

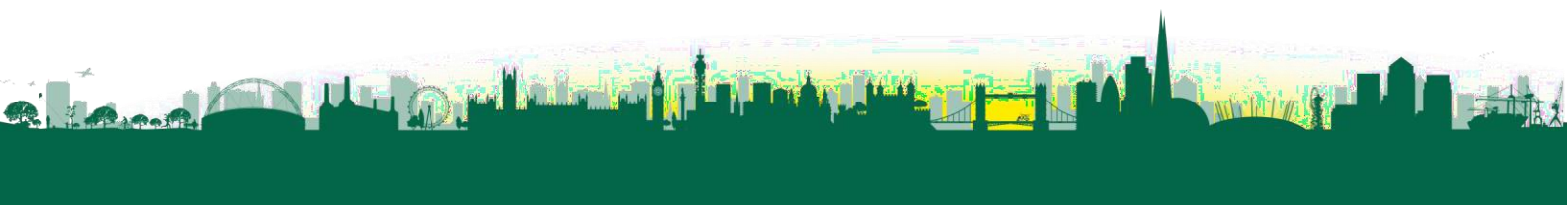


London Ambulance Service
NHS Trust

STRATEGY DEVELOPMENT

Findings from 500 interviews with people working on the frontline of the London Ambulance Service NHS Trust

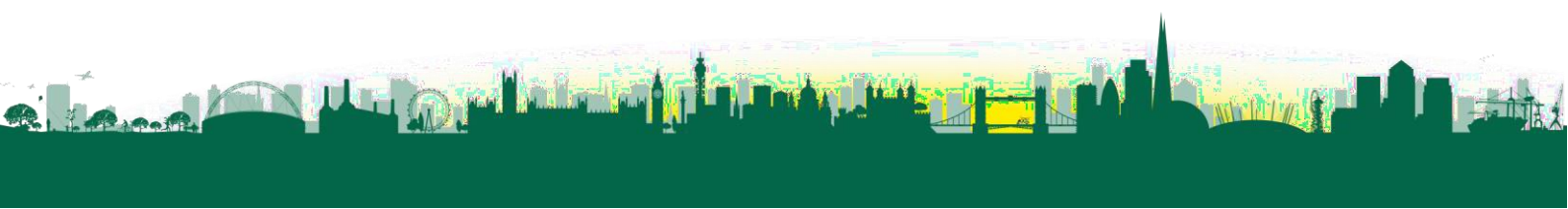
A report prepared by advanced paramedic practitioners Ed Bayly and Ken Crossley, clinical advisers to the LAS strategy and transformation function





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Summary

London Ambulance Service is in the last year of its current Trust Strategy and is now engaging stakeholders on the next one, which will describe the organisation's vision and goals for the next five years. As part of this, we wanted to ensure the voices of our staff were heard.

From November 2022 to February 2023 The LAS Strategy & Transformation team undertook a staff engagement project designed to hear from colleagues of all grades, asking them for their opinions on improving patient care delivery and how to make the trust a great place to work. The purpose was to ensure that employees at all levels actively participate in the design and delivery of key service developments, in a variety of ways while taking the public sector equality obligation into consideration.

Most staff involved in the project were interviewed by a Strategy & Transformation team member or by a volunteer; however, a few staff were given direct access to an online form to complete their answers. Over 95% of the participants were interviewed face-to-face. Over 500 staff members were asked to provide opinions on five key questions, answers were then collated and themed.

A broad range of answers were given however, many common concerns and opinions emerged and, when themed, provided excellent insight into our staff. Alongside the emerging high-level themes, there were also many specific practical suggestions offered by staff which have great value to middle managers and specific teams. These suggestions will be compiled into a repository and shared at a later date.

This document summarises the themes that emerged from the project and recommends next steps to ensure the learning is embedded in the Trust Strategy. This document is intended to be used in conjunction with other internal and external engagement activity reports, including the recent NHS staff survey, to provide an overview of stakeholder opinion.

The appendix of this reports provides the individual breakdown of the staff interviews, by Directorate, to provide more detail and greater clarity to common concerns and opinions that have emerged.

Recommendations from this engagement activity:

- 1) *Work closely with other NHS healthcare providers and PCNs to maximise their service provision.*
- 2) *Improve our emergency response by:*
 - *Recruiting more staff (including specialist clinicians) to work in the CAS and CHub.*
 - *Reviewing triage practices to reduce inappropriate ambulance dispatches.*
 - *Addressing hospital handover times - release our crews from hospital quicker.*
- 3) *Develop a public education campaign informing citizens how to access healthcare in London.*
- 4) *Improve clinical and non-clinical training by offering role specific, high fidelity simulation training led/assisted by clinical experts. Improve ongoing supervision.*





- 5) *Review terms, conditions and integration of all LAS teams (Vehicle Preparation, Vehicle mechanics, 111, EOC, NETS etc) to ensure equity of benefits and to highlight talent.*
- 6) *Improve staff support by investigating different ways of working (rotational, flexible, home working), investing in professional psychological support and making managers more accessible (team-working). Recognise and praise good practice.*
- 7) *Invest in recruiting and training more clinical specialists (APPUC, APPCC, Maternity, Mental Health, FCP) so that we can provide excellent appropriate care on scene and provide staff with more career development opportunities (resulting in improved retention).*
- 8) *Recruit more staff, with a focus on recruiting locally.*
- 9) *Invest in fleet and equipment to ensure our staff have the tools they need to do their jobs enabling them to offer excellent patient care.*
- 10) *Work with system partners to finally integrate cross-organisational IT systems to easily and securely share patient data.*

Introduction

This project aimed to ensure that our staff's views and opinions were gathered and acted upon, to shape and improve the services and culture of LAS - ensuring the organisation reflects the people who work for us.

In preparation for developing the LAS 2023-2028 Trust strategy, it was essential to understand our staff's opinions, concerns and priorities for the next five years. In conjunction with various stakeholder engagement initiatives, face-to-face interviews were considered the best method of obtaining this information.

Method

This engagement activity was conducted between November 2022 and February 2023 and was concerned with collecting qualitative data from LAS staff. Most staff involved in the project were interviewed by a Strategy & Transformation team member or by volunteers; a minimal amount of staff were given direct access to an online form to complete their answers. Over 95% of the participants were interviewed face-to-face.

There were no time or word limits imposed on answers and the average time to complete each interview was 22min 36sec.

The project was targeted to engage with staff of all grades and across all trust departments; however, there was a conscious effort to de-priorities engagement with senior managers who were instead invited to attend several Extended Leadership Group (ELG) focus group sessions to give their opinions.

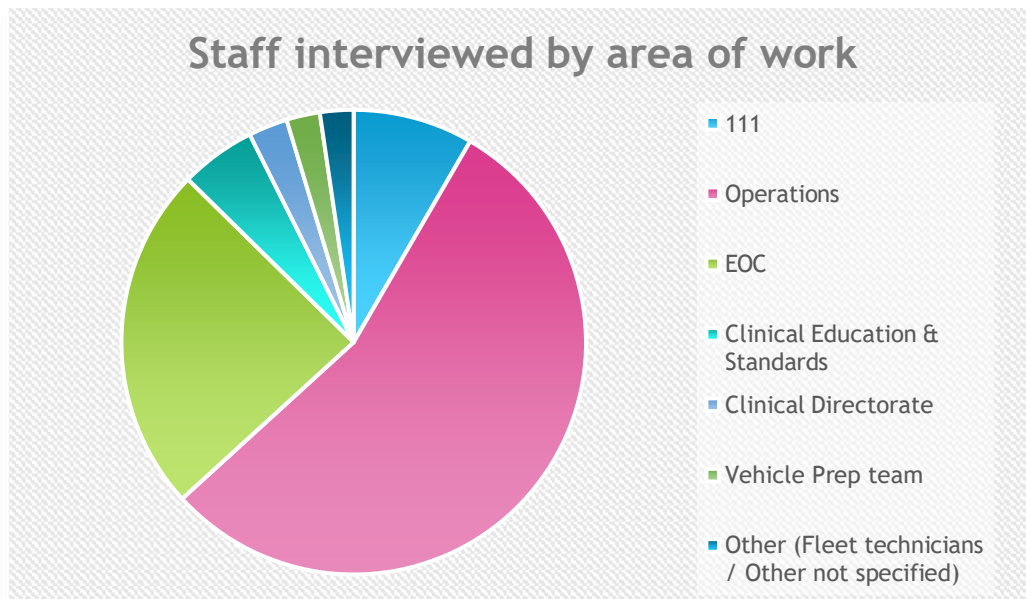


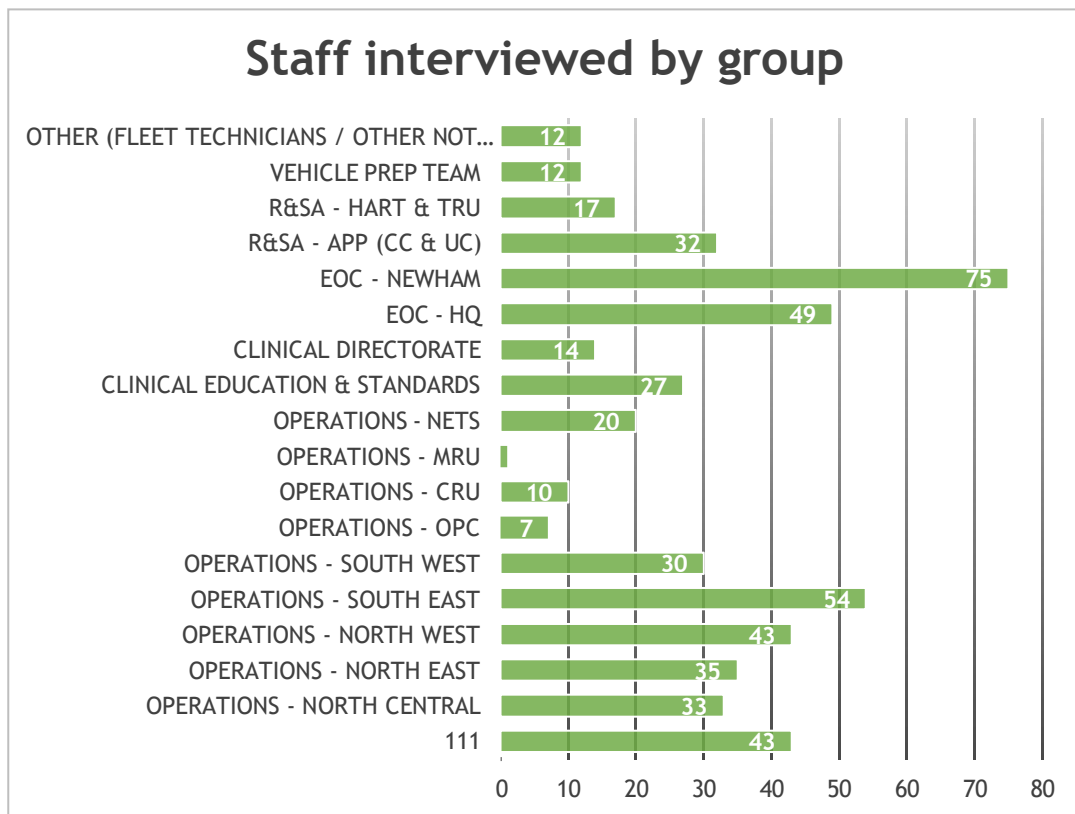


The questions asked were:

- 1. What are the most important things we should do to improve patient care?**
(This question aims to elicit responses about how LAS can improve patient care.)
- 2. What's the most important thing others could do to improve care for LAS patients?** (This question aims to elicit responses about how other service providers, stakeholders and partners can improve the care provided by the LAS)
- 3. What are the most important things we could do to make LAS a great place to work?**
- 4. What do you think the purpose of the LAS is now?**
- 5. How do you think the LAS purpose might change in the next five years?**
- 6. Is there anything else you would like us to know?**

Over 500 staff completed an interview from all areas of the trust. The pie chart below shows the distribution by area of work and the bar chart provides more detailed results displaying staff interviewed by group.

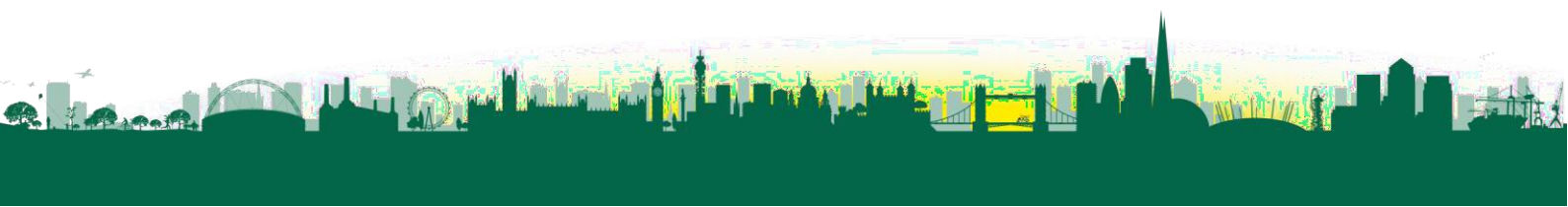




Demographics

The process of conducting staff interviews across LAS was dynamic and involved visiting LAS control centres, ambulance stations, workshops and hospitals. A distribution graph was automatically updated after each interview and this was reviewed regularly in order to highlight geographical areas or teams who had not yet been engaged. This process was iterative and due to the nature of opportunistic interviewing at hospitals and LAS premises, some staff groups received more opportunities to have their say than others. Some underrepresented teams were contacted by email to invite them to participate, but not all replied.

A limitation of this paper is that the ethnicity, sex and other protected characteristics of candidates were not recorded during the interview process. It is recognised that, as with all engagement activities, there is a potential for bias based on candidate selection; however, we are confident that a robust effort was made to meet with a wide range of staff performing different roles and from a cross-section of departments.



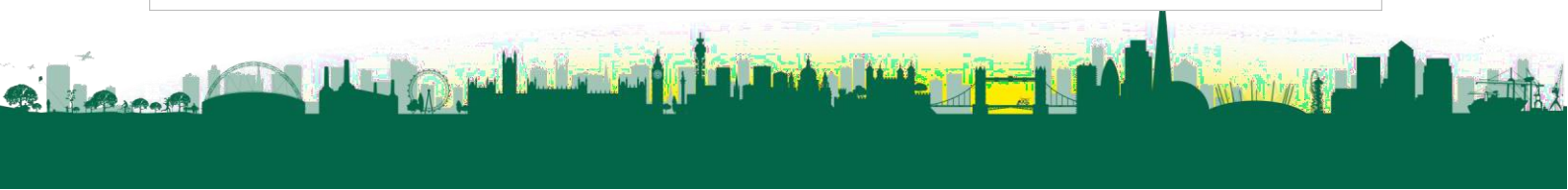
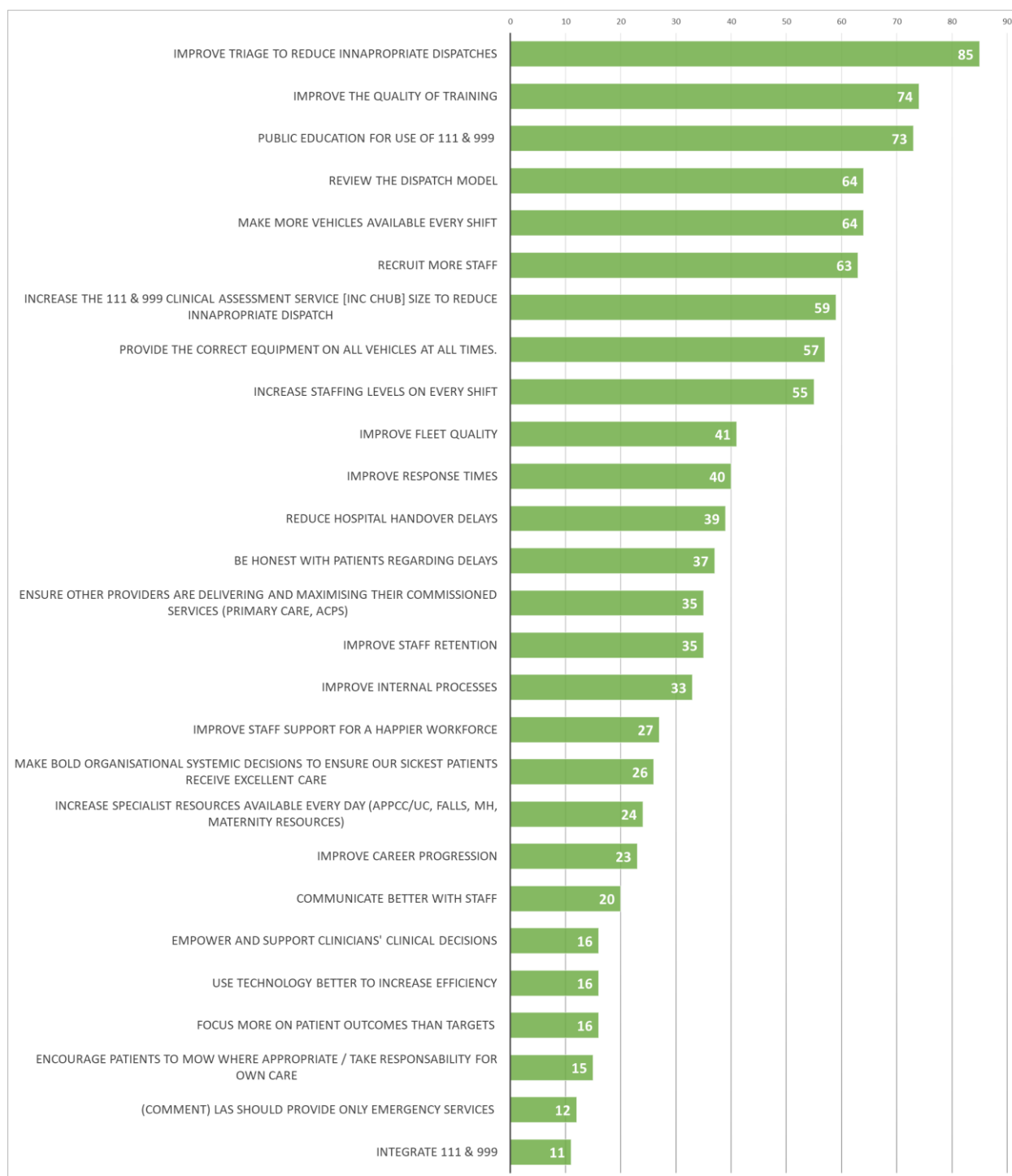


Findings

Themed results and analysis structured by interview question.

(Themes with a count <10 not included in graphs.)

Q1) What are the most important things we should do to improve patient care?





Question 1 Analysis

Reduce inappropriate ambulance dispatches.

The sentiment of this opinion was heard across many themes, with comments focussing around improving the triage systems, reviewing the dispatch model and wanting LAS to make bold organisational decisions about whom we respond to, and how.

Many staff express an opinion that we attend too many patients who do not require an emergency response and could be better dealt with by referring to another service or asking patients to make their own way (MOW) to a healthcare facility.

Staff feel that this is a priority to address because attending inappropriate patients increases DCA utilisation, increases DCA response times, and significantly reduces our capacity to respond to our sickest patients.

Staff also commented that increasing the number of clinicians (and specialist clinicians) working within Clinical Assessment Services (CAS) and the Clinical Hub (CHub) is desirable because it is perceived that Hear&Treat figures and remote referrals to other services would increase.

There were many comments asking LAS to increase the number of specialist clinicians deployable every shift in order to better meet the needs of the public (mentioned: APPUC, APPCC, Falls teams, Maternity resources, Mental Health resources).

“[We need a] Better triage system avoiding unnecessary sending of DCAs and FRUs.”

“[We should] Expand the CHUB to enable more ring backs and more hear and treat, freeing up road crews.”

“[We should] Enhanced the use of technology i.e. FaceTime and good Sam app to support increased hear and treat from CHUB.”

“[we need] more clinicians in control room reviewing calls”

“Invest more in specialist cars - more appropriate care to patients.”

Improve the quantity and quality of training.

The sentiment of this opinion was also heard through other themes, with staff commenting that improving training would result in improved patient care, increased staff retention, increased staff satisfaction and would likely lead to career progression, which was also important.

Staff expressed that the current clinical and non-clinical training offered by LAS needed to be of a better quality and needed to prepare staff for the situations they experience in their work. In addition, there was a desire for higher fidelity training (simulation), more frequent training, release from duties for training, training on station and training by clinical experts.

Some staff expressed that clinical supervision should be better for all staff and that support for new starters should be significantly improved. This tied into another theme (team-working), where staff requested closer connections with their managers – especially on nights and weekends.





“Better training for staff - CSR and e-learning is not enough - we should be building [training] into team based working rotas.”

“We need non-patient facing time - where we can re-cap on certain jobs whilst it’s fresh in peoples mind and review recent difficult jobs”

“[we need] More realistic training opportunities for staff.”

“[Training should be] targeted to what staff want based on their patient experiences and not what the organisation is mandated to provide.”

Develop a public education campaign.

With connections to other themes, for instance inappropriate ambulance attendance and misuse of the service, many staff suggest that the public urgently requires education on accessing healthcare which has changed dramatically in the last five years.

Frequently staff encounter patients who have called 999 for non-life threatening issues or even minor illnesses or injuries. This is a point of frustration for staff, not to mention the significant effect this has on increasing ambulance demand. Staff also commented that many patients knowingly or through ignorance contact 111 or 999 as their first point of contact for healthcare when contacting a GP or attending a healthcare facility would be more appropriate.

Staff hope that by educating the public about healthcare access in London, LAS can reduce inappropriate calls, inappropriate ambulance dispatches and create more capacity to attend to critically unwell patients, thereby improving patient care.

“Educate the public with better understanding of our service - so patients call when its appropriate”

“Educate the public in the use of ambulance (staff go into schools to educate children. Extend this to adults)”

Increase recruitment and daily staffing levels.

Many comments focus on staffing levels and a desire to rapidly escalate recruitment, increase the number of physical response vehicles and the number of staff working per shift. Staff feel that this will reduce pressure on them, improve response time, and improve patient care. Some staff commented that we should be recruiting locally as opposed to employing more international paramedics.

“Increase staffing levels across all patient facing directorates and in EOC and CHUB” “Recruit from London and surround, get people in young.”





Equipment and Fleet

A large proportion of staff commented that they frequently start their shift with missing or faulty equipment which is highlighted as being a safety concern and an extra barrier in delivering excellent care to patients. Some staff also commented that the LAS fleet requires updating because many vehicles have ongoing faults and that there are very few surplus vehicles to change onto when one is taken out of service.

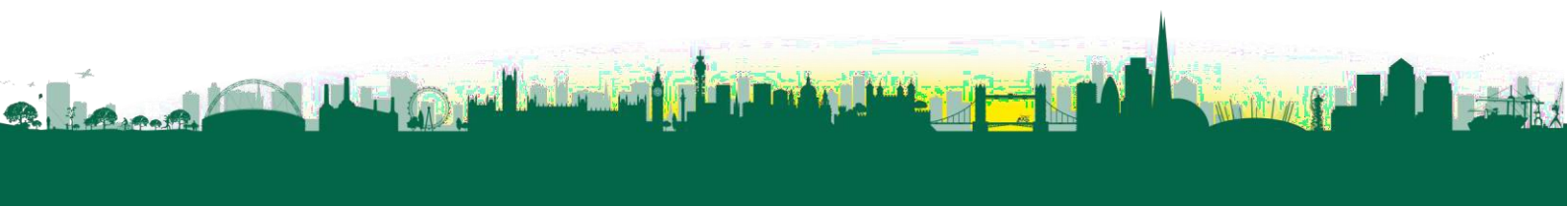
“Start of shift - make sure vehicles have [the] correct equipment on.”

“Vehicles don't have all the equipment. We don't have good stocks of [the] equipment we need. If we had all the equipment we need and better [VP] staffing this would make it much easier for the ambulance staff and paramedics.”

“Paediatric “sats” probes are really important and non-existent. We need the right equipment to do our job. This allows us to make sure our clinical decisions [are] safer.

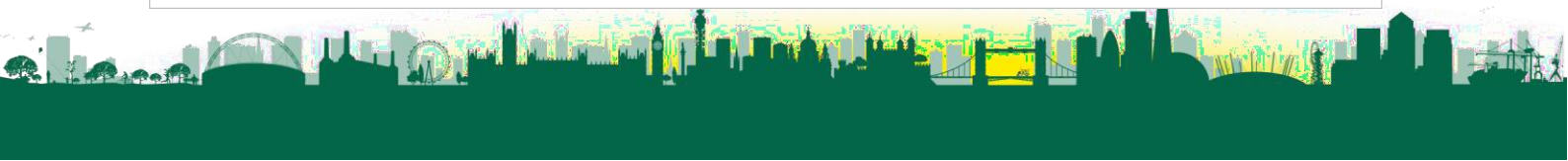
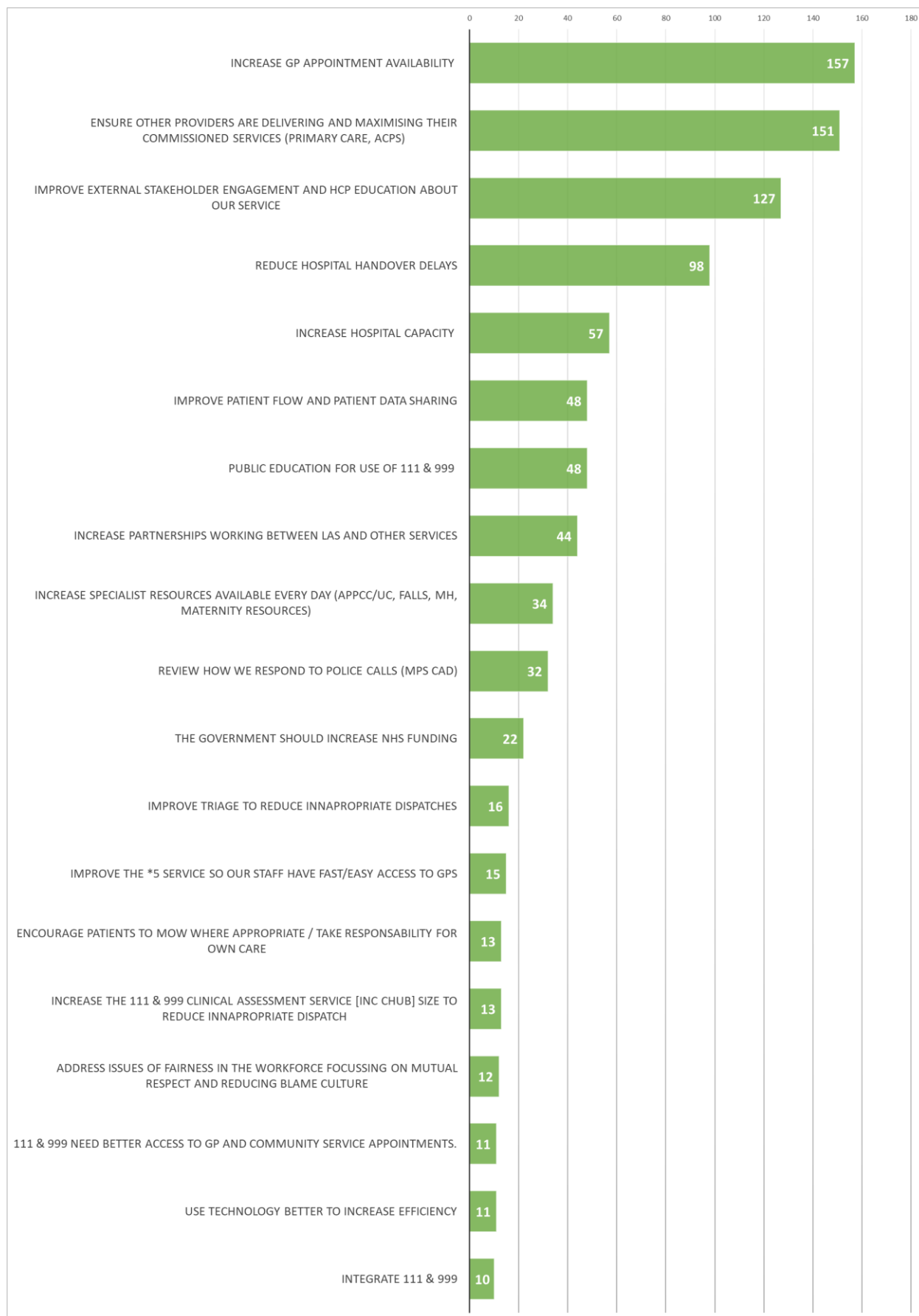
“better condition fleet - many are broken and failing i.e. tail lift not working”

“Increase spare fleet for resilience. When vehicles are VOR sometimes [we] can't find a vehicle for them to use.”





Q2) What's the most important thing others could do to improve care for LAS patients?





Question 2 Analysis

Increase other healthcare providers' capacity.

Clearly this is a complex and multifaceted issue closely tied into governmental spending and broader NHS staffing levels. Many LAS staff have commented that they feel the ambulance service fills the gaps in other primary care and community services provision. Staff would like LAS to work closely with other healthcare providers to maximise primary and community healthcare capacity. A significant number of staff commented that they often have issues utilising many NHS services and Alternative/Appropriate Care Pathways (ACPs), especially at night and at the weekend. Staff have suggested that if more routine and urgent primary care appointments were available, pressure on LAS would decrease, allowing us to improve our response times and overall patient care.

Many staff suggested that we should engage closely, and more frequently, with other healthcare providers (GPs, ACPs, Care homes/Nursing homes) to inform NHS colleagues about how LAS operates and to discuss more effective partnership working.

“Open up ACPs to accept more patients and more hours a day/overnight. REACH seems like a good idea, roll it out. [We need] Better access to district nurses.”

“Care homes- some are efficient, some need better education”

“We need to work closer with GP practices to make them aware of how we prioritise calls and how they should be utilising us appropriately.”

“We need better relationships in Primary care.”

Increase hospital capacity and reduce ambulance handover times.

Many staff are frustrated with the current situation of long ambulance handover times, highlighting that this increases patient dissatisfaction and reduces the ability of LAS to respond to our patients. Staff believe that handover delays have a significant impact on patient care. Some specific suggestions were offered for improving the situation however, there was a more general feeling that LAS should prioritise this as an issue and work collaboratively with acute hospital trusts to resolve the problem.

“Increase capacity within hospitals, and reduce bed blocking to allow a flow of patients through the hospital and thus reduce waiting times in ED and LAS being held for hours to handover”

“Handover delays are not good for the patient i.e. dementia patients stuck in the back of an ambulance, distressed and waiting for ages.”

Utilise technology more effectively between NHS organisations.

Staff commented that there are many situations where technology can improve efficiency and make their jobs easier, but the overwhelming desire in this area was for well-connected NHS IT systems. Staff commented that it should be easier to share patient information with GPs or community/specialist care teams and that much time is lost waiting to speak to GPs and HCPs on





the phone. Staff also highlighted that it can be frustrating for patients when they are passed through the system having to explain their problem multiple times to different agencies.

“[The] Biggest challenge is communication across NHS. National info needs to be shared more, especially GP notes. We need to use technology better to do this and be better informed about patients.”

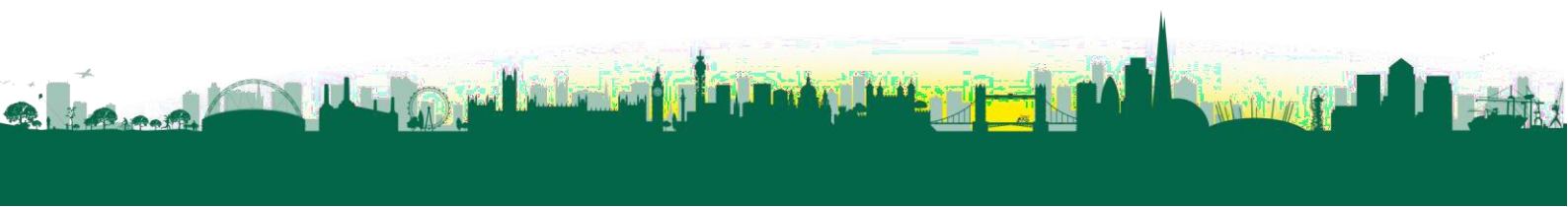
“Ensure systems talk to each other”

Develop more rotational working opportunities between LAS and other healthcare providers.

Some staff would like the opportunity to experience and rotate through different areas of the LAS and with partner healthcare providers to improve their knowledge and experience and this was highlighted as having the potential to help increasing capacity within partner providers.

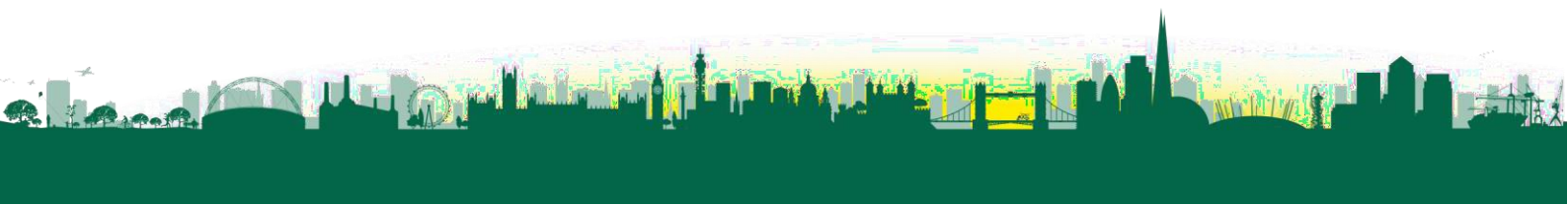
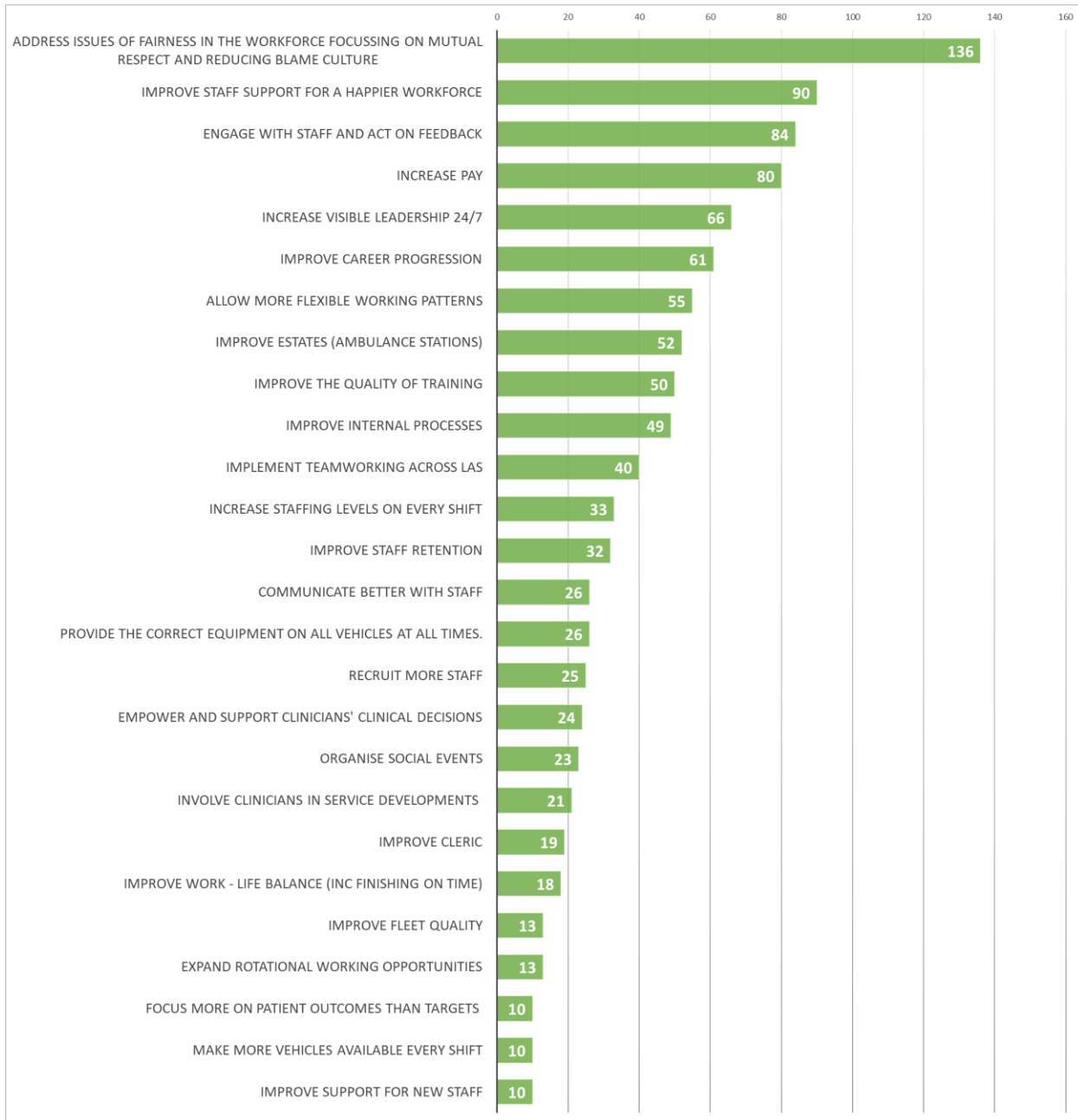
“We’re now losing staff, particularly our B6s [Band 6 Paramedics] to these roles in GP practices. We do have a small local project where our staff do 50% of their time with us and 50% with GPs and that’s working and could help us with retaining [staff]”

“Accept more paramedics into Gp surgeries on secondment from LAS so that staff won’t leave.”





Q3 What are the most important things we could do to make LAS a great place to work?





Question 3 Analysis

Fairness and organisational culture

Two key themes emerged as the most popular responses to question three and due to the many crossovers within the answers, these two themes were combined.

Staff from across the organisation reported that they see areas of unfairness and disparity between their team and others and wish for changes to be made to rectify this including improving cross-team communication, cross-team rotational working, joint training, top down evidence of mutual respect and a review of terms/conditions. Comments were made regarding parity of terms between 111 sites, and between 111 and EOC staff:

“[There is a] Clash with 111 at Barking because policies and processes are different, which causes disagreement between both sites, complicating patient care and our roles at 111 Croydon.”

Comments were made regarding the parity of Vehicle Preparation (VP) staff and the wider LAS:

“Make Ready don't feel like part of LAS – [we] have to wait 3 years until [getting] full entitlements, why? e.g. no sick pay in 1st year then increases (TUPE)”.

“[we should get] Time and a half for overtime [as other LAS staff do]”

Comments were made by some NETS colleagues about their place within the organisation and the way they feel they are viewed:

“NETS feel very separate to the LAS, we need to be integrated more and not seen as a separate service and less priority”

Some staff feel that they have to operate in a defensive manner, making decisions that were safe but not always in the patient's best interest (for instance, inappropriately taking patients to ED). Staff said that one key reason they make these decisions is because they perceive a “blame culture” within LAS where errors are met with a reprimand as opposed to support and education.

“The LAS culture is to assume poor intent from employees. I operate defensively, whether that be justifying how my time is being spent or the patient care I deliver” “We need less micromanaging and more support when it's needed”





Staff support

Very many staff from a range of departments commented that the organisation should be prioritising staff welfare in the next 5-year strategy; the common issues were late finishes, shift patterns, obtaining a better work life balance (flexible working, home working for EOC/111, rotational working), better access to psychological support when needed and more regular access to local management. There were frequent comments that the new provider “Goodshape” is not staff-focussed and is difficult for CTMs to integrate with. Some staff commented that in order to reduce Muscular Skeletal injuries, LAS could provide discounted memberships to Gyms or even provide gym equipment on ambulance stations.

“[LAS should promote] Well-being and [offer] proper support for staff, we should have a trained psychologist team to give proper help when needed”

“Better welfare support on station and on scene.”

“Variety is the spice of life - shift work on a DCA is not sustainable for a long period of time, this leads to staff retention issues, being able to implement a rota of DCA, FRU, IRO etc or something of sorts I believe will retain staff for longer.”

“Try to provide free gym memberships for all staff or try to strike a deal for 50% off with a gym franchise...this will help to tackle the physical and mental health of workers and reduce sick leave.”

Visible leadership, improving internal communication, valuing and showing appreciation to staff

Many staff feel that if they worked closer with colleagues and their line manager this would create a healthier environment where lines of communication could be opened and where staff could raise concerns and discuss issues before they become more serious. Frequently, staff also commented that their only interactions with managers are formal or negative and that they would appreciate more regular feedback (and positive feedback) about their performance. This would help colleagues to feel more like an individual and less like a number.

“More managerial interaction day to day rather than just when needed. Managers only come to you when something has gone wrong. Would like to hear about things that have gone well as well as going wrong.

“Learn to appreciate staff and give thanks for good work - we aren't appreciated enough” “[We need a] Staff recognition / reward system”

“Ensure we develop and care for our staff - we need to appreciate them - we lose a lot of talent because we don't look after them”

Pay

One of the most popular responses from staff was a request to increase rates of pay in order to improve staff satisfaction. It should be noted that this staff engagement process coincided with





a national pay and conditions dispute where multiple areas of healthcare and public service were taking industrial action.

Training, career progression and staff retention

Staff commented that improving the quantity and quality of training offered would result in a more enjoyable career within LAS – See Q1 analysis.

There were also many suggestions that an organisational priority should be to increase opportunity for career progression into more, and more varied, senior positions. A large proportion of staff commented that by improving training and allowing for greater staff development, LAS could greatly improve retention.

“[Provide more] Progression and career development options. Exposure [staff] to different areas.

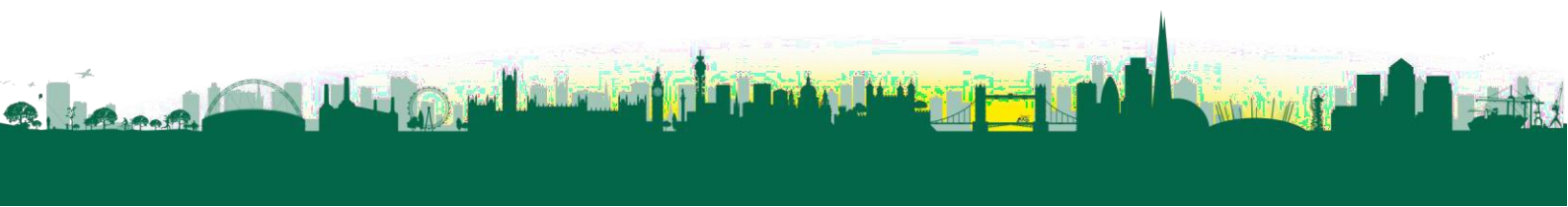
“By giving people personal development options it will stop itchy feet.”

Recruitment

Staff frequently reported that increasing front line staffing would ease the burden on existing staff which would in turn reduce stress and burn out – See Q1 analysis.

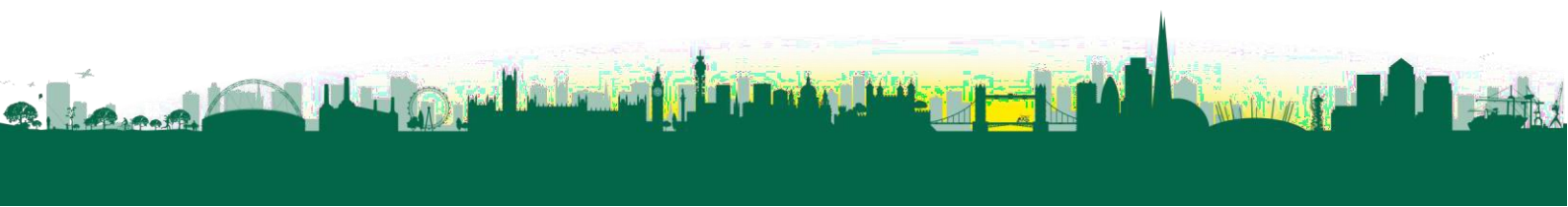
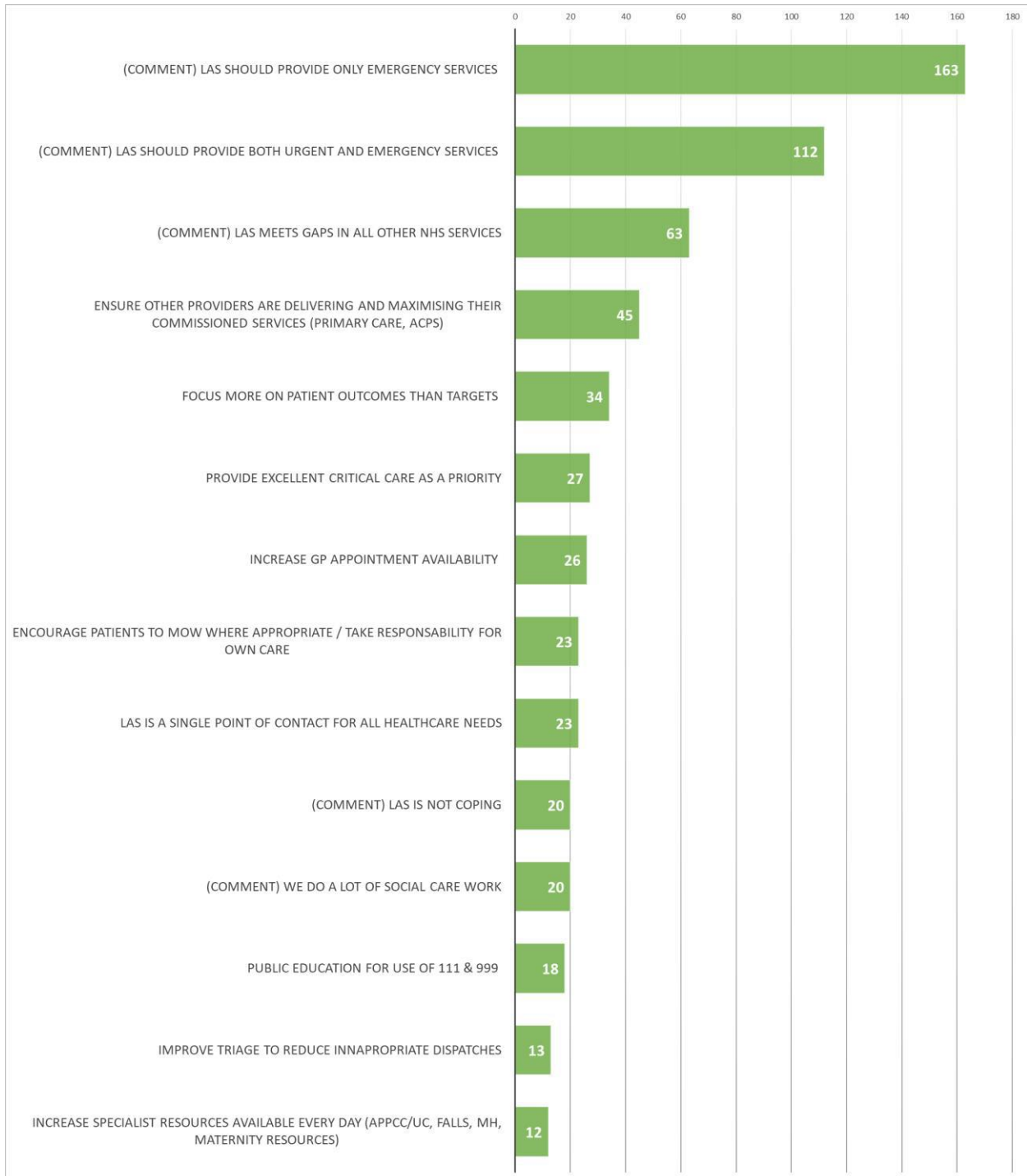
Equipment and Fleet

Staff commented that having the correct equipment available every shift would make working for LAS more enjoyable – See Q1 analysis.





Q4) What do you think the purpose of the LAS is now?





Question 4 Analysis

The majority of people answering this question chose to define the LAS as either an emergency care service or as an urgent and emergency care service.

Approximately **60%** of staff believed we are (or should be) purely an emergency service and **40%** stated that we are (or should be) an urgent and emergency care service.

It is essential to recognise that this was a difficult question to theme and that responses could potentially be interpreted differently by different readers; In answer to the question, some staff simply described that the LAS *does* provide urgent care services, but *wished* for it only to provide emergency care.

Staff who supported the urgent AND emergency care approach reported that more specific training should be given on managing minor injuries and minor illnesses and that more specialist clinicians, for instance, APP-UC, would need to be recruited to meet the continuing demand for urgent care presentation.

Concerns about gaps in other NHS services

Many participants answered this question by highlighting their concerns again about the wider NHS, including the availability of routine and urgent appointments and ACP opening hours and commenting that they feel LAS fills the gaps in NHS services. Staff would like LAS to create solid and mutually beneficial partnerships with other NHS services to resolve this issue. This links to staff suggestions of rotational working arrangements mentioned in other questions and bold organisational decisions.

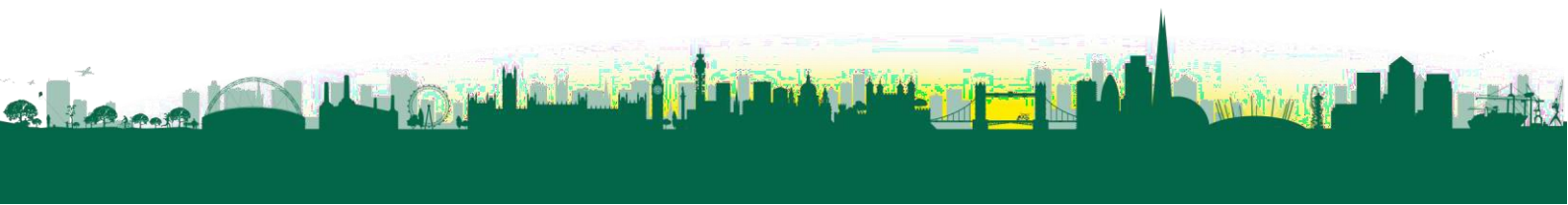
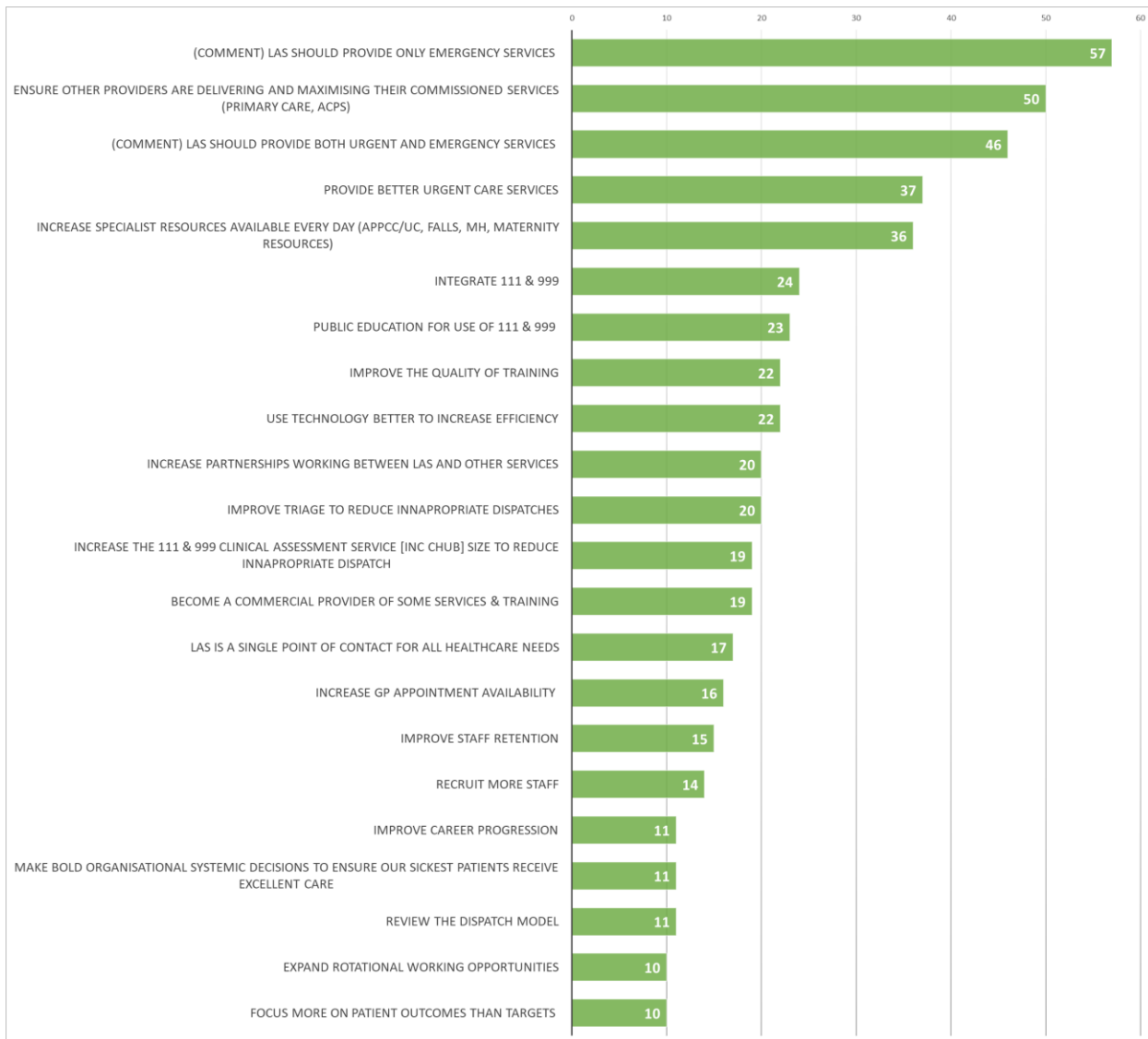
Quality Care

Some staff commented that it is important for the organisation to focus on quality patient care including improving patient outcomes. It was suggested that some current performance indicators and targets do not accurately reflect this quality or do not acknowledge the time it takes to deliver the expected level of care. There was a concern that the Trust should continue to provide excellent critical care as a priority, which links to the staff desire for career development opportunities (APP-CC).





Q5) How do you think the LAS purpose might change in the next 5 years?





Question 5 Analysis

Improved urgent care provision

The Emergency vs Urgent & Emergency care debate continued into question five although many staff commented that they hoped the *quality* of our urgent care provision would improve in the coming five years. The overwhelming majority of staff stated that we must first provide excellent emergency care before we focus on urgent care.

“[we need] further patient assessment and decision making [training] – increase [the] scope of [our] role”

“up skill staff to support more urgent care work”

“[expand] The move to non-medical prescribing for Advanced Paramedics.”

“LAS will move into Urgent treatment (expanding the APPUC programme) as a response to shortfalls in community-based healthcare.”

111/999 integration

A proportion of staff suggested that 111 will become completely integrated with 999 and that LAS will become a single point of contact for healthcare within London although it must be reported that a proportion of staff strongly oppose this view and would prefer LAS to provide only emergency care.

“Integration of urgent care, 111 as an example - hopefully dual training for 999 and 111 [staff]”

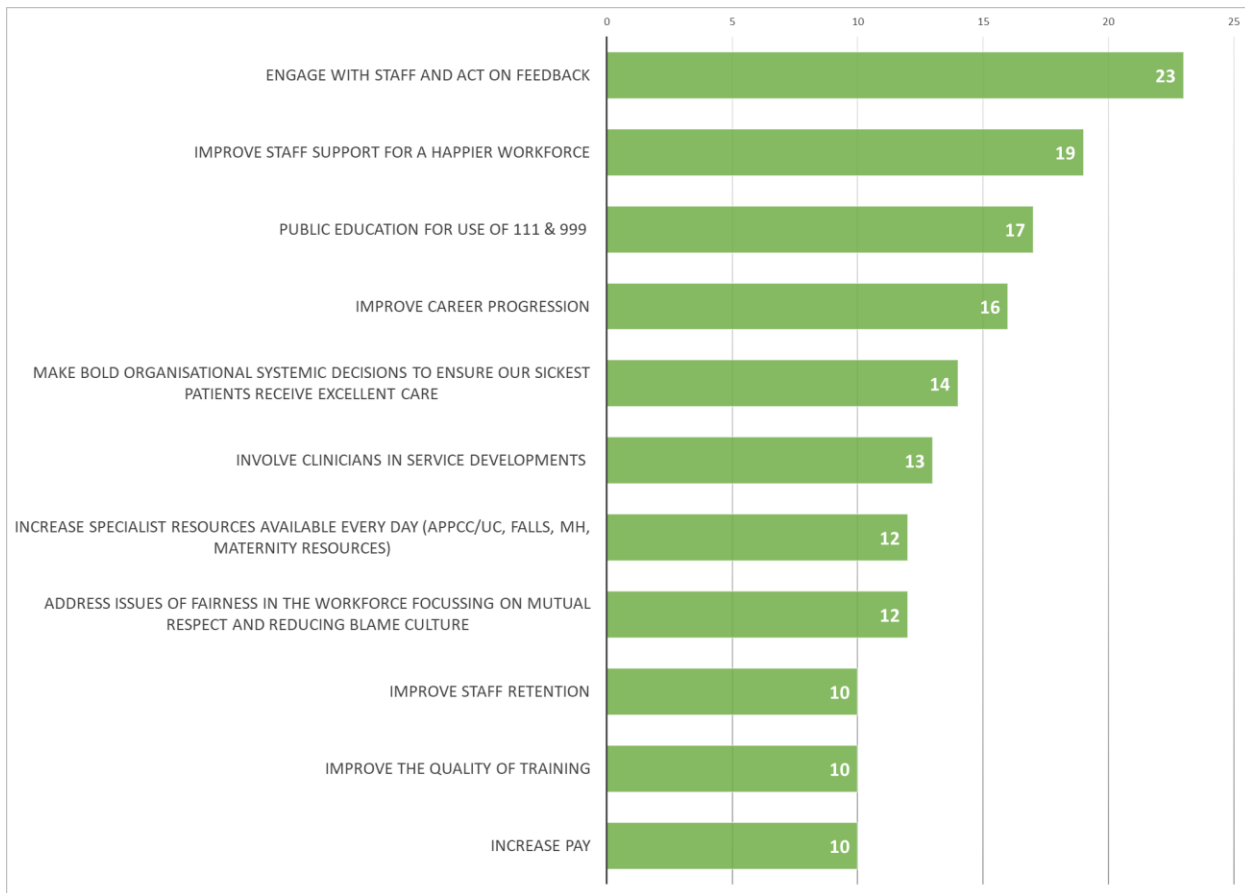
“The LAS will become the remote portion of the NHS, where calls, treatment and advice is done over the phone.”

Notably, fewer responses were provided for this question than previous questions and this is because some staff chose not to answer, suggested that they did not know, or predicted there would be no particular change and these responses were not themed.





Q6) Is there anything else you would like us to know?

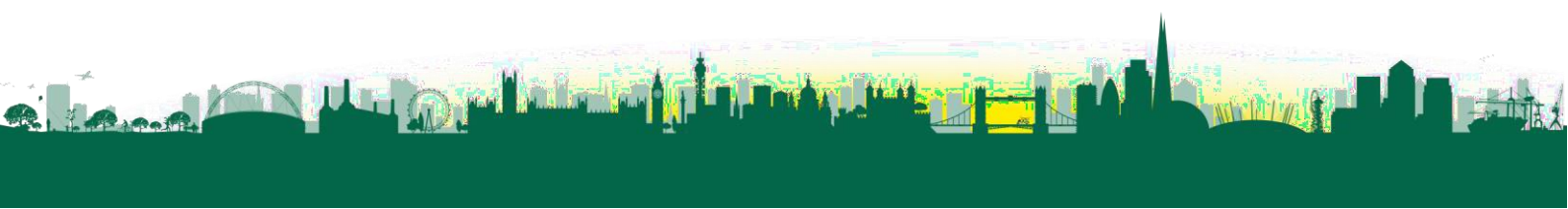


Question 6 Analysis

The majority of staff chose not to add anything further resulting in far less responses to this question.

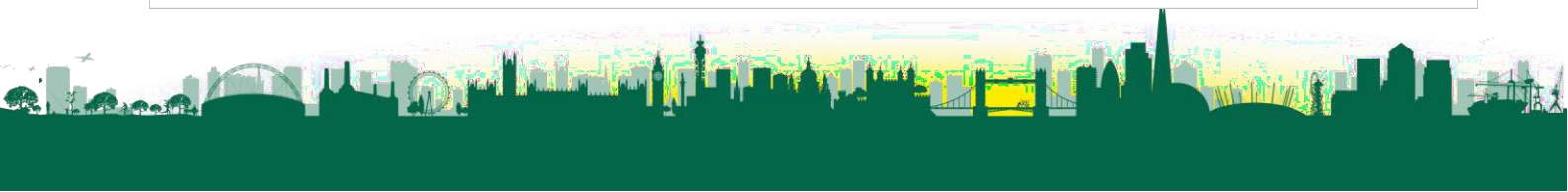
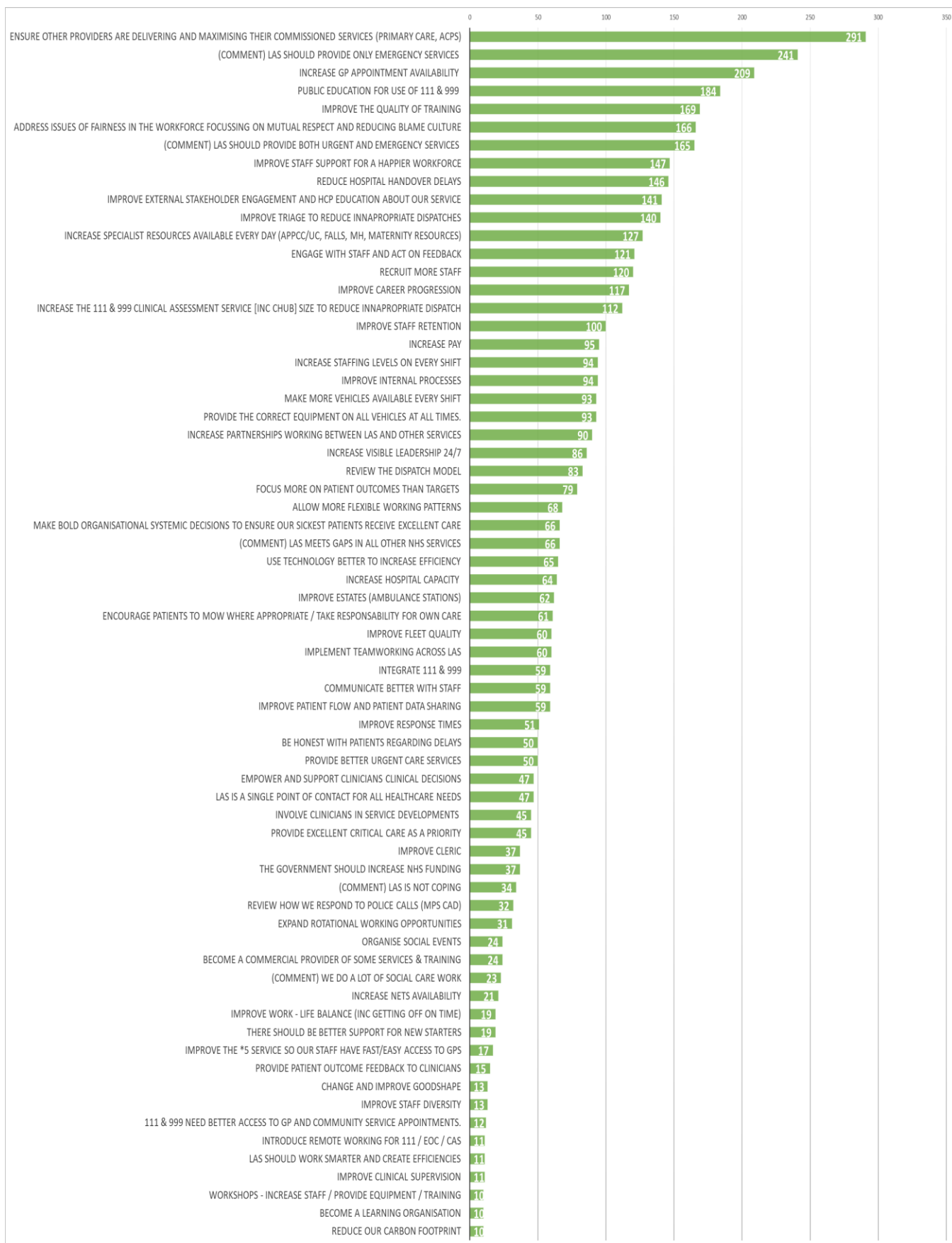
Cautious optimism about staff engagement and the future.

There was a proportion of staff who used this answer to express their optimism about the engagement project and their hopefulness about the future. Many said that they had participated in similar exercises in the past which had not resulted in meaningful change so it is vital that feedback is actioned where possible to avoid disengagement. Information gathered through this process must be utilised to inform the five year strategy and across the organisation in all teams to ensure the organisation responds to the concerns and ideas highlighted.





Grand total of themes from all answers given to all questions (where theme count >10)





This staff engagement project has been an important exercise and has achieved its main goals:

- Collate the high level themes of staff issues and concerns across all departments,
- Gather low level specific change ideas, (Separate report to follow)
- Demonstrate the executive team's willingness to seek staff opinion and discuss change.

The graph "Grand total of themes" (above) summarises the most mentioned themes and serves as a useful summary of the major issues discussed in the document.

Recommendations and/or next steps

- 1) *Work closely with other NHS healthcare providers and PCNs to maximise their service provision.*
- 2) *Improve our emergency response by:*
 - *Recruiting more staff (including specialist clinicians) to work in the CAS and Chub.*
 - *Reviewing triage practices to reduce inappropriate ambulance dispatches.*
 - *Addressing hospital handover times - release our crews from hospital quicker.*
- 3) *Develop a public education campaign informing the public how to access healthcare in London.*
- 4) *Improve clinical and non-clinical training by offering role specific, high fidelity simulation training led/assisted by clinical experts. Improve ongoing clinical supervision.*
- 5) *Review terms, conditions and integration of all LAS teams (Vehicle Preparation, Vehicle mechanics, 111, EOC, NETS etc) to ensure equity of benefits and to highlight talent.*
- 6) *Improve staff support by investigating different ways of working (rotational, flexible, home working), investing in professional psychological support and making managers more accessible (team-working). Recognise and praise good practice.*
- 7) *Invest in recruiting and training more clinical specialists (APPUC, APPCC, Maternity, Mental Health, FCP) so that we can provide excellent appropriate care on scene and provide staff with more career development opportunities (resulting in improved retention).*
- 8) *Recruit more staff with a focus on recruiting locally.*
- 9) *Invest in fleet and equipment to ensure our staff have the tools they need to do their jobs enabling them to offer excellent patient care.*
- 10) *Work with system partners to finally integrate cross-organisational IT systems to easily and securely share patient data.*

We would encourage the Trust to consider repeating the Staff Interviews project on an ongoing basis, as well as seeking feedback through specific mechanisms, to supplement the annual NHS Staff Survey, with the quantitatively and qualitatively analysed data to be reported to the Trust Board.

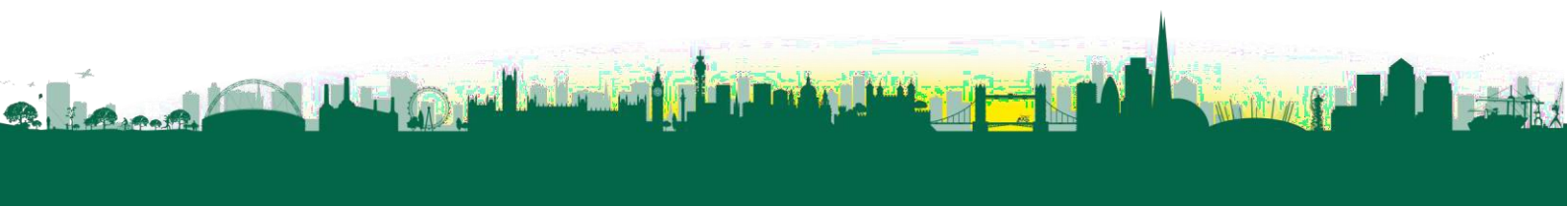




Appendix Staff Interviews 2022-23

Responses Filtered by area of work

In this appendix you will find a detailed breakdown of the interview data organised by areas/departments of LAS. Please read the full report for more information about the project, its main findings and recommendations.



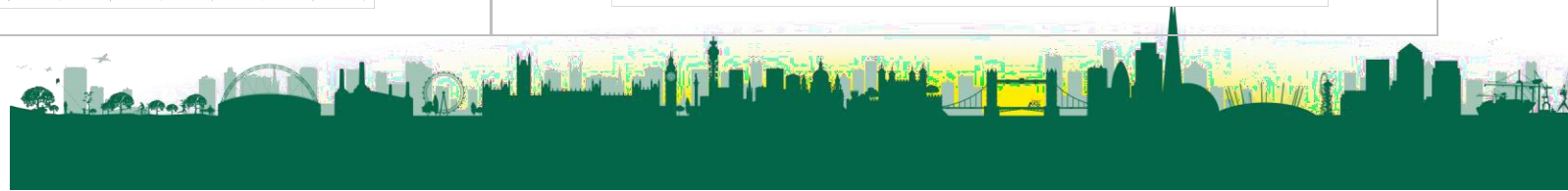
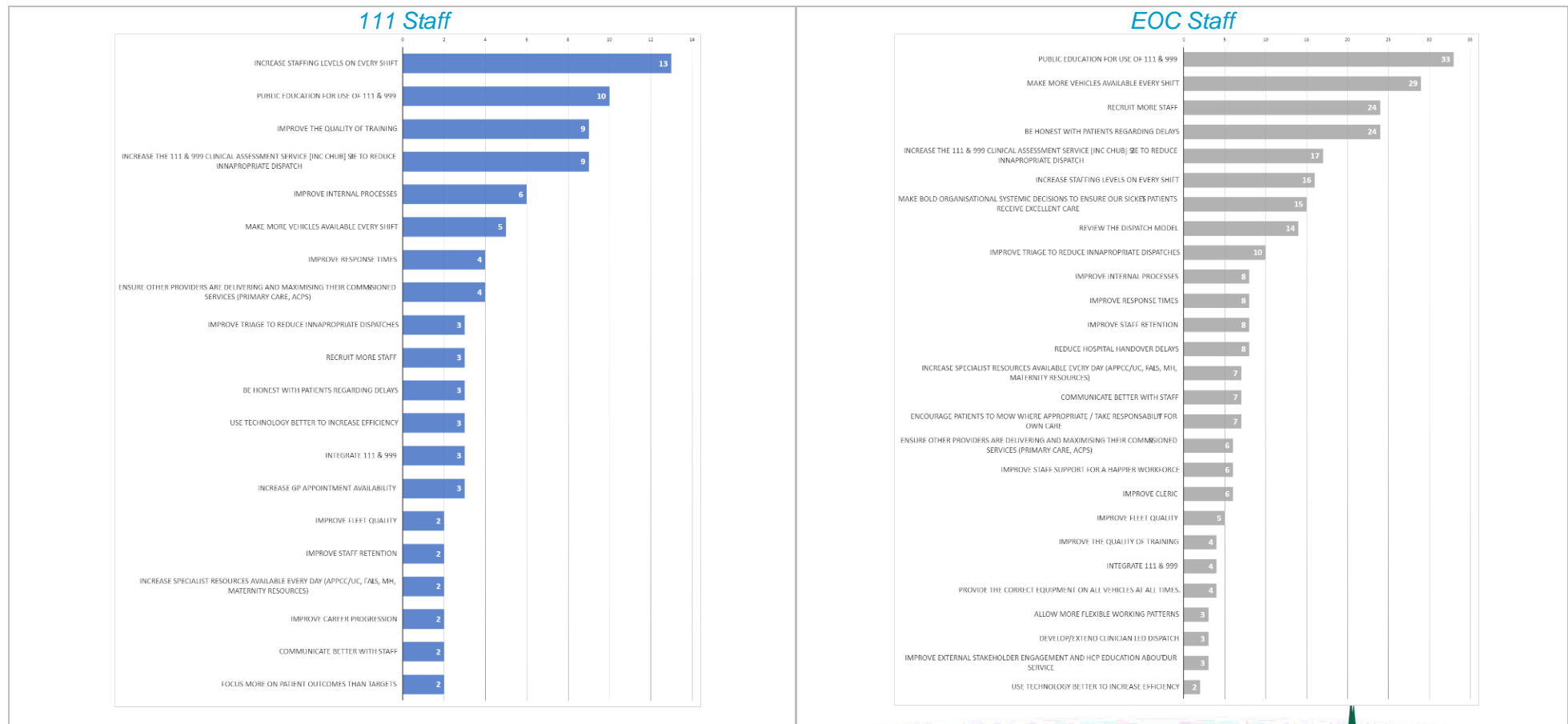


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Findings

Themed results structured by department and by interview question.

Q1) What are the most important things we should do to improve patient care?

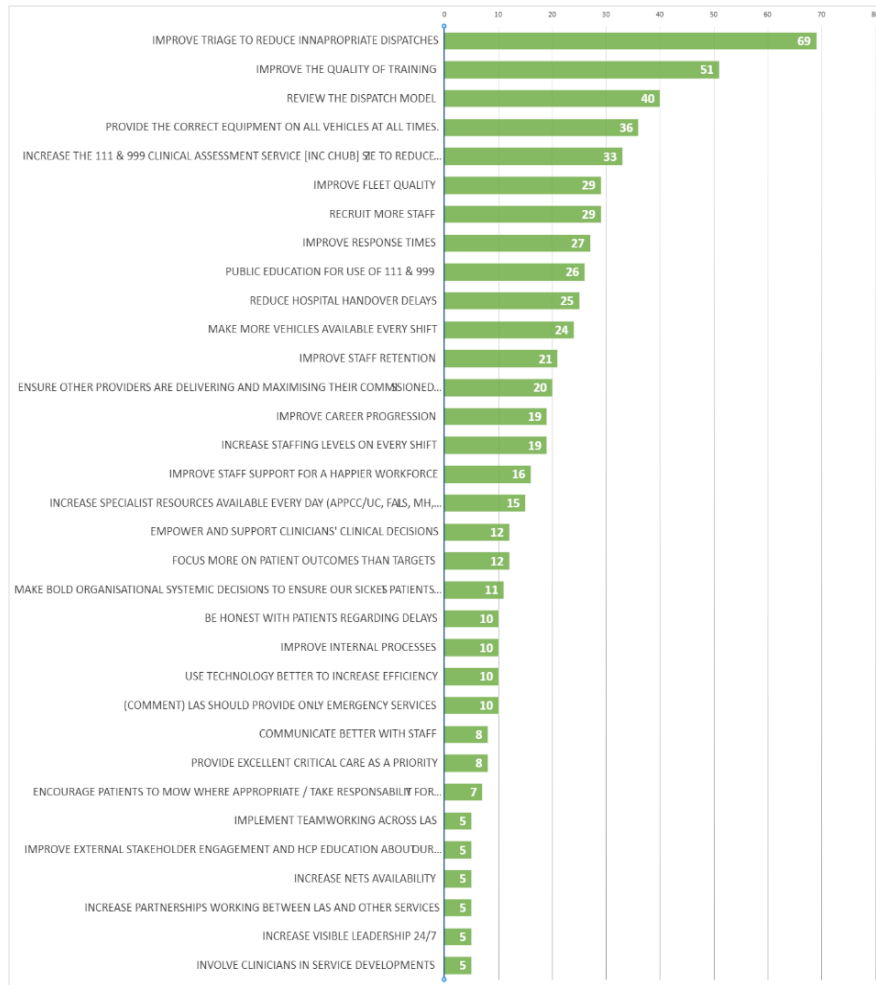




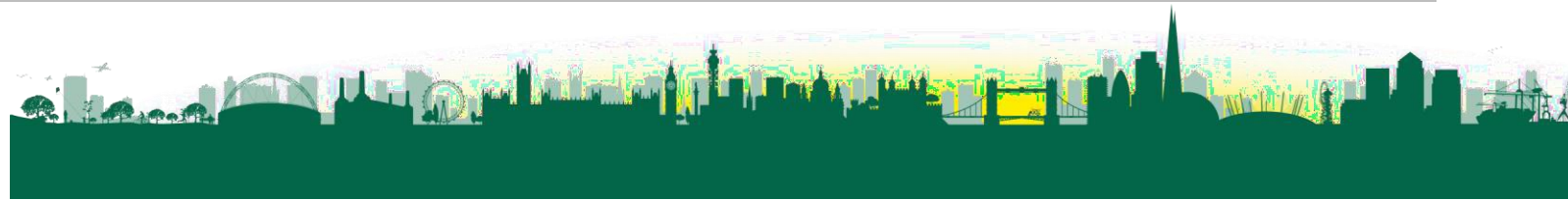
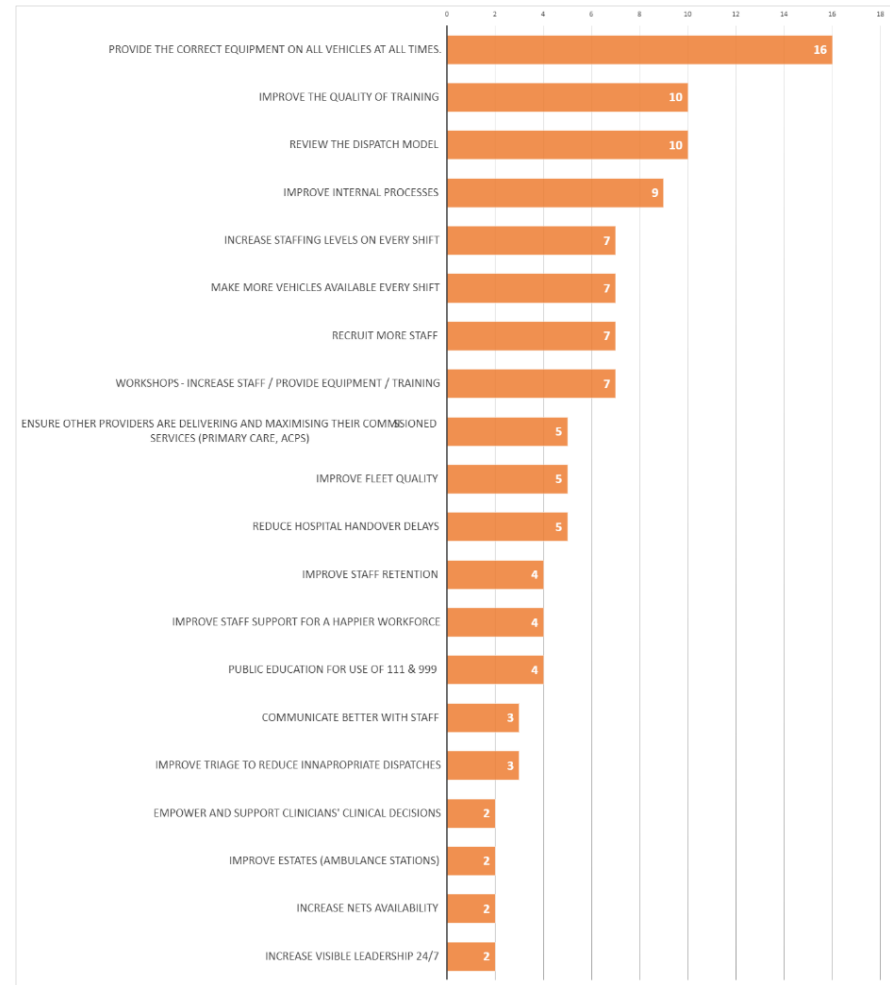
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Q1) What are the most important things we should do to improve patient care?

Ambulance Ops Staff



Ambulance Support Staff

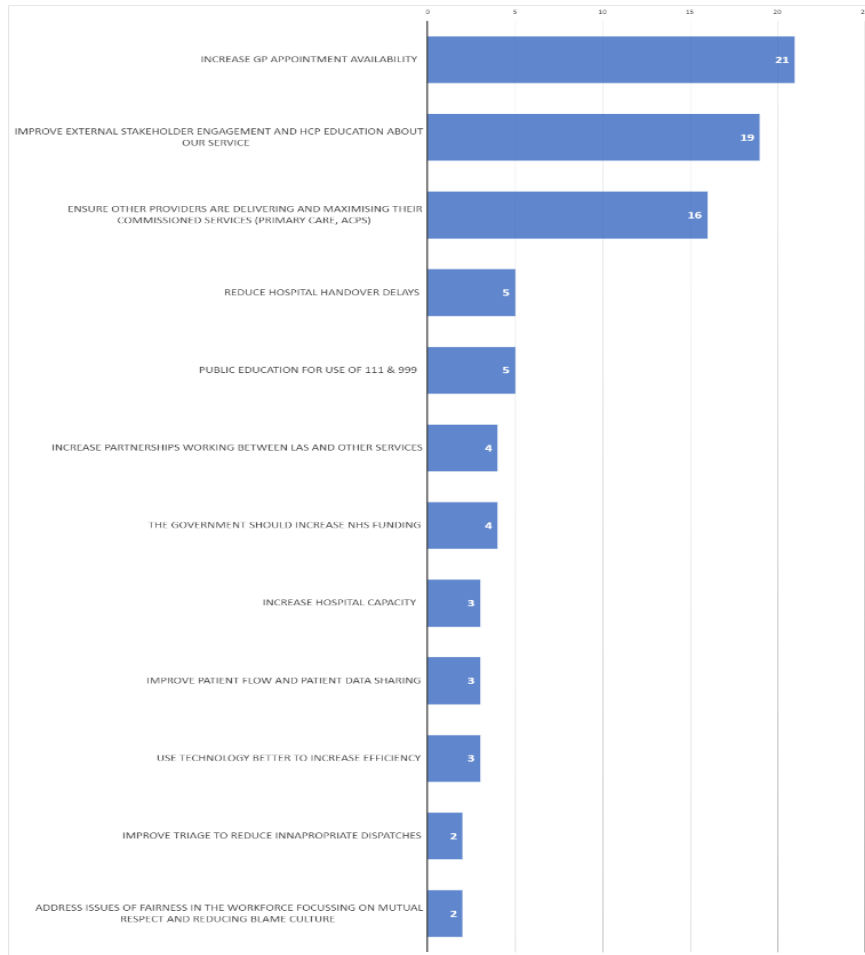




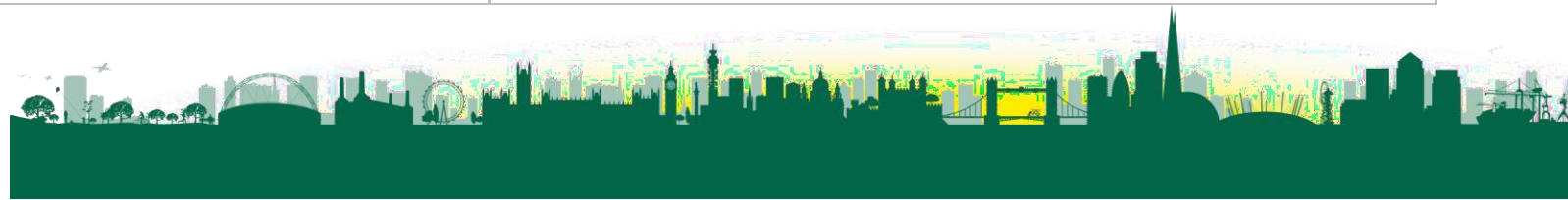
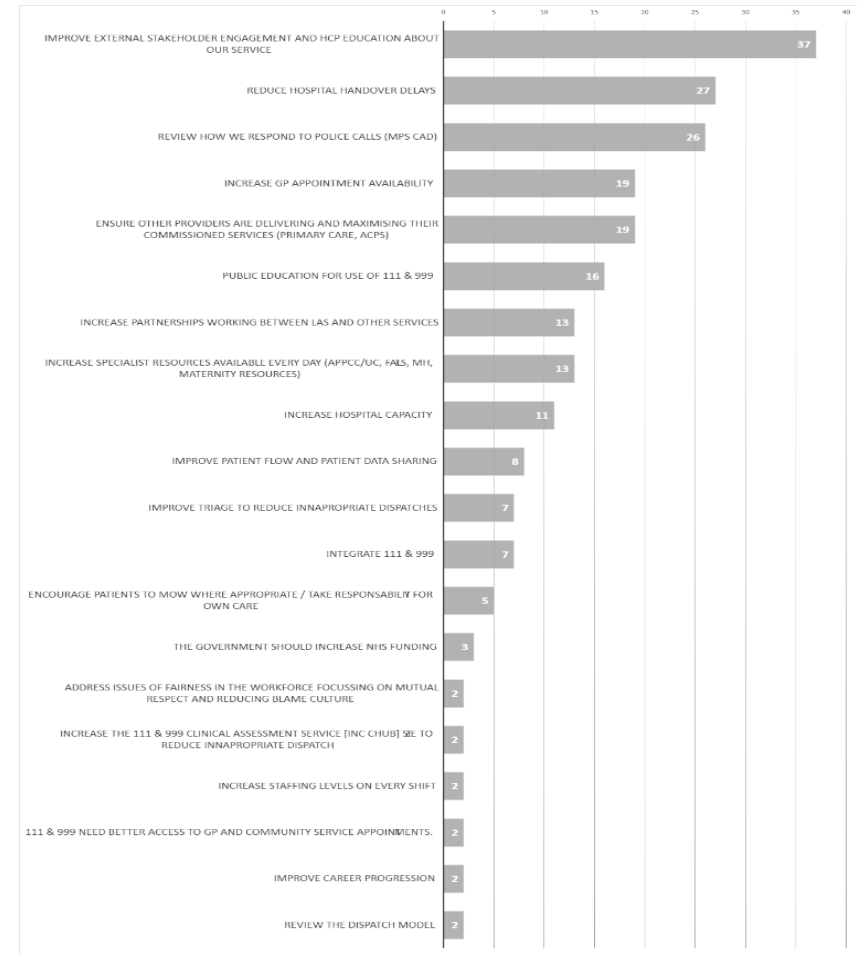
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Q2) What's the most important thing others could do to improve care for LAS patients?

111 Staff



EOC Staff

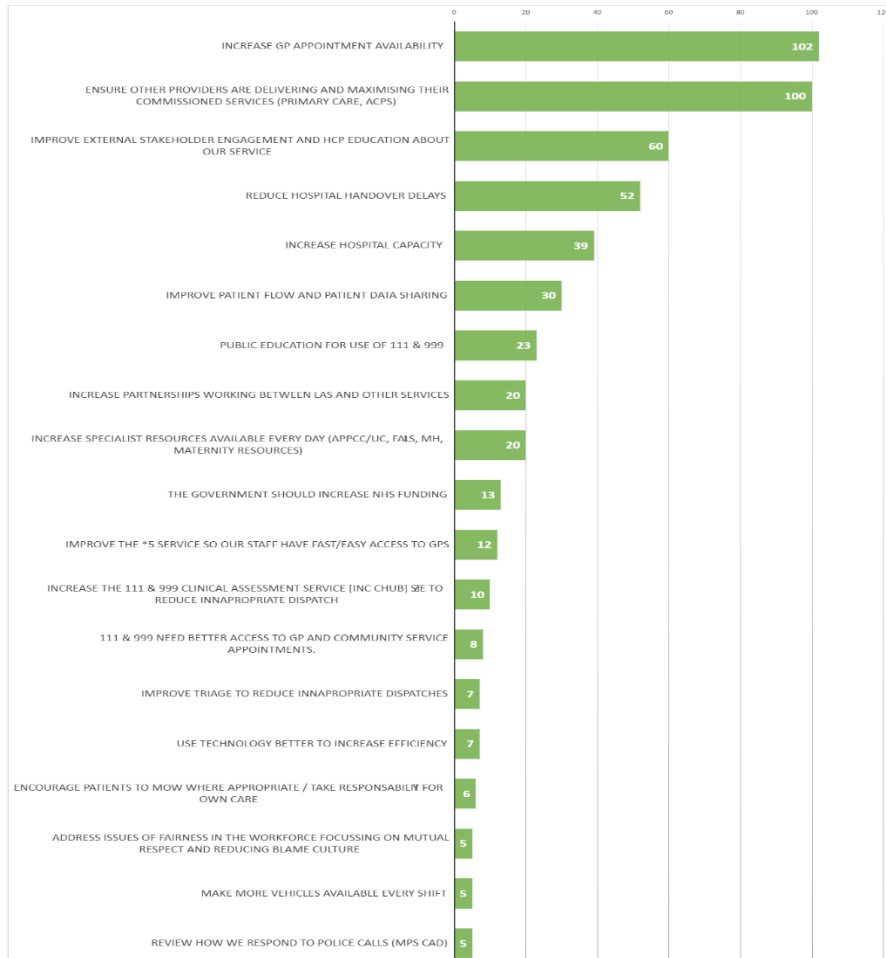




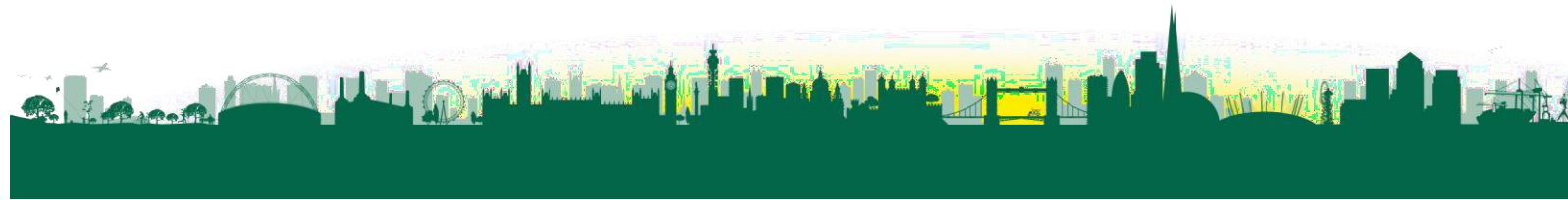
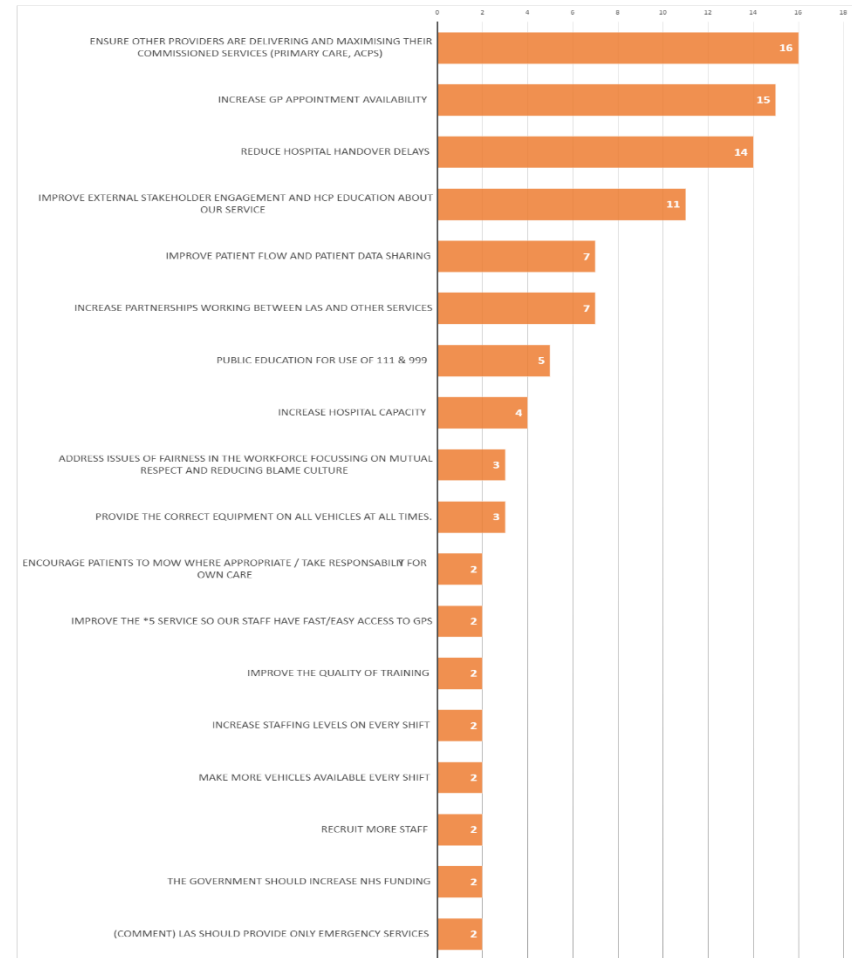
London Ambulance Service NHS Trust

Q2) What's the most important thing others could do to improve care for LAS patients?

Ambulance Ops Staff



Ambulance Support Staff

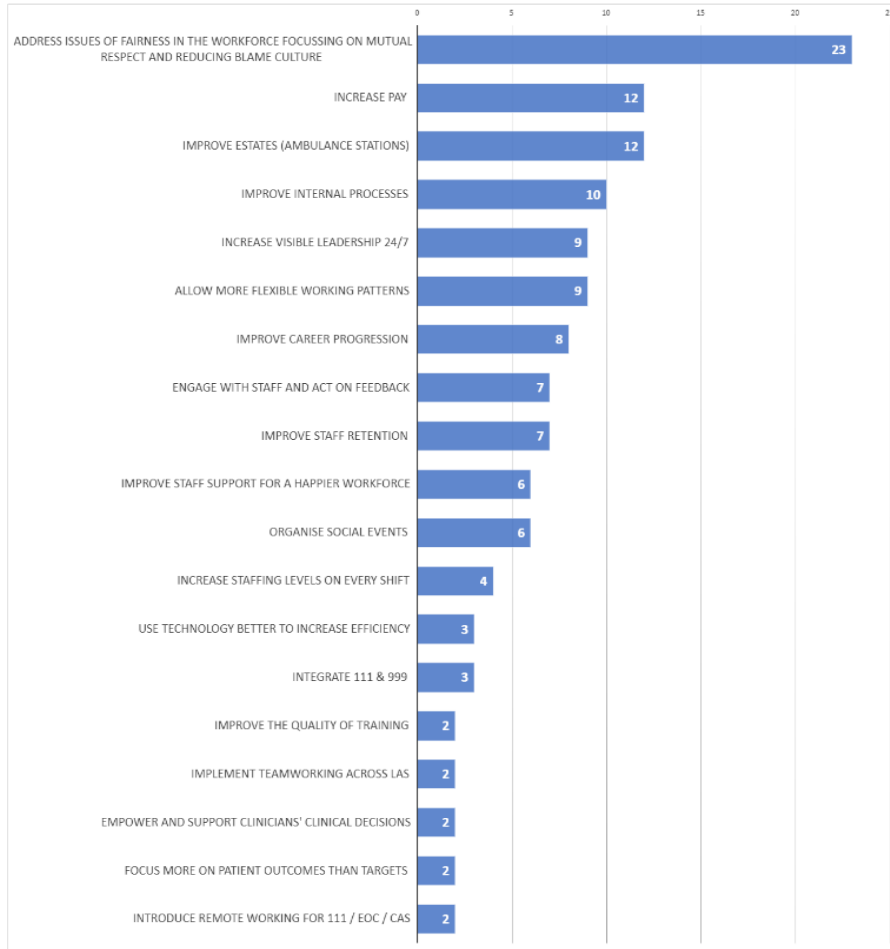




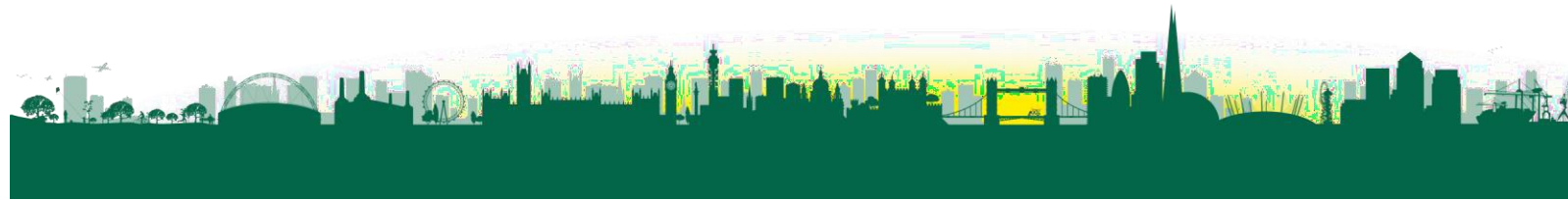
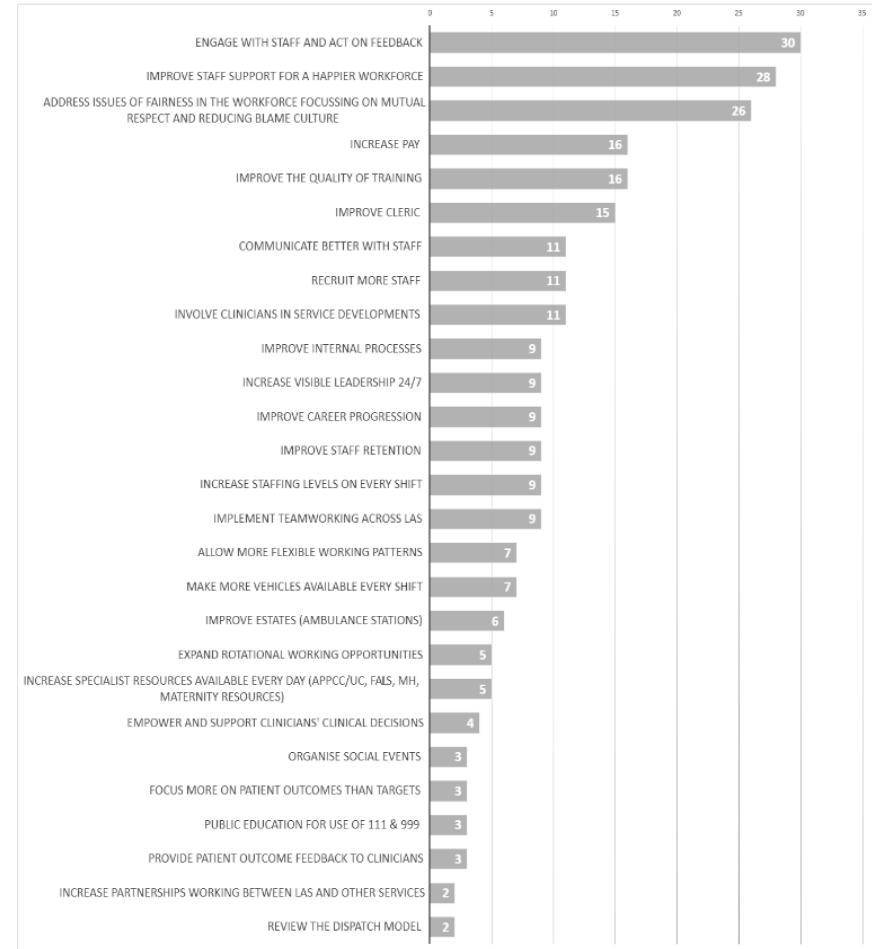
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Q3 What are the most important things we could do to make LAS a great place to work?

111 Staff



EOC Staff

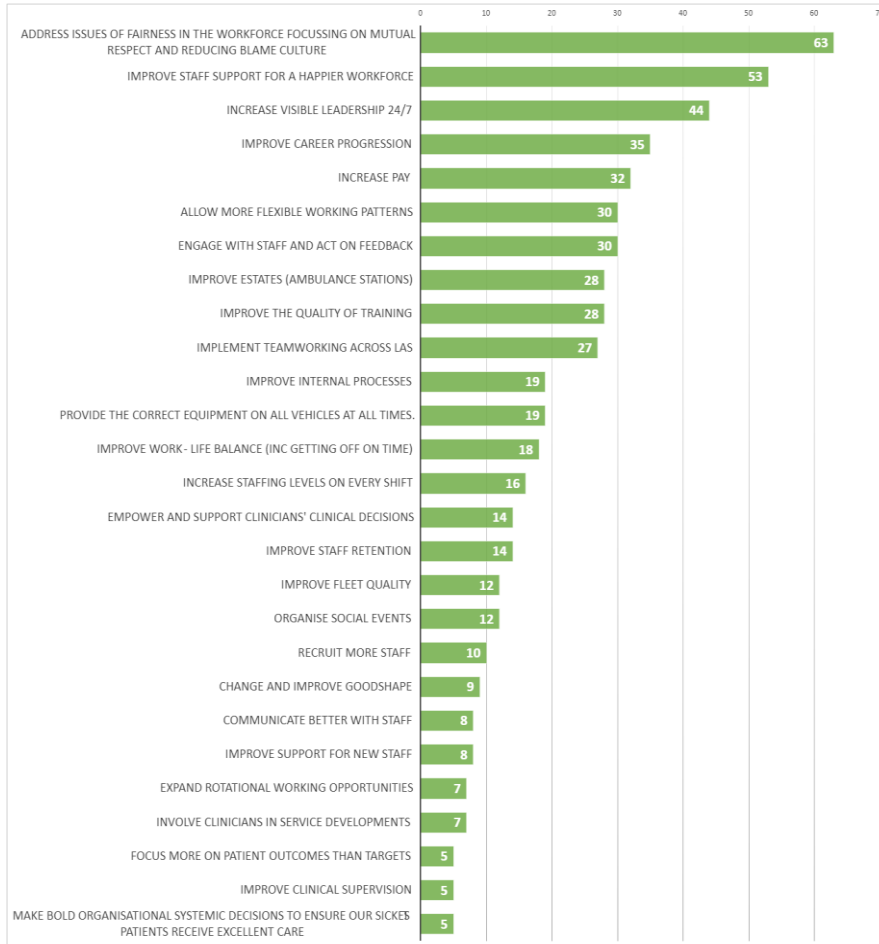




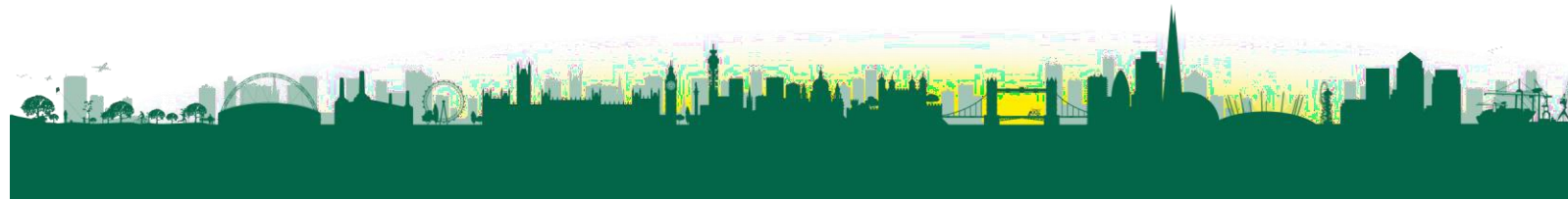
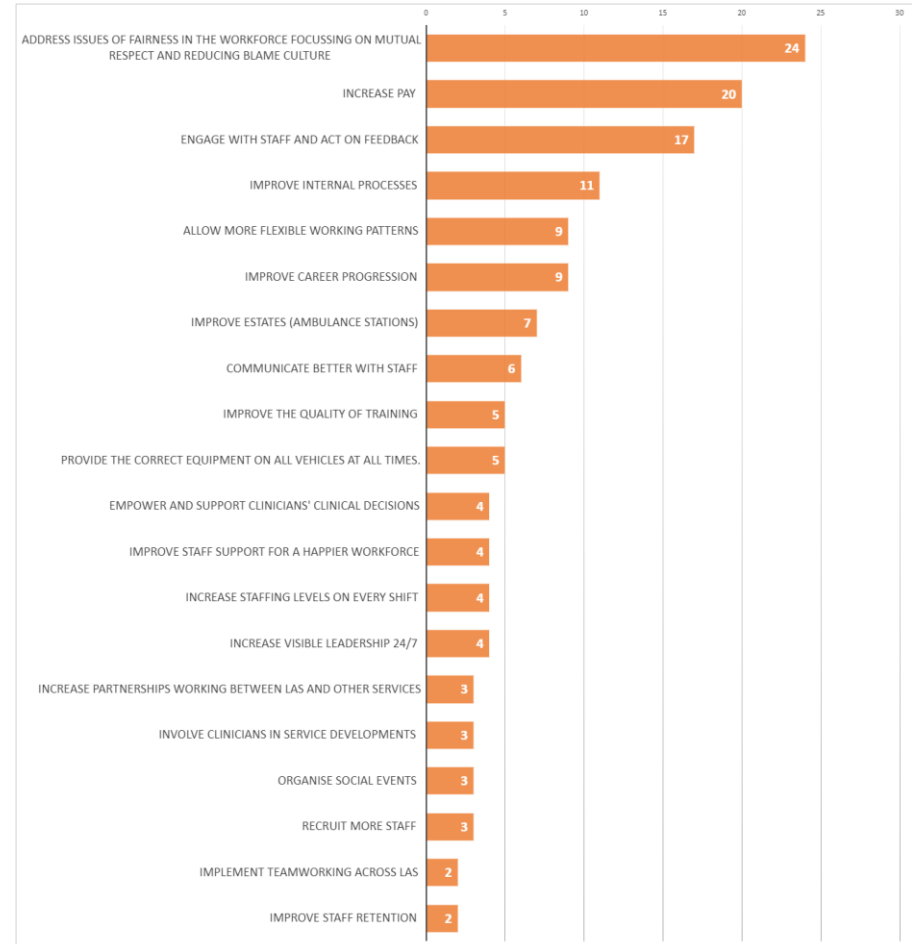
London Ambulance Service NHS Trust

Q3 What are the most important things we could do to make LAS a great place to work?

Ambulance Ops Staff



Ambulance Support Staff

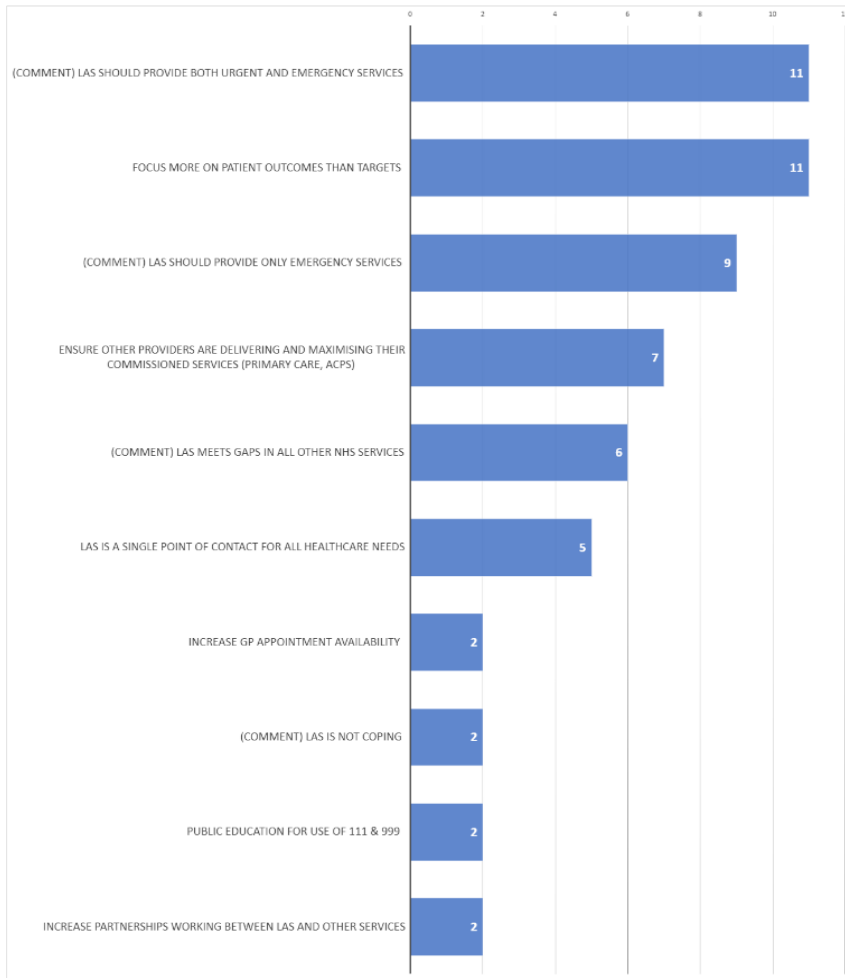




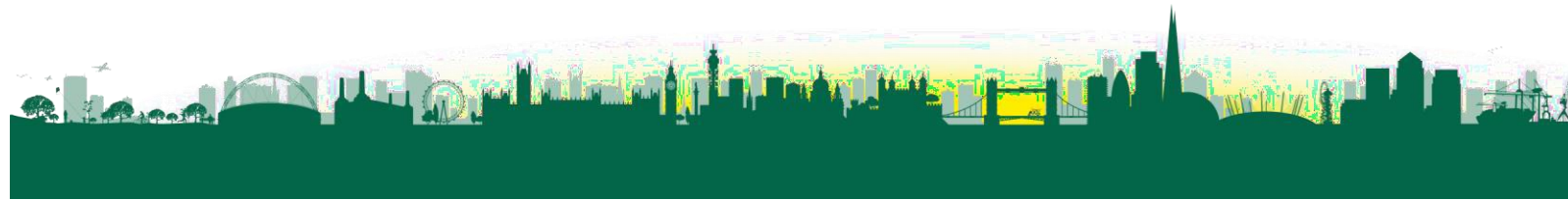
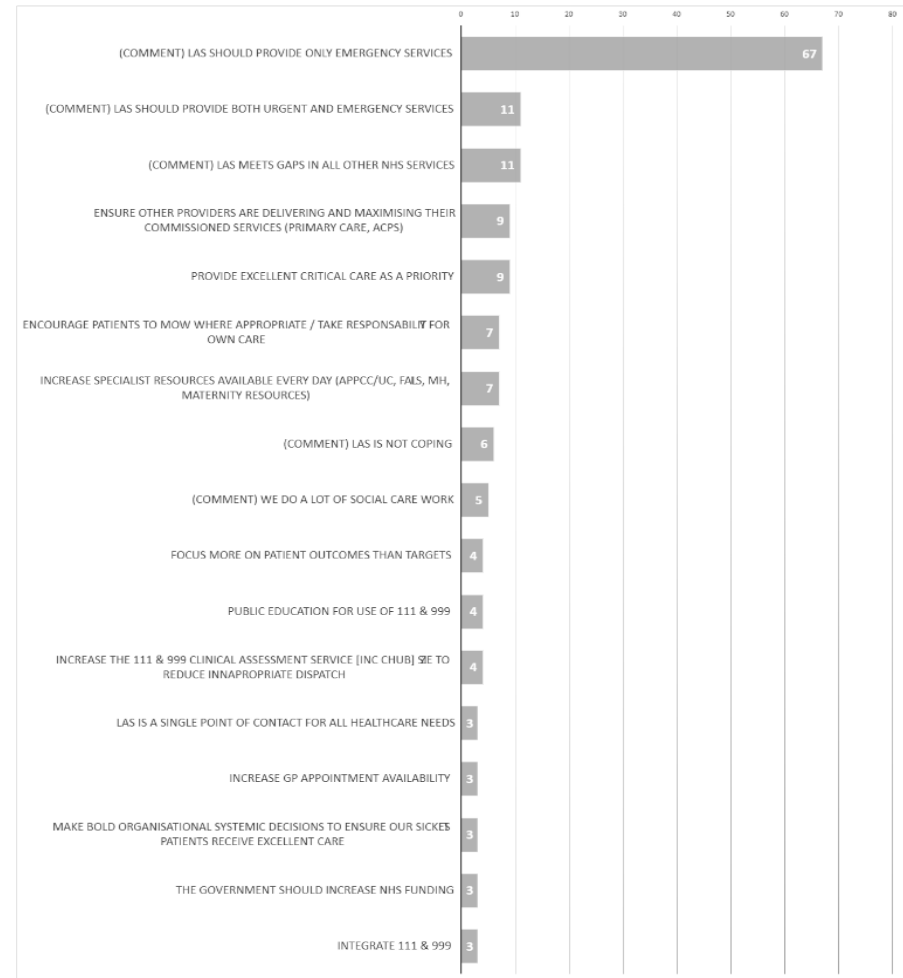
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Q4) What do you think the purpose of the LAS is now?

111 Staff



EOC Staff

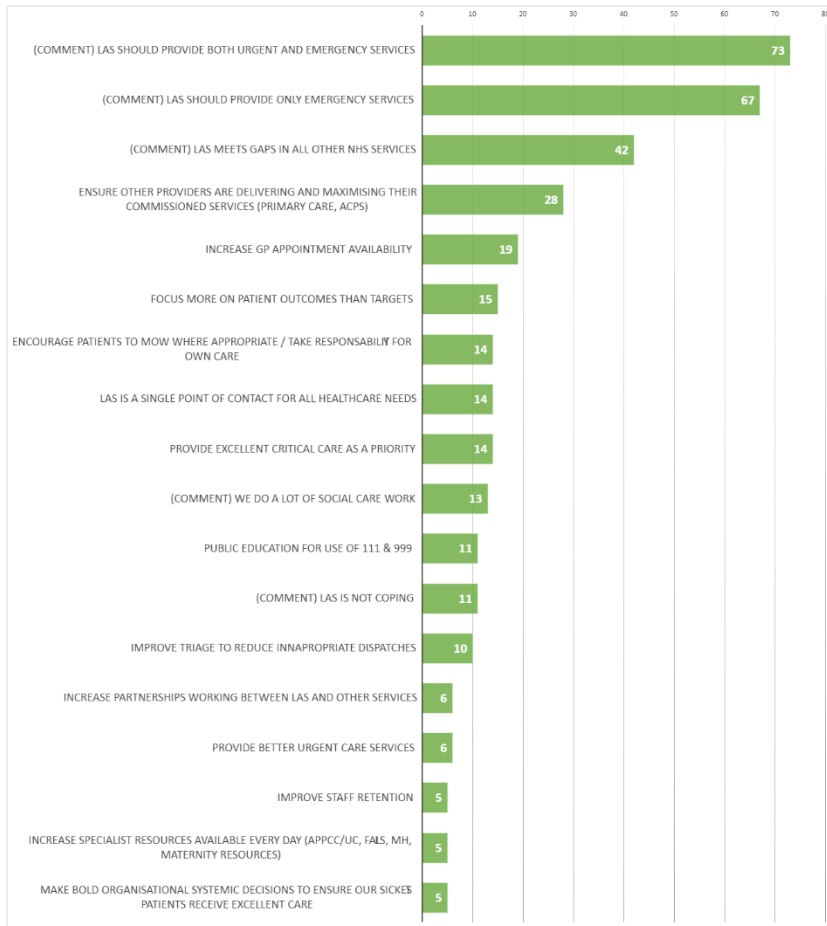




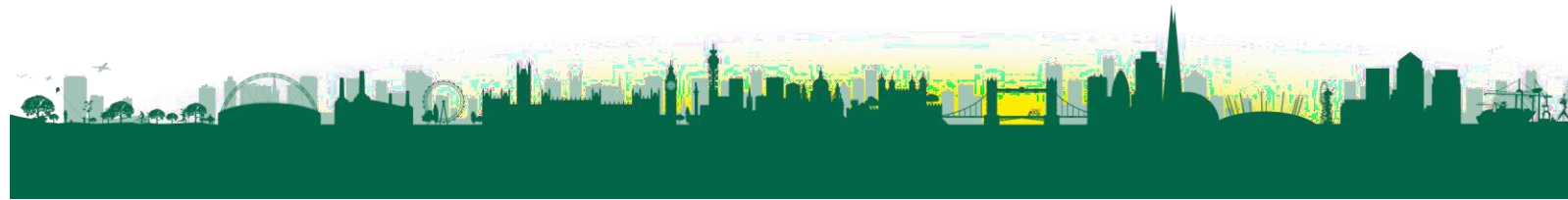
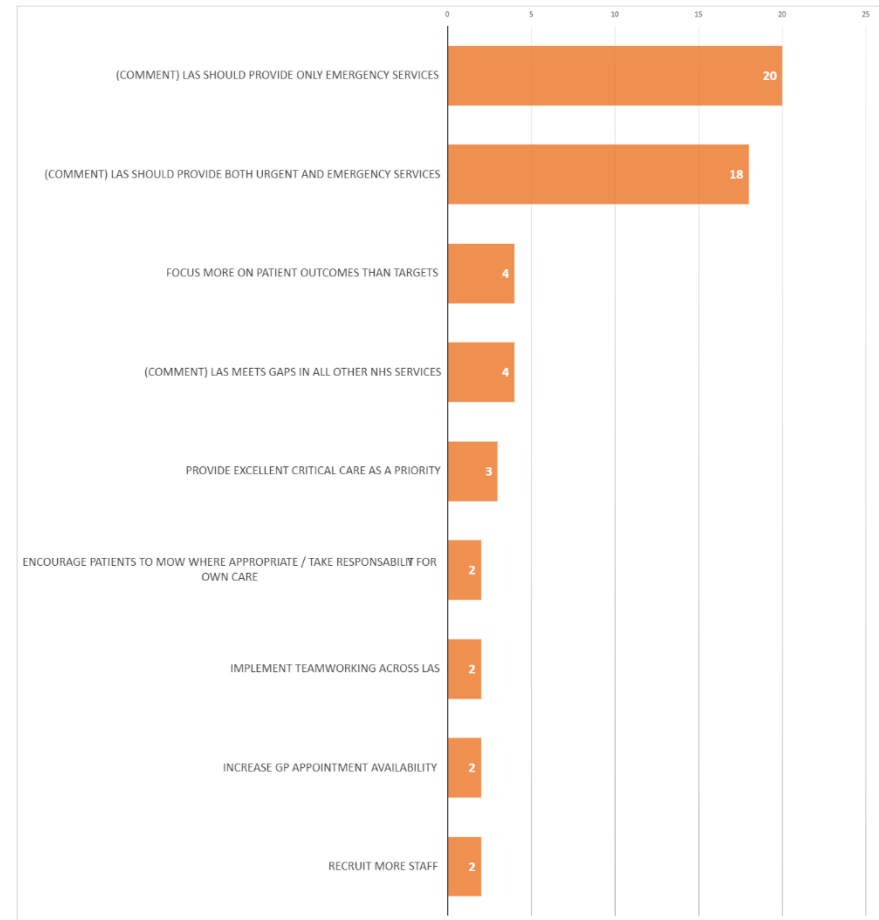
London Ambulance Service NHS Trust

Q4) What do you think the purpose of the LAS is now?

Ambulance Ops Staff



Ambulance Support Staff

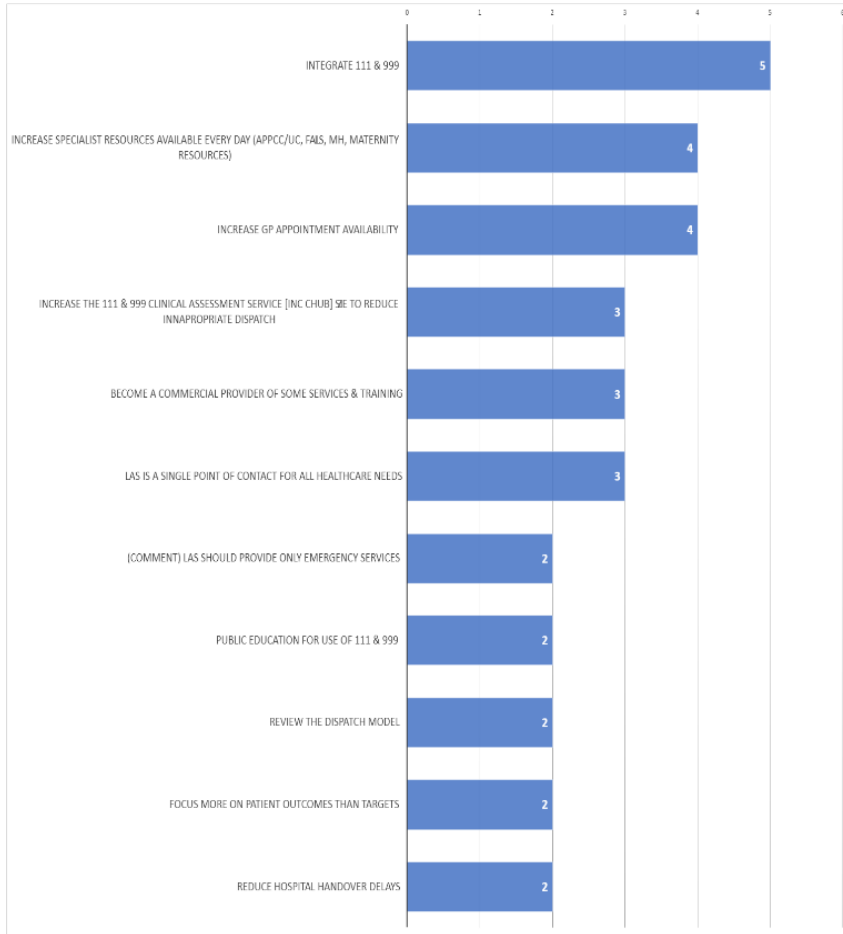




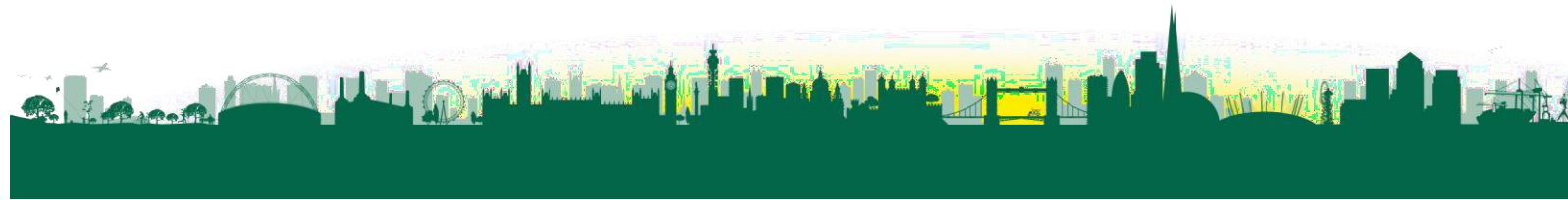
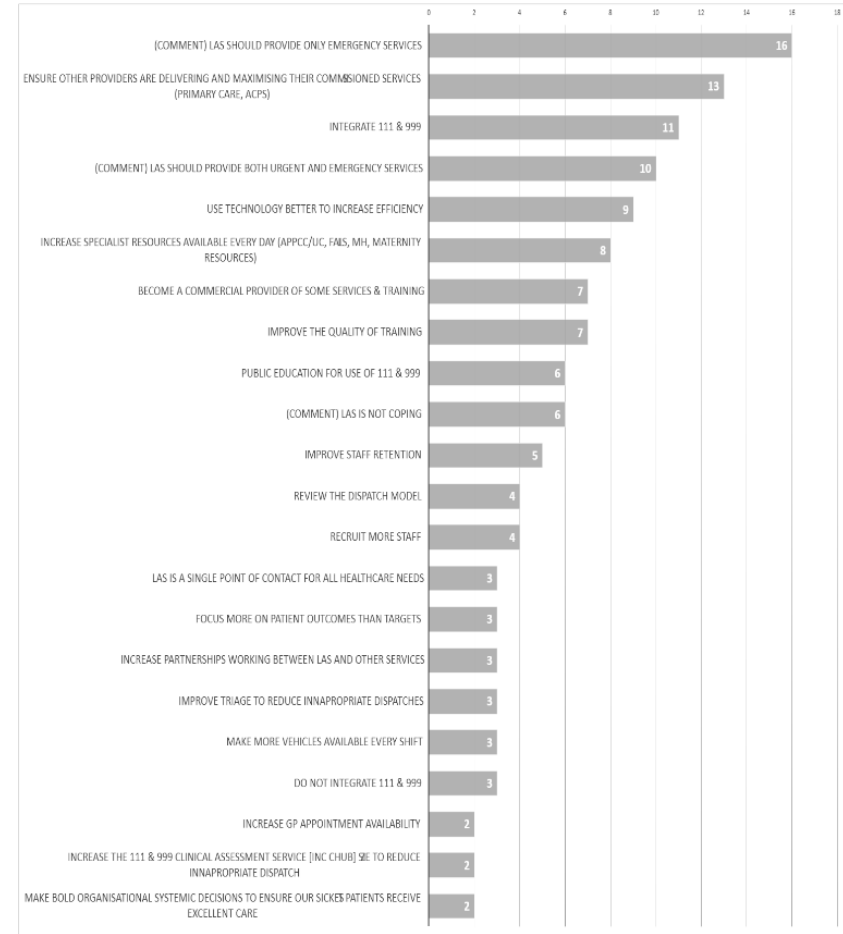
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Q5) How do you think the LAS purpose might change in the next 5 years?

111 Staff



EOC Staff

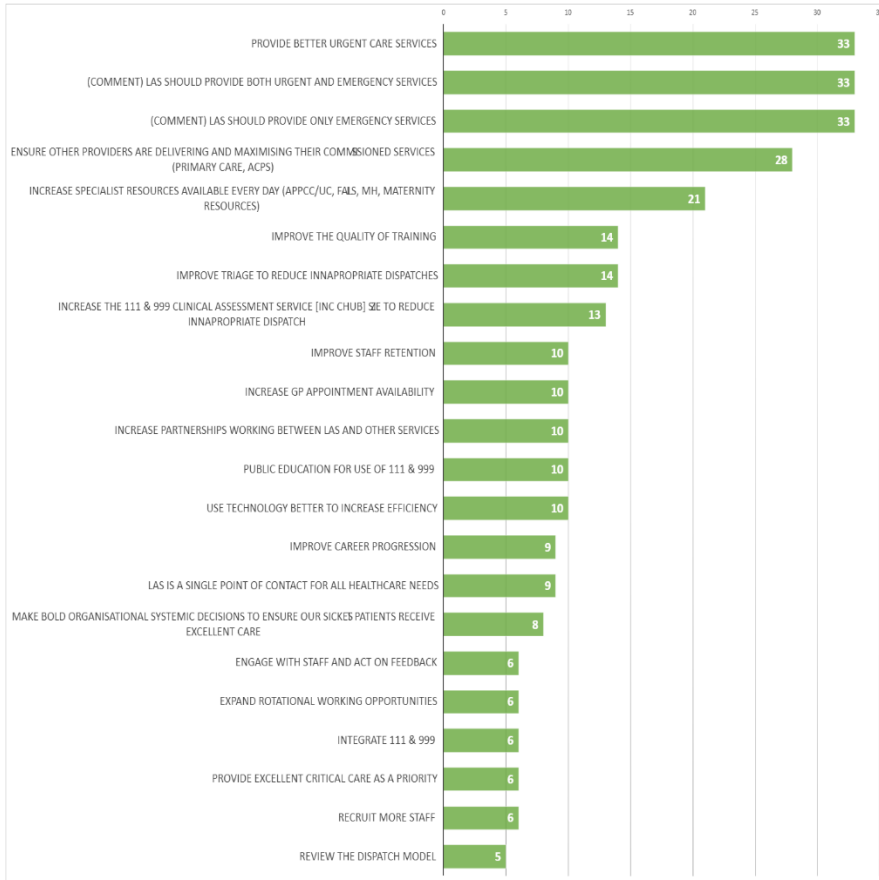




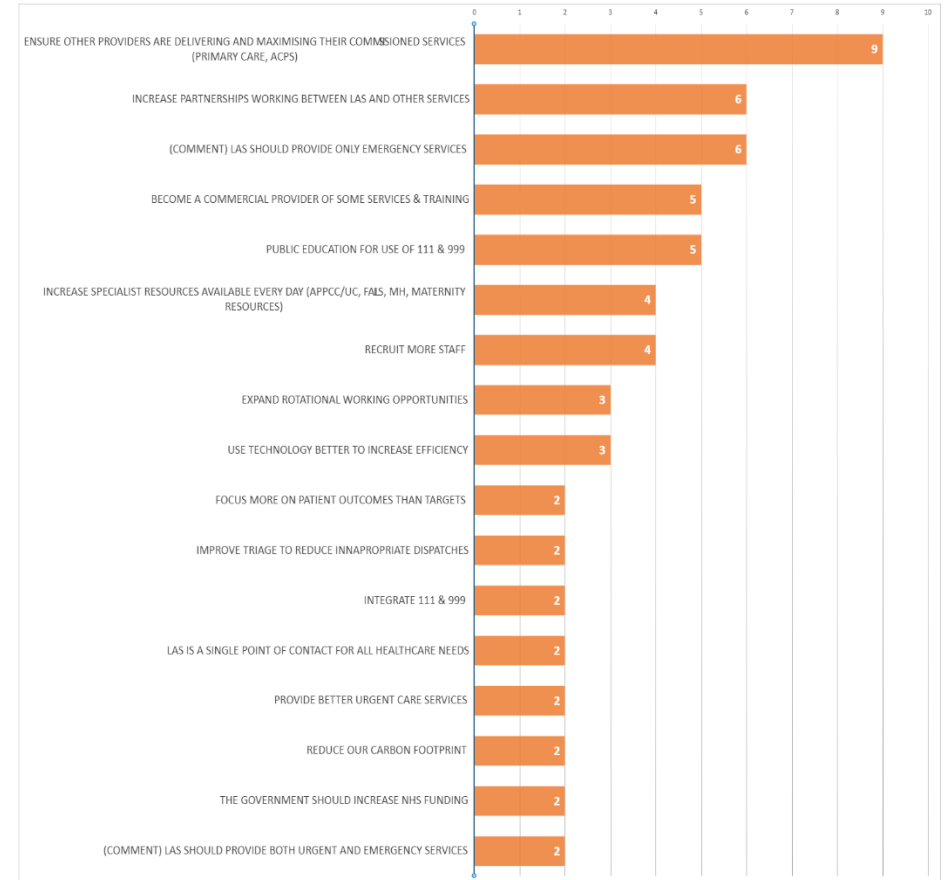
London Ambulance Service NHS Trust

Q5) How do you think the LAS purpose might change in the next 5 years?

Ambulance Ops Staff



Ambulance Support Staff

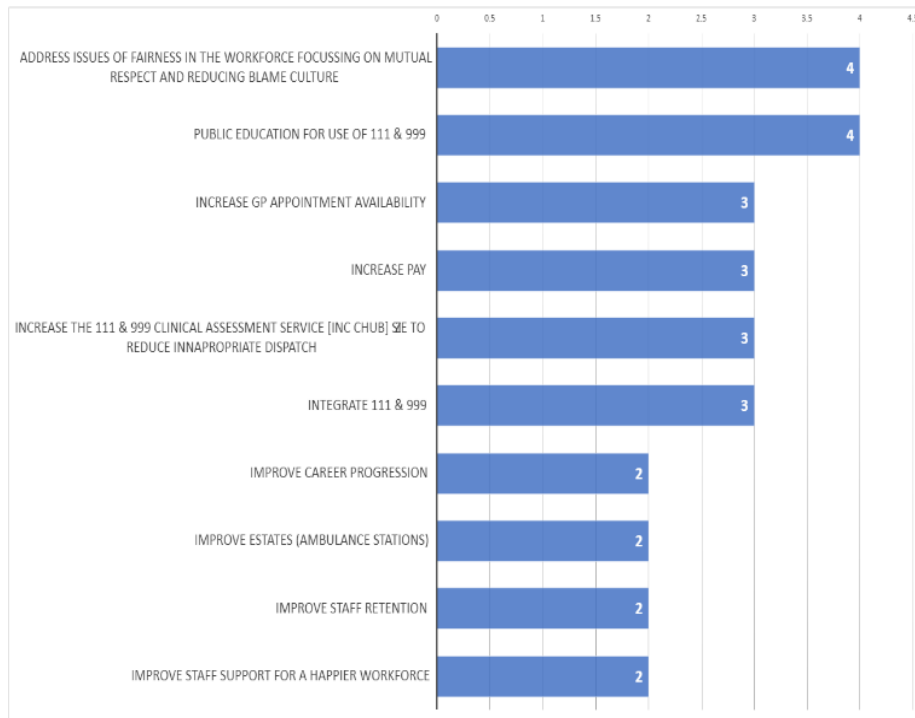




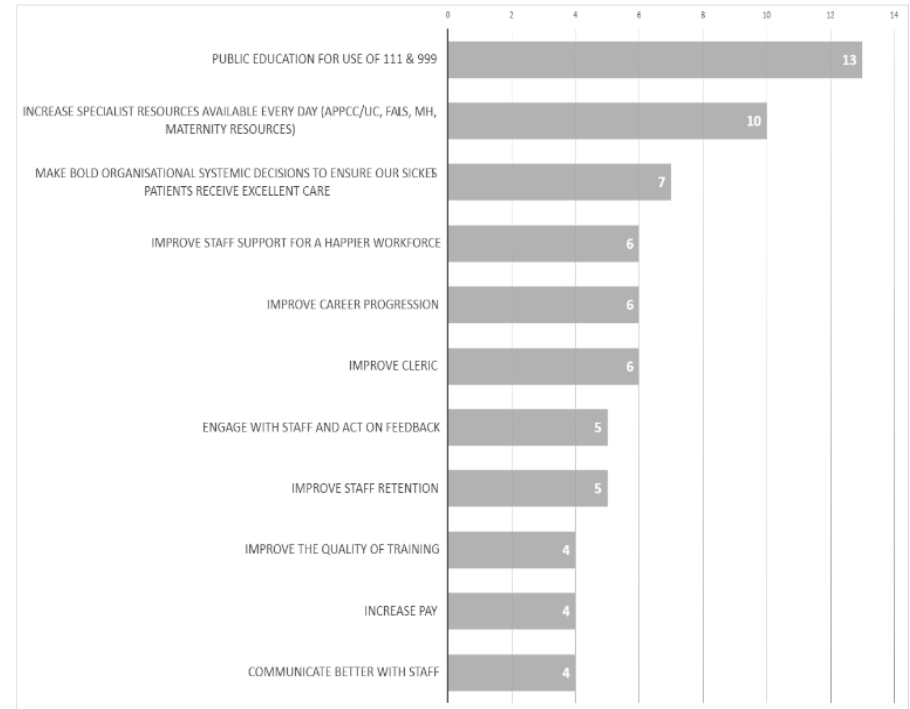
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Q6) Is there anything else you would like us to know?

111 Staff



EOC Staff

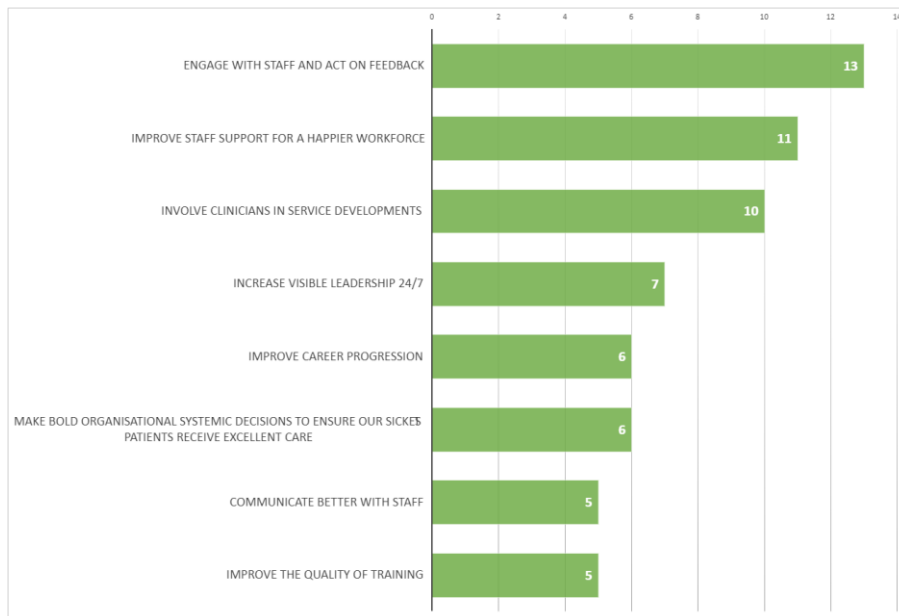




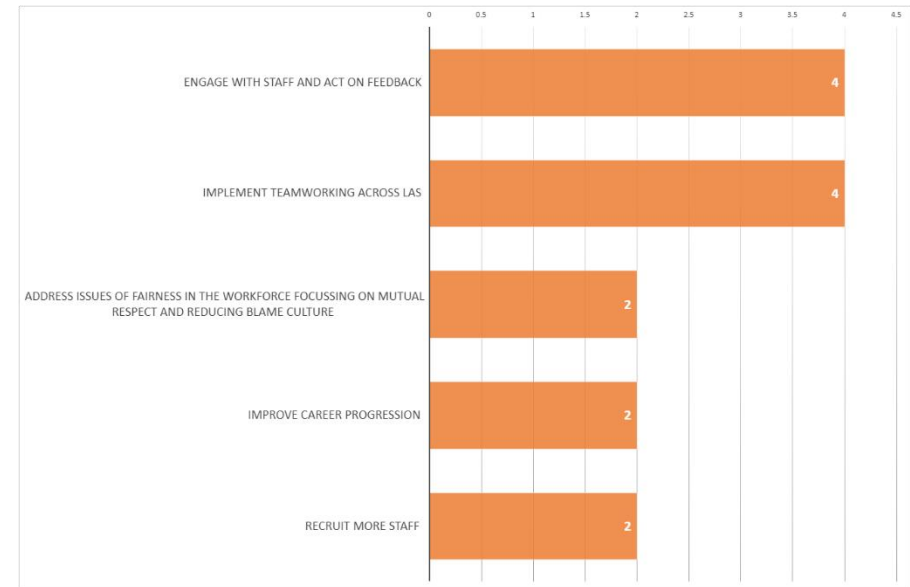
London Ambulance Service NHS Trust

Q6) Is there anything else you would like us to know?

Ambulance Ops Staff



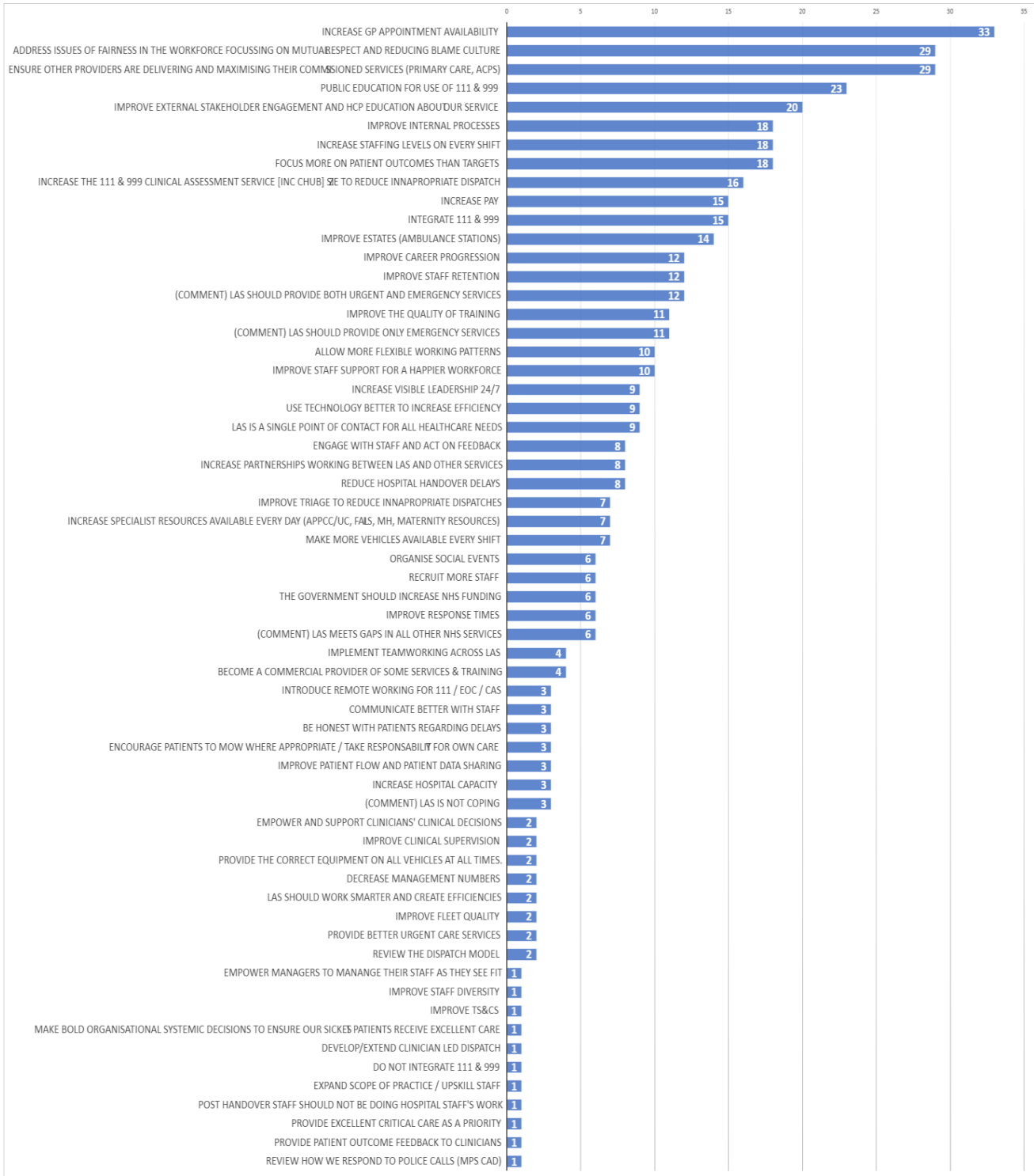
Ambulance Support Staff





Grand total of themes from all answers given to all questions

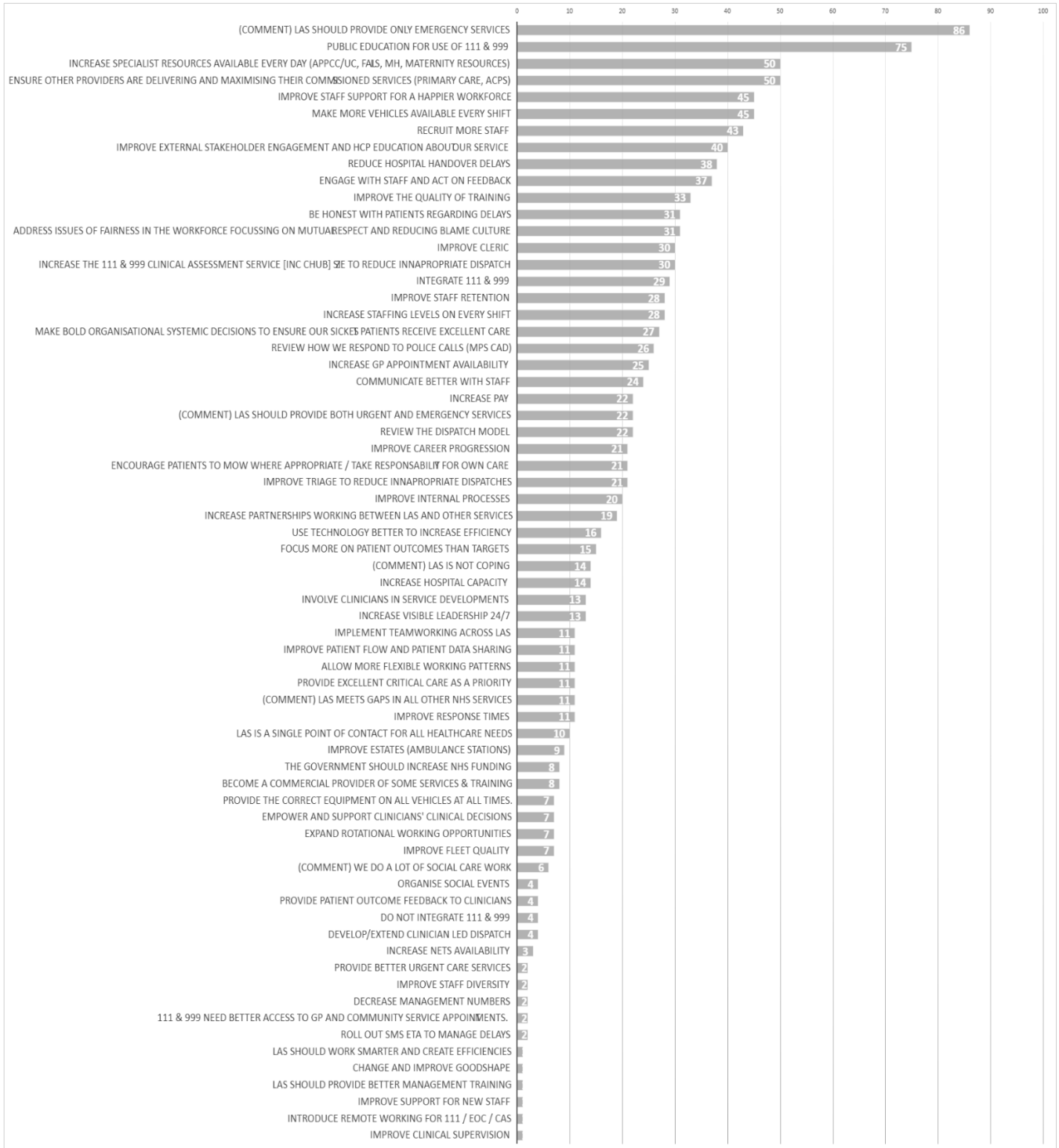
111 Staff





Grand total of themes from all answers given to all questions

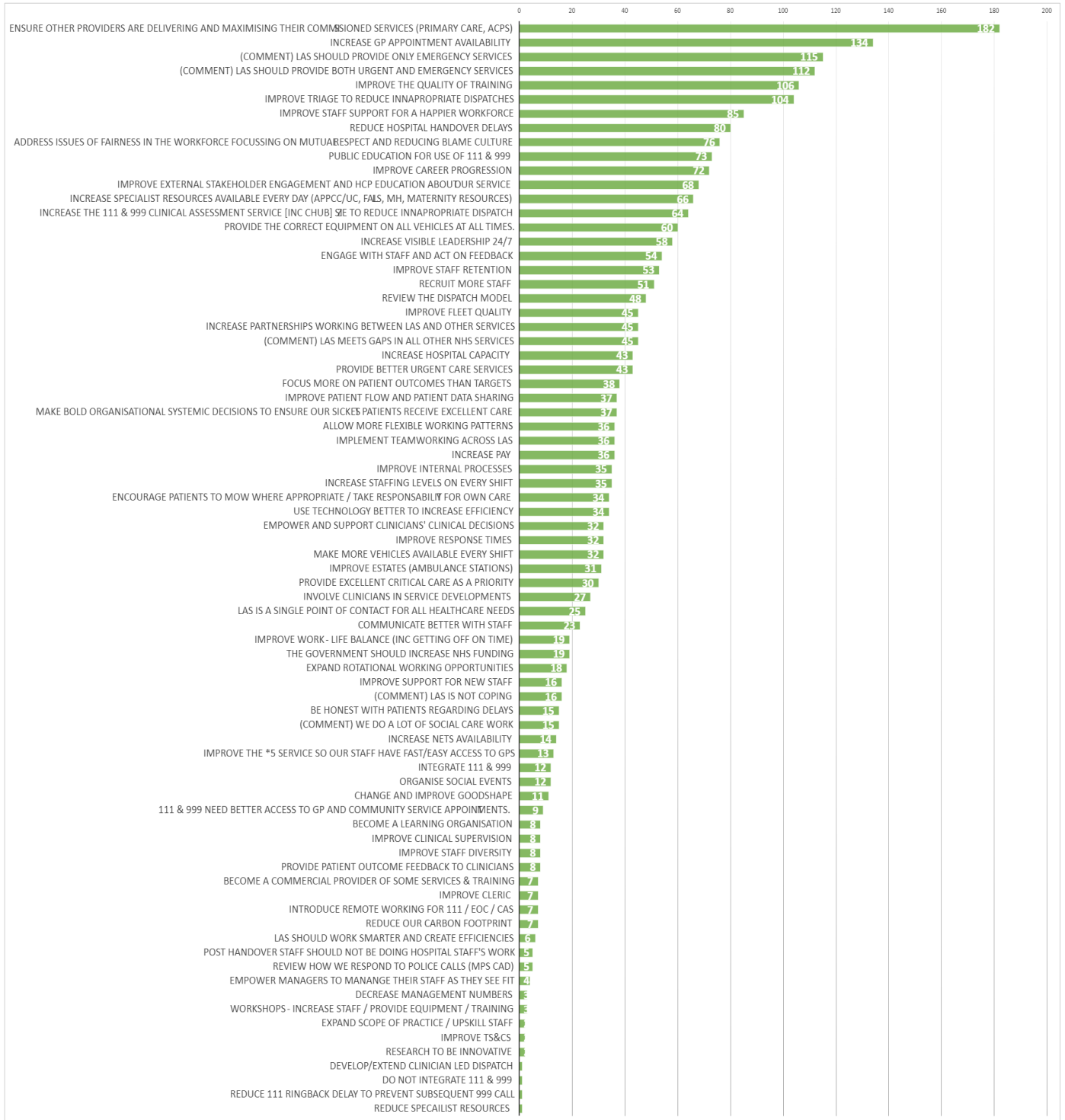
EOC Staff





Grand total of themes from all answers given to all questions

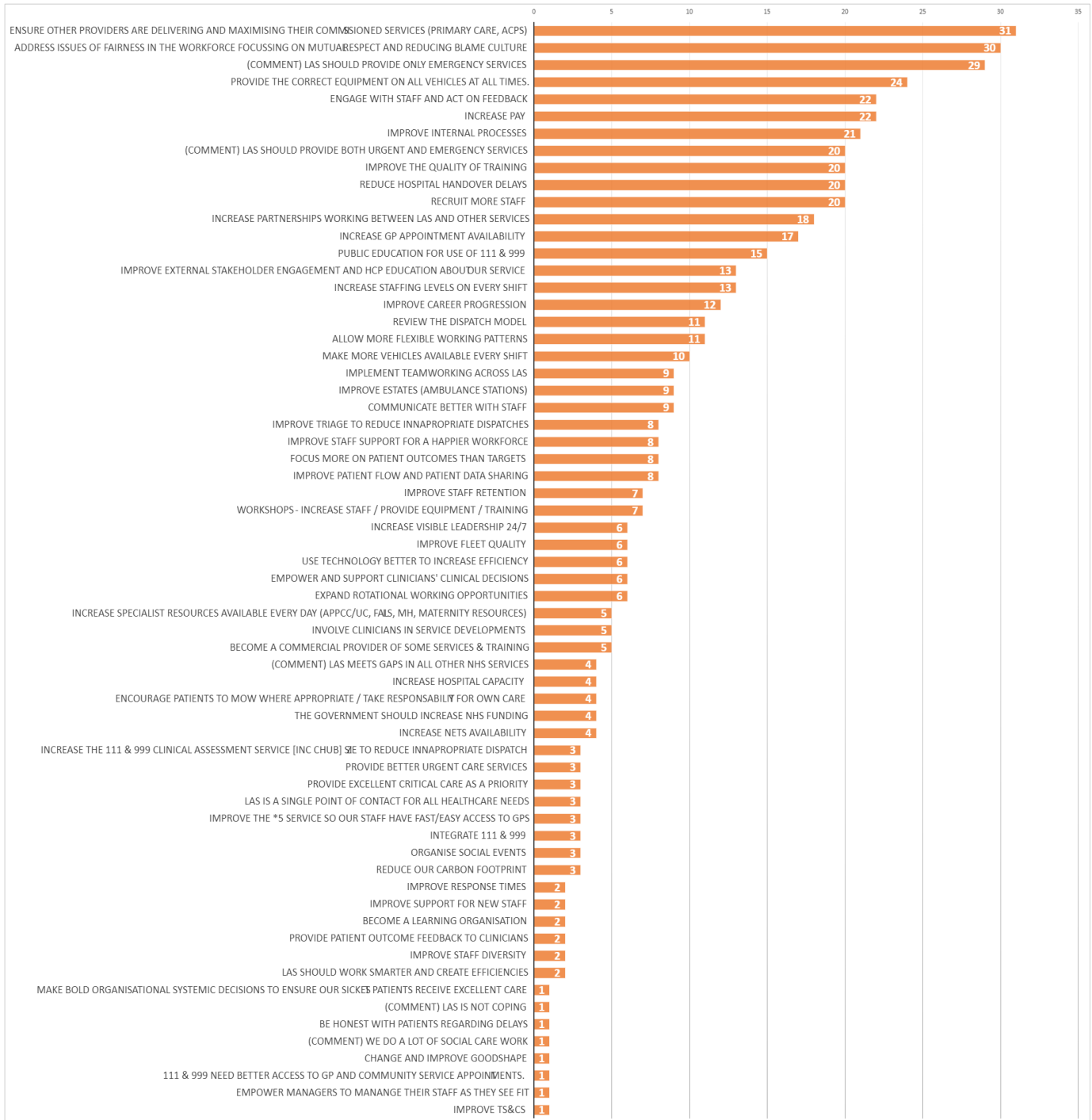
Ambulance Ops Staff





Grand total of themes from all answers given to all questions

Ambulance Support Staff





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