











Trust Board Meeting in Public

Schedule	Thursday 18 June 2026, 13:15 — 16:05 BST
Venue	LAS HQ, Boardroom 220 Waterloo Road London SE1 8SD
Organiser	Committee Secretary







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Agenda



London Ambulance Service

NHS Trust

MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

1.15pm on Thursday 18th June 2026

At HQ Boardroom, 220 Waterloo Road, London SE1 8SD

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 5 March 2026	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Patient Story					
1.25	3.1	Maternity Care	FW	Inform	Present
4. Chair and Chief Executive Report					
1.55	4.1	Report from the Chair	Chair	Inform	Verbal
2.00	4.2	Report from the Chief Executive	CEO	Inform	Report
5. Performance					
2.10	5.1	Integrated Performance Report	JK	Inform	Report
6. Director and Board Committee Reports					
2.20	6.1	Performance 6.1 Operational Performance Report: Chief Paramedic	PC	Assure	Report
2.35	6.2	Quality 6.2.1 Quality Report: CMO and Deputy CEO 6.2.2 Quality Assurance Committee Report	FW KB	Assure	Report
2.45	6.3	People and Culture 6.3.1 Director's Report 6.3.2 People and Culture Committee report	SS AR	Assure	Report
2.55	6.4	Finance 6.4.1 Director's Report	RPa	Assure	Report

		6.4.2 Finance, Investment and Performance Committee Report	BA		
3.05	6.5	Audit Committee Report	RP	Assure	Report
3.10	6.6	Report from LAS Charity Committee	BA	Assure	Report
3.15	6.7	Digital and Data 6.7.1 Directors Report 6.7.2 Digital and Data Committee Report	CM MM	Assure	Report
3.30	6.8	Corporate Director's Report	JK	Assure	Report
7. Assurance					
3.40	7.1	Board Assurance Framework 1. 25/26 BAF - Closing position 2. 2026/27 BAF - High level strategic risks 3. 2026/27 Risk Appetite statement	RPa	Approve	Report
3.50	7.2	Annual strategic in-year priorities for 2026/27, proposed governance framework and delivery report on LAS annual business plan 2025/26	RD	Note Approve	Report
8. Concluding Matters					
4.00	8.1	Any Other Business	All	Note	Verbal
4.05	8.2	Date of Next Meeting – Thursday 10 th September 2026	Chair	Note	
	8.3	Annual Public Meeting- Thursday 10 th September 2026	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 5 March 2026

For Approval

Presented by Andy Trotter



London Ambulance Service

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Meeting in Public
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
 Held at 1.15pm on Thursday 5th March 2026 at HQ Boardroom, Waterloo

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Martin Machray	MM	Non-Executive Director (<i>MS Teams</i>)
Shera Chok	SC	Non-Executive Director
Guarav Kumar	GK	Non-Executive Director
Karim Brohi	KB	Non-Executive Director (<i>MS Teams</i>)
Anne Rainsberry	AR	Non-Executive Director
Jason Killens	JK	Chief Executive Officer
Rakesh Patel	RPa	Joint Deputy Chief Executive and Chief Finance Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Pauline Cranmer	PC	Chief Paramedic Officer
Simon Stewart	SS	Acting Chief People Officer
Roger Davidson	RD	Chief Strategy and Transformation Officer
Clare McMillan	CM	Chief Digital Officer
Jo Cripps	JC	Director of Corporate Affairs
In Attendance		
Nora Hussein	NH	Head of Corporate Governance
Kamran Raja	KR	Business Manager to CEO
Dr Barbara Cleaver	BC	Consultant in Emergency Medicine - <i>item 3.1</i>
Mark Faulkner	MF	Consultant Paramedic & Associate Clinical Director – <i>item 3.2</i>
Apology for Absence		
Bob Alexander	BA	Non-Executive Director

1. OPENING ADMINISTRATION		
1.	Welcome and Apologies	
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 4 December 2025 were approved as a correct record.	
2.2.	Action Log The Board reviewed the action log and noted the updates provided.	

	<p>The Board noted:</p> <ul style="list-style-type: none"> • The cyber incident response assurance exercise had been completed, with outcomes to be presented to Audit Committee. • Work on benchmarking EDI performance against comparable trusts had been completed and would continue through the People and Culture Committee. • The integrated performance report refresh had been completed. • Work relating to Category 2 callback delays had been closed through reporting in the Chief Paramedic Officer report. 	
3. STAFF STORY		
3.1	<p>Success of Integrated Care Coordination Hubs Dr Cleaver presented on the development and impact of the Integrated Care Coordination (ICC) Hubs across North West London.</p> <p>The Board heard that the hubs enabled improved clinical decision-making through integrated access to patient information across ambulance, acute, community and primary care systems. Video consultation functionality and direct access to specialist pathways supported avoidance of unnecessary conveyance to emergency departments.</p> <p>Examples were provided demonstrating successful management of patients in the community, including direct booking into Same Day Emergency Care pathways and specialist review without hospital attendance.</p> <p>Discussion took place regarding:</p> <ul style="list-style-type: none"> • interoperability of electronic patient records; • scalability of the model across London; • partnership working between ambulance, acute, community and mental health services; and • ongoing work to integrate mental health crisis assessment pathways. <p>The Board noted the importance of consistent but locally adaptable models and the value of shared learning across systems.</p>	
3.2	<p>Reflections of the Consultant Paramedic & Associate Clinical Director (26 years in Service) - Mark Faulkner Mark Faulkner delivered a presentation reflecting on developments within the London Ambulance Service over the course of his career.</p> <p>The Board heard reflections on:</p> <ul style="list-style-type: none"> • the evolution of paramedic practice and education; • development of the London major trauma system; • improvements in cardiac arrest and trauma outcomes; • expansion of advanced paramedic practice; • leadership and workforce development; and • future opportunities for clinical advancement and international benchmarking. <p>Members recognised Mr Faulkner's contribution to the development of trauma systems, clinical practice and collaboration across London.</p> <p>The Board formally acknowledged and thanked Mark Faulkner for his service and leadership.</p>	
4. CHIEF EXECUTIVE REPORT		

4.1	<p>Report from the Chair The Board noted the Chairman's Report.</p>	
4.2	<p>Report from the Chief Executive JK presented the Chief Executive's report and provided an overview of current organisational priorities and operational pressures across the Trust. The Board noted that winter demand had remained sustained throughout the reporting period, with the organisation continuing to operate within heightened escalation arrangements for significant periods. Members heard that despite these pressures, staff had continued to demonstrate significant resilience and commitment across operational and corporate services.</p> <p>The Board noted ongoing engagement activity with staff through roadshows, station visits and Team Talk Live sessions. JK advised that staff feedback continued to emphasise pressures associated with operational demand, hospital handover delays and workforce fatigue, whilst also recognising improvements in areas including clinical support and leadership visibility.</p> <p>Members discussed progress relating to the Trust's planning assumptions for 2026/27 and noted the challenging financial and operational context facing the wider NHS. JK confirmed that planning work continued in line with national guidance and that the Trust remained focused on maintaining operational performance, workforce stability and financial sustainability.</p> <p>The Board also noted progress relating to digital transformation and estates development programmes, including continued work associated with infrastructure modernisation and estate investment priorities. Discussion took place regarding the strategic importance of these programmes in supporting operational resilience and future service delivery.</p> <p>JK updated the Board on progress towards Advanced Foundation Trust status and outlined ongoing engagement with NHS England as part of the assessment process. Members noted the positive direction of travel whilst recognising the importance of maintaining delivery against governance, quality and operational standards.</p> <p>The Board further noted developments relating to Integrated Urgent Care and wider partnership working across the London health system. Discussion took place regarding system collaboration, service integration and the continuing importance of strengthening relationships across acute, community and mental health services.</p> <p>The Board noted the report.</p>	
<p>5. Director and Board Committee Reports</p>		
5.1	<p>Performance PC presented the Operational Performance Report covering the period November 2025 to January 2026. The Board noted that overall demand remained significantly above operating plan assumptions, with over 1.2 million incidents managed year to date and face-to-face responses continuing above forecasted levels. Members heard that despite sustained winter pressures, Category 2 performance remained ahead of plan year to date and hear-and-treat performance continued to exceed target levels.</p> <p>The Board discussed the impact of the Category 2 auto-dispatch model introduced during 2025. PC advised that the changes had contributed to improved dispatch and response performance, particularly in reducing long waits for patients, although this had</p>	

	<p>also increased overall job cycle time. Members discussed the need to ensure an appropriate balance between faster response performance and operational productivity, particularly in the context of workforce utilisation and system pressures.</p> <p>Hospital handover delays continued to be highlighted as a significant operational risk. The Board noted that handover times remained above planned levels throughout the reporting period and continued to impact ambulance availability and Category 2 performance. Members heard that focused work remained underway with hospital partners and wider system colleagues to improve patient flow and reduce delays.</p> <p>Discussion also took place regarding increasing utilisation of senior clinical advice through *5, with members noting this reflected growing confidence amongst frontline crews in accessing specialist support whilst with patients. The Board heard that this had supported faster clinical decision-making and increased use of alternative care pathways.</p> <p>The Board discussed pressures within the Clinical Assessment Service, particularly Priority 2 callback performance. PC outlined contributory factors including increased clinical demand, pressures within referral pathways and increasing support provided to the 999 service. Members noted that a number of actions had been implemented to improve performance, including revised staffing models, increased operational oversight and strengthened use of network partners. Early improvement in February performance was noted.</p> <p>The Board also received an update regarding significant incidents and business continuity incidents during the reporting period, including major operational incidents and infrastructure-related disruptions. Members heard that all incidents were subject to formal after-action review processes to ensure organisational learning and continued improvement in resilience arrangements.</p> <p>The Board received assurance from the report.</p>	
5.2	<p>Quality</p> <p>5.2.1 Quality Report: CMO and Deputy CEO FW presented the Quality Report.</p> <p>The Board noted continued increases in mental health demand across both emergency and urgent care services. Members heard that the recently implemented mental health assessment functionality within the electronic patient care record was supporting improved documentation, risk assessment and communication with mental health providers. Discussion took place regarding future operational models for mental health response and integration with wider system partners.</p> <p>The Board noted that patient safety incident reporting remained strong, with the majority of reported incidents resulting in no or low harm. FW advised that learning from incidents and structured judgement reviews continued to be embedded through training, clinical updates and governance processes. Members discussed themes arising from safety investigations, including medicines management, safeguarding and clinical assessment.</p> <p>Members also discussed continuing concerns relating to violence, aggression and abuse towards staff. The Board noted the volume of physical assaults reported during the period and heard updates regarding welfare support arrangements, violence reduction initiatives and body worn camera trials. Questions were raised regarding staff follow-up processes and consistency of support arrangements following incidents.</p>	

5.2.2	<p>The Board noted continued progress in safeguarding arrangements, including implementation of electronic safeguarding referrals and development of AI-supported referral tools. Members also heard about the introduction of the Child High Intensity User process and the positive partnership working underway to support vulnerable children and families with frequent service contact.</p> <p>Discussion took place regarding complaints handling performance and recovery planning. Members acknowledged ongoing pressures within the complaints process and noted work underway to improve response times whilst maintaining investigation quality.</p> <p>Quality Assurance Committee Report</p> <p>KB advised that the Quality Assurance Committee had maintained oversight of patient safety, digital clinical safety risks, mental health demand, safeguarding and violence-related incidents. The Committee had also continued to review the integration of cyber and digital clinical safety risks into wider governance arrangements.</p> <p>No matters required escalation to the Board.</p> <p>The Board noted the reports.</p>	
5.3 5.3.1	<p>People and Culture</p> <p>Report from the Acting Chief People Officer</p> <p>SS presented the report.</p> <p>The Board noted continued strong recruitment activity and workforce fill rates across operational services, with recruitment plans remaining aligned to financial and workforce assumptions. Members heard that recruitment pipelines remained positive, with a significant number of candidates holding conditional offers across a range of roles.</p> <p>The Board noted that employee relations case volumes remained high but stable. SS advised that work continued to focus on improving early resolution, strengthening management capability and enhancing oversight arrangements. Members discussed the importance of timely case management and maintaining staff confidence in organisational processes.</p> <p>An update was provided regarding sickness absence levels, which had reduced compared with the previous winter period despite continued operational pressures. Members heard that targeted support and earlier intervention arrangements continued to be utilised, particularly in relation to long-term absence management and staff wellbeing support.</p> <p>The Board discussed leadership development activity, including the launch of the KELK leadership programme. Members noted that the programme was accredited through the Chartered Management Institute and funded through the apprenticeship levy. Discussion took place regarding the increasing importance of digital capability and leadership skills across the organisation, with members encouraging continued focus on digital literacy within future leadership development programmes.</p> <p>Members also discussed workforce supply risks and the potential future oversupply of paramedics resulting from increased university output and reduced attrition levels nationally. SS advised that further detailed work was planned to better understand future workforce supply and demand assumptions and to support broader partnership discussions regarding career pathways and workforce sustainability.</p>	

5.3.2	<p>People and Culture Committee Report</p> <p>AR presented the report from the People and Culture Committee and confirmed that the Committee had continued to oversee workforce equality metrics, employee relations, leadership development and staff experience indicators. Members discussed ongoing concerns relating to bullying and harassment indicators and the importance of leadership accountability, organisational culture and management behaviours.</p> <p>The Board agreed that continued oversight through the People and Culture Committee remained appropriate and noted the reports.</p>	
5.4	<p>Finance</p> <p>5.4.1 Finance Report</p> <p>RPa presented the report.</p> <p>The Board noted that the Trust remained forecast to achieve a breakeven position by year end despite continued operational pressures and increased winter demand.</p> <p>The Board noted progress relating to the capital programme, including investment in fleet, estates and digital infrastructure. Updates were also provided regarding estates developments, fleet electrification and wider infrastructure improvements across operational sites.</p> <p>Discussion took place regarding delivery of the efficiency programme, financial modelling associated with integrated urgent care services and longer-term capital investment priorities. Members noted the importance of maintaining investment in operational resilience, workforce facilities and digital infrastructure whilst managing financial pressures.</p> <p>5.4.2 Finance and Investment Committee Report</p> <p>BA presented the report from the Finance and Investment Committee and confirmed that the Committee had reviewed the Trust's financial performance, delivery of the efficiency programme, capital programme progress, cash management arrangements and fleet electrification risks. The Committee remained assured regarding the adequacy of financial controls and governance arrangements.</p> <p>The Board noted the reports and received assurance from the Committee.</p> <p>5.5 Audit Committee Report</p> <p>RP presented the Audit Committee report and updated the Board on matters considered at recent Committee meetings.</p> <p>The Board noted that the Committee had continued to focus on operational resilience, cyber security arrangements, quality of care assurance and oversight of the Board Assurance Framework. Members heard that particular attention had been given to risks associated with infrastructure resilience and third-party suppliers.</p> <p>RP advised that the Committee had also reviewed internal audit outcomes, financial controls and governance arrangements, including workforce overpayments and wider organisational assurance processes. Members discussed the increasing importance of integrating cyber, digital and operational resilience arrangements within the Trust's broader governance framework.</p> <p>Discussion took place regarding artificial intelligence and the need to ensure appropriate governance, oversight and organisational understanding as digital programmes continued to develop. Members noted plans for a future Board development session relating to artificial intelligence and emerging digital risks.</p>	

The Board noted the report and no matters required escalation.

5.6 **Report from LAS Charity Committee**

BA presented the LAS Charity Committee report and updated the Board on current fundraising activity and strategic review work relating to the charity.

The Board noted that the final charity event of the financial year was scheduled for March and heard that planning for future fundraising activity remained underway. Members also noted ongoing work to review the charity's longer-term strategy, purpose and sustainability, particularly in the context of potential future funding opportunities.

Discussion took place regarding the importance of ensuring the charity's priorities remained aligned with the wellbeing and support needs of staff and patients across the organisation.

The Board noted the report.

5.7 **Digital and Data Report**

CM presented the Director's Digital and Data report together with the report from the Digital and Data Committee.

The Board noted continued progress relating to infrastructure modernisation and wider digital transformation programmes across the organisation. Members heard that work remained focused on improving operational resilience, system reliability and clinical functionality, alongside supporting productivity and service improvement initiatives.

An update was provided regarding the transfer of the "my clinical feedback" platform to the National Federated Data Platform. The Board noted that the Trust continued to act as the originating and reference site for the programme and that rollout activity across other ambulance services was progressing. Members also noted that the programme had received external recognition through shortlisting in two categories at the HSJ Digital Awards.

The Board discussed ongoing work relating to automation and digital productivity programmes. CM advised that a number of automation projects were underway using Blue Prism technology, with collaboration taking place across the Northern Ambulance Alliance and other system partners. Members discussed the potential opportunities associated with automation and artificial intelligence whilst recognising the importance of maintaining appropriate governance and clinical safety oversight arrangements.

Members also noted progress relating to implementation of the electronic controlled drugs register and wider digital clinical safety initiatives. CM advised that the Digital and Data Committee had continued to oversee digital clinical safety risks and had received assurance regarding the maturity and consistency of governance arrangements. No digital clinical safety risks had been escalated during the reporting period.

Discussion took place regarding operational resilience and infrastructure stability. The Board noted reductions in technology-related incidents during the period, which had been attributed to infrastructure upgrades, strengthened monitoring arrangements and improved resilience planning. Members discussed the importance of ensuring continued investment in digital infrastructure to support frontline operational delivery.

The Board also discussed benefits realisation and measurement of impact from digital investment programmes. Members emphasised the importance of ensuring that digital

	<p>initiatives demonstrated measurable operational, workforce and patient care benefits as programmes moved into wider implementation.</p>	
5.7.1	<p>Digital and Data Quality Committee Report CM presented the report from the Digital and Data Committee and confirmed that the Committee had continued to oversee infrastructure resilience, digital clinical safety, automation activity and governance arrangements relating to artificial intelligence and emerging technologies.</p> <p>The Board noted the reports and received assurance from the Committee.</p>	
5.8	<p>Corporate Affairs – Director’s Report JC presented the Corporate Affairs report and updated the Board on governance, assurance and regulatory matters across the organisation.</p> <p>The Board noted ongoing work relating to governance processes and refinement of the Board Assurance Framework, including work to streamline strategic risks and strengthen committee oversight arrangements.</p> <p>Discussion took place regarding complaints handling performance and recovery planning, including pressures associated with response timelines and case complexity.</p> <p>The Board noted ongoing regulatory engagement activity and wider assurance processes across the organisation.</p> <p>The Board noted the report.</p>	
6. ASSURANCE		
6.1	<p>Board Assurance Framework (BAF) JC presented the updated Board Assurance Framework (BAF) and outlined the work undertaken to refine and streamline the Trust’s strategic risks and assurance arrangements.</p> <p>The Board noted that the number of strategic risks within the framework had been reduced in order to improve clarity, strengthen oversight and ensure greater alignment between Board committees and principal organisational risks. Members discussed the importance of maintaining clear ownership, robust controls and effective assurance mechanisms across all strategic risk areas.</p> <p>Discussion took place regarding the maturity of the framework and the need to ensure that strategic risks remained dynamic and reflective of the organisation’s operational environment and future priorities. Members also considered the relationship between committee assurance processes and the Board’s oversight responsibilities.</p> <p>The Board noted that further refinement work would continue during 2026/27 as part of the wider governance improvement programme.</p> <p>The Board approved the Board Assurance Framework.</p>	
6.2	<p>NHSE Provider Capability Assessment Rating JK presented the outcome of the NHS England Provider Capability Assessment and advised that the Trust had received a “green” assessment outcome.</p> <p>The Board noted the positive feedback received from NHS England regarding the organisation’s medium-term planning, leadership and overall organisational capability.</p>	

	<p>Members heard that the assessment reflected continued progress across governance, operational delivery and strategic planning arrangements.</p> <p>Discussion took place regarding the importance of maintaining momentum against organisational priorities and ensuring continued focus on quality, operational performance and workforce sustainability. Members also noted that regular engagement and oversight arrangements with NHS England would continue.</p> <p>The Board welcomed the outcome of the assessment and noted the report.</p>	
7. CONCLUDING MATTERS		
7.1	<p>Any Other Business No other business.</p>	
7.2	Date of Next Meeting 18 June 2026.	

DRAFT



2.2. Action log

For Discussion

Presented by Andy Trotter



PUBLIC TRUST BOARD ACTION LOG - June 2026

Meeting	ACTION	LEAD	Due	UPDATE
	No open actions			



3. Patient Story

For Information



3.1. Patient Story - Maternity Care

For Information

Presented by Fenella Wrigley



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 Chief Executive

For Information

Presented by Jason Killens



London Ambulance Service

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London Ambulance Service NHS Trust Meeting of the Trust Board on 18 June 2026

Report from the Chief Executive Officer

Introduction

1. We commence this reporting period from a position of strength, reflecting what our people have achieved. The 2025/26 performance data, published in April, showed that we have delivered our fastest response times since the height of the Covid-19 pandemic, despite a significant increase in activity. This improvement reflects the skill, commitment and professionalism of colleagues across the Service, who continue to deliver high-quality care in the face of sustained operational pressure.
2. My executive team and I have completed the Spring round of CEO Roadshows, visiting LAS sites across the capital to hear directly from colleagues about the issues that matter most to them. These conversations are an important part of how we listen, respond and remain connected to the lived experiences of our people. The CEO Roadshows were also an opportunity for us to update colleagues on the actions taken to date following previous feedback, while identifying emerging priorities that will inform both our action planning and the development of our Patient Care Strategy.
3. I have continued to spend time alongside colleagues in our contact centres and operationally, visiting ambulance stations and our crews at local hospitals to better understand the realities of delivery on the ground. I was pleased to see colleagues whilst out on foot during the London Marathon, seeing first-hand the scale of our response and responding to calls for help. I look forward to further and continued engagement, including upcoming visits and ride-outs with our teams.

Operational Update

4. The last few months have demonstrated the resilience and dedication of our people. A heatwave in May, alongside major sporting fixtures, protests and large-scale events, placed significant pressure on our services and staff,



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- requiring us to temporarily move to Resource Escalation Action Plan (REAP) Level 4. During this period, we experienced some of the busiest days in our history, with our 999 call handlers receiving more than 8,000 calls on 26 May alone. I place on record my sincere thanks to everyone who contributed across the organisation during this challenging period and beyond.
5. In March, four ambulances belonging to the Jewish community charity, Hatzola, were set alight in an arson attack in North London. We moved quickly to loan four ambulances to Hatzola after the attack, enabling them to continue to respond to emergencies and care for Londoners. I, alongside the Secretary of State for Health and Social Care, attended the scene on the day to meet with community leaders and demonstrate our solidarity.
 6. Over the course of this reporting period, we have managed several declared Significant Incidents, including activity related to public disorder following large football matches and a large fire. Colleagues from our Resilience and Specialist Assets team are in the process of capturing and sharing any lessons learnt across the organisation.
 7. On 29 April, we responded to an incident in Golders Green which was subsequently declared a terrorist incident by Counter Terrorism Police. We treated a total of three people at the scene and conveyed two patients to hospital. A third patient was conveyed by a Hatzola ambulance.
 8. Following this incident, I attended Golders Green in conjunction with the Prime Minister, the Home Secretary and the Commissioner of the Metropolitan Police to discuss the care provided by LAS crews at the scene and to show solidarity with the local community. I was joined by colleagues who had attended the incident, alongside responders from other organisations such as Hatzola.
 9. We have been clear that racism, discrimination and antisemitism have no place in the NHS or in wider society. I am closely following the Lord Mann Review into antisemitism and other forms of racism in the NHS and healthcare regulatory system, published on 4 June. The review calls for a more cohesive, transparent and proactive approach across the NHS, with



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stronger leadership grip and clearer systems to identify, report and act on antisemitism and racism. The Trust will review the key recommendations and consider what further action is required to improve the experience for our people and patients.

Estates

10. Over the course of the last five months, we have invested more than £3 million in improving our estate. This includes refurbishing and upgrading our existing sites so that our buildings are modern, fit for purpose and able to provide better working environments for our people. These improvements are also intended to support value for money and provide the right facilities for training, development and innovation. This investment sits alongside the £20 million development in South London and the new £22 million site in East London.
11. The Board will be aware that the development of our new state-of-the-art campus near Canning Town is the largest infrastructure project we have undertaken in recent history. This site will play a pivotal role in delivering outstanding emergency care to the communities we serve, while providing a high-quality environment for our people to work, train and develop.
12. The Centre was also at the heart of a high-profile London event to launch the Mayor's flagship Vision Zero Strategy on 13 March, which aims to eliminate deaths on London's roads by 2031. This reflected the significance, scale and quality of the development ahead of its formal opening. The event brought together senior representatives from Transport for London, the Greater London Authority, emergency service partners and a substantial media presence. Coordinated by our Stakeholder Communications Team, it was a complex and high-profile event that provided an excellent opportunity to showcase our new facility, demonstrate the Service's investment in the future of emergency care in London, and introduce the facility to stakeholders.

Workforce and Leadership

13. I am pleased to confirm that Craig Harman has formally started in his role as Chief Operating Officer. Craig brings significant experience and



London Ambulance Service

NHS Trust

knowledge from across different sectors and regions. Ambulance Operations, 999 Operations, the Clinical Hub, Resilience and Specialist Assets, as well as Performance and Forecasting, now sit within Craig's portfolio and form Trust Operations. Over the next 18 months and beyond, Make Ready and Integrated Urgent Care will also move into this portfolio, bringing all aspects of operational service delivery together, under a single accountable executive.

14. We have appointed Carl Kneeshaw as our incoming Chief People Officer. Carl is currently Director of People at the Welsh Ambulance Service and will join LAS on 1 July. He brings strong expertise in strategic HR management and organisational leadership, and his appointment will be important as we continue to strengthen our culture, support our workforce and deliver our people priorities.
15. In June, our second Extended Leadership Group brought together our top 200 leaders, providing a further opportunity to align on organisational priorities and progress. We were pleased to be joined by Sarah-Jane Marsh CBE, Chief Operating Officer at NHS England, whose contribution added valuable national perspective to our discussions. Sessions included constructive and forward-looking dialogue on key areas such as our emerging volunteering strategy and the opportunities and implications of artificial intelligence within our services. Feedback from colleagues has been positive, with a clear focus on maintaining momentum and ensuring continued clarity on priorities and delivery.

Recognition and Celebration

16. In March, I was honoured to join colleagues from across the Trust at the We Are LAS Awards. This was an important opportunity to recognise and celebrate the outstanding contribution of our workforce. The breadth and quality of nominations were a powerful reminder of the talent, compassion, innovation and commitment that exists across LAS. Most importantly, they reflected the positive difference our people make every day to patients, families, colleagues and communities across London.



London Ambulance Service

NHS Trust

17. Externally, I was truly honoured to be named as one of the top 50 healthcare leaders in England in the HSJ rankings, and one of four ambulance service chief executives to be included. This recognition is a reflection of the work of the whole organisation and of the progress we continue to make. We were also pleased to see the My Clinical Feedback app recognised at the HSJ Digital Awards 2026, winning the Driving Change Through Data and Analytics category.

Engagement with External Stakeholders

18. We continue to attract significant interest from senior stakeholders across London, the UK and overseas, reflecting both the scale of our role in the capital and the growing recognition of the contribution our people make every day. We have welcomed a range of high-profile visitors, from parliamentarians and London system leaders to international colleagues, providing valuable opportunities to strengthen relationships, build understanding of the operational pressures facing ambulance services, and advocate for the changes that would best support patients and staff. As referenced earlier in this report, this has included engagement with the Prime Minister, the Home Secretary and the Secretary of State for Health and Social Care following antisemitic incidents, as well as senior London public sector colleagues through the Mayor's Vision Zero event. In addition, others we have engaged with include, but is not limited to:

- a) David Pinto-Duschinsky MP, who visited his local ambulance station, Mill Hill Ambulance Station, on 1 May.
- b) Four Liberal Democrat MPs, including the party's Health Spokesperson, who visited LAS on 4 March.
- c) Five MPs from across the UK as part of the Parliamentary Knowledge Foundation educational programme, who visited LAS headquarters on 4 June.

19. These visits continue to raise our profile and strengthen our relationships with local, national and international partners. They also provide valuable opportunities to engage directly with policymakers and decision-makers, increasing their understanding of the operational challenges facing



London Ambulance Service NHS Trust

ambulance services and the changes needed to support improved patient outcomes, workforce safety and service resilience.

20. In addition to hosting stakeholders, we have continued to engage directly with policymakers on issues that matter to our people. On 4 March, I gave evidence to the London Assembly's Health Committee on violence and abuse against healthcare staff, alongside paramedic Emily Jackson, who has featured in our recent violence reduction campaign. Emily powerfully shared her lived experience of working on the frontline, while I provided wider insight and data on the scale and impact of this issue. I urged the Committee to support our campaign for stronger and more timely sentencing for perpetrators ahead of us engaging the Crown Prosecution Service and the Bench Chairs across London.

19. In April, I gave evidence to a parliamentary inquiry being conducted by the Public Services Committee into the role of ambulance services in supporting accident and emergency department capacity. This was an important opportunity to highlight the role of ambulance services within the wider healthcare system and to set out the changes we believe are needed.

System engagement

21. A stakeholder perception audit has now concluded, following interviews with 51 strategic system partners. As some Board members have heard, stakeholders described LAS positively, including as dependable, professional and competent, with a strong sense that we reliably deliver our core service. We will also develop an action plan following the audit, with a clear focus of strengthening our position and influence within the wider health and care system. This will include targeted actions on how we engage, influence and lead across system partners, with progress brought back to the Board.



5. Performance



5.1. Integrated Performance Report

For Information

Presented by Jason Killens



London Ambulance Service

NHS Trust

Report To:	Public Trust Board		
Date of meeting:	18 th June 2026		
Report title:	Integrated Performance Report (IPR)		
Agenda item:	5.1		
Lead Executive:	Jason Killens, CEO		
Report Author:	Nic Daw		
Purpose:		Assurance	Approval
		Discussion	x Information
Key points, issues and risks for the Board			
<p>This first revision of the IPR is shared with Trust Board for illustration.</p> <p>The Trust Board report will be produced for each subsequent meeting and will provide a clear picture of trust wide output metrics of which the board and the executive team need to be assured.</p> <p>There will be separate IPRs for each of the trust committees which will provide a more detailed set of input metrics which drive the metrics included in the attached report.</p> <p>The development cycle for the IPR will deliver full reports to each of the Board Committees across the following quarter. Each committee will assure the metrics and narratives contained within their part of the IPR and this will lead to full publication of the Trust Board IPR in September 2026.</p> <p>As from September, it is envisaged that applicable board reports will be redesigned and will refer to data contained within the IPR. This should reduce the volume of papers produced and remove any duplication which may currently appear.</p>			
Recommendation/Request to the Board/Committee:			
The Trust Board of Directors is asked to note the IPR for information..			

LAS Integrated Performance Report



TRUST BOARD

Meeting: 18th June 2026

Operating Plan

Strategic Priorities

NHSE Oversight Framework

Finance



Context



NHS Oversight Framework

The NHS Oversight Framework is a national performance and assurance system that uses standardised metrics, scoring, and segmentation to determine how much autonomy, scrutiny, and support each NHS organisation receives. This will drive improvement; ensuring system-wide accountability.

All Ambulance Trusts will be measured against 11 metrics (18 from quarter 1, 2026) which are divided into 5 domains.

An overall mean score for each organisation is calculated from the domains and is used to determine its segment outcome. This is produced each quarter and published for the public to see. Organisations are rated into segments 1 to 4 with those in segment 1 having greater freedoms with less oversight. There is an escalation of oversight and support for organisations with higher segment scores which can include enhanced scrutiny, capability assessment and or formal improvement programmes.

Operating Plan

The NHS medium term planning process looks to shift previous annual planning cycles to a multi-year approach requiring the LAS to prepare credible, integrated medium term plans that triangulate finance, workforce, quality and activity. From this planning process a yearly operating plan has been agreed based on a set metrics which measures external pressures; metrics which are within the ambulance services control that demonstrate efficiency and effectiveness and the expected and agreed outcomes that should result.

Progress against the metrics is monitored by the LAS, our commissioners and both regional and national NHSE urgent and emergency care teams.

Strategic Priorities

The Annual Strategic in-year priorities outline a focused set of outcomes and actions that will drive operational delivery in 2026/27 and support the wider transformation required for LAS to meet its statutory obligations and medium-term strategic ambitions.

Progress against the priorities is monitored through the established internal governance arrangements, with oversight from the Trust Board to ensure delivery of agreed outcomes for each of the seven priorities

Information reflects data available at extraction and may not reflect subsequent changes.

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Operating Plan

Month to view
April 2026

Year To Date:
Month YTD

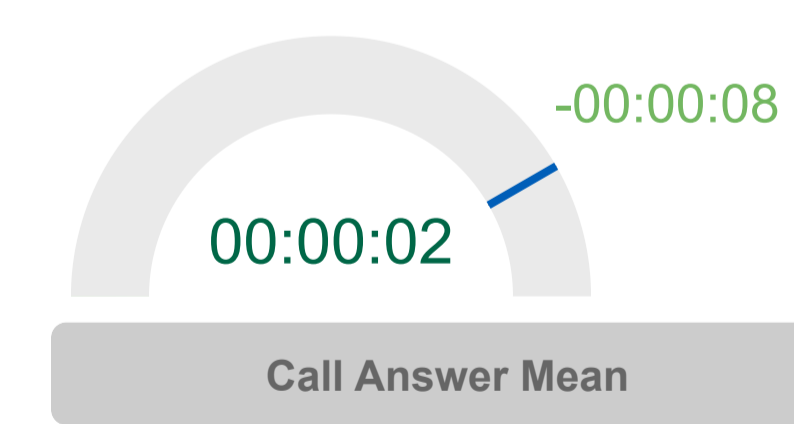
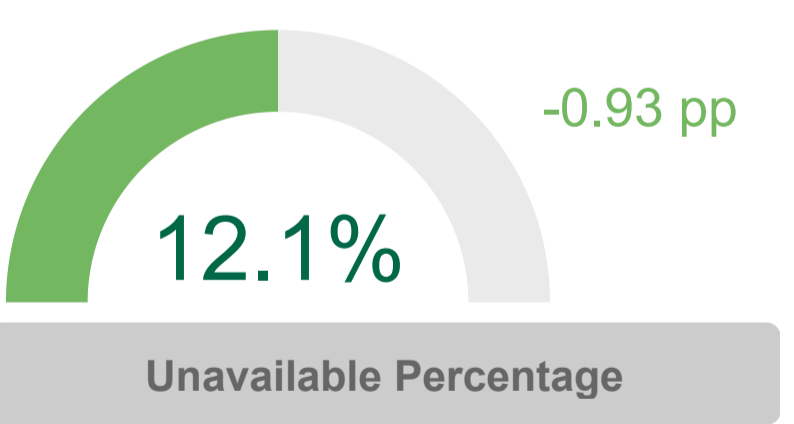
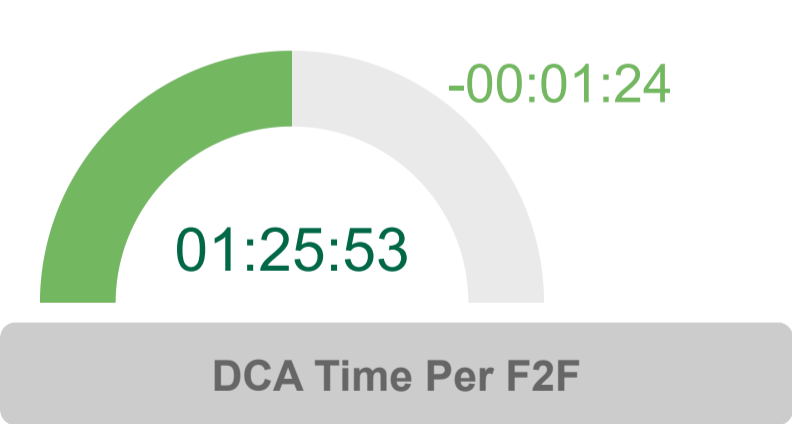
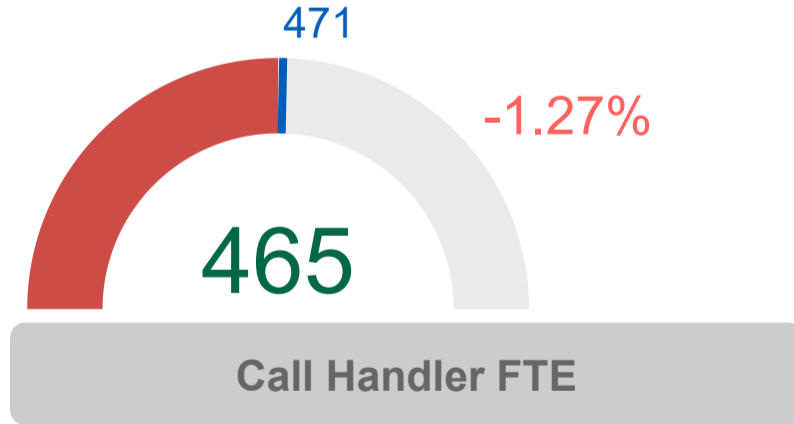
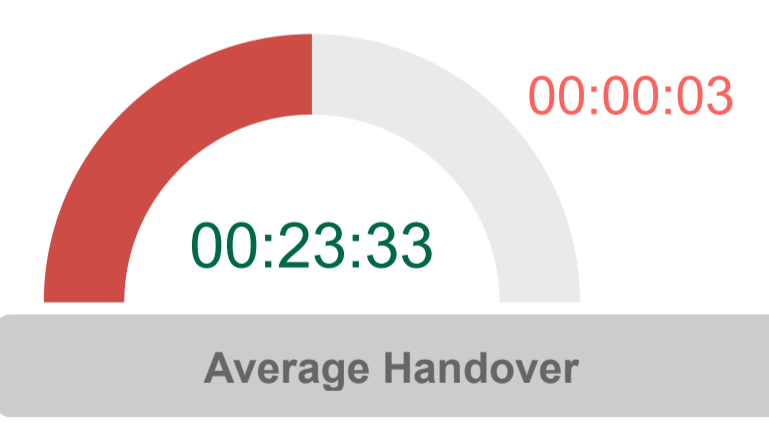
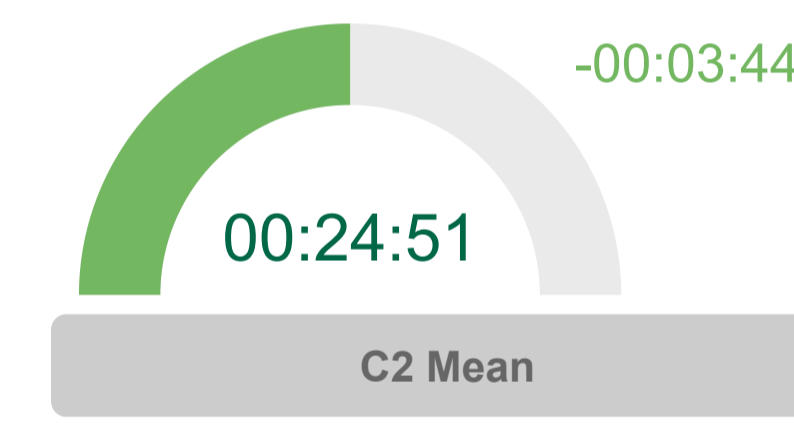
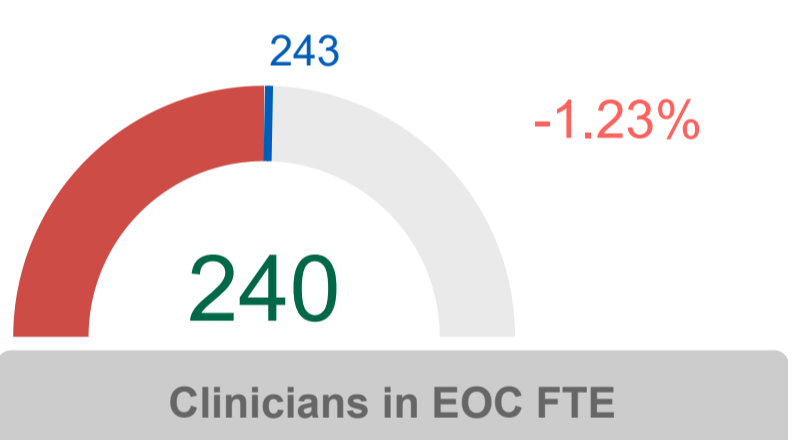
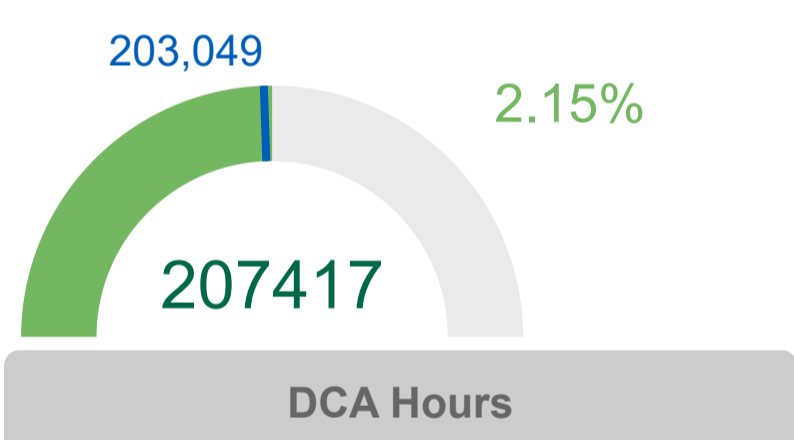
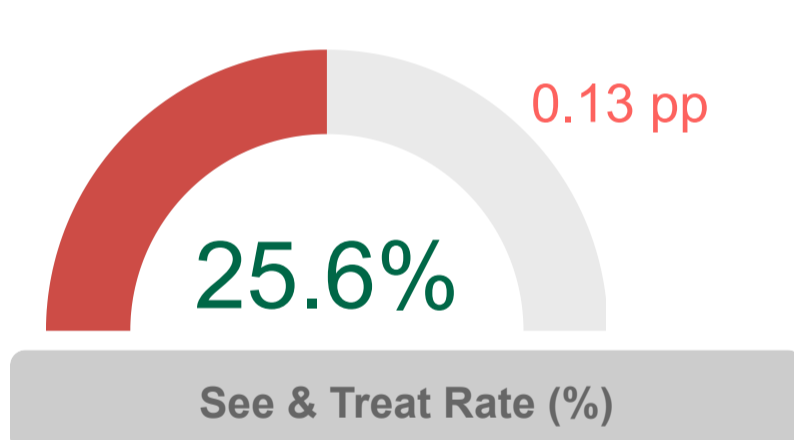
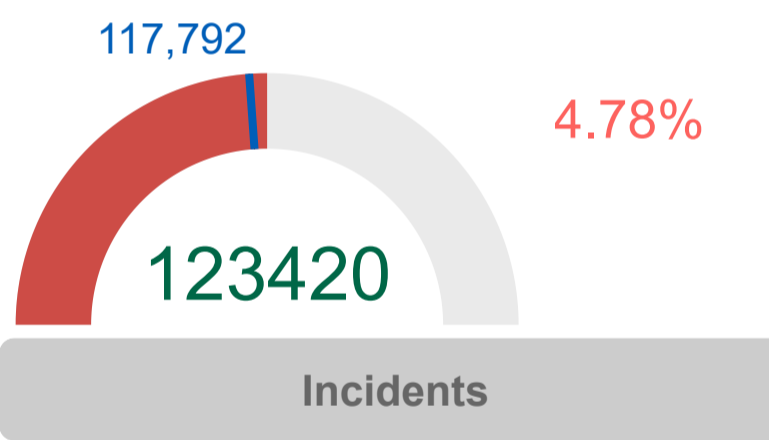
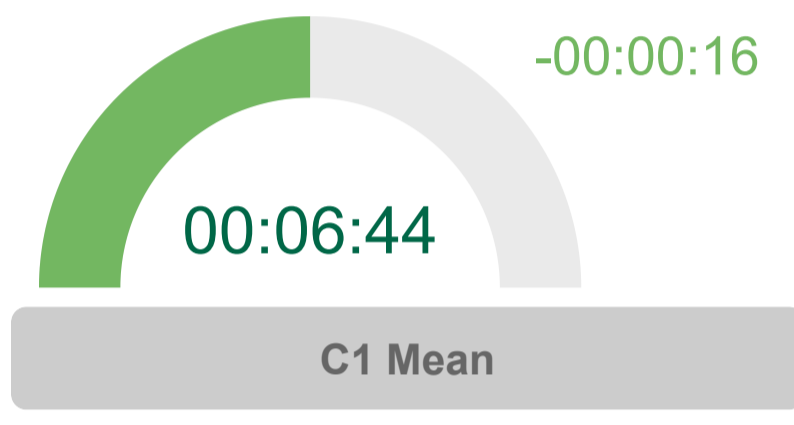
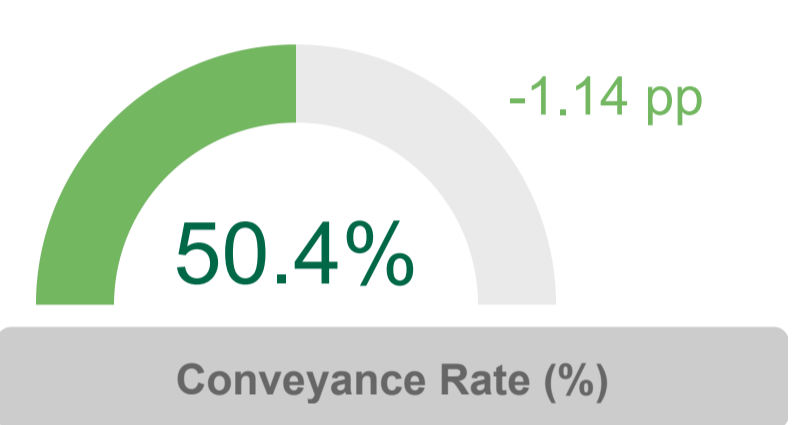
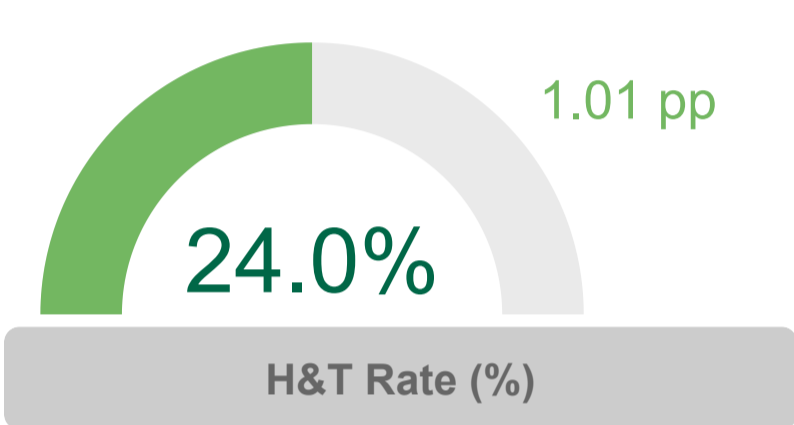
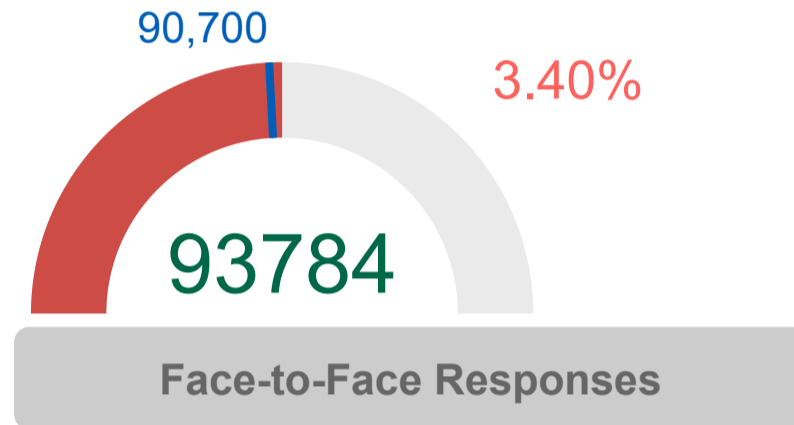
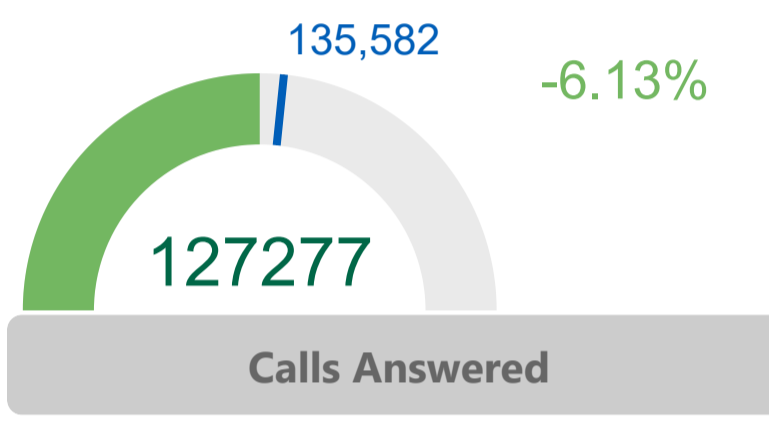
Actuals* On or Achieving Plan | Actuals* Off or Not Achieving Plan | Operating Plan (Target)

* All Operating Plan values are calculated using NHSE definitions.
Information reflects data available at extraction and may not reflect subsequent changes.

External Influenced System Pressures

Trust Influenced Resources & Activity

Performance Outputs



[?](#) Context of these metrics

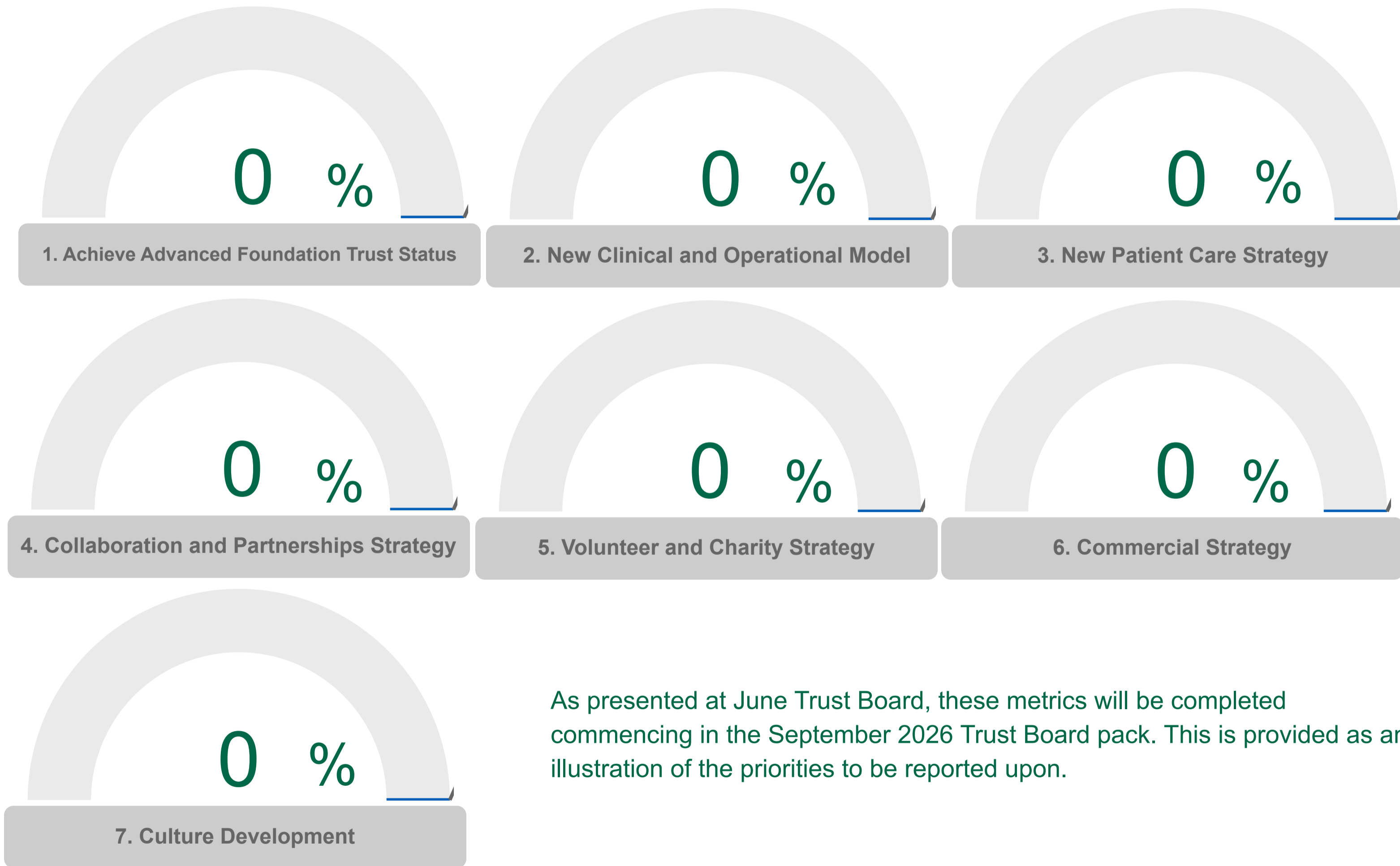


Strategic Priorities

Month to view

Quarter 2

- Off Track Out of Control
- Off Track Within Control
- On Track
- Completed



As presented at June Trust Board, these metrics will be completed commencing in the September 2026 Trust Board pack. This is provided as an illustration of the priorities to be reported upon.

[?](#) Context of these metrics

Information reflects data available at extraction and may not reflect subsequent changes.

NHSE Oversight Framework



Domain	Sub-domain	Metric_description	Reporting Date	Sum of Q1 2025/26	Sum of Q2 2025/26	Sum of Q3 2025/26	Sum of Q4 2025/26
Access to services	Urgent and emergency care	Average Category 2 ambulance response time	To Mar 2026	2.00	1.00	2.00	2.50
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	To Mar 2026	2.50	2.50	2.50	2.50
	Patient experience	NHS staff survey advocacy score	2025	2.67	2.67	2.67	2.33
Finance and productivity	Finance	Combined finance	Q4 2025/26	1.00	1.00	1.00	1.00
		Planned surplus/deficit	2025/26	1.00	1.00	1.00	1.00
		Variance year-to-date to financial plan	Month 12 2025/26	1.00	1.00	1.00	1.00
	Productivity	Relative difference in costs	2024/25	3.30	2.63	2.63	2.63
Patient safety	Patient safety	NHS Staff survey - raising concerns sub-score	2025	2.00	2.00	2.00	2.00
People and workforce	Retention and culture	NHS staff survey engagement theme sub-score	2025	2.33	2.33	2.33	2.33
		Sickness absence rate	Q3 2025/26	3.99	3.93	3.90	3.63

Summary	Average Metric score	Q4 2025/26	2.47	2.26	2.38	2.37
	Adjusted Segment Score	Q4 2025/26	3.00	2.00	3.00	3.00

Context of these metrics

Information reflects data available at extraction and may not reflect subsequent changes.

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[NHS Oversight Framework](#)
[Finance](#)

Back



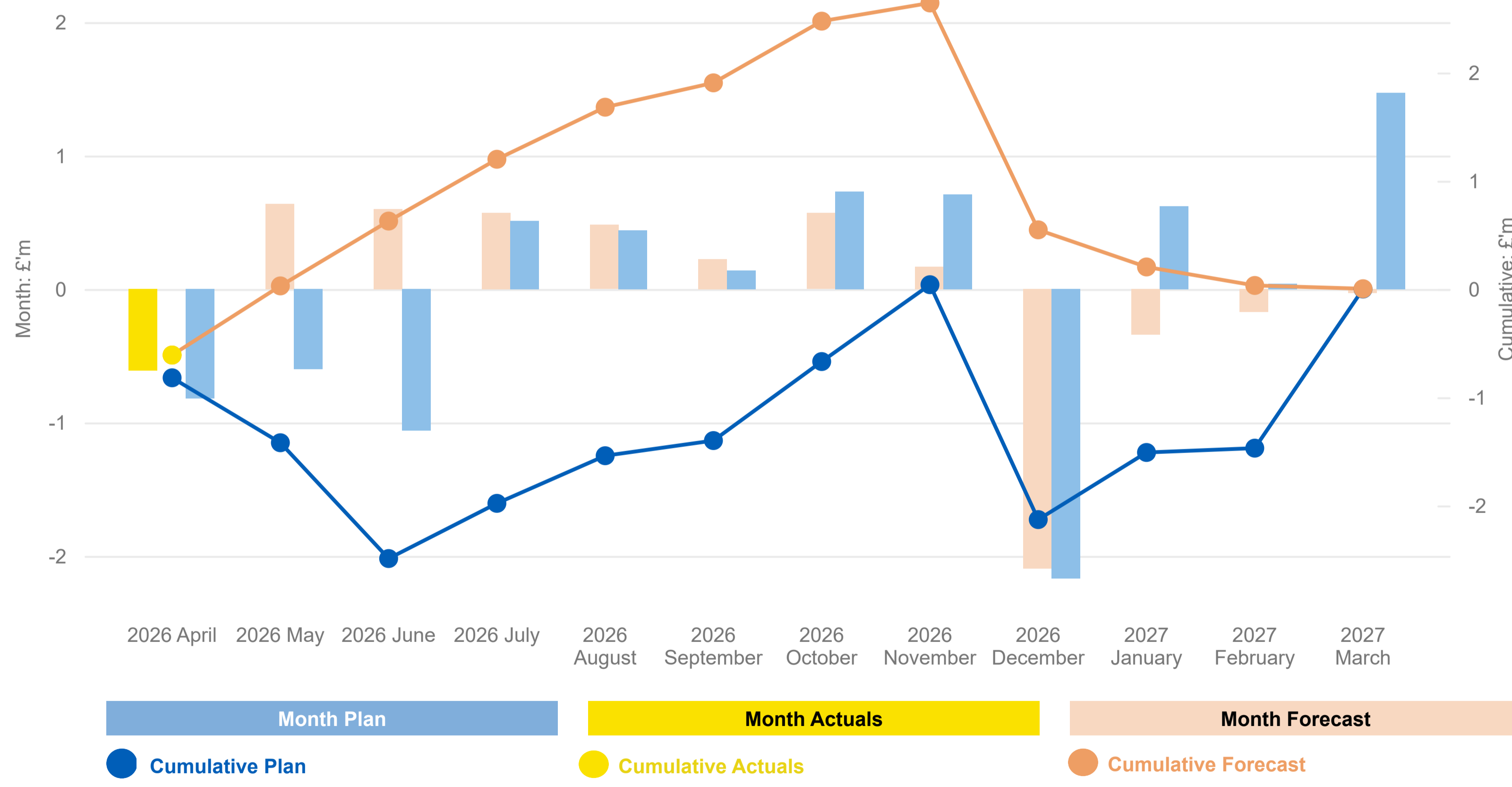
Finance

1 | Income and Expenditure

2 | Capital Expenditure

3 | Cash

4 | Cost Reduction Programme



NARRATIVE

Current Month and Year To Date

The in-month Income and Expenditure (I&E) position for month 1 is a £0.6m deficit, against a plan of £0.8m deficit. This is a £0.2m favourable variance to plan.

Forecast

In Quarter 1 the Trust is forecasting to be ahead of plan, reflecting accelerated delivery of the cost reduction programmes and revenue mitigations, to support delivery of a breakeven full year forecast position, which is per the plan.

Risk and Mitigations

Risk - Delivery of the breakeven plan is dependant on full identification and delivery of the Cost Reduction Programme.
Mitigation - The Trust is targeting over-identification of schemes to mitigate against potential slippage or cost pressures.

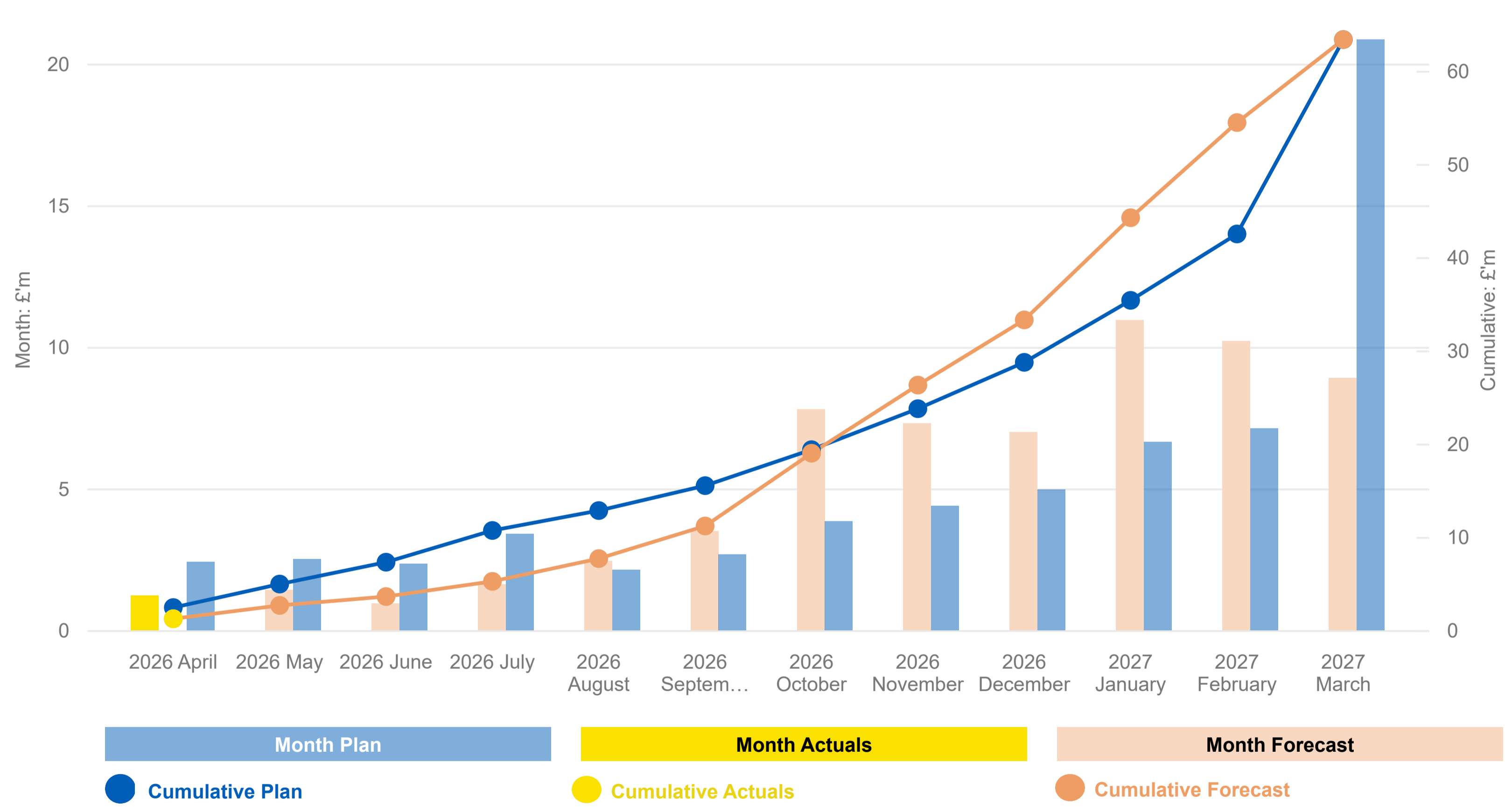
Information reflects data available at extraction and may not reflect subsequent changes.

Narrative provided by: h.newport@nhs.net



Finance

1 Income and Expenditure	2 Capital Expenditure	3 Cash	4 Cost Reduction Programme
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NARRATIVE

Current Month and Year To Date

The capital expenditure plan for the month of April is £2.4m against which the Trust incurred £1.2m. The spend incurred in the month was for the planned ambulances replacement programme and estates developments.

Forecast

The Trust's capital expenditure forecast spend for the year is £63.3m, to fully utilise all of the Trust's allocation.

Risk and Mitigations

Risk - slippage in design of estates developments and delays in award of planning permission would delay capital building works and result in capital underspend in the year.
Mitigation - project governance established and sufficient project resources allocated to maintain the timeline.

Risk - increased inflationary costs as schemes are tendered would result in project overspends.
Mitigation - sufficient contingency planned in schemes to maintain schemes within budget.

Information reflects data available at extraction and may not reflect subsequent changes.

Narrative provided by: k.ind@nhs.net



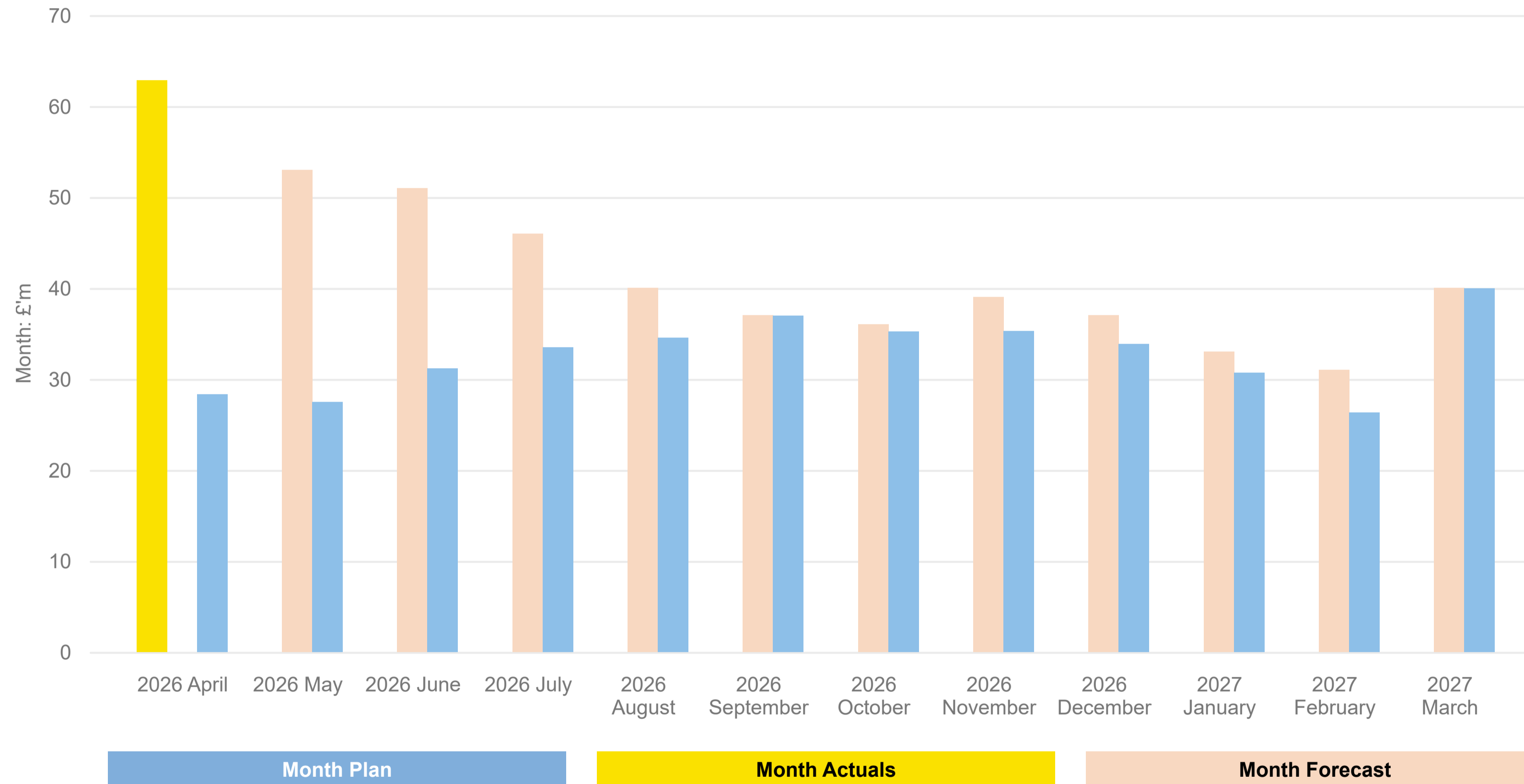
Finance

1 | Income and Expenditure

2 | Capital Expenditure

3 | Cash

4 | Cost Reduction Programme



NARRATIVE

Current Month and Year To Date

The cash balance at the end of April 2026 was £62.9m, a decrease of £19.1m over the closing 2025/26 cash balance. The year-to-date decrease in cash has been driven by the payment of year end capital and revenue creditors.

Forecast

The forecast cash for 2026/27 is based on delivery of a break-even Income & Expenditure plan and capital expenditure remaining within funding.

Risk and Mitigations

Risk - unexpectd costs may put pressure on the cash flow forecast.
Mitigation - The Trust will continue to closely monitor the collection of cash from commissioners, and ensure suppliers are paid in line with best practice payment terms, and identify mitigations for additional costs.

Information reflects data available at extraction and may not reflect subsequent changes.

Narrative provided by: k.ind@nhs.net



Finance

- 1 | Income and Expenditure
- 2 | Capital Expenditure
- 3 | Cash
- 4 | Cost Reduction Programme**



NARRATIVE

Current Month and Year To Date

In month savings achieved are £0.9m, which is on plan.

Forecast

Forecast savings to be achieved in 2026/27 are £19.2m, per the plan. Identification and delivery of cost reduction schemes has been accelerated and is ahead of plan, resulting in higher saving forecast in the earlier month. The full-year savings forecast remains overall within target.

Risk and Mitigations

Risk - Slippage in delivery will impact the ability to deliver the full cost improvement programme.
Mitigation - The Trust is targeting over-identification of schemes to mitigate against potential slippage.

Information reflects data available at extraction and may not reflect subsequent changes.

Narrative provided by: h.newport@nhs.net



6. Director and Board Committee Reports



6.1. Performance

Operational Performance Report

For Assurance

Presented by Pauline Cranmer



6.2. Quality

For Assurance



6.2.1. Quality Report

For Assurance

Presented by Fenella Wrigley



Report to:	Trust Board			
Date of meeting:	18 June 2026			
Report title:	Quality Report			
Agenda item:	6.2			
Report Author(s):	Dr Fenella Wrigley			
Presented by:	Dr Fenella Wrigley			
History:	QAC Shared with ELT			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting

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

This document summarises the quality of care provided by the London Ambulance Service (LAS) based on data from in February and March 2026.

The information has been shared with Clinical Quality Oversight Group and Quality Assurance Committee.

It covers five main domains: Safe, Effective, Caring, Responsive and Well-Led/Quality Improvement, providing detailed insights into clinical performance, patient safety, safeguarding, health inequalities, and quality improvement initiatives

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

For discussion, assurance and noting

Routing of Paper – Impacts of recommendation considered and reviewed by:

Directorate	Agreed				Relevant reviewer [name]
	Yes	X	No		
Quality	Yes	X	No		Via QAC
Finance	Yes		No		
Chief Paramedic	Yes	X	No		Via QAC
Medical	Yes	X	No		Via QAC
Operations	Yes	X	No		Via QAC
Communications & Engagement	Yes	X	No		
Strategy	Yes		No		

People & Culture	Yes		No		
Corporate Affairs	Yes	X	No		Via QAC



London Ambulance Service
NHS Trust

Meeting in Public of The Board of Directors – 18 June 2026

Trust Quality Report – Reporting on February and March 2026

This report focuses on the quality of care provided by London Ambulance Service (LAS). The Trust's Quality Assurance and Improvement Dashboard report contains the February and March 2026 data providing an overview of the quality performance through relevant key performance indicators (KPIs) and information including the quality improvement agenda across the organisation.

The report covers four domains:

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well-Led; Quality Improvement

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 reported in the combined performance report during the last reporting period, which included Winter, we saw periods of sustained pressure across the Urgent and Emergency Care and Health and Social Care systems.

Oversight of patient safety, at periods of high demand, is maintained using the 999 and/or Integrated Urgent Care Clinical Safety Plans (CSP), which provides a framework to maintain clinical safety and deliver the fastest response to our sickest and most seriously injured patients, whilst navigating patients with less serious conditions to care closer to home.

During this period the volume of calls safely and appropriately reviewed and streamed by the Clinical Hub continued to grow, reflecting the Service's sustained focus on improving the care for patients and ensuring they are being treated in the right place. During Quarter 4 2025-2026 an average of 75,000 Category 2 to Category 5 incidents per month were reviewed by a clinician, representing 75% of all C2–C5 calls. In addition to clinical review (navigation), the Clinical Hub undertook an enhanced clinical telephone assessment (validation) of over 25,000 patients during the same period.

The Integrated Urgent Care (IUC) service continued to manage sustained demand safely and play a key role in London's urgent and emergency care system, providing timely telephone triage, clinical assessment and navigation for patients across NHS 111 and the Clinical Assessment Service.

1.2 Safety incidents

Throughout February and March 2026, the Trust saw a reduction in the number of patient safety incidents reported (n 1,768 ↓445) - this reduction coincided with the move to REAP 1.



The Resource Escalation Action Plan (REAP) is a framework used by ambulance services to manage operational pressures and ensure effective productive patient care. It consists of four levels:

- Level 1: Normal operational state.
- Level 2: Increased operational pressure.
- Level 3: Significant operational pressure.
- Level 4: Highest operational pressure

Of the 1,768 reported incidents, the harm was initially graded as follows:

- No harm – 1,483 (↓369)
- Low harm – 219 (↓44)
- Moderate harm – 24 (↓18)
- Severe harm – 12 (↓5)
- Death – 30 (↓4)

A large proportion of the patient safety incidents reported were graded as no harm or low harm, underlining the emphasis on early reporting and continuous learning rather than adverse outcomes. Moderate, severe harm and death reported incidents are reviewed via Patient Sector Incident Groups, where Learning from Death reviews are undertaken after which the final categorisation is assigned.

In the severe harm and death categories, 22 incidents took place in February and 20 in March 2026.

In the 999 Clinical Hub the rate of reported patient safety incidents remains consistent with previous trends, averaging 0.8 incidents per 1,000 clinical assessments. Incidents reported during the period showed a downward trend: 20 in February and 15 in March — 35 in total. No case met the threshold for a Patient Safety Incident Investigation (PSII) under the national Patient Safety Incident Review Framework (PSIRF).

The patient safety incident profile in the Integrated Urgent Care (IUC) service remained largely within the no harm and near miss categories, supporting assurance around early risk identification, open reporting and a continued focus on learning. Most incidents reported within IUC remained in the no harm or near miss categories (382/397 = 96%). This provides assurance that staff are identifying and reporting issues early and that there is an active reporting culture focused on learning and improvement.

Across the organisation 20 patient safety learning responses were commissioned throughout December 2025 – March 2026. These were managed as follows:

- 4 nationally defined incidents requiring local PSII (meeting the Learning from Death criteria)
- 1 locally defined incident requiring local PSII (meeting local priority)
- 8 After Action Reviews
- 2 Multi-Disciplinary Team Round Meetings
- 1 SWARM huddle

This quarter, the central quality team have continued to analyse and triangulate the top themes from all safety incident reports and review the mitigations and action plans.



The top themes identified across all areas during the reporting period and the mitigations and actions in place are:

- Medical Equipment (n.288 ↓ 82) – Whilst we have seen significant improvements in the availability of Lifepak 15 devices we have seen some incidents involving functionality. This issue is being mitigated by a replacement program and servicing of the monitors. There has been a reduction in the number of incidents relating to trolley beds. A specific Quality Priority for 2026/27 has been agreed to focus on the availability of equipment pouches which contain smaller pieces of equipment.
- Dispatch & call (n.192 ↓ 43) – This theme related to delays in response. As we moved towards the end of Q4 there was sustained improvement in response times and in 111 performance.
- Concern regarding external provider (n.359 ↓ 57) – A Quality Alert Co-ordinator has been recruited to the Central Clinical Quality Directorate to maintain the oversight, delivery and administration of Quality Alerts sent to the Trust from external agencies and Quality Alerts sent by the LAS to external agencies to ensure collaborative learning takes place.
- Clinical treatment and assessment (EXCEPT medication related) (n.185 ↑ 4) – Cross directorate actions and mitigations have been agreed including modules in the current Core Skills Refresher (CSR) to share learning and updates. In addition, work is underway to further improve the care provision through work towards ECG telemetry and local clinical quality updates around STEMI bundles. In IUC actions have included supportive feedback to staff, enhanced audits, and further education and explanation of NHS pathway application and how and when to escalate for senior support.
- Communication, care & consent (n.162 ↓ 32) – Assessing a patient's capacity is complex and is an area of particular focus to ensure we are providing the correct guidance for our clinicians. We are leading on a piece of national work updating the JRCALC mental capacity and legal guidelines and locally have refreshed the mental capacity components of the current CSR package.

The Patient Safety Incident Response Framework local priorities for 2026 – 2027 are:

- Repeated callers
- Incorrect clinical impression
- Medication Administration Errors
- Incorrect triage protocol

1.3 Duty of Candour

Overall, Duty of Candour (DoC) compliance for March 2026 was 96.2%, which is an improvement from 93.7% reported in January 2026. Where DoC has not been undertaken, escalation has taken place to the relevant clinical quality teams. Duty of Candour in 111/ IUC is at 100%.

	DoC 2025/26				Audit of Letters			
	Compliant	Applicable	Performance	Previous	Compliant	Applicable	Performance	Previous
PSII 1st Stage DoC	57	57	100.0%	98.2%	57	57	100.0%	98.1%
PSII 2nd Stage DoC	39	39	100.0%	100.0%	37	39	94.9%	97.3%
PSR 1st Stage DoC	42	44	95.5%	95.1%	42	42	100.0%	100.0%
PSR 2nd Stage DoC	30	32	93.8%	89.3%	30	30	100.0%	100.0%
Local investigation 1st Stage DoC	46	50	92.0%	91.3%	44	46	95.7%	95.2%
Local investigation 2nd Stage DoC (Outcome)	36	38	94.7%	88.9%	36	36	100.0%	100.0%

1.4 Open incidents

Throughout this reporting period (December 2025 – March 2026) 7,048 incidents were reported Trust wide and 4,626 were closed. There is continuous monitoring through sector business meetings and the clinical quality dashboard. The local review workflow must remain open until all other workflows and event tasks have been completed which requires all teams to work together to review and close the incidents. There has been good progress on the management of open actions which has reduced from 42% to 17% during this reporting period.

1.5 Learning from Deaths

Where incidents require a Learning from Death (LfD) review, if they meet the nationally defined criteria, an enhanced investigation, called a Structured Judgement Review (SJR), is undertaken using the Patient Safety Incident Response Framework (PSIRF). The harm grading is subject to change following this more in-depth review. These cases undergo a detailed review working with clinicians, families, 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 internal or cross-organisational opportunities for 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.

LfD Reviews completed throughout for the reporting period recommended several actions for frontline clinicians which are being addressed through the 2026 -2027 Core Skills Refresher module 'Primary Survey & Recognising Unwell Patients':

For emergency call handlers, training has been rolled out to all staff and is associated with the reduction in adverse events associated with identifying patients presenting with ineffective breathing in 999 operations. Refresher e-learning is currently being rolled out, and training included in 2026-7 core skills refresher curriculum. The Quality assurance journal is published quarterly with learning from case studies, in addition individual feedback is provided to Emergency call Handlers to ensure focused support and learning.

1.6 Medicines Management

The number of incident reports relating to medicines during this reporting period reduced in line with other patient safety incidents. Most medicines management incidents relate to Controlled Drugs (CD) register errors (documentation) and ampoule breakages. There have been no reportable schedule 2 losses reported.

1.7 Safeguarding

Trust safeguarding assurance is overseen by the Safeguarding Assurance Group (SAG), which reports to the Clinical Quality Oversight Group (CQOG) and then to the Trust Board via the Quality Assurance Committee (QAC). External scrutiny is provided by safeguarding designates from Brent ICB, who attend SAG. The Trust produces a quarterly report through the Safeguarding Health Outcomes Framework (SHOFT), which is submitted to Brent ICB on behalf of all London ICBs.



Trust wide safeguarding training compliance at the end of March 2026 was:

- Level 1: 87.57%
- Level 2: 81.75%
- Level 3: 88.69 %

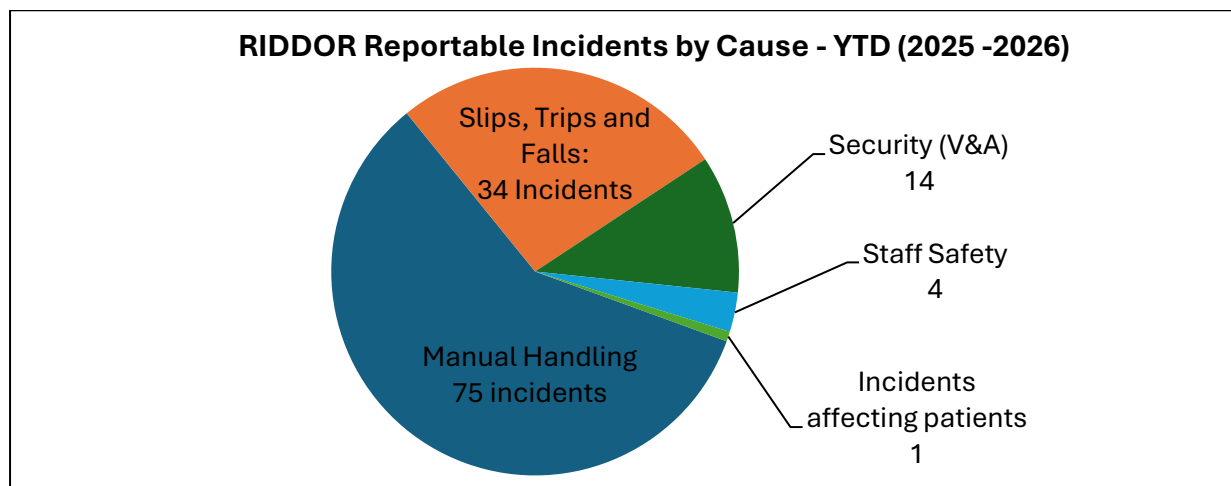
This means that the Trust did not meet the statutory requirement for Level 2 training, which is 85%; work continues with individual departments where they are below the target, and they are being supported with the development of long-term plans. Themes identified are shared through learning and incorporated into safeguarding updates.

1.8 Health, Safety and Security (HS&S)

The HS&S Team have continued to deliver Corporate Induction, Stress Assessment Toolkit Training and Managing Safety courses during 2025-2026. The Dynamic Risk Assessment (CTM-led – and equivalent) training has been completed and roll out training is planned to be incorporated with training days.

The fitting of the manual Compact 2 Chair is being undertaken to ensure that all vehicles have two track chairs fitted for ease of extrication of patients.

A total of 128 RIDDOR incidents were reported to HSE during 2025 -2026. Manual Handling Incidents account for the highest number (59%) of RIDDORs reported across the Trust.



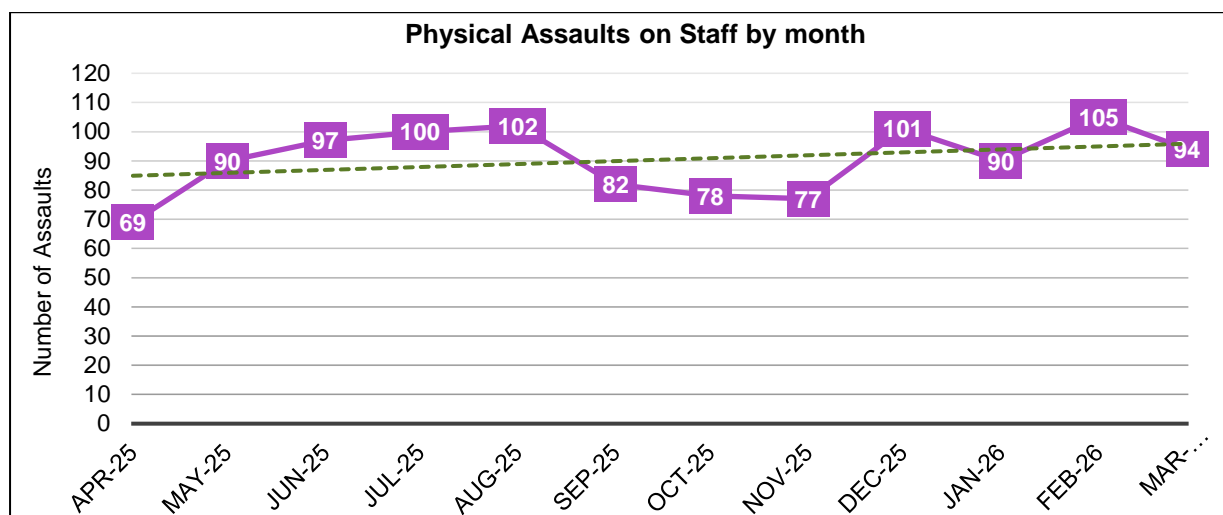
Current compliance for FFP3 fit testing is 76% - there is a 2-year revalidation period for FFP3 fit testing. As part of our governance and oversight, two weekly reports are sent out to all areas of the Trust, with compliance being monitored centrally and by local managers.

A total of 365 safety alerts (Field Safety Notices/CAS Alerts/Patient Safety Alerts) have been received and processed during 2025 -2026. Of these, 7 alerts have been assessed as applicable to LAS and they have been actioned and closed appropriately.

A total of 1085 physical assaults on staff were reported for during 2025-26. Whilst a high number of reported physical assaults (57%) occur due to the clinical condition of the patient this does not



alter the impact on our staff who have frequently been injured. The police attended 59% of physical assault incidents during 2025-2026 and we had a total of 5 successful prosecutions for assault on members of staff. The second Violence Reduction Officer (VRO) has commenced work within the Violence Reduction Unit of the HS&S team.



1.9 Infection Prevention and Control (IPC)

The annual IPC work programme for 2025 - 2026 was completed in March 2026 with 43 of the 44 deliverables fully achieved.

The Infection Prevention and Control (IPC) Board Assurance Framework (BAF), originally developed by NHS England, has undergone several updates and adaptations since its inception. This framework supports organisations in taking an evidence-based approach to ensure the safety of patients, service users, staff, and others.

The most recent version of the framework continues to serve as a key tool for internal assurance, helping to confirm that IPC quality standards are being met and to highlight areas needing further improvement or support. It is grounded in key legislative and regulatory guidance, including the Health and Safety at Work Act 1974, Health and Social Care Act 2008: code of practice on the prevention and control of infections and the Care Quality Commission's (CQC) Key Lines of Enquiry. Of the 54 required elements, 31 are compliant, 7 are partially compliant, 16 are not applicable and nil are non-compliant.

Prompted by recognising there is limited evidence in the pre-hospital setting a project has been undertaken to evaluate how well London Ambulance Service clinicians applied Aseptic Non-Touch Technique during intravenous cannulation. The findings highlighted strong practice but gaps in labelling and documentation consistency which has been fed back through training updates.

Through our local auditing systems, we continue to monitor, analyse and disseminate infection prevention and control audit data to improve standards and provide safe and effective care for patients.

At the end of this reporting period:

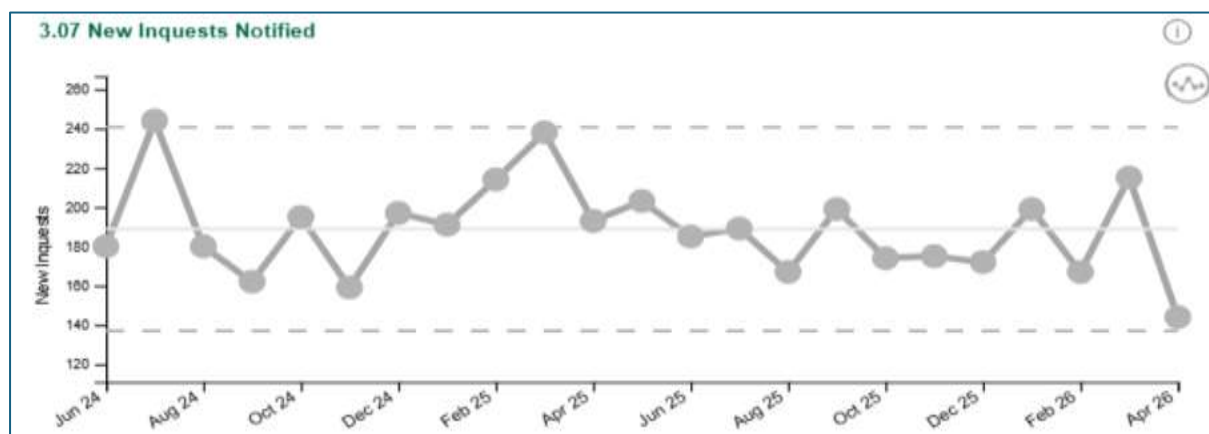
- IPC statutory mandatory training compliance was 94% for level 1 and 93% for Level 2 (target 90%).



- Hand hygiene compliance was reported at 97%. This exceeds the Trust performance target 90%.
- Premises cleaning audit compliance was reported at 96%, which met the Trust's target of 90%.
- 3 sharps incidents and 5 body fluid exposures reported.
- Average compliance for Make Ready six-weekly vehicle deep clean between December to March was reported at 73%. This has been identified as a Quality Priority for 2026-2027.

1.10 Inquests

At the end of March there were 236 open Inquest cases. More detail is provided in the Director of Corporate Affairs report.



One PFD has been received by the LAS which is being responded to currently.

2.0 Effective

This section focusses on the areas under the effective domain, including the provision of appropriate clinical care.

2.1 Clinical Performance Indicators (CPI)

The Clinical Performance Indicators (CPI) enable continuous audit of the quality care we provide to several different patient groups (as well as general documentation), providing assurance to the Trust.

During this reporting period, the percentage of CPI audits completed ranged from 72% - 91%. Compliance with clinical guidelines varied depending on the care audited - the Older Fallers CPI had a compliance level of 88% in January whereas the Cardiac Arrest CPI consistently achieved 97%.

We have introduced feedback data into the CPI monthly report, which shows face-to-face feedback completed by month and the percentage of clinicians who have received feedback in the last six months. Managers now have access to a CPI Auditor Completion Report enabling them to see the numbers of audits completed by each auditor in their area and the CPI auditors are now able to generate a certificate for their portfolio, showing the number of audits they completed in any given time range.



2.2 Clinical Ambulance Quality Indicators

Our clinical registries continue to support the monitoring and reporting of care delivered to patients who experience a cardiac arrest or a suspected ST-elevation myocardial infarction (STEMI). Data are submitted to the NHS England Ambulance Quality Indicators (AQIs) to enable benchmarking across English ambulance services. There is a known delay in receiving national patient data, with clinical outcomes for October 2025 published in March 2026.

Cardiac Arrest AQI:

In October 2025, we reported a ROSC to hospital arrival rate of 33.4% for the overall patient group, exceeding the national average of 28.9% and ranking 2nd nationally. Within the Utstein comparator group, ROSC to hospital arrival was 55.3%, also above the national average of 51.3%, and ranking joint 5th nationally.

The overall 30-day survival rate was 10.6% (up from 8.5%), slightly higher than the national average of 10.1%. Within the Utstein comparator group, 30-day survival reached 29.5%, exceeding the national average of 27.9%. LAS was ranked fifth nationally for both measures.

STEMI AQI:

STEMI care bundle compliance was 82.7%, closely aligned with the national average of 82.6%, placing LAS sixth nationally for this measure.

The average call-to-angiography time was 2 hours and 22 minutes*. While this was slightly quicker than the national average of 2 hours and 26 minutes, LAS ranked seventh nationally for this measure.

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

Stroke AQI:

For stroke patients, average call-to-hospital-arrival time was 01:30**, a one-minute improvement from last month. LAS remain in the 4th place nationally.

***This is based on SSNAP data which may not be a complete sample and is subject to change during the revision period*

2.3 Cardiac Arrest data

Following a cardiac arrest, achieving Return of Spontaneous Circulation (ROSC), indicated by signs such as breathing, palpable pulse or measurable blood pressure, is the primary objective in all out-of-hospital cardiac arrest cases. Early initiation of basic life support and rapid defibrillation for patients presenting with a shockable rhythm are key factors in increasing the likelihood of successful ROSC and improving chances of survival.

Our report from March 2026 demonstrates:

- 1047 patients experienced an out-of-hospital cardiac arrest
- 355 patients had resuscitation attempted by LAS clinicians
- The median time from 999 call to dispatcher-assisted basic life support (chest compressions) was just under 4 minutes
- The median response time was 5 minutes 41 seconds
- The average time from LAS arrival on scene to the first defibrillator shock was 3 minutes
- 46% of patients achieved ROSC, with 30% sustaining ROSC to hospital handover



2.4 'Chain of Survival'

Improving Survival from Out of Hospital Cardiac Arrest (OHCA)

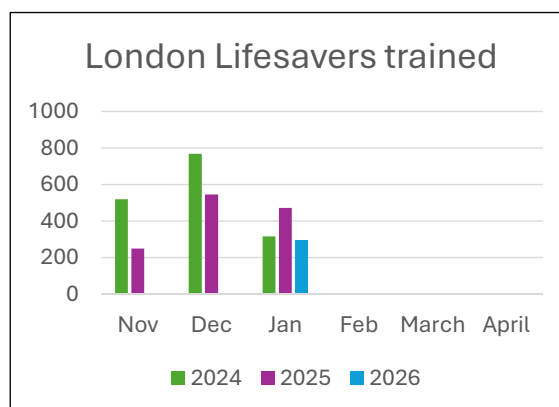
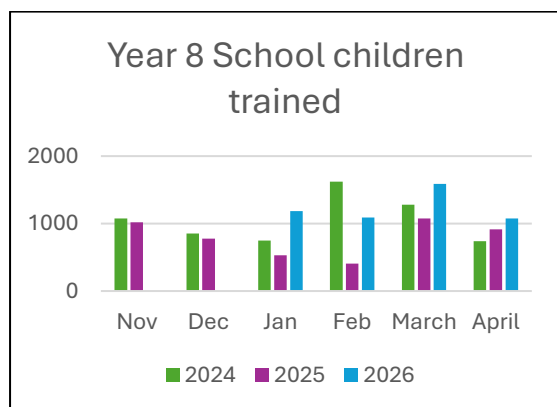
Survival from OHCA improve significantly when the “chain of survival” is activated early, through rapid recognition of cardiac arrest, early cardiopulmonary resuscitation (CPR) and prompt defibrillation. High quality CPR and reduced time to first shock are critical to improving outcomes.

These vital interventions are often delivered by our volunteers including Community First Responders, Emergency Responders, GoodSam responders and London Lifesavers. In many cases the rapid actions of bystanders and use of a public access defibrillator can mean the difference between life and death. The number of Community First Responders trained in 2025 – 2026 was 102.

We have used a data driven approach to target areas most in need to drive forward our goals of tackling health inequalities that exist in the OHCA space. The 150 priority areas initially identified in our Heart starters campaign were in some of the poorest, most deprived areas in London. The total Public Access Defibrillators placed and newly registered on the circuit in 2025 – 2026 was 794.

To strengthen community resilience, we continue to expand our London Lifesavers programme. This initiative equips members of the public with the skills and confidence to recognise cardiac arrest, perform CPR and have the confidence to use a defibrillator. A total London Lifesavers trained during 2025 -2026 was 21,293.

We have continued our partnership with London Zoo and in January 2026 trained all their staff during their staff training week. Also in January, we delivered our annual training for Bank of England staff which remains a key site for our programme. Our engagement originated from a staff member who attended LLS training elsewhere and subsequently requested provision for Bank of England colleagues. This individual had previously experienced a traumatic incident where they felt unable to assist due to a lack of CPR knowledge. Following their LLS training they contributed to a successful cardiac arrest outcome on a train emphasising to them the importance of CPR and defibrillator training for everyone.



The LLS trained Q4 is delayed due to a database issue and will be updated in the next report.

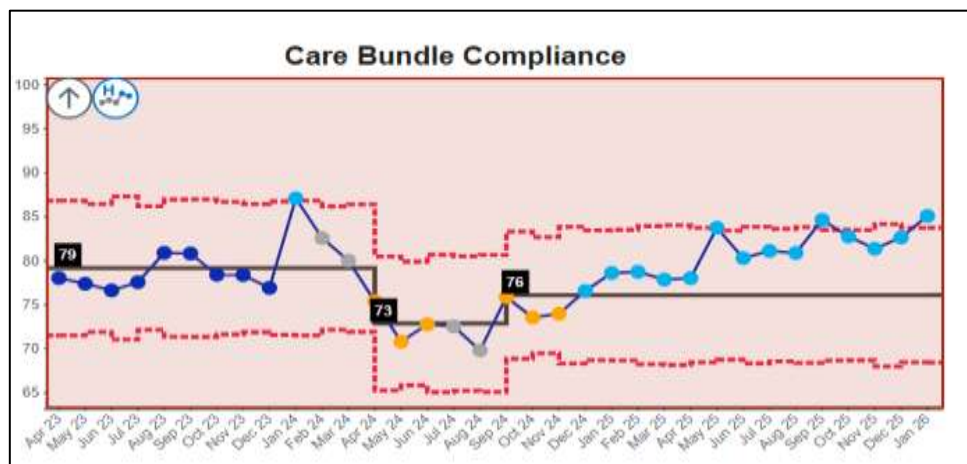


2.5 STEMI

A heart attack, or myocardial infarction (MI), occurs when the blood supply to the heart muscle is suddenly blocked. Rapid restoration of blood flow is therefore essential to minimise damage to the heart and improve patient outcomes. This is achieved through urgent clinical interventions such as primary percutaneous coronary angiography (PCI) and stenting.

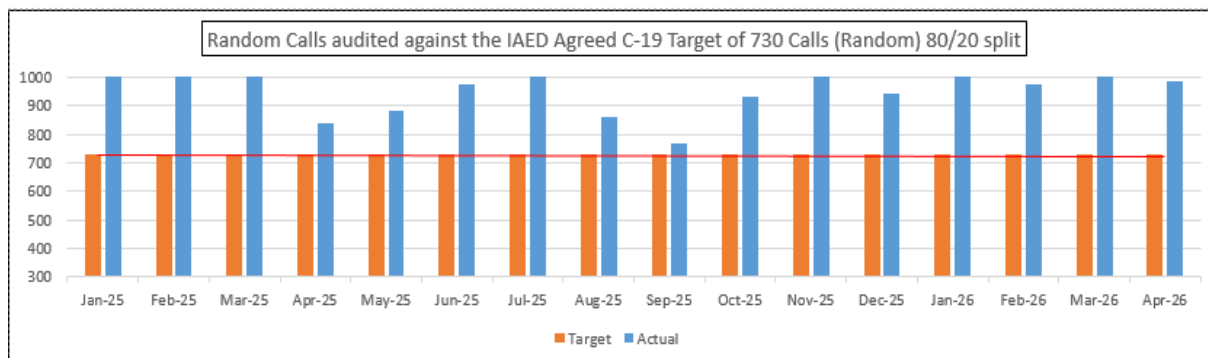
In January 2026:

- 280 patients attended by LAS clinicians were suspected of having a STEMI
- An ECG was uploaded to the clinical record for 100% of those patients
- All patients were transported to the most appropriate destination, with 97% conveyed directly to a Heart Attack Centre
- 85% of patients received the complete STEMI care bundle, with 94% receiving analgesia when clinically indicated
- The average time from call to hospital arrival was 1 hour 28 minutes



2.6 Emergency 999 Call Handling Audits

The number of 999 call audits has exceeded the required number of random audits for the period, and the Trust has remained an 'Ace in Good Standing' throughout. In addition, a high number of audits are undertaken to support complaint and incident responses, legal and Inquest cases and communications. Quality Assurance Managers have continued to support the EOC Team Based Working huddles and training days supporting the learning and development of staff.



2.7 111 Quality Audits

The service continues to provide strong assurance regarding clinical audit and governance compliance. Mandatory audits across Health Advisors, NHS Pathways Clinicians, GPs and Advanced Clinical Practitioners achieved full completion during the reporting period, with overall compliance rates ranging between 91% and 98%.

Quality Metric	Assurance Position
Mandatory Audit Completion	100%
Overall Audit Compliance Range	91–98%
Training Compliance	95%

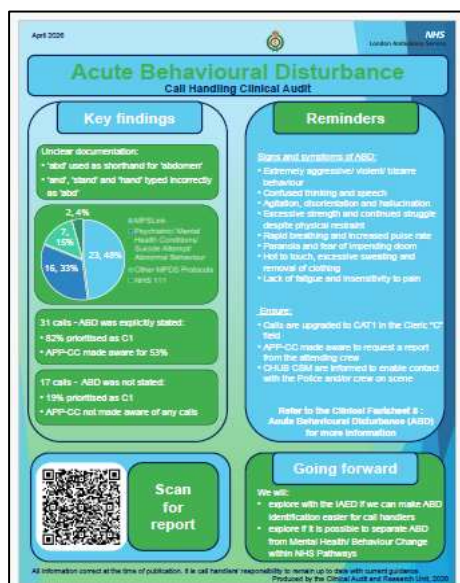
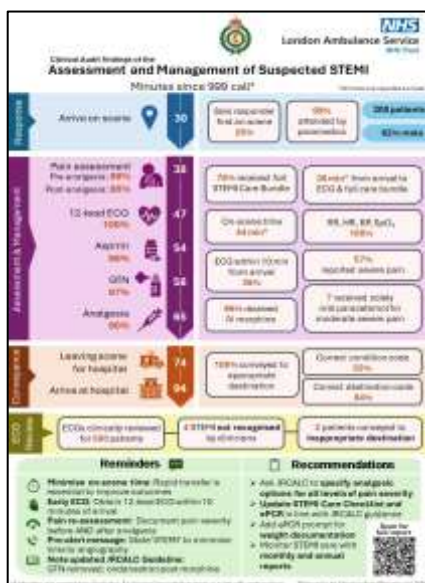
Learning identified through routine audit activity resulted in targeted feedback, enhanced support and focused educational interventions where required. Areas of learning included pathway selection and probing, disposition accuracy, escalation and recognition of deterioration, remote paediatric assessment and documentation standards.

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.

During this reporting period the Quality Assurance Committee has received the Annual Re-contact Audit 2025 – 2026 and clinical audits on the management of suspected ST-segment elevation myocardial infarction (STEMI; a type of heart attack) and Acute Behavioural Disturbance.

The audit results are shared through Team Huddles and QR codes. The audits are also shared with JRCALC who frequently amend their guidelines to reflect the findings.



The Clinical Audit programme for 2026- 2027 has been approved and will include:

- Babies Born Before Arrival at hospital
- Capacity Assessment
- Difficulty in Breathing – telephone and face to face assessments
- Abdominal pain non conveyance
- Patients no longer on scene
- Hear and Treat referral decisions

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

- The Spinal Immobilisation Study (SIS) has come to an end, having closed to recruitment in the LAS in January. Over 1000 patients were recruited into the study, making it the largest randomised controlled trial in the world of immobilisation strategies in patients with suspected spinal injuries. The LAS trained 420 paramedics to deliver the study and recruited a total of 466 patients.
- Recruitment to the CRASH-4 trial continues to be strong, with the LAS having been named as the highest recruiting ambulance service in 2026 so far. For the period December 2025 to March 2026, 36 patients were recruited into the trial, bringing LAS total recruitment to 381
- The results from the RAPID-MIRACLE study were published in the European Heart Journal - Acute Cardiovascular Care at the end of March. LAS APP-CCs recruited 521 patients into the study, with data for 333 patients being used in the final sample
- Along with a range of academic and clinical partners, we have worked on 9 applications for clinical trial funding that have been submitted to various NHIR funding streams, several of which have progressed to phase 2 of the application process

3.0 Caring

This section reviews the areas which are under the caring domain and how people are always treated with kindness, empathy and compassion and that they understand that they matter and that their experience of how they are treated and supported matters.

3.1 Feedback from Patients:

In addition to the patient groups outlined above under our health inequalities work hearing from wider groups of patients about the care we provide is a key focus to support service improvement.

In December 2024, IUC launched an SMS feedback process to strengthen its approach to capturing patient voice, providing a more consistent source of insight into patient experience across the urgent care pathway.

Patient feedback during the reporting period has remained broadly positive, with patients continuing to report positive experiences relating to dignity, respect and overall care received.

Survey responses identified that:

- 72.1% of patients reported feeling treated with dignity and respect
- 78.6% reported overall satisfaction with the care received



Building on this 999-patient feedback process has been designed and approved to improve feedback from patients. This has been presented to and approved by the Quality Assurance Committee.

The results of the feedback will strengthen triangulation and thematic analysis of patient experience data to support targeted quality improvement activity and improved understanding of patient feedback themes across the urgent and emergency care pathway.

3.2 Complaints

When patients or their carers have cause to raise a query or concern, a timely response is required. Whilst the number of complaints has remained stable at an average of 104 per month, since November 2025, compliance with the requirement to close patient complaints within 35 days has been declining. A plan to address this was presented to Quality Assurance Committee.

3.3 Compliments

The Trust receives an average of 170 compliments per month about our service, and these are shared with the staff involved.

4.0 Responsive

This section reviews the areas which are under the responsive domain and how the health and care needs of people and communities are understood, and health inequalities are understood.

4.1 Mental Health Care

Mental health demand has continued to rise at a rate above overall call volume growth, with no evidence of plateauing, and is increasing. LAS remains committed to ensuring there is parity of care for mental health patients. There is ongoing engagement in place with London Ambulance Service, the Cavendish Square Group, the Mental Health CEO leading on the urgent and emergency care pathway and the NHS England London Region Mental Health Team to address rising demand and wider system pressures. The Mental Health team continues to deliver training and education programmes across the Trust and has now moved to a more structured and consistent delivery model. This is intended to strengthen staff capability, improve consistency of practice and support the Trust's wider response to increasing mental health demand.

4.2 Health Inequalities

Understanding and reducing health inequalities across London remains a Trust priority.

4 of the 5 large improvement clinical priorities projects are progressing to plan, including: sickle cell, maternal health, learning disability and autism and cardiovascular disease. The mental health plan is scheduled for 2026-2027



As part of the Health Inequalities portfolio cross-cutting theme 'English language', we now have Worsening Care Advice (WCA) for 14 common conditions translated into 11 commonly spoken languages across London. This will be provided electronically and via a hard copy (where requested) to ensure patients have consistent and clear advice about what to do if their condition worsens in their own language.

Our clinical education package 'Toolkit for Tackling Health Inequalities', which highlights what health inequalities are, how and why they occur and provides clinicians with practical tools to address these in practice, has now been completed by 90% of clinical staff (n=4,953).

4.2.1 Sickle Cell Disease

92% (n=5,065) of clinicians have now completed the Sickle Cell Core Skills Refresher, an education package built directly from the feedback from patients, staff and the findings of clinical audit. The Trust's induction and in-house teaching materials for new starters have also been updated based upon the above findings.

London has four Hyper Acute Sickle Cell Units, and the LAS has worked with all four to agree direct conveyance bypassing emergency departments for patients experiencing vaso-occlusive crisis. To date, over 500 patients have been directly conveyed to these specialist units at University Hospital Lewisham, St Georges University Hospital and Hammersmith Hospital. We are currently awaiting the go-live date for North Middlesex Hospital.

Clinical audit, and patient feedback, shows that these interventions are improving the care provision in key areas, including a 9% improvement in compliance in for patients being extricated using appropriate manual handling aids across this year, in comparison to previous years.

4.2.2 Maternal Health

The MBRRACE-UK Maternal report 2025 highlighted the persistent inequalities in maternal health outcomes with a significant increase in late maternal deaths. Women from Black ethnic backgrounds are more than twice as likely to die compared with White women and those living in the most deprived areas also continue to have a maternal mortality rate twice that of women living in the least deprived areas. It is well documented that Black and Asian women face disproportionately higher risks during pregnancy, childbirth and the postnatal period.

The Maternal Health Improvement Plan has been designed following extensive patient engagement with three voluntary, community and Social Enterprise Organisations, to understand the experiences of almost 200 women from global majority backgrounds regarding using 999 and 111 services during their pregnancy and up to 12 months post-delivery. Insights from 265 LAS clinicians along with clinical audit data triangulated the patients views into actions designed to positively impact access to healthcare, patient experience and health outcomes.



The actions within the improvement plan were agreed by the Quality Assurance Committee at the end of March 2026 and work is now underway, led by the maternity team, to implement the actions, which include a clinical education update to be delivered to all frontline clinicians. A new maternal health leaflet and poster have been developed providing information on pregnancy concerns and when to contact 999 and 111. Distribution of the leaflet has already commenced, and poster distribution is imminent.

The improvement plan focuses on 4 main themes identified through engagement:

- *Compassionate care* Actions centred around clear information & guidance on when to call 999 / 111 and utilisation of existing Early Pregnancy Assessment Units.
- *Clinical education & training* Actions centred around the development and delivery of bespoke maternity teaching package for Clinicians.
- *Communication including translation support* Actions centred around the utilisation of translation services to improve patient experience and training to build effective communication and person-centred care on dignity and respect.
- *Working with partners* Actions centred around engagement with London maternity services, as well as increased compliance with pre-alerts and distribution of guidance and patient information.

4.2.3 Learning Disability & Autism

People with a learning disability and autistic people are significantly more likely to die prematurely than the general population and have a reduced life expectancy of almost 20 years. Latest data identified that 38.8% of deaths of people with a learning disability were avoidable, almost double that of the general population. In this context avoidable means both preventative or treatable and if good quality healthcare had been received in a timely way. Taking a similar approach to patient engagement as sickle cell and maternal health, the LAS have commissioned six Voluntary, Community, Social Enterprise organisations to lead patient engagement exercises to gain insights into the experiences of people with learning disabilities and autism, their carers, families and advocates, focusing on the experiences of accessing LAS-led urgent care and emergency care.

Engagement has involved surveys, focus groups, 1:1 interviews and workshops. To date, over 640 people with a learning disability / autism, their families, carers and advocates have contributed and shared their lived experiences of accessing urgent and emergency care and identified key areas of improvement. In addition, we have also heard from over 100 Clinicians through a survey of their experiences of delivering care to patients with learning disabilities and autism.

Upon receipt of all the reports we will apply a triangulated approach of collating the patient engagement, clinician engagement and clinical incident data and learning to develop a Learning Disability and Autism Improvement Plan.

4.2.4 Cardiovascular

Cardiovascular disease is a significant cause of mortality and accounted for 27% of all deaths in the UK in 2022. The NHS 10-year plan identified cardiovascular disease as a clinical priority and the single biggest condition where lives can be saved. In 2026, the Government will launch



the Cardiovascular Disease Modern Service Framework with the ambition to reduce premature deaths from heart disease and strokes.

The LAS is a 'pioneer organisation' for the Office of Health Improvement and Disparities 'Million Hearts and Minds Programme' which focuses on promoting health awareness, reducing cardiovascular related adverse outcomes and bridging gaps in heart health equity across London.

The LAS have been awarded a grant from the Million Hearts and Minds Programme to pilot a Point of Care Testing for cholesterol. High cholesterol is not currently identified opportunistically by LAS Clinicians but is a recognised high-risk condition, which, if unmanaged, might lead to a significant cardiovascular event. We are currently seeking research and ethics approval for this and exploring options for referral of patients identified with high cholesterol levels into neighbourhood teams.

4.3 Alternative Care Pathways and Care Co-Ordination

Accessing alternatives to Emergency Department (ED) conveyance remains a priority for the Trust, particularly for patients who would be better cared for in a community setting. Work has focused on supporting clinical decision making and alternative care pathways for older patients, including those with frailty, residing in care homes or with complex presentations. Integrated Care Coordination (ICC) Hubs are concentrating on this cohort of patients by collaborating with frailty teams and community services.

The ICC Hubs in each ICS can access specialist frailty advice, beds in frailty units and as a multidisciplinary team can support ambulance clinicians on scene with complex decision making. The ICC Hubs can rapidly identify 999 calls from care home locations, are proactively intervening and prioritising support to these patients. In addition, the LAS has adopted the regional frailty criteria and is actively promoting pathway development with these services. There are currently 13 agreed pathways with Acute Frailty Services and engagement across London to develop further.

To support access to pathways the LAS has been working closely with the SEL ICB Directory of Services (DOS) team on development of the MiDOS product. This digital system has been embedded in the LAS ePCR and enables LAS clinicians to search for open alternative care pathways in the locality of their patient's location, review the agreed clinical criteria and referral contact details. This also enables LAS clinicians to provide feedback on issues experienced and a new process has been launched to investigate and respond to these reports, highlighting commissioning needs and service improvement. An automated process has been agreed with all ICBs, this streamlines pathway development with partners and improves data reporting, all of which strengthens the alternatives available to avoid unnecessary ED conveyance.

Improvement initiatives continue to support the increase in referrals to Urgent Community Response teams. Recent promotion has focussed on falls and catheter presentations which may be suitable for referral and collaboration with teams and NHSE seek to improve the appropriateness of cases referred. Numbers of referrals across London remain stable, a small



increase year on year and the Clinical Pathways team are visiting other ambulance Trusts to learn about from examples of good practice.

5.0 Well-Led

This section covers the positive culture of continuous learning and improvement

5.1 Learning

Learning from incidents, audits and patient feedback continues to be shared with staff through practical and accessible routes, including case-based learning, targeted feedback, governance updates and local education. A new Learning Loft has been created on the Trust Intranet which is a central hub for exploring real incidents and the lessons that help us improve the care we provide.

In addition to this we have shared learning through a range of modalities including end-to-end case presentations, Clinical Education and Training, targeted CPD events, multidisciplinary learning discussions, bulletins, team huddles and the patient care handbook. During the reporting period:

- The 2026/2027 statutory and mandatory training delivered to all clinicians within the Trust has been influenced by patient safety learning and will include a capacity module, primary survey assessment and management, and managing patients who refuse care
- Clear guidance has been incorporated into the Patient Care Handbook outlining the responsibilities of attending clinicians when assessing a deceased Patient in the presence of Metropolitan Police Service (MPS) or British Transport Police (BTP) and ensuring that where the LAS have assessed a Patient the appropriate Verification of the Fact of Death form is completed by LAS.
- The Clinical Education Programme Manager has developed and released an instructional video to support operational clinicians on how to access and use TOXBASE.
- Since the previous reporting period, there has been the development and implementation of clear, updated guidance for clinicians to help them identify the most appropriate resources and interventions for newborn and paediatric patients within JRCALC. This involved a national update to the existing guidance, which was submitted to JRCALC for approval. The guidance addresses key areas such as patient assessments, decision-making tools, and resources for newborn and paediatric care, ensuring they reflect the most recent national best practices and research.
- The LAS maternity team, in agreement with London obstetric units, have developed a destination flow chart to help clinicians identify the most appropriate destination to convey maternity patients following clinical assessment, to be used in conjunction with the prehospital maternity decision tool that is currently available on JRCALC+.

5.2 Quality Regulation

The Quality Intelligence and Compliance Team remains committed to focussing on sustaining regulatory compliance, strengthening assurance, and addressing known areas of risk.

Results of the Quarter 4 Quality Visits have been shared with local managers highlighting areas for focus before the re-audit.



Throughout the reporting period 9 CQC enquiries were received, 8 of these have been closed and 1 case is awaiting further review. Of these enquiries, 2 related to services we do not provide, and we supported CQC with the correct provider to contact. There were no specific themes identified.

5.3 Quality Improvement

Quality improvement focus continues with projects supporting transformation and sustained implementation alongside the delivery of training for all levels of the organisation. This includes two cohorts of 'Lean for Leaders' bespoke training based on the QI methodology developed by Virginia Mason Institute.

The Quality Improvement conference took place on 9th March and feedback of the event was very positive with 84 attendees, 17 speakers (5 external from the wider NHS including other Ambulance Services) and 98 improvement ideas generated for three pre-selected focus areas across the Trust.

The Back to Base on Time for Ambulance Operations ambulances has now completed the pilot at Friern Barnet and the evaluation of a rollout to North Central Sector is completed. The impact on the out of service, reduction of the incidental overtime, job cycle time, patients per shift and staff feedback have been positive and continue to be monitored. A plan for the Trust-wide roll out is being developed.

The planning process for the Rapid Process Improvement Workshop (RPIW) in 2026/27, our final year of SASH contract has started and will be aligned with the business planning process for LAS.

5.3 Quality Priorities

Our three priorities for 2025/26 were all achieved – these were:

- ✓ Continue to safely increase the 'hear and treat' rate to achieve 4% improvement on the 2024/25 year from 19% to 23% across London by the end of the financial year.
- ✓ Deliver 'Improving sickle cell care plan', including providing direct access to specialist sickle cell units and an updated educational package for conditions based on the findings from the LAS patient engagement held in 2024/25
- ✓ Reduce incidents relating to the lack of availability of LifePak 15 devices on frontline vehicles

Planning for Quality Priorities for 2026/27 included consideration of:

- 2026 - 2027 Clinical audit work programme
- 2026 - 2027 PSIRP local priorities
- 2026 - 2027 Directorate Business Plan Quality Priorities
- Feedback from CEO roadshows



The agreed Quality Priorities for 2026-2027 are:

Patient Safety

- Reduce incidents linked to equipment pouch availability.
- Improve cardiac arrest care and outcomes.

Clinical Effectiveness

- Improve vehicle deep-cleaning compliance.

Patient Experience

- Strengthen patient feedback systems.
- Increase IUC referrals to Pharmacy First as an alternative pathway





6.2.2. Quality Assurance Committee Report

For Assurance

Presented by Karim Brohi



London Ambulance Service



NHS Trust

Alert – Advise – Assure Committee Board Report - updated

Quality and Assurance Committee - updated

Date: 26 May 2026

Summary report to:	Trust Board	Date of meeting:	18/06/2026
Presented by:	Karim Brohi	Prepared by:	Fenella Wrigley

Alert

Issues that require Board attention:

Overdue Incident Investigations

- There were 800 overdue incidents across all areas of the Trust. There were approximately 1,300 work flows which remain outstanding, with limited evidence of sustained improvement despite previous interventions.
- The Committee considers this a significant patient safety and governance risk and requested a focused, sustainable recovery plan with strengthened executive oversight.

Complaints Performance Deterioration

- Complaint response performance remains significantly below target, with recovery now forecast for October 2026.
- The backlog, staffing pressures, increasing complexity of investigations, and impact of Subject Access Requests continue to present a governance risk requiring close monitoring.

Advise

Items where Board input or awareness is needed:

Data Quality, Access and Integrity Risks

- Two major Electronic Patient Care Record (ePCR) incidents affected approximately 84,000 patient records.
- Whilst no evidence of patient harm has been identified, the incidents exposed weaknesses in data integrity controls, system resilience, supplier assurance and governance arrangements. An data quality audit is being commissioned externally to provide assurance on Trust actions.

STEMI Pathway Delays

- Persistent delays at certain Heart Attack Centres continue to affect performance and may impact patient outcomes.
- The Committee requested continued escalation with provider organisations and national cardiac networks where improvements are not achieved.

Medical Equipment and Operational Logistics Risks

- The improvement in availability of LifePak 15 was recognised but the risk associated with ageing medical equipment was noted.
- Carry-chair deployment, trolley bed logistics and equipment pouch availability require continued monitoring with the latter being a Quality Priority for 2026-2027.

Assure:

Positive assurances for the Board to note:

The Committee is able to provide the following assurances:

- Operational performance in 2025/26 has improved compared with the previous year, including better Category 1 and Category 2 response times, increased use of alternative care pathways, and strong call-answering performance.
- Thematic reviews and clinical audits are supporting learning and improvement, with a strong focus on human factors, cognitive bias, decision-making, clinical education, and patient safety.
- Infection Prevention and Control arrangements remain effective, with 43 of the 44 planned work programme objectives delivered and continued focus on maintaining high standards of clinical practice.
- The Quality Improvement Programme is strengthening organisational improvement capability, supporting service redesign, staff development, and collaboration with external partners.

Risks:

BAF Risks

The Committee reviewed relevant strategic risks for 2025/26.

The Committee will undertake further detailed work on the BAF risks assigned to QAC to ensure these reflect strategic (BAF) and corporate risks.

**Decisions &
Recommendations****Decisions Made by the Committee**

- Approved the development of the Integrated Performance Report (IPR) dashboard, subject to continued narrative reporting and ongoing quality oversight arrangements.
- To further progress the revised 2026/27 BAF, including clear mapping of strategic, corporate and local risks, controls and assurances.

Recommendations to the Board

The Board is asked to:

Take Moderate Assurance from the work of the Committee and the progress made in operational performance, quality improvement and clinical governance arrangements, whilst recognising that data integrity, overdue patient safety investigations, complaints performance, and data governance responsibility remain significant areas requiring continued Board scrutiny and executive focus.



6.3. People and Culture

For Assurance



6.3.1. Director's Report

For Assurance

Presented by Simon Steward



London Ambulance Service NHS Trust Board Meeting June 2026 (April 26 data)

Report from the Chief People Officer

P&C Operations

1. Recruitment

We ended the year with a 96% fill rate across all our bulk recruitment roles (AAP/ NQP/111/999 and NETs). We have commenced work on the 2026/2027 workforce plan and our current pipelines have approximately 420 candidates holding conditional offers for paramedic, non-registrant, and call handling roles. Recruitment activity to support the frontline continues, including roles such as Mental Health, CRU and HART Paramedics. We are also working on roles with our Fleet and Make Ready Teams.

The Recruitment Service is currently undergoing a transition to a new Applicant Tracking System, known as Oleeo. This updated system is designed to enhance the recruitment experience for both hiring managers and applicants. For hiring managers, Oleeo will offer improved support throughout the recruitment process, facilitating more efficient management of vacancies and candidates. Applicants, meanwhile, will benefit from a more streamlined and user-friendly application process, making it easier to apply for roles and track the progress of applications.

The go-live date for the new Applicant Tracking System is scheduled for early July 2026. All recruitment activities will begin to utilise Oleeo from this time, marking a significant step forward in modernising and improving the service's recruitment operations.

2. Retention

In March the 12 monthly turnover has remained at circa 9% (9.3%) with stability rates at 91%. Our voluntary turnover rate (resignations) is 7.7%. 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.

3. Employee Relations

Work is continuing to strengthen the Trust's approach to managing Employee Relations matters, with a focus on improving the experience of colleagues involved in resolution processes. Developments within the Resolution Hub have included enhanced digital oversight

of Request for Resolution (RfR) submissions, the use of independent panels, and a continued emphasis on resolving concerns at the earliest possible stage.

The Resolution Framework is being further developed to build upon early resolution processes and provide ongoing support for managers in addressing issues promptly, consistently, and fairly within their teams. Targeted learning and development initiatives have been delivered across the organisation to support managers in handling ER matters, aligned with the updated processes and offering practical guidance on local resolution pathways. Capacity has also been strengthened through the appointment of additional Resolution Advocates and Mediators. Managers have further participated in practical Employment Tribunal Mock sessions to enhance preparedness and confidence in handling tribunal related matters.

Assurance mechanisms remain in place, with regular Employment Tribunal case reviews providing Board level oversight, highlighting key themes, and supporting organisational learning.

4. Workforce Intelligence, Payroll & Pensions

Workforce Planning

Through our internal business planning process we have identified our workforce requirements for 2026/2027-2028/2029 and we have submitted our workforce plan to NHS England. The collaborative and multi-disciplinary approach across Corporate and Operational teams has supported the design of the plan and ensured that the data systems are aligned across Finance and Workforce. The monthly discussions in place to track performance against plan 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.

Technology

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. Working closely with our colleagues in the Digital and Data directorate, we have mobilised 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). We are currently in the testing phase for three processes and plan to go-live in Q1.

5. Health and Wellbeing

The Health and Wellbeing team continues to co-ordinate a multi-directorate sickness transformation programme with P&C colleagues and operations managers. Since the

beginning of December 2025, the team has focussed on reducing long-term sickness, improving oversight and quality of alternative duties placements and introducing a new Trust absence management platform. There has been success in reducing long-term sickness, with the lowest rate in more than two years and overall sickness significantly improved compared to the last financial year. The team is now looking to introduce additional interventions to reduce mental health absence; upskill senior managers; and to improve awareness of the sickness process and the support available across all colleagues.

The Health and Wellbeing Team includes the early resolution function, and the Resolution Advocacy and Mediation Lead who delivers training in conflict management across the Trust. There has been a particular focus on 111 and the new Centre of Excellence for Leadership and Culture (CELC) programme.

Other activities of the wellbeing team have included;

- The conclusion of the internal flu programme met the NHSE target of a 10% higher uptake than 2024/25, with the Trust third in London by the end of March 2026.
- The development of guidance to assist colleagues who are supporting others going through investigation processes
- Drafting a new suicide prevention toolkit, designed and approved by the Trust Mental Health Awareness and Suicide Prevention team
- Overseeing the return to internal absence reporting and introducing manager-led support for colleagues at the point of booking sick
- The continued roll-out of our new “Beyond Stop” debrief training, funded by the £50,000 awarded to the Trust by NHSE. The programme is moving on to the train the trainer sessions, ensuring sustainability and longevity.

6. Freedom to Speak up

The Freedom to Speak Up (FtSU) team continues to provide vital insight into the culture of the Trust and, from January 2026, now sits within Corporate Affairs. The team plays a key role in supporting psychological safety and enabling colleagues to raise concerns confidently, safely and appropriately across the organisation.

There are currently 49 trained FtSU Ambassadors across the Trust. These colleagues have volunteered to undertake additional training and act as local champions for speaking up. Arrangements are being made to further strengthen capability through Bystander training, supporting colleagues to confidently challenge and address concerns in the moment. Of these Ambassadors, 22 are trained in sexual safety, providing specialist support to colleagues who wish to raise concerns of this nature. To strengthen capacity and resilience, a new Deputy Guardian has been appointed to support the management of concerns across the organisation.

The FtSU team maintains a strong focus on visibility, accessibility and engagement. This includes regular presentations at staff SLT meetings, team huddles, Ambulance Operations forums, university sessions, Culture and Retention groups and a regular slot on the CELC programme. This high level of visibility has contributed to increasing colleague confidence in speaking up and improving awareness of routes for raising concerns.

7. Staff Survey

2025 NHS Staff Survey

The 2025 NHS Staff Survey took place in autumn 2025. In total, 5998 LAS colleagues took part, 71% of those eligible to do so – the highest response rate for an English ambulance trust. This high response rate means the results are a strong reflection of opinion across the organisation. The survey was conducted by Picker, an organisation independent from the NHS, meaning the results are completely confidential.

The results were largely stable compared to the previous year, with most NHS People Promise element and staff survey theme scores remaining the same. The Picker statistical analysis of our results shows 10 questions were significantly better and 20 were significantly worse, but 69 saw no significant difference.

However, looking over the five years since the NHS People Promise was introduced, improvement can be seen in all areas, particularly *We are Always Learning*, *We are a Team* and *Morale*.

NHS People Promise Element/ Staff Survey Theme	2024 score	2025 score	Change 2024-25	Change 2021-25
We are Compassionate and Inclusive	7.0	7.0	0.0	+0.3
We are Recognised and Rewarded	5.4	5.4	0.0	+0.3
We Each Have a Voice that Counts	6.0	5.9	-0.1	+0.1
We are Safe and Healthy	5.5	5.5	0.0	+0.3
We are Always Learning	5.2	5.3	+0.1	+1.0
We work Flexibly	5.4	5.4	0.0	+0.2
We are a Team	6.7	6.8	0.0	+0.8
Staff Engagement	6.0	5.9	-0.1	+0.1
Morale	5.4	5.5	0.0	+0.5

The most improved question this year is around appraisal completion, with 88% of respondents confirming that they received an appraisal in the previous year. This is an 8% increase on 2024, showing the success of the work done in this field of development by the OD & Talent Management team. Questions concerning having enough staff in the organisation, immediate managers and teamwork also appear in the top 10 most improved questions.

The most declined question in 2025 is *opportunities to develop career in this organisation* and the fourth most declined is *ability to access the right learning and development opportunities*. Even with these falls in scores, the sustained work driven by the **Our LAS Culture Change Programme** means our scores for these two questions are still within 1% of the top performing ambulance trust.

Other questions in the top 10 for most decreased positivity include *physical violence from the public*, *inappropriate behaviour of a sexual nature from the public*, *enthusiasm for the job*, *feeling trusted to do the job* and *having opportunities to show initiative*. The LAS scored worse

for these questions than the median ambulance trust. Whilst all eight English ambulance trusts who use Picker saw a fall in overall positivity in 2025, the LAS fell by the smallest amount.

Acting on Feedback

The 2025 survey results have been analysed and shared with managers and colleagues across the Service, so they can review their progress and use the data to help decide their areas of focus for this year.

Our Service-wide results have been reviewed by our Executive Leadership Team who have identified seven Cultural Priorities, as part of the seven Trust-wide strategic priorities for 2026-27. This cultural reset will be branded the **We are LAS Culture Improvement Programme**. These seven priorities have not seen the levels of increased positivity achieved in the focus areas of the **Our LAS Culture Change Programme**. The Trust-wide focus on leadership, teamwork, development and appraisals have now placed the LAS as the best English ambulance trust for the NHS People Promise element *We are a Team* and placed second out of the 11 ambulance trusts for *We are Always Learning*.

NHS People Promise Element/ Staff Survey Theme	Ambulance sector median score 2025	LAS score 2025	LAS Ranking 2025
We are Compassionate and Inclusive	6.9	7.0	4 th
We are Recognised and Rewarded	5.4	5.4	4 th
We Each Have a Voice that Counts	5.9	5.9	6 th
We are Safe and Healthy	5.7	5.5	9 th
We are Always Learning	4.9	5.2	2 nd
We work Flexibly	5.6	5.5	7 th
We are a Team	6.2	6.7	1 st
Staff Engagement	5.9	5.9	6 th
Morale	5.5	5.5	7 th

The proposed **We are LAS Culture Improvement Programme** will focus on seven key cultural priorities that need further attention to improve our colleagues' working experience in the LAS. These seven have been chosen by the Trust's Executive Leadership Team (ELT) and ELT members will act as Senior Responsible Officers (SROs).

1. Sexual Safety
2. Violence and Aggression from patients.
3. Equality, Diversity and Inclusion.
4. Burnout and Wellbeing
5. Change Management
6. Living our Values
7. Resolution Review

The SROs will work together with leads for these areas and stakeholders from across the Service to finalise impactful objectives and the actions to be taken to improve the Trust culture. This will be in collaboration with colleagues from the Strategy and Transformation Project Management Office to ensure the appropriate governance is undertaken and regular reporting is made to the Executive Leadership Team.

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

Building upon our CIPD Award win for Best OD Initiative, the OD&TM Team is now scaling high-impact programmes to drive measurable organisational benefit across the Trust.

Talent Management

Career Pathways

- Career pathways completed for 999, 111 and Ambulance Operations including full pathways and core roles.
- Career development profiles provide clear guidance on:
 - Educational requirements, purpose and core skills
 - Experience required for progression
- Simplified role information to demystify progression and support colleagues to become 'ready now.'

NHS Graduate Management Trainee Scheme

- The LAS currently has a total of five trainees:
 - Ambulance Operations:2 (Years 1 and 2)
 - People and Culture: 2 (Years 1 and 2)
 - Policy and Strategy:1
- Trainees progressing well with positive feedback.
- Two new general management trainees confirmed for 2026/27.

Organisational change support

- New support package developed for those colleagues undergoing a change process. Delivery to date:
 - 189 bespoke team sessions;
 - 31 individual 1-2-1 sessions; and
 - 12 career conversations (as part of consultation support)

Career conversations Trust wide

- Ongoing support via inbox referrals, manager signposting and informal engagement.
- Support covers applications, interviews, career coaching, role transitions and confidence building.

Leadership and Culture Management

Appraisal improvement and e-appraisal rollout

- Appraisal compliance Trust wide is **at 80.63% (April 2026) against the 85% target**.
- The Executive Leadership Team (ELT) has approved the following:

- Shift to ‘appraisal window’ between April and August annually.
 - Roll out of the e-Appraisal System following a successful pilot.
 - Introduction of a performance rating system in line with Agenda for Change (Annex 23).
- Supporting activity includes:
- Training and resources developed
 - ‘Super users’ training planned to provide first-line support
 - Policy progressing through governance

Team Effectiveness

- Team development delivered using evidence-based diagnostics.
- 20 teams identified (via NHS Staff Survey 2025) for targeted intervention.

Commissioned Leadership Development Programmes

- **High Performing Leaders (Henley):** 40 participants; final cohort completing May 2026; average feedback rating 4.13/5.
- **PGCert Healthcare Leadership (Cumbria):** 40 participants; final cohort completes May 2026; graduation Nov 2026; average feedback rating 4.29/5.
- **Advanced Diploma (Middlesex):** 181 participants; 82–85% pass rate; average feedback rating 3.07/5
- **Aspiring Leaders (NHS Elect):** 95 participants; average feedback rating 4.72/5.

Centre of Excellence for Leadership and Culture (CELC)

- Programme continuing without apprenticeship qualification due to Government funding changes.
- CMI recognition retained.
- Open to Bands 5–7 with supervisory roles.
- 13 cohorts planned; **172 enrolled (71% capacity)**.
- Participants preparing Quality Improvement projects for July 2026 presentation.

Learning and Development

Learning Needs Analysis (LNA)

- Due for Trust-wide release.
- Five new learning topics developed.
- Additional content in development aligned to LNA outcomes.

Statutory and Mandatory Training

- Fully aligned with NHSE requirements.
- Gateway 1 and 2 forms introduced to reduce training hours through alternative delivery methods.
- Mandatory Learning Oversight Group (MLOG) membership reviewed to align with national ambulance partners and strengthen oversight.

Delivering sessions

- Ongoing of delivery of a range of sessions across the organisation.

Trust Induction

- Trust and local induction guidance updated, with strengthened expectations for attendance at virtual induction and escalation routes for non-attendance.

Apprenticeships and Employability

- LAS apprenticeship success rate: **91.1% vs 65.4%** national average.
- Performance places LAS in:
 - Top 4% of 1,200 providers nationally
 - Highest achiever numbers across 31 NHS trusts delivering apprenticeships
- Ofsted inspection completed (April 2026); report pending.
- Funding bid submitted to Greater London Authority to extend **Our LAS Inclusive Response (OLIR)** until July 2029

9. Clinical Education & Standards

In 2025/2026, Clinical Educations and Standards (CE&S) have delivered the following training:

Newly Qualified Paramedics (NQPs)	213
EMT to NQP (Cumbria)	109
Internal upskill Emergency Medical Technicians (EMTs)	132
Assistant Ambulance Practitioners (AAPs)	131
Experienced Clinicians	5
Non-Emergency Transport Service (NETS)	15
Critical Care Transfer Service	7
Bariatric	10
Emergency Call Handlers (ECH)	118
111 Call Handlers	109

A further 72 frontline staff along with 15 Emergency Call Handlers, have now commenced their training programmes.

CSR 2025/2026 has now concluded and as of 8th April 2026, the Core Skills Refresher (CSR) 2025/2026 face-to-face sessions (covering Resuscitation Level 3, Moving & Handling Level 2, EPRR, and Clinical Decision Making) have been delivered to 4,646 frontline staff.

The 2026/2027 face to face CSR covering Resuscitation L3 (including VoD/ToR updates) and Primary Survey and Recognising Unwell Patients is now being delivered alongside the Learning Disabilities and Autism (LD&A) face to face session. The Information Governance, IPC Level 2, Equality, Diversity & Human Rights, Health, Safety and Welfare, Spinal Assessment and Vascular assessment eLearning packages have been released. The

remaining eLearning modules (Refusal of Care, EPRR, Medicine Safety and ECG) will launch in June 2026.

Material and topics for the dedicated CSR sessions for Non-Emergency Transport Service (NETS) staff have been agreed and are due to go live in June.

The EOC CSRs for Emergency Call Handlers (ECH) and Emergency Resource Dispatchers (ERD) are planned to go live in June 2026 including the LD&A training.

Following on from the artificial intelligence (AI) trial that took place in EOC, despite it being well received, owing to the financial limitations it was not possible to proceed. However, the Chief Digital Officer has been exploring the possibility of other service's involvement and any additional use cases across the Trust. The Programmes team are in contact with SECAMB who have been using 25 years' of stored 999 calls to develop an AI model for training purposes, with the hope they can be involved with or potentially replicate a similar approach.

The London Ambulance Service continues to invest in the quality education, training, and professional development of its workforce. The enhanced education bursary, offering up to £5,000 per person, continues to support our growing and diverse workforce. Due to its popularity, funding at some partner institutions has been fully utilised, however funding remains available elsewhere.

The confirmed allocation for Allied Health Professional Continuing Professional Development (AHP CPD) funding, for 2025/26 stands at £1,052,166.88 with 923 applications from 687 AHP's committed for 2025/2026 fiscal year. The LAS Bursary has committed £921,623 for 722 applications for the same period.

The Trust have received notification that the AHP funding is available for 2026/27, however we are waiting confirmation surrounding the final amounts.

Currently the bursary is undergoing a review process with the aim of streamlining workflows and improving the overall user experience. A detailed report outlining all recommendations will be produced once finalised.

The digital portfolio for Newly Qualified Paramedics (NQPs) has been in use for 7 months, with the first Cumbria cohort being onboarded last month. It has streamlined the completion of the NQP learning outcomes and reduced the marking burden for operational staff. Alongside this, a Beta strategic dashboard to track all NQPs and patterns to a station level has now been completed, using the data inputted into the portfolios across the Trust.

CE&S continues to expand its simulation capabilities and digital learning resources. The application to the Association for Simulated Practice in Healthcare (ASPIH) is now being reviewed and CE&S have provided further information to support this application. Being awarded accreditation assures health and care professionals, educators, regulators, and patients that a high quality of simulation-based practice are being provided by the organisation or provider who holds the award. It defines good practice, thereby assuring users that the provider has agreed and met the standards required of a high-quality simulation provider and encourages development.

CE&S are also close to rolling out the Apple Vision Pro headsets as part of our educational programme and are working with Apple to develop the capability and future delivery.

These initiatives reflect CE&S's continued commitment to modernising education and training, enhancing learner engagement, and ensuring that clinical staff are equipped with the skills, confidence, and resources needed to deliver outstanding patient care within an ever-evolving healthcare environment. This commitment is further strengthened by targeted end of year investment in technology and equipment to support innovative training approaches, and future proof clinical education provision.

Equality, Diversity and Inclusion

The Trust's Equality, Diversity and Inclusion (EDI) programme comprises the following five core workstreams and together these workstreams support the delivery of the Trust's EDI Strategy (2023–2028) and underpin progress against national priorities, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and NHS People Plan commitments. The programme is increasingly mature, with robust governance, improved infrastructure, and a demonstrable impact on staff experience.

Leadership

Significant progress has been made in strengthening leadership accountability and visibility on EDI. The Inclusion Board pilot, completed in March 2026, has been a key enabler of amplifying staff voice and informing strategic decision-making. A review is underway to determine the next steps.

The delivery of EDI transformation workshops across all directorates, including operational areas, has supported leaders in developing localised action plans, with a growing focus on addressing key inequalities, such as WRES Indicator 3. Work is also underway to further strengthen leadership capability through a reciprocal mentoring programme.

Recruitment

The Recruitment workstream has focused on improving fairness, transparency, and the diversity of outcomes through targeted interventions. A key achievement has been embedding Independent Panel Members (IPMs) within recruitment processes, with 65 trained individuals supporting interviews. Evidence indicates that over 97% of interviews are considered fair and free from discrimination.

Targeted recruitment campaigns for key roles, including Incident Response Officers, Emergency Resource Dispatchers, and Associate Ambulance Practitioners, have improved diversity in applicant pools and appointments. For example, gender and disability representation improved significantly in the IRO recruitment pipeline, while BME representation across applications has increased in some campaigns.

Inclusive Culture

This workstream has focused on tackling discrimination, improving staff experience, and strengthening organisational culture. A key achievement has been the rollout of 'Tackling Discrimination and Promoting Inclusivity' (TDPI) training, with over 6,000 staff completing the programme (67% uptake). The Trust is addressing inequalities by participating in the national

race equity design programme, with a focus on reducing disparities in disciplinary processes (WRES Indicator 3).

In parallel, work has advanced to strengthen staff networks, including clarifying governance, enhancing executive sponsorship, and increasing visibility across the organisation. Updates to charters, including the introduction of a Disability and Neurodiversity Charter, further demonstrate the Trust's commitment to embedding inclusive values.

Reasonable Adjustments

A centralised Reasonable Adjustments Hub has been established, alongside refreshed policy and guidance, providing greater clarity on disability leave, roles, and responsibilities. Performance against the key business plan objective shows that 87% of non-complex adjustment requests are now completed within six weeks, demonstrating strong progress towards the 90% target. A total of 242 requests were processed in 2025/26, with improved turnaround times and clearer categorisation between complex and non-complex cases.

Training has been a key enabler, with approximately 750 staff completing reasonable adjustments training. The introduction of tools such as the neurodiversity toolkit, together with strengthened governance of complex case panels, has further enhanced support for managers and staff.

Compliance

The Compliance workstream continues to ensure that the Trust meets its statutory, regulatory, and national EDI obligations while demonstrating sector leadership. During 2025/26, the Trust successfully submitted WRES and WDES data and developed the Annual Equality Report and Pay Gap reports, all of which have been approved and are progressing towards publication.

The Trust has also played a leading role in developing a national ambulance sector EDI maturity matrix to support benchmarking and continuous improvement across the sector, in line with the national Ambulance Sector EDI Improvement Plan following the Culture Review.

Progress has been made in addressing internal audit recommendations, strengthening governance processes, and enhancing the Equality Impact Assessment (EIA) framework, ensuring equality considerations are embedded across decision-making.

Simon Steward

Acting Chief People Officer, London Ambulance Service NHS Trust.



6.3.2. People and Culture Committee Report

For Assurance

Presented by Anne Rainsberry (2)



Alert – Advise – Assure Committee Board Report

Assurance report: **People and Culture Committee** **Date:** **21/05/26**

Summary report to: **Trust Board** **Date of meeting:** **18/06/26**
Presented by: **Anne Rainsberry** **Prepared by:** **Anne Rainsberry**

Alert

Issues that require Board attention:

Violence, aggression and sexual safety

Reports of violence, aggression and sexual safety incidents continue to increase. It remains unclear whether this reflects a genuine rise in incidents or improved confidence in reporting. Patient and public aggression remains a significant concern, and body-worn camera availability and uptake remain below optimal levels.

Employee relations and Employment Tribunals

The Committee noted growing pressure from increasing Employment Tribunal claims and significant delays within the tribunal system. Whilst the Trust continues to defend claims successfully, the administrative burden and resource implications are increasing.

Workforce culture and inclusion

Despite progress, longstanding disparities in staff experience, disciplinary outcomes, inclusion and career progression remain evident. The Committee recognised that further bold and measurable interventions will be required to accelerate improvement. PCC has agreed to arrange a half day workshop with the new CPO when he arrives in July to explore what actions the service should take going forward.

<p>Advise</p>	<p>Items where Board input or awareness is needed:</p> <p>Culture Transformation Programme</p> <p>The Committee received a presentation on the next phase of the culture and transformation programme. Seven priorities are proposed:</p> <ul style="list-style-type: none"> • Sexual safety • Violence and aggression • Equality, Diversity and Inclusion • Burnout and wellbeing • Change management • Living organisational values and civility • Resolution Framework review <p>Work programmes under the leadership of a lead executive are being scoped and will be presented at a future committee.</p> <p>Workforce Equality Improvement</p> <p>The Committee endorsed further work to understand and address workforce disproportionality, including enhanced data analysis, manager accountability, targeted development pathways and external challenge through a planned Board seminar.</p> <p>Resolution Framework Review</p> <p>The Committee received an update on the review of the resolution framework. A redesign of employee relations processes to improve consistency, fairness, managerial accountability and staff experience is underway.</p>
<p>Assure:</p>	<p>Positive assurances for the Board to note:</p>

	<p>Sickness Transformation Programme</p> <p>Significant progress has been achieved in reducing overall sickness absence, reducing long-term sickness cases and improving management of complex absence cases through a dedicated transformation programme and Alternative Duties Hub.</p> <p>Workforce Planning</p> <p>Workforce planning governance remains effective, with no significant new workforce risks identified. Workforce supply, recruitment pipelines and workforce modelling continue to be actively monitored and managed.</p> <p>EDI Progress</p> <p>Positive progress was noted in:</p> <ul style="list-style-type: none">• Improved recruitment outcomes for BME candidates.• Increased disability disclosure rates.• Timely processing of reasonable adjustment requests.• Continued development of leadership, inclusion and career progression programmes.• Expansion of the Women of Colour programme and introduction of a Men of Colour programme.
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Risks:	<p>Board Assurance Framework</p> <p>The Committee supported the proposed workforce and culture-related Board Assurance Framework risks and was assured that detailed controls, mitigations and delivery plans will be developed and monitored through future reporting.</p>
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Decisions & Recommendations	
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London Ambulance Service

NHS Trust

Alert – Advise – Assure Committee Board Report

Assurance report: **People and Culture Committee** **Date:** **18/05/26**

Summary report to: **Trust Board** **Date of meeting:** **18/06/2026**

Presented by: **Anne Rainsberry** **Prepared by:** **Anne Rainsberry**

Alert

Issues that require Board attention:

Workforce Equality, Diversity and Inclusion

- The Committee revisited concerns regarding workforce diversity, recruitment and disciplinary disproportionality within ambulance operations. Key areas to note:
- Progress on workforce diversity has stalled due to reduced external recruitment and structural constraints within university pipelines.
- Diversity significantly reduces at Band 7 and above, partly due to limited vacancies and registrant requirements for senior roles.
- A disproportionate number of conduct cases continue to involve Black and Minority Ethnic staff.
- Previous data collection and interventions have not yet translated into meaningful organisational change.

The Committee emphasised the need to move from analysis to measurable action with clear accountability, timelines and targeted interventions. An updated action plan will be brought back to the next Committee meeting.

Employment Relations

The Committee noted that:

- Caseloads across ambulance trusts have reportedly doubled.
- AI-generated claims are contributing to increased litigation activity.



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- Members also discussed the potential impact of forthcoming Employment Rights Act changes, particularly:
- Increased organisational risk associated with the requirement to demonstrate “reasonable steps” in harassment cases, in particular when this involves members of the public.

The Committee noted that additional organisational capacity and stronger governance arrangements may be required to manage future litigation risks.

Staff Safety, Sexual Safety and Violence against staff.

The Committee discussed ongoing concerns regarding sexual safety and violence against staff. Key concerns included:

- Uncertainty over whether reductions in reported sexual safety incidents reflect genuine improvement or underreporting.
- Lack of sufficiently detailed data distinguishing between staff-on-staff and public-on-staff incidents. It is indicated that the rise is largely due to factors outside the service from members of the public, but the committee has requested further detail on this.
- The trialling of a lighter body worn camera together with strengthened action to manage members of the public who are reported repeatedly for unacceptable behaviour are being actively pursued as measures to strengthen the protection of staff.

Regional HR Shared Services

The Committee discussed NHS England proposals to move from locally based trust HR teams to regional shared service arrangements.

The proposals offer the potential for significant improvements in service using digital technology and efficiency gains. Members also identified a number of risks for ambulance services, including:

- Loss of specialist ambulance sector expertise.
- Risk of ambulance priorities being overshadowed by larger acute providers.
- Potential deterioration in service quality and responsiveness.

The Committee agreed that the Trust should actively engage in the London pilot to influence development and protect ambulance-specific requirements.


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Advise
Items where Board input or awareness is needed:
Measuring EDI Improvement

The Committee discussed the development of a new EDI dashboard intended to move beyond “performative” reporting toward measurable outcomes.

Members advised that:

- Metrics must be directly linked to practical interventions and clear accountability.
- A smaller number of high-impact priorities should be prioritised.
- Local ownership and accountability at directorate and management level will be critical.
- Proven interventions such as leadership programmes and diverse interview panels should be scaled where evidence demonstrates impact.
- External expertise may support accelerated progress.

An operational delivery plan and revised dashboard approach will return to the Committee.

Future Paramedic Pipeline

The Committee discussed significant changes to the future paramedic workforce model.

Members noted:

- Graduate recruitment has reduced substantially.
- Internal apprenticeship and MSc pathways are becoming increasingly important.
- Future workforce models are expected to include a higher proportion of non-registered staff.
- The Committee advised that risks associated with reduced recruitment must be carefully managed to avoid repeating historic “feast and famine” workforce cycles.

The Committee also supported proactive system leadership to shape the future role of paramedics within neighbourhood health teams and encouraged continued engagement across Integrated Care Boards to influence future workforce design.


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Assure:

Positive assurances for the Board to note:

Improvement in Sickness Absence Performance

The Committee received assurance that winter sickness absence performance had improved compared with the previous year.

The Sickness Transformation Team has focused on:

- Supportive management practices.
- Staff training.
- Improved consistency.
- Targeted wellbeing interventions, including mental health and musculoskeletal support.

Return-to-work processes are also being transitioned to line management ownership to strengthen accountability and consistency.

Progress on Violence and Aggression Training Programme

The Committee received assurance that progress continues against the violence and aggression improvement programme.

Updates included:

- Delivery of the existing 10-point plan.
- Rollout of de-escalation training.
- Launch of dynamic risk assessment training.
- Wider engagement with police, prosecutors and external partners.

The Committee acknowledged that further work is still required regarding governance, data quality and staff protection.

Risks:

BAF Risks

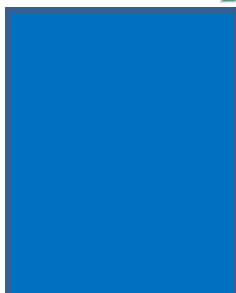
The Committee reviewed the Board Assurance Framework and noted:

- Risks have been refreshed as part of the year-end review.
- Work is underway to streamline the BAF for 2026/27.



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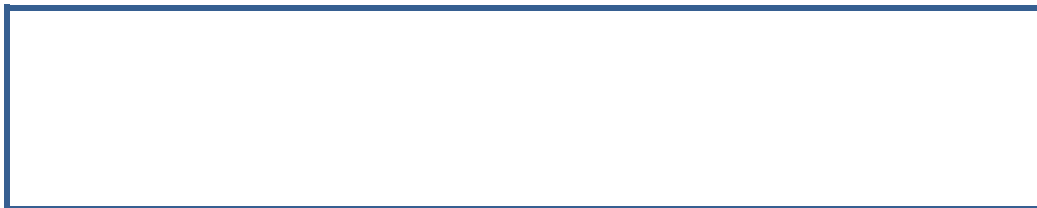
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- A proposed new Employment Rights Act-related risk will be refined to better reflect staff safety, violence and sexual safety risks.

The Committee was assured that governance arrangements continue to evolve to strengthen organisational defensibility and oversight.

Decisions & Recommendations





6.4. Finance

For Assurance



6.4.1. Director's Report

For Assurance

Presented by Rakesh Patel



London Ambulance Service



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London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of April 2026

Income and Expenditure Plan

The Trust received income of £66.1m and incurred costs of £66.6m for the month of April 2026. This position was favourable against plan by £0.2m. The Trust is forecasting to deliver a breakeven position for the full financial year.

Capital Programme

The Trust has a planned Capital Investment Programme of £63.3m for 2026/27 across Fleet, Estates, Digital and Medical Equipment. For the month of April 2026, the Trust has incurred capital costs of £1.2m and is forecasting to deliver the overall capital programme within resources for the full financial year.

Cash Balance

The Trust had a closing cash balance of £62.9m at end of April 2026.

Strategic Assets and Property

Capital Programmes and Estate Development

Following the successful acquisition of sites in Croydon and Brixton, engagement with local stakeholders is underway to inform the design of two new ambulance stations. These developments will enable the consolidation of satellite functions and improve the quality and efficiency of operational facilities.

In parallel, development is progressing on an ambulance station in East London, repurposing the old Hazardous Area Response Team (HART) site into a new ambulance station for the Newham Group. Construction has also commenced on a new facility at Heathrow. These schemes will support co-location of services, improve operational efficiency, and provide facilities tailored to the differing requirements of frontline resources.

Design development is being undertaken in collaboration with staff and key stakeholders to ensure facilities are modern, fit for purpose, and aligned to operational needs. Designs incorporate national standards including infection prevention and control (IPC), sustainability requirements,

and health and safety compliance, whilst remaining within the financial envelope approved in the business case.

Since the last Board update, Resilience Hub East has been completed and is now operational as the new base for the HART East team. This purpose-built facility offers enhanced training and operational capability. In addition, the Fleet Service Hub—the Trust's first standalone workshop—has been delivered. This provides dedicated capacity for vehicle maintenance, servicing, in-house MOTs, and fleet commissioning. The consolidation of workshop activity has released capacity at operational sites and supports a more flexible and efficient deployment of fleet resources across the Trust.

The Estates team has also delivered a programme of improvements across both operational and corporate sites, including targeted upgrades to security infrastructure where risk was highest. Works included installation of gates and fencing, CCTV, and completion of backlog maintenance to improve the overall estate condition.

EV infrastructure and Sustainability

During 2025/26, the Trust completed its planned programme of investment in electric vehicle (EV) infrastructure, with £7.7m allocated to the installation of charging infrastructure and associated electrical upgrades. A further £3.6m was invested in solar generation and battery storage. This infrastructure supports the transition to a low-emission fleet and contributes to reduced energy costs. EV capability is now established across 13 ambulance stations, enabling progression towards a fully electrified fleet in line with the NHS Net Zero target of 2040. EV and renewable energy infrastructure will continue to be expanded across existing sites and embedded as standard within all new developments.

Fleet

At the end of 2025/26, the Trust completed a three-year fleet investment programme which has reduced the average age of vehicles from 10 years to 4.07 years. This has significantly strengthened fleet resilience and reliability.

The frontline ambulance fleet now comprises 600 Double Crewed Ambulances (DCAs), with 225 fast response vehicles (FRV) in operation, reflecting sustained investment to meet increasing demand. Additional investment has also been made in specialist and support vehicles to enhance overall operational capability.

The Trust continues to lead nationally in the adoption of electric ambulances, having been the first UK ambulance trust to commission and deploy a fully electric ambulance and contribute to the development of the national specification for next-generation vehicles. A further 37 electric ambulances have been introduced, in addition to the existing fleet. By the end of 2026, 29% of the fleet is expected to be fully electric, plug-in hybrid, or mild hybrid.

Fleet development is informed by operational feedback, ensuring continuous improvement in vehicle design and functionality. Workforce training has been delivered to support the transition to

new vehicle types, and new estate facilities have been designed to accommodate the required infrastructure of the evolving fleet. This is expected to reduce external maintenance costs and minimise vehicle downtime.

Supply and Distribution

The Supply and Distribution team continues to strengthen asset management through the implementation of tracking systems, with approximately 85,000 assets now tagged. This supports improved visibility of asset location, utilisation, and demand, and enhances the Trust's ability to manage losses and maintain operational readiness

RFID technology has been deployed across 132 DCA's, providing real-time data on vehicle asset status. This capability will be standard on all new vehicles.

The centralisation of medical consumables packing at the Rainham warehouse has been completed, improving supply chain efficiency and consistency of quality. Following full implementation across London, a joint initiative with Operations and Quality is underway to improve visibility of assets at station level, reduce losses, and enhance demand forecasting.

General Directorate Updates

The Make Ready team is progressing improvements in deep cleaning performance for non-frontline vehicles, supporting the Trust's quality priorities. Work is also ongoing to review future operating models, including potential integration within Operations under the Chief Operating Officer.

Health, Safety and Security teams are working collaboratively with Operations to implement a new style of body-worn video cameras across frontline services. This initiative aims to improve staff safety, provide reassurance, and support the reporting and management of incidents involving violence or abuse.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.



6.4.2. Finance and Investment Committee Report

For Assurance

Presented by Bob Alexander



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Alert – Advise – Assure Committee Board Report

Assurance report: Finance, Investment and Performance Committee **Date:** 28/05/26

Summary report to: Trust Board **Date of meeting:** 18/06/2026

Presented by: Bob Alexander **Prepared by:** Nora Hussein

Alert

Issues that require Board attention:

- There are no matters requiring escalation to the Board.
- The Committee will continue to monitor delivery of the 2026/27 financial plan, Cost Improvement Programme (CIP), capital programme and associated financial risks through its regular assurance arrangements.

Advise

Items where Board input or awareness is needed:

- The Committee approved progression of a proposed AI-enabled language translation solution for NHS 111 and 999 services. The proposal aims to improve accessibility, support operational efficiency and reduce interpretation costs, subject to completion of appropriate legal, clinical safety, information governance and cybersecurity assurance processes.
- The Committee reviewed finance-related Board Assurance Framework (BAF) risks and supported ongoing work to align financial risks with the refreshed Corporate Risk Register and strategic objectives.
- Members discussed the importance of maintaining a strong focus on productivity, transformation and benefits realisation to support delivery of the Trust's medium-term financial plans.

Assure:

Positive assurances for the Board to note:

- The Committee received the Month 1 Finance Report and was assured that the Trust has started 2026/27 in a stable financial position. The Trust reported a favourable variance against plan, delivered planned efficiency savings and maintained a strong cash position.
- The Committee received assurance that the Trust's capital programme remains on track, with resources expected to be fully utilised during 2026/27 as schemes progress through the business case and approval process.


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- The Committee noted that delivery of the Cost Improvement Programme remains on plan at Month 1 and that strengthened governance arrangements remain in place to oversee delivery and benefits realisation.
- The Committee considered and supported the Defibrillator Replacement Programme business case, providing assurance regarding continued investment in frontline clinical equipment.
- The Committee was assured that financial governance arrangements remain robust and continue to support effective oversight of organisational performance, productivity and financial sustainability.

Risks:
Risks

- Delivery of the 2026/27 Cost Improvement Programme.
- Delivery of the 2026/27 Capital Programme.
- Ongoing workforce, demand and inflationary pressures affecting the wider NHS financial environment.

Decisions & Recommendations

- Approved progression of the proposed AI-enabled language translation solution through the relevant governance and assurance processes.
- Received assurance on the Month 1 financial, capital and productivity positions.
- Reviewed finance-related Board Assurance Framework risks and supported their continued development and alignment with the Corporate Risk Register.



Audit



6.5. Audit Report

For Assurance

Presented by Rommel Pereira



Alert – Advise – Assure Committee Board Report

Assurance report: **Audit Committee** **Date:** **4/6/26**

Summary report to: **Trust Board** **Date of meeting:** **18/06/2026**

Presented by: **Rommel Pereira** **Prepared by:** **Nora Hussein**

Alert

Issues that require Board attention:

- The Committee noted the evolving geopolitical and cyber threat environment and will maintain oversight through the Board Assurance Framework, cyber reporting and organisational resilience arrangements.
- AC received the long outstanding Korn Ferry review on Salary Overpayments, which pointed to systemic issues and the need to enhance GRS and ESR integration, improving staff and manager accountability, proactive HR, rostering and payroll management. Recommendations would mitigate financial loss, improve staff satisfaction and release operational and corporate resources back into the front line. AC asked that the recommended KPI framework be implemented for ongoing AC reporting, that the report be seen by and actions followed up and monitored by PCC and that the area be included in Internal Audit and Counter Fraud 26/27 plans to provide the necessary assurance.

Advise

Items where Board input or awareness is needed:

- The Committee received a thought leadership session from KPMG on corporate services transformation, automation and AI. Discussion focused on opportunities to improve productivity, employee experience and service delivery through automation, whilst ensuring appropriate governance, cyber security and workforce considerations.
- The Committee supported the continued development of a more integrated resilience approach, bringing together cyber resilience, operational resilience, business continuity and emergency preparedness arrangements into a consolidated assurance framework.
- AC asked that the 25/26 - 26/27 mapping of BAF risks be sent to all committees, asked that Committee Chairs annual attendance at AC be Page 2 of 3 built into it's forward agenda (to improve it's oversight of the robustness of integrated governance, recognising that committees would be doing the detailed work that underpins the BAF risks) and

recommended the Risk Appetite statements for Board approval (with examples) be taken forward to the Board's risk seminar.

- AC provided further comments (noted in Convene) on the Annual Report & Accounts, noting that KPMG's comments had been taken into account, that Business Intelligence had conducted performance and data end-to-end checks, and that all remains on track to recommend for Board approval.
- In reviewing the Board Assurance Framework (BAF), the Committee supported ongoing work to strengthen the articulation of strategic risks, improve assurance mapping and align the refreshed BAF with the Trust's strategic priorities and Medium-Term Business Plan.
- The Committee requested continued reporting on supply chain cyber assurance and supported future insight sessions on AI governance, cyber resilience and organisational resilience.

Assure:

Positive assurances for the Board to note:

- The Committee received the annual Resilience and Specialist Assets (R&SA) assurance report and was assured that incident volumes during 2025/26 were effectively managed through robust command, control and governance arrangements. Learning from incidents and exercises continues to be systematically captured and progressed.
- The Trust achieved 100% compliance with NHS England EPRR core standards during 2025/26, with interoperable capabilities rated as substantially compliant.
- The SIRO and Cyber reports provided assurance that information governance and cyber security arrangements continue to mature, with improved cyber performance metrics and enhanced third-party supplier assurance arrangements being implemented.
- Internal Audit reported positively on the 25/26 audit programme, with two finalised reports on "Violence & aggression"(Moderate, Moderate) and Sickness Absence (Substantial, Moderate) and a draft report on "Employee Tribunals" (Substantial, Moderate). This completes their program of work with an overall internal audit opinion of "Generally satisfactory, with improvement required in some areas".
- External Audit provided their positive Value for Money Risk Assessment for 25/26, with "no significant risks identified" in the 3 domains of Financial Sustainability, Governance, Improving economy, efficiency and effectiveness"
- Taking account of Counter Fraud proactive and reactive investigative work undertaken throughout 25/26 alongside the approved workplan and overall adherence to NHSCFA requirements, AC reviewed and Page 3 of 3 approved the overall GREEN submission of the NHSCFA Counter Fraud Functional Standard Return.



6.6. Report from LAS Charity Committee

For Assurance

Presented by Bob Alexander


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Alert – Advise – Assure Committee Board Report

Assurance report: **Charitable Funds Committee** **Date:** **11/05/26**

Summary report to: **Trust Board** **Date of meeting:** **18/06/2026**

Presented by: **Bob Alexander** **Prepared by:** **Nora Hussein**

Alert

Issues that require Board attention:

- There are no matters requiring escalation to the Board at this time.
- The Committee noted that the London Ambulance Charity continues to operate in a challenging fundraising environment and remains dependent on successful delivery of its fundraising strategy and diversification of income streams to support long-term sustainability.

Advise

Items where Board input or awareness is needed:

- The Committee received an update on the Charities Aid Foundation (CAF) strategy review and noted that Phase 1 had been completed, including stakeholder engagement, benchmarking and assessment of the charity's current position. Early findings indicate that the charity performs at, or above, comparable ambulance charities in several areas, while identifying opportunities to strengthen sustainability and future growth.
- Members discussed the emerging strategic direction for London Ambulance Charity and supported further development of a refreshed strategy and implementation plan for consideration later in 2026.
- The Committee noted progress in developing major funding opportunities, including partnerships supporting the London Heart Starters campaign and wider community cardiac arrest initiatives.

Assure:

Positive assurances for the Board to note:

- The Committee received assurance regarding the charity's operational performance during 2025/26, including successful delivery of fundraising events, community fundraising activity, grant funding and corporate sponsorship arrangements.
- The Committee noted that the charity generated approximately £320k of income during 2025/26 and continued to secure support from a range of


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fundraising streams including events, community fundraising, grants and individual giving.

- Members received assurance regarding delivery of key fundraising events, including the London Marathon, London Landmarks Half Marathon and Big Stadium Abseil, which contributed both income generation and public engagement opportunities.
- The Committee was assured that governance arrangements remain in place to oversee charitable activities, financial management, risk management and strategic planning.
- The Committee reviewed the charity risk register and received assurance that work is underway to refresh risks and controls to reflect the developing charity strategy and future operating environment.

Risks:
Risks

- The Committee discussed risks relating to the long-term sustainability of the Charity, achievement of fundraising income targets, dependence on a limited number of funding streams, and potential reputational implications associated with prospective major funding partnerships.
- Members also noted the need to refresh the Charity Risk Register to reflect emerging strategic, financial and operational risks identified through the CAF Strategy Review.

Decisions & Recommendations

- Received assurance on charity operational performance, fundraising activity and financial position.
- Noted the findings from Phase 1 of the CAF strategy review and supported progression of the next phase of strategy development.
- Reviewed the charity risk register and supported continued refresh and alignment with future strategic priorities.



6.7. Digital and Data



6.7.1. Director's Report

Presented by Clare McMillan



London Ambulance Service NHS Trust

NHS Trust

London Ambulance Service NHS Trust Board Meeting

18 June 2026

Report from the Chief Digital Officer

Introduction

This report provides an update on key developments across the Digital & Data Directorate during the reporting period. Highlights include national recognition through the HSJ Digital Awards, progress implementing the new Digital & Data operating model, improvements in confidence and delivery across the digital portfolio, and continued leadership of national digital initiatives across the ambulance sector.

HSJ Digital Awards

LAS was successful in two categories at the HSJ Digital Awards, winning the Driving Change Through Data and Analytics award and receiving Highly Commended recognition in the Improving Urgent and Emergency Care Through Digital category. Both of these were for the My Clinical Feedback application and initiative.

These awards recognised the Trust's work to improve operational decision-making through data and analytics and the application of digital innovation to support frontline urgent and emergency care services. The awards provide independent recognition of the progress made through delivery of the Digital & Data Strategy and reinforce LAS's reputation as a leader in digital transformation within the ambulance sector.

Digital & Data Operating Model

Following completion of consultation earlier this year, implementation of the new Digital & Data operating model is progressing well. Recruitment into the new structure is nearing completion, with key leadership roles now appointed and transition plans in place to support service continuity.

The new model is designed to strengthen accountability for services and products, improve alignment between digital teams and operational services, and create greater flexibility to respond to changing organisational priorities. While implementation continues, the Directorate remains focused on maintaining operational stability and supporting delivery of key strategic programmes.

Digital Portfolio Delivery

The Digital Portfolio remains aligned to Trust priorities, national requirements and operational improvement objectives.

The most significant improvement during the period has been within the Electronic Controlled Drug Record (ECDR) programme. Following strengthened governance, increased executive oversight and close collaboration with operational and pharmacy colleagues, a working product is now available, user acceptance testing has been completed and confidence in successful delivery has improved significantly. Whilst risks remain, the programme is now on a more credible delivery trajectory than reported previously.

The Trust continues to realise benefits from Ambient Voice Technology (AVT). Early results continue to demonstrate improvements in productivity and documentation quality, reducing administrative burden on clinicians and increasing time available for patient care. The programme continues to attract national interest and remains an important part of the Trust's wider productivity and digital innovation agenda.

Data, Governance and Assurance

The Digital & Data Quality Committee reviewed two matters during the period relating to electronic patient record data and Integrated Urgent Care performance reporting.

In both cases, the Committee received assurance that the issues had been identified promptly, appropriately investigated and effectively mitigated, with no identified patient safety impact. The reviews highlighted opportunities to strengthen governance arrangements further, particularly around escalation routes, metric ownership and reporting assurance. Work is now underway to formalise these arrangements and improve consistency of reporting across committees.

National Leadership and Strategic Opportunities

LAS continues to play a leading role in national digital innovation across the ambulance sector.

Following collaboration with NHS England, My Clinical Feedback has now transitioned to a national Federated Data Platform product. This represents a significant achievement for the Trust, establishing a sustainable national future for a product developed within LAS while retaining our role as the originating trust and national reference site.

The Trust also played a leading role in the Ambulance Leadership Forum Digital Hackathon, helping shape discussions around artificial intelligence, language translation, intelligent triage and workforce productivity.

In addition, LAS submitted seventeen bids, totalling approximately £9.5m, through the NHS England Frontline Productivity Programme. These proposals are closely aligned to the Trust's Digital & Data Strategy and, if successful, would accelerate delivery across cyber security, infrastructure modernisation, automation, data and clinical technology programmes.

Conclusion

The Digital & Data Directorate continues to demonstrate stable operational performance whilst progressing significant strategic transformation. Confidence in portfolio delivery has improved, governance arrangements continue to mature, and the Trust has received external recognition for its leadership in digital innovation and the use of data and analytics.

The Board is asked to note the contents of this report.



6.7.2. Digital and Data Committee Report

For Assurance

Presented by Martin Machray



Alert – Advise – Assure Committee Board Report

Assurance report: **Digital & Data Quality Assurance** **Date:** **24/06/26**

Summary report to: **Trust Board** **Date of meeting:** **18/06/2026**

Presented by: **Martin Machray** **Prepared by:** **Clare McMillan**

Alert

Issues that require Board attention:

The Committee reviewed two significant digital and data-related matters during the reporting period:

- An ePCR time synchronisation incident which affected a cohort of patient records. The Committee received assurance that the issue was identified promptly, appropriate technical and clinical mitigations were implemented, affected records were reviewed and corrected where required, and no patient safety incidents were identified.
- An Integrated Urgent Care (IUC) performance reporting issue relating to the interpretation of a metric definition. The Committee received assurance that the issue did not affect patient care or operational delivery and has resulted in strengthened controls around metric definition, ownership and reporting governance.

In both cases, the Committee was satisfied that the matters were appropriately managed and that lessons learned are being incorporated into future governance arrangements.

An agreement to commission an external review into the application of data definitions was agreed and output would be reviewed in a future DDQ committee.

Advise

Items where Board input or awareness is needed:

- The Committee discussed the need for greater clarity regarding the escalation and reporting pathways for significant digital, data and technology issues across the Trust's governance structure. A review is underway to ensure consistent reporting routes and committee oversight.
- The Committee considered the ongoing development of the Board Assurance Framework and supported further refinement of digital and data risks to improve visibility, accountability and assurance.
- The Committee received an update on the Digital & Data Directorate workforce redesign programme and will continue to monitor delivery



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capacity, organisational resilience and benefits realisation throughout implementation.

- The Committee noted continued alignment between digital delivery priorities and the Trust's strategic objectives, including national and sector-wide digital initiatives.

Assure:

Positive assurances for the Board to note:

- The Committee received strong assurance that both the ePCR time synchronisation incident and the IUC reporting issue were investigated thoroughly, managed appropriately and resulted in no identified patient harm.
- Assurance was provided that governance arrangements have been strengthened through enhanced data management processes, improved metric ownership, and continued investment in data platform capability.
- The Committee noted significant progress across the digital portfolio, particularly within the Electronic Controlled Drug Record (ECDR) programme, which has moved onto a credible delivery trajectory following earlier concerns.
- Assurance was received that the Digital & Data Directorate continues to deliver against the Trust's Digital Strategy while maintaining a leading role in national ambulance sector innovation, including AI, automation and digital transformation initiatives.
- The Committee remains satisfied that appropriate clinical safety, digital safety and programme governance controls are in place across major digital programmes.

Risks:

The Committee reviewed the Board Assurance Framework and received assurance that existing strategic risks relating to digital infrastructure, legacy technology and information management continue to be actively managed. Further work is underway to refine the articulation of digital and data-related risks within the Board Assurance Framework to support enhanced oversight and assurance.

Decisions & Recommendations

The Board is asked to:

- Note the assurance provided by the Committee regarding the management of the ePCR and IUC matters and the absence of identified patient harm.
- Note the actions being taken to further strengthen digital and data governance arrangements, including escalation pathways and assurance reporting.
- Support the continued development of the Board Assurance Framework in relation to digital and data risks.



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- Note the positive progress being made across the digital portfolio, including improvements in programme delivery and continued sector leadership in digital innovation.



Corporate



6.7.3. Director's Report For Assurance



London Ambulance Service

NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Director of Corporate Affairs

The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Freedom to Speak Up and Corporate Governance activities.

Patient Experience

The Patient Experience team deals with an average of 104 complaints per month. Whilst the number of incoming complaints has remained stable, compliance with the requirement to close 75% of patient complaints within 35 days has been declining since November 2025.

A recovery plan is in place, and the number of complaint closures is increasing, with a focus on resolving the longest delays in complaint responses. Some improvement in performance against the target has been achieved; May demonstrated in-month performance of 49% of complaints closed within the required timeframe, an improvement from 14% in April. Year to date performance stands at 35%. Sustainable recovery is predicted by end of October 2026. The recovery plan was discussed at the recent Quality Assurance Committee.

The main themes arising from complaints continue to be related to conduct and behaviour and delayed ambulance responses.

The Trust receives an average of 170 compliments per month about our service. These compliments are passed on to staff.

The Patient Experience team manage c60 patient liaison cases per month – this activity comprises a wide range of enquiries relating to lost property, welfare enquiries and supporting patients to understand our policies and procedures.

The Trust also receives >300 subject access requests (SAR) per month from patients and members of the public. These requests can be complex involving call recordings, electronic patient care records (ePCR), as well as audio-visual materials including footage from CCTV and body worn cameras requiring careful redaction.

Freedom of Information

For the period January 2026 to April 2026, the department received 186 Freedom of Information (FOI) requests and closed 190 requests. As at 30 April 2026, 10 FOI requests were overdue. There were 22 open FOI requests, all of which were within the statutory response timeframe. Performance for the period was 59.5%, against the internally agreed target of 73% for responding to FOI requests within 20 working days.

Work is underway to review FOI processes across the Trust to improve internal arrangements and response times.

Legal Services

Inquests and Claims activity (01 February 2026 – 30 April 2026)

Between 1 February - 30 April 2026, the Trust continued to experience a sustained high volume of inquests and claims.

Inquests opened 01 February 2026– 30 April 2026

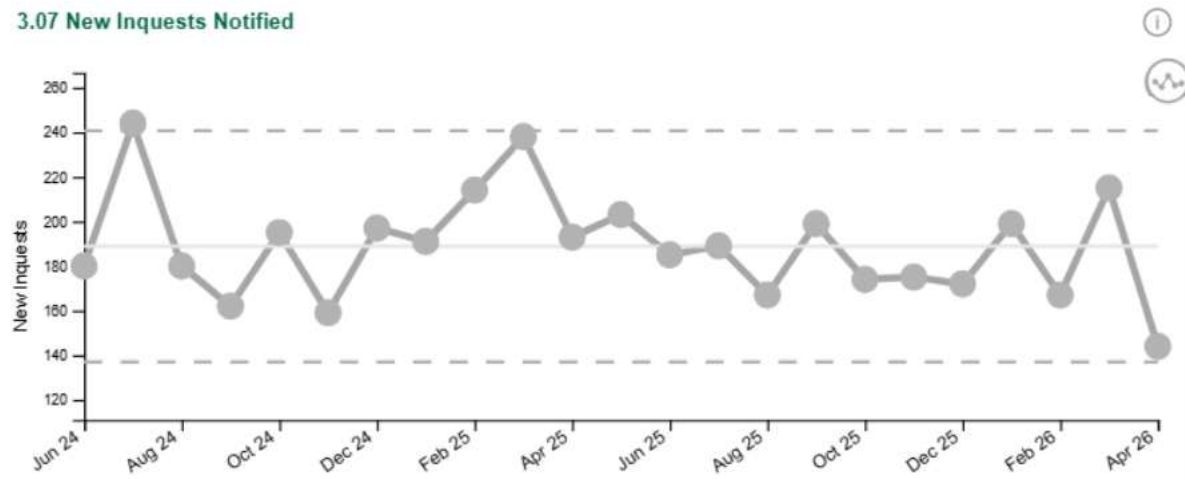
Total Inquests - 526

Level 1 Inquests - 515

Level 2 Inquests - 11

The chart below illustrates the trend in inquest notifications from Jan 2024 to date.

3.07 New Inquests Notified



Claims opened 01 February 2026 – 30 April 2026

Employment Liability – 7

Public Liability - 0

Clinical Claims - 1

Legal services activity is reported through the Quality Assurance Committee for oversight and assurance.

Freedom to Speak Up

The Trust's Freedom to Speak Up function now forms part of the Corporate Affairs Directorate. During Q4, the FTSU team supported 50 staff in raising concerns and held over 200 informal FTSU conversations. The FTSU team have a calendar of visits, events, training and coaching sessions planned to continue to raise the importance of speaking up.

FTSU activity is reported through the People and Culture Committee for oversight and scrutiny.

Jo Cripps, Director of Corporate Affairs
May 2026



7. Assurance



7.1. Board Assurance Framework

1. 25/26 BAF - Closing position
2. 2026/27 BAF - High level strategic risks
3. 2026/27 Risk Appetite statement

For Approval



London Ambulance Service

NHS Trust

Report Title	2025/26 Board Assurance Framework – Close Down		
Meeting:	Trust Board		
Agenda item:	7.1	Meeting Date:	18 June 2026
Lead Executive:	Jo Cripps, Director of Corporate Affairs		
Report Author:	Jo Cripps, Director of Corporate Affairs		
Purpose:		Assurance	x Approval
		Discussion	Information
Report Summary			
<p>This paper provides the Trust Board with the final report on the 2025/26 Board Assurance Framework (BAF), which has been considered by each relevant Committee throughout the year. This paper has been approved by the Audit Committee at its meeting on 4 June 2026.</p>			
Recommendation/Request to			
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Approve the close-down position of the 2025/26 BAF (Appendix 1). 			
Routing of Paper i.e. previously considered by:			
<p>ELT Board Committees Audit Committee</p>			
Corporate Objectives and Risks that this paper addresses:			
<p>All</p>			

Board Assurance Framework – March 2026 (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 for the sickest patients	20	16	16	12	12	12	12	QAC	FW	5
1.2	We may cause harm by not achieving the Ambulance Performance Standards we are commissioned for due to:	25	20	20	15	15	15	12	QAC	PC	8
	<ul style="list-style-type: none"> Insufficient funding from commissioners to meet demand 	25	25	25	25	25	25	8			
	<ul style="list-style-type: none"> Constrained capacity in the UEC system and handover delays at hospitals 	25	20	20	20	20	20	12			
	<ul style="list-style-type: none"> Underachievement of productivity initiatives 	25	12	12	8	8	8	8			
1.3	We may not achieve at least 60% of patients in each IUC CAS priority being contacted by a clinician within the commissioned timeframe.	16	12	12	12	12	12	8	QAC	JN	11
1.4	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	13
1.5	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	12	12	12	8	QAC	FW	16
1.6	We are at risk of providing an inequitable service to mental health patients because of: <ul style="list-style-type: none"> i) Increased demand ii) Lack of specialised facilities iii) Lack of alternative pathways accessible to ambulance services 	16	16	16	16	16	16	9	QAC	FW	19
1.7	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. <ul style="list-style-type: none"> Patient safety incident contributory factors 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. 	16	12	12	12	12	12	8	QAC	FW	21

	<ul style="list-style-type: none"> 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. 										
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 fail to sustain our progress on inclusion or to make further improvements for all staff, including enhancing equity on career progression and pay.	25	16	16	16	16	16	12	P&C	RD	24
2.2	We may not improve in the NHS People Plan domain regarding <i>Looking after our people</i> - 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	8	P&C	SS	26
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	8	P&C	SS	28
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	30
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:	25	20	20	20	20	20	15	AC	CM/PC	31
	<ul style="list-style-type: none"> 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	20	20	20	20	15		CM	
	<ul style="list-style-type: none"> Vulnerabilities on the part of third party systems on which we rely. 	25	20	20	20	20	20	15		CM	
	<ul style="list-style-type: none"> Service disruption due to extended recovery following an attack 	25	20	20	20	20	20	15		PC	
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	10	10	15	15	15	10	Digital	CM	34

2.7	There is a risk that the organisation may experience significant disruption due to a failure of national provided services by the Ambulance Radio Programme (ARP). 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 and there have been multiple national outages to the Control Room Solution since its implementation	20	20	20	20	20	20	15	Digital	CM	36
2.8	We may not deliver the £30m CIP and productivity programme.	20	16	12	12	4	4	4	FIPC	RP	37
2.9	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	12	12	8	4	4	4	FIPC	RP	38
2.10	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	CM	39
2.11	The Trust may not be able to deliver a balanced Income and Expenditure Plan for 2025/26	20	16	16	8	4	4	4	FIPC	RP	40
2.12	Our staff may face escalating levels of violence from patients and the public without an effective strategy to counter it	20	16	16	16	16	16	12	P&C	PC	41
2.13	The Trust may not deliver sufficient productivity and efficiency improvements and deliver the required cost reductions to deliver the ambulance response times within the financial envelope for 2026/27	20				16	16	4	FIPC	RP	44
Mission 3: Using our unique pan-London position to contribute to improving the health of the capital											
Risks		Uncon^d	Q1	Q2	Q3	Q4	Curr^t	Target	Committee	Owner	Page
3.1	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%	15	8	8	8	4	4	4	FIPC	RP	45
3.2	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.	20	20	20	20	20	20	8	FIPC	RP	46
3.3	We face a strategic risk as the only London-wide NHS provider around the sustainability of partnerships and funding streams, with	16	12	12	12	12	12	8	FIPC	RD	48

	evolving ICS roles and regional commissioning shifts causing uncertainty.										
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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	<ul style="list-style-type: none"> Weekly patient safety incident group reviews cases, PSIRF thematic reports, 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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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	<ul style="list-style-type: none"> • 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
<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ➢ 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 Sector Heads of Clinical Quality. 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 Head of Clinical Quality objectives in terms of learning and improvement, including identifying new ways of implementing change in these areas.
<p>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.</p>	<ul style="list-style-type: none"> • Monitored through Annual Clinical Audit Programme and Research Programme. • Monitored through Clinical 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.
<p>Maintain 999 call answering below a mean of 10 seconds</p>	<ul style="list-style-type: none"> • Emergency Call Handling Staffing to match rota • Focus on post call wrap up processes

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	<ul style="list-style-type: none"> Rest break and sickness monitoring
Ensure Category 2 segmentation is maximised to reduce dispatch of emergency ambulances and ED conveyance where care can be provided in the community	<ul style="list-style-type: none"> Increase to 150 clinicians Embed Clinical Dispatch Support Roll out of Single Point of Access Increased access to alternative pathways Close working with IUC CAS to ensure patients assessed by right clinician Trusted assessor status Oversight of MH patients with suicide and OD risk Oversight of vulnerable patients who have fallen

Further actions

Action	Date by which it will be completed
Cardiac arrest management:	
<ul style="list-style-type: none"> Improve return of spontaneous circulation rates to $\geq 30\%$ 	Achieved: November 2025 ROSC 44% and sustained to hospital 32%
<ul style="list-style-type: none"> London lifesaver training being delivered across London 	Achieved: In November 2025 we surpassed a total of 20,000 year 8 school children trained since October 2023. In addition over 1200 lifesavers were trained.
<ul style="list-style-type: none"> 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	<p>:On-Going:</p> <p>Senior Sector Clinical Leads continue working on care bundles for cardiac arrests and ST-elevation Myocardial infarction.</p> <p>In October 2025 the Care Bundle was provided to 83% of patients and in November 2025 the Care Bundle was provided to 81% 93% of patients pan London were provided with pain relief in October 2025 and 90% in November 2025</p>

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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;
- 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
3	x	5	=	15

Tolerance by Q4 25/26				
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	8	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.
Ongoing implementation of localised delivery model.	The availability of better metrics (1316 report) and regular reviews of production and productivity.

Further actions

Action	Date by which it will be completed
Maintain conveyance to Emergency Department under 50% in all ICSs	Ongoing: ICC hubs are supporting the referral of patients to alternative pathways to reduce avoidable conveyance
Continual Review of dispatch process (999 operations) to assess the safe management of higher acuity patients at times of high demand	Ongoing: Category 2 streaming is continuing to navigate patients to more appropriate pathways where an emergency ambulance
Enforce new 45 minute handover protocol with appropriate escalation when required.	Achieved: W45 embedded pan London
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing: Category 2 streaming is continuing to navigate patients to more appropriate pathways where an

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	emergency ambulance which releases capacity for higher acuity patients.
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Achieved: Good collaboration and engagement through local operational and clinical quality teams with support from Executives as needed.
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	Ongoing: All Trusts have direct access to SDEC except for 2 which remains a focus to resolve.
Robust application of Clinical Safety plan	Achieved: Clinical Safety Plan is fully implemented
Implementation of recommendation from ORH to reduce ambulance job cycle time through management of outliers	Ongoing; Phase 1 diagnostic completed and phase 2 diagnostic work continues

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BAF Risk: 1.3

We may not achieve at least 60% of patients in each IUC CAS priority being contacted by a clinician within the commissioned timeframe.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by Q4 25/26				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Introduction of IUC rostering tool and capacity planning.	<p>Workforce planning tool being tested to establish benefits of having a generated rota pattern for more effective rotas. Testing in July 2025, outcome to inform decision for future requirements.</p> <p>The Rotamaster Allocation Wizard is now used to improve fairness and reduce administrative work in clinical rota allocation by enabling direct or sessional assignments before using agencies. It combines data from Clinical Guardian to guide decisions based on performance, productivity, and quality. There are plans to transfer a small number of clinical staff from GRS to Rotamaster, aiming to enhance management across multi-disciplinary and partnership teams.</p>
IUC Clinical Queue Management	<p>Introduction of 24/7 Service Delivery Manager (SDM) with responsibility for overall IUC service to manage demand across call answering, clinical response, workforce and performance.</p> <p>24/7 clinical queue oversight & management by IUC Clinical Team Navigator (CTN) responsible for reviewing all cases on presentation, using new "NEXT" flagging to identify priority case and allocating resource to undertake Rapid Assessment & Triage (RAT) developed by the SMT to identify, validate and action high priority patients and reduce delay. The system is configured to allow all of our multi-disciplinary workforce located across IUC sites, remote workers and Network Partners to view priority cases and allow named allocation to a clinician option for CTN to manage real time performance to achieve KPI's.</p> <p>New Clinical Safety Plan has been introduced with learning to increase options for the IUC Duty SDM to action in conjunction with duty supervisor/ CTN. Access to IUC Ops/ Clinical on-call when required. Completed training on new CSP/ NEXT/ RAT process includes focus on KPI compliance in addition to patient safety. Increased clinical floor walker capacity and improved headset response for HA's accessing clinical advice to manage a call at initial assessment.</p>

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Reporting of CAS Priorities	New national IUC KPIs remain largely unchanged and still using NHS Pathways response time without acknowledgement of clinical review. Placing time over clinical quality, leading to misalignment with local measures and potentially inaccurate national LAS performance data. NHS Pathways is generally risk-averse, but some risks, such as sickle cell and safeguarding, may be missed; CTN clinicians identify these cases and can override standard KPI timeframes when necessary. While commissioners use KPIs for compliance, clinical reviews may alter priorities to ensure patient safety, even if this impacts KPI adherence. The national Expert Group, including LAS and commissioners, is reviewing IUC KPIs to better incorporate clinical input into priority setting.
Individual performance and management, monitoring & review to ensure appropriate standards are met to deliver high quality care and achieve performance	Productivity reports are created for all teams and used in 1:1s and appraisals alongside role cards. Teams use Clinical Guardian/Rota Master data to evaluate workforce quality, productivity, and reliability for rota planning and issue identification. The current manual process will be automated with a new workforce tool. The selection process and skill criteria are being reviewed to enhance clinical workforce capability. Role Card for all clinical roles setting expectations introduced when applying to work for IUC, performance monitored and informs management decisions.

Further actions

Action	Date by which it will be completed
Service Development Workstreams <ul style="list-style-type: none"> • IUC CAS Clinical Queue Management Guidance • Rapid Assessment & Triage (RAT) Implementation • “NEXT” flagging • Triangulation Meetings - productivity/ quality / professionalism 	Ongoing - innovation managed through the IUC Work In Progress (WIP)
Digital - 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, August 2026
Joint LAS/BI Working Group introduced to improve accuracy of reporting for internal dashboards, individual performance monitoring, forecasting/ rota planning and external reporting to inform financials.	Ongoing – April 2026

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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 Q4 25/26				
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	Continue to safely increase the hear and treat rate to achieve 4% improvement on the 2024/25 year from 19% to 23% across London by the end of the financial year.
Improving outcomes	Deliver 'Improving sickle cell care plan', including providing: <ul style="list-style-type: none"> • direct access to specialist sickle cell units • An updated educational package for conditions based on the findings from the LAS patient engagement held in 2024/25
Improving efficiency	Reduce incidents relating to the lack of availability of LifePak 15 defibrillators on frontline vehicles

Further actions

Action	Date by which it will be completed
<ul style="list-style-type: none"> • Working with ICBs to implement the SPoA to ensure that patients are provided with a clinical assessment and then referred to right pathway to meet clinical need 	Achieved: All 5 ICBs are engaged in the mobilisation of ICC Hubs <ul style="list-style-type: none"> • The ICC hubs are live in all sectors • Work continues to support the ICBs preparing business plans for the continuation
<ul style="list-style-type: none"> • Tethering of equipment to local stations • Tracing of equipment • Oversight through equipment working group 	<ul style="list-style-type: none"> • Working group has revised Life Pak 15 process for tracing equipment and improve availability through planned servicing cycle.

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<ul style="list-style-type: none"> • Communications to staff to share work and improvements 	<ul style="list-style-type: none"> • Business case being developed for procurement of replacement device for LifePak 15, allowing for replacement of decommissioned devices. • Working group has renewed process for identifying trolley beds left at hospital to enable crews to attend and collect the closest trolley bed – the Out of Service Policy was amended to reflect the new process. 70% of trolley beds are now tagged and traceable. NEL are the early adopters.
<ul style="list-style-type: none"> • Health Inequalities Action Plan <ul style="list-style-type: none"> ➢ Improving Sickle Cell Care action plan with 19 actions ➢ CORE20 Workstream utilisation of Community First Responders, fundraising for implementation of public access defibrillators and continued recruitment of London Lifesavers. ➢ Cardiovascular notifications in SEL ➢ Maternal Health Programme 	<p><u>Health Inequalities Action Plan</u></p> <ul style="list-style-type: none"> • 42 of the 100 actions (across 5 year plan) completed. 4 of the 5 large improvement projects scoped • Clinical education package 'Toolkit for Tackling Health Inequalities' now completed by 69% clinical staff. • Multiple practical resources to support patients and clinicians to address health inequalities launched, including; how to access NHS services info (translated), maternity safety info (translated), Sickle Cell patient information, MECC services for smoking cessation, drug and alcohol addiction and homelessness. <p><u>Improving Sickle Cell Care</u></p> <ul style="list-style-type: none"> • 20 actions in total; 7 completed, 11 on track, 2 planned for Q4. • 3 of the 4 Acute Sickle Cell Units open for LAS with over 150 patients conveyed. • 86% of frontline clinicians have completed the additional clinical education package. • Clinical audit shows sustained improvement in key areas of clinical audit (9% improvement in patients being extricated appropriately). <p><u>CORE20 Workstream utilisation of Community First Responders, fundraising for implementation of public access defibrillators and continued recruitment of London Lifesavers.</u></p> <ul style="list-style-type: none"> • On going training of LLS and year 8 school children monthly. • New collaboration with the Mayor of London • Increased CFRs hours. Both courses run in September and October have 10 people recruited to them. Extra course planned in the new year as new courses oversubscribed currently. <p><u>Cardiovascular notifications in SEL</u></p>

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- Notifications in place pan London.
- 'Know Your Numbers' week (September) publicised through staff networks and internal comms.
- Stoptober (October) saw staff welfare and clinically-focused CPD published for staff.

Maternal Health Programme

- Patient engagement completed, with 190 patients providing insights into LAS care.
- 265 clinicians provided feedback regarding confidence with and approaches to maternal clinical care.
- Action plan being prepared to commence implementation from early 2026.

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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
3	x	4	=	12

Tolerance by Q4 25/26				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Learning responses <ul style="list-style-type: none"> Increased Learning Response Lead (LRL) cohort Provide training in line with PSIRF requirements (12 hours ftf and x2 e-learning packages) Established monthly LRL drop in sessions to trouble shoot issues Created LI supervision pool teams group for rapid allocation Developed SOP for LRL allocation Created statement of purpose of supervisors Accurate LRL database for tracking availability and compliance with training Created sector Radar dashboards to enable monitoring and oversight of learning responses in respective areas. Moved all reporting to Radar for standardised approach and enable enhanced audit Monthly 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 LRL 	<ul style="list-style-type: none"> 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.

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<ul style="list-style-type: none"> Adapt AAR template to make an internal document with a view to decrease the time taken to create report post meeting. 	
Overdue incidents	
<ul style="list-style-type: none"> Established monitoring Contacted sectors/teams with highest numbers overdue Escalation via Chief Medical Officer Bi monthly Radar investigation training Targeted training to corporate areas without governance leads. Communication regarding use of 'to do list' function on Radar Change of metrics to report % overdue which allows for proportionate action Creating RADAR dashboards for sector oversight Working with teams workflow responsibilities to support timely investigation and action. 	<p>Bi monthly reporting via CQOG and QAC Reporting within quality report Reporting within Performance Reviews and sector based quality reports 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</p>

Further actions

Action	Date by which it will be completed
<p><u>Learning responses</u></p> <ul style="list-style-type: none"> Tracking the last 10 closures AND last 10 breaches– 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 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. 	<ul style="list-style-type: none"> Completed Completed Completed Completed Completed Completed Completed Completed Completed Completed Completed

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<ul style="list-style-type: none"> • 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 • Review of integrated learning across patient safety, clinical and operational areas and clinical education • Review of processes for sharing of information • Use of wider range of modalities to share learning decided through engagement with clinicians • Evidence that better sharing of learning reduces similar incidents 	<ul style="list-style-type: none"> • Completed • Completed • Completed • On going (see 1.7) • On going (see 1.7) • Completed • End of Q4
<p><u>Overdue incidents</u></p> <ul style="list-style-type: none"> • Creation of Dashboards that can be used by all managers to view incidents assigned to their respective areas – associated communications 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. • Maintain low number of incidents unresolved 	<ul style="list-style-type: none"> • Completed • Completed • Completed • Completed • Completed • Ongoing oversight

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

BAF Risk: 1.6

We are at risk of providing an inequitable service to mental health patients because of:

- i) Increased demand
- ii) Lack of specialised facilities
- iii) Lack of alternative pathways accessible to ambulance services

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by: Q4 25/26				
L	x	C	=	Score
3	x	3	=	9

Controls	Assurances
Clinical Governance and escalation processes	<ul style="list-style-type: none"> Regular review of MH incidents through governance forums to identify equity gaps or safety concerns Clear escalation routes for live time incidents with MH trusts
Workforce Development and Upskilling	<ul style="list-style-type: none"> Ongoing training for frontline ambulance staff on mental health assessment and management Specialist mental health clinicians (e.g. MHSPs and Trainee MH ACPs) embedded in operational role in Clinical Hub and Joint Response Cars
Pathway Mapping and Strategic Engagement	<ul style="list-style-type: none"> Regular engagement with Integrated Care Boards (ICBs), Mental Health Trusts and NHS England to develop and/or improve alternative pathways
Data Monitoring and Demand Forecasting	<ul style="list-style-type: none"> Use of activity data to monitor MH-related call volumes, outcomes and inequities across different populations Forecasting tools to identify pressure points and justify service investments. Deployment of MHJRCs where available to provide specialist response
Commissioning Conversations/Influencing	<ul style="list-style-type: none"> Continued representation at strategic planning and commissioning boards to advocate for sustained MHJRC funding EIA to be completed by ICBs – Routine use of Equality Impact Assessments (EQIAs) when changing MH service delivery Potential inclusion of this risk in the Trust and ICB risk registers for wider system oversight Formal escalation to commissioners when lack of MH provision results in patient safety concerns

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed**Further actions**

Action	Date by which it will be completed
Agree current and future model to meet the increasing MH demand	<ul style="list-style-type: none">• Working with ICBs as MH provision is developed as part of the 10-year plan• Implement the agreed internal model for response to MH patients (remote and face to face)• Increasing access to alternatives for MH patients to avoid inappropriate conveyance to ED• Increase number of specialist paramedics MH• Embed MH support into ICC hubs

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed

BAF Risk: 1.7

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

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: Q4 25/26				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
A review of CSR / Team Based Working / Huddle content – to ensure the right content is being delivered via the right route to staff and assurance gained on learning being embedded and understood.	CSR and huddles continue across the organisation whilst this work and review is undertaken. The Director of Ambulance Operations has shared a huddle tracker, a Trust wide spreadsheet containing key messaging that is required to be delivered to all operational teams, a confirmation of delivery form and guides on how to deliver a team huddle have also been shared.
A CSR module starting May 2025 focusing on clinical decision making and differential diagnoses.	This CSR has now started across the organisation and will complete to expected standards by March 2026.
An updated EPCR training programme for all new entrant staff	New entrant education package updated. Current users have access to written materials and clinical leadership team as required.
A review of and development of a new improved supervision model for clinical colleagues across the organisation.	Multiple supervision aspects already in place across the Trust, including huddle time, team training, operational workplace reviews, call debriefs, end to end case reviews. These aspects will continue whilst a number of developments relating to supervision are trialled. This will then be developed into an overarching supervision policy for the organisation.
Involvement of education team within patient safety and assurance and learning meetings to	Education lead now involved in the PSIP weekly meetings, and local learning meetings for each sector.

embed learning and ensure triangulation of information.	
	RADAR automatically shares the incident investigation response and learning derived to the reporter of the incident when the incident is closed.
	Case based discussion events – quarterly MS teams sessions facilitated by the Patient Safety team where incidents and learning are discussed and colleagues have the opportunity to interact.
	Insight Magazine - A comprehensive case book of learning derived from enhanced learning investigations following Patient Safety Incidents are compiled each quarter. The magazine is shared onto the Learning from Experience page onto LAS connect and available for all colleagues to view.
	Enhanced learning responses are summarised, anonymised and uploaded onto the Learning Loft LAS connect page, available for viewing by colleagues Trust wide.
	The Trust wide Quality Report which features learning and key areas of focus from areas across the Trust is saved on the LAS Connect Learning Loft page.
	The enhanced learning responses completed following Patient Safety Incidents are sent to the Deputy Chief Paramedic, Head of Education, Associate Director of Operations of the relevant sector, Medical Director of Clinical Governance, Head of Clinical Quality of the relevant sector, Deputy Director of Clinical Quality Operations to ensure awareness of topics and provide content for education resources.
	Learning bites and bulletins are shared quarterly on LAS Connect Learning loft page accessible to colleagues Trust wide.
	Enhanced learning responses can lead to improvements and clarity of guidance in the centrally stored Patient Care Handbook available on JRCALC and LAS connect. When an amendment is authorised a bulletin is shared on LAS connect highlighting the reason and context for the changes.
	Feedback into national JRCALC guidance
	Monthly CPI audits from CARU – clinicians receive regular feedback
	CARU databases and dashboards – STEMI, cardiac arrest
	The CSR subject approval group, shares the list of CSR topics for the coming year ie. 2026/2027 with attendees of the Patient Safety Incident Response Panel to ensure subject areas identified in clinical quality and safety groups (along with topics mandated for Core Skills Training Framework) are covered. Requested topics include but are not limited to : ECGs, spinal assessment and pain management, primary survey, examination and history taking which have been themes of note.
	Learning and Assurance Group – A monthly meeting which seeks assurance from learning across the organisation and discusses emerging themes.

	Enhanced learning responses have led to change in LAS policy. Including the appendices for the 'Out of service' policy following the implementation of the trolley bed task and finish group, a group commissioned to address the missing trolley beds which has a direct impact on patient safety and staff wellbeing.
	Quality improvement initiatives
	Clinical Quality Programme Board and initiatives
	Risk registers and Risk Compliance and Assurance Group
	Quarterly Patient Safety Forum where themes are triangulated and best practice shared.
	Monthly Learning from Death infographics
	Content created and disseminated for team huddles.

Further actions

Action	Date by which it will be completed
<p>First multi team meeting 7th July 2025 to discuss potential ways forward regarding CSR / team based working and huddles.</p> <p>CSR - a proposal has been made and is being worked through by the various teams who will have an interest or be impacted. It essentially sets out some content to potentially be delivered via huddles (plus a new assurance of that) and then what needs to be delivered in Centre. Nothing set in stone but good progress and on track.</p> <p>The full plan will be implemented in Q1 of 2026/27 and developed over the remainder of 2025/26.</p>	Q1 2026/27
<p>The ePCR training has been rewritten and this new module is delivered during induction for clinicians</p> <p>The CCIO is leading a piece of work, in conjunction with CESD, about updated training for clinicians who are already using ePCR</p>	Q2 2026/27
<p>Confirmation of a new supervision policy, informed by current practice and new initiatives following trials.</p>	Achieved
<p>Confirmation of the embedding of clinical education team into patient safety and learning review meetings, as well as involvement in the agreement of actions following incidents; to ensure that the learning is then embedded into future education and development for staff.</p>	Achieved

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BAF Risk: 2.1

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.

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by Q4 25/26				
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

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**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 25/26				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
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.
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
2026/2027 workforce plan agreed	Trust Workforce Group
Continuing to regularly review staff wellbeing offerings.	Wellbeing team working to NHSE wellbeing framework – regular meetings with NHSE
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 and Mental Health Awareness and Suicide Prevention 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 –

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Immunisation records to be validated and outstanding vaccinations to be addressed	Staff with gaps in immunisation records offered catch up appointments on three separate occasions
New internal absence reporting model developed to replace GoodShape	New models established dependent on area of Trust, with best practice support to colleagues included
Complete stress risk training (risk:1048)	New stress mgt policy in place and stress risk assessment training being rolled out.
Introduction of P&C led cross directorate sickness transformation team	Monthly reporting to ELT
Same day clinical support service	Reporting via Wellbeing and Retention Group and PCC

Further actions

Action	Date by which it will be completed
Review of first day absence reporting system and review of teams and associated scheduling	Complete

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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 25/26				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Management and Leadership Support <ul style="list-style-type: none"> • Launch of Our LAS Centre of Excellence for Leadership and Culture (CELC): • Commissioned Leadership Programmes: • Learning and Education Course Catalogue: • 'Me and My Leadership Style' Series: • Difficult Conversations Training: • Tackling Discrimination and Promoting Inclusivity (TDPI): • Appraisal Support: • Access to Leadership Networks: • Organisational Change Support Packages: • Mentoring and Coaching Access. 	Delivered activities throughout 24/25 and 25/26. 26 and programme being developed for 26/27.
Publicise Post Our LAS Culture Change Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: <ul style="list-style-type: none"> • 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

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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	People Scorecard implemented in Feedback Focus Reviews (FFR) covering People and EDI indicators.
Aligned EDI/CDI Strategy and delivery plan / system of measurement	Complete. The EDI Policy has been published.
Comprehensive review of all Policies EIA	Ensure all EIAs are consistent with EIA process and approval with relevant committees and groups and a monitoring process is implemented. Ongoing.

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**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 25/26				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Working group established with representation from across the Trust chaired by the Chief 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
Develop a Creepy, Clumsy, and Criminal session Part 2, focused on Respect, Reintegration, and Responsibility.	This action has been delayed due to competing priorities and should be ready by the end of Q1 2026.
Comm's video production on the appropriate use of social media Action to be amended to - Ways to strengthen policy/comm's/social media etc: How do we focus this to our staff? not just social media, team talk, ELG comm's	To be completed by the end of Q2 2026.
Review the themes from hearings and any gaps in education/learning, ensure consistency on approach and outcome	Complete - A meeting has been established that meets every 6 months to review case. Themes have been identified and length of time for hearing completion. Sub-group to be formed.

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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
- Service disruption due to extended recovery following an attack

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by Q4 25/26				
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
• Service disruption due to extended recovery following an attack	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

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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.
Implement Network segregation for back-ups of Critical Systems	Back Ups now hosted on a segregated part of the network
All servers running a support O/S	Remaining 3 x 2012 servers hosted in Azure with Extended Support
CAD end user devices upgraded to Win11 24H2	Complete, with CIS benchmark Level hardening
CAD end user devices patched monthly	Monthly patching implemented from August 2025
Business continuity plans developed to deal with the impact of a cyber-attack to reduce the impact and service disruption.	All plans have been reviewed and mitigations added to manage loss of critical IT systems. BCP plans include actions to continue service delivery during loss of IM&T systems to reduce impact of disruptions and testing of these plans for critical services.
All Lond-Amb workstations upgraded to Win11 24H2	Complete, with CIS benchmark Level hardening
Cyber Essentials accreditation gained	This is the first stage to obtaining Cyber Essentials +

Further actions

Action	Date by which it will be completed
Compliance with DSPT 2025	Complete
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	Complete
Implementation of Firewall configuration audit software	April 2026
Hardening of internet facing systems	April 2026
Onboarding of 3 rd party suppliers to the Privileged Access Management system	June 2026
Publish a paper on our ability to recover critical services, in a timely manner, following a cyber-incident	Complete
Implementation of Trust wide Cyber Awareness Training	March 2026

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

Document the re-architecture of the CAD environment	Complete
Complete the re-architecture of the CAD environment	Complete
Attainment of Cyber Essentials + accreditation	November 2026
Implement MFA for all legacy systems, where technically possible.	Complete
Reconfigure LAS backup solution	Complete
Complete upgrade of all end user devices to Win11 24H2 (CIS benchmark Level 1 hardened)	Complete
Complete the RBAC deployment project	Complete
New Server 2025 CIS Benchmark Level 1 build available and deployed where technically possible	April 2026
Operations and IM&T working jointly on plans to manage prolonged outages	Ongoing
Implement new device vulnerability monitoring software (IT Health)	April 2026
Implement new 3rd Party Supplier Assurance software (Panorays)	April 2026

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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
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	Works to migrate services away from Corsham to Waterloo continue with decommissioning and the removal of 22 cabinets from Waterloo DC almost complete
Robust virtual environment infrastructure	A standardised and modern architecture model across all our Datacentres has been implemented. Work is underway within our Infrastructure Programme to patch and upgrade our voice services software to the latest release. The new Nutanix virtual farm environment is currently being built with good progress made which is on track for delivery.
Maintain our core infrastructure at stations	As part of this year's infrastructure programme, we are uplifting the infrastructure of 10 x ambulance stations, improving network connectivity, Wi-Fi and the physical environments that house our infrastructure. This is a continuous project across multiple years as it is not financially viable to deliver these improvements across all locations in one year. .

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed**Further actions**

Action	Date by which it will be completed
Develop a data centre strategy and roadmap with sufficient investment utilising cloud options	Completed
Revised set of desktop images based on profiles: Admin, CAD user, etc.	Completed
Upgrade core telephony to CM10.2	April 2026
Deploy a supported voice recording solution	Leadership decision made to continue with current product until April 2027.
Upgrade network infrastructure at 10 ambulance stations to support digital connectivity	March 2026
Implementation of a Nutanix-based Server Farm	March 2026
Enhanced wireless infrastructure	March 2026
Improve current monitoring solutions through upgrade of Solarwinds	March 2026

Mission 1: Delivering outstanding urgent and emergency care wherever and whenever needed**BAF Risk: 2.7**

There is a risk that the organisation may experience significant disruption due to a failure of national provided services by the Ambulance Radio Programme (ARP). 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 and there have been multiple national outages to the Control Room Solution since its implementation

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 25/26				
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
NHS England providing oversight and guidance to ARP	
Programme of improvements by Frequentis	Critical Friends group established to review changes and programme of work

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	2027
Review from Masons Advisory into the Control Room Solution infrastructure and application	Complete
Replacement of legacy CROPS	Complete

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**BAF Risk: 2.8**

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 25/26				
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, FIPC, Trust Board
	Regular oversight of CIP delivery by CIP Programme Board(ExCo) and FIPC

Further actions

Action	Date by which it will be completed
Develop CIP plan to identify £30m savings	Completed
Implement Vacancy panel	Completed
Introduce targeted Control Total processes	Ongoing

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**BAF Risk: 2.9**

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 25/26				
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, FIPC, 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 FIPC

Further actions

Action	Date by which it will be completed
Continue negotiations with commissioners and London Regional Office to secure income	Completed
Chief Financial Officer to provide update on Capital Plan to FIPC	Completed

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**BAF Risk: 2.10**

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 25/26				
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	There is proactive maintenance in place 24/7
Third Party Cross Supplier communications	Effective communications with all relevant third parties implemented

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.	Completed
Review of rostering requirements for 999, 111 and corporate staff	March 2026
Migration of Ambulance Operations to GRS Cloud	October 2026
Tender for a workforce management system for 999, 111 and corporate staff	March 2026
Implementation of a new workforce management system	TBC

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**BAF Risk: 2.11**

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
1	x	4	=	4

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 to identify CIPS	Completed
Liaise with NHSE and commissioners to maximise income	Completed
Implement targeted Control Total processes	Completed

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

BAF Risk: 2.12

Our staff may face escalating levels of violence from patients and the public without an effective strategy to counter it

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
3	x	4	=	12

Controls	Assurances
Establishment of an Executive led violence and reduction group	Regular reports to ELT
Quarterly meetings of Violence Reduction Staff Safety Programme Board	Scrutiny at the People and Culture Committee
Corporate Health, Safety and Wellbeing Committee	Scrutiny at the Clinical Quality Oversight Group

Further actions

Action	Date by which it will be completed
Provision of Body Armour <ul style="list-style-type: none"> Order received at Rainham for distribution in June to cover the backlog and a further order of 750 has been made due to be delivered in October 2025 for new staff leaving a supply of stock at Rainham. 	<p>The order has now been received, and confirmation received that all eligible staff have a stab vest. Action closed</p> <p>Update March 2026:</p> <ul style="list-style-type: none"> Body Armour Working Group has concluded and all workstreams to be monitored by the VRSSPB. Target for new contract to be awarded Late April 2026. Resilience is in place for any delays with current provider to avoid gap in service.
Provision of Body Worn Video Camera <ul style="list-style-type: none"> Review BWV equipment and suitability including weight, size, wearability and mounting. Trial new equipment and evidence management platforms from various providers for future. Review and relaunch online BWV training and reinstate user creation automation. Communication campaigns and opportunities Paper to ExCo to consider the feasibility to mandate BWV and invest in further equipment. 	<p>Action now incorporated into the 10 point plan</p> <p>Plan to be delivered by end of Q4.</p> <p>Updated March 2026:</p>

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

	<ul style="list-style-type: none"> • Hillingdon BWC trial ending late March, feedback to be obtained from users. • BWV & CCTV both supported the “Respect” campaign over December 2025. Seeking ongoing opportunities for further comms and campaigns. • Business Case & Investment Appraisal submitted to Exec’s March 2026. Awaiting feedback. • BWV training review is currently on hold, awaiting the outcome of the business case and investment appraisal. This is the result of a change of supplier and equipment. We are awaiting the changeover to ID badge system with estates before we can reinstate user automation.
<p>Conflict Resolution Training</p> <ul style="list-style-type: none"> • Extend existing contract for further year while CRT training is reviewed • Working Group has been established to undertake Review/TNA of CRT training. • Results will inform specification for new contract and tender for 2026. • 	<p>Updated via the 10 point plan- further clarity on training requirements being developed with professional leads.</p> <p>Update March 2026:</p> <ul style="list-style-type: none"> • Currently contact to end on 24th May 2026. • New Specification has been agreed and procurement tender for new contract to begin imminently. • Target for new contract to be awarded Late April 2026. Resilience is in place for any delays with current provider to avoid gap in service.
<ul style="list-style-type: none"> • Ongoing monitoring of restraint activities across the trust. • Risk to be placed on the risk register. 	<p>Update March 2026:</p>

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for

	<ul style="list-style-type: none"> • Discussion ongoing to direction of travel. Task and Finish Group to be established to provide options to ELT. • Risk to be discussed at task and finished group to ascertain what need to be put on to the risk register
<p>Development of Violence Reduction Charter</p>	<p>This will go to the Inclusion Board in Q4</p> <p>Update March 2026:</p> <ul style="list-style-type: none"> • Final Version submitted to ELT, awaiting feedback and approval
<p>Violence Reduction Policy and Strategy</p> <ul style="list-style-type: none"> • Violence Prevention Reduction Standard Plan in place and ongoing review 	<p>Policy & Strategy to be updated by Q3 2025/26</p> <p>Review V&A Strategic Risk Assessment Q3</p> <p>On track for sign off in Q4</p> <p>Update March 2026:</p> <ul style="list-style-type: none"> • Agreement at NSS Working Group and VRSSPB is that a new Violence Prevention and Reduction Policy will be developed in line with the current strategy. Target date for circulation is Q1 26/27. • The Trust will undertake self-assessment against the new (2024) NHS England VPR Standards to assess compliance. Target Completion Q2 26/27 • Strategic Risk Assessment to be taken to VRSSPB for discussion

Mission 2: Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**BAF Risk: 2.13**

The Trust may not deliver sufficient productivity and efficiency improvements and deliver the required cost reductions to deliver the ambulance response times within the financial envelope for 2026/27

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
Additional resource appointed to support identification and delivery of cost reduction	Report to Productivity and Efficiency Programme Board
Updated governance for delivery of productivity, efficiencies and cost reduction	Report progress to Executive Leadership Team (ELT) and FIPC
Focus on delivery of performance and financial targets during business planning	Monthly reporting to FIPC

Further actions

Action	Date by which it will be completed
Develop mitigations for cost reduction if CIP target not met	June 2026

Mission 3: Using our unique pan-London position to contribute to improving the health of the capital**BAF Risk: 3.1**

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%.

Uncontrolled				
L	x	C	=	Score
5	x	3	=	15

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by Q4 25/26				
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	Completed
Decommission non-compliant fleet	Ongoing
Development of Green plan actions	Completed - Plan approved at Board in July 25
Apply for funding to install EV infrastructure	Ongoing

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 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.

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by Q4 25/26				
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.

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.
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Further actions

Action	Date by which it will be completed
Continued engagement with commissioners to move towards pan-London commissioning of IUC services	Ongoing
Continued improvement in performance across LAS IUC services to ensure that we are in the best position ahead of tenders	Ongoing
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	Ongoing

BAF Risk: 3.3

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.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: Q4 25/26				
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 FIPC
	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 6 th June Board)
Begin to implement estates modernisation strategy	Ongoing as part of approved Infrastructure Strategy
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



London Ambulance Service

NHS Trust

Report Title	2026/27 Board Assurance Framework		
Meeting:	Trust Board		
Agenda item:	7.2	Meeting Date:	18 June 2026
Lead Executive:	Jo Cripps, Director of Corporate Affairs		
Report Author:	Jo Cripps, Director of Corporate Affairs		
Purpose:		Assurance	x Approval
		Discussion	Information

Report Summary

The Board Assurance Framework (BAF) is a structured tool used by Boards to monitor and manage strategic risks that threaten the achievement of corporate aims/objectives. It is essential for ensuring good governance, helping the Board meet its legal, regulatory, and safety obligations. The BAF forms the overall approach to risk management within the Trust.

It provides evidence-based confidence (assurance) that robust controls are in place to manage these risks, linking strategic goals directly to risk mitigation, controls, and assurances.

Key aspects of the BAF include:

- A focus on high-level, strategic risks rather than tactical or operational risks, which are handled through directorates and teams on a daily basis.
- The mapping out of strategic objectives, the risks to those objectives, the controls in place, and the sources of assurance that the controls are working.
- The identification of gaps in control or assurance, triggering action plans to close those gaps.

The BAF is a live document, owned by the Board with oversight held by its assurance Committees. It is the mechanism through which the Board gains assurance that strategic risks are being managed, that controls are effective, and that residual risk is understood and appropriately acted upon.

We have made some changes to the BAF in 2026/27 to streamline the risks so that they are strategically focussed and clearly aligned to one executive with accountability and one Committee for oversight.

Appendix 1 provides the high-level strategic risks for the 2026/27 BAF and the opening risk scores.

Next Steps

Committee Chairs and Executives are working to populate the detail pertaining to each BAF risk. This will include

- Risk description and score
- Responsible executive
- Link to the organisation's strategic mission and priorities
- Information on the controls, assurances (including the level of assurance) and evidence to support the risk position
- Information on any gaps in controls/assurances and actions required to mitigate
- Detail on the corporate risks or highly scoring Trust risks that pertain to the BAF risk so that the Committee can take full account of the risks that sit beneath the overarching strategic risk described in the BAF

This level of detail will be scrutinised in Committee and the level of assurance received reflected in the Committee's AAA report to the Trust Board.

The approach outlined above was approved by Audit Committee at its meeting on 4 June 2026.

Recommendation/Request to

The Board is asked to:

- Approve the 20626/27 high level strategic risks (Appendix 1).
- Note the work underway by to populate the detail pertaining to each BAF risk, for scrutiny by the relevant Committee.

Routing of Paper i.e. previously considered by:

Executive Leadership Team
Trust Board seminar
Audit Committee

Corporate Objectives and Risks that this paper addresses:

All



London Ambulance Service
NHS Trust

Appendix 1

Board Assurance Framework 2026/27

High Level Strategic Risks

BAF Risk DRAFT for discussion	Mission & Strategic Priority (SP)	Committee	Exec Lead	Risk as at 01/04/26 C x L	Q1 C X L	Q2 C X L	Q3 C X L	Q4 C X L	Target 26/27 C X L	Risk Appetite Tolerance
LAS1: There is a risk that if LAS does not provide the right care, at the right time and in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for our patients	Mission 1: Our Care SP: 1 & 2	QAC	CMO	4 x 3	12				3 x 3	Low
LAS2: There is a risk that if LAS does not achieve financial sustainability, its ability to deliver high quality (safe and effective) care will be affected.	Mission 2: Our Organisation SP: 3, 5, 7	FIPC	CFO	4 x 3	12				2 x 2	Moderate
LAS3: There is a risk that if LAS does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute to London's environmental improvements and delivery of the LAS Green Plan.	Mission 3: Our London SP: 1, 3, 5, 7	FIPC	CFO	3 x 3	9				2 x 2	Low
LAS4: There is a risk that if the Trust does not deliver national and local operational	Mission 1: Our Care	QAC	COO	4 x 3	12				4 X 2	Moderate

performance standards across all services, patients may experience delayed care and/or suffer harm.	SP: 1, 2, 3, 4								
LAS5: There is a risk that if LAS does not create an inclusive environment and look after its people's wellbeing, safety and development (staff and volunteers), then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.	Mission 2: Our Organisation SP: 6	P&C	CPO	4 x 4	16			4 X 3	Moderate (People) – High (culture)
LAS6: There is a risk that the organisation is unable to adequately prevent our staff from being subject to incidents of violence, aggression, and sexual harm from members of the public. As a result, staff may experience physical and psychological harm, reduced wellbeing, and confidence, and feel unsafe at work.	Mission 2: Our Organisation SP: 6	P&C	CP	4 x 4	16			4 X 3	Low
LAS7: There is a risk that breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action	Mission: Our organisation SP: 1, 2, 3, 6, 7	AC	DoCA	4 x 3	12			3 X 2	Low
LAS8: There is a risk that, due to the complexities of London, LAS will be unable to engage effectively with its partners, which may impact on its ability to achieve its medium-term plan and deliver on the strategic priorities outlined in the NHS 10-year plan	Mission: Our London SP: 3	Trust Board	CSTO	4 x 3	12			3 X 2	Moderate
LAS9: There is a risk that if the Trust is unable to prevent a significant cyber-attack (including ransomware, data breach or system outage), digital and operational systems may be compromised, leading to disruption to emergency service delivery, loss of access to critical patient and operational data, financial	Mission: Our Care SP: all	AC	CDO	5 x 4	20			5 X 3	Low

loss, regulatory breach, and reputational damage.										
LAS10: There is a risk that if the Trust is unable to effectively respond to and recover from a major operational resilience incident (including prolonged business continuity failure, cyber-attack or loss of critical systems), this could lead to sustained disruption to emergency services, delays in patient care, potential harm, regulatory non-compliance and reputational damage.	Mission: Our Care SP: all	AC	COO	5 x 3	15				4 X 3	Low
LAS11: There is a risk that if data held across the organisation is inaccurate, incomplete, inconsistent, or not timely, this will lead to unreliable reporting and decision-making. This may arise due to weak data governance, inconsistent data entry practices, inadequate validation controls, or lack of clear ownership of data quality.	Mission: Our Organisation SP: all	DDQ	CDO	3 x 9	9				3 x 2	Low

Risk Key

Consequence ↓	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	4 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate

Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low
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Director Lead	
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CP	Chief Paramedic
COO	Chief Operating Officer
CPO	Chief People Officer
CDO	Chief Digital Officer
CSTO	Chief Strategy & Transformation Officer
DoCA	Director of Corporate Affairs

Committee Key	
AC	Audit Committee
QAC	Quality Assurance Committee
FIPC	Finance, Infrastructure & Productivity Committee
DDQ	Digital & Data Quality Committee
P&C	People & Culture Committee

Strategic Priorities:

Strategic Priority 1	Strategic Priority 2	Strategic Priority 3	Strategic Priority 4	Strategic Priority 5	Strategic Priority 6	Strategic Priority 7
New operational delivery model	Patient care strategy	Collaboration & partnerships	Volunteer & charity strategy	Commercial strategy	Culture Development	Advanced FT



London Ambulance Service

NHS Trust

Report Title	2026/27 Risk Appetite Statement			
Meeting:	Trust Board			
Agenda item:	7.3	Meeting Date:	18 June 2026	
Lead Executive:	Jo Cripps, Director of Corporate Affairs			
Report Author:	Jo Cripps, Director of Corporate Affairs			
Purpose:		Assurance	x	Approval
		Discussion		Information
Report Summary				
<p>The 2026/27 risk appetite statement has been developed to enable the Trust to review its risk appetite in line with the evolving position of the Trust and its agreed strategic priorities.</p> <p>As a key governance document, the risk appetite statement should be used to guide decision-making and assurance activities through the Trust Board.</p> <p>The Audit Committee approved the Risk Appetite Statement, and it is provided here for approval of the Board.</p>				
Recommendation/Request to				
Trust Board is asked to approve the risk appetite statement				
Routing of Paper i.e. previously considered by:				
Executive Leadership Team Trust Board seminar Audit Committee				
Corporate Objectives and Risks that this paper addresses:				
All				



London Ambulance Service NHS Trust

Risk Appetite Statement 2026/27

The London Ambulance Service NHS Trust (LAS) recognises that, as a healthcare provider, risks will inevitably arise while delivering high-quality, inclusive care and treatment, supporting our people, maintaining our premises and equipment, and managing our resources. LAS is committed to fostering a positive risk culture in which unsafe practice is never tolerated and all staff and volunteers feel empowered and obligated to identify, correct or escalate system weaknesses.

As part of the refresh of the Board Assurance Framework, LAS has also reviewed and updated its Risk Appetite Statement.

A Risk Appetite Statement articulates the degree of risk exposure, or potential adverse impact, that the Trust is willing to accept in pursuit of its objectives.

LAS seeks to minimise risks to its purpose as the capital's emergency and urgent care responder, and to achieving its three strategic missions:

- Deliver outstanding emergency and urgent care whenever and wherever needed.
- Be an increasingly inclusive, well-led and highly skilled organisation that people are proud to work for.
- Use our unique pan-London position to contribute to improving the health of the capital.

The Trust is committed to ensuring that robust infrastructure, processes and governance arrangements are in place to manage risks from operational level through to the Board. Where risks crystallise, LAS will ensure that timely and demonstrable improvements or mitigations are implemented. The Trust may, however, take considered risks where long-term benefits outweigh short-term impacts. Well-managed risk-taking helps support innovation, maximise opportunities, and drive improvements in patient care and organisational effectiveness.

Zero Appetite

LAS has **zero risk appetite** for:

- Fraud.
- Breaches of regulatory requirements.
- Violence, aggression and sexual safety incidents against our staff.

Low Appetite

LAS has an overall **low risk appetite** for:

- Risks relating to safety and compliance, including public and patient harm and employee health.
- Risks that could negatively affect quality of care, clinical practice, or compliance with professional standards.
- Any risk that may result in staff being non-compliant with professional or regulatory frameworks.
- Risks that may result in the Trust being unable to meet its statutory and regulatory responsibilities for financial sustainability.

Moderate Appetite

The Trust has a **moderate risk appetite** for:

- Pursuit of strategic and operational objectives. Budgetary constraints may be temporarily exceeded where necessary to mitigate risks to patient safety, staff safety or quality of care.
- Commercial development, collaboration and partnerships, with a preference for safe delivery options that have a low degree of inherent risk but may offer potential reward.
- Engagement, development and support of our people, enabling them to shape the organisation's culture, enhance inclusion, and contribute to a healthy and safe workplace.

High Appetite

LAS has a **high risk appetite** for:

- Consideration of clinical and operational innovation opportunities, taking measured risks to maximise service transformation and commercial opportunities within regulatory constraints.
- Taking action to tackle inappropriate cultural practices and behaviours, including bullying, harassment, racism, sexism, sexually inappropriate behaviours, abuse and assault of staff.

LAS will utilise this Risk Appetite Statement in all strategic and significant operational decision-making. The Statement will be reviewed **annually**, and sooner if required, following significant changes or events.

Key Risk Categories and Tolerances

Risk Category	Risk Appetite Level	Risk Tolerance Score	Risk Appetite Statement
Quality Outcomes: Patient Safety, Patient Experience, Effectiveness	Low	1–6	We have a low appetite for risks relating to quality outcomes. We will take measured and considered risks where there is potential for long-term benefit, but we will not compromise the quality of care or the safety of our staff, volunteers or patients.
Compliance / Regulatory	Zero	0	LAS has zero appetite for risks relating to fraud or breaches of regulatory requirements.
Staff safety	Low	1-6	LAS has a low appetite for risks that could affect the safety and wellbeing of our staff, with particular emphasis on violence, aggression and sexual safety.
Business Continuity	Low	1–6	LAS has a low appetite for business continuity risks, including those relating to cyber security, ERPR, and ECU services.
Financial / Value for Money	Moderate	7-14	We have a moderate appetite for financial and value-for-money risks to meet statutory requirements and minimise financial loss. We will take measured risks to support growth and service improvement while ensuring value for money and delivering our statutory financial duties.
Operational performance	Moderate	7–14	LAS has a moderate appetite for performance risks, balancing innovation and productivity with the need for financial discipline.
Reputation	Moderate	7–14	We have a moderate appetite for decisions that may enhance LAS's reputation. We will not take risks that are likely to have a detrimental impact on the Trust's standing.
People	Moderate	7–14	We have a moderate appetite for risks relating to our people, taking considered risks that support staff development and

			create an inclusive, safe and healthy workplace.
	Zero	0	LAS has zero risk appetite for tolerating violence, aggression and sexual safety incidents against our staff.
Culture	High	15-25	LAS has a high appetite for tackling inappropriate behaviours and cultural practices, including racism, sexism, sexually inappropriate behaviour, bullying, assault and harassment. Bold action will be taken to ensure a safe and respectful environment.
Innovation	High	15-25	LAS has a high appetite for considering innovative clinical and operational practice, and will take measured risks to maximise technological development, commercial opportunities, and service transformation, while ensuring value for money and safe patient care.

Andrew Trotter OBE QPM
Chair

Jason Killens KAM
Chief Executive



7.2. Annual strategic in year priorities for
2026/27, proposed governance
framework and delivery report on LAS
annual business plan 2025/26

For Approval

Presented by Roger Davidson



London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	18 th June 2026			
Report title:	Delivery report on LAS annual business plan 2025/26, Annual strategic in-year priorities for 2026/27 and proposed governance framework			
Agenda item:	Strategic priorities update			
Report Author(s):	Karla Isaacs and Beata Malinowska, Strategy & Transformation Team			
Presented by:	Roger Davidson, Chief Strategy and Transformation Officer			
History:	Previously considered by ELT			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

This paper finalises the next steps across three key areas following previous Board discussions:

- 1. Completing the business planning process for 2025/26**, the Annual Delivery report provides an overview of performance against last year's commitments. This demonstrates strong delivery in several areas, including improvements in response times, call handling performance, and collaboration with system partners, alongside progress in workforce, clinical quality, and infrastructure. The report also highlights areas where delivery has been partial or delayed due to factors such as supplier issues, system dependencies, or wider policy changes. These insights have informed the refinement of priorities for 2026/27.
- 2. Setting out the Annual strategic in-year priorities for 2026/27** to drive operational delivery and support the wider transformation required for LAS to meet its statutory obligations and medium-term strategic ambitions. It outlines the key outcomes and actions associated with each priority to provide a clear framework for delivery.
- 3. Establishing a refreshed governance and reporting framework to support delivery of these priorities.** This introduces clearer alignment to Board Assurance Framework (BAF) committees, strengthens oversight through an Executive-led Transformation Board, and enables the Trust Board to receive a consolidated, high-level view of progress with a focus on outcomes rather than activities. This includes the mapping of each priority to the appropriate sub-Board committee, the flow of assurance through governance forums and the proposed RAG rating approach for assessing delivery against agreed outcomes and timelines. The framework is intended to strengthen assurance and provide a clear line of sight from delivery through to Trust Board oversight.

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

The Trust Board is asked to:

- Accept the annual delivery report for the 2025/26 Business Plan, including the approach to transition into the 2026/27 strategic priorities.
- Note the annual strategic in-year priorities for 2026/27 and the proposed governance framework and reporting arrangements for delivery of the strategic priorities.


NHS

London Ambulance Service
NHS Trust

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	Agreed				Relevant reviewer
Quality	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Deputy Chief Executive / Chief Paramedic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Medical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Communications & Engagement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Strategy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
People & Culture	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Corporate Affairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Operations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Proposed Governance & Reporting Arrangements for delivering the Strategic in-year priorities 2026-2027

1. Purpose

This paper sets out the recommended governance framework for overseeing delivery of the 26/27 in-year strategic priorities. The proposed approach is intended to streamline reporting arrangements and strengthen assurance at the appropriate level of governance. It maps each of the seven strategic priorities to the relevant sub-board committees, aligned to the 26/27 Board Assurance Framework (BAF), and clearly articulates how assurance flows through each governance forum. This will enable the Trust Board to receive a consolidated, high-level view of progress with a clear focus on delivery of outcomes.

In addition, the Annual Delivery Report for the 2025/26 Business Plan is submitted alongside this paper providing an update on the review of Business Plan actions for the Trust Board to consider as part of its oversight of delivery and transition to the 2026/27 priorities.

2. Background

In April, ELT reviewed the 2025/26 Business Plan actions to assess Q4 progress and delivery against agreed milestones. It was agreed that any additional actions identified through 2026/27 bilateral discussions or carried forward from the 2025/26 Business Plan, should be:

- retired where no longer relevant;
- delegated to local teams as part of continuous improvement activity or
- incorporated into delivery plans aligned to the seven in-year strategic priorities.

For 2026/27, the Exec Team agreed to focus on a reduced set of seven in-year strategic priorities that will drive operational delivery and support the wider transformation required for LAS to meet its statutory obligations and medium-term plan's strategic ambitions. The Business as Usual (BAU) activity including delivery of statutory obligations and commissioned services will be monitored through a separate but aligned process and reporting mechanism. Further work is underway to ensure appropriate alignment with the 26/27 Quality Priorities and Integrated Performance Report (IRP) metrics to support consistency in reporting to the Board.

As we approach year four of the delivery of the LAS strategy, the Trust has identified the following seven in-year priorities for delivery:

1. **Advanced Foundation Trust** - Achieve FT status in line with new NHSE Advanced FT guidance
2. **New clinical and operational model** - A new model of care to deliver C2 improvements - working on both internal improvements and efficiencies, and external opportunities presented by integrated care and neighbourhood health developments.

3. **Patient Care Strategy** - Exploring a new approach to patient care, considering emerging healthcare needs and digital/tech and workforce developments. Developing our staff and introducing skills for specialist care for specific patient cohorts to meet the future care requirements of Londoners.
4. **Collaboration & Partnership Strategy** - Considering opportunities for building intentional collaborations and partnerships to better serve our patients with a specific focus on integrated care and development of neighborhood health.
5. **Volunteer & Charity Strategy** - Defining our approach to volunteering and charitable activities for the future
6. **Commercial Strategy** - Develop an agreed commercial approach for LAS to define the scale of ambition, diversify the Trust's income sources (to mitigate potential income loss through NHS funding) and create opportunities for LAS staff.
7. **Culture Development** - Define the culture of the organisation – how do people want to feel at work? What are the standards to which we collectively aspire?

3. Proposed governance and reporting approach

High-level **outcomes** and key delivery **actions** have been developed for each of the seven strategic priorities. It is proposed that:

- ELT will maintain oversight of all outcomes and associated actions, applying an overall RAG rating to reflect progress against each priority
- Detailed delivery actions and milestone progress will be overseen through the relevant Board Assurance Committees
- The Trust Board will receive a consolidated, high-level update on progress and RAG status for each priority, alongside assurance from the relevant Committees that delivery is progressing in line with plan.

3.1 Central PMO-level reporting

The Central PMO will present a monthly report to the Transformation Board, providing Executives with a comprehensive view of delivery progress across all seven strategic priorities, including both detailed actions and associated outcomes. This will build on any existing structures for programmes of work that are already being overseen by local programme delivery boards – it will draw on the reporting already in place rather than creating a new layer of reporting.

3.2 ELT-level reporting (Overseeing delivery via Transformation Board)

We will re-establish an executive-led Transformation Board (TB), supported by robust governance and programme management arrangements provided by the Central PMO. The first meeting is due to be held on 1st July 2026.

Updates in the format of highlight reports will be submitted to the Transformation Board in the first instance, before being reported to the relevant sub-committee. Transformation Board members will receive a comprehensive overview of delivery progress across the seven priorities and will agree the RAG rating for each outcome as part of their discussions, applying the agreed RAG criteria and using the speedometer output (*see Figure 2*) to illustrate progress against actions and outcomes.

Transformation Board will monitor whether the outcome is on track or has been successfully achieved, not just whether the action has been completed. If an action has been delivered but the outcome has not been met, new actions will need to be identified and implemented. This process will be supported by the Central PMO, working closely with relevant delivery teams across the Trust which will help track progress and ensure outcomes remain the focus.

3.3 Committee-level reporting

The sub-board committees will retain responsibility for scrutinising the **detailed delivery actions associated with each priority**. The proposed structure (figure 1) maps each of the seven priorities to the appropriate committee to ensure that the governance framework clearly sets out how assurance flows through each forum.

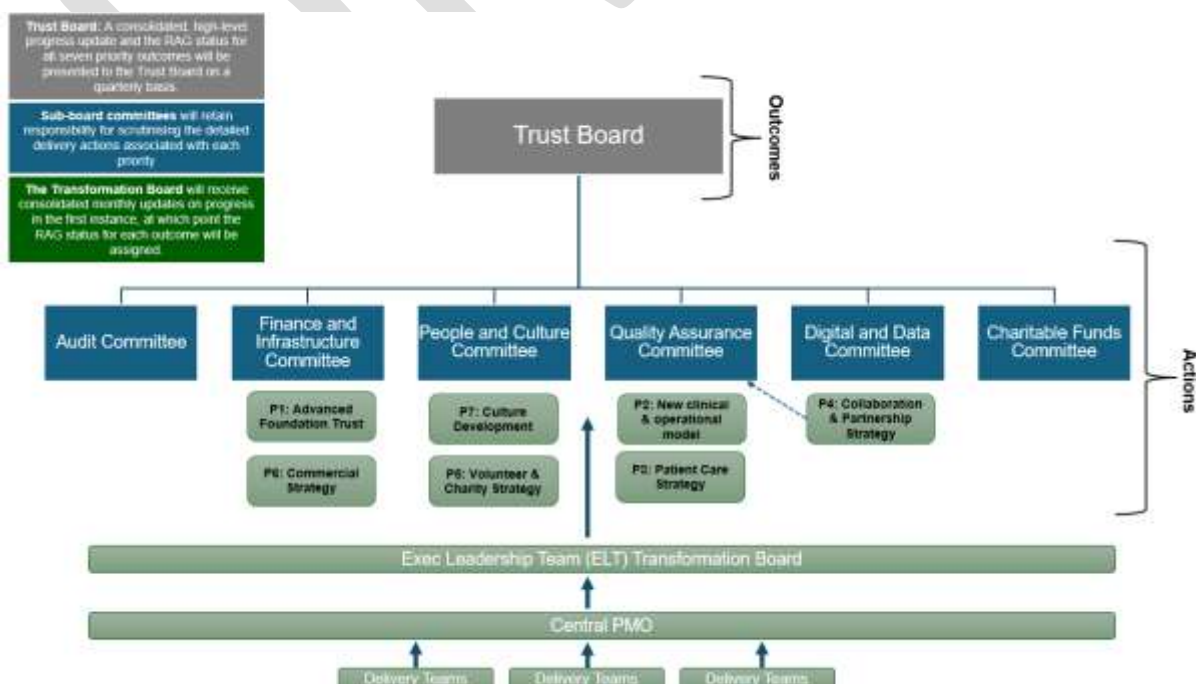
Each priority will be mapped to one key Committee for oversight and assurance (recognising that many of the activities involved in delivering the priority will require input from multiple parts of the organisation). The relevant Committee will scrutinise the delivery **actions** related to the strategic priority at each of its meetings, agree the RAG rating and, it is proposed, add its view on delivery to the AAA report provided to the Board.

For each priority, this update will take place on a quarterly basis.

3.4 Trust-level reporting

The Trust Board will oversee the progress and delivery of **outcomes** for each of the seven priorities, with the ELT assigning a corresponding RAG rating in advance to reflect overall progress without providing the underlying action level detail. A consolidated, high-level update on progress and RAG status for each priority will then be presented to the Trust Board, providing assurance on whether each priority is on track. This update will be presented quarterly.

Figure 1: Proposed governance structure – Monitoring delivery of our in-year priorities 2026-27:



RAG criteria

Below is an example framework showing how RAG ratings could be applied using the proportion of outcomes that have met or are on track to their agreed delivery date. This can sit alongside narrative assurance and risk assessment.

RAG:	% of Outcomes delivered to agreed date	Status:
On track	90-100%	Actions and outcomes are progressing as planned with no concerns.
Mostly on track	75-89%	Minor issues may exist, but delivery remains achievable without intervention.
At risk	60-74%	Emerging issues could impact delivery; corrective action may be required.
Off track but recoverable	40-59%	Significant issues are present; delivery is threatened but can be recovered with focused intervention.
Off track	20-39%	Delivery is unlikely without major changes; outcomes are not currently being met.
Not deliverable as planned	0-19%	Delivery is not achievable within the agreed timeframe or scope; outcomes will not be met without a fundamental reset.

This provides a consistent and transparent approach for assessing delivery confidence, enabling the Transformation Board and relevant sub-committees to monitor progress, identify areas requiring intervention and ensure appropriate Exec assurance.

Figure 2. RAG Speedometer example that could be used for reporting



4 Recommendations

The Board is asked to review the position on the 2025/26 Business Plan actions and approve the proposed governance structure and reporting mechanism for the delivery of the seven in-year strategic priorities for 26/27.

LAS Annual Strategic in-year priorities

Our in-year priorities 2026-27

As we approach year four of this strategy, we have set the following draft seven priorities that will drive operational delivery in 26/27 and support the wider transformation required for LAS to meet its statutory obligations and medium-term strategic ambitions.

Priority 1: Advanced Foundation Trust: Achieve FT status in line with new NHSE Advanced FT guidance Accountable Exec: Jo Cripps				
Priority	Outcome <i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i> <i>This should be measurable and answer the question: "What difference will this make?"</i>	Action <i>When populating the action, please include the activities or intervention to achieve the outcome.</i> <i>"How will we achieve it?"</i>	Delivery Timescale	Proposed Committee
Mission 2: Well-led across the organisation	Activities identified through the gap analysis are commissioned and completed.	Completion of gap analysis Work commissioned to close gaps in core requirements and completion dates agreed. Regular reporting to ELT.	Q1 Q1 Q2	FIPC
Mission 2: Well-led across the organisation	Patient and stakeholder insight is used to understand perceptions of LAS and findings underpin our organisational development	Stakeholder audit report and action plan approved by Board. Plan for gathering and using patient insight to design and improve services agreed by Board	May Board (Q1) June Board (Q1)	FIPC
Mission 2: Well-led across the organisation	Phase I integrated performance report complete	IPR approved by ELT. Shared with Board (May, reporting April data) Committee review Phase II requirements scoped	Q1 Q1-Q2 Q2 Q2	FIPC

Mission 2: Well-led across the organisation	Strategic alignment with NHS 10 year plan is evidenced, including LAS role in neighbourhood development	Regular Board report on strategic alignment	Q1-Q4	FIPC
Mission 2: Well-led across the organisation	Board governance reviewed	Board development plan agreed including succession planning New BAF agreed and Committee BAF/CRR arrangements agreed. Impact assessment arrangements defined Committee & Board effectiveness reviews undertaken, learning translated into agreed action plan	Q1 Q2 Q2 Q2	FIPC
Mission 2: Well-led across the organisation	Required Board Assurance statements in support of the AFT application approved by the relevant Committee	<i>TBC subject to finalised NHSE guidance</i> Each Committee will receive draft Board Assurance statements relevant to the area of business – the Committee will have time to scrutinise and provide assurance to the Board to support the AFT application	Q3	FIPC
Mission 2: Well-led across the organisation	AFT narrative and Board Assurance Statements approved by the Board for AFT application	<i>TBC subject to finalised NHSE guidance</i> The Board will receive the narrative and Board Assurance Statements (signed off by the relevant Committee) for onward application.	Q3	FIPC
Mission 2: Well-led across the organisation	'Board to Board' with DHSC to discuss AFT application	<i>TBC subject to finalised NHSE guidance</i> Board will undergo development session to prepare for 'Board to Board' with DHSC as part of AFT application.	During Q3	FIPC

Priority 2: New Clinical and Operational Model- A new model of care to deliver C2 improvements - working on both internal improvements and efficiencies, and external opportunities presented by integrated care and neighbourhood health developments. Accountable Exec: Craig Harman				
Priority	Outcome <i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i> <i>This should be measurable and answer the question: "What difference will this make?"</i>	Action <i>When populating the action, please include the activities or intervention to achieve the outcome.</i> <i>"How will we achieve it?"</i>	Delivery Timescale	Committee
Mission 1: Rapid and seamless care	A new operational model developed utilising the findings from the Demand and Capacity review resulting in improved response times etc. [OBJ]	Develop an implementation plan for actions to give effect to the recommendations from the Demand and Capacity review. I expect that programme to run over 24 to 36 months and could commence prior to receipt of the final phase 2 report as the national benchmarking from phase 1 of the work already identifies areas for necessary improvement	Q2	Quality Assurance Committee
Mission 1: Rapid and seamless care	Improvement in C2 response time: 21 and 18 minutes respectively	Define LAS Action plan for the glidepath to C2 improvements over three years (25>21>18 minutes) in line with financial plan and delivery of identified efficiencies/productivity - to include new auto-dispatch, increased H&T, tech enablers, etc	Q2	Quality Assurance Committee
Mission 1: Rapid and seamless care	Ops org structure developed to reflect and support internal and external changes in ICB landscape and new operating model for LAS	Develop and bring forward proposals to restructure the Operations Directorate to reflect the current and emerging ICB landscape; remove duplication; provide clear lines of responsibility and accountability and ready the structure for the transfer of Make Ready into Ops at some point in 27/28. This work must be undertaken in the context of the growth of 98 WTE in the Ops management structure in recent years.	Q2	Quality Assurance Committee

Mission 1: Rapid and seamless care	Enhanced TBW model based on the recommendations from the TBW evaluation.	Conclude the evaluation of Team Based Working and develop an action plan to deliver on its approved recommendations	Q3	Quality Assurance Committee
Mission 1: Rapid and seamless care	Improved configuration of the EOC, IUC 111 etc to enhance clinical safety etc	Conduct a review of 'as is' state, develop improvement options and make recommendations for our EOC/IUC 111/contact centre estate	Q2	Quality Assurance Committee

Priority 3: Patient Care Strategy - Exploring a new approach to patient care, considering emerging healthcare needs and digital/tech and workforce developments. Developing our staff and introducing skills for specialist care for specific patient cohorts to meet the future care requirements of Londoners.				
Accountable Exec: Fenella Wrigley				
Priority	Outcome <i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i> <i>This should be measurable and answer the question: "What difference will this make?"</i>	Action When populating the action, please include the activities or intervention to achieve the outcome. <i>"How will we achieve it?"</i>	Delivery Timescale	Committee
Mission 1: Individualised clinical responses	A clearly defined Patient Care Strategy that sets the future direction for care delivery aligned to population need and workforce and system development.	Develop a comprehensive Patient Care Strategy informed by staff, patient and system insight, national best practice and future workforce and digital opportunities.	Q3	Quality Assurance Committee

Mission 1: Individualised clinical responses	Working closely with stakeholders to develop individualised care for high risk and vulnerable patient groups as part of reducing avoidable ED conveyance	Development of Alternative pathways – evidence based using data and outcomes for patients with specific focus on the following patient groups: Frailty and Care Homes, Maternity and Mental Health	Q4	Quality Assurance Committee
Mission 1: Individualised clinical responses	Reduce health inequalities focusing on maternal health and learning disability and autism	Specific actions for 2026/27: <ul style="list-style-type: none"> - Delivery of the Maternal Health improvement plan as approved by QAC - Develop a learning disability and autism improvement plan based on the patient engagement, staff feedback and clinical audit outcomes 	Q4 Q3	Quality Assurance Committee
Mission 1: Individualised clinical responses	Community First Responders and Emergency Responders delivers an expanded and more impactful volunteer responder model contributing to improved patient outcomes.	Deliver Community First Responders and Emergency Responders workstream (<i>Priority 5: Volunteering</i>) through the Patient Care Strategy including expansion of capacity, broadening of scope and community based programmes to improve early intervention and survival outcomes.	Q4	Quality Assurance Committee
Priority 4: Collaboration and Partnerships Strategy: Considering opportunities for building intentional collaborations and partnerships to better serve our patients with a specific focus on integrated care and development of neighbourhood health Exec Sponsor: Roger Davidson				
Priority	Outcome	Action	Delivery Timescale	Committee
Mission 3: System leader & partner	A model for how LAS should partner with emerging neighbourhood health services	Establish a strategic partnership with at least one integrator organisation and pioneer approaches to delivering neighbourhood healthcare. An offer menu that LAS can make to integrators/ neighbourhoods across the capital	Q2	Digital and Data Committee/ QAC

Mission 3: System leader & partner	Improved access to urgent care and a more responsive, personalised service	Work with partners to create a new online entry point for patients to access urgent care services and information about their care. Prove benefits across reduction in call handling effort, increased productivity and patient satisfaction.	Q2	Digital and Data Committee/ QAC
Mission 3: System leader & partner	Strong support for LAS's emergency and urgent services from wider healthcare system	Adaptions to LAS's operating model in light of changed commissioning landscape Delivery of action plan in response to stakeholder audit	Q2	Digital and Data Committee/ QAC
Mission 3: System leader & partner	Reduced costs for support services	Deliver at least one shared service via the Southern Ambulance Service Collaborative focusing on digital transformation which delivers benefits by increasing productivity in core metrics (CAT 2, Hear & Treat)	Q3	Digital and Data Committee/ QAC
Mission 3: System leader & partner	National leadership of digital transformation in the ambulance sector	Support the ambulance sector nationally to take advantage of digital transformation by scaling use of ambient listening and the My Clinical Feedback app	Q1	Digital and Data Committee/ QAC
Priority 5: Volunteer and Charity Defining our approach to volunteering and charitable activities for the future Accountable Exec: Roger Davidson				
Priority	Outcome <i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i> <i>This should be measurable and answer the question: "What difference will this make?"</i>	Action When populating the action, please include the activities or intervention to achieve the outcome. <i>"How will we achieve it?"</i>	Delivery Timescale	Committee
Mission 3: Proactive at making London healthier	Increase in CFR response to cardiac arrest with improved survival	Expand community first responders programme to at least 200 targeted in key parts of city by end 2026/27	Q4	People & Culture

Mission 3: Proactive at making London healthier	Greater reach and impact for volunteer responders	Enable community first responders to move beyond cardiac arrest to support other patients and public education	Q3	People & Culture
Mission 3: Proactive at making London healthier	Extra support at work for LAS employees	Launch new LAS volunteer programme, bringing extra support to at least three areas of operational and corporate delivery, plus the LAS charity	Q3	People & Culture
Mission 3: Proactive at making London healthier	Supported and valued LAS volunteers	Publish new policy on volunteers including uses, recruitment, support and oversight	Q2	People & Culture
Mission 3: Proactive at making London healthier	A clear agreed purpose for LAS charity for longer term	Agree new charity strategy with refreshed statement of purpose	Q1	People & Culture
Mission 3: Proactive at making London healthier	A financially sustainable LAS charity	Set new fundraising plan with more corporate contributions and more profitable events	Q1	People & Culture
Mission 3: Proactive at making London healthier	A track record of delivery against the charity's purpose	Deliver programmes to improve cardiac arrest survival: CPR training, CFR availability and defib access	Q4	People & Culture

Priority 6: Commercial Strategy Develop an agreed commercial approach for LAS to define the scale of ambition, diversify the Trust's income sources (to mitigate potential income loss through NHS funding) and create opportunities for LAS staff. Accountable Exec: Rakesh Patel				
Priority	Outcome	Action	Delivery Timescale	Committee
	<p><i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i></p> <p><i>This should be measurable and answer the question: "What difference will this make?"</i></p>	<p>When populating the action, please include the activities or intervention to achieve the outcome. <i>"How will we achieve it?"</i></p>		
Mission 2: Well-led across the organisation	<p>A clear, phased plan for commercial growth that enables the Trust to generate sustainable non-NHS income, reducing financial pressure on core services.</p> <p>Increase commercial income and profitability by x and y respectively during 26/27</p>	<p>Develop a 3-year commercial strategy by the beginning of 26/27, as part of the strategy:</p> <ul style="list-style-type: none"> • Identify a short list of opportunities to develop during 25/26; <ol style="list-style-type: none"> (1) focusing on Martyn's Law (2) Expansion of events and current activity (3) Develop IUC partnerships (4) Explore sponsorship income (in conjunction with charity) • Recruit a commercial team to coordinate and develop commercial opportunities • Develop a resourcing model to undertake commercial activities • Develop a governance and reporting framework to provide sufficient oversight and assurance to the board. 	Q4	Finance and Infrastructure Committee

Priority 7: Culture Development Define the culture of the organisation – how do people want to feel at work? What are the standards to which we collectively aspire? Accountable Exec: Simon Stewart				
Priority	Outcome <i>When populating the outcome information please focus on the result or change that needs to be achieved and what success looks like for patients, staff or the LAS.</i> <i>This should be measurable and answer the question: "What difference will this make?"</i>	Action When populating the action, please include the activities or intervention to achieve the outcome. <i>"How will we achieve it?"</i>	Delivery Timescale	Committee
Mission 2: An inclusive and open culture	Refreshed delivery approach for 2026/7 on Culture Improvement.	Specific actions for 2026/27: <ul style="list-style-type: none"> • ELT to receive proposal on undertaking culture work audit and action planning. • Stock-take of staff survey performance over last four years and identification of key improvement areas and key areas that haven't shifted. • Externally facilitated focus groups - including all front line operational areas, senior leaders, staff side and staff networks - identifying what matters most to staff and what improvements would be most impactful. • External review and validation of LAS approach to Culture and Staff Experience Improvement. • Use Spring Roadshows for continued deeper engagement and incorporation into Team Talk. • Taking outputs from field work, agree any changes to existing 	Q2 Q2 Q2 Q2 Q2 Q3	People and Culture Committee

		improvement approach and agree the (up to 5) bold improvement workstreams we will focus on in 2026/2027 with improvement targets and realistic timescales for achievement.		
Mission 2: An inclusive and open culture	Increased informal resolution / fewer formal cases submitted / quicker case management and improved staff experience.	Receive and Implement recommendations from Resolution Framework Review April 2026	Q2	People and Culture Committee
Mission 2: An inclusive and open culture	Strengthened governance framework for delivery	Specific actions for 2026/27: <ul style="list-style-type: none"> Establish Culture Improvement Programme to monitor and manage delivery (successor of the Our LAS programme Board) and on-going communication plan. Undertake maturity review of LAS Staff Networks in line with NHS Employers best practice. 	Q3	People and Culture Committee
Mission 2: An inclusive and open culture	Risk assessing and influencing the future People Services Model for the LAS	Engage key stakeholders in NHSE Target Operating Model proposal and develop readiness and impact analysis of changes for our people	Q2	People and Culture Committee

LAS Annual Business Plan 2025/26 - annual delivery summary				Please choose from:					
				Deliverable(s) completed					
				Deliverable(s) partially delivered					
				Deliverable(s) not delivered					
Mission	Priority	No.	Commitment 2025-2026 – Strategy year three	Status - please provide RAG status	Q4 update - Please provide narrative	Board director	SRO	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.	Deliverable(s) completed	Year To Day (YTD) figure at 20/3/26 is 6m 57, this objective will be achieved at year end	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.	Deliverable(s) completed	Year To Day (YTD) figure at 20/3/26 is 30m22, this objective will significantly exceed the target set for this 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.	Deliverable(s) completed	This has been achieved, with Year To Day Figure of 81 minutes. It is noted that this figure does not include NETS.	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%.	Deliverable(s) completed	Patient facing Out Of Service (OOS)- 11.9%, Double Crewed Ambulance OOS-13.2%. Average OOS Year to Date (YTD) 12.55%	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.	Deliverable(s) partially delivered	Focus has been maintained on Pain Relief for patients with a STEMI. In November 2025 analgesia was provided to 90% of patients and a pain score documented for 92%. the overall care bundle score November 2025 was 81% and there is ongoing work through Clinical Quality Teams and Clinical Team Managers to improve this through education, case studies and individual feedback to support ongoing improvement .	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.	Deliverable(s) completed	Latest available data is November 2025 - 32% exceeding the target set.	Fenella Wrigley	Mark Faulkner	Quality Assurance Committee	
1	Rapid and seamless care	7	Work collaboratively with ICBs towards the rollout of Integrated Care Coordination (ICC) hubs across London by the end of the financial year.	Deliverable(s) completed	ICC hubs established with our system partners in all 5 ICBs by December 2025. By the year end four out of five have gained sustainable system-led funding with the final one, South East London ICC which is currently focused on Lewisham and Greenwich footprint and we are working with SEL ICB and NHSE GIRFT team to establish a ICB-wide service with sustainable funding agreed.	Fenella Wrigley	Beata Malinowska Mike Ward Georgina Murphy-Jones	Quality Assurance 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.	Deliverable(s) completed	Year to date call handling mean is 3 seconds exceeding the set target.	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.	Deliverable(s) completed	Cat 2 auto dispatch has been fully live from 20 August 2025.	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. <i>[Aligned with quality priorities]</i>	Deliverable(s) completed	Delivered 22.7% by the end of Q3 exceeding the target set for Q3 and March 2026 Month To Date (MDT) is 24.2% exceeding the set target.	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.	Deliverable(s) completed	The Trust has achieved this target in the latter part of the year.	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.	Deliverable(s) partially delivered	The delay in the delivery has been due to supplier-driven issues that are being resolved. Simulation testing has begun and the revised delivery timetable is in place for 2026/27.	Fenella Wrigley	Surnithra Maheswaran	Quality Assurance Committee	

1	Rapid and seamless care	13	Ensure all frail elderly patients have been assessed and referred to an Urgent Community Response (UCR) service or a suitable LAS resource dispatched to them within 90 minutes.	Deliverable(s) partially delivered	LAS community joint cars service was withdrawn in October 2025 so the objective could not be fully delivered. We continue to work closely with our community partners to ensure that the developing work in the neighbourhoods includes focusing on improving system response to frail elderly patients.	Fenella Wrigley	Stuart Crichton and James Lafferty	Quality Assurance Committee
1	Individualised clinical responses	14	Complete and evaluate Point of Care Testing (PoCT) pilot by Q3 to make a decision on next steps.	Deliverable(s) completed	The evaluation report is completed and will be shared with NHSE before being submitted for a peer review journal article and shared with our commercial partner who supplied the devices.	Fenella Wrigley	Beata Malinowska and Mark Faulkner	Quality Assurance Committee
1	Individualised clinical responses	15	Appoint the first cohort of specialist paramedics in Mental Health by the end of the year.	Deliverable(s) completed	1st cohort of specialist paramedics are undertaking training.	Fenella Wrigley	Carly Lynch	People and Culture Committee
1	Individualised clinical responses	16	Deliver 'Improving Sickle Cell Care' plan, including providing a bespoke CSR educational package for all clinicians. [Aligned with LAS quality priorities]	Deliverable(s) completed	We implemented and delivered the first of our improvement plans for patients with Sickle Cell Disease, co-developed with involvement of over 90 patients and over 320 Clinicians. This included delivering a bespoke education package for front-line clinical staff, completed by 90% Clinicians (n=5,017) by Q4. The standard of clinical care (as measured through clinical audit) has increased in key metrics, with 72% of patients supported to minimise self-mobilisation during crisis (2025/26 YTD) which has increased from 63% in 2023/24. LAS has worked closely with local Hyper Acute Sickle Cell units to convey over 500 patients directly to Haematology Specialists instead of the Emergency Department when presenting in sickle cell crisis.	Roger Davidson	Beata Malinowska and Mary Emery	Quality Assurance Committee
1	Individualised clinical responses	17	Develop a strategy for the development of advanced and specialist practice by the end of the year.	Deliverable(s) partially delivered	Draft had been completed. However, following the consideration of how ambulance services might fit into neighbourhood care teams with the introduction of the new NHS 10yr plan. As such this will now be further updated and circulated to the clinicians involved for comment. Once feedback has been reviewed and incorporated, the updated document will be finalised and submitted to ELT for approval in Q1. In addition there is now an aks for this to be incorporated as part of the Trust patient care strategy rather than a standalone document.	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.	Deliverable(s) completed	This was completed and a soft launch undertaken at the FSC.	Pauline Cranmer	Natasha Wills	Audit 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.	Deliverable(s) completed	This was completed in October 2025 with courses now running on this site with positive feedback.	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 Compliant' in the Interoperable Capabilities Standards.	Deliverable(s) completed	Completed	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.	Deliverable(s) completed	Plan in development to increase further 26/27 in line with the LAS commercial strategy development, one of the seven in-year strategic priorities for 2026/27.	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.	Deliverable(s) completed	Clinical Supervision Policy has been approved by ELT. Supporting framework is in place, including the data dashboard and the clinical supervision collection tool. Clinical Education has designed a dedicated training programme for frontline managers, ensuring they are equipped to undertake effective clinical supervision and restorative conversations. The policy and associated processes remain on track to go live in Q1 of 26/27 as planned.	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.	Deliverable(s) completed	The 'Back to base on time' work is completed at Friern Barnet ambulance station and from 17th February changes have been scaled up to the NCL sector with monitoring at 30, 60 and 90 days before the LAS-wide roll out is decided. The outcomes of the work for Friern Barnet indicated improvement in all three target areas: reducing incidental overtime, reducing Out of Service and increasing staff wellbeing and morale without additional workforce or finance investment.	Roger Davidson	Beata Malinowska	Quality Assurance 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.	Deliverable(s) delivered	QI team has delivered training for two cohorts of Lean for Leaders participants, due to complete in Q1 of 26/27 with 36 QI champions in total who are either on the course or completed it already. Alongside that the QI team trained 68 LAS staff from across the Trust on key QI tools in our bespoke Intro and Taster sessions delivered face to face or virtually. Combined with a bespoke QI session at CELC (Centre of Excellence for Leadership and Culture) training, LAS now has a cohort of more than 100 QI champions in local areas and in various frontline and corporate teams. Some of them have already proactively taken on QI projects for their own teams, such as Oval ambulance station management team and New Malden (SSM): Reducing Vehicle Off Road Time.	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.	Deliverable(s) completed	Three new research projects secured (start date: April 2025, October 2025 and March 2026 respectively).	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 (TBW) to maximise learning opportunities with a finalised plan agreed in Q4 ready for implementation in 2026/2027.	Deliverable(s) partially delivered	A number of suggested ways forward have been made following group multi-team meetings, and put forward for consideration. However, so far none of these addressed all of the issues which have been highlighted. The review of the TBW model may also highlight some other aspects for consideration; so all of the relevant team members are coming back together to review again. Whilst this means the delivery of the objective may be late; the volume of stakeholders is high, with different needs for all and it's important to get this right.	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.	Deliverable(s) completed	We ran four Inclusion Board sessions, and covered a range of topics, eg, violence reduction, sexual safety, career progression etc. This has influenced and shaped relevant action plans and informed next steps on strategies. This has been received positively and currently undertaking a review about whether to continue beyond the pilot.	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.	Deliverable(s) completed	This has been completed and integral to 2026/27 EDI action plan.	Roger Davidson	Kulvinder Hira	People and Culture 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.	Deliverable(s) partially delivered	TDPI (Tackling Discrimination and Promoting Inclusivity) phase two training sessions highlighted the disparities found in WRES - 6,158 colleagues completed the training (67.7% of the organisation). Deep dives begun at People and Culture Committee. Centre of Excellence for Leadership and Culture (CELC) the OD&TM Team (with subject matter experts) continue to deliver the pilot of our internal leadership development programme, which includes delivery of an EDI module with positive feedback from participants. A new two-step process was added to the 'referral to resolution' policy, that ensured any manager making a referral had read the anti-discrimination and anti-racism charters and were satisfied that they were being fair in their approach. In addition their manager also had to undertake this assessment to add assurance that anyone being put forward for a disciplinary process was being treated fairly and no hidden or outward bias was at play.	Simon Steward	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.	Deliverable(s) completed	The processes we have put in place has ensured there is clarity and consistency in approach and this target is being met and continuing to be met.	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 (AAP), Incident Response Officer (IRO) and Emergency Resource Dispatcher (ERD).	Deliverable(s) partially delivered	<p>Targeted and robust support was provided for Incident Response officer (IRO) recruitment, including through the Stepping up Support package, Independent Panel Members, and pre-application roadshows that provided colleagues interested with an insight into the role and an opportunity to ask questions and seek support. A total of 18 IROs were appointed to the pool; over 30% were female, significantly improving the gender balance to the pool and 39% of those appointed had a declared disability. Whilst there was an increase in BME applications, a total of 14 BME applicants, this did not translate into BME appointments, and additional work is underway to understand the barriers and provide further support in the future.</p> <p>Clinical Advisors recruitment campaign supported through Independent Panel Members and advised on using the stepping up support package. A total of 22.8% of all applicants were from BME candidates, and 18.8% were successful.</p> <p>Emergency Resource Dispatcher (ERD) recruitment campaign supported through Independent Panel Members and advised on using the stepping up support package. A total of 50% of all applicants were from BME candidates, and 32.1% were successful.</p> <p>Associate Ambulance Practitioner (AAP) recruitment is a combination of call handler to AAP, OLIR and an external recruitment campaign. A total of 33.3% of all applicants were from BME candidates, and 37% were successful.</p> <p>Previous improvement in the likelihood of Black or Asian staff being appointed from shortlisting was sustained in 2025/26.</p>	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.	Deliverable(s) partially delivered	<p>The HCPC (The Health and Care Professions Council) had previously issued supportive guidance regarding the withdrawal-of-care process; however, their updated position has become more cautious.</p> <p>We are continuing constructive engagement with the HCPC to ensure they fully understand the operational realities and inherent risks faced by pre-hospital clinicians, and to secure profession-specific support that helps us safeguard our staff. The launch is also dependant on the national and AACE position so that all trusts can launch together.</p>	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.	Deliverable(s) partially delivered	<p>Whilst the number is lower than last year, the overall trend is improving over the years and its in-year fluctuation that we are seeing in the context of the onward trend overall. In the 2025 NHS Staff Survey, 50.3% of LAS respondents answered that they agree/strongly agree with the statement: <i>I would recommend my organisation as a place to work</i>.</p> <p>This places us 5th out of 11 English ambulance trusts. This % fell by 1.6% compared to 2024, when we were 4th out of 11 trusts)</p>	Simon Steward	All Directors	People and Culture 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.	Deliverable(s) completed	<p>Every incident reporter gets feedback at the point the 'RADAR' is closed, these boxes are completed by the individual reviewing or investigating the incident. The responses are quality checked by the central quality/patient safety team and are reopened if further information is required. Training is provided to all staff managing these incidents.</p> <p>Staff who are involved in incidents have standardised feedback through AARs, MDT (being standardised across the trust) or from their manager. Staff also receive feedback on errors/near misses/incidents made by others in the organisation or in other organisations through LAS connect (learning loft and learning bites, anonymised learning responses which are published, thematic reviews are published, and a quarterly Insight magazine. As a result of the learning from incidents amendments and updates are made to the Patient Care handbook and Trust policies which is communicated through team huddles feed into training and education plannignna dn governance meetings and into CSR. Learning is also distributed via the learning and assurance group, bulletins are issued to share urgent changes and LAS learning feeds into national guidelines/JRCALC updates as appropriate. Risks are updated as the actions are completed.</p>	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.	Deliverable(s) completed	As evidenced by the 2025 staff survey, having adequate materials, supplies and equipment was one of the Top 10 most improved scores. 2024- 46.7% 2025- 48.1% +1.4	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. <i>[Aligned with LAS quality priorities]</i>	Deliverable(s) completed	Month on Month reduction in out of service relating to missing LP15s. Missing equipment equates to only 0.04% of all time lost for out of service. There has been 0 cases coded against AVLLP15 on CAD and 1 RADAR incident reported in the last 3 months.	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.	Deliverable(s) partially delivered	<p>to join in late April/early May. NSS Exec led Violence & Aggression Management T&FG has concluded and BAU items being absorbed within the VRSSPB. Dynamic Risk Assessment approach completed and has been tested across various staff groups. Final refinements underway and roll out plan from April for CTM delivery is being finalised.</p> <p>"In 2025, 36.2% of LAS respondents (2160 individuals) experienced physical violence from the public (+2.2% v 2024).</p> <p>In 2025, 35.0% of LAS respondents (2093 individuals) experienced unwanted behaviour of a sexual nature from the public (+3.3% v 2024).</p> <p>In 2025, 51.8% of LAS respondents (3098 individuals) experienced bullying, harassment or abuse from the public (+2.7% v 2024).</p> <p>In 2025, 27.8% of LAS respondents (1623 individuals) experienced discrimination from the public (+2.1% v 2024).</p> <p>A successful campaign to promote awareness of violence against staff was delivered. Activity included powerful case studies such as paramedic Emily Jackson, body-worn camera footage, new data, 999 and 111 calls released to media, CEO-led interviews, stakeholder engagement including the Mayor of London and MPs, and multi-channel communications across broadcast, print, social and internal platforms.</p> <p>A post-campaign staff survey and management data after the campaign showed: 64% were more likely to formally report abuse, addressing long-standing under-reporting; 77% felt the Service was taking violence and abuse seriously; a 50% increase in Body-worn camera uptake during the campaign period on the year before; frontline crews and 999/111 call handlers reported feeling heard, valued, protected and prioritised.</p> <p>Other key updates include:</p> <ul style="list-style-type: none"> •Body armour ordered received – all eligible staff have a stab vest. •Body worn camera – incorporated into the 10-point plan. BMV & CCTV both supported the "Respect" campaign over December 2025. Seeking ongoing opportunities for further comms and campaigns. •Conflict resolution training – updated via the 10-point plan •Violence reduction charter to go to Inclusion Board in Q4 	Pauline Cranmer and Simon Steward	Edmund Jacobs	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.	Deliverable(s) completed	<p>Facilitated focus group session with operational staff have taken place to explore the factors influencing staff perceptions of pride in the clinical care delivered, identify practical actions for improvement, and ensure learning is embedded into service delivery and engagement approaches.</p> <p>Outputs from the focus group will be used to inform targeted actions and ongoing "you said, we did" communications to staff, supporting improvement ahead of the 2026 Staff Survey</p>	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.	Deliverable(s) completed	The Career Paths have been finalised for 999, 111 and Ambulance Operations. The final career paths are going through internal P&C governance before a Trust-wide launch alongside the launch of Career Clinics.	Simon Steward	Jules Potter	People and Culture 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.	Deliverable(s) completed	Internal comms has successfully delivered a new strategy, including roadshows reaching approximately 550 colleagues, CEO videos (that have seen a significant increase following a review from an initial average weekly viewership of 1,782 (July-Oct) to 4,430 (Oct-Mar) with impressions reaching as much as 16,507 and Team Talk Live with 175 attendees on average. We have delivered a successful awards and recognition programme receiving 466 nominations for the We are LAS Awards and presented 778 long service awards. We also recently introduced the We Are LAS campaign and supported major projects and change initiatives including estates, All we want for Christmas is respect, staff survey, LAS60, and flu vaccinations with excellent engagement.	Roger Davidson	Claire Proudlock	People and Culture Committee
2	Well-led across the organisation	41	Implement findings from the Tactical Operations Centre review.	Deliverable(s) completed	<p>IM&SD Consultation completed. Substantive IDM, ODM, Patient Flow and Incident Dispatch Supervisor positions allocated, ending secondments within TOC.</p> <p>IM&SD Transformation and working groups progressing - IM&SD SOP draft written and rota options shared with groups for voting. IDM Portfolios allocated and communications survey shared.</p>	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.	Deliverable(s) partially delivered	<p>Significant work has been done to improve sickness rates via the The P&C led Sickness Transformation Team (STT) and with a big focus from local management. The latest figures available(Feb 2026) show that the long term sickness rate was the lowest for more than two years at 3.64% (0.78 less than 4.42% in February 2025). The trust has seen particular improvement in 999 EOC with more than 2% improvement, including halving their mental health absence rate. Certain sectors of ambulance operations including North West London have seen particularly big improvements, especially where there has been a high level of collaboration with the STT. IUC remains one of our more challenged areas. Notably in winter this year, we did not see the usual increase in sickness absence, and instead seen a flatter sickness rate thanks to the Sickness Transformation Team work with local managers.</p>	Simon Steward	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.	Not delivered	<p>Achieved charitable income of £312,000 to date. While this is above or in line with our peers in the charitable sector it is below the stretched target we were set (which assumed the maximum event participation, grant success, and corporate income possible). With a small team this original plan was already ambitious, but unforeseen circumstances (including the head of the department requiring medical treatment over the course of 11 months, and a further vacancy in a key role) compounded the challenge.</p> <p>The Charity has hosted an event each quarter and launched its first ever Christmas Carol Service which was sold-out and highly success. This was also the first year the charity obtained corporate sponsorship for events, with three of their four events being sponsored – two of which at the highest level, which covered all of the costs of those events. Additionally, the Charity was one of 29 successful applicants (102 applications were received) to be successful in receiving a Workforce Wellbeing grant from NHS Charities together. Furthermore, the charity received a partnership grant from the Greater London Authority for the London Heart Starters campaign totalling £150,000 to be received in two instalments (£50k in 2025-26 and £100k in 2026-27) and are in talks with a major donor with a potentially large fundraising stream in the pipeline.</p> <p>For 2026-27, the Charity is undergoing an external exercise to refresh its strategy, which will advise on approach, benchmarking and proposed next steps.</p>	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.	Deliverable(s) completed	Finalised development of a transformative new approach to patient engagement at the trust, ready for launch in the next quarter pending final approvals.	Roger Davidson	Claire Proudlock	People and Culture Committee
2	Well-led across the organisation	45	Improve the LAS website to comply with the accessibility-related standards required of an NHS Trust.	Deliverable(s) completed	Funding secured and a provider appointed, with development work of a new website that improves navigation and accessibility standards underway.	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.	Deliverable(s) completed	The automation programme has achieved a key delivery milestone with the first Blue Prism process successfully deployed into the live environment. The Workforce Dashboard (WFDB) automation is now running end-to-end, demonstrating production readiness and establishing a foundation for further process deployment. Secure Robot Authenticator (SRA) has been fully installed on the server, with the required Active Directory service account created and verified connectivity between Blue Prism and AD in place. Collaboration continues with Blue Prism developers to progress automation in the organisation. Moving forwards we will work collectively with other ambulance services to support the controlled loan and reuse of existing bots to accelerate our automation programme.	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.	Deliverable(s) completed	Trust is on track to deliver capital programme in full (£102m) with all planned major schemes due to complete by end of the 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.	Deliverable(s) completed	Delivered	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.	Deliverable(s) completed	The Trust is forecast to deliver CIP target in full with c. 90% on recurrent basis	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.	Deliverable(s) completed	The objective has been achieved and exceeded by achieving a 70.7% reduction in internal IT critical incidents.	Clare McMillan	Paul Schack	Digital and Data 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.	Deliverable(s) completed	Extended pilot complete and ambient voice technology live on all desks to support Hear & Treat. Evaluation commissioned and extending use cases into other settings including Ambulance Operations.	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.	Deliverable(s) partially delivered	DSPT achieved Standards Met and Cyber Essentials complete. Cyber Essentials + to be completed by October 2026	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.	Deliverable(s) partially delivered	Project timeline has been extended to mid-May 2026 and is on track to complete in this timeframe. The early part of the project identified a number of essential and key data optimisation activities that have been successfully completed with some early improvements seen, and the focus over the next two months to move to development of semantic models and transferring the medallion architecture into the new server environment.	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.	Deliverable(s) partially delivered	The IT Operations Centre has now been established with a programme of proactive monitoring and resilience to complement. Recruitment of the ITOC analysts and shift managers is underway following the digital and data restructure.	Clare McMillan	Paul Schack	Digital and Data Committee

2	Improved infrastructure	55	Bring into operation Fleet Service Hub.	Deliverable(s) completed	Building works completed by end of March. Handover to Operations in early April 2026	Rakesh Patel	Emily Ross	Finance and Investment Committee
2	Improved infrastructure	56	Bring into operation Resilience Hub East.	Deliverable(s) completed	Building works completed by end of March. Handover to Operations in early April 2026	Rakesh Patel	Emily Ross	Finance and Investment Committee
2	Improved infrastructure	57	Bring into operation new Heathrow site.	Deliverable(s) partially delivered	Originally due to open in Q4 25/26 however the completion has been delayed to Q3 of 2026/27 due to reduced capacity in the modular unit manufacturing market impacting on materials prices. This combined with scope changes resulted in additional due diligence and FIPC approval of an amended scheme. These delivery delays could not have been foreseen at the beginning of 2025/26.	Rakesh Patel	Emily Ross	Finance and Investment Committee
2	Improved	58	Develop a business case for a new ambulance station by the end of Q2 so the construction process can start in Q3.	Deliverable(s) completed	Completed- 2 x business cases were developed, approved, land aquired and building will commence in 2026	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.	Deliverable(s) partially delivered	Due to national policy-driven changes the Trust now focuses on the support and delivery of the integrated front door programme of work. Whilst we continue the existing partnership to support GPSS on a smaller scale, we will consider its financial viability in 2026/27.	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.	Deliverable(s) completed	Winter plan was agreed and implemented within the timelines provided	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.	Deliverable(s) completed	Trusted assessor now in place in 28 of acute trusts across London (including one where REACH model is in place as an alternative model)	Fenella Wrigley	Ben Evans	Quality Assurance Committee
3	System leader & partner	62	Deliver on projects LAS committed to through the Southern Ambulance Services Collaborative (SASC).	Deliverable(s) completed	Significant progress achieved with robust business cases developed for procurement and digital areas of joint work. LAS CEO assumes Chief responsibilities for further development of the work which will include a review of SASC structure to enable the collaborative to deliver more work at pace in 2026/27.	Jason Killens	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.	Deliverable(s) completed	We have co-developed a Maternal Health Improvement plan, with involvement of over 160 patients and over 260 LAS Clinicians, focusing on reducing maternal health inequalities experienced by women from the global majority background during their pregnancy and up to 12 months post-delivery. Specific maternity and newborn care information leaflets have been created, to support timely access to antenatal services and early escalation of maternal complications. These have been distributed to Londoners via charity organisations and local authorities.	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.	Deliverable(s) completed	Currently we have trained 17,923	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.	Deliverable(s) completed	We have trained 106 new CFRs	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.	Deliverable(s) partially delivered	The fundraising for 100 defibs is completed with 40 defibs installed in local communities. A plan is in place to deploy the remaining 60 defibs working in partnership with local partners and communities in 2026/27.	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.	Deliverable(s) completed	Draft Business Plan currently with Finance for review. Once reviewed this will be escalated to CMO, CFO and Chief Paramedic for comment before submission to ELT.	Fenella Wrigley	Mark Faulkner	Finance and Investment 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%.	Deliverable(s) completed	Reduced Carbon Footprint by 4% in 2024/25. 2025/26 footprint is not calculated until Q2 2026. On track to deliver all actions set out within new Green plan including installing EV chargers at 18 Trust sites taking the % upto 27% full EV roll out across our estate. Also installed Solar Panels at 13 sites and battery storage at 4 sites.	Rakesh Patel	Emily Ross	Quality Assurance Committee

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8. Concluding Matters

For Noting



8.1. Any Other Business

For Noting



Questions from the public



8.2. Date of Next Meeting – Thursday 10 September 2026

For Noting

Presented by Andy Trotter