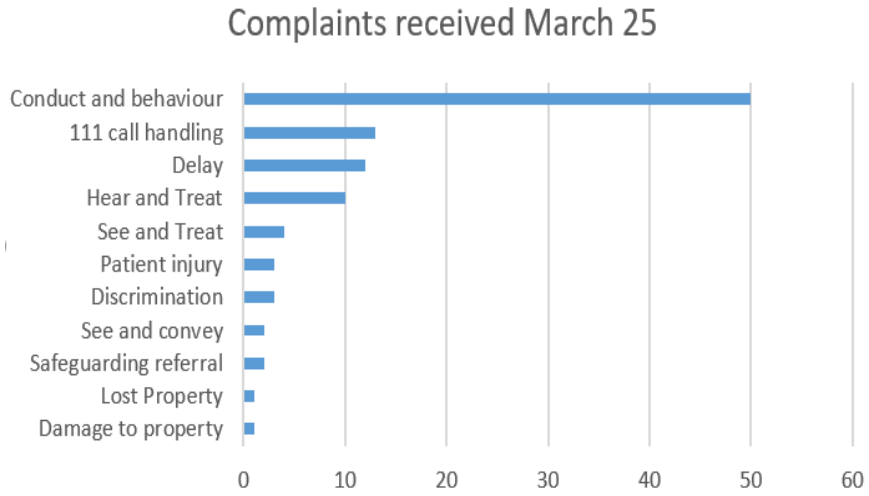
Complaint received

Complaints received continue to be in common cause variation. Average complaints received for 24/25 = 99 per month.





Complaint themes remain consistent. Patient Experiences Department linking in with Head of Professional Standards regarding themes from conduct and behaviour complaints.



Total face to face attendances throughout **March = 190,159**

Business plan objective: Maintaining a response rate of 75% to complaints within 35 working days. This was met for 2024/25.

Improving feedback from the complaints process: A complaints satisfaction survey has been revised and re-introduced to capture feedback about the complaints process. 28 responses have been received since October 24 (approx. 6% response uptake of closed complaints).

Complaints closed within target of 35 working days :At the end of March, the total number of complaints overdue (excluding PSIs) was **27** out of a total of **126** open complaints. **75%** of complaints due in January were responded to in time.

New PHSO investigations:
No new investigations to notify the group since the last meeting.

Safe | **Effective** | Caring | Improve

Priority | Owner | Exec Lead

No data available

Compliments

191 appreciations shared with the Patient Experiences Department about LAS colleagues throughout March 2025.

PLACE HOLDER

New section

No data available this report

This section of the report will be used to highlight compliments made to the trust by patients and families as part of understanding what we currently do well

WORK IN PROGRESS

London Ambulance Service
NHS Trust

Learning from Deaths

Replacing the separate LfD report

Owner: Charis Emmery | Exec Lead: Dr. Fenella Wrigley

Background

Introduction
The Learning from Deaths report provides a means to identify suboptimal care provided to patients, and demonstrate how the London Ambulance Service is developing and providing learning to ensure patient safety is paramount in the care delivered

The National Quality Board *National guidance for ambulance trusts on Learning from Deaths 2019* and *National guidance on Learning from Deaths 2017* provided the framework and methodology to gain the information required.

Methodology
Review requirements – *all deaths where ambulance service personnel, other health and care staff and/or families or carers have raised a concern about the care provided, including about end-of-life care*.

Review a number of deaths from the following categories
- Patients assessed as requiring category 1 and category 2 responses where the ambulance response was delayed
- Patients assessed as requiring category 3 and category 4 responses
- Patients following handover to an NHS acute, community or mental health trust or to a primary care provider, where the ambulance service is notified that the patient died: and,
- Patients who were initially not conveyed to hospital and contacted the ambulance service again within 24 hours. These deaths need to have occurred in that episode of care and not during a subsequent episode of care.

Additional reporting requirements (to the relevant external governing bodies)
These cases have external links and are reported to the relevant bodies:
- Patients with learning disabilities
- Patients with severe mental illness
- Maternal and early (<6 days) neonatal of babies born at term
- Paediatrics
- Safeguarding concerns
- Custody

Cases that have been reviewed within Q4

Cases in scope incident module of Datix subject to case record review **276**

(excluding duplications)

276 cases have received a 1st stage review

103 Cases have received a 2nd stage review

12 Cases are awaiting a 2nd stage review

A number of these cases were reported at the end of Q3 and are currently in progress

161 Cases do not require a 2nd stage review

245 Cases have had a decision at PSIP or Pre-PSIP panel

194 Cases had no problems with care or service delivery were identified

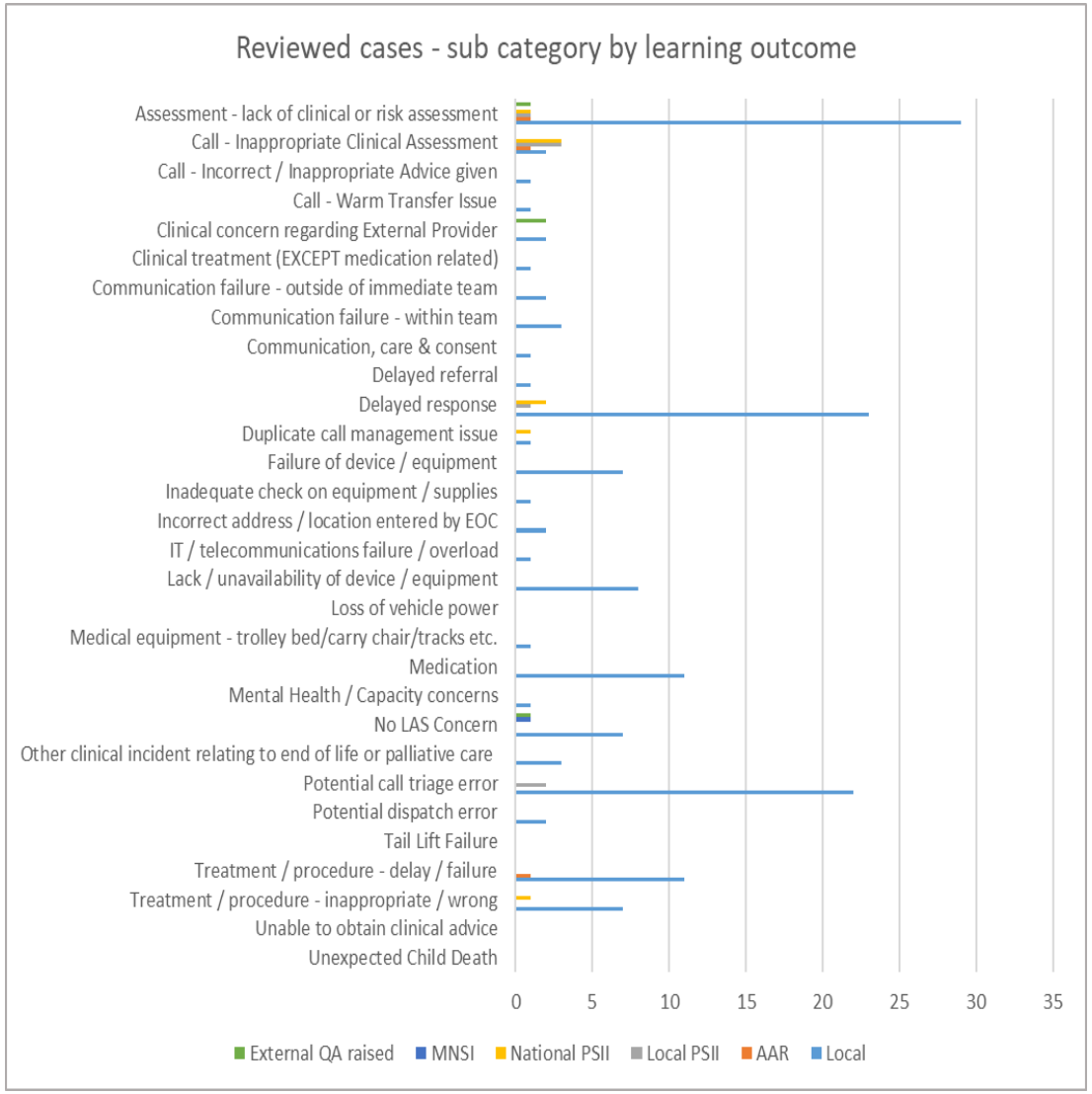
*including those categorised as no harm awaiting a 2nd or specialist review

Q4 25 | Monthly Overview | Learning from Deaths

London Ambulance Service NHS Trust

Owner: Charis Emmery | Exec Lead: Dr. Fenella Wrigley

Q4 2025 Summary



The graph shows the reviewed cases by the investigation type and sub-category agreed upon after the cases were discussed at either the Patient and Safety Investigation Group (PSIG) and/or the Patient Investigation Safety Panel (PSIP).

Excluded from the graph are the 73 cases where no further action was required after the review was completed

- The majority of cases (n=151) required a local sector-based investigation.

- 3 cases were to have/had an After Action Review:
  - 1 case involved a mental health patient who declined conveyance and was found deceased 5 days later.
  - 1 case was inappropriately passed to 111 and then re-contacted the following day the patient was symptomatic of sepsis.
  - 1 case had delayed to defibrillation of VF and possible non-recognition of VT.

- 15 cases have had a PSII declared

  Of these 7 were Local defined PSIIs:
  - 1 clinical assessment – about assessment of back pain
  - 1 clinical assessment at telephone triage – red flags were missed for signs of shock
  - 2 cases had concerns with warm transfers from 999 to 111.
  - 3 cases had concerns with call handling – 2 were 999: missed ineffective breathing and a lower disposition code achieved. The 3rd case was 111 missed difficulty in breathing.

  The remaining 8 cases were Nationally defined PSIIs:
  - 2 clinical assessment – a patient with learning disabilities lacking full clinical assessments, and clinical decision tools not used.
  - 3 cases had concerns with 111 call handling – the caller was not with the patient and therefore should have received face 2 face, CTN advice should have been sought, and insufficient probing about breathing difficulties.
  - 2 delayed responses – 1 case was double the 90th centile for category 2, and the other case was a category 3 response.
  - 1 case was cancelled in error, the patient was attended to after a prolonged period and found in cardiac arrest.

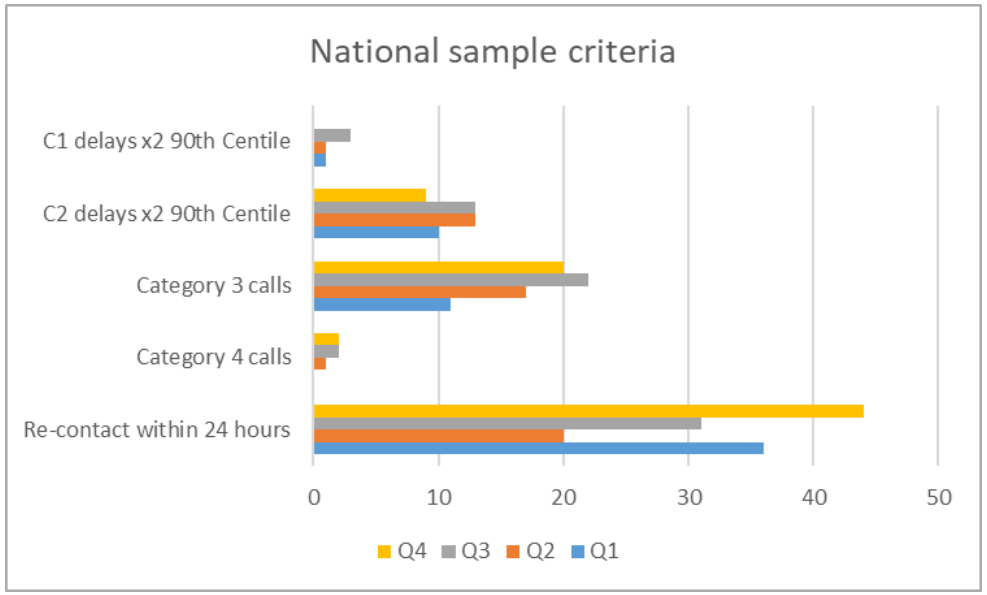
- 1 case requires an investigation by MNSI

- 4 cases have had a quality alert passed to the relevant Trust for investigation.

Q4 25 | Sample Overview | Learning from Deaths

Owner: Charis Emmery | Exec Lead: Dr. Fenella Wrigley

Sample overview – Reviewed cases



Additional reporting requirements (NQB 2019) – frequently some of the cases will present in more than 1 of the above categories

All of the cases have been reviewed and received a minimum stage 1 review, information gathered here includes availability and dispatch of ambulances, appropriateness of the categorisation of the call, treatment provided and any concerns identified.

There were n=0 C1 cases double the 90th Centile, an improvement on previous quarters.
There was a reduction in C2 cases double the 90th Centile, an improvement on previous quarters.
There was a reduction in C3 calls from Q3
C4 calls remained the same as in Q3.

Re-contacts within 24 hours
Of the n=44 re-contact cases the following learning responses were commissioned:

- 4 Nationally defined PSII's
- 4 Locally defined PSIIs
- 1 AAR

No concerns were identified in n=9 cases, local investigations have/are occurring in n=18 cases, n=7 cases are awaiting completion of the review and n=1 case are a quality alert to an external provider.

Concerns identified within the re-contact cases within Q4 are predominately discharge of patient care in non-conveyance to hospital, discharge/passed to 111 after telephone triage, delayed response and warm transfer of calls. There was an increase in re-contact cases within Q4 in comparison to previous quarters.

*Due to the small number of cases, specific details have been omitted to avoid data triangulation which when combined with other metrics could result in a patient or case being identified

Q4 25

Learning Outcomes

Learning from Deaths

Owner: Charis Emmery | Exec Lead: Dr. Fenella Wrigley

Quarter 4 Update

Possible emerging themes for monitoring and discussion:

- Delayed response decreased from Q3 with n=19 cases in Q2, n= 43 cases in Q3 and n=32 cases in Q4 (some cases within Q3 were older due to a recent review of historic cases for the delays thematic).
- Destination: In Q4 there were no concerns with incorrect destination conveyance in comparison to Q2: n=2 cases which met HAC criteria were conveyed to ED, and n=1 case met MTC criteria but was conveyed to ED. Q3: n=2 cases met HAC criteria but were conveyed to ED, n=1 case met MTC criteria and was conveyed to ED.
- In Q4 there was a delay in the application of LP15 pads in n=2 cases, an improvement from Q3 with n=4 patients were moved before the defibrillator pads being applied.
- In Q4 there was an improvement in cases were inappropriately categorised as expected deaths which should have received a higher priority n= 2 cases, in Q3 there was n=4 cases.
- In Q4 there was n=4 cases of missed ineffective breathing at call handling, this is an increase from Q3 with n=2 cases. It is to be noted this remains an improvement from previous quarters.
- There were n=5 cases of incorrect completion of verification of fact of deaths forms, this is a slight increase from Q3 (n=4), but still evident of improvement from previous quarters, this has been discussed with the education curriculum committee and is included on CSR.

Further Monitoring due to identified themes

- Drug administration in cardiac arrest, Q4 continues to show improvement with n=4 incorrect doses (Q3 n=5, Q2 n=13), there were no cases with incorrect Morphine administration which had been a previous theme. There were n=4 cases where cardiac drugs were not administered where indicated. This theme is being addressed within the medicines management thematic awaiting publication. This excludes drug administration in hypothermia which is addressed separately.
- Cardiac arrest management and documentation – ongoing and in discussion with education and within CSR
- Increase in re-contacts within 24 hours and mental capacity when discharging & referring patients – mostly capacity related, to be addressed within the legal audit and upcoming CSR.
- 12 lead ECG interpretation – thematic and CSR – n=1 case in Q4 of missed posterior ECG, 1 case of a missed MI in Q3.
- Understanding of drug administration in hypothermia – there was a decline in Q3 with n=0 cases, this has increased in Q4 with the colder weather with n=6 cases with drug administration when not indicated and n=1 case with 4 shocks administered. There was a recent action regarding a PSII within this topic will maintain clinician's awareness of hypothermia management, which is taught currently on CSR. This will continue to be monitored.
- There was n=3 cases with delayed VF fibrillation, this will be monitored.
- CPR was performed on n=2 patients with DNACPR's in their UCP.

Good Learning

There were several cases of failed equipment where the clinicians demonstrated resilience and professionalism in a stressful situation as they were all concerned with cardiac arrest.

There have been several episodes of challenging clinical situations where clinicians have demonstrated quick effective treatment and local feedback has been given by the SSCL's and QGAM's

Safeguarding referrals made as appropriate

Excellent care has been identified with palliative patients in 2 cases, and with a patient who experienced a fall.

There is a positive reporting culture within the London Ambulance Service for reporting errors and concerns which demonstrates a professional self-aware and self-developing workforce, which will be encouraged and praised.

Update

- National task & finish group meeting in May to finalise proposed changes to national LFD guidance.
- Thematic analysis reports have been published regarding paediatrics and delays during the handover period, with recommendations.
- There are current plans for an audit by CARU regarding the completion of the Verification of Fact of Death.
- SEL ICB meeting regarding PFD with an outside trust – Operations in attendance in finding a suitable pan London handover process for all EDs
- CARU has been assisted with learning about their audit on re-contact and worsening care advice.
- There is a project currently about discharge of care on scene and mental capacity with content upcoming on CSR.
- There was been further concerns with hypothermia within Q2, PSII about drug administration and content within CSR.
- There is a proposal for a learning programme it be included in CSR for 12 lead ECG training and thematic analysis.
- The EtCO2 concern identified in the previous Quarter report is now on the risk register and additional information and learning has been disseminated to clinical staff to maintain patient safety, the number of cases has declined within Q2, there was an increase in Q3 which remains in a similar position in Q4.
- Proposal to be submitted for changes in LFD including audit post restructure.

London Ambulance Service
NHS Trust

Quality Alerts

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Safe | Effective | Caring | **Improve** | Priority | Owner | Exec Lead

Quality Alerts – Received FROM external partners

62 Quality alerts were sent to the LAS by external NHS/healthcare providers throughout March 2025 and April 2025.

Themes include – delayed response, conduct and behaviour and handover issues.

Example:

Delay in ambulance attendance for hospital transfer of FAST + patient. Investigation found that EOC were operating at CSP Blue at the time of the call with 6 C2 calls holding in that area.

Data collated from RADAR for March 2025.

Quality alerts are currently managed by PED.

This will change imminently with the quality restructure with a Band 6 post responsible for quality alerts moving into the central team

Data compiled in RADAR –

Work ongoing with the RADAR system to create reports to show themes and trends without the requirement to open individual records.

WORK IN PROGRESS

Safe | Effective | Caring | **Improve** | Priority | Owner | Exec Lead

Quality Alerts TO external partners

A total of 31 quality alerts were sent by the LAS to external NHS providers in March and April 2025.

Examples included:

- Hospital drug dispensing error
- 4-hour delay in calling an ambulance
- Suicidal patient absconds immediately after care is handed over to the hospital by crew (hospital triage insisted the patient was put in ‘majors chairs’ and was left unsupervised)
- Lack of understanding of IFT system – delays to care
- Refusal to take handover by hospital
- MH Patient transfer - escorted under section 2 – left patient with escort and staff – patient was left alone and jumped from the balcony later that evening (same crew recognised patient)

WORK IN PROGRESS

London Ambulance Service
NHS Trust

Legal & Coroners

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Safe | Effective | Caring | Improve

Priority | Owner TS | Exec Lead FW

Legal Department

An increase in workload is anticipated in the next 6 to 8 months based on current challenges across the trust.

- **No report submitted**

Key Themes:

The legal department have written to the Chief Coroner in December regarding REAP 4 and impact on frontline staff

London Ambulance Service
NHS Trust

Learning

Owner: AW **Exec Lead:** TL

Declarations of new investigations under PSIRF

During the months of February and March 2025, 22 learning responses were commissioned.

National priority - PSII - 13
12 incidents met the nationally defined priority. Of note cases related incidents that occurred in May October November and December 2024 as well as January and February 2025.

Themes include:
- Delayed response
- Telephone assessment
- Call handling 999
- Call handling 111
- Cardiac arrest management
- Conveyance to definitive care
- On scene assessment and management

Local priority - PSIIs - 0

PSR (non PSII) including thematic reviews 9
8 incidents were assessed against the trusts PSI RP and we agreed to be investigated as PSR's including after action reviews and swarm huddles.

Themes include:
- None conveyance decision-making
- Cardiac arrest management
- 111 call management
- defibrillation
- Medication error
- IT and telephony

Safe | Effective | Caring | **Improve** | Priority | Owner AW | Exec Lead FW

Dissemination of learning and improvements

Trust Learning and Assurance Group Highlight Report

Key Theme:	Interface	Source of information:	Clinical incidents		
Team:	Maternity	Reporting Period	February 2025	Presented by:	Lisa Smith

Brief overview of themes

Description of key themes identified for the reporting period

- Incorrect destination e.g. chest pain/pregnant
- Interface issues e.g. poor signage, delays passing pre-alert/hospital not acting on pre-alert, crews being redirected inappropriately, incivility, delay in handover
- Pre-alert to maternity
- HCP calls

Actions and mitigations taken

Describe any actions and improvements already taken following identification of theme

- Redevelopment of 'where to go' guidance ongoing
- Joint training LAS/Kings maternity team in March
- Access to maternity on the risk register - ongoing site visits/follow up meetings with Imperial (St Mary's & Queen Charlotte's) and RLH with actions around access and signage
- Ongoing red phone audit of maternity units approx. 8 weekly
- Syntometrine CSR / meds management content development
- Maternity health inequalities workstream with Strategy Team – two third sector organisations on board to complete focus groups/surveys around experiences of care for pregnant women/new mothers.

Key risks/issues raised

#	Risk/issue	Action	RAG
1	Interface issues/place of care	Destination guidance being updated Continue to work with providers	
3	Red phones in maternity	Red phone audit and SOP	
4	Cold babies	Transwarmers onto all vehicles summer '25	

Challenges and blockages

Describe any challenges or blockages you are/have experienced when sharing the learning. Highlight any assistance or escalation required from the group.

Practice Development Midwife recruitment in progress – candidate successful at interview 20/2/25

Awaiting transwarmers on all vehicles

Dissemination of learning & improvements

Describe where the learning has been shared and any noticeable improvements

Migration of videos/webinar content to LAS Connect
MBRRACE winter webinar

Data exported from the Learning Assurance Group (LAG highlight report – March 2025.

Safe | Effective | Caring | **Improve** | Priority | Owner AW | Exec Lead FW

Dissemination of learning and improvements

Trust Learning and Assurance Group: Highlight Report

Key Theme:	Patient Safety across the Trust	Source of information:	Datix, PSIP minutes, Actions, Risk		
Team:	Quality Governance and Patient Safety	Reporting Period	February 2025	Presented by:	Hannah Robinson

Brief overview of themes

Learning responses closed in February 2025: **16 incidents plus Falls Thematic** (9 associated cases closed in February) – please see accompanying executive summaries for details of cases

Learning responses commissioned in February 2025: **17 incidents** – see breakdown below

8 x nationally-defined incidents requiring local PSII - 2 x 999 call handling, 2 x IUC/111 call handling, 1 x dispatch & call, 1 x clinical treatment, 1 x discharge of care – face to face assessment resulting in an incorrect non conveyance, 1 x cardiac arrest management – airway management

4 x After Action Review –

1 x discharge of care – face to face assessment resulting in an incorrect non conveyance, 1 x face to face assessment – definitive care, 1 x Medicines Management – errors in preparation or administration of meds (with or without harm), 1 x cardiac arrest management – defibrillation

1 x SWARM huddle –
1 x face-to-face assessment – definitive care

2 x Patient Safety Review (Complaint Response) –
1 x Patient accidents & injuries, 1 x clinical assessment

2 x Enhanced investigation being undertaken by an External body –
2 x MNSI (1 x LAS feeding into hospital-led learning response, 1 x LAS learning identified)

Key risks/issues raised

#	Risk/issue	Action	RAG
1.	Introduction of RADAR: may influence short-term availability of some reporting metrics whilst relevant queries and dashboards are created (e.g. Duty of Candour/ Actions data).	Update from last month: situation continuing to be monitored. Radar went live on 03/03/2025 and Datix system due to be 'switched-off' on 31/03/2025	

Dissemination of learning & improvements

- Case Based Discussion session held on 28/02/2025 with good attendance and variety of speakers – positive feedback received
- Continued delivery of patient safety & human factors training sessions ongoing as part of EOC team huddle days – 4 sessions delivered in February 2025
- RADAR Incident Events Drop-In Sessions were held every weekday during February, with many bespoke sessions also held for specialist teams (e.g. PED, legal, safeguarding)

Key objectives

- Consultation on PSIRP priorities for 2024/25 – 4 priorities being finalised
- Focus on incident migration from Datix to Radar, ready for Radar switch-off at end of March
- Recruitment into posts in new clinical quality structure ongoing - work priorities and responsibilities may need revisiting as this evolves and embeds

Key highlights

Radar went live (replacing Datix) as of 03/04/32025 and has been the team focus for this month.

Data exported from the Learning Assurance Group (LAG highlight report – March 2025.

Safe | Effective | Caring | **Improve** | Priority | Owner AW | Exec Lead FW

Dissemination of learning and improvements

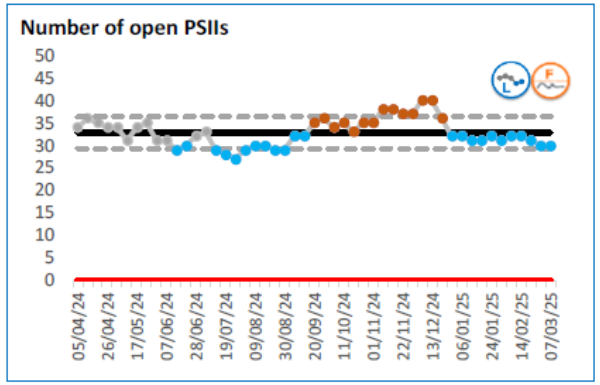
Trust Learning and Assurance Group: Open Enhanced Investigations

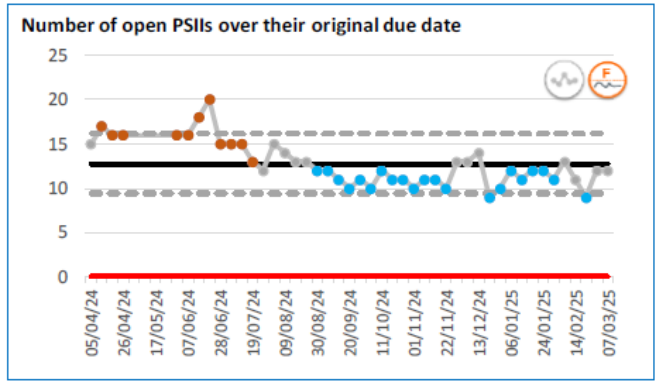
Key Theme:	Patient Safety across the Trust	Source of information:	Datix, PSIP minutes, Actions, Risk		
Team:	Quality Governance and Patient Safety	Reporting Period	Feb-25 (figures drawn 07/03/2025)	Presented by:	Jos Miles

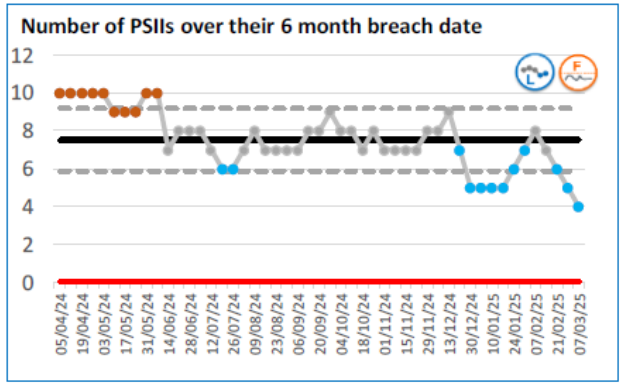
PSII's (comparison to previous)	PSR (inc AAR, Swarm and MDT) (comparison to previous)
Total open – 30 (32, Jan-25)	**Total open – 29** (46, Jan-25)
Older than 6 months – 4 (7, Jan-25)	**Older than 6 months –10** (21, Jan-25)

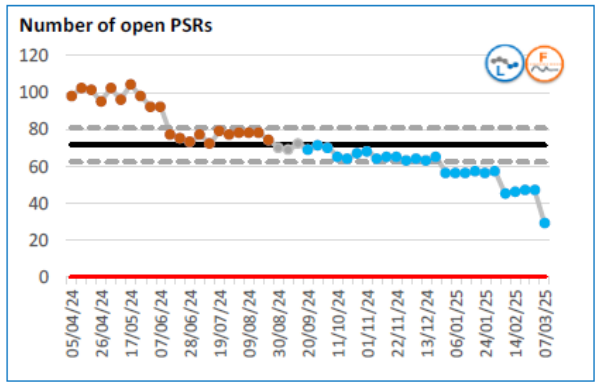
Key objectives

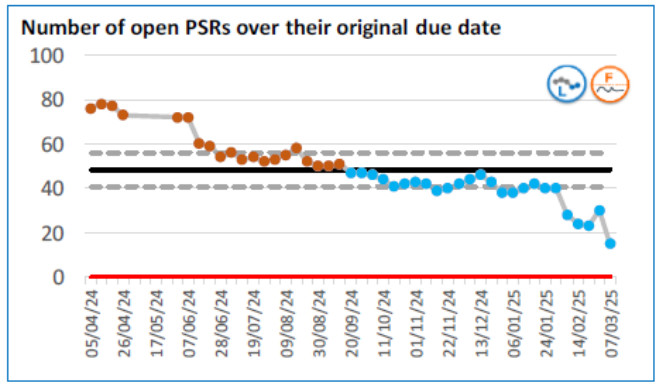
- By 31 March 2025 the LAS will have no open learning response exceeding 6 months
- Learning responses exceeding 6 months – 24% (36%, Jan-25)

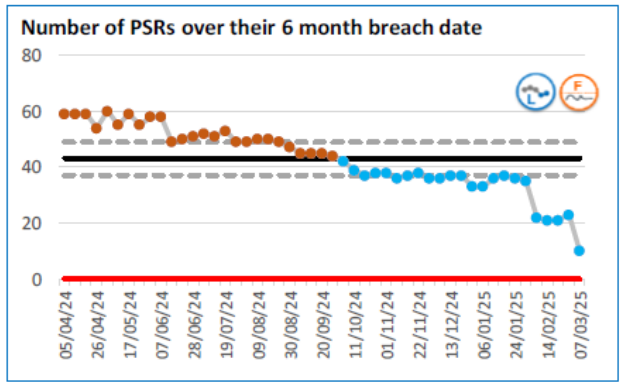












Data exported from the Learning Assurance Group (LAG highlight report – March 2025.

Safe | Effective | Caring | **Improve** | Priority | Owner AW | Exec Lead FW

The Trust's PSIRP (2025 -2026)

	Incident type Specific risk (or incident subtype) identified through risk assessment process and described with the support of patient safety teams, executive team, patient groups and clinical commissioning groups		Planned response for specific incident type - selected based on risk assessment and particularly on potential for new learning or insight
1	**Informed consent**	Patients not receiving a face-to-face response or non-conveyed, where learning related to informed consent and/or decision-making has been identified.	Inform ongoing improvements linked with safe discharge of patients.
2	**Management of patients under the influence of alcohol and/or drugs**	Patients under the influence of drugs and/or alcohol, where learning related to their assessment and management has been identified	Local safety actions to feed into wider piece to work linked to mental capacity assessment and human factors
3	**Remote assessment and management of patients at extremes of age.**	Patients at the extremes of age where learning has been identified in the assessment and management by the IUC or EOC contact centres, including Clinical Hub	Local safety actions to feed into a wider piece of work
4	**Incorrect MPDS protocol or fast-track selection**	Patients triaged by 999 EOC with incorrect MPDS protocol or fast-track selection, where organisational learning has been identified.	Local safety actions to feed into a wider piece of work.

Safe | Effective | Caring | **Improve** | Priority | Owner | Exec Lead

High Quality Care – Learning from Excellence

Here are some randomly selected examples of excellence reports

"We received an email about L502 from one of the performance managers:
I'd just like to make you aware and pass on our thanks to L501 who are xray and have just offered up to attend a cardiac arrest that has just been GB'ed. Myself and the team in EOC are extremely grateful.
Thank you for offering up for this call and attending when you had already finished your shift. This is a great example of teams working together for our patients"

"Fim and I attended a born before arrival. Fim was very professional and demonstrated what great person centered care with her approach to a chaotic scene, she was very inclusive of the father and mother whilst all necessary check were being completed by myself and the FRU. She remained calm and was very reassuring. Well done for a great job."

"I had to contact LAS for my Auntie back in January. The situation was quite difficult as my auntie had became quite suddenly unwell and was lacking full capacity. John-Paul and Sophie arrived and immediately took charge of the situation. The way they dealt with my auntie was the perfect mix of friendliness and professionalism. I cannot thank them enough for the wonderful care they provided in such a difficult situation for myself and my family. My auntie and uncle would also like to pass on their thanks for the crews world class care.

"Alex received high praise from when he was mentoring new colleagues & is always willing to help where he can.
He is a really valued member of my team & is a pleasure to both manage & work with."

Learning from Excellence reports

(December 2024 – 137)

(January 2025 – 118)

February 2025 – 152

March 2025 - 126

These are a collection of randomly selected examples of the current Learning from Excellence reports.

Themes include:

- **Working above and beyond**
- **Call handling**
- **Maternity care**
- **Outstanding patient care**
- **Mentoring / Teaching**
- **Staff support / Welfare**
- **End of Life Care**

London Ambulance Service
NHS Trust

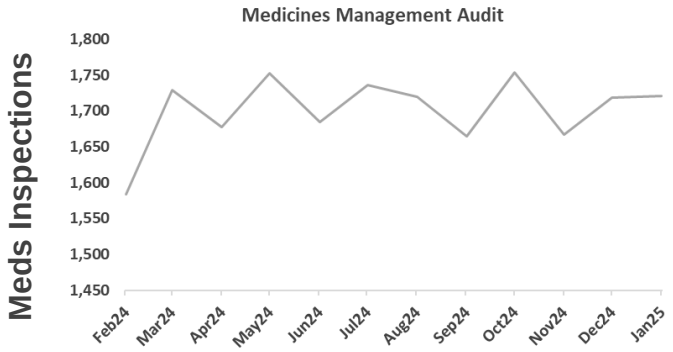
Highlight reports from subordinate committees

We are the capital's emergency and urgent care responders

Safe | Effective | Caring | Improve | Priority | Owner TE | Exec Lead FW

Medicines Management

Reduction in controlled drugs incidents below the mean



Medicines Management

No unaccounted for losses of schedule 2 controlled drugs. Medicines incidents remain within control limits with the majority relating to documentation errors.

Tracking of medical gases cylinders – currently large number unaccounted for in circulation within LAS

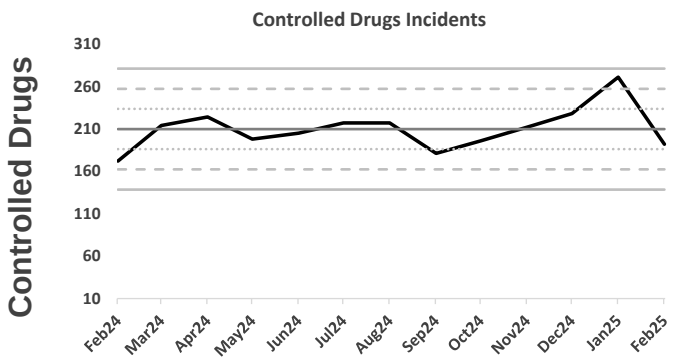
Completion of Methoxyflurane (Penthrox audit)

<u>Audits</u>

March saw 1,654 audits undertaken with an average score of 97%.

Release of new questions during March led to changes in audit numbers being undertaken due to an issue with the audit platform and how it handled the changes which meant a pause was advised while this was rectified.

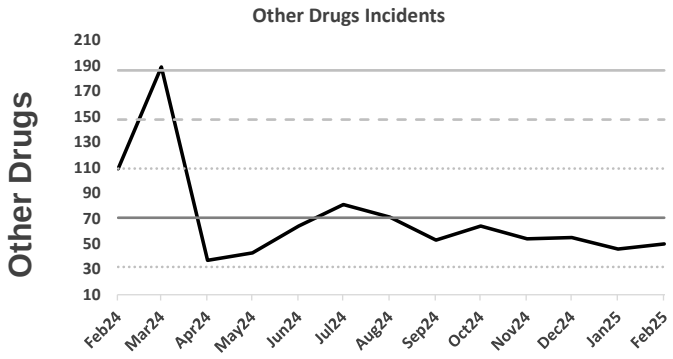
April to June is expected to see an increase in number of audits completed per month.



	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25
CD - Incorrect record	3	5	6	8	2	4
CD - Safe malfunction	1	1	2	1	1	0
CD - Unaccounted for	6	5	4	8	5	3
CD - Wasted	43	43	38	30	44	31
CD - Wrong location	10	9	8	11	7	5
CDA - No documentation	5	7	12	8	9	10
CDA - No information	32	30	44	50	43	23
CDA - No signature	20	19	30	30	46	37
CDA - Not corrected	60	74	64	77	106	76
CDA - Unidentifiable	1	3	4	5	8	3
Total	181	196	212	228	271	192

CD = Controlled Drugs CDA = Controlled Drug Audit

NW	NC	NE	SE	SW	other
3	7	4	4	3	7
1	0	1	2	0	2
14	4	2	8	2	1
69	32	42	50	19	17
9	9	9	8	6	9
6	25	2	14	2	2
39	63	18	63	26	13
37	48	28	31	28	10
98	129	69	71	58	32
3	7	7	3	2	2
279	324	182	254	146	95



	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25
Abloy	2	3	1	2	3	4
MS - Damaged cabinet	0	0	0	0	0	0
MS - Loss/Theft	1	5	5	3	4	9
MS - Unsecure	8	4	4	5	1	4
NCD - Damage	19	21	15	14	19	7
NCD - Discrepancy	4	9	5	9	3	10
NCD - Expired	0	0	1	0	1	0
NCD - Missing	11	10	14	7	3	9
NCD - Other	8	12	8	15	10	6
SDP - Contaminated	0	0	1	0	1	1
SDP - Sharps	0	0	0	0	1	0
Total	53	64	54	55	46	50

MS = Medicine Security NCD = Non Controlled Drugs SDP = Secure Drug Packs

NW	NC	NE	SE	SW	other
1	2	1	4	2	5
0	0	0	0	0	0
6	4	1	6	6	4
1	5	4	5	5	6
12	25	14	12	11	21
3	11	6	10	6	4
1	0	0	0	0	1
10	11	11	8	11	3
12	10	5	9	5	18
0	0	0	0	0	3
0	1	0	0	0	0
46	69	42	54	46	65

CQOG date : XXXXX

Reporting date = Months & year

Clinical Quality Oversight Group – Medicines Management Update

Incidents

- Number of incidents raised on RADAR within reporting period (previous 2 months).
- Number of CD incidents
- Current themes

Current Risks and

- Number and description of open risks reported on the risk register for Medicines Management.
- Any concerns
- Matters for escalation

WORK IN PROGRESS

Improvement work: This is what the new templated updates will look like in future reports to provide assurance to QAC

Performance

- EDUF compliance

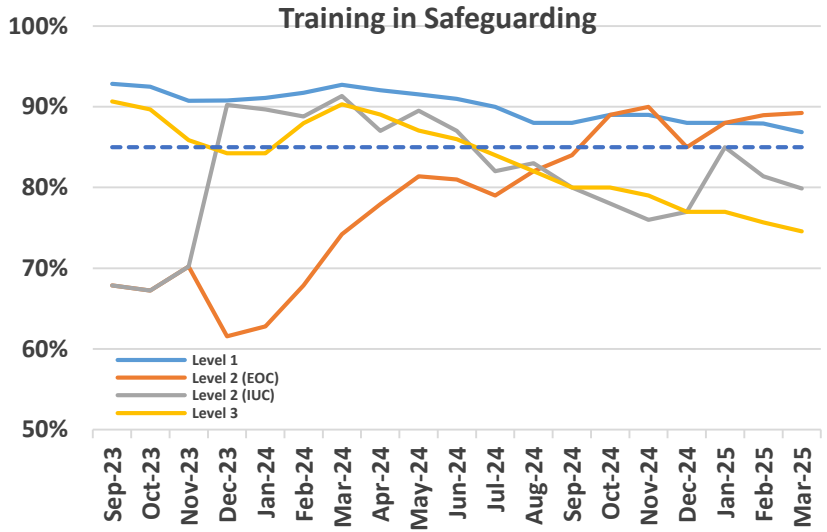
Learning

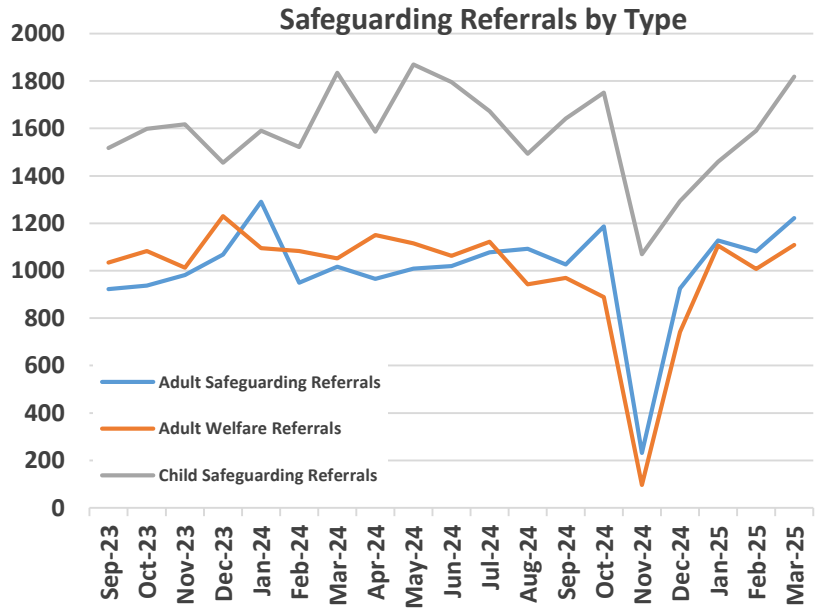
- Learning from incidents

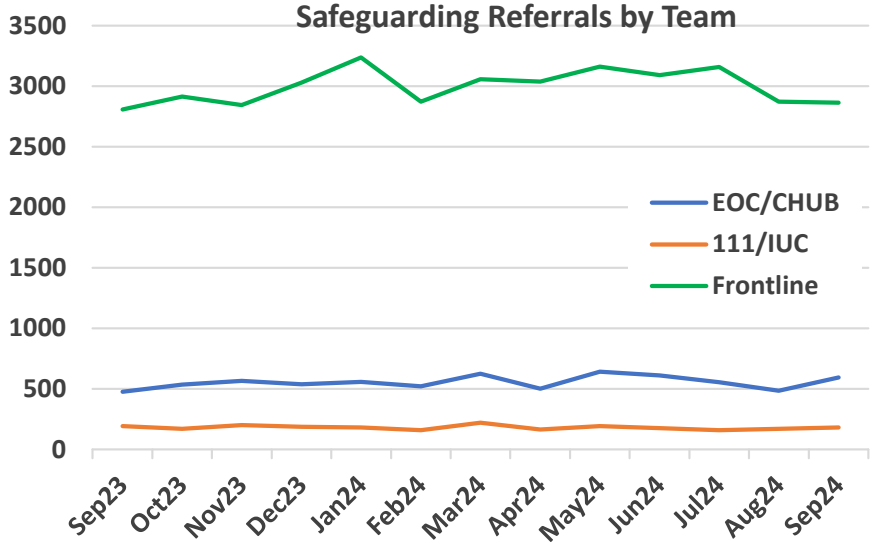
Safe | Effective | Caring | Improve | Priority | Owner AT | Exec Lead PC

Safeguarding

The target of 85% was not achieved in Level 2 (IUC) and for Level 3







This is the first year in many that we have not achieved the contractural target of 85% in IUC 79.89% and level 3 74.56%. despite lots of effort and ensuring sufficient courses this has not been met. We will now work with both IUC and operations to improve and reach the target ASAP.

We continue to work with Doc works and IM&T to improve the electronic referral process. staff will receive additional training in the coming safeguarding training to improve the quality of referrals.

Seen a dip in quality as some staff are not following the process and have not accessed the training that was provided.

Project team continue to meet to resolve issues and improve provision. Doc Works engaged and willing to improve products provided. Referrals are now quicker to complete.

CQOG date : XXXXX

Reporting date = Months & year

Clinical Quality Oversight Group – Safeguarding Update

Incidents

- Number of safeguarding referrals raised within reporting period (previous 2 months).
- Current themes and trends.
- Number of missed safeguarding referrals highlighted via RADAR or other means.
- Sexual safety

Current Risks and

- Number and description of open risks reported on the risk register for Safeguarding
- Any concerns
- Matters for escalation

WORK IN PROGRESS

Improvement work: This is what the new templated updates will look like in future reports to provide assurance to QAC

Performance

- Safeguarding Level 1 and Level 3 Trust compliance and sector compliance.
- Confirmation of reports sent to CQC, NHSE and NRLS
- Graphs

Learning

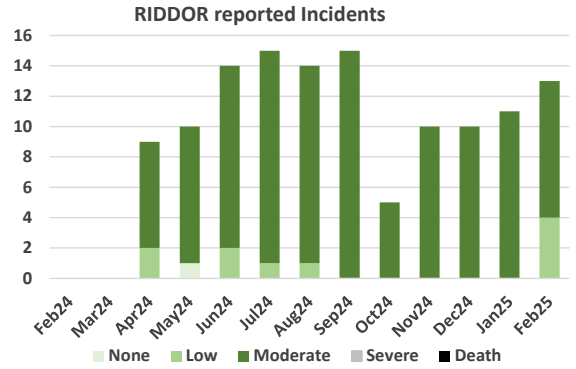
- Learning from incidents

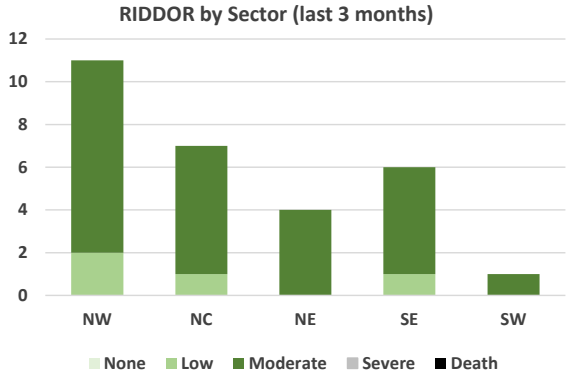
Safe | Effective | Caring | Improve | Priority | Owner EJ | Exec Lead PC

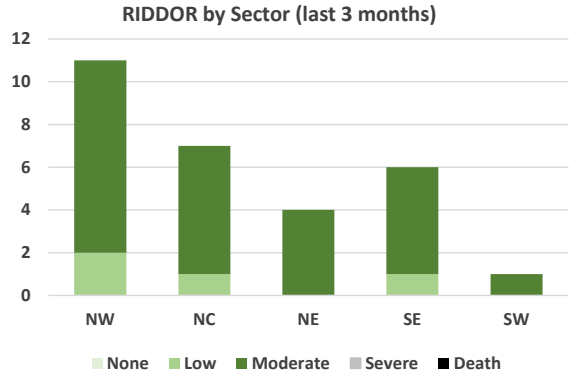
Health & Safety

No concerns for escalation

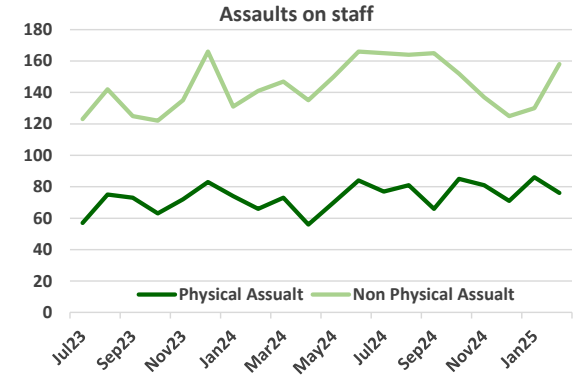
H&S - RIDDOR

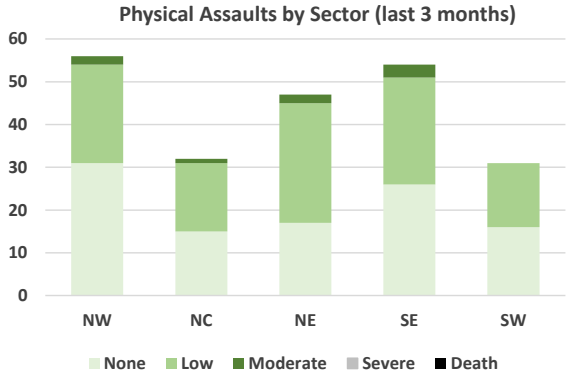


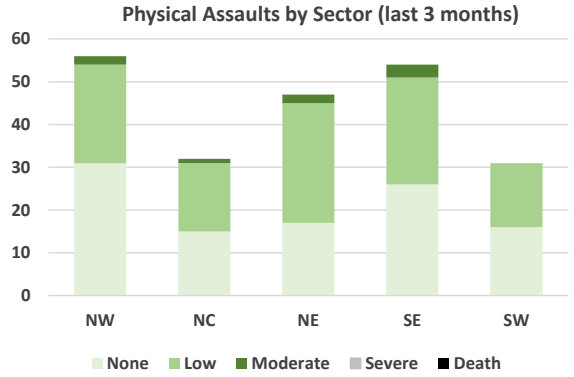




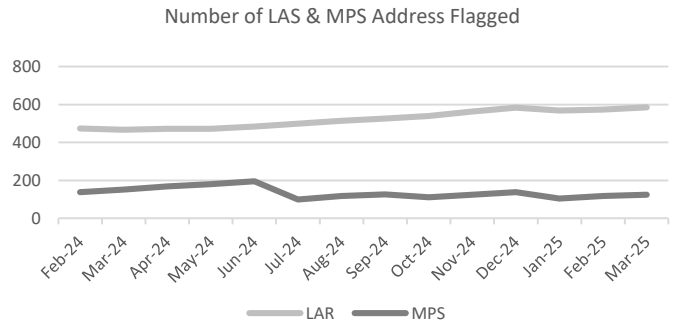
H&S - Assaults







Location Alert Reg



- Work on the latest Ambulance design has started, it will have a different back door configuration with a flip down step being incorporated for ease of access. The latest designs for the Bariatric specific vehicles are now finalised and building has started.
- A Violence & Aggression Reduction Task & Finish Group has been set up to review the results of the National Staff Survey 2024 relating to V&A following the outcome of ELG key action plans, and a preliminary meeting has taken place.
- Ongoing collaboration with Intelligence Systems Manager to address challenges with RADAR implementation. This is presenting risk to the management or Violence aggression and abuse.
- **Staffing resource remains a major challenge, due to the increase in incidents and demand on the VRM. Following the business planning meeting (2) VROs has been approved from the business case.**
- **Continued increase in LAS staff using restraint and physical intervention on patients.**
- **Resourcing continues to be a challenge across the VRU with demand increasing and challenges with Radar increasing workloads. Awaiting next steps on successful business case for (2) VRO positions that have been approved.**
- **Reporting indicates a 33% increase in physical violence in March (this could possibly also due to increased reporting due to Radar implementation).**
- **The Health, Safety & Security (HS&S) Team have delivered one session of Corporate Induction and two sessions of Managing Safety course to 31 staff members during March 2025.**
- **Positive engagements with Operational staff hosted by Motorola in relation to Body worn cameras and Motorola team took part in ride outs with crews.**
- **Excellence Award to the Crew Safety Systems Manager for their ongoing support to driving standards.**

CQOG date : 22/04/2025

Reporting date = March 2025

Clinical Quality Oversight Group – Health and Safety

Incidents

•A total of 856 Physical Assaults on Staff have been reported for during 2024/25 (up to end of March'25).

•The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient during 2024/25; Police attended 59% of physical assault incidents during 2024/25 (up to end of March'25).

•7 successful prosecution for assault have been recorded during 2024/25 (up to end of March'25).

Current Risks and Concerns

- The timeframe compliance of reporting RIDDOR incidents 15 days) to the HSE across the Trust during March 2025 was 83
- The Trust's Health and Safety mandatory training compliance rate in March 2025 is 88 15 The Trust wide target is 91
- Staffing resource remains a major challenge, due to the increase in incidents and demand on the VRM Following the business planning meeting 2 VROs has been approved from the business case
- Continued increase in LAS staff using restraint and physical intervention on patient.
- Ongoing collaboration with Intelligence Systems Manager to address challenges with RADAR implementation This is presenting risk to the management of Violence aggression and abuse incidents
- Resourcing continues to be a challenge across the VRU with demand increasing and challenges with Radar increasing workloads Awaiting next steps on successful business case for 2 VRO positions that have been approved
- Reporting indicates a 33 increase in physical violence in March (this could possibly also due to increased reporting due to Radar implementation)
- 2024 Staff survey results indicated that 25 of staff who responded to the survey did not report their last incident of violence, aggression or

Performance

- Over 60 new staff members have been trained up as Fit Testers and we will continue to offer the training from May onwards to enable more staff to become Certified Testers
- A Violence Aggression Reduction Task Finish Group has been set up to review the results of the National Staff Survey 2024 relating to V&A following the outcome of ELG key action plans, and preliminary meeting has taken place
- The Community Resuscitation Training Department in collaboration with the HS&S Team to develop a First Aid course, this course is underway with positive feedback, dates are available throughout the year.
- Violence and aggression executive lead project commenced with a preliminary meeting following staff survey results (V&A one of the 7 key themes and priorities for the Trust)
- Positive engagements with Operational staff hosted by Motorola in relation to Body worn cameras and Motorola team took part in ride outs with crews.
- Excellence Award to the Crew Safety Systems Manager for their ongoing support to driving standards

Learning

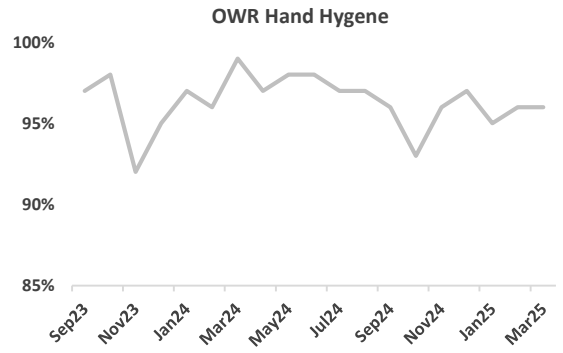
- The HS&S Team have delivered 13 sessions of Managing Safety courses to total of 267 staff members and 12 sessions of Corporate Induction during 2024/25 (up to end of March'25), all with positive feedback

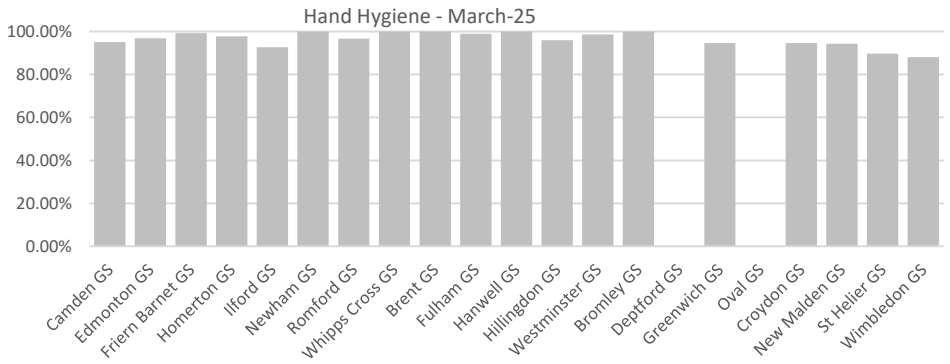
Safe | Effective | Caring | Improve | Priority | Owner IPC | Exec Lead FW

Infection Control

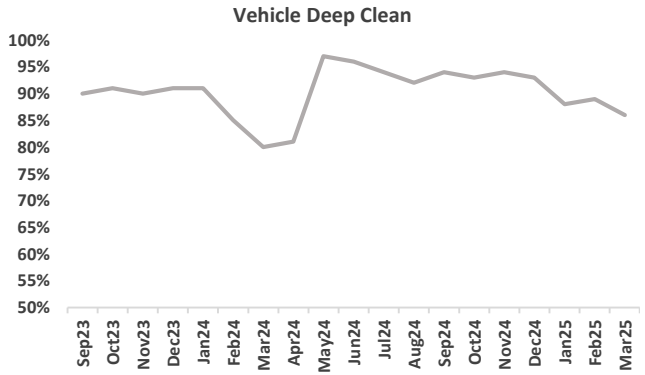
Service-wide deep clean compliance dropped to 86% - believed staffing and vehicle availability issues.

Hand Hygene

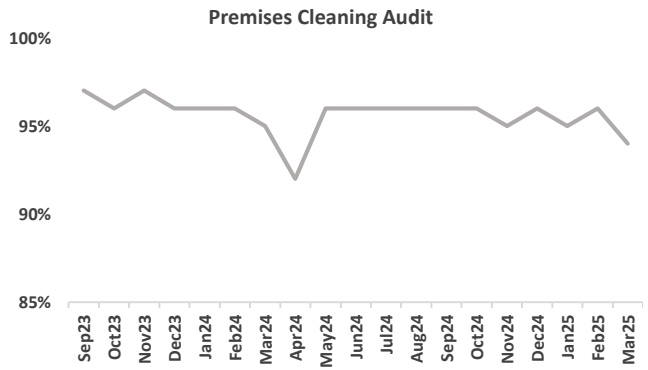


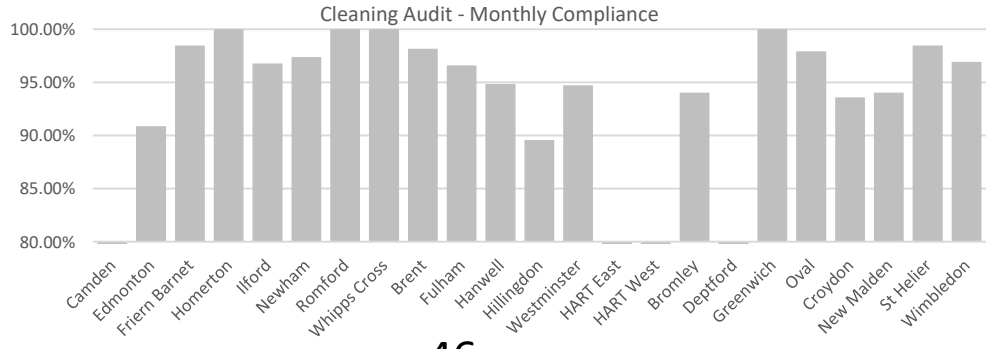


Veh. deep clean



Premisis clean. audit





- **Trust OWR hand hygiene compliance was reported at a weighted average of 96%, which met the Trusts required target.**
- **A total of 7 incidents were reported, 6 of which were found to be true occurrences acknowledged by the IPC Team. 3x contaminated sharps incidents noted with nil themes.3x body fluid exposure incidents, with an emergent theme of 2/3 incidents noting unintentional spitting from patients being the cause of the incident, which caused mucous membrane breach to eyes and mouth of clinical colleagues.**
- **A total of 6 stations did not achieve their Ops set local OWR Target: Fulham, Hanwell, Deptford, New Malden, Greenwich and Wimbledon**
- **Service-wide deep clean compliance was reported at 86%, this is below Trust target.**
- **Make Ready Management believe performance is due to a combination of staffing challenges (resulting from the third-year implementation of the TUPE process) and vehicle availability.**
- **Local premises cleaning compliance: Cleaning Management Team asked to review Deptford group, which scored significantly l below their required target of 90% in March 2025.**
- **OWR Hand Hygiene submission: The Trust-wide OWR Hand Hygiene target was exceeded for 2024-2025, this was confirmed by the review of submitted March 2025 data.**
- **Annual local OWR Target reached and exceeded by 15 groups with note of achievement by: Friern Barnet, Homerton, Bromley and Oval Groups.**

CQOG date : XXXXX

Reporting date = Months & year

Clinical Quality Oversight Group – IPC

Incidents

- IPC audits
- Outbreaks
- Themes
- Water

Current Risks and Concerns

- Current local risks and IPCC board assurance framework.
- Any concerns or matters for escalation from IPCC.

WORK IN PROGRESS

Improvement work: This is what the new templated updates will look like in future reports to provide assurance

Performance

- Targets – SPC charts

Learning

- Learning from incidents

CQOG date : XXXXX

Reporting date = Months & year

Clinical Quality Oversight Group – Equipment Working Group

Incidents

- Number of incidents raised on RADAR within reporting period (previous 2 months).
- Current themes

Current Risks and Concerns

- Current risks
- Any concerns or matters for escalation

WORK IN PROGRESS

Improvement work: This is what the new templated updates will look like in future reports to provide assurance

Performance

- Any targets, are they met?

Learning

- Learning from incidents

CQOG date : XXXXX

Reporting date = March 2025

Clinical Quality Oversight Group – Digital

Incidents

- **iPad Update:** The InTune Migration has now been completed for all personally issued clinical devices. Since the migration, there have been a number of issues being experienced by end-users. The broad themes include:
  - Sporadically being blocked from accessing ePCR
  - Slow or unreliable internet connectivity affecting clinical workflows
  - Poor battery life
- There is currently a weekly working group looking to explore these issues further. A new risk has been raised to the risk register (Risk 1529) alongside an escalation to IM&T SMT. The current plan is to remove the dependency on iBoss (the current 111*5 solution is reliant on iBoss removing iBoss from the majority of

Current Risks and concerns

- **Risk 1342 (Destination mismatch between ePCR/MDT)** – It has been suggested that this risk is to be included in the upcoming Data Quality Assurance (DQA) review which would allow further analysis and monitoring. Further communications to mitigate this risk will be included as part of the Transfer of Care programme.
- **Risk 1372 (Misidentified patients)** – The CCIO team have worked with the LAS Legal team to release a new Huddle slide pack to highlight the importance of correct patient identification. These Huddle slides are also being distributed amongst Clinical Hub staff who also use PDS Trace within Cleric CAD. This aims to reduce the number of incidents of misidentified patients within CAD and ePCR. To support

Performance

- Assurance around digital system sign off/development.
- Sign offs
- Targets
- Impact of outages.

WORK IN PROGRESS

Learning

- Learning from incidents

London Ambulance Service
NHS Trust

Quality Performance Data - 999

We are the capital's emergency and urgent care responders

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

Performance AQI (AMBSYS)

No concerns for escalation

National AQI performance data	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	Dec24	Jan25	Feb25
C1 mean	7.7	7.4	7.6	8.0	7.4	7.4	7.2	7.3	7.3	7.5	7.4	7.0	7.6	7.5	7.5	7.8	7.3	7.2
C2 mean	40	38	41	52	37	37	33	35	36	40	39	30	42	42	42	50	35	31
C3 mean	82	78	82	102	74	72	66	68	73	83	89	66	103	101	111	132	86	82
C4 mean	158	131	145	166	130	121	121	121	126	139	152	130	179	160	180	202	133	132
999 call answer mean	15	9	15	23	5	3	2	2	3	5	5	4	9	7	7	8	3	1
Clin Validation mean	61	55	56	61	42	40	34	35	38	44	42	35	46	43	40	42	34	27
C5 Clin Assessment mean	44	44	42	42	34	34	31	35	37	37	38	31	36	37	43	50	38	36
H&T / All Incidents	16%	15%	16%	17%	16%	16%	17%	20%	19%	19%	20%	19%	20%	20%	20%	22%	21%	21%
S&T / All F2F	35%	34%	34%	36%	35%	34%	34%	34%	34%	34%	34%	33%	33%	33%	32%	34%	33%	33%
Non ED / Conyeyed	4%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

Red = worst month, Green = best month

Ranking across Ambulance Trusts (inc IOW)																		
C1 mean	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
C2 mean	8	6	9	10	6	8	7	9	9	9	9	7	10	8	8	8	7	8
C3 mean	2	1	2	2	2	1	1	3	2	2	3	2	3	2	4	3	4	3
C4 mean	7	3	6	5	4	4	3	7	4	7	8	8	10	6	6	7	7	6
999 call answer mean	10	5	10	11	7	3	2	4	4	5	5	4	9	6	7	7	5	4
Clin Validation mean	7	6	7	7	6	6	4	6	4	6	6	7	5	6	6	4	4	3
C5 Clin Assessment mean	6	6	6	4	3	4	3	5	3	5	3	4	3	3	4	3	5	4
H&T / All Incidents	2	2	2	2	3	1	1	1	2	2	1	2	2	2	2	3	2	1
S&T / All F2F	8	8	6	7	7	8	8	8	7	7	8	7	8	7	9	8	8	8
Non ED / Conyeyed	10	10	10	9	9	9	9	9	9	9	9	9	9	9	8	9	9	9

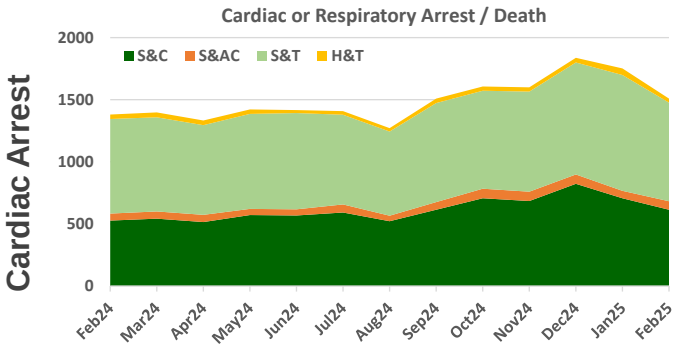
Red = lowest trust, Green = highest trust

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

Awaiting commentary

AQI Performance

Cardiac Arrest



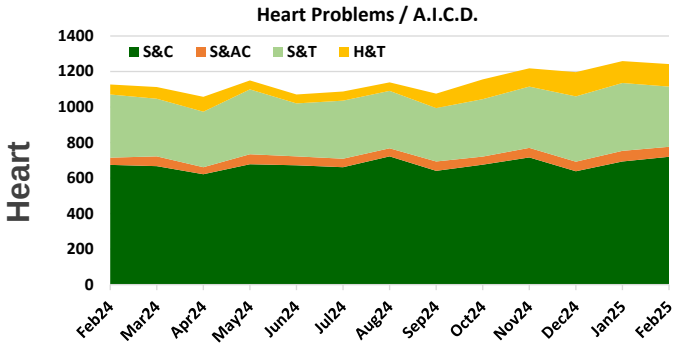
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	4,617	46%	4%	49%	5.3	43	45	94
Cat 2	3	33%	33%	33%	11.6	46	1	96
Cat 3	258	0%	0%	100%	8.8	-	-	91
Cat 4	1	0%	0%	100%	9.6	-	-	73
Cat 5	95	2%	0%	98%	8.6	40	-	70

Quality Performance - last 3 months

	ROSC by hospital arrival		
	ROSC	count	%
NW	85	229	37%
NC	52	168	31%
NE	70	229	31%
SE	62	226	27%
SW	36	99	36%
OTHER	35	112	31%
LAS	340	1063	32%

Heart



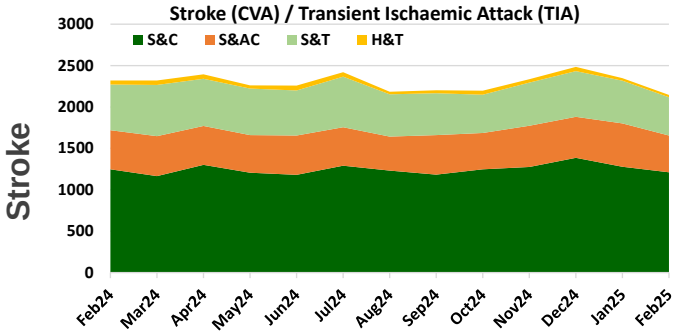
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	46	85%	4%	11%	7.6	37	34	82
Cat 2	2,961	63%	5%	32%	11.5	38	37	75
Cat 3	292	53%	5%	42%	11.8	37	38	69
Cat 4	3	100%	0%	0%	31.7	44	-	-
Cat 5	8	38%	13%	50%	13.4	42	49	54

Quality Performance - last 3 months

	STEMI care bundle		
	ROSC	count	%
NW	0	0	#DIV/0!
NC	0	0	#DIV/0!
NE	0	0	#DIV/0!
SE	0	0	#DIV/0!
SW	0	0	#DIV/0!
OTHER	0	0	#DIV/0!
LAS	0	0	#DIV/0!

Stroke



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	7	57%	29%	14%	10.1	41	40	68
Cat 2	6,736	57%	22%	22%	11.9	46	36	83
Cat 3	86	55%	9%	36%	13.9	49	27	79
Cat 4	3	33%	0%	67%	17.8	55	-	123
Cat 5	34	38%	9%	53%	13.1	40	18	62

Quality Performance - last 3 months

	Stroke diagnostic bundle		
	ROSC	count	%
NW	0	0	#DIV/0!
NC	0	0	#DIV/0!
NE	0	0	#DIV/0!
SE	0	0	#DIV/0!
SW	0	0	#DIV/0!
OTHER	0	0	#DIV/0!
LAS	0	0	#DIV/0!

Cardiac Arrest:

ROSC to hospital

In November 2024, the LAS was ranked 2nd nationally for ROSC to hospital in the overall group – achieving and maintaining ROSC until hospital handover for 30.4% of patients, compared to the national average of 26.7%. In the Utstein comparator group, 47.8% of patients had ROSC upon arrival at hospital, slightly above the national average of 47.2%. The LAS currently ranks 6th nationally for this measure.

Survival to 30 days

The LAS also performed slightly above the national average for 30-day survival in the overall group (LAS: 8.6%; national: 8.4%), ranking 4th. In the Utstein comparator group, the LAS reported 30-day survival rate of 32.6%, well above the national average of 27.2%, ranking 2nd among all ambulance services.

For the post-resuscitation care bundle, the LAS was ranked 6th nationally, with 82.6% of patients receiving a full post ROSC care bundle – slightly below the national average of 83.9%.

STEMI: The LAS recorded a time of 02:38* for the 'Call to Angiography' measure, which is 9 minutes longer compared to October 2024. This was also 3 minutes longer than the national average of 02:35, placing the LAS 6th nationally among other ambulance services.

STEMI Care Bundle data was not published for November 2024. The next set of figures, covering January 2025, will be released in June 2025.

**Based on MINAP data which may not be a complete sample and subject to change during the revision period*

Stroke: Data is unavailable for October and November 2024 due to issues with the SSNAP portal.

Falls: Falls care bundle data is provided on quarterly basis. The next set of figures, covering December 2024, will be published in May 2025.

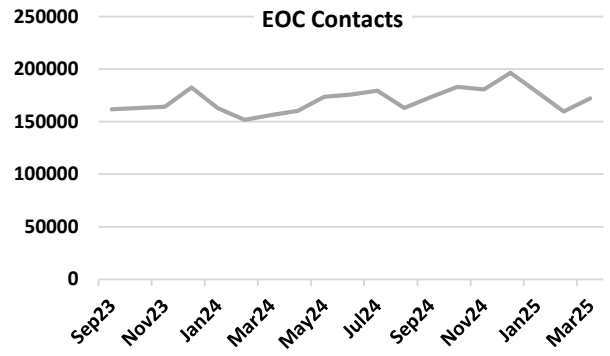
Safe | **Effective** | Caring | Improve

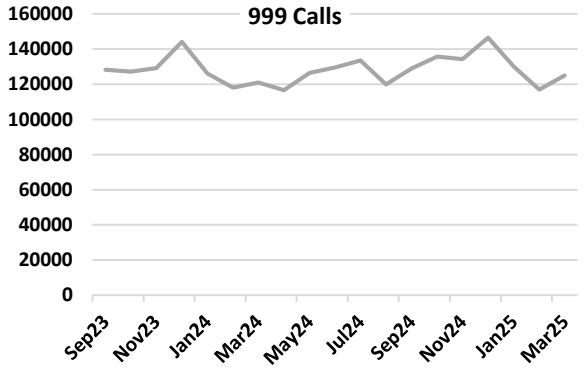
Priority | Owner SW | Exec Lead FW

Call Handling

No concerns for escalation

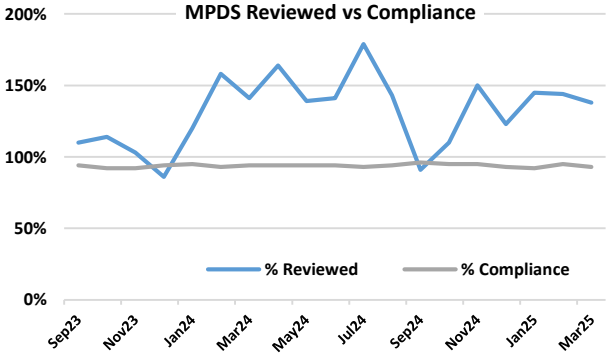
Call Volumes

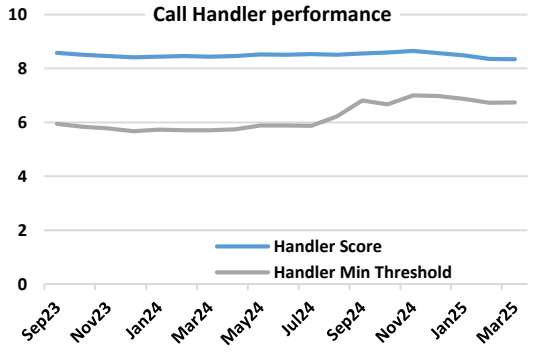


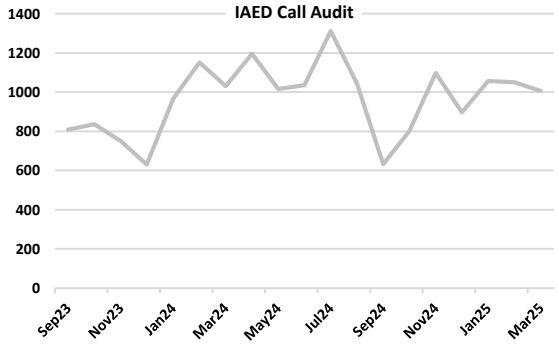


- QAD suffered with high levels of staff absence, being managed with support from P&C.
- QA will be reviewing the individual staff rotas, to improve in-person availability and consistence across both EOC sites. And in addition, ensure adequate alignment to the newly selected EOC rota.
- LAS has met the required ACE standards of audit volumes and compliance for March 2025

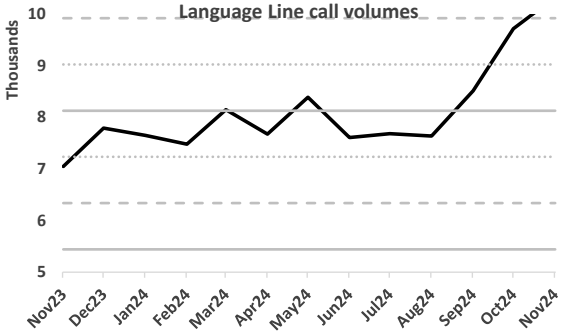
CH Performance

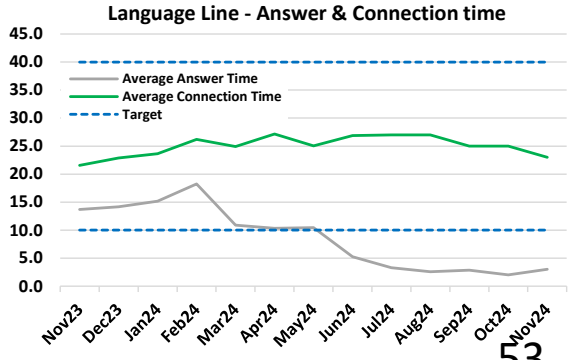


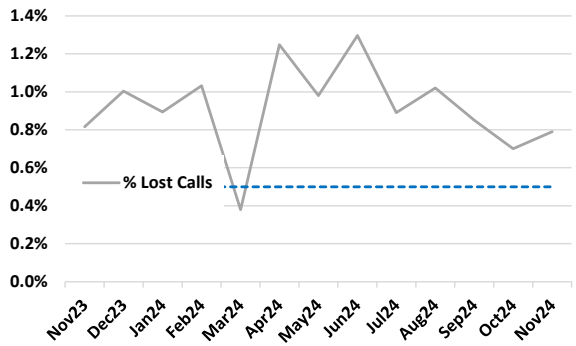




Language Line







Safe | **Effective** | Caring | Improve

Priority | Owner: AW | Exec Lead: FW

No concern for escalation

EPRR

CATEGORY	Mar-25
Operational Support: Clinical Support	113
SWAH: Manmade Structures	95
Hazardous Materials: Fire	75
Water Operations: Inland Water Rescue	49
Hazardous Materials: HAZMAT	32
Operational Support: Manual Handling Support	22
Operational Support: Standby	14
Hazardous Materials: CBRN	6
Confined Space: Low Risk	5
Support To Security Operations: Security Operations	4
Unstable Terrain: Active Rubble Pile	3
SWAH: Natural Features	3
Water Operations: Coastal Work	2
Hazardous Materials: Infectious Diseases	1
Water Operations: Flooding	1

London Ambulance Service
NHS Trust

Quality Performance Data - 111

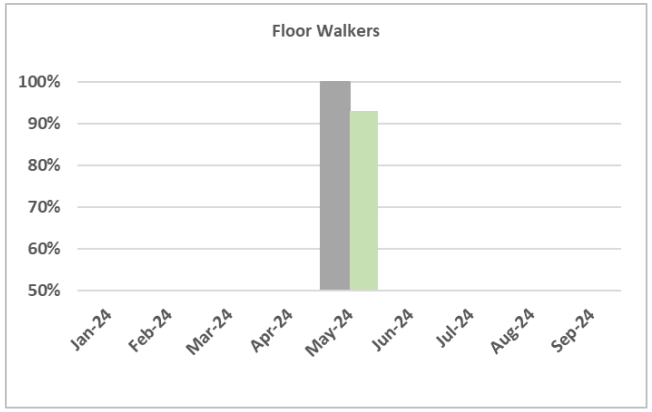
We are the capital's emergency and urgent care responders

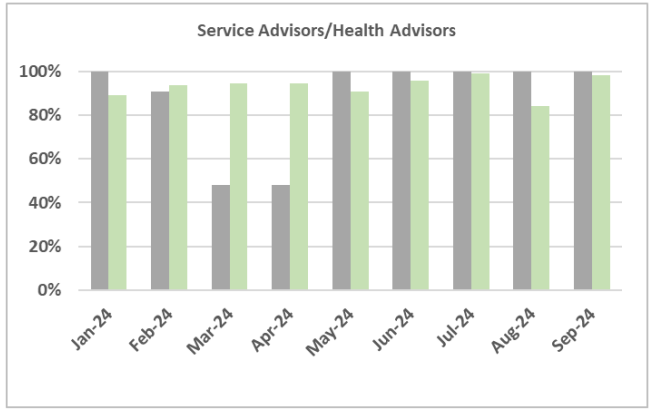
Safe | **Effective** | Caring | Improve

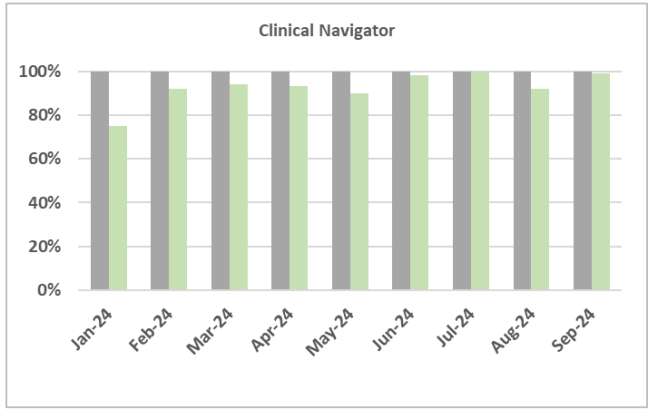
Priority | Owner JN | Exec Lead FW/RP

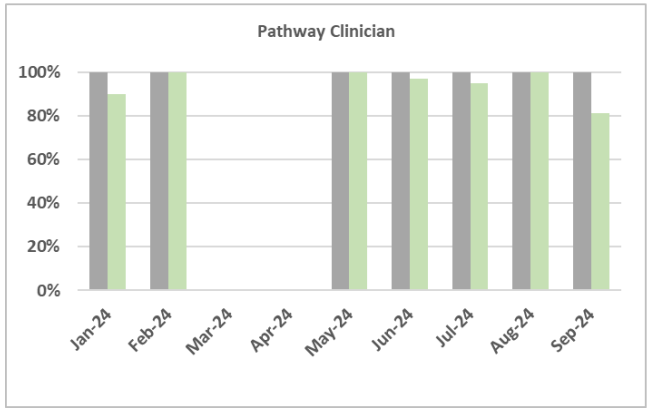
111 Quality Audit - SEL

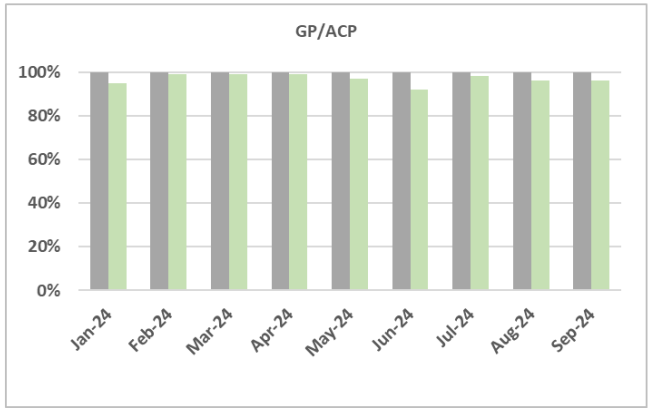
No concern for escalation











Completion rate Pass rate

Service / Health Advisors

- Not to talk over the Patient
- The need to confirm worsening care advice is understood
- Policy not followed for dental pain and face swelling

Clinical Navigator & Pathway Clinician

- Ensure 1st party call where possible
- Need to confirm patients DOB/ address - not just the name
- Incorrect use of the early exit function

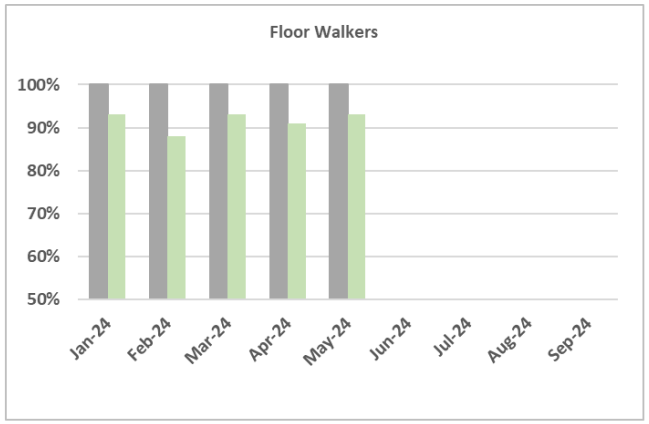
GP/ACP

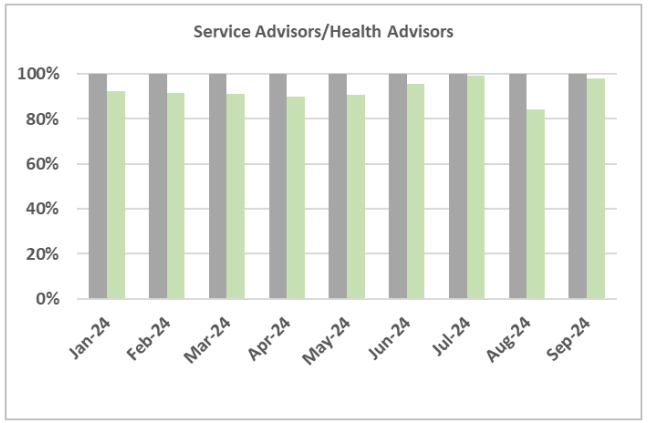
- Ensure notes are detailed and all symptoms recorded
- No need to cut and paste SCR into medical record
- No clarification of patient demographics prior to assessment

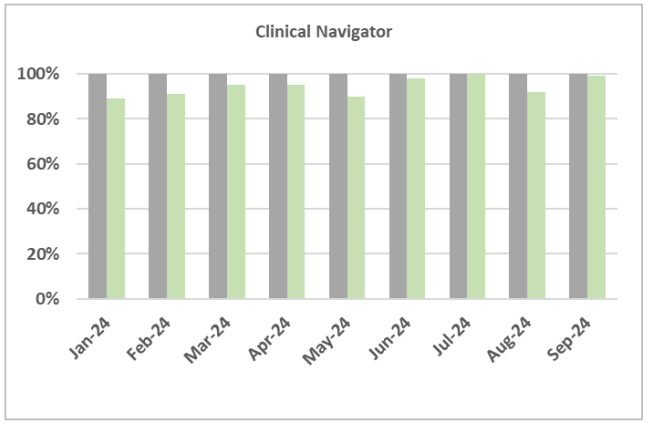
Safe | **Effective** | Caring | Improve | Priority | Owner JN | Exec Lead FW/RP

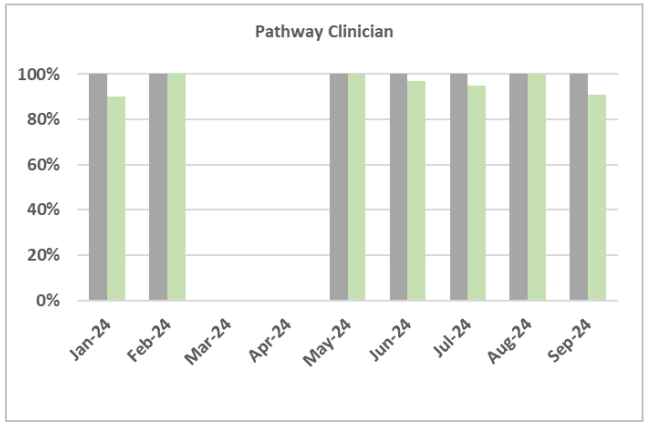
111 Quality Audit - NEL

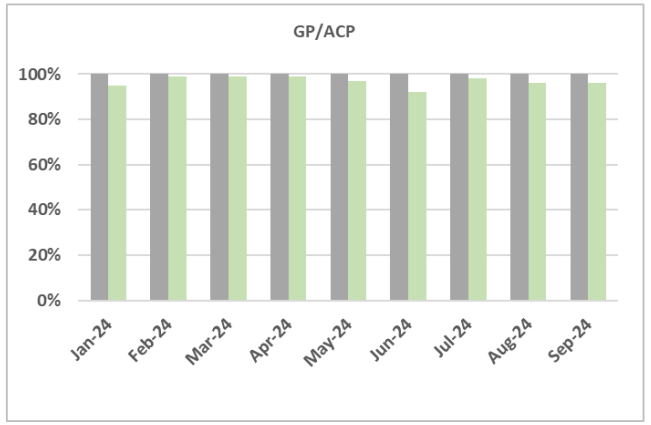
No concern for escalation











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Programmes of work to improve Quality – March 2025

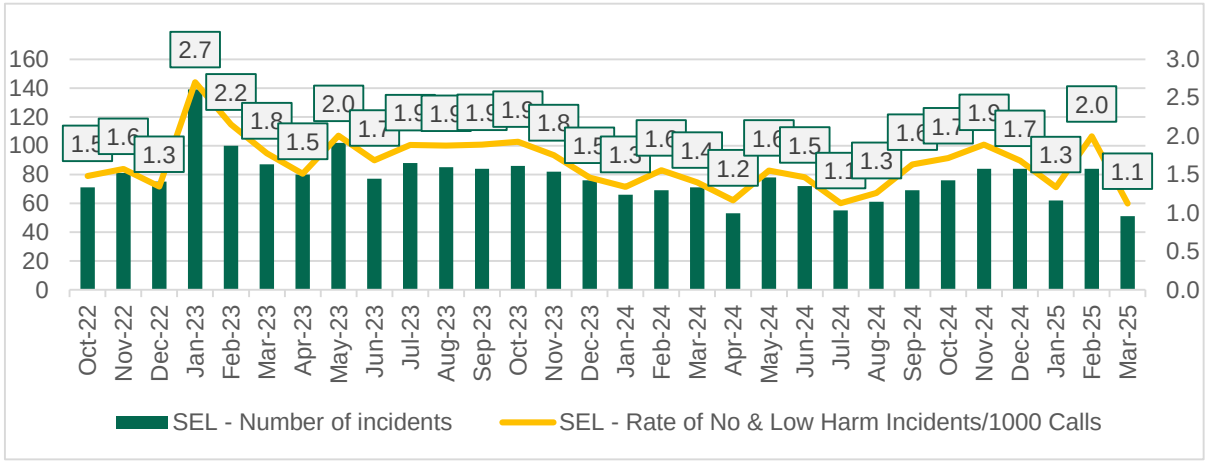
Well Led

Safe	• Ongoing recruitment to address staffing shortages and staff retention continues. Staff leavers will include any staff who have been promoted within IUC. • Continuous monitoring of safeguarding compliance will continue. • Safeguarding conference scheduled for March, the theme will be “hear my voice”. • SMS comfort call process reviews conducted daily, with a holistic review planned to identify data, patient feedback and patient safety.
Effective	• Bi Weekly ICB meetings to continue to review all new incidents, complaints and HCP feedback. • Continued focused approach for audits across all skill sets to maintain figures. • Internal triangulation meetings to be initiated to look at clinical performance, clinical effectiveness and safety. • Pharmacy First Quality improvement project commenced; staff feedback received. Task and Finish group set up to address the elements identified within the staff feedback. • March end to end to focus on catheter care.
Caring	• A programme of wellbeing continues to be in place to support staff. Staff can access information through the Wellbeing Catalogue. • Massage and Yoga sessions to continue. • Team Managers available to staff if welfare support required. • 1:1s with all skillsets of staff continue. • Safeguarding supervision available upon request.
Responsive	• Routine call levelling workshops maintain audit effectiveness planned. • Clinical Team Navigator Training for queue management in planning phase, scheduled for March. • Path Lab Forms project : streamline process of managing results in the CAS.
Well Led	• Weekly Governance and Quality team meetings continue. • Weekly review of pre and post weekend service delivery internally and with region. • Forecasting & Scheduling work streams and Operational Grip in progress; focusing on service delivery performance, real time monitoring of staff. • Trust undertaking project work to replace DATIX with RADAR.

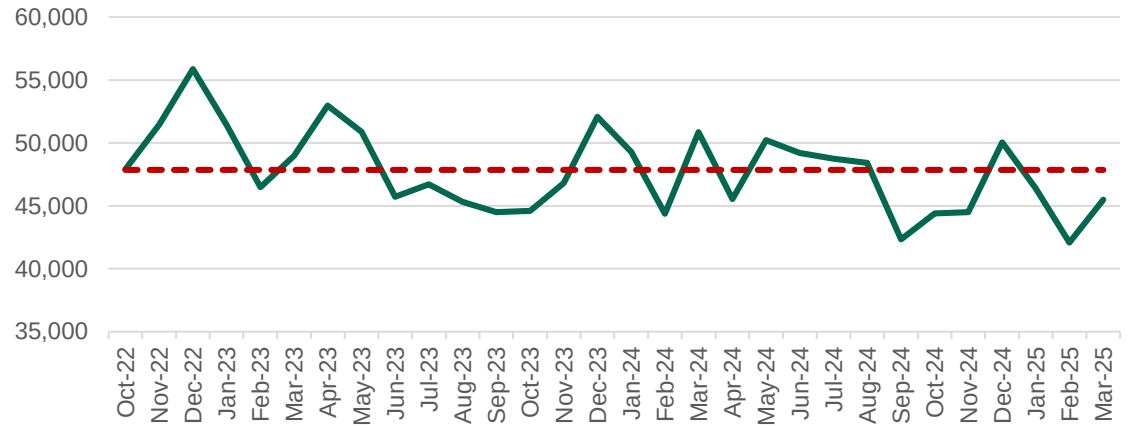
Incident Reporting

Safe

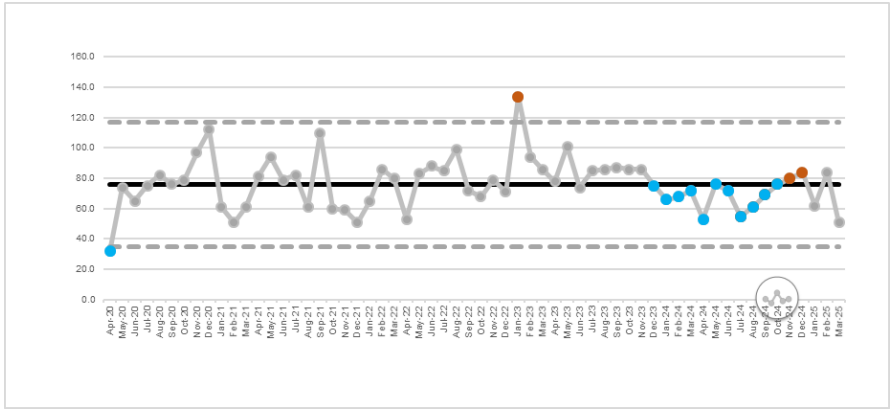
Rate of Incidents/1000 Calls — Mar-25: 1.1



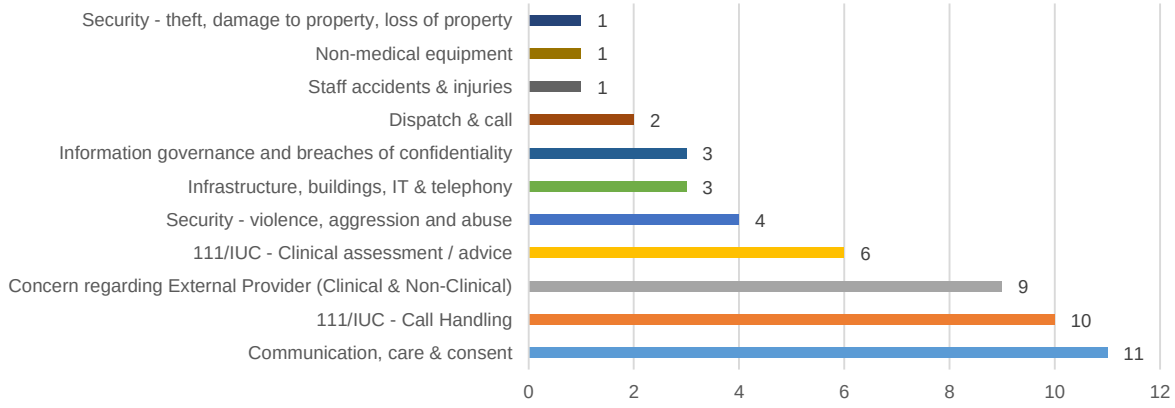
Number of Calls Answered — Mar-25: 45,495



SEL Number of Incidents — Mar-25: 51



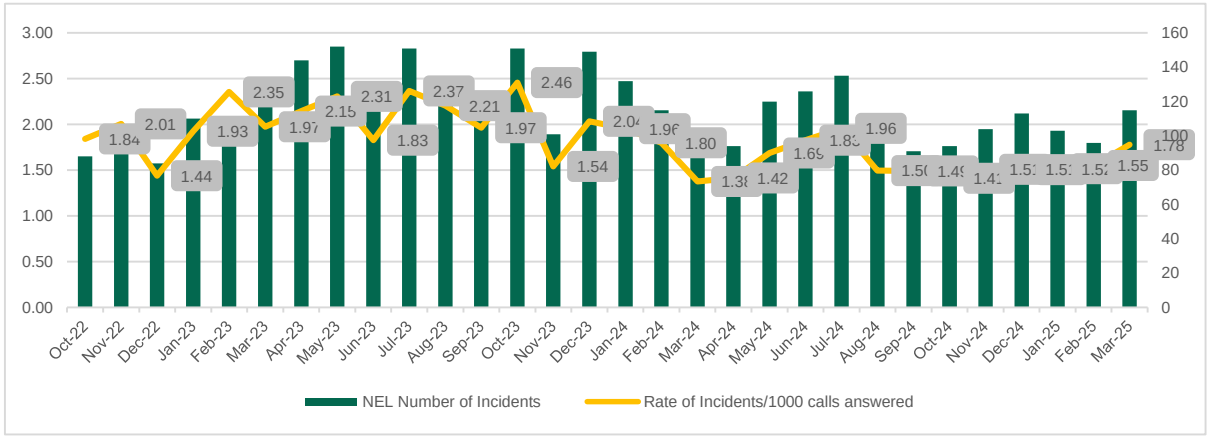
Incident Category Mar-25



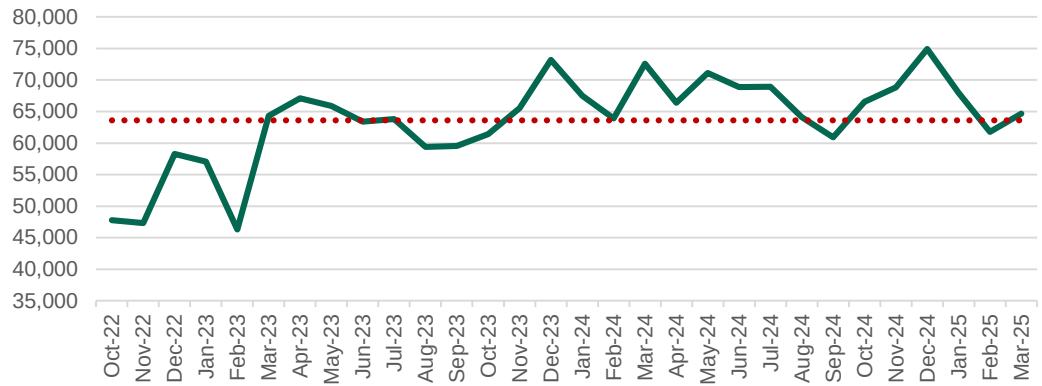
Incident Reporting

Safe

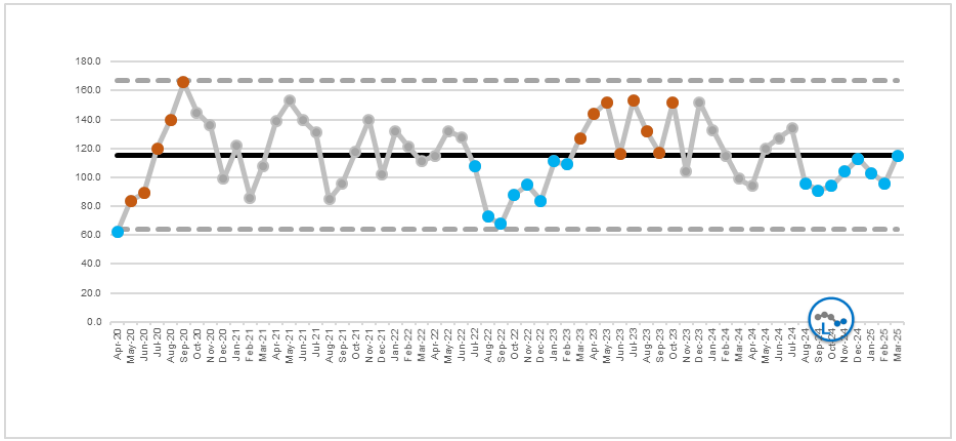
Rate of Incidents/1000 Calls — Mar-25: 1.8



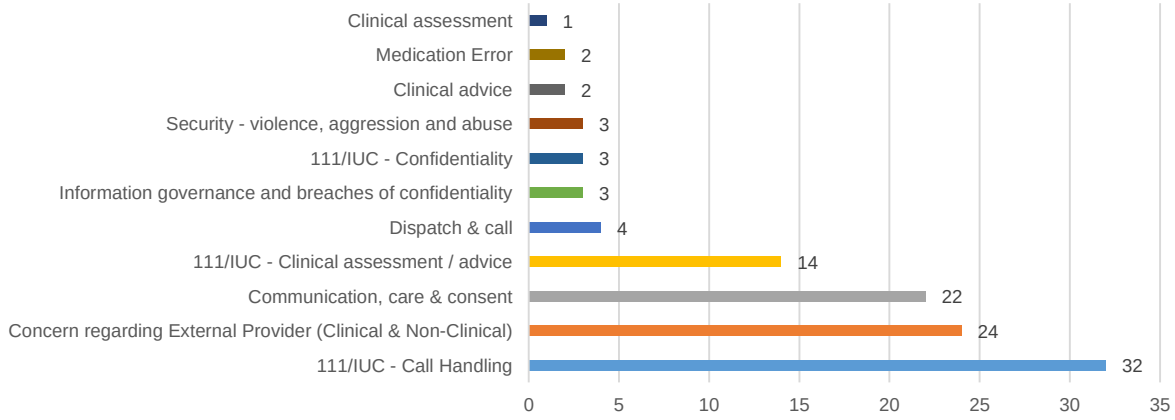
Number of Calls Answered — Mar-25: 64,678



NEL Number of Incidents — Mar-25: 115



Incident Category Mar-25



SEL - Average wait data

Safe

Priority 1

Month	Wait Time
March 25	00:19:43
February 25	00:20:25
January 25	00:24:16
December 24	00:34:35

Priority 2

Month	Wait Time
March 25	01:57:26
February 25	02:15:58
January 25	02:40:15
December 24	03:50:36

Priority 3

Month	Wait Time
March 25	04:08:14
February 25	04:56:36
January 25	05:06:45
December 24	06:34:17

Priority 4

Month	Wait Time
March 25	05:18:13
February 25	05:21:19
January 25	04:56:56
December 24	06:16:11

Priority R6

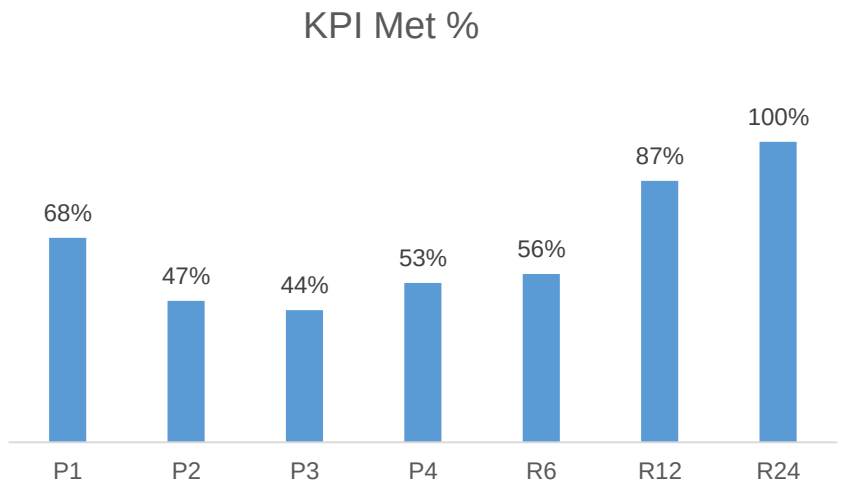
Month	Wait Time
March 25	05:42:30
February 25	06:41:04
January 25	07:27:14
December 24	07:12:15

Priority R12

Month	Wait Time
March 25	04:50:36
February 25	07:31:18
January 25	07:13:47
December 24	07:56:50

Priority R24

Month	Wait Time
March 25	04:37:51
February 25	06:58:15
January 25	05:17:35
December 24	06:59:43



Priorities definition

Priority 1 - to be dealt with in 20 minutes
Priority 2 - to be dealt with in 1 hour
Priority 3 - to be dealt with in 2 hours
Priority 4 - to be dealt with in 4 hours
Priority R6 - to be dealt with in 6 hours
Priority R12 - to be dealt with in 12 hours
Priority R24 - to be dealt with in 24 hours

90th Centile Case Data – March 2025

Safe

Priority 1

Case No	Wait Time (HH:MM:SS)
88452	00:51:19

Priority 2

Case No	Wait Time (HH:MM:SS)
12296	04:58:17

Priority 3

Case No	Wait Time (HH:MM:SS)
35516	10:24:46

Priority 4

Case No	Wait Time (HH:MM:SS)
64703	10:32:27

Priority R6

Case No	Wait Time (HH:MM:SS)
46561	13:16:12

Priority R12

Case No	Wait Time (HH:MM:SS)
81309	12:01:38

Priority 24

Case No	Wait Time (HH:MM:SS)
37636 01/03	13:51:49

SEL Narrative for 90th percentile wait in each priority:

P1: 76YOM with leg pain. CAT 2 ambulance dispatched. No re-contact.

P2: 12YOM with a blistering rash on his penis. Advised to attend ED for review. No re-contact.

P3: 5YOM with vomiting and abdominal pain. On call back advised that no further help required. No re-contact.

P4: 55YOF with a burning sensation when urinating. Patient advised that no further help required. No re-contact.

R6: 3YOM with cold symptoms and a fever. Patient referred to ED for review. No re-contact.

R12: 37YOF with an elbow injury. Patient referred to ED for review. No re-contact.

R24: 21YOF in need of the morning after pill. Multiple failed contacted, case closed. No re-contact.

**re-contact defined as within 72hrs of first contact*

NEL - Average wait data

Safe

Priority 1

Month	Wait Time
March 25	00:19:43
February 25	00:19:13
January 25	00:22:49
December 24	00:31:01

Priority 2

Month	Wait Time
March 25	01:57:26
February 25	02:15:08
January 25	02:36:23
December 24	03:46:02

Priority 3

Month	Wait Time
March 25	04:08:14
February 25	04:48:05
January 25	05:01:12
December 24	06:28:32

Priority 4

Month	Wait Time
March 25	05:18:13
February 25	06:00:11
January 25	05:52:15
December 24	06:30:31

Priority R6

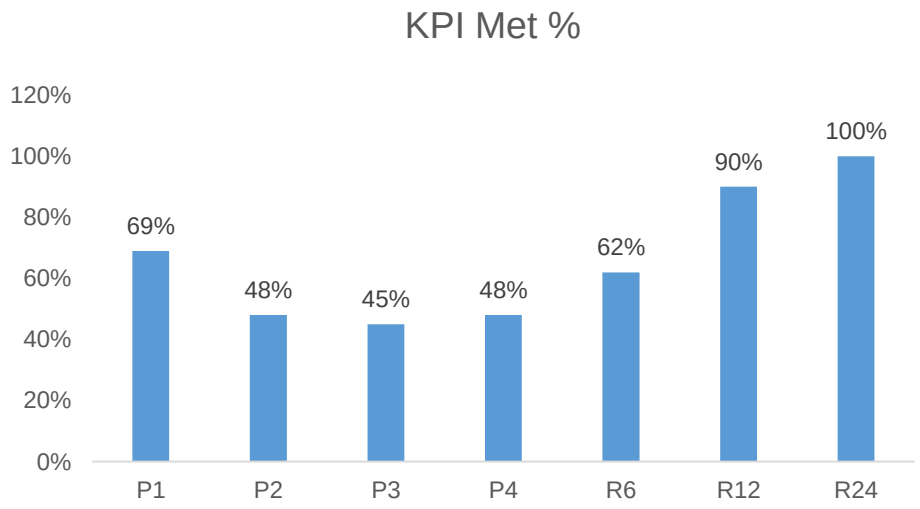
Month	Wait Time
March 25	05:42:30
February 25	06:35:15
January 25	06:48:14
December 24	07:28:29

Priority R12

Month	Wait Time
March 25	04:50:36
February 25	06:49:19
January 25	05:30:21
December 24	07:11:07

Priority R24

Month	Wait Time
March 25	04:37:51
February 25	05:05:35
January 25	05:11:17
December 24	05:43:46



Priorities definition

Priority 1 - to be dealt with in 20 minutes
Priority 2 - to be dealt with in 1 hour
Priority 3 - to be dealt with in 2 hours
Priority 4 - to be dealt with in 4 hours
Priority R6 - to be dealt with in 6 hours
Priority R12 - to be dealt with in 12 hours
Priority R24 - to be dealt with in 24 hours

90th percentile wait data – March 2025

Safe

Priority 1

Case No	Wait Time
62820	00:46:39

Priority 2

Case No	Wait Time
11792	04:51:01

Priority 3

Case No	Wait Time
10944	10:48:41

Priority 4

Case No	Wait Time
38189	11:39:42

Priority R6

Case No	Wait Time
56809	11:53:59

Priority R12

Case No	Wait Time
93019	10:17:06

Priority R24

Case No	Wait Time
48808 16/03	13:54:09

NEL Narrative for 90th wait in each priority:

P1: 50YOF with a headache, nausea, shoulder/chest pain and bitter taste in mouth. Referred to GP practice Direct Booking: Glebelands Practice, Redbridge, London. No re-contact.

P2: 40YOF with abdominal pain. Case closed with home management advice. No re-contact.

P3: 19YOM with a rash. Multiple failed contact and the case was closed. No re-contact.

P4: 34YOF with burst cyst on armpit. On call back patient was waiting to be seen in ED. No re-contact.

R6: 4YOF with a red swollen face. On call back patient had been seen in UTC. No re-contact.

R12: 33YOF with lower back pain. Referred to GP OOH Telephone Consultation: Newham, London. No re-contact.

R24: 35YOM with a history of alcohol & substance misuse. Referred to GP Practice - Direct Booking: Harrow Road GP Practice, Waltham Forest, London. No re-contact.

**re-contact defined as within 72hrs of first contact*

Quality Audit Data – February 2025

Effective

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service / Health Advisors	1995	1995	100%	1822	95%	• No worsening advice given • Lack of probing, resulting in wrong Pathway being selected.

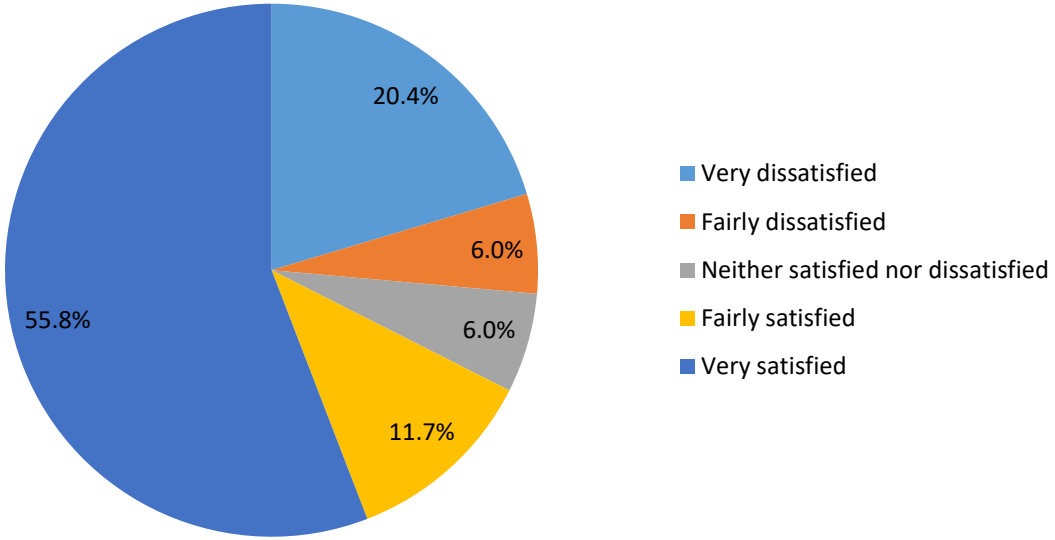
Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Team Navigator	71	71	100%	69	97%	**2 Audits did not achieve the required pass mark** - Incorrect Ambulance category not recognised by CTN - CAT3 validation process not followed by CTN - 1 partial case upgraded for no clear clinical reason (CTN) **Health Advisor – Calls coming to advice line** - Issues with having trust in the NHSP system and processes are improving - However 23% of this month's calls were not appropriate for Clinical Advice & could have been answered / checked by NCFW - Increase in HA's passing patient identifiable information to the clinicians – emails sent to individuals & line manager for further support & guidance

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
GP / ACP	342	342	100%	332	97%	• Targeted worsening advice • Documentation – demographics, PMH • Delayed Assessment
Pathways Clinician	124	124	100%	106	87%	

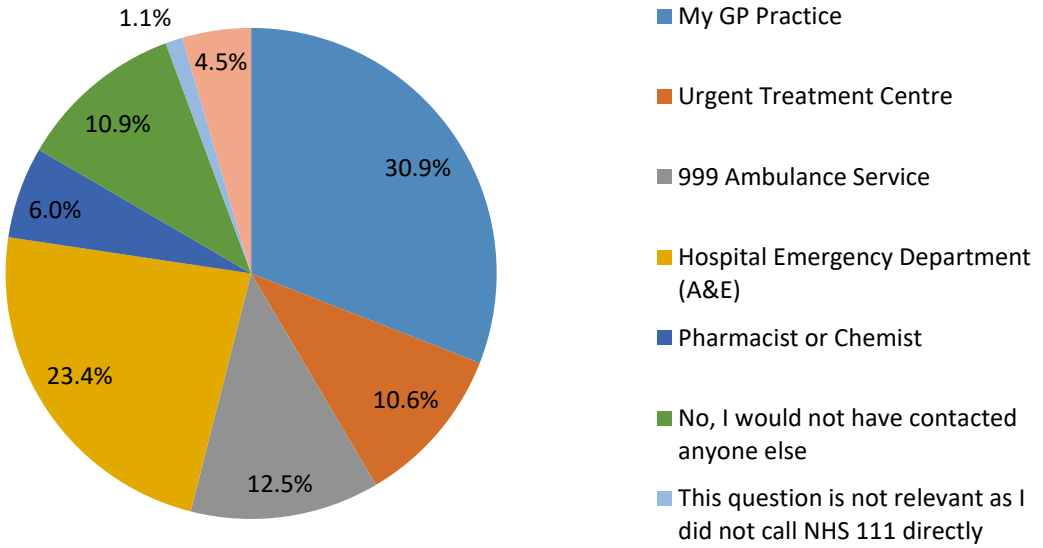
Any staff who have audit learning identified are being provided a high level of support and managed under the appropriate policy if needed.

Patient survey – March 2025

Overall, how satisfied or dissatisfied were you with the NHS 111 service? (please choose one)



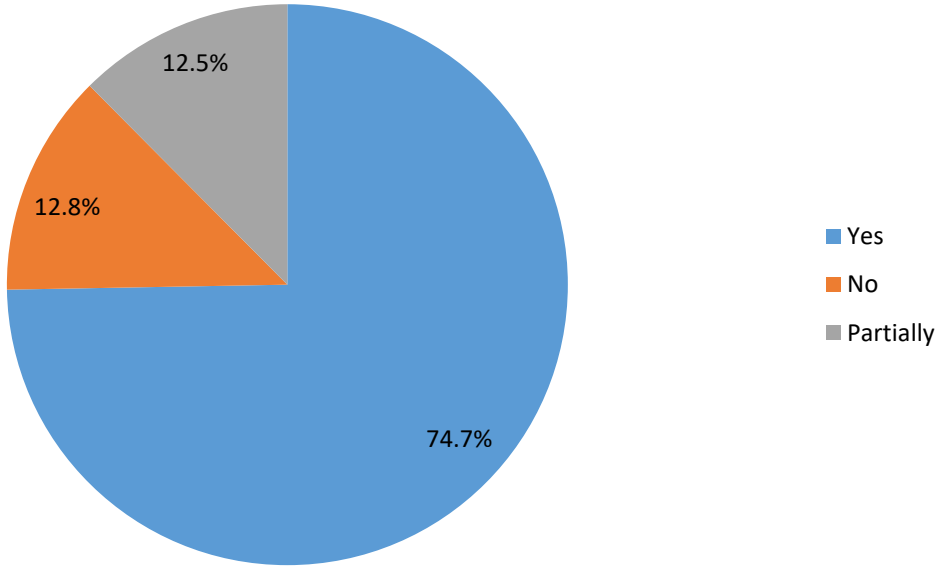
If the NHS 111 service had not been available, would you have contacted another service about your health problem? (please choose one)Yes, I would have contacted:



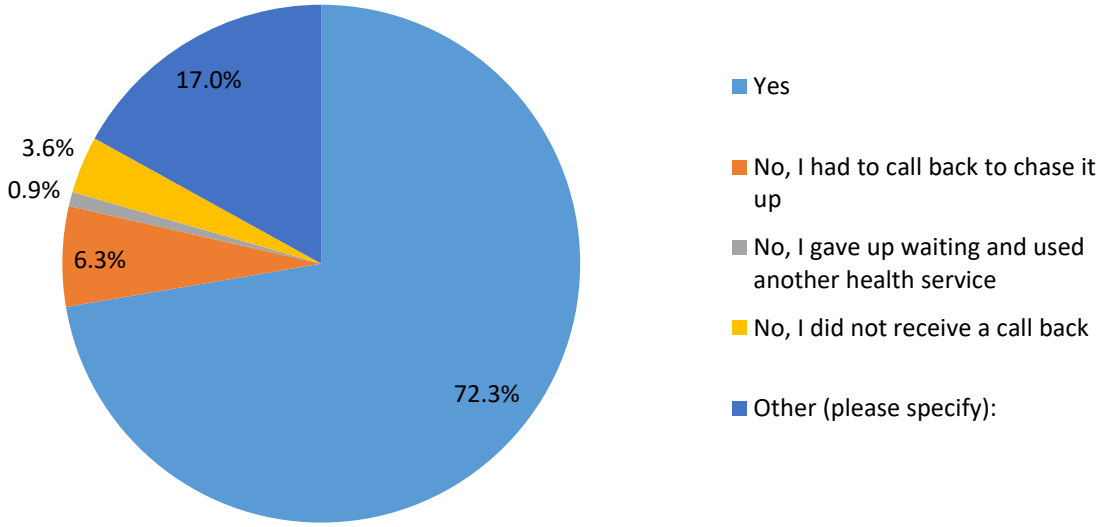
6722 surveys sent
265 patient's responded to the patient survey
Response rate of 3.94%

Patient survey – March 2025

Did the advice help with your/the patient's health concern? (please choose one)



Did you receive the call back within the time you had been advised? (please choose as many as apply)



Patient survey – March 2025

I would recommend this Valuable service to friends and family

Much better than my GP practice

Great service friendly and quick as well

Tonight was so helpful - the clinician J listened to my asthma history and was so helpful in recognising my condition had changed

No, the lady i spoke with on the 111 was amazing!

Risk Management – March 2025

Well Led

The Trust has Risk Management KPIs which are used to monitor compliance against the Trust's Risk Management Strategy and Policy as well as the Risk Management Procedure.

The overall Trust Risk compliance February 2025 was:

- **100%** of risks reviewed within the last 3 months – target 90%
- **100%** of all risks approved within 1 month (target 90%)

The 6 IUC risks are listed below.

All Operational risks are under review to ensure they capture the impact both on Ambulance Services and IUC.

IUC Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost Certain	0	0	1	0	0	1
Likely	0	0	3	0	0	3
Possible	0	0	2	1	0	3
Unlikely	0	0	1	1	0	2
Rare	0	0	0	0	0	0
Total	0	0	7	2	0	9

Risk Compliance and Assurance Group (RCAG)

The RCAG review all red (15 and above) scored risks on a monthly basis, including those held in the Corporate Trust wide Risk Register as well as those held on other risk registers across the Trust.

IUC Risks Rating

Description	Risk Type	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)
There is a risk that staff safety and experience is reduced and the ability to run a safe service compromised by a high number of incidents outside the contact centres at Maritime House and Bernard Weatherill House. Both sites have been near to public disorder incidents with police and other agencies involved. These have recently included a homicide (not involving LAS staff) and theft outside Maritime House as well as incidents of public throwing objects at and chasing call handlers leaving Bernard Weatherill House. The likely impact is a reduction in staff safety which could lead to increased abstraction, increased possibility of staff being involved and injured in incidents, and the increased possibility of an inability to access the building which could impact service delivery. Other impacts include inability to access key transport hubs such as car parks and train stations if closed by the police and reduced ability to recruit staff due to location of contact centres.	Health and Safety	Significant	12	Significant	12	Low	3
There is a risk to clinical audit compliance caused by reduced functionality in Adastra following an upgrade, which causes the audit process to be elongated, which may lead to a lack of compliance and increased financial burden if not properly managed.	Governance	Significant	12	Significant	12	Low	3
There is a risk that clinical information gained by GP's from 111 is not relayed to the attending ambulance crews effecting the crews ability to make informed clinical decisions. There is a risk of patients being re-assessed by an ECAS clinician that have already received a clinical assessment by an integrated urgent care clinician caused by difficulties easily identifying when a patient has already been assessed by a clinician due to DX codes presenting the same as non-clinically assessed patients which may lead to incorrect navigation decisions, delays to face to face assessments, patient safety incidents, poor patient experienced and reputational damage if not properly managed.	Clinical	Significant	12	Significant	12	Moderate	4
There is a risk the clinical staffing for the CAS will fall short of the required rota fill due to staff not offering/being available to cover shifts where shortfalls occur. This may lead to extended call back time frames within the CAS.	Staffing	Significant	12	Significant	9	Low	3
There is a risk of delays in call backs to Patients due to increased demand, which may result in an increase in Patient Safety Incidents, Complaints, Inquests, Claims and damage to Trust reputation if not properly managed.	Patient Safety	Significant	12	Significant	9	Moderate	6
There is a risk that there is a mental health pathway (*2 option) at the PRM stage of 111 that Patient's are taken out of the 111 system when they select this pathway. There is not a referral pathway back into the 111 system if the Patient is not accepted by the mental health team. This may lead to a Patient being cut off and having to redial 111. There is no clear governance behind this decision and who this risk will sit with should there be an incident.	Patient Safety	Significant	9	Significant	9	Low	3

London Ambulance Service
NHS Trust

Research & Clinical Audit

Link to CARU live CPI dashboard (requires VPN)

We are the capital's emergency and urgent care responders

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

No concerns for escalation

CPI Audits

Audited rate of compliance to care	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	Dec24	Jan25
Completion rate	78%	77%	80%	82%	84%	93%	80%	83%	86%	93%	83%	90%	82%	84%	87%	88%	77%	78%
Cardiac arrest	97%	97%	97%	98%	97%	97%	98%	98%	97%	98%	97%	98%	97%	98%	98%	98%	98%	98%
Discharged at scene	96%	96%	96%	96%	96%	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	97%	96%
Mental health (Diagnosed)	95%		96%		95%		95%		96%		95%		95%		96%		97%	
Mental health (Undiagnosed)		95%		94%		96%		96%		95%		95%		97%		97%		94%
Sepsis	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	94%
DIB	96%		96%		95%		96%		95%		95%		95%		96%		94%	
Elderly falls	94%	94%	95%	95%	95%	95%	96%	96%	95%	95%	95%	95%	95%	95%	96%	88%	88%	89%
End of life care		95%		95%		95%		96%		95%		96%		96%		96%		96%

Red = below median, Green = above median

Completion rate by sector	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	May24	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	Dec24	Jan25
North West	82%	83%	98%	87%	81%	83%	85%	92%	90%	98%	90%	82%	92%	85%	83%	78%	72%	0.57
North Central	79%	97%	76%	75%	79%	90%	77%	89%	98%	95%	95%	99%	86%	88%	89%	93%	98%	0.86
North East	94%	91%	95%	89%	83%	98%	95%	91%	84%	89%	85%	90%	82%	83%	84%	87%	69%	0.8
South East	50%	59%	54%	64%	81%	98%	66%	68%	73%	88%	68%	91%	90%	96%	95%	98%	81%	0.96
South West	97%	81%	94%	100%	96%	99%	85%	79%	92%	100%	97%	99%	59%	73%	90%	83%	80%	0.95

Red = below median, Green = above median

Link to CARU live CPI dashboard (requires VPN)

Safe | **Effective** | Caring | Improve | Priority | Owner RF | Exec Lead FW

CARU

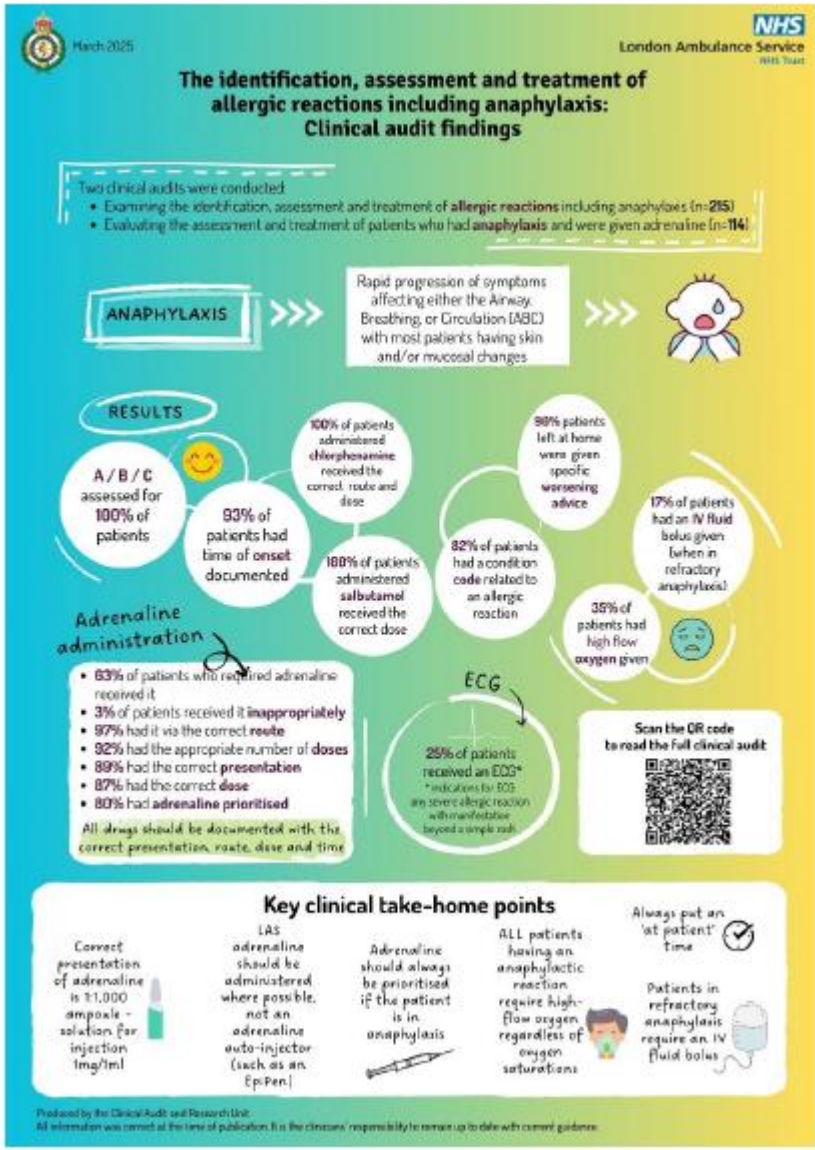
Clinical audit

- In March we published our latest clinical audit reports which focus on the identification, assessment, and treatment of patients with an allergic reaction. The results of these clinical audit projects highlighted that while there was good practice in the identification and treatment of allergic reactions, improvement is needed for patients experiencing anaphylaxis. The recommendations for improvement include:
  - Proposing that anaphylaxis recognition and treatment is incorporated into Core Skills Refresher (CSR) training modules.
  - Clarifying with the JRCALC Guideline Development Group whether blood pressure should be measured for paediatric patients having an allergic reaction.
  - Considering moving the "at patient" field so it is more accessible.
  - Clarifying with the JRCALC Guideline Development Group whether adrenaline should be given in 5-minute intervals or at least 5 minutes.

- The Clinical Audit Work Programme for 2025-26 was approved by the Clinical Audit & Research Steering Group. New projects approved for 2025-26:
  - Acute Behavioural Disturbance
  - Hear & Treat Worsening Advice
  - Hyperventilation and Panic Attack
  - Management of Hypothermic Cardiac Arrest
  - Major Head Injury
  - Non-Conveyance of Abdominal Pain
  - Non-Conveyance of Headache
  - Overdose and Poisoning in Children

Research

- One of the work packages of the PROTECTeD study, focusing on the experiences of relatives of cardiac arrest patients after a resuscitation was published in the BMC Emergency Medicine journal late last year. It was also featured on the Resus Room podcasts 'Papers of the Month' episode in March. This podcast has wide reach across pre-hospital clinicians in the UK and abroad.
- March was the best recruiting month for the CRASH-4 trial so far in 2025, with 9 patients randomised during this time.



London Ambulance Service
NHS Trust

Advanced Practice & Specialist Services

We are the capital's emergency and urgent care responders

CQOG date :

Reporting date = Months & year

Template - Clinical Quality Oversight Group - Advanced Practice

Incidents

Number of (patient) incidents incidents raised on RADAR RADAR within reporting period period	
Themes	

(esp inappropriate restraint by us / others)

- UC APP - prescriptions - issues - common prescriptions - numbers
- Crit care - intubation success

Current Risks and

- Number and description of open risks reported on the risk register (RADAR) for APP.
- Any concerns and or matters for escalation

WORK IN PROGRESS

Improvement work: This is what the new templated updates will look like in future reports to provide assurance

Performance

- APP CPI results
- Performance metrics / targets
- Stat man compliance
- Attendance at case review
- Supervision shifts - numbers / target
- Cover - are we achieving prescribed cover

Learning

- Learning from incidents
- Practice development

CQOG date :

Reporting date =
Months & year

Clinical Quality Oversight Group - Advanced Practice Update

Training

- Mandatory training compliance
- Training achievement / pipeline (are they up to date with academic stuff)
- Attendance at training days
- Assurance over revalidation/qualification/ recertification - staff and extras like USS and blocks

Assurance

- PGD breaches
- Audit

WORK IN PROGRESS

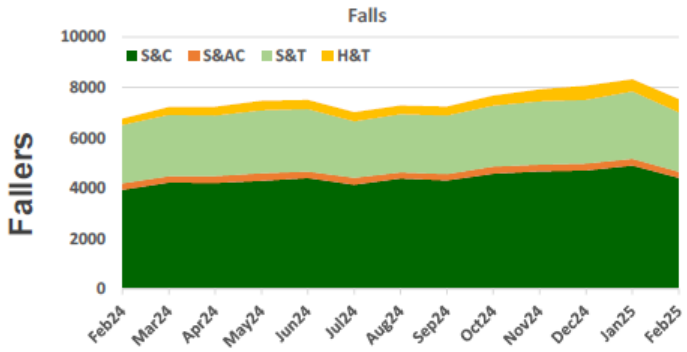
Improvement work: This is what the new templated updates will look like in future reports to provide assurance

Other updates of

Safe | Effective | **Caring** | Improve | Priority | Owner | Exec Lead FW

No concerns for escalation

Summary 1 of 2



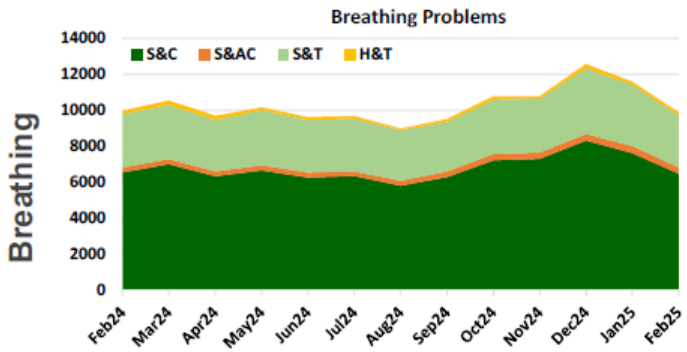
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,170	71%	10%	19%	5.8	42	47	75
Cat 2	15,598	67%	4%	29%	11.9	53	48	84
Cat 3	4,810	51%	2%	48%	12.2	56	51	83
Cat 4	32	59%	0%	41%	29.9	46	-	81
Cat 5	759	34%	1%	65%	11.9	65	63	80
ALL	22,369	63%	3%	34%	11.7	53	49	83

Quality Performance Feb25

Compliance to care - CPI - Elderly falls

	%
NW	91%
NC	88%
NE	87%
SE	82%
SW	90%



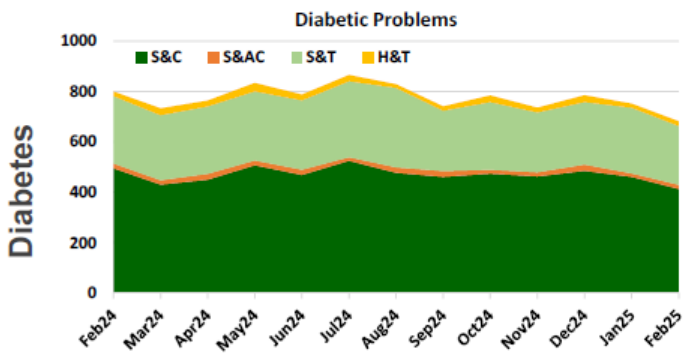
Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	13,059	72%	3%	25%	6.4	38	38	70
Cat 2	20,081	64%	3%	33%	11.7	42	41	80
Cat 3	197	45%	2%	54%	11.8	43	40	74
Cat 4	1	100%	0%	0%	56.7	32	-	-
Cat 5	126	48%	2%	49%	9.9	41	32	63
ALL	33,464	67%	3%	30%	9.6	40	40	77

Quality Performance Feb25

Compliance to care - CPI - DIB

	%
NW	93%
NC	93%
NE	93%
SE	92%
SW	97%



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	337	57%	3%	39%	6.0	46	44	80
Cat 2	1,759	65%	3%	33%	11.5	43	44	80
Cat 3	35	60%	0%	40%	10.7	45	-	90
Cat 4	0	-	-	-	-	-	-	-
Cat 5	26	35%	0%	65%	8.9	27	-	60
ALL	2,157	63%	3%	34%	10.6	43	44	80

Quality Performance -

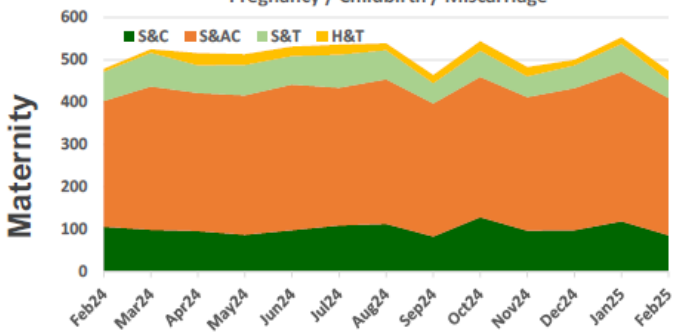
	%
NW	
NC	
NE	
SE	
SW	

Safe | Effective | **Caring** | Improve | Priority | Owner | Exec Lead: FW

No concerns for escalation

Summary 2 or 2

Pregnancy / Childbirth / Miscarriage



Operational Performance - last 3 months

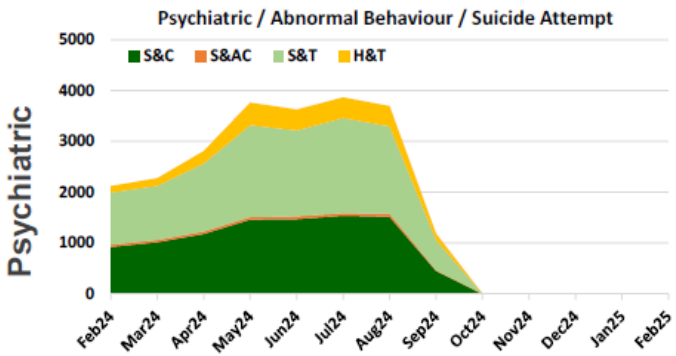
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	1,105	20%	70%	10%	6.2	30	28	57
Cat 2	318	19%	69%	12%	9.1	31	32	56
Cat 3	35	69%	9%	23%	9.4	34	31	51
Cat 4	0	-	-	-	-	-	-	-
Cat 5	19	16%	47%	37%	6.6	30	25	37
ALL	1,477	21%	69%	11%	6.9	31	29	56

Quality Performanc Feb25

Compliance to care - CPI - Discharged at Scene

	%
NW	97%
NC	96%
NE	95%
SE	93%
SW	97%

Psychiatric / Abnormal Behaviour / Suicide Attempt



Operational Performance - last 3 months

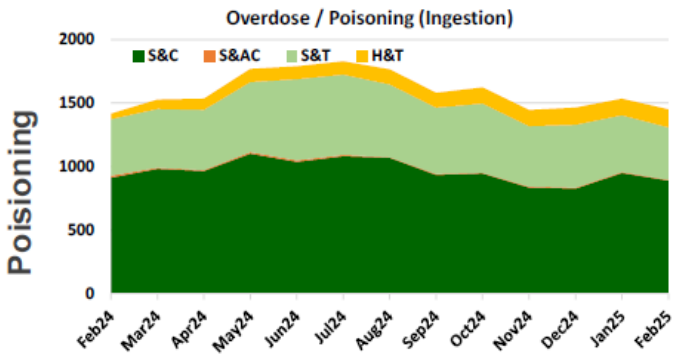
	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	0	-	-	-	-	-	-	-
Cat 2	0	-	-	-	-	-	-	-
Cat 3	0	-	-	-	-	-	-	-
Cat 4	0	-	-	-	-	-	-	-
Cat 5	0	-	-	-	-	-	-	-
ALL	0	-	-	-	-	-	-	-

Quality Performanc Feb25

Compliance to care - CPI - Mental Health (diagnosed)

	%
NW	96%
NC	97%
NE	92%
SE	93%
SW	96%

Overdose / Poisoning (Ingestion)



Operational Performance - last 3 months

	F2F Incidents				Perf	On Scene Time		
	Total	S&C	S&AC	S&T		S&C	S&AC	S&T
Cat 1	190	75%	0%	25%	6.6	37	-	58
Cat 2	2,690	71%	0%	29%	11.6	41	40	74
Cat 3	1,091	54%	1%	45%	11.7	40	46	60
Cat 4	1	0%	0%	100%	17.0	-	-	95
Cat 5	69	54%	3%	43%	10.5	43	38	62
ALL	4,041	66%	0%	33%	11.4	41	43	68

Quality Performanc Jan25

Compliance to care - CPI - Mental Health (undiagnosed)

	%
NW	93%
NC	95%
NE	93%
SE	93%
SW	96%

Maternity

- 41 no harm maternity incidents reported in March (excluding old incidents carried over to Radar).
- Further St Mary's and Queen Charlotte's site visits in Feb and March to improve signage/access with their maternity, communications and estates teams. Walk through/sim planned in May with Royal London to improve interface.
- Awaiting confirmation of start date for new Practice Development Midwife. Team currently unable to support successful TBW training with 2.15 WTE midwives.
- Maternity team provided training to approx 1900 participants in 2024-25 financial year – mainly via teams-based working, but also via joint training with maternity units, bespoke events and webinars.

Mental Health

- The Mental Health Joint Response Car (MHJRC) team covered 202 shifts in March with an average of 6.24 cars per day. The MHJRC had a utilisation rate of 81% and 1100 activations. This is an improving picture
- The team provided training to clinical tutors and teams based staff on ambulance complex.
- The team continue to work on the roll-out of the new mental health electronic patient care record (epcr) which is the largest change within cleric. The training package and roll out of the updated record are due to go live in Summer 25.
- 2025 is the 10 year anniversary of Mental Health Nurses within the London Ambulance Service.
- The team were on BBC London and national news as part of their 10th anniversary celebrations.

London Ambulance Service
NHS Trust

3rd Party Oversight & Alternative Pathways

We are the capital's emergency and urgent care responders

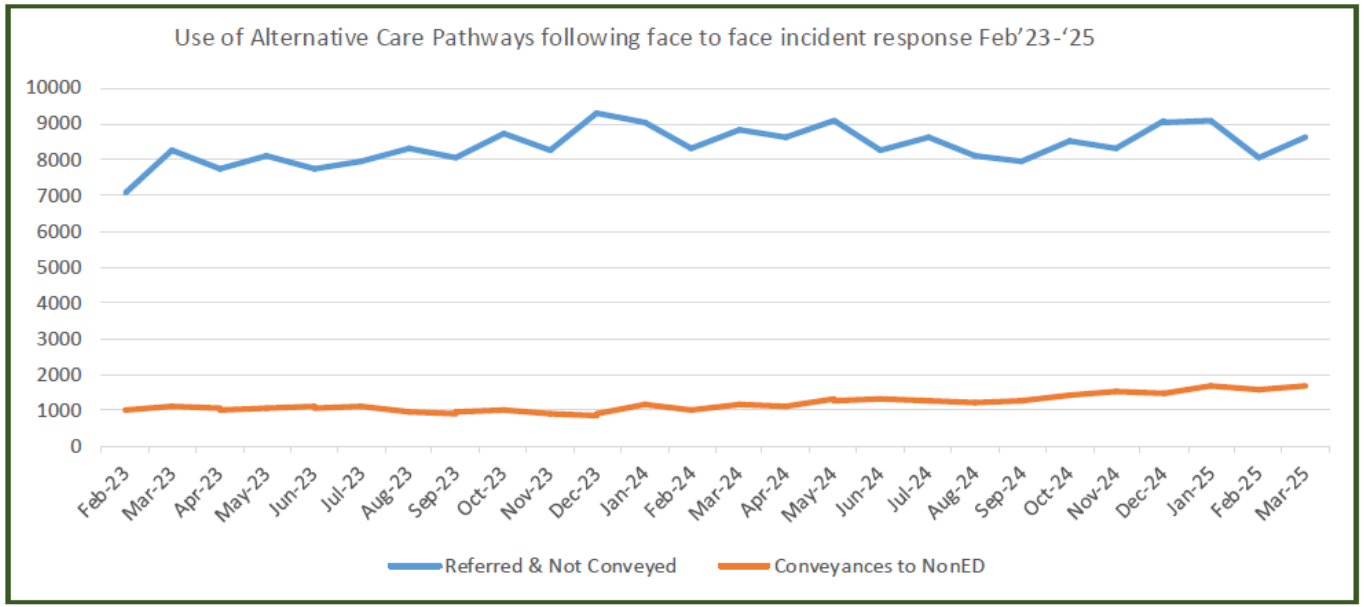
Safe | Effective | **Caring** | Improve | Priority | Owner GMJ | Exec Lead FW

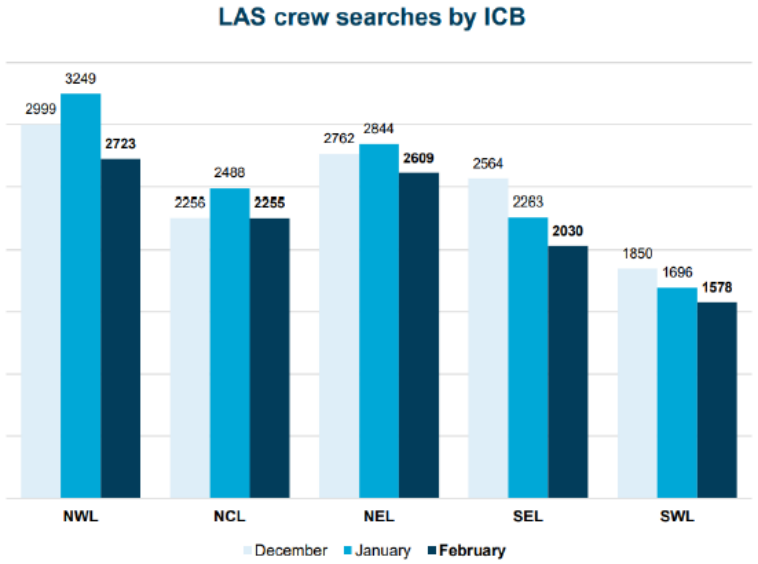
Alternate Pathways

No concerns for escalation

Face to face response, conveyance to Non ED outcome: relatively stable, with slight upward trend in the last 6 months (**percentage of all incidents increased from 1.4% to 1.8%**).

Face to face response, referred and not conveyed outcome: gradual increased over the past 2 years. The majority accounts for community service referrals.



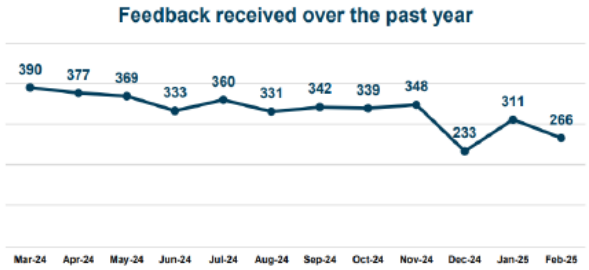


NCL Integrated Care Coordination (ICC) Hub has been live since Jan '25 this may impact NCL as clinicians call ICC instead of looking for an ACP.

MiDoS

MiDoS enables LAS clinicians to search for ACPs

Searches have been decreasing over the last 3 months. Intelligence being gathered to ascertain possible reasons for this. Clinicians may not need to check ACP for frequently used pathways



Clinicians are able to report feedback on ACPs via MiDoS, a similar decrease is observed as MIDOS utilisation decreases:

Safe | Effective | **Caring** | Improve

Priority | Owner GMJ | Exec Lead FW

No concerns for escalation

Alternate Pathways

Data reporting limits full understanding of patient outcomes, a programme to change the coding system for patient/incident outcomes is being proposed. This is a significant project, impacting numerous directorates in the Trust but will allow increased accuracy, reporting to service level and aid partnership working and ACP improvement activity.

ICC Hubs

Integrated Care Coordination provides a multidisciplinary team, with enhanced access to pathways and senior clinical support for decision making. Two pilot sites will be evaluating this model:

NCL – pre and post dispatch from Jan '25

NWL – pre-dispatch March, post dispatch from April

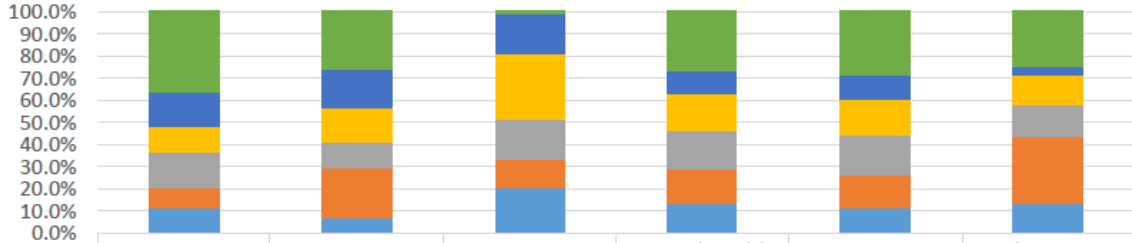
LAS change in pathway development and provider engagement

Restructure of sector clinical teams will result in change to pathway strategy in sectors, how ACPs are developed and relationships with ICBs and providers, now led by Head of Clinical and Quality in each sector. There is risk to established local relationships with providers and renewal of ACPs due to cessation of Systems Partnership Transformation Manager role in operations. A newly established, small central Clinical Pathways Team will exist from April and provide leadership of pathway development and pan London oversight. The focus for '25-26 will be on ICC models and pathway integration.

Non-ED Conveyance outcome Feb - March '25 by ICB (face to face response and H&T)

	SDEC	Frailty Unit	UTC
H&T Referrals	46	0	693
NHS South West London ICB	235	0	199
NHS South East London ICB	111	0	173
NHS North West London ICB	386	0	620
NHS North East London ICB	793	0	436
NHS North Central London ICB	202	0	119

Community Services pathway utilisation by percentage Feb –Mar '25 by ICB (face-to-face/ H&T)



	UCR	District Nurse	EoLC	Mental Health	GP	Pharmacy
H&T Referrals	36.2%	25.4%	0.7%	26.9%	28.0%	25.1%
NHS South West London ICB	16.1%	18.0%	17.7%	9.8%	11.8%	3.6%
NHS South East London ICB	10.6%	15.9%	29.9%	16.6%	15.7%	13.3%
NHS North West London ICB	17.4%	10.6%	18.9%	17.6%	18.4%	14.4%
NHS North East London ICB	8.2%	22.8%	12.7%	15.8%	14.8%	30.8%
NHS North Central London ICB	11.5%	7.4%	20.1%	13.2%	11.3%	12.8%

Safe | Effective | Caring | Improve | Priority | Owner | Exec Lead FW

London's Air Ambulance

PLACE HOLDER

New section

No data available this report

Following the development of the 3rd Party oversight group which will report into CQOG. This section of the report will be used to highlight key metrics and any issues in regards to London's Air Ambulance to provide assurance that as a trust we are aware of the activity and have adequate oversight of our 3rd party partners

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WORK IN PROGRESS

Safe | Effective | Caring | Improve | Priority | Owner | Exec Lead FW

Physicians Response Unit

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WORK IN PROGRESS

New section

No data available this report

Following the development of the 3rd Party oversight group which will report into CQOG. This section of the report will be used to highlight key metrics and any issues in regards to the Physicians Response Unit to provide assurance that as a trust we are aware of the activity and have adequate oversight of our 3rd party partners

Safe | Effective | Caring | Improve | Priority | Owner | Exec Lead PC

National Ambulance Resilience Unit

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WORK IN PROGRESS

New section

No data available this report

Following the development of the 3rd Party oversight group which will report into CQOG. This section of the report will be used to highlight key metrics and any issues in regards to NARU to provide assurance that as a trust we are aware of the activity and have adequate oversight of our 3rd party partners

Safe | Effective | Caring | Improve | Priority | Owner | Exec Lead FW

IUC Cars

New section

No data available this report

Following the development of the 3rd Party oversight group which will report into CQOG. This section of the report will be used to highlight key metrics and any issues in regards to IUC cars to provide assurance that as a trust we are aware of the activity and have adequate oversight of our 3rd party partners

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WORK IN PROGRESS

London Ambulance Service
NHS Trust

Quality Team Performance

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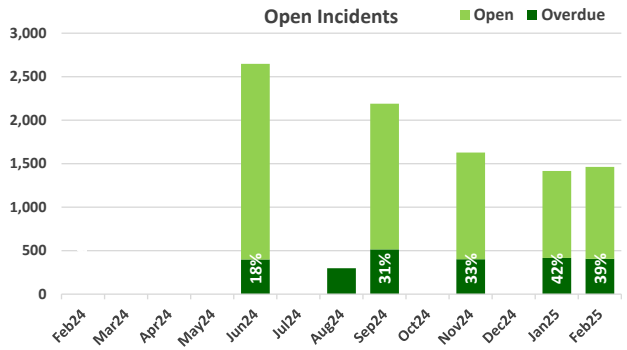
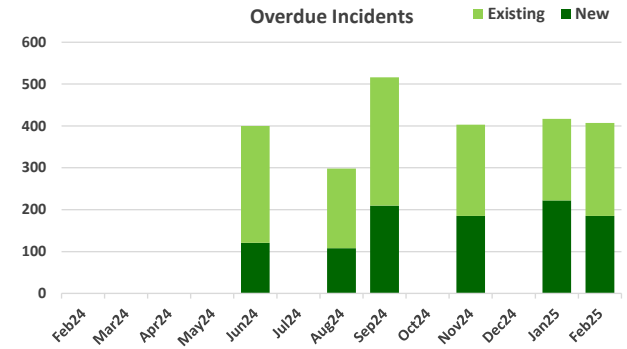
Safe | Effective | Caring | Improve

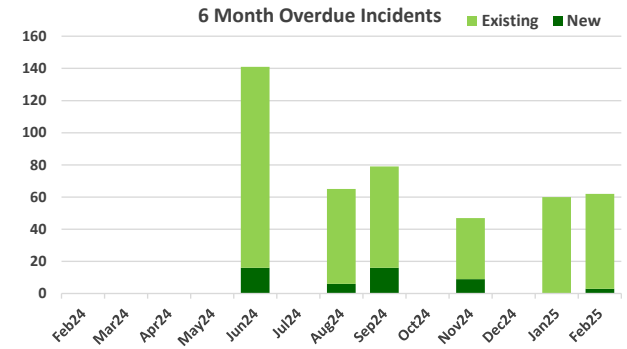
Priority | Owner AW | Exec Lead FW

Overdue Incidents (reported date)

The trust achieved its business objective of having less than 25% of open incidents overdue.







Severity	<1	1-2	2-3	3-6	6-12	12+	All
Death							0
Severe	1			1			2
Moderate	3				1		4
Low	17	9	1	1	26	14	68
None	168	79	33	39	10	12	341
Total	189	88	34	41	37	26	415

Incident Type	<1	1-2	2-3	3-6	6-12	12+	All
Patient	110	62	22	30	34	20	278
Trust	31	12	6	7	1	6	63
Staff	45	13	5	3	2		68
Visitor	3	1	1	1			6
Total	189	88	34	41	37	26	415

Top 15 Teams	<1	1-2	2-3	3-6	6-12	12+	All
NHS111	22	24	15	12	3	2	78
North West Sector	36	15	5	8	2	1	67
CARU					25	21	46
South East Sector	26	7		1	1		35
EOC	21	9	1				31
South West Sector	12	7	2	2			23
North East Sector	17	3			1	1	22
North Central Sector	15	3		2			20
NETS	5	4	2	7			18
CHUB	7	6	1	1			15
Resilience and SA	5	3	1	1			10
MRU		2	5				7
IM & SD	5			1			6
IM&T				4	1		5
Frequent Caller Team	3	1					4

Overdue incident reporting ceased as of 03 March 2025 with the transition onto Radar.

The transition meant that there was a focused push to appropriately close open incidents on Datix.

The result was that over 900 incidents were closed on Datix, and circa 170 were subsequently transferred onto Radar.

The team is understanding Radar to better inform teams of when investigations become overdue

Owner: AW **Exec Lead:** FW

Compliance with Targets

In February and March 2025, 22 learning responses were commissioned and 49 were closed

Breached learning responses

- There are currently 21 PSRs and 26 PSIIs open (down from 47 PSRs and 31 PSIIs in the last reporting period)
- Of the 26 open PSIIs only 4 have been open for more than 6 months
  - 1 pending exec sign off
  - 2 in the final QA stages
  - 1 remains with the lead investigator
- Of the 21 open PSRs only 4 have been open for more than 6 months

Duty of Candour

	DoC 2024/2025			
	Compliant	Applicable	Performance	Previous
PSII 1st Stage DoC	61	63	96.8%	100.0%
PSII 2nd Stage DoC	64	66	97.0%	94.6%
PSR 1st Stage DoC	33	35	94.3%	92.9%
PSR 2nd Stage DoC	65	68	95.6%	94.9%
Local investigation 1st Stage DoC	25	25	100.0%	92.3%
Local investigation 2nd Stage DoC (Outcome)	61	63	96.8%	80.0%

WORK IN PROGRESS

London Ambulance Service
NHS Trust

Risk

Corporate Risk Register & New Risks of Note

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Safe | Effective | Caring | Improve | Priority | Owner TL | Exec Lead FW

Risks > 15

Risks currently active on RADAR > 15.

Reference	Title	Description	Category	Original score	Current score	Target score
RSK-012	Insufficient Number of Trained Collision Investigators	The Trust currently lacks an adequate number of trained collision investigators, within the IM&SD team, whose job descriptions outline this responsibility. This shortage significantly hampers our ability to manage and investigate incidents in a timely manner, delaying the critical download of vehicle data, supply of information to stakeholders and compilation of necessary documentation. As a result, this poses a risk to our compliance with legal obligations and undermines effective risk management procedures.	Statutory duty/ inspections	16	16	3
RSK-014	ECG interpretation	There is a risk of sub-standard quality of care for patients suffering a STEMI, caused by ECGs not being correctly interpreted, which may lead to delayed or non-conveyance to a HAC leading to patient harm and reputational damage if not properly managed.	Impact on the safety of patients, staff or public (physical/psychological harm)	15	15	5
RSK-015	Duplicate emergency calls	There is a risk of reputational damage and patient harm caused by the management of duplicate emergency calls process because calls can be duplicated to an already closed call and there is no automatic clinical oversight of multiple 999 calls which may lead to patient harm, delayed responses and reputational damage if not properly managed.	Impact on the safety of patients, staff or public (physical/psychological harm)	15	15	3
RSK-016	LFB Collapse Behind Locked Doors - MOU	There is a risk that a patient will receive a delayed response because the memorandum of understanding (MOU) between the LAS, LFB and MPS on responding to a collapse behind locked doors stipulates the LFB will only respond to assist with access once a LAS resource arrives on scene and confirms an access issue, but not when a 999 caller on scene confirms an access issue. This may lead to patient harm including death if not properly managed.	Impact on the safety of patients, staff or public (physical/psychological harm)	15	15	5
RSK-006	Delayed response at shift changeover	There is a risk of delayed provision of appropriate patient care caused by reduced availability of resources at shift handover, which may lead to patient harm and/or reputational damage if not properly managed.	Impact on the safety of patients, staff or public (physical/psychological harm)	16	16	4
RSK-013	Body armour for operational staff	There is a risk to the safety of operational staff in situations requiring body armour, caused by multiple issues relating to it's quality and availability to the workforce, which may lead to staff harm if not properly managed.	Impact on the safety of patients, staff or public (physical/psychological harm)	15	15	5

Data correct as of 23/04/2025 – pending review of risk levels following RCAG.

All Risks 15 or greater are reviewed in RCAG for assurance and to monitor mitigations and progress.

London Ambulance Service
NHS Trust

CQC & Assurance

londamb.lascqcevidence@nhs.net

We are the capital's emergency and urgent care responders

Compliance

Owner: AP **Exec Lead:** FW

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Learning Culture	Overdue Incidents	0	415	Current Month Data unavailable due to transition to Radar system		
		Reported Patient Incidents	-	1028	1262	+234	
		Reporting Staff Incidents	-	410	426	+16	
		Controlled Drugs Incidents	-	241	255	+14	
		Medication Errors	-	49	63	+14	

	Quality Statement	KPI	Target	Open Incidents	Overdue Incidents	Overdue %
SAFE	Learning Culture	Open/Overdue Incidents	-			

Data exported from the Quality Compliance report - March 2025.

Compliance

Owner: AP **Exec Lead:** FW

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Safe & Effective Staffing	PDR	85%	75.61%	75.27%	-0.34%	
		OWR	85%	67.30%	68.37%	+1.07%	
		CISO	85%	78.28%	81.07%	+2.79%	
		Vacancy Rate	<5%	2.83%	4.23%	+1.40%	
		Staff Turnover	<10%	8.48%	8.80%	+0.32%	
		Sickness	<5%	7.22%	7.25%	+0.03%	
		Stat & Man Training	85%	89.21%	90.44%	+1.23%	

Data exported from the Quality Compliance report - March 2025.

Owner: AP **Exec Lead:** FW

Mandatory Training Compliance

Data as of 1st May 2025

Training Type	Required	Completed	Outstanding	%
Total	168,769	151,412	17,357	89.72%
Display Screen Equipment (3 Years)	3,676	3,282	394	89.28%
Duty of Candour (3 Years)	8,481	8,191	290	96.58%
EPRR Incident Response (Clinical) (1 Year)	5,376	4,949	427	92.06%
EPRR Incident Response (EOC) (1 Year)	801	663	138	82.77%
EPRR JESIP Awareness E-Learning (1 Year)	479	368	111	76.83%
EPRR JESIP Commander Classroom (3 Years)	296	243	53	82.09%
EPRR LAS Operational Commander Foundation (3 Years)	321	234	87	72.90%
EPRR LAS Tactical Commander Foundation Course (3 Years)	30	16	14	53.33%
Equality, Diversity and Human Rights - 3 Years	8,481	8,055	426	94.98%
Fire Safety (2 Years)	8,481	7,962	519	93.88%
Fraud Awareness (No Renewal)	8,481	7,623	858	89.88%
Health, Safety and Welfare - 3 Years	8,481	8,053	428	94.95%
Infection Prevention and Control - Level 1 - 3 Years	8,481	7,292	1,189	85.98%
Infection Prevention and Control - Level 2 - 1 Year	5,499	4,307	1,192	78.32%
Information Governance and Data Security - 1 Year	8,481	7,761	720	91.51%
Medicines Management (1 Year)	5,214	4,527	687	86.82%
Medicines Management (NETS) (1 Year)	150	119	31	79.33%

Training Type	Required	Completed	Outstanding	%
Mental Capacity Act Level 1 (3 Years)	5,340	4,979	361	93.24%
Moving & Handling Level 2 (Load Handling) (3 Years)	489	276	213	56.44%
Moving and Handling - Level 1 - 3 Years	8,481	8,045	436	94.86%
Moving and Handling - Level 2 - 2 Years	5,390	4,772	618	88.53%
NHS Conflict Resolution (England) - 3 Years	5,397	5,021	376	93.03%
Oliver McGowan Training on Learning Disability and Autism Tier 1 (3 Years)	8,481	7,815	666	92.15%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	8,481	8,088	393	95.37%
Preventing Radicalisation - Prevent Awareness - 3 Years	5,504	5,342	162	97.06%
Resuscitation - Level 1 - 1 Year	8,481	7,358	1,123	86.76%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	169	85	84	50.30%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	169	85	84	50.30%
Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	5,227	4,610	617	88.20%
Resuscitation - Level 3 - Newborn Immediate Life Support - 1 Year	5,227	4,610	617	88.20%
Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	5,227	4,610	617	88.20%
Safeguarding Adults & Children Level 2 (EOC/111) (3 Years)	1,477	1,160	317	78.54%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	1,441	1,240	201	86.05%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	5,561	4,212	1,349	75.74%
Safeguarding Children (Version 3) - Level 1 - 3 Years	1,446	1,244	202	86.03%
Safeguarding Children (Version 3) - Level 3 - 3 Years	5,559	4,211	1,348	75.75%
Safeguarding Trust Board (3 Years)	13	4	9	30.77%

Compliance

Owner: AP **Exec Lead:** FW

	Quality Statement	KPI	Target	Last month	Current month	Variation	Improvement
SAFE	Infection Prevention & Control	Hand Hygiene Submissions	241	267	275	+8	
		Hand Hygiene Compliance	90%	95.5%	96.5%	+1.0%	
		Station Cleaning Submissions	21	49	51	+2	
		Station Cleaning Compliance	90%	96.7%	94.5%	-2.2%	
	Safeguarding	Safeguarding Training Level 1	85%	87.69%	86.69%	-1%	
		Safeguarding Training Level 2	85%	77.56%	77.76%	+0.2%	
		Safeguarding Training Level 3	85%	75.37%	74.53%	-0.84%	

Data exported from the Quality Compliance report - March 2025.

Compliance

Owner: AP **Exec Lead:** FW

	Quality Statement	KPI	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Variation Qtr 3 – Qtr 4
SAFE	Quality Visit	Trust Compliance	90%	89.87%	90.43%	92.37%	93.09%	+0.72%

Data exported from the Quality Compliance report - March 2025.

Safe | **Effective** | Caring | Improve | Priority | Owner | Exec Lead

Quality Visit Thematic Report – Q4

Brief overview

-0.24% decrease in compliance compared to previous audit in Q3 – 92.60%

All stations were audited

21.28% of LAS vehicles audited remain unlocked inside the perimeter/garage. A decrease of 4.65% compared to Q3.

Areas of concern continue to be:
- Blanket availability – 46.07%
- Dirty linen are not always segregated correctly &/or in appropriate bags – 46.43%
- Pharmaceutical bins are not labelled – 71.43%

There has not been any improvement 11 stations scored below target compliance of 90%.

Challenges and blockages

- Some Identified unlocked vehicles were not logged as an incident as per SOP
- Continued confusion over responsibility of making improvements / reminders – local sector management or support services.

Actions and mitigations taken

Contacted QI Team to ask if they can facilitate project using QI methodology to help identify improvements in 4 key concern areas.

Dissemination of learning & improvements

Dirty linen are not always segregated correctly &/or in appropriate bags
- This is an ongoing issue consistently highlighted to local teams through our validation auditing and escalated to the CEWG for support.
- There is a current project underway through the CEWG to change the management of blankets, streaming them through Acute Trust Linen processes instead of station blanket bins.
- IPC-specific additional training for make ready colleagues has been facilitated by IPC (including the linen management process)
- Bagging guidance posters have been available for some time (designed by the QSO Team) have been circulated several times and are available on the IPC Pulse page for re-prints.

Both topics are regularly discussed at the IPCLP meetings, IPCDG for exceptions and through IPCC where escalated

To note

Page 2 details stations who are not compliant with the above key areas on concern.
Page 3 details individual station compliance scores.

Safe | **Effective** | Caring | Improve | Priority | Owner | Exec Lead

Quality Visit Thematic Report – Q4, page 2

Dirty Linen not Segregated – 46.43%	
Barnehurst	Putney
Barnet	Richmond
Becontree	Shoreditch
Bromley	St John's Wood
Deptford	St Paul's Cray
Feltham	Walthamstow
Friern Barnet	West Ham
Fulham	Whipps Cross
Greenford	Wimbledon
Greenwich	Woolwich
Hanwell	
Hayes	
Homerton	
Ilford	
Mill Hill	
Mottingham	
N Kensington	
Pinner	
Poplar	

Pharmaceutical bin not labelled – 71.43%
Battersea
Croydon
Edmonton
Fulham
Ilford
Isleworth
Poplar
Putney
Romford
Shoreditch
St Helier
Tolworth
Walthamstow
West Ham
Whipps Cross
Wimbledon

No red blanket Availability – 66.07%
Barnet
Becontree
Bloomsbury
Chase Farm
Coulsdon
Homerton
Islington
Mill Hill
Mottingham
New Addington
Ponders End
Poplar
Putney
Richmond
Shoreditch
South Croydon
Tolworth
Tottenham
Woolwich

Unlocked Vehicles – 78.72%
Barnet
Croydon
Ilford
Isleworth
New Addington
New Malden
Newham
Pinner
Putney
West Ham

Findings

1 station appears in 4/4 key concern areas:

- Putney

5 stations appear in 3/4 key concern areas – 1 in NC, 4 in NE:
Barnet, Ilford, Shoreditch, Poplar, West Ham

9 stations do not feature in any concern areas – 4 in NW, 5 in SE:

- Brent, Brixton, Forest Hill, Hillingdon, Kenton, Oval, Streatham, Waterloo, Westminster

Safe | **Effective** | Caring | Improve | Priority | Owner | Exec Lead

Quality Visit Thematic Report – Q4, page 3

South East Sector	
Barnehurst	97.78%
Brixton	90.48%
Bromley	95.35%
Deptford	95.45%
Forest Hill	97.73%
Greenwich	93.18%
Mottingham	92.86%
Oval	97.78%
St Paul's Cray	92.86%
Streatham	97.62%
Waterloo	97.73%
Woolwich	90.48%
Sector Score	**94.10%**

South West Sector	
Battersea	90.70%
Coulsdon	90.70%
Croydon	95.35%
New Addington	93.33%
New Malden	95.45%
Putney	83.72%
Richmond	88.37%
South Croydon	93.02%
St Helier	97.67%
Tolworth	86.05%
Wimbledon	90.91%
Sector Score	**91.36%**

North East Sector	
Becontree	93.18%
Homerton	93.33%
Ilford	88.64%
Newham	95.45%
Poplar	88.10%
Romford	88.64%
Shoreditch	81.40%
Walthamstow	90.70%
West Ham	90.91%
Whipps Cross	90.70%
Sector Score	**90.11%**

North Central Sector	
Barnet	90.70%
Bloomsbury	88.37%
Camden	88.64%
Chase Farm	90.70%
Edmonton	95.35%
Friern Barnet	95.45%
Islington	90.70%
Mill Hill	90.70%
Ponders End	87.80%
Tottenham	92.86%
Sector Score	**91.17%**

North West Sector	
Brent	100%
Feltham	93.02%
Fulham	95.56%
Greenford	93.02%
Hanwell	90.91%
Hayes	92.68%
Hillingdon	86.67%
Kenton	97.73%
Isleworth	93.18%
N. Kensington	97.67%
Pinner	90.48%
St Johns	97.78%
Westminster	100%
Sector Score	**94.63%**

Owner: AP **Exec Lead:** FW

CQC Enquiries

There are currently 8 open CQC enquiries:

CQC Reference	Date Received	Response Deadline	Date Responded
Incident GRJ - 03.07.24	03.07.24		25.07.24
CQC case CAS-525870-B1D1N4 CRM:001353000128	28.08.24		27/12/24
Information request: CRM:001353000143	07.10.24		
CAS-556107-F6M5N2			27/12/2024
CAS-597892-N8K2Q2			27/12/2024
CQC case CAS-788779-Z1R0H7 CRM:001353000169	03/11/2025		17/03/2025
CQC case CAS-813117-L5L1Q0 CRM:001353000170	18/03/2025	25/03/2025	24/03/2025
CAS-869662-B2D3V7 CRM:001353000179	29/04/2025	N/A	Acknowledgement - 29/04/25

WORK IN PROGRESS

Improvement work: future reports will have some headline detail

5.2.2. Quality Assurance Committee Report

For Assurance

Presented by Mark Spencer

London Ambulance Service NHS Trust

Assurance report:	**Quality Assurance Committee**	**Date:**	**06/05/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**12/06/2025**
Presented by:	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**	**Prepared by:**	**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

Matters considered:

Quality Report:

A comprehensive quality report was provided to the committee highlighting the following key areas;

The report covered patient safety incidents, highlighting a reduction in incidents reported in February and ongoing challenges with medicines management and delayed responses.

The report noted 99 complaints in March, with top themes being conduct and behaviour, non-compliance, and delays. There were also 191 appreciations and compliments.

The report included data on learning from deaths, with 276 reviews conducted. Themes included delays, destination issues, and documentation improvements.

Ongoing challenges were noted in compliance with the bare below the elbows policy and safeguarding training, with efforts being made to address these issues.

My Clinical Feedback App:

Mark Faulkner provided an overview of the My Clinical Feedback App, which links clinician records with hospital outcome data, allowing clinicians to see patient outcomes.

The app has been successful, with 1750 clinicians using it and a Net Promoter Score of over 70%. It has shown a 3% reduction in conveyance rates in northwest London compared to a 0.7% reduction in the rest of London.

Mark Faulkner discussed the challenges in expanding the app, including the need for partner trust adoption and the controversy surrounding the Federated Data Platform (FDP).

The team emphasized the need for further support from NHS England to mandate FDP adoption and streamline the process of linking data across trusts.

Cybersecurity and Clinical Risks:

Concerns were expressed about the clinical risks associated with cybersecurity and the use of digital tools like AI, emphasizing the need for a clear understanding of these risks.

The team agreed to schedule a session with David Davison and Claire McMillan to discuss these issues in more detail and ensure proper clinical input, focusing on the impact on patient safety and service continuity.

Sickle Cell Improvement Plan:

An update on the sickle cell improvement plan was provided, noting that four actions have been completed, including sharing patient engagement findings with over 300 leaders and having patients share their stories at the Trust Board.

The direct access ED bypass pathway between St. George's acute sickle cell unit and LAS was launched, with plans to launch a similar pathway with Lewisham by the end of May.

Two clinical learning packages have been developed and will be mandatory for all clinicians. These packages include patient stories and videos to enhance understanding and empathy.

Ongoing patient engagement is a key component of the plan, with quarterly sessions planned to ensure continuous input and feedback from patients.

The committee discussed the importance of focusing on specific areas within cardiovascular disease, such as hypertension and smoking cessation, where LAS can have the greatest impact.

They emphasized the need for collaboration with primary care and community health partners to identify and address key issues, ensuring a coordinated approach to cardiovascular health.

Mary explained the pilot notification system in Southeast London, which allows LAS to notify GPs of hypertension and hyperglycemia findings. This system is being expanded Pan London.

The CPD session launched during Stoptober to upskill staff in providing very brief advice on smoking cessation, with plans to include this in mandatory training.

Chief Paramedic Performance Report

It was reported that performance of key performance metrics, with the exception of Cat 3, have improved in March 2025 in comparison with the previous year and in all cases were better than the national average. In particular Category 1 performance was below the 7 minute target at 6 minutes 58 seconds. Delivered category 2 performance was below the 30 minute target of 28 minutes 34 seconds.

Comparison of the 2024/2025 financial year also saw improvements compared with the previous financial year. These improvements have been achieved against the backdrop of a 9% increase in total contacts and 11% increase in incidents.

	The focus, as part of the agreed operating plan has been to improve our call answering mean, job cycle time and hours lost by crews, being out of service. Improvements have been made through teams based working and more localised management and this is now being further progressed through current work on development of the local delivery model. Hospital handover delays have reduced in February and March 2025 from the peak seen over winter. These remain slightly higher than the same period the previous year and this relates to challenges with specific hospitals in North Central and North West London. Engagement continues to work with partners to reduce these further and ICS's have now submitted plans for agreed further reductions for the forthcoming financial plan. Recruitment to the Trust Workforce plan continues at a positive rate. The current pipeline is strong at conditional offer stage.
Key decisions made / actions identified:	**Incident Responses Audits:** The committee discussed the incident responses audits, focusing on the confounding factors which occur when incidents are reported based on perceived harm rather than actual definitions. It was reported that this can lead to inaccuracies in harm reporting when incidents are reported. The Committee agreed to use the harm reported by the actual incident day as the most accurate metric.
Risks:	Risks and mitigations were presented and considered.
Assurance:	The Committee received assurance on the reports presented.

5.3. People and Culture

For Assurance

5.3.1. Director's Report

For Assurance

Presented by Damian McGuinness

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board Meeting 2nd June 2025

Report from the Chief People Officer

Executive Summary

Recruitment & Retention

- Recruitment success: 98% fill rate across training courses; strong pipelines for AAP, 999, and 111 roles.
- Retention: Turnover below 9%, stability at 92%. Initiatives include flexible retirement, stay conversations, and improved flexible working processes.

Employee Relations

- Resolution Hub enhancements: faster triage, early resolution focus, and training of new mediators.
- Training: Trust-wide ER training now includes resolution pathways and mock tribunals.

Technology & Automation

- Digital Assistant: 5,000+ queries since launch, 91% recognition rate, 47% out-of-hours usage.
- Intelligent Automation: 32 processes identified; 12-month proof of concept launching June 2025.

Health & Wellbeing

- Occupational Health: KPI-compliant; targeted MSK and mental health support.
- Wellbeing Hub: 97% satisfaction; 900+ monthly contacts; new PT programme and financial wellbeing support.

Freedom to Speak Up

- 50 ambassadors (22 trained in sexual safety). Priorities for 2025/26 include manager training and improved feedback loops.

Organisational Development & Talent

- Leadership Development: 130+ colleagues celebrated; multiple programmes with Henley, Cumbria, Middlesex, NHS Elect.
- Appraisal Compliance: e-Appraisal rollout planned.
- Career Pathways: Mapping underway for Ambulance Ops, 111, and 999 roles.
- Graduate & Employability Schemes: GMTS placements and Project SEARCH underway.

Learning & Development

- TDPI Training: 75% of staff completed Phase 1.
- Soft Skills & Attendance Training: High engagement and positive feedback.
- Clinical Education: Over 1,100 frontline staff trained in 2024/25; CSR 2025/26 launched.

Culture-led Improvement

- Homerton Group Pilot: Using culture diagnostics to improve performance and morale.
- Team Effectiveness: New huddle guide and OD collaborative launched

P&C Operations

1. Recruitment

- We ended Q4 continuing with strong pipelines and fill rates. We achieved a 98% fill rate across all available course spaces.

- **Frontline recruitment** – All International courses for this financial year are now completed. The March UK Grad Partner course was fully booked and we ended the year having recruited to all training places for this group. For those Partner University students who graduate in 2025/2026, applications have opened with 217 applications received. The current pipeline for AAP is 115 who are at offer stage and completing their pre-employment checks.

- **Call Handling Recruitment**

  For 999 the April course was filled. The current pipeline has 16 candidates at conditional offer stage and the team are working with EOC on future pipelines and a proposed reduction on course sizes over the coming months given positive vacancy and retentions rates.

  For 111, there are no planned courses during April 25 with the next course in May 25. Work has commenced on increasing the pipeline which currently sits at 110 across Croydon and Barking. Assessments and interviews planned over coming weeks.

  Corporate/Specialist recruitment – there continues to be recruitment activity to support the frontline including recruitment into Advanced Paramedic Practitioners, CRU, TRU, HART, HEMS, PCN Programme, Mental Health and Community Resuscitation roles.

2. Retention

In April the 12 monthly turnover has returned to below 9% with stability rates at 92%. There are a number of key retention initiatives in progress covering flexible retirement, stay conversations (111 and 999 services), personalised holistic health plans, improvements to the flexible working process and policy have helped to streamline the process and improve reporting of activities. Positive progress has been made to move TUPE staff across to AfC terms and conditions and this was completed in March.

3. Employee Relations

To meet the commitment in the Trust's Business Plan to improve employee experience and engagement for those colleagues requiring resolution, there have been a number of improvements to the Resolution Hub. These have included an increased use of technology to track and submit RfR (Request for Resolution) forms, independent panels and more emphasis on early resolution. Feedback so far has been positive, with all complete RfRs triaged within the same week of submission.

To improve the management of ER cases, we have delivered a number of Trust-wide training sessions, which have now been adapted to include reference to the new resolution hub process and what types of cases can be resolved at a local level. To support this a number of new resolution advocates and mediators have been recruited who will be able to assist as appropriate. In addition, managers have been invited to attend mock tribunals. There is also a bi-monthly meeting where all ET cases are reviewed for assurance and learning.

4. Workforce Intelligence, Payroll & Pensions

Workforce Planning

Further development of the 25/26 plan has taken place facilitating the production of the detailed training plan at an earlier stage which has been very beneficial. The collaborative and multi-disciplinary approach across Corporate and Operational teams to both design the plan and to ensure that data systems are aligned across Finance and Workforce has continued and there are fortnightly discussions in place to track performance against plan and to ensure that staffing levels are maintained within budget. This enables early identification of expected over and under establishment so that any further agile and informed decisions about recruitment can be taken. There is a regular review of leavers and internal movers and subsequent refresh of plan and forecast. There is strong visibility of the planning position at Transformation Boards, Ambulance Workforce Group, Trust Workforce Group, People & Culture Committee and Executive and Board level.

People Scorecard

With a particular focus on triangulation of data, the set of workforce key performance indicators which feature in the FFR packs (Feedback Focus Reviews) has been further refreshed now covering KPIs for vacancy, staff in post, sickness, leavers, stat and mand training, appraisal, turnover, stability, employee relations data and ten equality, diversity & inclusion indicators covering ethnicity, disability and gender. This data provides greater visibility and insights, better explains performance and helps to pinpoint areas for improvement.

Technology

P&C Digital Assistant - Our new digital technology is providing all LAS staff with the ability to ask P&C related questions and access vital information at a time which suits them. In addition, it is reducing the administrative burden on our HR teams and freeing up their time to focus on more value-added and complex HR activities. It is available for our 8,500 employees and managers, 24 hours a day and 365 days a year and contains a bank of common questions and answers relating to People & Culture and is also able to search People & Culture policies to find answers for specific questions. Since launching in December we have received over

5,000 questions with a 91% recognition rate for responses. 47% of questions have been asked out of hours (1700-0900 Monday to Friday and weekends).

We have also received requests from IBM to demonstrate our digital assistant to other Trusts (as we are using more functionality and reporting analyses than other organisations) and to be used as a case study on the IBM website.

Intelligent Automation - Implementing digital workers in the People & Culture Directorate

With the focus on driving down costs to meet control totals, we have been investigating technological changes to drive new ways of working to improve efficiency. The natural next step is to look at opportunities where high volume low-level processes would benefit from automation ie a digital worker. In P&C the opportunities are considerable and to date 32 processes have been identified which are suitable for automation. From June 2025 we will be mobilising a project to adopt this automation as a 12-month proof of concept to fully test the technology by automating ten priority P&C processes based on time saved across most P&C functions (some of the processes will benefit multiple teams).

DBS checks

As at 30th April 2025, the Trust has a 99.9% compliance rate for DBS checks. This represents the total number of recorded DBS checks in the Electronic Staff Record (ESR) as a % of those who are eligible for a check.

5. Scheduling

The Scheduling Roster Tender completed its face-to-face evaluation days with potential providers. Four companies presented over the two days with the additional company presenting via Teams. Procurement will collate all the scores, and a paper will be presented to ExCo with recommendations.

The Local Delivery Model went live on the 1st April with all scheduling staff now working within their area of responsibility and reporting directly into the operational management. Support is still being provided to all scheduling staff during this transitional period and will continue up to 30th April 2025.

6. Health and Wellbeing

Occupational Health

Both external Occupational Health (OH) providers continue to meet their Key Performance Indicators (KPIs). We continue to offer a comprehensive programme of physiotherapy and tailored support to colleagues with musculoskeletal injuries via our physiotherapy provider, The Psychotherapy Network (TPN). Additional data from both providers has allowed the Wellbeing Team to start work on areas with low usage of occupational health or longer than optimal referral times.

Mental Health Provision

Colleagues are able to access counselling directly, including trauma-focused therapies such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) via Optima's 24/7 EAP line or manager referral. Further advanced therapy, for conditions such as complex or historic Post Traumatic Stress Disorder (PTSD) is provided by the LAS' psychotherapist. We have also benefitted from the advice of Keeping

Well North West London which is able to refer colleagues for fast track Improving Access to Psychological Therapies (IAPT) services. Peer support and signposting to specialist services is also available to all colleagues via our Wellbeing Hub and LINC peer support network.

Wellbeing Activities

The Wellbeing Team have had a greater focus on sickness absence and prevention, particularly absence related to poor mental health or musculo-skeletal (MSK) injury. This has included;

- Capturing and analysing occupational health and sickness data to improve referrals, referral times and identify areas of high and low usage mapped to sickness levels
- A wide range of financial support options, including 1:1 debt advice and support and Q&A webinars on mortgages, budgeting and retirement.
- Onward roll out of psychological surveillance questionnaires that allow colleagues to reflect on their own mental health, with answers analysed by Optima clinicians and supportive measures put in place as appropriate
- Led by our Physical Wellbeing Lead, a Physical Trainer (PT) programme, where more funding has been secured for 50 colleagues to be trained as accredited PTs. The Physical Wellbeing lead has also run functional movement sessions on a 1:1 and group basis to more than 200 colleagues in both Ambulance Operations and EOC.
- Providing wellbeing support via phone and in person – feedback on the LAS Wellbeing Hub continues to be consistently high with a good or excellent rating of 97%. On average more than 900 colleagues a month contact the Wellbeing Hub.
- Engagement with operational and corporate managers via wellbeing drop-ins, attendance at team meetings and individual support
- Closing off the 2024/25 flu and covid season including vaccine collection, fridge maintenance and evaluation of success.
- Scoping out potential options for future absence reporting across the Trust and how additional clinical support at the point of booking sick may improve absence rates.

7. Freedom to Speak up

The Freedom to Speak Up (FtSU) team provides vital insight and guidance on the culture of our Trust as part of our Employee Experience department. There are 50 FtSU ambassadors across the Trust - colleagues who have volunteered to undertake additional training and promote speaking up locally. 22 of these colleagues are trained in sexual safety and support colleagues to raise concerns of this nature.

Following the established governance process, The Freedom to Speak up Annual Report will be presented to the People and Culture committee in July. Highlights include the team's internal collaborative work on sexual safety, speaking up training for students and the impact of concerns raised. The data from 2024/25 has helped inform the priorities for next year, including additional manager training on how to respond to concerns, strengthening feedback loops and more systematic sharing of themes and data with directorates. There will also be added focus on working with colleagues who are less likely to speak up, or have faith in the process – in line with national reporting, this is particularly true of colleagues who have long term conditions who are 10% less likely to feel that the organisation would address concerns raised.

8. Organisational Development & Talent Management (OD&TM) Team

In driving forward the Our LAS Culture Change Programme, our latest activities are highlighted here.

8.1 Talent Management:

8.1.1 Organisational change support package - consultation support

The team has designed and developed a range of packages to provide support to colleagues, who are going through organisational change. This support ranges from:

- Values-based interview skills sessions
- Personal development sessions – including; boost your confidence, coping with uncertainty, managing stress and building personal resilience, communication skills, presentation skills and more.
- Leadership development sessions – including; understanding yourself as a leader and leading through change.
- 1-2-1 bespoke support – including application and interview skills, mock interviews and career coaching conversations.
- Signposting to 'on the go' learning opportunities and LAS exclusive memberships, such as NHS Elect and London Leadership Academy.
- Signposting to internal and external wellbeing support services.

This year four packages have been developed, each spanning between six-eight weeks to support teams throughout the entirety of their change process. Collectively these packages have had more than 200 engagement touchpoints, and offered more than 65 dedicated sessions. Post session evaluations are conducted to assess impact. The feedback is overall very positive with colleagues stating that they feel that their knowledge has increased and 90% of all participants saying they would recommend to a colleague.

8.1.2 Career Pathways (Ambulance Operations/ 111/ 999)

The team has been focused on engaging with internal stakeholders to understand the current 'as is' career pathway across Ambulance Operations, 111, and 999 in alignment with the College of Paramedics – Career Framework. This work aims to give a 'tangible' insight into how colleagues across the Service can access the diverse range of careers on offer.

The team is currently looking at each role within the organisation to understand the skills, knowledge and education associated to help signpost colleagues to support the career development opportunities at LAS.

8.1.3 Graduate Management Trainee Scheme (GMTS)

Building on the success of the 2024 intake, the LAS has been successful in passing the 'placement quality assessment', highlighting LAS as an employer that offers a high quality experience for trainees. The Trust has put in an application for five trainees for the 2025 intake, of which one HR trainee would work within the People and Culture directorate. The other four would be general management trainees (three working within ambulance operations and one working with the IM&T team). The allocation of trainees will be finalised by the GMTS in May 2025.

Both of the current trainees (part of the 2024 intake) are in the middle of their first placements (HR trainee rotating across the People and Culture teams and the General Management trainee working in Ambulance Operations). Both trainees are progressing through the programme successfully and feedback that they are enjoying their time with London Ambulance Service and finding it rewarding.

8.1.4 Project SEARCH

The team, working in partnership with DFN Project SEARCH and NHSE, has welcomed a Project SEARCH Intern. Project SEARCH is a work programme where young adults with a learning disability/autism are able to ascertain work/employability skills. The intern is working with the team and garnering a range of administration skills and helping our colleagues by working in the tea truck.

8.1.5 Career Advice Clinics

The team continues to work on creating a suite of resources to aid the facilitation of meaningful career clinics for all colleagues across the Service. The team is analysing the National Staff Survey 2024 results and identifying 'hot spot' areas to provide meaningful interventions to empower colleagues in respect of their development and their careers at the LAS.

8.2 Leadership and Culture Management:

8.2.1 Appraisal compliance improvement project

The team continues to work on the appraisal compliance improvement project. Following the winter period, the team has resumed email reminders to all those who are non-compliant/compliant due and their managers. Monthly data is distributed to Senior Leadership Teams (SLTs) and the recent iteration has improved engagement. We have completed a second audit of the most recent appraisal data and are in the process of identifying four areas of focus for further targeted support.

8.2.2 e-Appraisal System roll-out

Our e-Appraisal pilot has now been evaluated and as a result, the e-Appraisal system will roll out across the organisation in 2025/26. The team is currently designing a comprehensive implementation plan.

We are currently reviewing the organisational ethos around appraisals and the results of the 2024 National Staff Survey will assist in shaping the appraisal process and policy in the future.

8.2.3 Team Effectiveness

The team has continued to enable and inspire team effectiveness through the delivery of bespoke interventions, blending theory with practical applications to effective team working. The team has been supporting colleagues as part of the consultation support package with building resilience, stress management and coping with change.

The team has designed and launched a *Guide to effective team huddles* in April and an accompanying animation video is in the final stages of development.

We held the first meeting of our Clinical Team Managers (CTMs) and Team Managers (TMs) and Organisational Development (OD) Collaborative, to gain more insight and understanding to the needs of our operational colleagues and to benefit from their feedback to our work streams. Future meetings will take place on a bi-monthly basis.

8.2.4 Leadership Development Programmes:

In terms of our commissioned leadership programmes the following update is provided:

- High Performing Leaders, Henley Business School – 16 colleagues completed with a further two cohorts to start in May/Sept 25
- Postgraduate Certificate in Healthcare & Medical Leadership, Cumbria University - 39 colleagues currently on the course with another 24 places for cohort 4 starting in Sept 25.
- Advanced Diploma in Management Practice, Middlesex University – 67 colleagues currently completing cohort 8-10 with 118 colleagues in cohorts 1-7 having successfully completed the programme.
- Aspiring Leaders Programme, NHS Elect – 47 colleagues across three cohorts completed the programme with two further cohorts to start in 25/26.

8.2.5 Our LAS, Our Leadership Celebration Event:

The team organised and hosted an event in March for all colleagues who have participated or are enrolled in the leadership development programmes listed above.

The celebration brought together more than 130 colleagues in partnership with the education providers - Henley Business School, Cumbria University, Middlesex University and NHS Elect.

The CEO delivered the welcome speech and was joined by members of the Executive Team - Damian McGuinness (Chief People Officer) and Pauline Cranmer (Chief Paramedic Officer). The event also featured reflections from all four of our education partners, as well as keynote speeches from Roger Kline OBE and Professor Michael West CBE.

The event also featured our internal graduation ceremony – LAS style! The event concluded with the audience reflecting on their key learning/main achievement from their programme, and making leadership pledges for the ‘Year of the Inclusive Team’.

8.2.6 Centre of Excellence for Leadership and Culture (CELC)

Progress continues in the development of the CELC development programme as follows:

- End point assessment provider for apprenticeship appointed and on boarding has begun
- Mapping is underway with The Chartered Institute of Management to achieve ‘recognised’ status for the programme
- Design of content of the programme nearing completion
- Engagement with Subject Matter Experts
- Dates scheduled for initial pilot cohort – starting 28 May 2025

8.2.7 Me and My Leadership Style

The team has released the third in a series of short videos entitled 'Me and my leadership style.' April's edition features Darren Farmer, Director of Ambulance Operations. Previous videos in the series have featured Cathy-Anne Burchett, Associate Director, Ambulance Operations - SE London, and Daniel Elkeles, Chief Executive Officer.

Further videos will be published during the course of the 'Year of the Inclusive Team.'

8.3 Apprenticeships and Employability

8.3.1 Apprenticeships

Our LAS front-line ambulance apprenticeship career pathway continues to attract lots of interest. Since we started apprenticeships in 2018 we have trained more than 2,000 apprentices in frontline roles – AAP (Assistant Ambulance Practitioner), EMT (Emergency Medical Technician) and paramedics. We also continue to expand our non-clinical apprenticeship opportunities, recently welcoming new pharmacy technician apprentices to the LAS.

8.3.2 Employability

Our LAS employability programme continues to attract and recruit more diverse Londoners into the LAS. The programme is now supporting more Londoners and expanding to provide access to more LAS entry-level roles. The programme is now focusing on supporting Londoners into LAS roles including AAP (Assistant Ambulance Practitioner), NETS (Non-Emergency Transport Service). Emergency Call Hander and 111 Health Adviser.

8.4 Learning and Development

8.4.1 Tackling Discrimination & Promoting Inclusivity (TDPI)

All 320 TDPI Phase 1 sessions have now been delivered - 6,110 colleagues (75%) have completed the training.

We continue to partner with providers and Clinical Education on TDPI Phase 2 sessions.

8.4.2 Having Difficult Conversations

We continue to support colleagues with Having Difficult Conversations training:

- Monthly 90-minute webinars
- Monthly drop-in sessions

Eighty-eight colleagues have attended the webinars to date and six colleagues have utilised the drop-in sessions to discuss their own personal challenges. Feedback on both webinar and drop-in sessions have been very positive.

8.4.3 Supporting Attendance Policy Training

The team has supported improvement to sickness absence levels, delivering eight sessions to 99 colleagues across the Service.

Feedback from the sessions have been extremely positive. Overall colleagues score 4.6 out of 5 for improving their confidence to support colleagues back to work as a result of attending the training.

8.4.4 Non-Clinical Soft Skills Training

We continue to support all colleagues and deliver regular virtual sessions on topics such as Appraise with Values, Values-Led Communication and Feedback, Planning a Recruitment Campaign, Interview Skills for Interviewers, and the Stress Assessment Toolkit.

8.5 Culture-led Operational Improvement Programme

The team continues to pilot a new and unique approach to improving performance and productivity by using culture-led initiatives. The pilot includes colleagues from the Homerton Group.

8.5.1 Culture Climate Questionnaire (quantitative feedback)

The results from the Culture Climate Questionnaire (mapped to the seven elements of culture based upon the McKinsey's 7Ss model) have been analysed and thematic analysis of the open comments completed. The team is currently in the process of presenting the results to senior management.

8.5.2 Deep dive with Homerton Group Teams (qualitative feedback)

The team continues to undertake deep dive sessions with all the teams (scheduled within team days) for the Homerton Group to ascertain further the lived experience of colleagues; the results from the Culture Climate Questionnaire; and what colleagues require to unblock potential performance and productivity barriers.

Once all intelligence is gathered the OD&TM team and the Homerton Group will co-design a programme of work to increase employee engagement, morale and operational performance. Learning and success of this programme will be shared with senior leadership teams with a view to roll out across ambulance operations.

9. Clinical Education & Standards

In 2024/2025, Clinical Educations and Standards have delivered the following training:

Newly Qualified Paramedics (NQPs)	358
EMT to NQP (Cumbria)	125
Internal upskill Emergency Medical Technicians (EMTs)	137
Assistant Ambulance Practitioners (AAPs)	121
Experienced Clinicians	21
Non-Emergency Transport Service (NETS)	11
Critical Care Transfer Service	24
Emergency Call Handlers (ECH)	161
111 Call Handlers	185

A further 79 frontline staff, 8 Emergency Call Handlers and 9 Health Advisors have started their training courses.

As of 31st March 2025 the Core Skills Refresher (CSR) 2024/2025 face to face session (Resuscitation, Moving and Handling, EPRR, and Learning Disabilities and Autism) has been delivered to 4500 frontline staff.

The 2025/2026 CSR has been launched with the part one of the eLearning live now (Information Governance, Moving & Handling Level 1, JESIP, Initial Operational Response (EPRR), Fire Safety, Resuscitation Updates) and part 2 available from May 2025 (Paediatric Assessment - Sepsis & Spotting The Sick Child, Medicines Safety, IPC Level 2, Mental Health Transgender Awareness, Older Person Fallers, Sickle Cell, ECGs, Health Inequalities, Capacity. The face to face sessions will be delivered from 6th May 2025 and throughout the financial year (Resuscitation Level 3, Moving & Handling Level 2, EPRR , Clinical Decision Making).

The LAS continued to invest in quality education, training and development for its workforce in 2024/25, this will continue into 2025/26 with the enhanced education bursary of up to £5,000 per person which will greatly benefit our growing and diverse workforce. The 2025/26 Registrant CPD funding has also been confirmed and will be available from NHSE.

Damian McGuinness

Chief People Officer, London Ambulance Service NHS Trust.

5.3.2. People and Culture Committee Report

For Assurance

Presented by Anne Rainsberry (2)

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**29/05/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**15/05/2025**
Presented by:	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**	**Prepared by:**	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**

Matters for escalation:

Other matters considered:

DIRECTORATE PERFORMANCE

The Committee noted the following:

- The recruitment pipeline remains strong with all areas on track to meet or exceed plan.
- The 12 monthly turnover has increased for two months in a row and is now 9% and the stability rate at 92%. Whilst front line services remain low at 6% turnover in 999 and 111 call handling have been rising – 20% and 32% respectively. Whilst higher turnover is always expected in these services this is now being reviewed to consider any emerging themes.
- The Supporting Attendance Plan is being overseen by a revised cross-directorate group which is focussed on identifying and implementing initiatives to prevent or minimise sickness absence. The sickness dashboard, supporting absence policy and onboarding of the GP service pilot remain in development
- The changes to scheduling and the move to the local delivery model has been completed.

DEEP DIVE – VIOLENCE AGAINST STAFF

The Committee received a presentation from the Violence and Aggression (V&A) working group.

The Committee discussed the following key issues:

- The ongoing body armour challenge to solve the current backlogs and faulty products. There is a plan to address this and to ensure staff have timely and easy access to this
- The take up rate of Body Worn Cameras is low and remains at approximately 20%.
- The Violence Reduction Unit is collating data on assaults on staff to support a training needs analysis for Conflict Resolution Training (CRT). This will include positional awareness and use of physical restraint.
- The Trust is currently engaging with the Conflict Resolution Training provider and Clinical Education on ongoing CRT. There is a plan to go out to tender at end of Q2 (contract due for renewal 2026/27).
- The programme of V&A awareness sessions to staff to equip them with information to assist, support and manage expectations.

The Committee was particularly concerned about the low take up of Body Warn Cameras. This had been decided by the Board over 4 years ago as a key element of keeping staff, but rollout had stalled. There are a range of actions and training in place to increase this however the Committee expressed its concern about progress and has asked that full consideration is given to options that would include mandating its use to situations where this was essential for safety. The Committee asked for a paper on these options to come back to its next meeting in July.

The Committee also discussed Sexual Safety in the context of the most recent staff survey results. Whilst there has not been an increase in cases between staff in the organisation there has been a significant rise is harassment by members of the public with the majority of perpetrators being male. The workplan is being reviewed to consider further steps to address this trend.

EMPLOYEE ASSISTANCE

- The Committee received an update on the plans to introduce access to a GP service for staff. The anticipated benefits are:
- Same day access to prescription medication may allow some staff with minor aliments to return to work more quickly.
- Same day advice from a GP should enable staff to return to work quicker either through reassurance or by earlier direction into an appropriate treatment pathway.
- Other Trusts have reported a positive impact on employee morale, with the service well very received.
- The proposed service includes dependents. This may reduce absence as a result of access to clinical advice and prescriptions for staff's children, allowing parents to return to work more quickly.

EQUALITY DIVERSITY AND INCLUSION

The Committee received an update against the programme.

The first Inclusion Board has taken place. This was chaired by the Trust Chair and was attended by EXCO and a wide range of staff from all areas of the Trust representing the diversity including orientation, gender, ethnicity, disability. There was a wide ranging and very engaging session, and the Board identified a number of key themes that were key issues for staff including flexible working and violence against staff. Next step is to set out a programme to address these and consider how board members can become involved in leading this work.

The Committee also received an update on both WRES and WDES schemes.

Key highlights from the WRES include:

- Representation of BME staff increased by 1% to 25%
- There remains - over 400 blank records (a 95% completion rate)

	• Indicators 2 (recruitment) and 3 (disciplinary) have improved – the latter may be related to the changes in policy in the last year. • Indicator 4 (non-mandatory training and CPD) has deteriorated. Not all non-mandatory and CPD training (e.g. Nye Bevan, women of colour) are currently collected and this is being addressed. • Staff survey indicators – 2 have improved, 2 have deteriorated Key highlights from the WDES include: • Representation of disabled staff increased by 1% to 11% • There remains over 950 blank records (an 89% completion rate) • Indicator 2 (recruitment) has deteriorated, and work is underway to understand why • Staff survey indicators – 4 have improved, 4 have deteriorated, 1 has had no change .
Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** The BAF is being reviewed by ExCO and will come to the Board shortly
Assurance:	Assurance was received on directorate performance. Assurance was received on EDI progress and actions where these are required.

5.4. Finance

For Assurance

5.4.1. Director's Report

For Assurance

Presented by Rakesh Patel

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of April 2025

Income and Expenditure Plan
The Trust received income of £62.4m and incurred costs of £62.3m for the month of April 2025. The Trust delivered a surplus of £0.1m. The Trust is forecast to deliver a planned breakeven position for financial year 2025/26.

Capital Programme
The Trust has planned a capital Programme of £72.2m for the financial year 2025/26. In April 2025 the Trust has incurred £1.0m of costs.

Cash Balance
The Trust had a closing cash balance of £24.9m at the end of April 2025

Fleet
In 24/45 The Fleet Department has commissioned100 DCAs of which 2 are electric, 6 electric mental health sector cars, 5 electric SPPC cars, 5 electric CRU vehicles, 1 electric APP UC response car, 5 electric cars for LGMs/NETs work based trainers/Clinical Education trainers, 5 electric Driver training vehicles, 5 MPU logistics temperature controlled vans, 8 sector/EPRR cars and 2 HART response vehicles.

In 24/25 the fleet department made further investments into their workforce by offering bespoke training through providers like Ford and took on five apprentices.

Since March and continuing into this financial year the Fleet department have commissioned 6 DCAs, 1 electric Clinical Team Manager Car for Heathrow, 8 HART vehicles including Response vehicles, 4x4's and their first electric cars. The team also have 2 more electric DCAs to release to the operations team. The team have decommissioned a number of vehicles completing our agreement with the Mayor and Ukrainian charity BUA.

Estates & Facilities
In 24/25 the Trust has invested capital into the expansion of Friern Barnet giving operations more space and well as creating space for an Integrated Care Co-ordination Hub. The team have refurbished another five sites, and alongside the Quality Improvement team have invested in 20 ambulance stations making changes to design storage and flow that improves on out of service and activation times at the start of shift.

The Trust has taken out lease or leases renewals at a number of different sites and has made four divestments of sites that were not operational or fit for purpose ensuring that all services still operational have been moved to improved facilities at other sites.

The Trust is continuing to develop the plans for the East London campus which will house the Resilience and Specialist Asset team and relocate them from Cody Road. Freeing up space in Cody Road will enable it to be upgraded into a modern ambulance station with office capacity for corporate teams.

We have leased and are refurbishing facilities in East London for a bespoke Make Ready Hub which will be

aligned with the new ambulance station.

Development is also underway in a building adjacent to Cody Road to create a fit for purpose Fleet Service Hub. This will allow for the collocation of a number of fleet workshops to provide a more efficient service and continue to expand our in-house MOT offering for Ambulances.

The Trust has started work on a site at Heathrow Airport to address the capacity concerns of the local operational teams as they continue to expand their service. The development plans to consolidate a number of local teams and provide a fit for purpose ambulance station in an ideal location.

The Trust is exploring further opportunities for development in South East, South West and East London to create modern and fit for purposes.

Supply and Distribution

The Team are continuing to Asset Tag high value medical devices and are reviewing active RFID tags and the tracking of Medical Gasses.

The Warehouse team continue to train their staff to complete in-house repairs in our own workshop saving on costs and time lost where equipment is sent away. The team have invested in an area for a centralized packing team to regulate quality controls better over the packing process.

The implementation of the Local Delivery Model (LDM) marked a change in ways of working with local ownership of resources, scheduling and out of service.

Previously centralized teams were disestablished with a small team remaining to triage out of service queries and retain a corporate scheduling function. The transport operatives moved under their terms of their TUPE and moved to full agenda for change. The Transport Operatives moved with the centralized team forming one of the functions of the Production Hub who coordinate their movements based on requests received from Operations, Fleet and Make Ready. The model is working well and the Production Hub is now exploring further opportunities to support other departments within Strategic Assets and Property and local operations.

Sustainability

The Trust is continuing to work towards a 6% decrease in 25/26 as per the current Green Plan. The Sustainability team continues to work alongside our teams to ensure that sustainability is considered in any new developments or processes. Currently 92% of our fleet is ULEZ compliant with the rest to be completed 25/26. The team have launched other initiaves such as utilizing digital solutions reducing the need for paper, reduction in nitrous oxide wastage, pre-used uniform schemes and in 24/25 the trust has planted sixty trees The Green Plan has been developed in line with the Trusts five year strategy.

Make Ready

The Make Ready Team have moved over to full Agenda for Change Terms and Conditions from 1st April 2025 as per the TUPE agreement. The team have implemented a new roster and introduced new roles to better align with the operational requirement for cleaning and preparing more vehicles.

Under the Local Delivery Model Make Ready have taken on greater responsibility around the coordinating and planning of vehicle allocation which has increased their need for supervisory positions this offers more opportunities for development and progression.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

5.4.2. Finance and Investment Committee Report

For Assurance

Presented by Bob Alexander

London Ambulance Service NHS
NHS Trust

Assurance report:	**Finance & Investment Committee**	**Date:**	**22 May 2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**12/06/2025**
Presented by:	**Bob Alexander**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of FIC**

Matters for escalation:

Financial Performance (Month 1):

- The Trust reported a surplus of £0.1m, which was £0.2m favourable to plan.
- Underspends were primarily due to vacancies and timing differences.
- The Committee noted the strong financial start to the year and emphasised the need to differentiate structural savings from opportunistic ones.

Capital Expenditure:

- Capital spend of £1.0m in Month 1 was on track with the phased plan.
- Key projects include the Resilience Hub East, Fleet Services Hub, and early-stage work for the Newham redevelopment.
- Estates Strategy, including the £20m conditional capital allocation, to be reviewed in June.
- Potential for additional decarbonisation funding was discussed.

Cost Improvement Plan (CIP):

- £1.7m delivered in Month 1, with £1.1m being recurrent.
- Non-recurrent elements largely due to vacancies and underspends.
- Committee requested enhanced visibility of savings tied to business cases and clearer distinction between recurrent and non-recurrent savings.

Finance System Enhancements:

- The Committee approved the Finance System Update Paper.
- Improvements include real-time data reporting and an upgraded general ledger interface.
- Critical components of the upgrade are scheduled for Q3 2025 with contingency plans in place.

Contract and Business Case Approvals:

- The Committee approved and recommended the following for Board approval:
    - Medical Gas Cylinder contract

	○ 28 DCA vehicle conversions ○ IM&T agency preferred supplier list ○ GMP Drivercare Ltd contract ○ Lease renewal for Brent Ambulance Station
Risks:	**BAF Risks** The committee reviewed the BAF and reviewed change of wording of risks and status of progress against the actions and note assurance taken from information provided.
Assurance:	

5.4.3. Audit Report

For Assurance

Presented by Rommel Pereira

London Ambulance Service NHS Trust

Assurance report:	**Audit Committee**	**Date:**	**28 March 2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**12/06/2025**
Presented by:	**Rommel Pereira**	**Prepared by:**	**Rommel Pereira, Chair of the Audit Committee**

Alert

No alerts to raise.

Assure

- Internal Audit – Fleet Management: Received a "Limited" assurance rating for control design and "Moderate" for control effectiveness.
- Internal Audit – Staff Appraisals: Received a "Substantial" rating for effectiveness and "Limited" for control design.
- Internal Audit Draft Plan 2025/26: The draft plan was noted. It includes flexibility to introduce an additional audit later in the year, potentially aligned with the local delivery model.
- External Audit: Progressing well. No issues raised at this stage.
- Fuel Cards Audit: Identified multiple weaknesses in system management. The Trust is actively reforming the fuel card process, with improvements underway and informed by the audit findings.

Advise

- Thought Leadership: A presentation was delivered by Mike Fell (Director of National Cyber Operations, NHS England), focusing on cyber risk and strategic resilience for the sector.
- Annual Report and Accounts: The planning and development are progressing in line with the agreed timetable.
- Audit Contractor Extensions:
  - KPMG's external audit contract has been extended for 2 years.
  - RSM's counter-fraud service contract has been extended for 1 year.

Report from LAS Charity Committee

London Ambulance Service NHS Trust

Assurance report:	**Charitable Funds Committee**	**Date:**	**13/05/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**12/06/2025**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**

Matters considered:

Charitable Activities Update

The Committee received an overview of charitable activities; The following were noted;

The charity exceeded its fundraising income targets, attributing the success to various events and community engagement.

The big stadium abseil event was the most successful fundraising event of the year, highlighting the participation of corporate teams, LAS staff, and the public.

The launch of the Dragon Boat Race, with five teams already signed up and a target of 16 teams, which is an increase from the previous year.

The success of the marathon fundraising, raising over £30,000, with significant contributions from the Chief Executives efforts.

The committee discussed the upcoming truck pull event, organised by Bexley Heath, involving various emergency services and aiming to raise funds for multiple charities.

A major gift donation was received for the investment in community first responders to improve cardiac arrest response times.

Finance Report

The Committee received the Charities Finance report noting the current funds balance and expenditure to date.

A significant increase in the charity's net assets, which now total £1.3 million, reflecting a successful financial year.

The total income of £635,000, including a £280,000 donation from the trust, a £114,000 grant from the London Heart Starter Campaign, and £203,000 in general donations.

The total expenditure of £272,000, with £144,000 allocated to London Voluntary Lifesavers, £86,000 for staff costs, and £42,000 for various grants, including hardship grants.

The importance of securing sustainable sources of funding was emphasised, and suggestions included exploring investment opportunities to generate additional income for the charity.

2025-2026 Plan:

The committee discussed the charity's plan for 2025-2026, noting the following;

A focus on diversifying income sources, including expanding events, increasing individual giving, and securing more corporate sponsorships. And highlighting the goal of increasing regular committed income from individual donors, aiming to enhance the charity's financial sustainability.

Emphasis on the importance of expanding corporate sponsorships, including securing partnerships like the one with Ford for the CPR van.

The committee also discussed the need to balance fundraising efforts with staff well-being, ensuring that the charity's activities positively impact both the community and the staff involved.

London Heart Starters Update:

The committee received an update on the London Heart Starters campaign noting the following;

The challenges faced in placing defibrillators, including confusion about guardianship, concerns about maintenance costs, and issues with insurance coverage.

The partnerships formed with organizations like the Peabody Foundation to facilitate the placement of defibrillators in communities.

It was reported the progress in installing defibrillators, with 20 units either placed, installed, or in the process of being installed, and efforts to train community members in their use.

The committee emphasized the importance of community engagement in the success of the campaign, including working with faith groups and exploring innovative placement options like old phone boxes.

Key decisions made / actions identified:	**Hardship Fund** The need to finalize the revised parameters for the hardship fund. It was agreed that Bob and Rommel will discuss and agree on the final parameters before communicating with Unison.
Risks:	Risks and mitigations against the Charity were presented and considered.
Assurance:	The committee received assurance on the reports submitted.

5.5. Digital and Data

5.5.1. Director's Report

Presented by Clare McMillan

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board Meeting

12th June 2025

Report from the Chief Digital Officer

Executive Summary

The NHS is undergoing significant transformation to meet the challenges of evolving patient needs, workforce constraints, and technological advancements. These changes have profound digital implications that the Board should be aware of to ensure alignment with strategic goals. This report provides a high-level overview of the key digital impacts, opportunities, and risks associated with these changes and outlines strategic recommendations for consideration. It covers both LAS schemes, National and Regional programmes of work.

Key Areas Covered:

Financial Pressures & Bids:

- The Digital & Data CIP target is set at £2.6m for this financial year, with initiatives in place to achieve this through pay and non-pay measures.
- A bid for £500k has been submitted to the London Region to support the ongoing implementation of Transfer of Care.

ARP/LifeX Update:

- Multiple incidents on the new Control Room Solution Service have led to additional support and review by NHS England.
- A technical review team has been established to provide assurance on remediation steps.

AACE National Digital Leads:

- The National Ambulance Digital Leaders group has outlined a vision for the ambulance sector in alignment with the NHS's 10-year plan.
- Key priorities include developing a digital strategy, integrating future technology for control rooms, ensuring technology interoperability, enhancing cyber protection, and using AI to improve patient outcomes.

Scribe/Ambient AI Guidance:

- New guidance from NHS England provides an overview of ambient scribing products and key considerations for AI adoption in health settings. This guidance is being incorporated to our local governance and policy for adopting ambient listening AI in LAS.

This report aims to provide assurance, facilitate discussion, and inform the Digital Committee of the strategic direction and initiatives underway to enhance the digital capabilities of the NHS and improve patient care.

Digital & Data Programme 2025/6

The **Digital & Data Plan 2025/6** outlines a comprehensive strategy to enhance the digital infrastructure and operational efficiency of the London Ambulance Service NHS Trust. The plan focuses on several key initiatives aimed at improving service delivery, resilience, and innovation.

The plan aims to deliver against the agreed business priorities as detailed in the annual plan and comprises of:

- Implementation of Robotic Process Automation (RPA) to reduce repetitive tasks and free up administrative time.
- Improvement of IT system reliability and interoperability through a new infrastructure program, aiming to reduce internal critical incidents by 30% by April 2026.
- Testing and embedding ambient voice technology in clinical settings to evaluate its impact on productivity and ambulance operations.
- Enhancement of the Trust's cybersecurity posture and achievement of Cyber Essentials + accreditation.
- Improvement of the data warehouse platform to increase resilience, efficiency, and reporting capabilities.

This will be delivered through a range of programmes and projects

AI & Automation Programme:

- Ambient Listening, Transcription, and Summarisation to reduce post-call time and speed up record completion.
- Automated Auditing of Calls to reduce manual effort, increase audit numbers, and improve auditing capabilities.
- Robotic Process Automation for various Trust functions.
- Language Translation and Tap In/Tap Out initiatives to automate ambulance crew time recording.

Infrastructure Programme:

- Optimization of system infrastructure to meet increasing demand, including strengthening security and improving resilience through automated failover mechanisms.
- Telephony infrastructure upgrades and implementation of a test environment.
- Establishment of a secure and robust digital workspace for critical business applications.
- Implementation of automated monitoring and alerting systems to enhance system reliability and performance.

Critical System Roadmaps:

- Development and implementation of various projects, including upgrades to Adastra and CAD systems, new interfaces, and mobilization of new services.
- Development and release activities for the electronic Patient Care Record (ePCR) system, including AI and usability programs.
- Digitization projects aimed at improving care advice, enhancing authentication, and integrating new data sources.
- Collaborative projects with other Trusts, including end-of-life care and redevelopment of observation screens.

Data Programme:

- Implementation of data cataloguing software, redesign of data models, and development of dashboards to improve data quality and reporting.

Funding: The plan includes detailed financial allocations for various projects, including capital and revenue funding for digital transformation, infrastructure upgrades, and external activities.

5.5.2. Digital and Data Committee Report

For Assurance

Presented by Clare McMillan

London Ambulance Service NHS Trust

Assurance report:	**Digital & Data Quality Committee**	**Date:**	**12/05/2025**

Summary report to:	**Trust Board**	**Date of meeting:**	**12/06/2025**
Presented by:	**Sheila Doyle, D&DQ Chair**	**Prepared by:**	**Sheila Doyle**

Matters for escalation:

Other matters considered:

- **The Data Warehouse Business Case** was presented, recommending incremental improvements to the existing platform due to financial constraints, while keeping future options open.
- The committee acknowledged the limitations of the selected option, particularly in terms of machine learning and AI capabilities, but agreed that it was a necessary foundational step. The importance of collaboration with other providers and the potential for future modernisation were emphasised. The committee requested regular progress updates on strategic collaboration opportunities.
- **The Review of EPCR and CAD recommendations** approved the early closure of audit actions, with a focus on mitigating risks. The committee requested additional focus on ensuring vendor cooperation to support data quality and interoperability efforts.
- **The CCIO Report** provided updates on ongoing evaluation and improvement of the EPCR system, with a structured pilot programme to review usability and automation opportunities.
- The electronic transfer of care project is progressing, with close collaboration between the consultant nursing clinical leads, the internal team, and NHS England.
- The My Clinical Feedback project has seen successful implementation in Croydon and is progressing in other areas.
- The Committee discussed how IT incident response and clinical safety processes are being refined to ensure all relevant risks are captured and used to inform future improvements.

- The Committee reiterated the importance of embedding lessons learned, especially where new tools or digital workflows could affect clinical safety or staff workload.

- **The Digital Portfolio Update and the Digital & Data Programme Roadmap for 2025/26** was reviewed, noting that through considerable internal work, a fully costed plan had been finalised, aligning with this year's business objectives.

- The infrastructure plan includes four programs of work, and nine projects aimed at enhancing system performance, resilience, scalability, and security. The plan also includes an annual rolling program of station improvements to upgrade Wi-Fi and digital applications.

- The publication of road maps for core systems including EPCR, CAD, and Adastra will support demand management processes and understanding of team capacities

- A key area highlighted is the rapidly evolving AI and automation landscape, noting the Trust must remain agile to manage the influx of vendor offerings, often claiming high-impact benefits. A governance process will be implemented to review and improve control over incoming proposals and related costs.

- **The AI and Automation Deep Dive** provided an overview of the Trust's ongoing work in AI and automation, with a particular focus on the Tortus AI pilot – an ambient scribing solution being trialled in clinical environments.

- The implementation of **Watson X, a digital assistant** from IBM, which has substantially reduced HR admin workload by handling out-of-hours queries and policy-related questions. The committee commended the significant contribution of the People and Culture (P&C) team, who are driving AI adoption to support their operational and workforce transformation plans and leading on Robotic Process Automation in the organisation.

- The **Tortus AI** implementation was discussed in detail, with positive feedback from clinical staff using the technology to improve documentation efficiency. The team is working on integrating Tortus AI with other systems, such as Avaya and Cleric, to streamline the process and enhance the clinician experience. The pilot has shown promising results, with increased productivity metrics in the clinical hub environment and positive feedback from paramedics using the technology in the field.

- The committee commended the initiative, noting:
    - The strategic importance of this work,
    - LAS's leadership role in deploying AI,
    - The potential to present these outcomes to the Trust Board once further data and results are available, ideally in Q3 2025, as part of a wider AI development session.

Risks:	**BAF Risks**

	The committee agreed to: • Reduce risk 1.7 (data quality) to a corporate level. • Approve the new version of risk 2.6 (infrastructure) with its updated score and comprehensive action list. • Continue to monitor the long-term issue of Airwave and maintain dialogue with the Home Office and the Airwave replacement program. All other risk scores remain unchanged.
Assurance:	**The committee received assurance on:** • The robustness of the 2025/26 Digital program plan and were encouraged by the early quantifiable results from the AI and Automation pilots. The AI Policy review was deferred to July 2025, pending incorporation of updated NHSE guidance.

5.6. Corporate

For Assurance

5.6.1. Director's Report

For Assurance

Presented by Mark Easton

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

The Corporate Affairs Directorate has previously incorporates Patient Experience, Legal Services, Health, Safety and Security, Information Governance, and Corporate Governance.

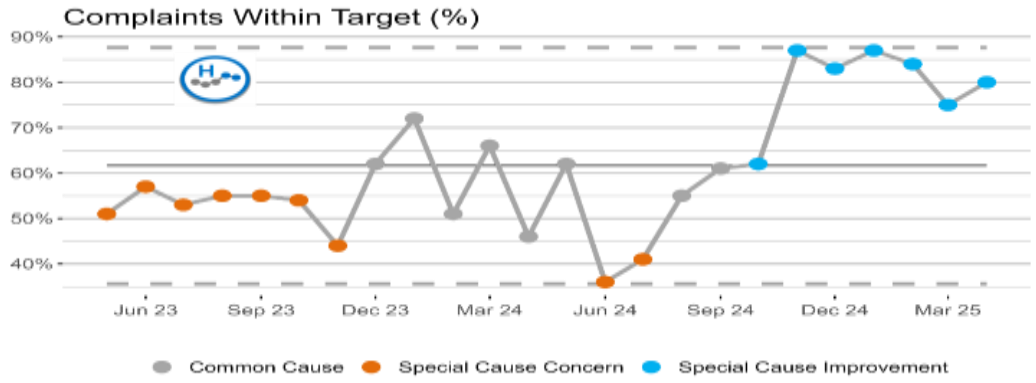
This report summarises the Directorate activity to April 2025.

PATIENT EXPERIENCE

Complaints received:

The monthly average for 2024/25 was 99 complaints received per month. At the end of April 2025, there were 134 open complaints of which 19 were overdue (14%).

Complaints closed



The business plan objective to "*maintain a response rate of 75% to complaints within 35 working days"* was achieved by the end of 2024/25. This objective is carrying over into 2025/26.

LEGAL SERVICES

<u>Inquests opened 01 February 2025 – 30 April 2025</u>

Total Inquests - 645

Level 1 Inquests – 630

Level 2 Inquests – 15

Claims opened 01 February 2025 – 30 April 2025

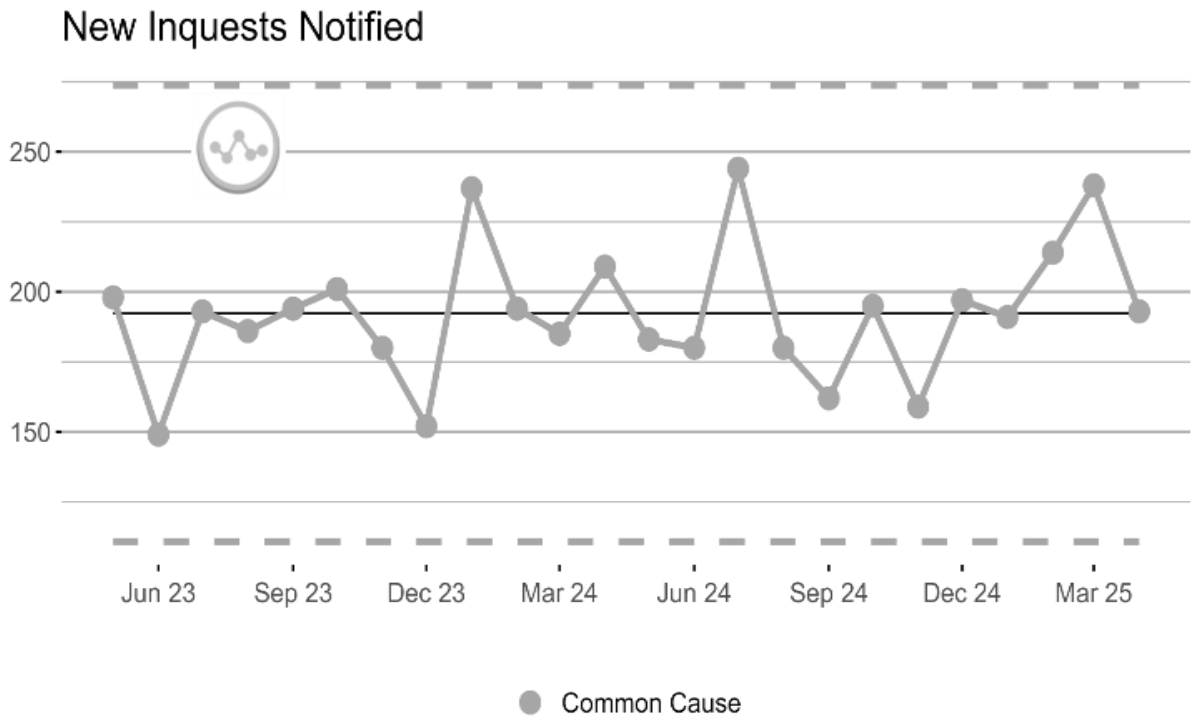
Employment Liability – 7

Public Liability - 1

Clinical Claims - 7

As expected, the number of Inquests notified to the Trust remained high in above period. 25 more inquests were opened in 2025 compared to the same period in 2024.

The chart below shows the level of sustained high numbers of notified inquests during 2023-2025 (to date).



The Head of Legal and other stakeholders are reviewing and updating TP015 – Procedure for responding to enquiries from Coroners, Police, the IOPC and others in relation to interviews, the preparation of statements and giving evidence at Inquests and other Court Hearings. TP 015 will be separated into three documents, a concise TP015 policy and two operational guides for criminal and civil enquiries.

The Legal Team in collaboration with Bevan Brittan will be delivering a training session about Inquests and witness statement training to the IUC Team on 18 June 2025.

HMC Senior Coroner for East London, Mr Graeme Irvine and his team of area/assistant Coroners as well as HMC Coroner for West London, Ms Lydia Brown, have been invited to visit the LAS. This will be an opportunity to show HMC Senior Coroners and their team the developments in our control rooms, how the systems operate to promote clinical safety. HMC

Senior Coroner will also be meeting senior members of the legal, clinical and governance team. HMC Senior Coroner, Ms Brown, will be attending on 12 September 2025.

The Head of Legal and the Head of the Health and Safety Team attended a training session on the 'Life of a Claim' delivered by Capsticks and NHS resolution.

INFORMATION GOVERNANCE

IG incidents are reported via RADAR, which is the new Trust risk management system. Where there has been an incident resulting in the compromise to patient or staff identifiable data and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the IG Manager in line with the General Data Protection Regulations (GDPR) requirements.

Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and/or the National Cyber Security Centre.

Since 1st April 2025, four incidents have been reported to the ICO. The details of these cases is reported to the Audit Committee. There are also five open cases dating from 8th December 2023 to the 26th July 2024. All five of these open cases are either awaiting an initial response from the ICO, or awaiting a response following updates sent.

The Trust continues to make robust progress towards compliance with the Data Security and Protection Toolkit (DSPT) requirements:

- An independent audit conducted by BDO LLP in March 2025 reviewed 12 of 47 mandatory outcomes, resulting in a Moderate risk rating and a high confidence level in overall DSPT completion.
- The training needs analysis approved in December 2024 underpins the Trust's education strategy. As of 22 May 2025:
    - IG/Cyber Security training compliance is at 92.26%.
    - 100% of Subject Access Request handlers have completed required training.
    - Data Quality training stands at 74.71% (target: 60% by 30 June 2025).
    - Business Continuity training compliance is at 81% for leads and 54.76% for the wider group.
- Asset registers and Record of Processing Activities (ROPA) reports are being actively managed, with most received and reviewed. Ongoing support is provided for outstanding items.
- The Trust's Privacy Notices are regularly updated and made accessible via LAS Connect and the Trust website.

Staff compliance with mandatory IG and Cyber Security training stands at over 92%. Targeted efforts are ongoing to improve training uptake, particularly among new starters and those in key roles like Information Asset Owners.

The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

FREEDOM OF INFORMATION

Between January and April 2025, the department received 441 Freedom of Information (FOI) requests. Of these, around 430 have been closed, while 11 remain overdue.

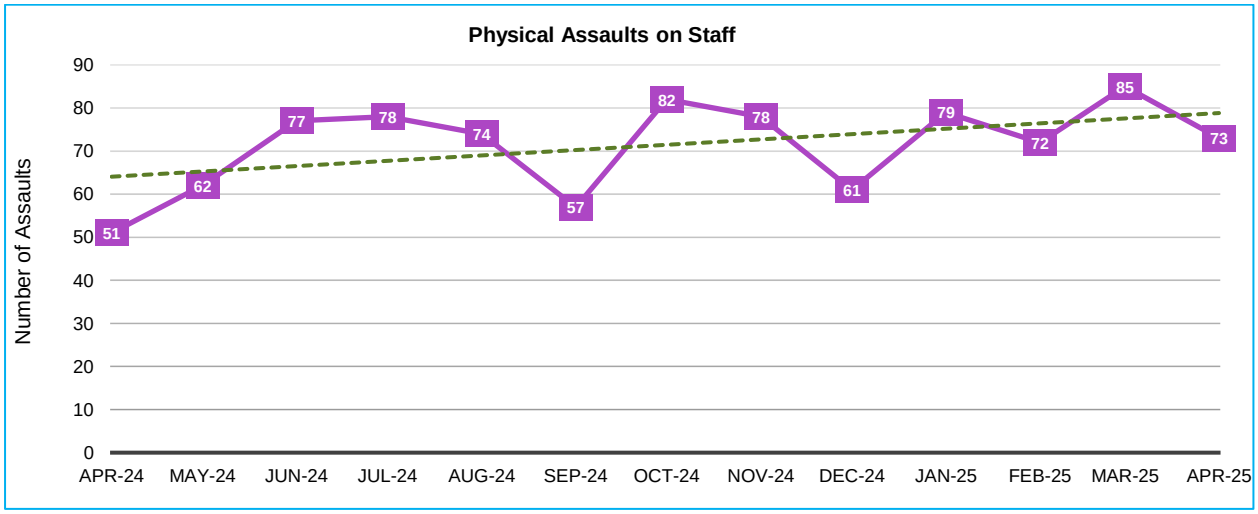
HEALTH, SAFETY & SECURITY

The HS&S Team have delivered 13 sessions of Managing Safety courses to total of 267 staff members and 12 sessions of Corporate Induction during 2024/25 and 1 session of Corporate Induction, 2 sessions of Managing Safety course to 22 staff members during April 2025, all with positive feedback. Load handling risk assessment continue to be developed by Departments with support from the Health, Safety & Security Department. So far these have been completed for Make Ready, Medicines Packing Unit and Fleet Workshops. The Community Resuscitation & Training Department in collaboration with the HS&S Team have developed a First Aid course, this course is underway with positive feedback, dates are available throughout the year.

A total of 856 Physical Assaults on staff were reported during 2024/25. The greatest number of reported physical assaults (58%) occur due to the clinical condition of the patient during 2024/25; police have attended 59% of physical assault incidents during 2024/25. 73 physical assaults were reported during April 2025. The greatest number of reported physical assaults (60%) occurred due to the clinical condition of the patient during April'25; police attended 69% of physical assault incidents during April 2025.

A violence and aggression executive lead project group commenced with a preliminary meeting following national staff survey results.

The People and Culture Committee is taking a close interest on violence against staff with a deep dive at the next meeting on body worn videos and other steps to protect our staff.



Mark Easton
Director of Corporate Affairs

June 2025

6. Approval

6.1. Business Plan year review 2024-2025

For Assurance

Presented by Roger Davidson

London Ambulance Service NHS Trust

Report Title	Trust Board Coversheet				
Meeting:	Trust Board				
Agenda item:	Annual business plan end of year delivery report for 2024/25		**Meeting Date:**	12.06.25	
Lead Executive:	Roger Davidson				
Report Author:	Beata Malinowska				
Purpose:	x	Assurance	x	Approval	
		Discussion		Information	

Report Summary

This Trust Board paper presents the delivery of the LAS annual business plan for 2024/25.

Year 2 of the implementation of the LAS five-year strategy has seen continued progress to achieving our three missions. Each year, our business planning cycle outlines the commitments we make towards achieving our strategy. Operating at a difficult time for the NHS as we face continued financial pressure, we are proud of the hard work we have been doing to achieve greater efficiency and promote productivity.

Key achievements include:

- Improved our Category 2 performance in comparison to last year
- At year end, our mean performance for 999 call-handling was 4 seconds which is significantly below 10 seconds target.
- Achieved a 111 mean answering time of 47.4 seconds across the year, reduced from 93.8 seconds in 23/24.
- We surpassed our target for the year in increasing our Trust Hear and Treat rate, achieving 20%, above the 17% target. This has a real impact on patient flow throughout the health system.
- A focus on productivity at sector level has helped to increase our patients per shift average to 5.2.
- We've invested into our fleet, having commissioned 185 new vehicles - 92 DCAs, 16 mental health vehicles, 26 HART vehicles, 5 bariatric ambulances, 15 driver training units and 31 cars for frontline staff.
- Delivered the first phase of electronic controlled drugs registers to improve clinical safety and efficiency.
- Collaborating with our key system partners, we have played a leading role in development and piloting of Integrated Care Coordination Hubs, delivering better integrated care for patients and reducing pressures.
- Successfully integrated the National Ambulance Resilience Unit (NARU) into LAS, helping us to deliver outstanding care to patients in major and complex incidents.
- Building our role as a system leader and partner – we led the coordination of a 999 winter plan which helped to keep patients safe. Our Category 2 response times were approximately 40 seconds quicker than they were last winter despite LAS seeing an 11% overall increase in total incidents.
- We have made strides forward in reducing health inequalities, developing a reducing health inequalities action plan focused on promoting individualised care for patients,

conducting patient engagement related to unequal maternity care and developed a sickle cell improvement plan based off our previous patient engagement.

Recommendation/Request to Trust Board:

Trust Board members are asked to discuss and approve the annual business plan delivery report for 2024/25.

Routing of Paper i.e. previously considered by:

ExCo

Corporate Objectives and Risks that this paper addresses:

Annual Business planning process and strategy implementation.
Aligned with Trust BAF register and Quality objectives.

London Ambulance Service
NHS Trust

Annual business plan end of year delivery report 2024/25

STRATEGY YEAR 2

Business plan for 2024/25 – delivery report

Strategy year 2

Year 2 of the implementation of the LAS five-year strategy has seen continued progress to achieving our three missions. Each year, our business planning cycle outlines the commitments we make towards achieving our strategy. Operating at a difficult time for the NHS as we face continued financial pressure, we are proud of the hard work we have been doing to achieve greater efficiency and promote productivity.

We would like to thank all our staff across LAS who have been key to achieving these commitments. We have remained responsive to the external operating environment, and remain committed to delivering outstanding emergency and urgent care whenever and wherever needed for everyone in London. We have a strong focus on promoting equitable access to care, and to playing our role in reducing wider pressures on the health system which ultimately delivers best care to patients.

Key achievements include:

- Improved our Category 2 performance in comparison to last year
- At year end, our mean performance for 999 call-handling was 4 seconds which is significantly below 10 seconds target.
- Achieved a 111 mean answering time of 47.4 seconds across the year, reduced from 93.8 seconds in 23/24.
- We surpassed our target for the year in increasing our Trust Hear and Treat rate, achieving 20%, above the 17% target. This has a real impact on patient flow throughout the health system.
- A focus on productivity at sector level has helped to increase our patients per shift average to 5.2.
- We've invested into our fleet, having commissioned 185 new vehicles - 92 DCAs, 16 mental health vehicles, 26 HART vehicles, 5 bariatric ambulances, 15 driver training units and 31 cars for frontline staff.
- Delivered the first phase of electronic controlled drugs registers to improve clinical safety and efficiency.
- Collaborating with our key system partners, we have played a leading role in development and piloting of Integrated Care Coordination Hubs, delivering better integrated care for patients and reducing pressures.
- Successfully integrated the National Ambulance Resilience Unit (NARU) into LAS, helping us to deliver outstanding care to patients in major and complex incidents.
- Building our role as a system leader and partner – we led the coordination of a 999 winter plan which helped to keep patients safe. Our Category 2 response times were approximately 40 seconds quicker than they were last winter despite LAS seeing an 11% overall increase in total incidents.
- We have made strides forward in reducing health inequalities, developing a reducing health inequalities action plan focused on promoting individualised care for patients, conducting patient engagement related to unequal maternity care and developed a sickle cell improvement plan based off our previous patient engagement.
- We are embedding quality improvement into our organisation, conducting a start of shift programme of work, where the QI team held a series of 2-day QI improvement events at 21 main stations. An example of the impact in Camden was that start of shift timings improved from baseline timing of 28.7mins to 10.9mins.
- LAS Culture programme has seen 323 leaders enrolled on leadership courses.
- Uplift in staff engagement with a 25% increase in the number of staff involved in staff networks.
- We implemented a sexual safety action plan aimed at keeping our staff safe at work.
- Implemented electronic safeguarding referrals to make our staff's role easier when out on the road.
- We've rolled out the new Localised Delivery Model to better align with our patients' needs.
- Continued to roll out teams-based working building on the momentum from last year. This includes in EOC and Clinical hub to promote LAS as a great place to work.
- Surpassed our target to train 10,000 London LifeSavers, reaching 17,192 this year.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
1	Rapid and seamless care	1	Improve delivery of ST-elevation myocardial infarction (STEMI) care bundle to 80% by the end of financial year	Fenella Wrigley	Georgina Murphy-Jones	**In progress**	Overall STEMI care bundle delivery has improved to 77% from 73% with pain relief care at 88%. Improvement is attributed to the continued delivery of education both centrally and locally and the release of the new STEMI care pack.
1	Rapid and seamless care	2	Achieve Return to Spontaneous Circulation (ROSC) mean of 30% by end of financial year	Fenella Wrigley	Mark Faulkner	**Achieved**	In March 2025 Overall ROSC was 44% with 30% maintaining ROSC to hospital.
1	Rapid and seamless care	3	Achieve consistent mean call-connect to hands-on-chest time of 4mins 15 secs by the end of the financial year to improve Return to Spontaneous Circulation	Fenella Wrigley	Stuart Crichton	**Achieved**	The median time to dispatcher assisted CPR was less than 4 minutes and 15 seconds for Q4 and 3 minutes and 59 seconds for March 2025.
1	Rapid and seamless care	4	Improve Category 1 performance in comparison to last financial year	Pauline Cranmer/ Fenella Wrigley	Darren Farmer/ Stuart Crichton	**Achieved**	Despite an increase in Category 1 calls (165 738 in 2024/25 vs 151 748 in 2023/24) the Category 1 response reduced from 7 minute 29 seconds to 7 minutes 22 seconds.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
1	Rapid and seamless care	5	Improve Category 2 performance in comparison to last financial year	Pauline Cranmer	Darren Farmer	**Achieved**	Category 2 response time improved by 1 minute in 2024/2025 compared with the previous year (00:37:39 vs 00:38:39). Particular focus has been given to ambulance production and productivity to ensure delivery.
1	Rapid and seamless care	6	Improve our performance on 999 call answering to a mean of less than 10 seconds by end of the year	Fenella Wrigley	Stuart Crichton	**Achieved**	At year end, our mean performance for 999 call-handling is 4 seconds. This is an improvement over the previous year of 12 seconds and better than the national standard of 10 seconds.
1	Rapid and seamless care	7	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe	Rakesh Patel	Jacqui Niner	**In progress**	Directorate delivered transformation plan achieving 29.27% in 23/24 to 49.94% in 24/25. P1 performance reached 70.88% in Feb 25, confident that ongoing work will achieve target.
1	Rapid and seamless care	8	Achieve a mean answering time for 111 of less than 3 minutes by the end of the financial year	Rakesh Patel	Jacqui Niner	**Achieved**	Directorate has delivered a transformation plan to improve performance - achieved a mean answering time of 47.4 seconds across the year reduced from 93.8 seconds in 23/24.
1	Rapid and seamless care	9	Achieve a hear-and-treat rate of at least 17% each quarter by delivering a Clinical Dispatch Support across all 5 sectors	Fenella Wrigley	Mike Ward	**Achieved**	Trust H&T rate was 20% for the year. This increase, above the target of 17%, was due to increased staffing and consistent implementation of the Clinical Dispatch Support role.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
1	Rapid and seamless care	10	Deliver first phase of electronic controlled drugs registers to improve clinical safety and efficiency	Fenella Wrigley	Sumithra Maheswaran	**Achieved**	The first phase of the project was achieved with the business case being completed and supplier contract awarded.
1	Individualised Clinical Response	11	Trial a care co-ordination hub in one Integrated Care System area with co-location of LAS and specialist clinicians enabling 'one-call' referral	Fenella Wrigley	Beata Malinowska	**Achieved**	NCL ICC was mobilised as a collaborative project in Janaury 2025. The results have been positive with increased H&T and reduced conveyance to ED. A pilot on a smaller footprint in NWL was completed in collaboration with Imperial College Healthcare NHS Trust.
1	Individualised Clinical Response	12	Introduce six mental health ambulances to improve the management of mental health emergencies and support for patients subject to section 136	Pauline Cranmer	Darren Farmer	**Achieved**	This objective is now complete, with 5 vehicles operational in 2024, and the remaining resource introduced in March 2025. The ambulances, designed in partnership with mental health experts and charities, have been designed to be more comfortable and create a tranquil environment for patients in a mental health crisis.
1	Individualised Clinical Response	13	Maintain 10 urgent community response (UCR) cars across London	Fenella Wrigley	Paul Cook	**Achieved**	9 x Urgent community response cars are operational plus Advanced Paramedics Urgent Care and three Specialist Paramedic - Primary Care cars. All these resources provide individualised care for patients and reduce conveyance to ED.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
1	Individualised Clinical Response	14	Achieve mean response of less than 120 minutes to fallers still on the ground and make referrals to other services within 60 minutes of 999 call where clinically appropriate	Fenella Wrigley	Mike Ward	**De-scoped**	A new national AQI was introduced during the year so this objective was paused to align with it.
1	Individualised Clinical Response	15	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds	Roger Davidson	Beata Malinowska	**Achieved**	We have commissioned and received patient feedback on sickle cell disorder and agreed an improvement plan based on the recommendations for implementation in 25/26. We have commissioned feedback from new mothers from Black and ethnic minority backgrounds and an action plan based on the recommendations received will be implemented in 2025/26.
1	Outstanding care and leadership of major incidents and events	16	Develop and successfully integrate National Ambulance Resilience Unit (NARU) into LAS - transition the service and develop	Pauline Cranmer	Natasha Wills	**Achieved**	National Ambulance Resilience Unit (NARU) Service has successfully transitioned (now called NHS Emergency Capabilities Unit) and business as usual activity has been maintained. The strategy consultation with partners had been completed and a draft strategy document was reviewed with stakeholders at the launch event held in Moreton-in-Marsh on 3 March. Feedback will be used to help inform the revised strategy .

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			and launch NARU strategy				
1	Outstanding care and leadership of major incidents and events	17	Roll out NHSE 10 second triage tool for managing incidents, improving our response and bringing greater clarity to the initial stages of multi-agency or major incidents	Pauline Cranmer	Natasha Wills	**Achieved**	This objective has been achieved, with e-learning rolled out and face to face training delivered on Core Skills Refresher (CSR) and Team Based Working huddles.
1	Outstanding care and leadership of major incidents and events	18	Invest in digital tools to support our response to major incidents, including implementing a digital logging solution by end Q3	Pauline Cranmer	Natasha Wills	**Achieved**	Work relating to the introduction of a digital logging solution has been carried out in Q1-Q3 and the solution was fully rolled out for strategic commanders in Q4.
1	A learning and teaching organisation	19	Invest in career development across organisation, including implementing a band 6 rotation programme by Q2, and increasing number of advanced or	Damian McGuinness/ Pauline Cranmer	Darren Farmer (rotations) Tim Edwards (specialist paramedic roles) and Alison Blakely	**Achieved**	ExCo agreed a cross-departmental review and work on Advanced and specialist paramedic roles to develop an overarching strategy on those roles that will include a structured approach to growing them by 5% recurrently. As at mid March 2025, we've recruited the following: • SP-PC - 14 additional recruited. An increase from 36 people to 55, which is 18 to 27.5 WTE. • APP-UC – 17 additional - an increase from 52 to 70 WTE.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			specialist paramedic roles by 5%				• APP-CC - 6 additional - an increase from 34 to 40 WTE. Total growth of 31% We currently provide a variety of options for colleagues in Band 6 roles to gain experience in specialist roles with ongoing work to provide a wider range of career opportunities for post band 6.
1	A learning and teaching organisation	20	Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme	Roger Davidson	Jules Potter (call handler to AAP rec programme) / Kulvinder Hira	**Not achieved**	Proportions of applicants from an ethnic minority background to jobs in ambulance operations and 999 fell (51% to 46% in EOC, 32% to 31% ambulance operations). Because of low staff turnover, we reduced external recruitment and paused outreach, which had been successful but roles were not available at that time. A new call handler to associate ambulance practitioner recruitment programme was run. We need to revisit this work in 2025/26.
1	A learning and teaching organisation	21	Implement a strategic partnership for developing improvement capability and capacity and deliver	Roger Davidson	Beata Malinowska	**Achieved**	We have delivered our first rapid improvement process workshop focused on the Start of Shift which has successfully shown improvements across the Trusty and created a model for the future.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			the Trust's first rapid process improvement workshop using LAS Improve methods				Roll out for the Start of Shift improvement was completed between December and in March with the QI and Ambulance Operations teams holding a series of 2-day QI improvement events at 21 main stations. The Estates team implemented immediate changes to layout and flow. We have used our strategic partnership with Surrey and Sussex Healthcare NHSTrust to build capability and skills across the organisation focussed on business needs through a variety of Lean training sessions.
1	A learning and teaching organisation	22	Introduce performance metrics for emergency dispatch to ensure greater consistency for patients	Fenella Wrigley	Stuart Crichton	**Achieved**	Agreed five dispatcher level key performance indicators (KPIs): 1. Time to "Suggestions" pressed mean 2. Stand-by point usage 3. Rest break allocation for Fast Response Vehicles (FRVs) and Double Crewed Ambulances (DCAs) 4. Cross Group/sector boundary dispatch rate 5. Stand down rate for Category 3 and Category 5 calls.
1	A learning and teaching organisation	23	Complete all commissioned learning responses within nationally-defined timeframes, plus reduce overdue open incidents to 25% of total open incidents (excluding those considered for learning response),	Fenella Wrigley	Tim Lightfoot	**Achieved**	There have been no breaches of new learning responses in the last 6 months due to the new practices. Following the transition to Radar, all open incidents on Datix were investigated and closed resulting in no overdue incidents.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			both by end March 2025.				
1	A learning and teaching organisation	24	Deliver via our Clinical Audit and Research Unit (CARU) one clinical audit per quarter, two annual reports in Q3 and prepare application for one further research study	Fenella Wrigley	Tim Lightfoot	**Achieved**	This objective has been achieved, with CARU consistently delivering the prescribed audits and reports. The application for research funding is a continuous process that occurs throughout the year.
1	A learning and teaching organisation	25	Develop a clinical supervision model to support all clinical staff	Pauline Cranmer	Alison Blakely	**In progress**	A new multi professional supervision group has met a number of times and is now working collaboratively on defining supervision for LAS. The definition for supervision for the LAS once agreed will be included in a policy for the trust. A number of suggested approaches are now being trialled and reviewed, to test efficacy. This will inform the LAS' final supervision model which will then be trialled in Q1 model.
2	An inclusive and open culture	26	Improve employee experience and engagement by reducing the mean length of formal case management to within a timeframe of 12 weeks	Damian McGuinness	All ExCo directors	**In progress**	Significant progress in year in reducing the average timeline for investigations, but has not reached desired KPI. Currently averaging 16 weeks. Additionally, we have now introduced a monthly performance review meeting to be chaired by Chief People Officer to monitor progress.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
2	An inclusive and open culture	27	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve c200 managers completing leadership courses	Damian McGuinness	Simon Steward	**Achieved**	As at March 2025, 323 leaders are enrolled, have started or have completed one of the four external leadership development programmes in partnership with Henley Business School (Band 8B+); University of Cumbria (Band 8A); Middlesex University (Bands 6-7); and NHS Elect (Bands 4-5). Some of these learners who have completed their programmes attended a Leadership Celebration Event on 17 March to mark their achievements. These programmes continue into 2025/6. Our biggest improvements in the NHS Staff Survey results in 2024 were in the areas of leadership and teamwork in the Our LAS Culture Change Programme.
2	An inclusive and open culture	28	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve management ratio maximum of 1:15	Damian McGuinness	Simon Steward	**Achieved**	Action complete
2	An inclusive and open culture	29	*Focus LAS Culture Programme on improving teamwork (the Year of the Team)* Achieve 85% of people with completed appraisals	Damian McGuinness	Simon Steward	**In progress**	Since July 2024, when Trust appraisal compliance stood at 62%, a strategic programme of targeted interventions has significantly improved performance, with compliance reaching 82% prior to winter just short of the desired KPI. These efforts have not only driven measurable improvement but also contributed to a 7% increase in positive appraisal responses in the 2024 National Staff Survey - the Trust's most improved metric.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
2	An inclusive and open culture	30	Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20%	Roger Davidson	Kulvinder Hira	**Achieved**	We have grown the staff network membership by circa 25% with more than 2000 staff involved. We have worked actively with networks to increase their activity, in particular on key celebration days. We will further strengthen this work in 25/26.
2	An inclusive and open culture	31	Improve the likelihood (currently 2x less likely) of Black and ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues	Roger Davidson	Kulvinder Hira	**Achieved**	Over the course of the year, we have sustained a ratio of 1.4 as a Trust, an improvement in comparison to 2.0 in 2023/24. We have further explored the nuances in BME categories to understand if there is any significance between ethnicities, which shows marginal differences between BME groups. In EOC we have seen the ratio improve from 1.6 (April 2024) to 1.0 (November 2024), which demonstrates that there is no difference in success rates for white and BME staff in EOC as it stands. The actions taken in EOC include IPMs on all interviews and support provided to BME candidates.
2	An inclusive and open culture	32	Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic	Roger Davidson	Kulvinder Hira	**In progress**	We engaged with staff and implemented a reasonable adjustments policy in July 2024. This is having increasing impact. The timing of the staff survey (September) meant that it was unlikely to pick up these changes. In 25/26, we will do more to share awareness of the process across the organisation.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
2	An inclusive and open culture	33	Develop and deliver an improvement plan against the six Equality, Diversity and Inclusion High Impact Actions with specific focus on all leaders to be held accountable for reducing discrimination and creating an inclusive LAS	Roger Davidson	Kulvinder Hira	**Achieved**	The EDI implementation plan has been developed in line with the high impact actions and it is refreshed annually. The Trust has made good strides with the HIA and in particular with the commitment from leaders. In December 88% of our extended leadership team made clear and practical commitments to how they will foster inclusivity and fairness in the Trust. A number of EDI Transformation workshops were delivered in Q4 with the aim to create local EDI action plans to provide the tools and resource to enable and complement the Year of Inclusive Team. The Tackling Discrimination courses have also continued.
2	An inclusive and open culture	34	Implement a sexual safety action plan leading to significant improvements in response to this question in the staff survey with the aim of reducing incidences	Pauline Cranmer	Alan Taylor/Alison Blakely	**Achieved**	The staff survey showed progress in some areas but further focus required in others. The sexual safety group continues to meet and the priorities (which will be agreed at the March 2025 meeting) are: • Supervision and support for hearing chairs and line managers, enabling onward support for staff. • A review of consistency and trend analysis for sexual safety cases to enable learning and improvement. • Scope whether education could be provided for managers hearing sexual safety cases to improve consistency provide clarity on expected standards. • A review of who should chair sexual safety cases, to ensure best practice and learning from the last year's focus areas. • Consider developing a trauma informed approach now the LAS has a set of cases to inform that work.

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Strategy year 2

NHS
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Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
Bow	An inclusive and open culture	35	Develop and sign off LAS uniform policy by Q4	Roger Davidson	Roger Davidson	**In progress**	A uniform working group was formed this year, and a draft policy has been prepared and discussed at ExCo. There are key issues being discussed and the document will be signed off early in 2025/26 financial year.
2	Well-led across the organisation	36	Implement a professional standards group to oversee and ensure registrants are supported through investigations and these are completed in a timely way	Pauline Cranmer	Alison Blakely	**Achieved**	The professional standards TOR has been agreed and the review group has been set up. The group meets weekly to review any cases which relate to a registrant and where there is a query relating to fitness to practice. These maybe behavioural or clinical incidents but the same process is applied.
2	Well-led across the organisation	37	Take a proactive approach to support the good health of staff, including recognising many have high levels of exposure to trauma, which will be reflected in reducing sickness levels to less than 6%.	Damian McGuinness	All ExCo directors	**Not achieved**	At year end, we did not meet this commitment. The rolling 12 month sickness figure has increased by 0.7%. A core factor in this increase has been TUPE intake of high absence services.
2	Well-led across the organisation	38	Implement electronic safeguarding referrals	Pauline Cranmer	Alison Blakely	**Achieved**	Electronic safeguarding has been implemented across the organisation. The safeguarding team continue to meet with the external provider to refine the process. This also includes

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
							representation for operational departments to ensure a collaborative approach.
2	Well-led across the organisation	39	Achieve a response rate of 75% to complaints within 35 working days	Mark Easton	William Cunliffe	**Achieved**	The objective has been met - the average response for Q4 was 80%. Continued improvement in performance figures was due to close individual performance monitoring and a focus on early resolution for applicable complaints.
2	Well-led across the organisation	40	Complete phase 2 of teams-based working in ambulance operations, including establishing a devolved operations model, a robust plan to provide leadership capacity and capability with a dashboard providing team level detail on all objectives and	Pauline Cranmer	Darren Farmer	**Achieved**	The Localised Delivery Model was rolled out pan-London at the end of March 2025, building on successful pilots at Ilford and Hillingdon. Local vehicle and people resource teams are now embedded in Sectors, under local leadership.
2	Well-led across the organisation	41	Complete implementation of Emergency Operations Centre teams- based working by Q3 including	Fenella Wrigley	Stuart Crichton	**Achieved**	Teams Based Working now fully implemented in Emergency Operations Centre (EOC) since 1 July 2024.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			implementation of new rotas, line management structures, and structured team time				
2	Well-led across the organisation	42	Implement teams-based working within the clinical hub, including new rotas, structured team time and structured clinical time	Fenella Wrigley	Mike Ward	**Achieved**	Teams-based working rolled out completely across the clinical hub.
2	Well-led across the organisation	43	Deliver 111 transformation programme to improve the productivity in both call answering and clinical assessment	Rakesh Patel	Jacqui Niner	**Achieved**	Directorate has delivered a transformation plan to improve productivity, ongoing work to maintain focus and improvement.
2	Well-led across the organisation	44	Conduct mapping of opportunities for joined up working with the Southern Ambulance Services Collaboration relating to staff policies and	Nic Daw	Stuart Crichton Darren Farmer Jacqui Niner	**Achieved**	Early workshop on Double Crewed Ambulance (DCA) shift cycle complete with preferential focus on rest breaks, end of shift and some Out of Service (OOS) management. Agreed joint priorities for year 1 of the Southern Ambulance Services Collaboration - shared procurement, Artificial Intelligence (AI) in Emergency Operations Centre (EOC), and DCA optimisation.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			implement an updated toil policy for LAS				
2	Well-led across the organisation	45	Complete Tactical Operations Unit review and implement recommendations to ensure effectiveness of services provided including incident management desk, patient flow and central support unit	Fenella Wrigley	Stuart Crichton	**Achieved**	Comprehensive listening workshops to review the services provided were held with staff across TOC were conducted leading up to the formal consultation which was delivered as planned in Q1.
2	Well-led across the organisation	46	Improve productivity in ambulance operations by reducing out-of-service and reducing job cycle time in comparison to last financial year	Pauline Cranmer	Darren Farmer	**Achieved**	Our Q3 objective of reaching 5.2 patients per shift was successful. Still maintaining an average of 5.2 PPS for Q4. Out of service (OOS) - we have achieved improvement on last year with the latest OOS 12.4% (excluding huddles). Job cycle time - DCA Conveyed (01:51:58), DCA Non-Conveyed (01:25:47).
2	Well-led across the organisation	47	Centralise Make Ready packing function to Rainham to deliver improved efficiency and quality	Rakesh Patel	Rakesh Patel	**In progress**	The infrastructure has been installed at Rainham to allow for the new packing team to start work in early FY 25/26. Make Ready Rota consultation includes creation of Centralised Packing Function at Rainham. Recruitment has commenced to these roles and all Standard Operating Procedures (SOPs) and operating model have been designed.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
2	Well-led across the organisation	48	Deliver a new internal communications and engagement strategy that aims to increase campaign awareness by 5%, key channel effectiveness by 5% and offers regular opportunities for staff voice to be heard through face-to-face and online events both locally and centrally	Roger Davidson	Claire Proudlock	**In progress**	We have carried out an extensive review of internal communications based on focus groups, a staff survey and interviews, and will publish a new action plan in 25-26. We have seen a 90% increase in the number of active users on LAS Connect, and improvements in other key metrics – such as open rate for the CEO weekly note and positive engagement in our key campaigns, such as the 60th birthday celebrations of the Service.
2	Well-led across the organisation	49	Prepare for the delivery of key performance indicators on the new Heathrow contract which is due to start from 2025/26	Pauline Cranmer	Darren Farmer	**Achieved**	The final contract went to Trust Board for sign off on 6 March ahead of go-live on 1 April 2025. It sets out KPIs agreed with Heathrow Airport Ltd and a dedicated team and vehicles are in place.
2	Well-led across the organisation	50	Deliver on the procurement of Integrated Urgent Care contracts pan-London and be successful in	Rakesh Patel	Jacqui Niner	**In progress**	Regional IUC Contract not agreed by commissioners. SEL deferred procurement by one year and NEL procurement commenced April 25.

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Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			securing 111 contracts for North East London and South East London in 2025/26				
2	Well-led across the organisation	51	Deliver the 2024/25 Income and Expenditure plan	Rakesh Patel	All Board directors for their area	**Achieved**	This objective is now complete - the Trust delivered the breakeven plan.
2	Well-led across the organisation	52	Deliver a £30 million cost reduction programme	Rakesh Patel	All Board directors for their area	**Achieved**	The trust has delivered £30m CIP programme as planned.
2	Well-led across the organisation	53	Deliver the 2024/25 capital plan	Rakesh Patel	All Board directors for their area	**Achieved**	The Trust delivered the £74m capital programme as planned.
2	Improved infrastructure	54	Introduce SMS capability to support with customer contact and feedback, where use cases will include text messaging for patient demographics and information (linked to the NHS App) and gathering patient feedback electronically to	Clare McMillan	Clare McMillan	**Achieved**	Patient Smart Survey went live in IUC in December with patients being sent a survey for their feedback, enhancing our communication and feedback and reducing the manual overhead in calling patients individually.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			reduce manual overheads				
2	Improved infrastructure	55	Work with London region to connect information gathered at call handling within IUC and publish to the London Care Record for ease of access to information for cross-system use	Clare McMillan	Clare McMillan	**De-scoped**	The delivery of this objective was outside of LAS control.
2	Improved infrastructure	56	Commission 185 new vehicles - 92 DCAs, 16 mental health vehicles, 26 HART vehicles, 5 bariatric ambulances, 15 driver training units and 31 cars for frontline staff	Rakesh Patel	Rakesh Patel	**Achieved**	All vehicles planned for commissioning in 24/25 have been completed and are in operational use.
2	Improved infrastructure	57	Creation of a campus in NEL that includes development of a new site to accommodate specialist assets (for	Rakesh Patel	Rakesh Patel	**Achieved**	The Trust is on track with the design and build of multiple sites in NEL. These include Cody Road, Resilience Hub East, Fleet Service Hub, Make Ready Hub. The first of these is due to open in early November. Having taken on the NARU contract (now NHS Emergency Capabilities Unit) our resilience and specialist assets teams will

Business plan for 2024/25 – delivery report

Strategy year 2

NHS
London Ambulance Service
NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			HART, TRU and SORT training), development of a fleet hub which includes new workshops, vehicle commissioning site and a make ready hub. This will enable Cody Road HART centre to be refurbished into a new ambulance station. All three sites are planned to be operational in 2025/26. Friern Barnet ambulance station will be expanded with additional land obtained during 2024/25.				be undertaking training exercises at the Fire Service College in Moreton-in-Marsh. We are expanding both Friern Barnet and Edmonton, and will have a new ambulance station at Heathrow.
2	Improved infrastructure	58	Develop and implement with Transport for London a programme for electric vehicle charging infrastructure,	Rakesh Patel	Rakesh Patel	**De-scoped**	This objective was de-scoped following discussions with GLA.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			including identifying sites and early installation				
2	Improved infrastructure	59	Improve IT infrastructure, including reducing the use of outdated technologies, reduction in single points of failure, and reduction in major outages. Upgrade of telephony for 111, 999 and corporate services by Q2 and resilience achieved across our data centres by Q3	Clare McMillan	Clare McMillan	**Achieved**	The Datacentre Essentials Programme was delivered at the end of Q4. This introduced infrastructure services resilience across our two hosted datacentres. Legacy services were decommissioned and new infrastructure harnessing the new Spine & Leaf architecture was implemented. As this objective involved multiple changes it required planned service disruption to operational services, therefore the Trust will realise a reduction in internal Priority 1 incidents in FY25/26. The telephony upgrade to CM10 has been achieved for both Emergency and Urgent Care (111 & 999) services.
2	Improved infrastructure	60	Evaluate and utilise new emerging technologies, including AI to improve patient care or productivity	Clare McMillan	Clare McMillan David Davis	**Achieved**	Scoping workshop complete, AI & Automation Programme governance is in place, Ambulance AI learning and engagement event was held in Feb 2025 and we are on track with PoC initiatives by end of Q4. The Trust is also involved in wider collaborative AI work with other ambulance services through SASC and we are trialling Co-pilot.
2	Improved infrastructure	61	Implement new business intelligence data	Clare McMillan	Clare McMillan	**Achieved**	IBM was selected to support business case development following the Mini-tender and procurement board approval.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			platform to deliver better productivity and performance reporting – gathering requirements Q1, business case and proof of concept by Q4				A programme of work to improve the current data warehouse was approved and will be delivered in 2025/6.
2	Improved infrastructure	62	Deliver the roll out of My Clinical Feedback App across London by the end of March 2025 so all frontline clinicians can learn from outcome information regarding their patients	Clare McMillan/ Fenella Wrigley	Mark Faulkner David Davis	**Achieved**	The rollout of all London trusts will not complete by the end of Q4 although progress has been made with South West London (Croydon) and North East London (Barking, Havering and Redbridge). We are rolling out hospitals individually as their data becomes available and aiming for this to happen for the majority of hospitals across 25/26. Programme rescoping to complete by end of Q4 detailing which trusts will carry over into 2025/26. A new version of My Clinical Feedback app was shared with clinicians in February 25 including changes and improvements.
2	Improved infrastructure	63	Deliver a new national control room solution (CRS) to replace legacy infrastructure and provide a more	Clare McMillan	Clare McMillan	**Achieved**	The new Control Room Solution went live as planned in November 2024.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			reliable service by Q4				
3	A system leader and partner	64	Implement a new operating model for managing our contribution to our five integrated care systems with better use of data and coordinated engagement	Roger Davidson	Beata Malinowska	**Achieved**	We have designed and implemented a new operating model. This includes a new sector based dashboard covering 999 ambulance ops and 111 We held a pan-London partnership summit to strengthen relationships in September 2025. We have designed with partners a pan-London 999 winter escalation plan building on our strengthened partnerships with ICS partners.
3	A system leader and partner	65	Develop the General Practice Support Service (GPSS) further, securing agreement and funding to run a pilot of LAS answering phone and navigating patients requiring same day urgent primary care for 100,000 population	Rakesh Patel	Jacqui Niner	**In progress**	The General Practice Support Service (GPSS) evaluation has been completed, funding contribution secured & contracts for 25/26 in place.
3	A system leader and partner	66	Work with our system partners to proactively reduce hospital handover	Fenella Wrigley / Pauline Cranmer	Stuart Crichton/ Darren Farmer	**Achieved**	The LAS winter plan was implemented on 11 Nov and London Urgent and Emergency Care Board decided to continue with it as business as usual after winter.

Business plan for 2024/25 – delivery report

Strategy year 2

London Ambulance Service NHS Trust

Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			delays in comparison to last year by implementing a new patient flow process and by supporting LAS crews with cohorting and accessing alternative care pathways				We continue to work collaboratively with system partners on initiatives such as REACH to help reduce hospital handover delays.
3	A system leader and partner	67	Reduce by 5% face to face interactions with identified cohort of frequent callers by March 2025	Fenella Wrigley	Tim Lightfoot	**Achieved**	This objective has been achieved - the number of face to face interactions with identified frequent callers by over 30% year to date is based on the old definitions of a frequent caller and 13% based on the new, exceeding the target of 5%.
3	Proactive at making London healthier	68	Improve bystander intervention in cardiac arrest: > training 10,000 more London Lifesavers > increasing availability of public access defibrillators > creating an expanded Community First Responder scheme with first 50 new	Roger Davidson/ Fenella Wrigley	Mark Faulkner/ Claire Proudlock	**Achieved**	London Lifesavers: surpassed our target training over 17,000 London Lifesavers this year. PADS - Data analysis has been undertaken to identify 'defib deserts' across London where a public access defib is required. The number of public access defibrillators registered on the BHF circuit is over 9000 in London. Community First Responders - During the autumn of 2024, the team on-boarded 50 Community First Responder (CFRs) volunteers.

Business plan for 2024/25 – delivery report

Strategy year 2

NHS
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Mission	Priority	No.	Commitment 2024-2025 - Strategy year two	Board director	Senior Responsible Officer	Status	Update
			volunteers recruited this year				

6.2. Business Plan 2025/26

To approve in public the 2025/26 Business Plan

For Approval

Presented by Roger Davidson

London Ambulance Service NHS Trust

Report Title	Trust Board Coversheet			
Meeting:	Trust Board			
Agenda item:	Annual business plan 2025/26		**Meeting Date:**	12.06.25
Lead Executive:	Roger Davidson			
Report Author:	Beata Malinowska			
Purpose:	x	Assurance	x	Approval
		Discussion		Information

Report Summary

This document contains LAS annual business plan for 2025/26 which constitutes the third year of the delivery of LAS five year strategy.

The 2025/26 annual business plan has been developed over the last four months on the basis of the robust engagement process with the objective owners (SROs), relevant SMEs across the Trust, finance, quality team and ExCo. Key points of engagement included:

- A series of bilateral meetings with all key LAS functions
- An all-day finance and business planning workshop on 24th February with all LAS departments presenting and refining their commitments for 2025/26 aligning them with the implementation of the five year strategy and funding available for 2025/26.
- Alignment with BAF
- Alignment with annual quality objectives
- Agreed changes to the investment areas for 2025/26 in light of constricted financial envelope
- Improvement requirements and key metrics in the operating plan agreed with the commissioners for 2025/26
- Four ExCo meetings where discussions and challenge were provided to refine the list further and approve its final version which is being presented in this report for the Board's approval.

Next steps after the Board approval:

- Quarterly progress reports will be produced for ExCo and Trust Board information in 2025/26
- The overall delivery will be monitored by ExCo and the Transformation Board as part of the established process of delivering LAS five year strategy.

Recommendation/Request to Trust Board:

Trust Board members are asked to review, discuss and approve the proposed LAS annual business plan for 2025/26.

Routing of Paper i.e. previously considered by:
ExCo on 2nd, 9th and 23rd April as well as 21st May 2025
Corporate Objectives and Risks that this paper addresses:
Annual Business planning process and strategy implementation. Aligned with Trust BAF register and Quality objectives.

NHS London Ambulance Service NHS Trust

ANNUAL BUSINESS PLAN 2025/26

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
1	Rapid and seamless care	1	Improve our response to time critical patients by delivering Category 1 mean target from 7mins 22 secs to 7mins by the end of financial year.	Pauline Cranmer and Fenella Wrigley	Darren Farmer and Stuart Crichton	Quality Assurance Committee
1	Rapid and seamless care	2	Improve our response to time critical patients by delivering Category 2 target from 37mins 39 secs to 32mins 30sec as a mean average over the year.	Pauline Cranmer and Fenella Wrigley	Darren Farmer and Stuart Crichton	Quality Assurance Committee
1	Rapid and seamless care	3	Improve job cycle time [excluding arrival to handover at hospital segment] by 2 minutes averaged across the year from 84 to 82mins by the end of the year.	Pauline Cranmer	Darren Farmer	Quality Assurance Committee
1	Rapid and seamless care	4	Improve Out of Service (OoS) by 2% averaged across the year from 15% to 13%.	Rakesh Patel and Pauline Cranmer	Emily Ross and Darren Farmer	Quality Assurance Committee
1	Rapid and seamless care	5	Improve delivery of ST-elevation myocardial infarction (STEMI) care bundle from 80% to 84% by the end of financial year.	Fenella Wrigley	Ben Evans	Quality Assurance Committee
1	Rapid and seamless care	6	Achieve Return of Spontaneous Circulation mean, increasing from 30 to 31% by the end of the financial year.	Fenella Wrigley	Mark Faulkner	Quality Assurance Committee
1	Rapid and seamless care	7	Work collaboratively with ICBs towards the rollout of Integrated Care Coordination hubs across London by the end of the financial year.	Fenella Wrigley	Beata Malinowska	Quality Assurance Committee

NHS London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
1	Rapid and seamless care	8	Maintain our performance on 999 call answering to a mean of less than 10 seconds for the financial year.	Fenella Wrigley	Stuart Crichton	Quality Assurance Committee
1	Rapid and seamless care	9	Deliver Category 2 auto dispatch, ensuring it is live by the end of the financial year.	Fenella Wrigley	Stuart Crichton	Quality Assurance Committee
1	Rapid and seamless care	10	Continue to safely increase Hear and Treat rate to achieve 4% improvement on 2024/25 from 19% to 23% across London by the end of the financial year with 21% achieved by the end of Q1, 22% by the end of Q3. [*Aligned with LAS quality priorities*]	Fenella Wrigley	James Lafferty	Quality Assurance Committee
1	Rapid and seamless care	11	Ensure at least 60% of patients in each IUC CAS priority are contacted by a clinician within the commissioned timeframe.	Rakesh Patel	Jacqui Niner	Quality Assurance Committee
1	Rapid and seamless care	12	Implement electronic controlled drugs registers across 80% of Trust sites by the end of financial year to improve clinical safety and efficiency.	Fenella Wrigley	Sumithra Maheswaran	Quality Assurance Committee
1	Individualised clinical response	13	Ensure all frail elderly patients have been assessed and referred to an Urgent Community Response service or a suitable LAS resource dispatched to them within 90 minutes.	Fenella Wrigley	Stuart Crichton and James Lafferty	Quality Assurance Committee

NHS London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
1	Individualised clinical response	14	Complete and evaluate Point of Care Testing (PoCT) pilot by Q3 to make a decision on next steps.	Fenella Wrigley	Beata Malinowska and Mark Faulkner	Quality Assurance Committee
1	Individualised clinical response	15	Appoint the first cohort of specialist paramedics in Mental Health by the end of the year.	Fenella Wrigley	Carly Lynch	People and Culture Committee
1	Individualised clinical response	16	Deliver 'Improving Sickle Cell Care' plan, including providing a bespoke CSR educational package for all clinicians. [*Aligned with LAS quality priorities*]	Roger Davidson	Beata Malinowska and Mary Emery	Quality Assurance Committee
1	Individualised clinical response	17	Develop a strategy for the development of advanced and specialist practice by the end of the year.	Pauline Cranmer	Alison Blakely and Tim Edwards	People and Culture Committee
1	Outstanding care and leadership of major incidents and events	18	Launch the NHS Emergency Capabilities Unit strategy by the end of Q2.	Pauline Cranmer	Natasha Wills	Audit Committee

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Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
1	Outstanding care and leadership of major incidents and events	19	Successfully relocate the NHS Emergency Capabilities Unit service to Moreton-in-Marsh location.	Pauline Cranmer	Natasha Wills	Audit Committee
1	Outstanding care and leadership of major incidents and events	20	Maintain 'Fully Compliant' for NHSE EPRR Core Standards and obtain 'Fully Compliant' improving from 'Substantially Complaint' in the Interoperable Capabilities Standards.	Pauline Cranmer	Natasha Wills	Audit Committee
1	Outstanding care and leadership of major incidents and events	21	Develop and agree an approach to increase commercial income from events by the end of the financial year.	Pauline Cranmer	Natasha Wills	Finance and Investment Committee
1	A learning and teaching organisation	22	Develop a new clinical supervision model to be implemented across operations and other departments with patient-facing clinicians by the end of the financial year.	Pauline Cranmer	Alison Blakely	People and Culture Committee
1	A learning and teaching organisation	23	Deliver first phase of 12h ambulance shift optimisation programme by deploying Quality Improvement methodology to optimise LAS approach to staff rest breaks and inform a new policy.	Roger Davidson	Beata Malinowska	Quality Assurance Committee

London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
1	A learning and teaching organisation	24	Increase LAS Quality Improvement capability and capacity through the roll out of a cohort of 25 Quality Improvement champions based in all LAS functional areas.	Roger Davidson	Beata Malinowska	Quality Assurance Committee
1	A learning and teaching organisation	25	Secure one further research study by the Clinical Audit and Research Unit.	Fenella Wrigley	Rachael Fothergill	Quality Assurance Committee
1	A learning and teaching organisation	26	Review Core Skills Refresher Training in line with Teams Based Working to maximise learning opportunities with a finalised plan agreed in Q4 ready for implementation in 2026/2027.	Pauline Cranmer	Hannah Curror	People and Culture Committee and Quality Assurance Committee
2	An inclusive and open culture	27	Pilot an Inclusion Board for 12 months to strengthen the voice of all staff in decision making.	Roger Davidson	Kulvinder Hira	People and Culture Committee
2	An inclusive and open culture	28	Conduct a stocktake and review of the progress on the ambulance Equality Diversity and Inclusion action plan with outcomes and recommendations by Q2.	Roger Davidson	Kulvinder Hira	People and Culture Committee

London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	An inclusive and open culture	29	Reduce the disparity between white and BME staff entering formal disciplinary actions to improve WRES Indicator 3.	Damian McGuiness	Simon Steward	People and Culture Committee
2	An inclusive and open culture	30	Complete 90% of all non-complex reasonable adjustment requests within 6 weeks of submission to the Reasonable Adjustments Hub.	Roger Davidson	Kulvinder Hira	People and Culture Committee
2	An inclusive and open culture	31	Increase the representation of under-represented groups in the roles of Assistant Ambulance Practitioner, Incident Response Officer and Emergency Resource Dispatcher.	Roger Davidson	Kulvinder Hira	People and Culture Committee
2	An inclusive and open culture	32	Formalise the policy on staff to withdraw from scene if they experience abuse by patients or their relatives. Trial new process in Q1 and implement tried and tested process across the organisation by end of Q2.	Pauline Cranmer	Alison Blakely	Quality Assurance Committee/ People and Culture Committee
PLANNED IMPROVEMENTS FOLLOWING STAFF SURVEY RESULTS						
2	Well-led across the organisation	33	Become the best ambulance trust with staff recommending LAS as a place to work via the NHS staff survey.	Damian McGuiness	All Directors	People and Culture Committee

London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	Well-led across the organisation	34	Establish a standard way of providing feedback to staff on changes made following errors/near misses/incidents.	Fenella Wrigley	Tim Lightfoot	Quality Assurance Committee
2	Well-led across the organisation	35	Improve staff access to adequate materials, supplies and equipment to do their work well as measured by the annual staff survey results.	Clare McMillan and Rakesh Patel	Emily Ross and Paul Schack	People and Culture Committee
2	Well-led across the organisation	36	Reduce incidents relating to the availability of LP15 defibrillators on frontline vehicles. [*Aligned with LAS quality priorities*]	Rakesh Patel	Emily Ross	People and Culture Committee
2	Well-led across the organisation	37	Develop and implement a programme of work to reduce staff experiences of physical violence, discrimination, bullying or harassment from patients, their relatives or other members of the public with the aim of improving the staff survey results in this area.	Mark Easton and Damian McGuiness	Edmund Jacobs and Simon Steward	People and Culture Committee
2	Well-led across the organisation	38	Conduct a staff focus group to identify key actions needed to be implemented to improve the score achieved by LAS for 'Proud of the clinical care you give' question in the annual staff survey in 2025.	Pauline Cranmer	Alison Blakely	People and Culture Committee
2	Well-led across the organisation	39	Complete career pathways for staff in 999, 111 and Ambulance Ops by March 2026 and create a framework to incorporate staff working across all LAS functions.	Damian McGuiness	Jules Potter	People and Culture Committee

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NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	Well-led across the organisation	40	Implement an internal communications and engagement strategy that builds on the recommendations of the internal communications review and ensures staff are informed and engaged about how the organisations acts on staff feedback and makes improvements.	Roger Davidson	Claire Proudlock	People and Culture Committee
2	Well-led across the organisation	41	Implement findings from the Tactical Operations Centre review.	Fenella Wrigley	Stuart Crichton	People and Culture Committee
2	Well-led across the organisation	42	Review the approach to sickness absence management and minimising preventable health conditions to aim to reduce absence levels to 6% or below.	Damian McGuiness	Simon Steward	People and Culture Committee
2	Well-led across the organisation	43	Increase LAS Charity income to £600,000 in 25/26. This will be achieved by strengthening links with London businesses through CSR initiatives and sponsorship whilst simultaneously carrying out a review to establish whether the charity can be sustainable in the future.	Roger Davidson	Claire Proudlock	Charitable Funds Committee
2	Well-led across the organisation	44	Create and implement a new approach to patient engagement by gaining more direct feedback from patients who have used LAS services.	Roger Davidson	Claire Proudlock	People and Culture Committee

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Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	Well-led across the organisation	45	Improve the LAS website to comply with the accessibility-related standards required of an NHS Trust.	Roger Davidson	Claire Proudlock	People and Culture Committee
2	Well-led across the organisation	46	Implement Robotic Process Automation capability and a roadmap of initiatives to reduce repetitive tasks and free up administrative time across Trust functions.	Clare McMillan	Simon Harding	Digital and Data Committee
2	Well-led across the organisation	47	Deliver 2025/26 capital plan by the end of financial year.	Rakesh Patel	Carol McLaughlin	Finance and Investment Committee
2	Well-led across the organisation	48	Deliver the 2025/26 Income and Expenditure plan by the end of the financial year.	Rakesh Patel	Carol McLaughlin	Finance and Investment Committee
2	Well-led across the organisation	49	Demonstrate value for money by delivering the £30m annual Cost Improvement Plan (CIP) by the end of financial year.	Rakesh Patel	All Directors	Finance and Investment Committee
2	Improved infrastructure	50	Improve reliability, quality and interoperability of our critical IT systems through a new Infrastructure Programme that aims to reduce the Trust's internal IT critical incidents by 30% by April 2026, when compared to figures in March 2025. This measure does not include external 3rd party critical incidents.	Clare McMillan	Paul Schack	Digital and Data Committee

London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	Improved infrastructure	51	Test and embed an extended pilot of ambient voice technology and dictation solutions in selected face-to-face and telephone-based clinical settings by Q4. Evaluate productivity impact on Hear and Treat and ambulance operations services.	Clare McMillan	David Davis	Digital and Data Committee
2	Improved infrastructure	52	Increase the organisation's cyber security posture by achieving standards met on the new CAF-aligned DSPT and achieve Cyber Essentials+ accreditation.	Clare McMillan	Simon Carey	Audit Committee
2	Improved infrastructure	53	Improve performance of current data warehouse platform to increase resilience, efficiency and BI team capacity and capability for reporting.	Clare McMillan	Ranjita Sen	Digital and Data Committee
2	Improved infrastructure	54	Implement IT Operations Centre to deliver a full 24/7 incident management and monitoring hub to increase resilience.	Clare McMillan	Paul Schack	Digital and Data Committee
2	Improved infrastructure	55	Bring into operation Fleet Service Hub.	Rakesh Patel	Emily Ross	Finance and Investment Committee
2	Improved infrastructure	56	Bring into operation Resilience Hub East.	Rakesh Patel	Emily Ross	Finance and Investment Committee

NHS London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
2	Improved infrastructure	57	Bring into operation new Heathrow site.	Rakesh Patel	Emily Ross	Finance and Investment Committee
2	Improved infrastructure	58	Develop a business case for a new ambulance station by the end of Q2 so the construction process can start in Q3.	Rakesh Patel	Emily Ross	Finance and Investment Committee
3	System leader & partner	59	Support GPs in London to increase their ability to provide same day access to urgent primary care by carrying out an evaluation of LAS GPSS pilot and explore funding options to scale it up across London and make it sustainable in the future.	Rakesh Patel	Jacqui Niner	Finance and Investment Committee
3	System leader & partner	60	Work collaboratively with our partners in London to reduce pressures on Emergency Departments by collaboratively developing the LAS winter plan 25/26 for approval by UEC London Board in September 2025.	Pauline Cranmer and Fenella Wrigley	Darren Farmer and Stuart Crichton	Quality Assurance Committee
3	System leader & partner	61	Work with internal and external stakeholders to ensure that trusted assessor is in place for all internal pathways within acute trusts in London.	Fenella Wrigley	Ben Evans	Quality Assurance Committee

NHS London Ambulance Service NHS Trust

Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
3	System leader & partner	62	Deliver on projects LAS committed to through the Southern Ambulance Services Collaborative (SASC).	Chief Executive Officer	Nic Daw	Joint Committee
3	Proactive at making London healthier	63	Develop and implement improvement plans to deliver more individualised care for maternity patients who are impacted by health inequality, drawing on findings of patient engagement conducted by the end of Q1.	Roger Davidson	Beata Malinowska	Quality Assurance Committee
3	Proactive at making London healthier	64	Train 12,000 new London Lifesavers at schools and public events by the end of the financial year.	Fenella Wrigley	Mark Faulkner	Quality Assurance Committee
3	Proactive at making London healthier	65	Train 100 new community first responders (CFR) and deploy them across London to places in most need of support by the end of the financial year.	Fenella Wrigley	Mark Faulkner	Quality Assurance Committee
3	Proactive at making London healthier	66	Install 100 new public access defibrillators placed in communities with most need across London by the end of the financial year, basing their distribution on the 'Defib deserts' data analysis.	Fenella Wrigley and Roger Davidson	Mark Faulkner and Claire Proudlock	Quality Assurance Committee
3	Proactive at making London healthier	67	Prepare a business case and specification by the end of the financial year for the replacement of the LP15 defibrillator/monitor.	Fenella Wrigley	Mark Faulkner	Finance and Investment Committee

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Draft Business plan for 2025/26 commitments

Strategy year 3

Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Board director	Senior Responsible Officer	Board Committee
3	Green and sustainable for the future	68	Decrease our carbon footprint by delivering 4% carbon reduction as per Green Plan actions for 25/26 including achieving full ULEZ compliance across our diesel fleet by Q3 and increase the number of EV chargers across LAS estate by 20%.	Rakesh Patel	Emily Ross	Finance and Investment Committee

7. Assurance

For Approval

7.1. Board Assurance Framework

For Approval

Presented by Mark Easton

London Ambulance Service NHS Trust

Report Title	2024/25 Q4 BAF and Draft 2025/26 BAF			
Meeting:	Trust Board			
Agenda item:		**Meeting Date:**	12 June 2025	
Lead Executives:	Mark Easton, Director of Corporate Affairs			
Report Author:	Frances Field, Corporate Governance Manager			
Purpose:		Assurance	x	Approval
	x	Discussion		Information

Report Summary

The 2024/25 Q4 BAF now needs to be closed as the year has come to an end. The attached is the final version for the year. There have been some changes to the 2024/25 BAF since the last submission to the Trust Board, which are described below.

Committees have begun to discuss changes to the BAF for 25-26 which will be shared with the Board at the next meeting.

BAF 2024-25 Changes by Committee

Quality Assurance Committee (QAC)

Closure of risk:

BAF 1.4 Risk closed as all actions have been completed and has reached its target rating

Finance and Investment Committee 21 March 2025 (FIC)

Changes to risk scores:

BAF 2.10 Reduction in risk score from 3x4=12 to 1x4=4

BAF 2.12 Reduction in risk score from 3x4=12 to 1x4=4

New risk:

BAF 2.14 The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2025/26

Digital and Data Committee (D&DC)

Changes to risk score:

2.6 We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony. Target risk score reduced from 3x5=15 to 2x5=10.

Draft 2025/2026 BAF- For Information

The draft 2025-26 BAF Summary has been developed with input from lead Executives following alignment with the 2025-26 Business Plan and includes new and amended risks. It will now be taken to assurance committees and submitted to the next Board meeting.

It is proposed to re-word some risks:

Rewording of risks:

BAF 2.1 **Proposed new wording:**

We may fail to sustain our progress on inclusion or to make further improvements for all staff, including enhancing equity on career progression and pay.

BAF 3.1 **Proposed new wording**:

We may not meet our commitments set out in the 2025-2029 green plan refresh including a decrease of 4% carbon in 25/26, achieving full ULEZ compliance across our diesel fleet by Q3 and increase the number of EV chargers across LAS estate by 20%.

BAF 3.2 **Proposed new wording:**

There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London given the differing and fragmented commissioning and tendering of 111 contracts by 5 ICSs. This poses a financial, quality and people risk for the services provided by the LAS. (To be agreed)

BAF 3.3 **Proposed new wording:**

We face a strategic risk as the only London-wide NHS provider around the sustainability of partnerships and funding streams, with evolving ICS roles and regional commissioning shifts causing uncertainty.

C**hange of oversight** from Trust Board to Finance and Investment Committee

Three new risks are in development which have been proposed for addition to the BAF. These not have yet been signed of and are here for information only :

BAF 1.8 We are at risk of providing an equitable service to mental health patients because of:

i) Increased demand
ii) Lack of specialised facilities
iii) Lack of alternative pathways accessible to ambulance services

BAF 1.9 There is a risk to patient safety due to gaps in the current oversight of learning stemming from incidents, after action reviews, patient safety incidents and the triangulation of assurance.

- Patient safety incident root causes identify problems with history taking, focused examination, differential diagnosis identification, effective treatment planning and documentation to support and ensure robust clinical records; as well as availability and use of equipment amongst other frequent root causes.
- Whilst education, supervision and core skills exist within the organisation as well as other support mechanisms, these do not always provide the assurance of organisational learning and response or indeed swiftly recognise a concern in an individual's practice or gap in process.

BAF 2.15 Risk relating to violence against staff by patients and the public (wording to be agreed).

Recommendation/Request to the Board:

The committee is asked to:

- Review the 2024/25 Q4 BAF including the comments of assurance committees with associated scoring of risks and approve it as the final version for 2024/25.
- Note the developing 2025/26 BAF.

Routing of Paper i.e. previously considered by:
ExCo and assurance committees.
Corporate Objectives and Risks that this paper addresses:
The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to the delivery of the Trust's strategic objectives.

Board Assurance Framework – 2024/25 Q4

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
1.1	We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest.	20	12	16	16	12	12	12	QAC	FW	4
1.2	We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to:	25	20	20	20	20	20	12	QAC	PC	7
	• Insufficient funding from commissioners to meet demand, including pressure from RCRP	25	25	25	25	25	25	8			
	• Constrained capacity in the UEC system and handover delays at hospitals	25	20	20	20	20	20	12			
	• Underachievement of productivity initiatives	25	20	20	20	12	12	8			
1.3	We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year.	16	12	12	12	12	12	8	QAC	JN	9
1.4	The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions. CLOSED	20	12	12	9	9	9	9	QAC	FW	14
1.5	We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities	20	12	12	12	12	12	8	QAC	FW	17
1.6	We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning.	20	16	16	16	16	16	8	QAC	FW	19
1.7	We may not improve data quality, embed data governance and follow through on the data quality action plan.	20	12	12	12	8	8	8	Digital	CM	21
Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for											
	Risks	**Uncon[d]**	**Q1**	**Q2**	**Q3**	**Q4**	**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
2.1	We may not achieve the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, how we ensure that people	25	16	20	20	16	16	12	EDI	RD	23

	who have a disability are supported, and how do we ensure that people from a BME background are able to progress in LAS.										
2.2	We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.	20	12	12	12	12	12	12	P&C	DM	25
2.3	We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices.	20	12	12	12	12	12	12	P&C	DM	27
2.4	We may not improve the sexual safety of staff unless we fully implement the action plan we have identified.	20	16	16	16	16	16	12	P&C	PC	27
2.5	There is a risk of service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage either through: • Internal vulnerabilities because the correct system and human safeguards not being in place which may expose us to service disruption and put at risk our DSPT compliance. • Vulnerabilities on the part of third party systems on which we rely.	25 25 25	15	15	15	20 20 20	20 20 20	15 15 15	AC	CM	30
2.6	We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony.	20	15	15	15	10	10	10	Digital	CM	30
2.7	Operations may be affected by the shortage of Mobile Data Terminals (MDT's) CLOSED	20	10	5			5	5	Digital	CM	34
2.8	There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30.	20	20	20	20	20	20	15	Digital	CM	36
2.9	There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution. CLOSED	20	12	12			4	4	Digital	CM	34
2.10	We may not deliver the £30m CIP and productivity programme.	20	20	20	16	4	4	4	FIC	RP	39
2.11	There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.	20	16	12	8	4	4	4	FIC	RP	40

2.12	The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25	20	16	16	16	4	4	4	FIC	RP	41
2.13	We have a legacy staff scheduling system (GRS) which has limited support. Until it can be replaced there is a risk that system failures may cause significant inefficiencies affecting operational performance.	15	12	12	12	12	12	9	P&C D&D	DM	42
2.14	The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2025/26	20				16	16	4	FIC	RP	43
Mission 3:	**Using our unique pan-London position to contribute to improving the health of the capital**										
Risks		**Uncon[d]**					**Curr[t]**	**Target**	**Committee**	**Owner**	**Page**
3.1	We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028.	15	15	12	12	8	8	4	FIC	RP	44
3.2	There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues	20	12	16	16	12	12	8	FIC	RP	45
3.3	Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges.	16	12	12	12	12	12	8	Trust Board	RD	47

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-3	Low risk
	4-6	Moderate risk
	8-12	Significant risk
	15-25	High risk

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BAF Risk: 1.1

We may not achieve the quality standards required in stroke, cardiac care, and cardiac arrest

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Progress with priorities to be monitored on a monthly basis via patient safety incidents and national benchmarking	• Weekly patient safety incident group reviews cases, • PSIRF thematic reports, • Serious Incident Learning Assurance Group. • Multi-disciplinary forum for incident discussion and identification of learning
Guideline and process developed for referring patients to primary care with unrecognised hypertension as part of responding to the rise in incidents of cardiovascular disease and stroke	• Governance managed through Clinical Advisory Group • Pilot in SE London launched to share incidental findings with GPs, relating to previously undiagnosed hypertension, and also raised blood glucose levels. Information shared via MS form to registered GP. This also addresses one element of the CORE20PLUS5 standards relating to hypertension. Learning will inform further expansion, or improvement followed by expansion.
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids	• Monthly Cardiac Arrest Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to Cardiac Arrest patients. • Annual Cardiac Arrest report. • Daily and weekly review of Category 1 performance • Monthly monitoring through: ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report • Feedback to all staff involved in management of cardiac arrest from Clinical Audit Team • Monitoring of Community First Responder outcomes and LifeSaver numbers to reduce time to defibrillation

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	• Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas. • New cardiac arrest checklist includes ROSC care bundle prompts and handover metrics and tools. • CTM training includes post ROSC importance to enable further discussion with their teams during OWR and CPI feedback. • Monitoring of advanced care interventions by APP – Critical Care
NHS England AQI: Outcome from acute STEMI • Time from call to angiography for confirmed STEMI patients: Mean and 90th centile • Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	• Monthly STEMI Care Pack including infographic. This report contains comprehensive clinical and operational information on the care provided to ST-elevation myocardial infarction (STEMI) patients. • Annual STEMI report. • Monthly monitoring through: ➢ Integrated Performance Report, ➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report t • Feedback to LAS from Pan London Cardiac networks • Local oversight of STEMI care bundle improvement led by SSCL and QGAM. Individual feedback to clinicians. TBW huddles to share cases. • Clinical update and Insight share cases • Cardiac, stroke and STEMI care bundles now included as part of the core SSCL objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.
Robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities, including cardiac arrest acute coronary syndrome and stroke.	• Monitored through Annual Clinical Audit Programme and Research Programme. • Monitored through Quality Oversight Group and Clinical Audit and Research Steering Group (CARSG). • Annual Independent Review of clinical audit practices by CARSG's Patient and Public representative. • Monitoring of individual research projects by external Sponsors. National critical friend review of research and governance practices in progress.
Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90th centile	• Monthly Stroke Care Pack. This report contains comprehensive clinical and operational information on the care provided to suspected stroke patients, including whether they were conveyed to the most appropriate destination and timescales. • Monthly monitoring through: ➢ Integrated Performance Report,

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	➢ Sector Focus ➢ Feedback Reviews (bimonthly) ➢ Quality Report

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
• Improve return of spontaneous circulation rates to ≥30%	Achieved: December 2024 ROSC was 44% with 30% sustained to hospital
• London lifesaver training being delivered across London	Achieved: recruitment of 7000 Lifesavers planned and we are currently training in 2 schools per week October 1736 – total LLS = 24374 November 1615 – total LLS = 25989 December 1414 – total LLS = 27403
• Reduce by 60 seconds the time it takes from call connect to the start of chest compressions	This has been achieved
• Deliver resuscitation update training to 85% of staff	Achieved: Resuscitation training and updates being delivered in all CSRs. CTM huddles and case reviews.
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction	Achieved: Senior Sector Clinical Leads continue working on care bundles for cardiac arrests and ST –elevation Myocardial infarction. 78% (from 73%) pan London as of January 2024 with pain relief given in 91%.
Develop a Health Inequalities Action Plan	Achieved: This has already been completed.

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BAF Risk: 1.2
We may cause harm by not achieving the Ambulance Performance Standards set out in the NHSE Operating Plan due to: • Insufficient funding from commissioners to meet demand; • The impact of the Right Care Right Person initiative; • Constrained capacity in the UEC system and handover delays at hospitals; • Underachievement of productivity initiatives

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

• Insufficient funding from commissioners to meet demand;	25	25	8
• Constrained capacity in the UEC system and handover delays at hospitals	25	20	12
• underachievement of productivity initiatives	25	12	8

Controls	Assurances
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
Flexible approach to use of staff including roles and hours/rotas	Review a twice weekly forecasting & Planning meeting to ensure hours match anticipated demand.
Senior (operation) and clinical oversight of delays and incidents to identify risk and harm through pre-set processes	Patient safety incident response framework fully embedded in organisation.
Redeployment scheme for corporate staff utilised in times of high demand	At REAP 4 all clinicians working operationally 50-100% of time.
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call. Additional calls convened to support specific ICB systems challenges.
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response

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Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Patient Flow Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	Daily reporting process detailing handover issues – HALO at certain challenged ED's
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	Tactical operations centre reporting on all cohorting activity – Cohorting process in place
Rapid release procedure to release crews covering a CAT 1 and high Cat 2 call in the community, handing over patient care to hospital staff.	Datix reporting of all rapid release activity
Implementation of pre-planned redirection of patients to protect challenged hospital trusts	Senior oversight from clinical and operational leadership teams and collegiate working with ICB leads.
Work with our system partners to reduce hospital handover delays, working with specific hospitals where needed and supporting LAS crews to utilise W45, cohorting and alternative healthcare pathways through sharing case examples	Senior oversight from clinical and operational leadership teams, working with consultants for REACH, ICB leads to maximise utilisation of appropriate care pathways.
Introduce clinical dispatch support across most challenged sectors, to support safe patient focused dispatch decisions at times of peak pressure.	Twice daily review of clinical support in the EOC
Productivity improvement program within Ambulance Operations	As demand continues to rise steadily, overall performance has improved throughout Q4. Progress is evident in improved production metrics, including greater ambulance availability and utilisation. As a result, the PPS metric has seen only a slight variation.
Increased recruitment plan within Ambulance Operations	Regular reviews of the recruitment plan led to a number of courses being revised. Our end-of-year position reflects a fully established directorate.

Further actions

Action	Date by which it will be completed
Maintain conveyance to Emergency Department under 50% in all ICSs	Ongoing
Continual Review of dispatch process (999 operations) to assess the safe management of higher acuity patients at times of high demand	Ongoing
Enforce new 45 minute handover protocol with appropriate escalation when required.	Ongoing
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	Ongoing
Productivity improvement program within Ambulance Operations: Achieved Q3 improvement, now further objective implemented for Q4	31/3/25
Increased recruitment plan within Ambulance Operations	31/3/25
Robust application of Clinical Safety plan	Ongoing

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BAF Risk: 1.3
We may not be able to achieve the IUC target of 75% of all CAS cases being contacted within the required timeframe and answer 111 in less than 3 minutes by the end of the financial year.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
IUC Queue Management & CAS Reporting	**Queue Management:** Operating a combined IUC CAS Queue including ED & Ambulance Validation. Queue is overseen by an IUC Clinical Team Navigator using clinical queue guidance developed by the SMT to identify sick patients and a range of technical configuration to allow the CTN to log when safety reviews are undertaken or where a patient requires higher response. The multi-disciplinary workforce located across IUC sites, remote workers and Network Partners have queue views to support the CTN's to direct capacity in real time to support KPI achievement. **CAS Reporting** – ongoing reporting issues due to complexity of National V's Local metrics/ KPI's, Network Partners not aligning and internal data. Internal workstream to allow IUC senior management and BI to work through areas of concern.
Review of CAS priorities	Work to reduce lower primary care activity in CAS has been successful however this results in higher % of 20min (P1) & 1hour (P2) response. NHS Pathways is renowned for being risk adverse but is has areas where risk is not identified ie. Sickle Cell, Safeguarding and the CTN is responsible for recognising clinical risk/ safety risk that may require cases to receive response that differ to the KPI timeframe. LAS has and Commissioners agree that patient safety is priority however the IUC team are working to support CTN's with management and assessment tools & training to manage priorities within KPI.
Introduction of IUC rostering tool and improved grip by local management	Allocation wizard is now in use to improve equitability and reduce admin of rota allocation allowing direct/ sessional allocation prior to agency and using combined with clinical guardian information triangulated performance/ productivity / quality outputs used to influence allocation

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Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance	Productivity reports are being developed all clinical and non-clinical teams and used alongside the role cards in 1:1s and appraisals. Teams are also now using Clinical Guardian/ Rotamaster information which allows review of workforce quality/productivity & reliability to inform rota allocation and identify areas of concern. Currently a very manual process and looking to purchase a stand-alone workforce tool to generate effective rotas and move away from manual rota generation.
Real time management and clinical safety & oversight	Adastra has had additional flags/ highlights to draw attention to specific case types to focus on priority cases i.e. Frailty/ EoL or crew on scene call back. IUC Navigator and Clinical On Call Teams undertake clinical review of queues and decision to escalate needs to consider level of acuity and timeframes to avoid impacting on higher acuity/ system to manage lower acuity. New SDM role works alongside navigator and on-call for senior oversight. This is supported by improve floor walking roles.
The use of a remote and networked partnership workforce offers greater resilience and opportunity to utilise experienced staff from across the system. The addition of resilience partners to protect performance during peak times further supports service delivery. Close management of these contracts and suppliers ensures continued efficacy.	LAS now has technical ability for LAS or partner clinicians to work remotely directly onto our Adastra clinical queue and in July 2023 new VDI telephony was introduced for all to work on LAS telephony/ recording. Although a core site based clinical workforce is required the offer to work remotely improves retention and access to partner workforce increased capacity significantly and reduces use of agency. LAS now have four partners providing clinical assessment service and a framework is being developed to allow greater pool of providers to work with having completed due diligence and governance. New framework procurement has been completed and 8 network partners being mobilised in phased approach due to be complete by October 2025.
Staff rostering to meet expected demand	In order to reduce the mean call answering time in IUC, detailed modelling work has been completed to provide a short, medium, and long term forecast. The IUC scheduling team work to fill the rota based on these forecasts and are measured on variance to forecasted staffing requirement. New tool to generate rotas based on forecast being explored. By improving rota compliance, it will ensure that we have the right number of Heath Advisors and Service Advisors on duty at any one time to meet demand
Reduction in absence and turnover	The IUC management team have been successful in reducing absence rates and turnover through effective management of teams. This ensures that there are fewer last minute cancellations, reduced use of bank, and less training demand on the team therefore improving productivity
Improved calls answered per hour	As part of the wider transformation programme, staff are set a target of calls answered per hour and will be supported to achieve that target with management interventions taken if required. Through answering a standard number of calls per hour in line with the wider team mean, there will be increased capacity within the team to answer calls waiting.

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Reduction in average handling time through process improvement and training	Reducing AHT has been achieved through a focus on effective staff training and removal of unnecessary parts of the calls flow. A regular review of the Directory of Services (DoS) and Adastra call flow is conducted and inappropriate steps removed where possible. In addition, staff are trained how to deal with difficult calls and ensure that calls are managed effectively. The reduction in AHT leads to improved calls answered per hour and a quicker mean answer time.
Provision of more effective and timely in-line clinical support and non-clinical floorwalkers	Work has been completed to measure and manage the timeliness of in line clinical support to ensure that if/when call handlers need to access clinical advice directly during their call, this is provided sooner. This provision of advice leads to a reduction in average handling time and enables staff to answer calls sooner and reduce the mean answering time. In addition, a non-clinical floorwalker has been introduced to ensure there is senior support for HAs and SAs when taking calls. These roles enable staff to raise concerns and queries to reduce their handling time and improve calls per hour.
Provision of a ‘storm trooper’ role to manage call split across contracts	In order to ensure that call volume is split between contracts and providers most effectively, a new role has been introduced to manage the diversion of calls. This ensures that if a subcontractor or other provider within the alliance has the ability to manage calls better, more calls are diverted to them to achieve an overall benefit to the system. This ensures that the mean answer time is reduced for patients regardless of location.
Operation of ‘golden hour’ initiatives	During periods of peak demand, the golden hour initiative has been developed to ensure that all staff able to take calls (including management staff and training staff) cancel other commitments to attend. This has increased capacity at peak times substantially and reduce the mean answer time across all contracts
Improved data quality and oversight	A review of the data quality in the service has been conducted and found a number of duplicates which have now been removed from our reporting. Work is ongoing to establish the cause of the duplicate calls however there is no more certainty that the service is providing the most accurate data possible. In addition, a range of new reporting, forecasting, and workforce data tools and dashboards have been developed to ensure that the operational and management teams all have oversight of the service performance. All management staff have received training on how to use and access the dashboards and all new staff joining the service have an additional module in their training course to introduce the service metrics and targets. This greater grip on the service performance enables teams to focus on where improvements can be made and take actions in real time.
Redesign of Telephony	Extensive programme to redesign telephony configuration and reporting to ensure effective call answering, queue management, and resilience.
IUC CAS CQ Clinical Risk Management Guidance training.	Extensive programme to redesign telephony configuration and reporting to ensure effective call answering, queue management, and resilience.

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Standardisation of scheduling and rostering processes including sooner escalation	Transfer of scheduling to IUC has allowed review to be undertaken to adjust ways of working to suit needs of IUC. Shifts are sent 6-weeks in advance for substantive, managed bank and AH, but withheld for a month to allow maximum non-agency rota population. Agency staff will be offered shifts as last resort to reuse agency used. Where needed resilience partners ae used to manage gaps. Combined with more accurate forecasting, this is leading to greater oversight and grip on performance and safety

Further actions

Action	Date by which it will be completed
Transformation Program of work completed. Work streams • Case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable to support apposite resource management in queue navigation and case prioritisation, as well as in being aligned with contractual commissioner reporting • Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork • Adastra Queues and views for users have been revised to the associated case Priorities aligned to required reporting and to reflect NHS Pathways time coding where applicable and aligned with contractual resilience partnership working • Increased staffing from resilience partners to meet validation activity in a timelier response – Request initiated and rota fill expected to increase from Mid-March 2024 to meet demand and release resource to support wider CAS Call back times • Initiated the modelling of Clinical staff requirement by role skillset using historical NHSP Dx coding to establish baseline hourly requirement by role to ensure adequate staffing requirement mapped to demand	August 2024 Action completed and moved into BAU structure
Continuation of above actions as managed through the transformation board: 1. Improved calls per hour through staff management and benchmarking 2. Reduction in AHT through process efficiencies and removal of call flow work 3. Greater roster compliance and golden hour during peak times through better forecasting and rota fill 4. Reduction in staff absence and turnover through additional support and wellbeing across the teams as well as manager intervention when needed 5. Continuation of storm trooper role for call balancing with suggested move to automatic balancing via storm platform 6. Provision of more in-line clinical support and non-clinical floorwalkers to ensure that staff have the support they need to reduce AHT and improve calls per hour. 7. Continuation of golden hour initiative to increase capacity at peak times 8. Introduction of 'Our IUC Team' programme focussing on improving efficiency and teamwork	Transformation programme completed and added to standard governance process.

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Data quality review commissioned for late 2024 to support further assurance of the accuracy of data across IUC. This will be supported by a redesign and relaunch of the telephony structure in early 2025. The more accurate telephony design will improve data assurance and ability to adjust the telephony pathway being used such as additional IVR menus and messaging.	Ongoing, April 2025
A range of actions are captured in the IUC Digital Board including the provision of automated comfort calling, automated patient survey, and call back options. Options for the use of AI across IUC is also being planned through the Trust AI board	Ongoing, April 2025

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BAF Risk: 1.4
The introduction of RCRP poses a risk to our performance and financial model as the LAS has seen an increase in demand, and complexity of the cases received. This places a pressure on the organisation that is currently unfunded, and may compromise care to patients, especially those with mental health conditions. **THIS RISK IS CLOSED AS ALL ACTIONS HAVE NOW BEEN IMPLEMENTED**

L	x	C	=	Score
5	x	4	=	20

L	x	C	=	Score
3	x	3	=	9

L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Discussions with MPS, NHS Partners and Social Care Partners setting out the key risks to patients, the LAS and the health system as a whole and identify solutions. This is via NHSE MPS and Health Partners Board; the RCRP Met Police Board, and a number of subgroups (comms, data, policy and people/training).	Feedback and actions Risks being raised via the formal partnership meetings are followed up with action and learning/improvement noted in formal minutes.
Ability to measure changes in incoming demand to understand impact	Current demand from MPS is now measurable, so a change in this will now also be measurable. A dashboard with live data now exists to monitor in live time the impact.
LAS have worked with MPS and agreed calls will be transferred electronically via existing link between the two systems. This will ensure patients don't have to hang up and redial; but will also ensure we are able to closely identify changes in volumes.	LAS have agreed process to manage CADLINK calls (electronic link) and this will be expanded to manage the additional demand likely to be seen via RCRP. As above, this will also allow measurement of any changes to demand.
Identified calls passed through the electronic CADLINK from MPS to LAS from 1st Nov.	All MPS Calls which need a possible ambulance response have been confirmed will come via CADLINK.
Identified the volume of calls from members of the public and how these will be managed by the police and volume of these calls that will land with the LAS	Retrospective review complete and now ongoing review in place.
New process developed to enable both 111 and 999 call handling / health advisor triage for additional demand.	A process already exists, but this will be refined and enhanced given the extra demand and need for the appropriate triage to be undertaken for these patients
Patient safety oversight in place– to ensure patients remain safe whilst they wait for initial triage after the calls land within LAS CAD, there will be a role in place to oversee the METPOL overall stack.	A business as usual model is being drawn up for a proposal to embed a clinician into MPS, for them to do their 'normal' role but within MPS to also be a point of escalation in both directions using the learning from RCRP launch
Welfare calls received from healthcare partners have increased. This has been manually counted and examples provided by on duty teams for review and escalation.	42 calls audited from a 4/7 period – 24 from acute hospital trusts, the rest from other partners / public. Formally raised to RCRP NHS Partners board.

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	Letter sent by NHS Partners to acute trusts about managing own demand and risk assessments.
Internal LAS fortnightly review group meeting – ability to review ongoing challenges with RCRP and to escalate externally should that be required.	Regular review and multi-team approach including Clinical, EOC, Clinical Hub, Operations, MH team, Patient Experiences, 111/CAS.
Newly set up LAS / MPS / NHS weekly touchpoint meeting	Ability to discuss escalation issues in quick time and ensure all partners aligned and sighted on challenges
External escalation process formalised	Escalation process formalised for LAS to raise items of note to the MPS for review in terms of decision making. This is over and above the 'real time' escalation already in place for on duty teams, and allows for learning and improvement to take place with regards to response and collaborative working. A log is kept internally within LAS for collation of themes and to ensure follow up
Regular 'round table' meetings with MPS strategic and operational leads for RCRP	Regular monthly meetings now in place – shared chairing between LAS and MPS leads for RCRP. Shared awareness, shared learning, shared problem solving approach
Case submitted to NHSE for additional funding for the RCRP activity	Using the data now held re: new and increased demand, along with CADLINK data, welfare calls now coming to LAS and the additional staff to oversee this activity; as well as the staffing required to go on the additional MH ambulances to respond to the new s136 demand which the organisation will start to see with the final pillar of RCRP.

Further actions

Action	Date by which it will be completed
Identify if changes can be made to CAD via Cleric so that only critically unwell patients would be accepted through this link, and other patients (not critically unwell) would be required to call 999 for formal triage.	Closed: No longer being scoped – CAD changes at the MPS system are not currently possible. This will be reviewed again in the coming months with a potential MPS CAD change.
Set up report to capture MPS CADLINK calls, as well as calls relating to RCRP from other NHS/Social care stakeholders to measure increased demand and trends	Achieved: Report relating to calls from MPS is now set up and reporting successfully. Reporting on calls from other partners, especially social care is proving more problematic as they often come from individuals as opposed to via the 'agency' and as such are difficult to measure or locate within our system.
Understand the next phases of RCRP and timeframes associated with them and their launch	Achieved: Phase 2 is planned for implementation at the beginning of 2024-25
CAD / cleric changes to enable these calls to present into their own queue within the CAD system are being scoped by the IM+T team. The management of them once they land within LAS CAD is a separate work stream and will work regardless of where the calls sit within the system.	Achieved: This was not possible, but the process for these calls to be managed as its own work stream is complete with individual staff assigned to it, within the EOC and clinical team each day.
Additional staff will be put in place in the initial weeks whilst the extra demand is understood.	Achieved: and will continue

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RCRP Pod in Met Police Control Room will be staffed with an LAS clinician for the first 4 weeks post launch. This will enable safety oversight, trend analysis and better understanding of impact	Achieved: and will continue
Welfare call increase from acute trusts - LAS have proposed some interim steps to manage this demand. LAS have also requested formal communication from NHSE to acute trusts to manage own demand and risk assessments and not pass directly to LAS.	Achieved: – will be monitored and a longer term solution identified should it be required if demand continues to increase for these calls.
LAS to present case studies at the next MPS RCRP Strategic Board – to define cases where people are currently falling through potential gaps in process, identified through the joint working described above. For example, cases where the caller is not describing a health emergency but where the MPS are also not attending such as a concern for welfare or a person missing from an acute trust ward.	Achieved- the Board is now dissolved and there is now a monthly partners meeting with the ability to scale up as required.

N.B. Now planned actions have all been achieved we are now in the monitoring phase.

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BAF Risk: 1.5

We may not improve the quality of the care we provide if we do not complete delivery of our quality priorities

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by June 25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Quality priorities are monitored via a monthly report to the monthly Quality Improvement Programme Board. This report is standardised and includes key achievements, milestones, key risks and issues as well as key concerns and potential barriers.	Assurance is provided to the Clinical Quality Oversight Group and Quality Assurance Committee.
Improving efficiency	• Cat 3 & 4 validation is above plan and continues to sit around 98%. Improvements have been implemented to maintain this position. • Clinical Dispatch Support is live in all Sectors. A rota review for increased staffing has been agreed and will go live in July. • The reducing OOS improvement project has begun with engagement sessions and idea generation events. 8 test of change objectives have been identified.
Feedback and learning	• KPIs are being developed to address outstanding actions for learning from AARs and Inquiries • The first Rapid Process Improvement Workshop is planned for January 2025. Preparatory training and coaching from SASH has commenced. Planning for the RPIW will start around early December based on improvement priorities agreed by the Trust Guiding Team.
Improving outcomes	• 29 new performance managers have been appointed with KPI meetings arranged. Call to 'got address' data shows the Location matching <80 seconds KPI is being met. • An improvement collaborative for STEMI bundle compliance has been arranged to start on 29th July. Work has begun in relation to SSCL KPIs and a supporting video is planned for July 2024 also. • Timeline for health inequalities reduction plan has been created and stakeholder engagement sessions have been undertaken

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Reducing delays	• BI have been commissioned to develop a Cat/Cat 2 portal report and heat map to support data driven improvements. An accelerated design day using QI methodology is being planned for July. • Activities have been planned to deliver the P1-3 call back KPI including a Queue Management Process, review of clinical staffing, performance management and review clinical rotas

Further actions

Action	Date by which it will be completed
• Progress C1 and C2 improvement plans	Carried into 2024/25
• Complete delivery of spinal immobilisation training	End of June 25

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BAF Risk: 1.6
We may not achieve targets for commissioned learning response timeframes and overdue incidents impacting our ability to rapidly adopt any derived learning

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Learning responses	
Increased Lead Investigator (LI) cohort Provide training in line with PSIRF requirements (12 hours ftf and x2 e-learning packages) Established monthly LI drop in sessions to trouble shoot issues Created LI supervision pool teams group for rapid allocation Developed SOP for LI allocation Accurate LI database for tracking availability and compliance with training Created sector Datix dashboards to enable monitoring and oversight of learning responses in respective areas. Moved all reporting to Datix for standardised approach and enable enhanced audit Weekly data sent of open and overdue learning responses sent to key stakeholders Enhanced DoC monitoring and audit Weekly meetings with PED and Legal regarding learning responses and associated complaint/inquest for early escalation Development of an escalation process for overdue learning responses. Standing agenda item on 1:1s with supervisors Implementation of sign off process. Agreement with Ops in relation to abstractions and stand downs for LIs	Weekly monitoring and tracking via SPC Bi monthly reporting via CQOG and QAC Feedback from external sources including CQC, ICB, Coroner, patients/families/local authority. Staff survey links with outcomes to questions about how responsive the organisation is when a concern is raised.
Overdue incidents	
Established monitoring Contacted sectors/teams with highest numbers overdue Escalation via Chief Paramedic Officer Monthly Datix investigation training	Bi monthly reporting via CQOG and QAC Reporting within quality report Reporting within FFR and sector based quality reports

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Targeted training to corporate areas without governance leads. Communication regarding use of 'to do list' function on Datix Change of metrics to report % overdue which allows for proportionate action	Staff survey links with outcomes to questions about how responsive the organisation is when a concern is raised. Incident reporting trends – increase would suggest positive reporting culture

Further actions

Action	Date by which it will be completed
<u>Learning responses</u> Tracking the last 10 closures AND last 10 breeches– identification of time taken in each stage of review and action appropriately Undertake time observation of investigation process to identify waste and non-value adding processes. Implementation of escalation process Horizon scanning and notification of those who are near overdue Defining the role of the supervisor to support standardised approach Produce a quick reference guide for LIs to be shared when allocated learning response Development of LI refresher training Development of LI 'contract' Meeting with supervisors with overdue cases and implement SMART action plans to clear overdue cases Inclusion Review of all overdue learning responses and closing of incidents, which mirror previous incidents for which learning responses have already been commissioned, and reinvestigation will yield no additional learning. Introduction of new AAR/SWARM template and family letter template to allow AARs/SWARM to be written up in a much shorter period of time. Directorates now have a nominated individual who will coordinate identifying the most appropriate action owners in their area speeding up the process for Lis Close oversight of timelines by central quality team with early interventions and reminders	End of Q4 2024/25
<u>Overdue incidents</u> Creation of Dashboards that can be used by all managers to view incidents assigned to their respective areas – associated comms piece. Bi-weekly meetings with team leads with those with most % overdue Understand barriers for corporate teams with high % overdue Development of an aid-memoire to be distributed to all managers with hints/tips and FAQ on incident investigation Communication about 'standard work' and the move to make incident reviewing form part of daily/weekly standard actions.	End of Q4 2024/25

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BAF Risk: 1.7
We may not improve data quality, embed data governance and follow through on the data quality action plan

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
A data quality group was established in July 2023 which undertakes an over view of data quality issues.	The Digital and DQ Committee receives reports from various sources on Data Quality
Actions from the BDO audit review on Data Integrity are being monitored and reported by the Data Quality Assurance Team	Being monitored by internal auditors BDO for implementation
Departmental training on data quality to be rolled out to new BI team staff members	Training completion of new staff to be monitored by BI Business Manager
Data quality issues picked up through daily performance reviews and referred back to BI/F&P/CAD teams for investigation.	Performance discussed routinely at 8.30 and 5pm meetings. Gold Dashboard is monitored throughout the day

Further actions

Action	Date by which it will be completed
Produce internal system assurance review: EPCR	Completed
Reviewing draft Digital & Data Strategy –strengthening the Data related outcome to stress that data quality becomes part of everyone's responsibility.	Completed
Reinstate Data Quality ESR training module to all staff with responsibility for data entry/validation (induction, mandatory training)	Completed
Review content of ESR training module to make specific and relevant to LAS data	Q1 2025/26
Annual External Audit on data quality is completed for 2024/25	This has been de-scoped from the audit plan for 2024/5 but engaged with the plan for
Analyst vacancy to be filled within Data Quality Assurance Team	Completed
Develop the DQA work plan for 2024/25 and 25/26	Completed & shared with the digital committee
• Cat 1 clock starts–Validation of clock starts	Completed as agreed by the Committee

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• BDO Data Integrity Review – Monitoring of BAU actions from the recommendations	Complete as agreed by the Committee
• IUEC internal review – 3 recommendations	Complete
• Fleet internal review - 2 recommendations	Complete
• Workforce internal review	Closed
• Datix internal review- 2 recommendations	Closed
• BI-999 -2 outstanding actions	Business Case to be written for March 2025 for data platform refresh
• CARU internal review	Closed
Project to investigate the re-architecture of the CAD environment	Complete
Completion of the CAD re-architecture project	June 2025
Attainment of Cyber Essentials + accreditation	June 2025
Implement MFA for externally facing legacy systems, where technically possible.	March 2025

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BAF Risk: 2.1
We may not achieve the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, how we ensure that people who have a disability are supported, and how do we ensure that people from a BME background are able to progress in LAS

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Established process and reporting for WRES, WDES, GPG, EPG, EDS and Annual Equality Report	Reports and one action plan reported to EXCO, EDI Committee (as part of People & Culture Committee), and Trust Board Use insights from data to inform action planning and FFRs (WRES and WDES) Gender Pay Gap related actions Ethnicity Pay Gap related actions Disability Pay Gap related actions
Continue with scrutiny of changes to policies and practices through EIA process	Ongoing advice as SMEs Effective consultation with stakeholders to ensure inclusive practice
Continue to implement the EDI Programme aligned with business plan deliverables and high impact actions	Meeting national requirements and success measures – Reported to ExCo and EDI Committee (as part of People & Culture Committee) and monitored by the EDI Implementation Group. Refresh EDI Implementation plan to reflect progress made and align with ambulance EDI action plan Implement recommendations from EDI audit
Implementation of the recruitment interventions and response to sea change recommendations	Monitored by the Recruitment working group Strategic placement of any roles that become available with ring fences on programmes like OLIR Positive action embedded in Trac and recruitment processes for all targeted recruitment campaigns (IPMs, SuSP, hiring manager to complete a form for all unsuccessful Band 7 candidates)
Conduct staff network review	Review current model of working, use of resource, challenges and support needed to drive better outcomes for staff
Continue to implement Reasonable Adjustments Policy and Guidance and manage a centralised process and budget through the Reasonable Adjustments Hub	Monitored by Reasonable Adjustments working group and progress reported to EDI Committee Closer scrutiny of complex cases through panel of subject matter experts
Continue to implement of Anti – Racism Charter and Anti-Discrimination Statement	Monitored via the EDI Implementation Group and progress reported to EDI Committee (as part of People & Culture Committee) Integrated into CELC module and wider training, and worked into referral to resolution process

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	Ongoing awareness campaigns through communications and engagement activity Ongoing advice and guidance to staff as SMEs
Continue Sexual Safety oversight group to advise on and monitor changes to Trust process to create a safer environment for all staff	Action plan developed – oversight through Sexual Safety group, EDI Implementation Group and EDI Committee (as part of People & Culture Committee)
Increase accountability for EDI in leaders across LAS through localised action plans and EDI objectives	Develop localised action plans for key directorates – monitoring delivery through EDI Implementation Group EDI objectives for 92% of ELG members – monitoring through ELG and ongoing support provided

Further actions

Action	Date by which it will be completed
Deliver the four business plan objectives: 1. Pilot an Inclusion Board for 12 months to strengthen the voice of all staff in decision making	March 2026
2. Conduct a stocktake and review of the progress on the ambulance Equality Diversity and Inclusion action plan with outcomes and recommendations by Q2.	March 2026
3. Complete 90% of all non-complex reasonable adjustment requests within 6 weeks of submission to the Reasonable Adjustments Hub.	March 2026
4. Increase the representation of under-represented groups in the roles of Assistant Ambulance Practitioner, Incident Response Officer, Emergency Resource Dispatcher, and Clinical Advisors in the Clinical Hub (CHUB).	March 2026

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BAF Risk: 2.2
We may not improve in the NHS People Plan domain regarding *Looking after our people* - particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

Controls	**Assurances**
Attendance Workstream established as part of PCC and meets bi-monthly.	Exception Reporting to PCC
Wellbeing Strategy and Inputs	Monitoring of progress via PCC
On-going operational management and robust Sickness absence policy management	Highlights reported to PCC and Board via directors' report and in month assurance through FFR's
Risk assessments for at risk staff groups	Reported via Health and Safety Directorate
Staff wellbeing clinics / Staff counselling / OH support	Feedback reported to Board in PCC Directors report
Freedom to Speak Up Guardian	Reports to PCC.
Safer staffing guidance and escalation pathway to ensure operational oversight and appropriate mitigation in safe deployment of staff. This includes the out of hours, assessment, assurance and escalation for safe staffing guidance.	Daily performance reviews / meetings / reports
The Trust Board will have direct oversight in relation to managing this risk with Assurance provided by PCC / QAC.	Daily performance reviews / meetings / reports
2023/24 workforce plan agreed	Trust Workforce Group
Continuing to regularly review and increase the staff wellbeing offerings	Wellbeing team working to NHSE wellbeing framework – regular meetings with NHSE
Continuing to use temporary staff and offer staff overtime to ensure no disruption to delivery of services	Continuous monitoring of staff sickness/absence - GRS
Promotion of the Flu programme with Trust wide flu clinics	Progress of programme reported to Board in PCC Directors report
Wellbeing team working to NHSE People plan and suicide prevention rules	Well-being Steering Group
Established Health and Wellbeing hub for all staff to call for general advice and signposting of services.	Wellbeing team working to AACE suicide prevention rules – Regular meetings with NHSE

Further actions

Action	**Date by which it will be completed**
Refresh Wellbeing strategy that aligns to LAS People Strategy	Completed Q2 24/25

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Review of first day absence reporting system	Awaiting embedding of LDM . Pilot now finished. Q3 25/26
Review of teams and associated scheduling	Proposed structure of review by Q4 23/24
Immunisation records to be validated and outstanding vaccinations to be addressed	Completed - Staff with gaps in immunisation records offered catch up appointments ib three separate occasions.
Actions from reviewing wellbeing offerings Pilot project underway to identify best practice model in management of absence including fast access to mental health pathway.	Completed New model established by Aug 2024
Complete stress risk training (risk:1048) New stress mgt policy in place and stress risk assessment training being rolled out.	Completed Review 12/24.

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BAF Risk: 2.3
We may not improve our organisational culture in addressing bullying and / or harassment underpinned by poor underdeveloped management and leadership practices

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
4	x	3	=	12

Controls	**Assurances**
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Publicise Post Our LAS Culture Change Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: • EDI/CDI • OD&TM • WRES and WDES data • Retention • Staff survey engagement scores	P&C Director's update at OPMS / PCC / Trust Board
Statutory mandatory and PDR compliance (reporting)	P&C Director's update at OPMS / PCC / Trust Board
Chief Executive's blog / Staff Communication bulletin and leadership development days	References in various Director reports that go to the Board / Board sub committees
Training sessions available for all leadership delivered by the EDI team	

Further actions

Action	**Date by which it will be completed**
Develop 2023-2028 People and Culture Strategy as assigned metrics	By Q4 23/24 (in conjunction with EDI Team)
Aligned EDI/CDI Strategy and delivery plan / system of measurement	Complete. EDI Policy and Workforce Strategy Delivery plan approved by PCC. Review progress 12/24.
Comprehensive review of all Policies EQIA	Ongoing – December 2024

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BAF Risk: 2.4
We may not improve the sexual safety of staff unless we fully implement the action plan we have identified

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	4	=	12

Controls	**Assurances**
Working group established with representation from across the Trust chaired by the Chair Paramedic.	Providing a report on progress to the Equality Diversity & Inclusion (EDI) Committee
The Trust Board will have direct oversight in relation to managing this risk with	Assurance provided by People & Culture Committee (PCC). Quality Assurance Committee (QAC).
Monthly review meetings of all cases involving sexual misconduct to ensure progress to conclusion	Progress report to Safeguarding Assurance group / PCC
Freedom to Speak up Guardian	Reports via PCC
Sexual Safety Ambassadors in all areas of the Trust	Reports via PCC
Update and republish Sexual Safety Charter	Trust wide expectations of behaviour.

Further actions

Action	**Date by which it will be completed**
Deliver investigation and Hearing training to managers with a focus on managing concerns of sexual misconduct.	End of Q3 2024/5
Deliver Clumsy, Creepy Criminal discussion training to all team manager (cascaded through Directorate leads).	Completed. The session has been/ is being cascaded through management teams across the Trust.
Sexual safety e-learning	Completed. Sexual Safety e-learning is available for all staff.
Tackling Discrimination part 2, with a focus on sexual misconduct and active bystander training	Ongoing - End of Q4 2024/5
Development of Professional Standards approach for the Trust	Ongoing. A Professional Standards Manager has been appointed and

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	has been in post since November. End of Q2 2024/5

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BAF Risk: 2.5

There is a risk of service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage either through:

- Internal vulnerabilities because the correct system and human safeguards not being in place which may expose us to service disruption and put at risk our DSPT compliance
- Vulnerabilities on the part of third party systems on which we rely

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	5	=	15

• Internal vulnerabilities because the correct system and human safeguards not being in place which may expose us to service disruption and put at risk our DSPT compliance	25	20	15
• Vulnerabilities on the part of third party systems on which we rely	25	20	15

Controls	Assurances
Technical cyber protection & detection tools deployed/monitored daily	Cyber Committee checks assurances and reports to the board
Implementation of Artificial Intelligence threat detection software	Devices deployed to Corsham & Bow.
Cyber security team in place to identify/mitigate cyber threats or incidents	Cyber Committee checks assurances and reports to the board
Achievement of at least 'Met Standards' in DSPT	Reported annually by NHSe
Legacy systems being replaced	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Pen Test carried out and reported to the Board
All issues related to Cyber logged on Trust Content Management System	Demonstrable response to cyber threats
Process in place to address all CareCerts issued by NHSe	DSPT assurance level reported in annual report
Cyber security monitoring and assurance	Integrated into BAU daily checks
Monitoring of additional external resources, including BitSight & NCSC	Cyber Committee checks assurances and reports to the board
Regular Table Top Cyber exercises undertaken within IM&T	Documented and reported to the Head of Business Continuity
Implementation of replacement proxy software	Traffic to and from the internet fully monitored and controlled.
Implementation of new asset monitoring software	Full visibility of all LAS owned devices.

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Further actions

Action	Date by which it will be completed
Compliance with DSPT 2025	June 2025
Implementation of replacement Zero Trust Security Service Edge software (iBoss)	Complete
Implement MFA for all NHS Shared Services	Complete
Complete deployment of new audit/vulnerability monitoring software on all LAS owned devices	Complete
Infrastructure refresh completion of migration to ARK data centre	March 2025
Implementation of Firewall configuration audit software	February 2025
Hardening of internet facing systems	April 2025
Onboarding of 3rd party suppliers to the Privileged Access Management system	April 2025
Publish a paper on our ability to recover critical services, in a timely manner, following a cyber-incident	March 2025
Implementation of Trustwide Cyber Awareness Training	February 2025
Document the re-architecture of the CAD environment	January 2025
Complete the re-architecture of the CAD environment	June 2025
Attainment of Cyber Essentials + accreditation	April 2025
Implement MFA for all legacy systems, where technically possible.	March 2025
Reconfigure LAS backup solution	April 2025

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BAF Risk: 2.6
We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony.

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
2	x	5	=	10

Tolerance by Q2 24/25				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Chief Digital Officer's report
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery
Dependencies mapped and managed between core infrastructure programmes: CM10, Network Readiness Assessment and Data Centre Essentials	No downtime upgrade successfully completed for CAD
Upgrade programmes in delivery: CM10 (Telephony), MDTs	Agreed strategic direction for data centres and infrastructure
Upgrade or decommission plan for all out of support servers (Windows 2012 R2 and below)	Upgrade and maintenance plan for all critical systems
Network Readiness Assessment for Voice and Data	Network Readiness Assessment for voice and data ahead of CM10
Application lifecycle plans for out of support critical applications	

Further actions

Action	Date by which it will be completed
999 and 111 on supported CM10 telephony platform	Complete
Commission external review of the current infrastructure and map the "as is"	Complete
Topology of architecture (spine and leaf) to be used as a baseline for changes and future plans	Complete
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	March 2025
Revised set of desktop images based on profiles: Admin, CAD user, etc.	June 2025 –aligned to Windows 11

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BAF Risk: 2.6 v2025
We may suffer a critical IT failure unless we replace, upgrade and modernise our infrastructure and systems; including network and connectivity, computer and storage services, critical applications and telephony.

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by Q4 25/26				
L	x	C	=	Score
2	x	5	=	10

Controls	Assurances
Reduction in P1/P2 incidents (aim 30% reduction over year)	Major outage dashboard created as part of our directorate reporting
Rationalise and reduce our data centres to align with best practise architecture	Infrastructure programme board, Digital Delivery Board and regular reporting to Exco and the Digital & Data Committee
Maintain our core telephony at a supported version	
Work with partners to migrate voice services to a supported infrastructure	
Robust virtual environment infrastructure	
Robust virtual desktop environment	
Maintain our core infrastructure at stations	

Further actions

Action	Date by which it will be completed
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	July 2025
Revised set of desktop images based on profiles: Admin, CAD user, etc.	June 2025 –aligned to Windows 11
Upgrade core telephony to CM10.2	October 2025
Deploy a supported voice recording solution	March 2026
Upgrade network infrastructure at 10 ambulance stations to support digital connectivity	January 2026
Implementation of a Nutanix-based Servier Farm	February 2026
Data Centre consolidation in Waterloo and Corsham	March 2026
Enhanced wireless infrastructure	October 2025
Deployment of a VDI for clinical and corporate users	Novembers 2025
Improve current monitoring solutions through upgrade of Solarwinds	February 2026

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BAF Risk: 2.7
Operations may be affected by the shortage of Mobile Data Terminals (MDT's) **THIS RISK IS CLOSED AS THE PROJECT HAS REACHED ITS BAF MILESTONE**

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
1	x	5	=	5

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	5	=	5

Controls	Assurances
Purchased all available MDT stocks from incumbent supplier	Completed.
Manage and monitor the existing MDT spares stock with our installer (Telent), and assist in expediting repairs with incumbent supplier (Attobus)	Active engagement with Telent and Attobus Current stock numbers being provided on an ongoing weekly basis. Stock of legacy MDTs currently tracking very high to the point where we need to start looking at disposal of old stock
The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/09/2023	Weekly meeting established alongside Project Board and Working Group
Pilot National Mobile Application Lite to identify interim MDT solution	Completed
Deployment of NMA in 20 double crewed ambulances by end of September	Completed
Rollout of 80-90 DCA's with NMA by Christmas 2023	Completed
Rollout of NMA to the entire LAS fleet	Started, running at 4 vehicle conversions per day and on-track to complete late 2024
Gap in controls	
Legacy system architecture	Whilst the back-end system is old, it is running on new hardware and has a support contract in place

Further actions

Action	Date by which it will be completed
Enabling works for NMA Lite Pilot	Completed
Pilot replacement interim solution (NMA Lite) on 30 Android Devices	Completed

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Equip up to 80 new vehicles with the new NMA equipment	Completed
Over 50% of both new and legacy fleet upgraded with NMA equipment	Completed
Rollout NMA to remainder of LAS Fleet	31/12/2024

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BAF Risk: 2.8
There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 24/25				
L	x	C	=	Score
5	x	3	=	15

Controls	Assurances
Contract with ARP and subcontractors for the component parts of the Airwave network covering 24/7/365	ARP are regularly reviewing and replacing component parts of the infrastructure

Further actions

Action	Date by which it will be completed
Upgrade the ICCS to the new Control Room Solution under the national programme	Complete
Regular review of the Airwave Infrastructure	Ongoing
Replacement of the radio handsets	TBC

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BAF Risk: 2.9

There is a risk that performance is impacted if we do not seamlessly deliver the complex programme to replace our legacy dispatch system with the new national Control Room Solution

THIS RISK IS CLOSED AS IT HAS REACHED ITS TOLERANCE SCORE AND ALL ACTIONS ARE COMPLETE

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
	Extensive functional, non-functional and User Assurance Testing has either already been successfully carried out, or planned to be carried out, prior to go-live
All other ambulance trusts will have gone live on CRS ahead of LAS go live in November 2024	CRS Implementation Lead has been appointed within EOC to manage operational impact and mitigation
ARP assurances that each migration has been more seamless than the last, and that they are now taking place with no significant issues	Migration Planning Workshops are to be setup jointly with ARP to design our granular, detailed Migration Plan. This will ensure a very high level of assurance is adhered to on the go-live day(s), in terms of checks, regular go/no-go calls, and a 'war room' with all senior stakeholders present that are deemed necessary
CRS go-live day(s) itself is a very heavily supported exercise resource-wise, with ARP supplying tens of dedicated resources across both sites to ensure the implementation, lifting and shifting, and investigation of any issues is as expedient as possible	The Migration Planning Workshops will also produce a Fallback Plan, to be enacted in the event that something major goes wrong when moving CROP positions from the current system to the new one
	All 600+ staff will have been trained on the new system prior to go-live. This means they will be able to switch, mid-shift, from using the current system to using the new system, with minimal (if any) impact on their ability to carry out their duties. Alternatively, Ops may decide upon a rollout approach whereby members of staff do not start using the new system until their next shift post-go live (TBC from Migration Planning Workshops

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Further actions

Action	Date by which it will be completed
Extensive functional and non-functional testing	Completed
Development work complete and smoke testing between LAS and Terafix	July 2024
Staff Training to commence	1st August 2024
All staff training complete	18th October 2024
Installation of Redbox LifeX software	August 2024
Connectivity testing complete	30th August 2024
Building of CROPs	September 2024
UAT	October 2024
Go Live	4th November 2024

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BAF Risk: 2.10
We may not deliver the £30m CIP and productivity programme

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Work with Budget managers to develop CIP Programme building on the transformation programmes	Delivery against the CIP plan is scrutinised through: ExCo, FIC, Trust Board
	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Management of Capital Plan	Regular reporting to Capital Steering Group (ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop CIP plan to identify £30m savings	Completed
Implement Vacancy panel	Completed

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BAF Risk: 2.11
There is a risk that we may not implement the capital programme to optimise the opportunity afforded by the funding in this financial year.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	Assurances
Submit 2024/2025 financial plan for submission to NHSE as per national timetable	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
Continual liaison with commissioners and the London Regional Office to secure additional funding	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC

Further actions

Action	Date by which it will be completed
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	Completed
Continue negotiations with commissioners and London Regional Office to secure income	Completed
Chief Financial Officer to provide update on Capital Plan to FIC	Completed

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BAF Risk: 2.12
The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2024/25

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	**Assurances**
Monthly financial performance review sessions between senior operational managers and CFO	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board
Where appropriate, development of mitigation schemes and financial recovery plans	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Work with NHSE and ICSs to maximise income	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board

Further actions

Action	**Date by which it will be completed**
Work with operational managers	Ongoing
Liaise with NHSE and commissioners to maximise income	Ongoing

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BAF Risk: 2.13
We have a legacy staff scheduling system (GRS) which has limited support. Until it can be replaced there is a risk that system failures may cause significant inefficiencies affecting operational performance.

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
4	x	3	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Daily Meetings with current supplier/LAS Scheduling Team/IM&T during periods of interruption.	Reports provided to Gold on a daily basis.
Internal GRS Support Group established to immediately convene when there are any outages and provide a route of escalation for internal stakeholders.	Reported to Trust Gold/Exec team as required
Rolled back SQL database to previous version	Decision made in collaboration with LAS IM&T department, which has resulted in a reduction in GRS reporting issues.
Daily Review of system by Scheduling Team	Escalated to Head of Scheduling
Agreed plan of proactive maintenance	

Further actions

Action	Date by which it will be completed
New rostering system tender due to begin January 2025, introduction of new product starts in Q1 2025. If new supplier, operational November 2025.	Q1 2025

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BAF Risk: 2.14
The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2025/26

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 25/26				
L	x	C	=	Score
1	x	4	=	4

Controls	**Assurances**
Monthly financial performance review sessions between senior operational managers and CFO	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board
Where appropriate, development of mitigation schemes and financial recovery plans	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIC
Work with NHSE and ICSs to maximise income	Delivery against the I&E is scrutinised through: ExCo, FIC, Trust Board

Further actions

Action	**Date by which it will be completed**
Work with operational managers	Ongoing
Liaise with NHSE and commissioners to maximise income	Ongoing

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

BAF Risk: 3.1
We may not be able to complete delivery of current green commitments, including decreasing carbon footprint by 6% - and develop four year green plan for 2024-2028

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
2	x	4	=	8

Tolerance by Q4 24/25				
L	x	C	=	Score
1	x	4	=	4

Controls	**Assurances**
Memorandum of understanding in place with the Mayor's office to provide a dispensation from ULEZ standards until October 2025. This is staggered by vehicle type	Signed MOU
Delivery of 83 DCAs	All delivered and in process of being commissioned to go out.

Further actions

Action	**Date by which it will be completed**
Exploring additional funding streams for replacement ambulances	Ongoing
Decommission non-compliant fleet	Ongoing
Development of Green plan actions	Complete and actions are in place

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

BAF Risk: 3.2
There is a risk of fragmentation in IUC and opportunities for integration with emergency services will be lost across London if the current fragmented commissioning and tendering of 111 contracts by 5 ICSs continues

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
The LAS IUC team is part of alliance arrangements in NCL and NWL with a single contract shared between providers including PPG and LCW. This means that the LAS IUC team is the only provider in NEL/SEL and the lead provider in NCL and NWL. The service has influence and leadership roles across all ICB areas and a role in coordinating shared learning and innovation which reduces the risk of fragmentation	The LAS IUC service and wider organisation has a strong relationship with commissioners in each London ICB as well as in the London Region team. This ensures that the LAS team is a stakeholder in conversations about the future direction and strategy of IUC services across London. Where there are opportunities to further integrate the service and align contracts, LAS is in a strong position to influence these conversations.
The IUC LAS team have seen extensive improvements across all contract areas which has led to LAS being seen as a leading provider of 111 and CAS services across London. Where commissioners look to procure a single service, LAS would be in a favourable position to bid for that contract.	There are many models in use across the UK where 999 and 111 services are integrated across ICBs and Regions. This helps to support the case for change in London and offers examples of innovative ways of working whether fragmentation is reduced
The LAS IUC team already have extensive experience of reporting both independent performance and London-wide activity and performance which provides assurance that the service is in a position to be able to manage a pan-London contract. It also reduces the impacts of the fragmented commissioning landscape given our oversight of the data from the whole region. The availability of the STORM and PRM platforms also enables load sharing and balancing across the region to reduce the impact of fragmented services	The LAS IUC team have taken extensive steps to further integration across multiple pathways such as 999-111 warm transfer, General Practice Support Service, Ambulance Validation, and HCP calls. This highlights LAS as a key innovator and driver of integration to make the chase for change.
The LAS IUC team have expanded the provision of services across London to confirm our position as a pan-London provider working to integrate care across the 5 ICSs and other services	A number of pan-London services are in place such as 111Online, and systems such as the London Care Record integrate services further. The LAS IUC CAS operates a pan-London model with DoS and direct referrals managed by two CTNs.

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

The LAS IUC team have also commissioned services which support further integration of patient care across services and across London	The IUC team have launched the General Practice Support Service and 999-111 Warm Transfer pathway to support integration of 111 with other urgent and emergency care services. This further supports the pan-London position of the service and shows the impact of the 111 service on the wider urgent and emergency system.

Further actions

Action	Date by which it will be completed
Continued engagement with commissioners to move towards pan-London commissioning of IUC services	Apr25
Continued improvement in performance across LAS IUC services to ensure that we are in the best position ahead of tenders	Apr25
Continued development of innovations to integrate services, data, and patient pathways across London to reduce risk of fragmentation and ensure LAS are leading innovations in pan-London IUC provision	Apr25

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital

BAF Risk: 3.3
Because of the complexity and scale of our stakeholder partnerships across London, we may struggle to maximise the value and benefits of implementing the new ICS partnership model across LAS which would hinder our ability to spread innovation and solve common challenges

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: Q4 24/25				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Internal and external engagement plan in progress and being developed to build the consensus for the strategy	Reviewed by Executive Committee (ExCo)
	Specific topics reviewed by Board sub committees as appropriate e.g. P&C and FIC
	Approach to be reviewed at planned Board Development days

Further actions

Action	Date by which it will be completed
Reviewing our maturity on health inequalities using a national tool	Completed and submitted to AACE in March
Plan pilot for supporting primary care in line with fuller stock take	Completed as per business plan achievements for 202/24 (in submission papers for 6th June Board)
Begin to implement estates modernisation strategy	End March 2024 - estates modernisation has started
Agree an operating model with how the LAS interacts with the 5 ICS	Completed
Build on Strategy engagement to further strengthen links with partners	Ongoing

8. Concluding Matters

For Noting

8.1. Any Other Business

For Noting

Questions from the public

Matters arising from previous meeting

8.2. Date of Next Meeting – Thursday 11th September 2025

For Noting

Presented by Andy Trotter