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is due in October. This is a fantastic opportunity to highlight to the public the challenges the Trust face and the need to use our service appropriately. It highlights the rewarding work that staff undertake as well as development opportunities within the service for those who might want to join.

What target your organisation has been working towards

The LAS launched its 2023-28 Strategy in September 2023. The full document is available online at [Our plans for the future London Ambulance Service NHS](#). This strategy was the result of extensive engagement both inside our organisation, with our partners and our patients on how they would like to see us develop. The strategy sets out three miss

1. Our Care: Delivering outstanding emergency and urgent care whenever and wherever needed.
2. Our Organisation: Being an increasingly inclusive, well led and highly skilled organisation people are proud to work for.
3. Our London: Using our unique London position to contribute to improving the health of the capital.

and how this compares to recent years

In North West London, the average response time for Category 1 patients in the last three months was 7 mins 16 seconds for the 10,593 calls that we attended. There is a 13% increase in calls for people in threatening circumstances, and we are working incredibly hard to reduce this response time even further.

The Trust is currently operating at (REAP Escalation Action Plan) level 3 (Major Pressure)

The Resource Escalation Action Plan is to support a consistent ambulance sector approach to strategic escalation pressure levels that provide alignment with the NHS Operational Pressures Escalation Framework (OPEL) whereby the symbolising of pressure levels is consistent and understood across the wider NHS. REAP provides NHS Ambulance Services with a consistent and coordinated approach across the organisation to the management of its response in situations where demand or other significant factors within the ambulance service see an increase and a challenge to the capacity to manage it.

Staff sickness rates within the Hillingdon Group are currently sitting at 7.2% for the last 12 months.

Appendix D

- The average on scene times (the length of time we are with patients) for our time critical patients is 36.4 minutes in the last six months (0.5 minutes quicker than the last six months). This is compared to a Trust average of 38.0 minutes.
- We continue to champion the use of Alternative Care Pathways within the Hillingdon Group to reduce unnecessary conveyances of patients to the Emergency Department and ensure our patients are getting the most appropriate care for their needs. Following the audit reported in May, training sessions are being planned between staff from the Urgent Care Centre to our frontline staff in order to increase referrals. In the last three months, 52.1% of patients in Hillingdon were taken to an Emergency Department.
- Clinical Quality continues to be reviewed within the Hillingdon Group and is measured in a number of different ways including Clinical Performance Indicators (CPIs), Cardiac and Stroke Care bundles and Cardiac Arrest Care bundles. This is achieved by reviewing the care provided by our clinicians and ensuring that the appropriate care has been delivered. Some key highlights from recent reports:
 - 95% of staff within the Hillingdon Group have received Clinical Performance Indicator feedback within the last six months.
 - Between the 1st of April 2024 and 31st July 2024 33% of cardiac arrest patients attended by a Hillingdon Crew sustained a return of spontaneous circulation (ROSC) on arrival at hospital – where our teams manage to restart the heart rhythm following a cardiac arrest. Downloads of the Defib used in all cardiac arrest patients take place to provide feedback and assurance that all guidelines are followed with cardiac arrest management (Feb 2024 report).
 - 97% of Stroke patients received the appropriate and full care bundle (Feb 2024 report)