



**NHS**

**London Ambulance Service**  
NHS Trust

# Annual Quality Account

2021/2022



# The Trust's Vision

The London Ambulance Service is proud to provide life-saving care for people across the capital, as well as playing a vital role within the London health economy. Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on the phone and online.

This vision will be delivered through the achievement of the Trust's strategic objectives, which are:

- Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London.
- Providing a high quality and efficient differentiated clinical service that better matches care to patient urgent and emergency needs.
- Using our influence and working with our partners to ensure a consistent approach to urgent and emergency care.

## Our Purpose

We exist to:

- Provide outstanding care for all of our **patients**
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people**
- Provide the best possible value for the tax paying **public**, who pay for what we do
- **Partner** with the wider NHS and public sector to optimise healthcare and emergency services provision across London.



# Foreword

## A message from Dr John Martin, Chief Paramedic & Quality Officer

Welcome to the London Ambulance Service (LAS) Quality Account for 2021/2022 which documents our progress against the quality priorities we set last year and outlines our priorities for this coming year.

Our ambition is to provide patients with the highest quality of care by striving to ensure they receive the right care, in the right place, and at the right time.



During the second year of the pandemic, we have continued to focus our efforts on providing a high quality and safe service. We have continued to work with national and regional partners in responding to evolving guidance in relation to COVID-19. Throughout times of heightened demand, we have continued to work collaboratively to ensure our patients received the best and safest care possible.

Throughout the year, we have delivered on a number of quality initiatives and priorities alongside our on-going response to the pandemic. For example, to improve patient and community engagement and involvement, we have appointed a co-chair for the LAS Public and Patients Council (LASPPC) as well as establishing two new working groups to focus on patient safety and infection control. A programme of visiting ambulance stations with LASPPC members, Healthwatch representatives and LAS staff has been established.

On 1 April 2021, the Trust became an early adopter of the new Patient Safety Investigation Response Framework (PSIRF), which replaces the Serious Incident Framework. The new framework has been developed by NHS England and NHS Improvement to respond more effectively to patient safety incidents in the spirit of reflection and learning rather than as part of a framework of accountability. The Trust is currently the only ambulance service involved in the pilot scheme ahead of the launch across the wider NHS (as health and social care organisations respond to ongoing challenges associated with COVID-19, and those associated with the restoration of services, the full implementation of the new approach is set to resume in 2022).

To gauge public opinion and perception towards the London Ambulance Service, the Trust continued using tracking research introduced in April 2020. The audit showed that the majority of respondents felt favourably towards the service (83%) and satisfaction levels for users of our 999 and 111 services are at 78% and 77% respectively.

This year also saw the appointment of a new Chief Executive, with Daniel Elkeles joining us from Epsom and St Helier University Hospitals NHS Trust. Daniel has extensive experience in the NHS, and in his previous role oversaw significant improvements in patient care, quality, finance and leadership, culminating in the organisation being rated as 'Good' by the Care Quality Commission.

Daniel has introduced a new leadership model, appointing Dr Fenella Wrigley and myself as Joint Deputy Chief Executive Officers. We retain our existing portfolios as

Chief Medical Officer and Chief Paramedic and Quality Officer respectively and we now additionally oversee operational delivery for the Trust, bringing clinical, quality and service delivery functions together.

During the year, we launched a comprehensive programme known as 'Our LAS' that aims to improve the working lives of our staff, reset our values and transform our culture. Over 1,500 staff subscribed to the initial workshops, which covered speaking up safely, how we recruit and how we appraise, with practical tips and tools that staff could take away with them.

In 2020/21 the Care Quality Commission (CQC) identified a national issue in relation to sexual safety across UK ambulance services, which applied to both patients and colleagues. As a result, we have launched a Sexual Safety Charter that sets out our commitment to people behaving in a way that ensures the sexual safety of others. We ran a sexual safety conference for managers in May 2022 and launched further tools to help staff recognise and report concerns.

Last year, we set ten quality priorities. These priorities were identified from the previous CQC inspection, feedback from our stakeholders and internal sources of quality intelligence. Although we were faced with unprecedented demand as a result of the pandemic, we focussed our efforts and remained committed to delivering on these priorities as we believe they remained fundamental to delivering good quality care.

By the end of the year, we have made significant progress against all priorities, which is detailed in the 'looking back section' of the Quality Account.

Looking forward to 2022/23 we have developed three priorities on which we will focus our improvement efforts:

- Patient care
- Patient, family and carer experience
- Staff engagement and support

In recognising the progress we have made during the last financial year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system wide partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London during the pandemic.

We are incredibly proud of everyone for their commitment, resilience and collaboration during a very difficult year. Overall, we are very proud of what we have achieved across the year during the continued response to the pandemic and we will continue in our commitment to continuously improve our quality of care.



**Dr John Martin**  
Chief Paramedic & Quality Officer

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## Part A:

# Quality priorities – 2022/2023

Looking ahead, we have identified three quality priorities for 2022/23. In order to shape the priorities around the needs of our patients and staff and volunteers, we undertook engagement sessions with members of the Public and Patients Council (which provides a voice for patients in the design, development and delivery of services), operational staff and managers, and held an open survey for our staff.

In identifying these priorities, we have taken into account:

- Our progress against the 2021/22 quality priorities
- Learning from the pandemic and service recovery
- The new CQC strategy
- Sources of quality intelligence and performance metrics, business plans and our clinical strategy
- What matters to our staff, patients and the communities we serve.

Our three priorities for 2022/23 are:

- Patient care
- Patient, family and carer experience
- Staff engagement and support

To deliver improvements in these priority areas, we have identified a number of specific objectives and will use key performance indicators to measure improvement over the coming year.

Our progress against these priorities will be monitored and reported on a monthly basis throughout the year to ensure we deliver meaningful improvement on each objective. A full report will be included in the annual Quality Account for 2022/23.

## • Patient care

### Objective

**Improve care for patients presenting with out-of-hospital cardiac arrest and/or ST-elevation myocardial infarction (STEMI).**

#### Key performance indicator (KPI)

- Improve against the 'return of spontaneous circulation' (ROSC) ambulance quality indicators (AQI) with a target of 30% or higher
- Improve time until cardiopulmonary circulation (CPR) started AQI
- Consistently exceed 80% in individual STEMI bundle components.

#### Source

Internal quality intelligence

### Objective

**Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with 'Core20Plus5 (the national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level)**

#### Key performance indicator (KPI)

- Develop a guideline and process for recognising unrecognised hypertension and referring/signposting patients accordingly, linking with the NHS England Core20plus5 approach to reducing health inequalities
- Implement the process

#### Source

Core20plus5 Approach

### Objective

**Develop a health inequalities action plan**

#### Key performance indicator (KPI)

- Develop a health inequalities action plan, based on a needs analysis and linking with system partners.
- Recruit a public health specialist clinician
- Improve the recording of ethnicity and gender identity on our clinical records

#### Source

Clinical Strategy

### Objective

**Improve our compliance with infection prevention and control measures**

#### Key performance indicator (KPI)

- Achieve and maintain personal protective equipment (PPE) targets
- Achieve and maintain hand hygiene audits

#### Source

Internal quality intelligence



## • Patient, family and carer experience

### Objective

#### Deliver the Right Care, Right Now Programme

##### Key performance indicator (KPI)

- Achieve 2022/23 programme deliverables for all constituent projects.

##### Source

Business plan

### Objective

#### Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence.

##### Key performance indicator (KPI)

- Develop a virtual notice board and digital repository of learning which is accessible to all staff.
- Develop the Trust Learning from Experience magazine – 'INSIGHT', to include more interactive and multimedia content.

##### Source

Internal quality intelligence

### Objective

#### Improve against response and call answering/call-back indicators, reducing avoidable harm and poor experience due to delays

##### Key performance indicator (KPI)

- Improve achievement of Category 2 response standards
- Improve achievement of 999 call answering indicators
- Improve achievement of 111 call answering and call-back indicators
- Improve and maintain high levels of hear and treat/consult and complete
- Work with emergency departments to reduce hospital handover delays by undertaking focused quality improvement (QI) activity

##### Source

Internal quality intelligence

## • Staff engagement and support

### Objective

Improve access to clinical supervision for all clinicians to improve access to clinical development and progression

#### Key performance indicator (KPI)

- Implementation of the clinical supervision strategy

#### Source

Internal quality intelligence

### Objective

Improve access to specialist/ advanced practice opportunities and rotational working

#### Key performance indicator (KPI)

- Achieve trajectories within the workforce plan

#### Source

Clinical Strategy

### Objective

Improve the percentage of staff who feel able to make improvements in their area of work

#### Key performance indicator (KPI)

- Increasing percentage of staff reporting able to make improvements (pulse surveys)

#### Source

Quality Strategy

### Objective

QI projects responding to patient's needs by sector Implement Quality Advocates in each sector

#### Key performance indicator (KPI)

- Complete a bespoke quality improvement project per sector/ service based on identified patient needs.

#### Source

Quality Strategy

### Objective

Back to basics: kit and equipment

#### Key performance indicator (KPI)

- Make ready key performance indicators
- Reduction in missing equipment incidents

#### Source

Internal quality intelligence

## Part B:

## The Look Back: 2021/2022 Quality Priorities

We strive to provide outstanding care to all our patients and to be a first-class employer. Our commitment is underpinned by a focus on quality of care and staff wellbeing. Whilst there have been a number of challenges during 2021/22 due to COVID-19, we have evaluated our services and processes with the aim of working smarter and more efficiently.

The Trust identified 10 quality priorities for the 2021-2022 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. We made significant progress against all ten priorities, as outlined in detail in the following section.

	Quality Priority – Overview	Status
1	Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts..	●
2	Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, CAS and management – including CHUB/ ECAS).	●
3	Improving the management of clinical equipment by ensuring a robust and transparent governance process for medical devices and clinical equipment which is enshrined in policy.	●
4	The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.	●
5	Patient & Communities engagement & involvement.	●
6	Continued delivery of the Clinical Strategy (2016/17-2022/23 2019 Refresh)	●
7	Integrating the 999 and 111/ IUC CAS systems to provide seamless care for patients regardless of access point.	●
8	Implementing the station/service quality accreditation programme.	●
9	Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy.	●
10	Continue to invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.	●

## 1. Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.

The Patient Safety Incident Response Framework (PSIRF), being developed by NHS England and NHS Improvement, guides the NHS on how to develop the cultures, systems and behaviours necessary to respond to patient safety incidents in a way that ensures we learn and improve from them.

The PSIRF is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents. The PSIRF allows and supports organisations to examine incidents openly, to better support our staff and those affected and improve services; it takes a systems approach to safety investigation.

Healthcare staff operate in complex systems, with many factors influencing the likelihood of incidents. These factors include medical device design, volume of tasks, clarity of guidelines and policies, task design and so on. A 'systems' approach to incidents considers all relevant factors and means our pursuit of safety focuses on strategies that maximise the frequency of things going right.

As an early adopter, the London Ambulance Service moved over to the PSIRF on the 1<sup>st</sup> April 2021 implementing an introductory version of the framework. We developed a Patient Safety Incident Response Plan (PSIRP) which sets out how we prepare for and respond to patient safety incidents, investigations and other types of patient safety responses around the areas and types of incidents we identify as the greatest risk and offer the best opportunity for learning. This leads to patient safety

investigations focusing on areas where the resulting improvement can have the greatest impact on the safety of our patients.

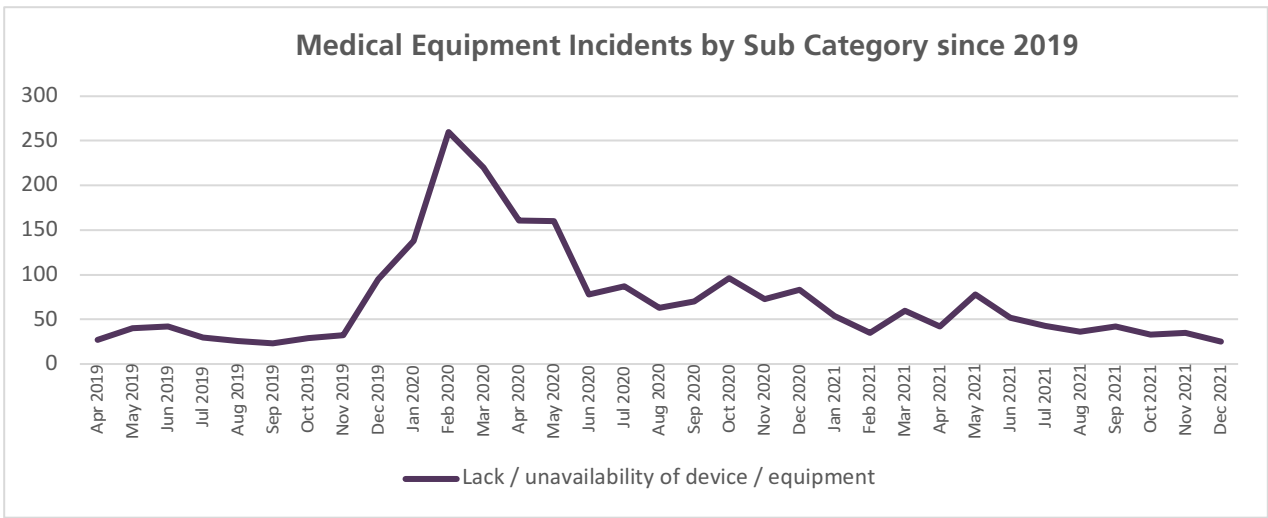
The LAS PSIRP also identified the need for improvement work in the following identified risk areas, see table below:

The Trust went to our highest level of escalation in early June 2021, and again in March 2022, which has impacted on our ability to progress some of the improvement projects in some areas, such as delayed defibrillation. Other projects have progressed, for example, addressing missing medical equipment which has also been a top reported theme.

Despite these challenges, we delivered advanced life support training as part of our Core Skills Refresher programme during 2021/22, continued working with clinical teams to improve data downloads from defibrillators, with teams at Westminster Group Station achieving 100% of defibrillator downloads in February 2022. We are continuing a procurement process to ensure future defibrillators have functionality to minimise human error, and plan to undertake an annual review of 2021/22 cases to identify any new or emerging themes relating to this issue.

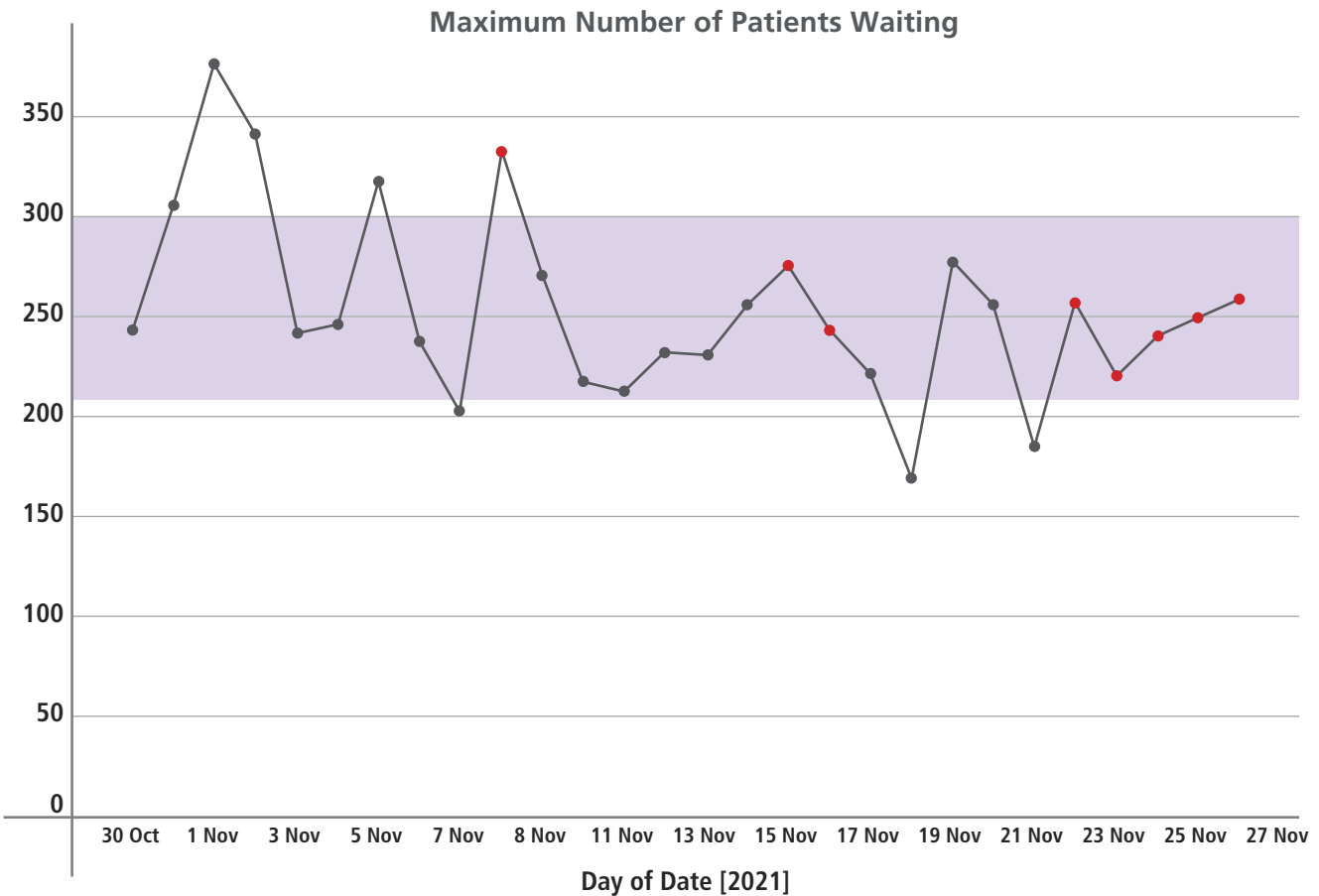
Diagnostic Pouches with RFID (Radio Frequency Identification) tags have been rolled-out containing blood glucose testing kits, thermometers and blood pressure cuffs. This improves our inventory control and will reduce the incidence of equipment loss. These pouches are now signed in and out and there is a reduction in missing equipment incident reports. This roll-out continues to be monitored using Quality, Service Improvement and Redesign (QSIR) methodology and using the Plan, Do, Study, Act (PDSA) framework for improvement.

	Local patient safety incident improvement plans	Speciality
1	Delayed defibrillation	Ambulance Services
2	Medical equipment	Ambulance Service/Fleet and Logistics
3	Nature of call (NoC)	Ambulance Services
4	Delays in high demand	Trust wide
5	Civility – a proactive approach to understand this theme via patient safety issues as well as complaints and patient feedback.	Trust wide



Last year was the busiest ever year for the service, and as a result of increased demand, delayed response was also a key theme identified through incident reporting. A patient flow model was tested during winter to help reduce ambulance handover delays and provide the best possible care for our patients. This model replaced our previous approach to ‘intelligent conveyance’ that we implemented in 2013. We now have a patient flow team based in our Tactical Operations Centre (TOC) who operate 24 hours a day and provide support to

crews with coordination for hospital conveyances. The TOC team worked collaboratively with emergency departments (EDs) across London and the five ICSs (integrated care systems) to test the new model before full implementation. The model now enables us to plan patient conveyances to EDs in a more balanced way, taking individual patient’s needs into account. The chart below shows the reduction in the number of patients waiting for an ambulance before and after testing this approach.



The Quality Improvement and Learning Team maintains Trust-wide oversight of all incidents reported on our risk management system, Datix, to look for themes and trends in regards to patient safety. These are reviewed and discussed at the Trust's Safety Investigations Assurance and Learning Group and triangulated with trends and themes from other intelligence, such as complaints and claims. The current PSIRP will be extended into 2022/23 to allow progress against the various QI work and required thematic work to be undertaken.

## 2. Improving the management of clinical equipment by ensuring a robust and transparent governance process for medical devices and clinical equipment which is enshrined in policy.

It was identified in 2020/21 that the Trust could improve our governance process for medical devices and clinical equipment. The Policy for the Management of Medical Devices was revised and approved by the Quality Oversight Group in July 2021 and is now being followed within the Trust. The purpose of this Medical Devices Management Policy is to provide a systematic approach to:

- Selection, trial, acquisition and deployment
- Training and implementation
- Maintenance and repair
- Decommissioning and disposal
- Cleaning and decontamination.

The Trust has received support from a team from the Medical Physics Department at Guys and St Thomas' NHS Foundation Trust (GSTT). They are experienced medical device specialists who initially assisted us on a voluntary basis. They established five core themes for improvement:

- Asset management and documentation
- Quality system and development of the operating model
- Policy development
- Procurement, contract management and administration services
- Equipment repair and maintenance.

Work streams included an assessment of the volume of equipment within the Trust, rates of repair and quantifying equipment requirements, and development of a medical devices improvement plan which is being progressed with GSTT as part of a partnership arrangement. This project continues to be undertaken in phases, with plans to develop a





maintenance and servicing schedule that will significantly increase our level of compliance, the safety profile of our devices and consequently a reduction in risk.

The Quality Improvement and Learning Team undertook an improvement project across the Trust encouraging the return of items for repair, which could be replaced with no cost to the department, in a timely manner. The KPI (Key Performance Indicator) for this quality priority was to see a reduction in incidents relating to clinical equipment from based on a baseline from Quarter four of 2020. When reporting a clinical equipment incident, they are logged under four categories:

- Failure of device/equipment
- Lack/ unavailability of device/equipment
- User error
- Wrong device/equipment used

We have seen a reduction in all four incident themes throughout 2021/22, when compared with quarter four baseline.

### **3. The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.**

On Monday 15 November 2021 we officially opened our new modern and fit for purpose Medicines Packing Unit (MPU). We now have a bespoke facility where we can securely receive, store and distribute the approximately 5,000 drug packs that we carry to help our patients every day across London.

Our former MPU was located in Deptford and was not fit for purpose, with an overall poor structural condition, lack of adequate space for storage and packing, and poor staff facilities.

The new bespoke MPU has been specially designed to meet our needs. As well as providing far better facilities for our Pharmacy Team it allows us to store medicines securely, at the right temperatures and in accordance with the Medicines and Healthcare products Regulatory Agency's statutory Good Distribution Practice requirements. This means the Trust is in a good position to apply for a Wholesale Dealers License and a Manufactured Specials licence. A Wholesale Dealers License would also allow us to sell and supply medicines to other organisations, giving us a potential method to generate income for the Trust.

Work was extended to achieve a complete roll out of the inventory management system. The original deadline was July 2021, however due to a review of the interface with our finance system the deadline was revised to Summer 2022.

We have successfully achieved 70% automated temperature monitoring system roll out, however further work is required for stations that are re-opening. As ambulance stations re-open, new secure drugs rooms are being considered, which will include the equipment for temperature monitoring.

Recruitment of pharmacy technicians remains ongoing as we have experienced delays due to competing demands within the pharmacy job sector during COVID-19. In the interim, the Trust has bolstered the workforce with redeployed staff and by using agency pharmacy technicians.

#### 4. Continued delivery of the Clinical Strategy (2016/17-2022/23 2019 Refresh)

Our Clinical Strategy continues to progress, with a target date for completion in March 2023. However, patient needs and expectations at a national level continue to change, increasing the demand for services. In addition, a range of strategic drivers has emerged at a Trust level due to COVID-19 creating new ways of working across healthcare sectors. Therefore, our clinical strategy must reflect and respond to the changes we are seeing.

The population is growing, and people live longer. A collaborative approach where health and social care professionals work together in an integrated way is required to provide the support that helps people live well and independently at home for longer.

And at the same time, gaps are emerging in the workforce where additional staff and skills are required. We must ensure that we have enough people with the right skills to help care for patients now and in the future. As well as strengthening and supporting clinical leadership at all levels. Opportunities are emerging from a changing system.

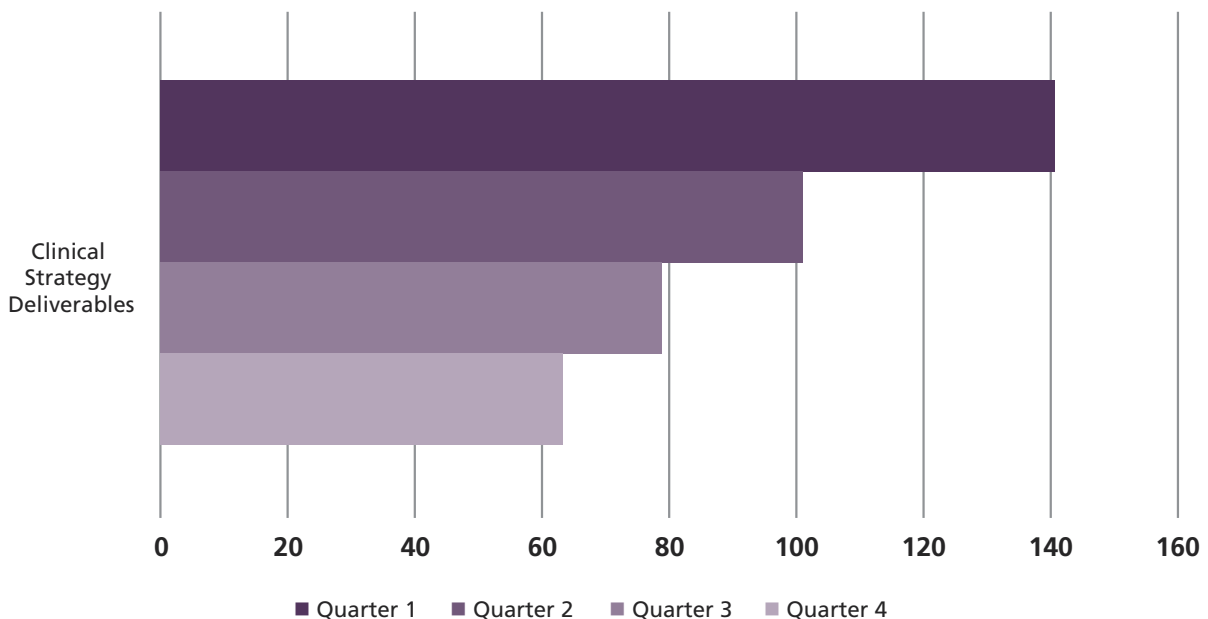
The NHS long-term plan outlines further and significant changes to the healthcare sector. For example, the evolution of Sustainability and Transformation Partnerships into Integrated

Care Systems (ICSs) will provide challenges and opportunities for how we operate. As providers of 999 and 111/ Integrated Urgent Care (IUC) services, we need to refresh how we provide this care in an integrated way, providing remote clinical assessment and treatment. This will be the focus of our new Clinical Strategy due in March 2023.

#### 5. Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, Clinical Assessment Service (CAS) and management – including Clinical Hub (CHUB)/ Emergency CAS (eCAS).

Staffing levels for our call handling and clinical assessment services are calculated based upon our recent demand, ratios of clinicians to health advisors and account for the percentage of workload shared. Our contract requires this to be more than 50% of call demand, and we take individual productivity into account when designed our staffing plans. Our rotas are reviewed continuously to match capacity with demand. An uplift was made to contract requirements in August 2021, which was filled and has been uplifted again with recruitment at risk due to further additional demand. Recruitment remains ongoing to fill the second uplifted version of our original rota, as per our contract requirements. Alongside this there is a

### Clinical Strategy 2021/22







requirement for greater management capacity, with recruitment of additional Clinical Navigators as required to manage clinical assessment demand appropriately.

Due to the sustained pressure of the pandemic, there has been a continued focus on recruitment to fill the increasing rota requirements. In addition to this our Clinical Safety Plan has been reviewed and further actions have been developed to ensure clinical safety and oversight of patients waiting, as well as ensuring patients receive the right care in the right place, for example by increased use of community pharmacy, self-care, and urgent care services, supported by electronic prescribing where appropriate.

It has been challenging at times to achieve full staffing due to competition in the system for clinicians to support the COVID-19 vaccination programme, which has stretched clinician availability across London. We have worked with resilience partners nationally, to improve staffing levels without adverse impact on regional system capacity. We have also undertaken staffing balancing measures to reduce over-staffing 'in hours' in favour of increasing clinician available at busier 'out of hours' times, this continues to be a planning priority, with emerging improvement.

## 6. Patient & Communities engagement & involvement

During 2021 we have:

- Appointed a co-chair for the London Ambulance Service Public and Patients Council (LASPPC)
- Appointed public and patient representatives to key committees including infection control and prevention, frequent callers, research and development, and charity operations
- Provided regular briefings to the LASPPC and Healthwatch branches across London about our response to COVID-19 and the impact it has had on our patients
- Involved public and patient representatives in key events including
  - the appointment of our new Chief Executive
  - a design workshop for a new ambulance vehicle
  - a programme of accrediting quality at ambulance stations
  - how we improve the care we provide to people with learning disabilities.
- Established public and patient working groups to focus on key initiatives including our estates redevelopment programme and how we improve care for pregnant women.

## 7. Integrating the 999 and 111/ IUC CAS systems to provide seamless care for patients regardless of access point.

We began integrating the 999/111 patient journey in 2019, and the vision and planning was accelerated by the pandemic in 2020. Through collaborative working across the London Region, ICSs and other providers within the Urgent and Emergency system, a range of new pathways were introduced to improve parity of access for patients and improve outcomes for our patients seeking care via 111 or 999. We have done this by ensuring that all services are profiled in the Directory of Services (DOS) to receive referrals from both 999 and 111.

Responding to demand across the system, the clinical workforce has been increased and developed to support the development of an Emergency Clinical Assessment Service (ECAS), while building the Urgent Clinical Assessment Service (UCAS), which included the introduction of specialist clinicians. The ECAS includes

experienced paramedics providing clinical consultations for patients triaged with a category 3, 4, or 5 ambulance outcomes from their initial 111 assessment, or where dispatch has been delayed regardless of priority.

Through COVID-19 the number of 999 category 3 and 4 cases referred to an alternative care pathway reached 17%, and over 90% of category 3 and 4 cases referred to us by 111 providers were clinically validated to allow redirection to an alternative care pathway where this was more appropriate than dispatching an ambulance.

We have now agreed for the validation of category 3 and 4 ambulance dispositions for each ICS to be transferred to us to ensure all referrals for dispatch have been clinically validated by our paramedics and nurses, whose expertise and understanding of the ambulance setting allows more appropriate utilisation of ambulance resources. Clinicians in the ECAS are supported by Clinical Team Navigators who provide clinical oversight of calls within the 999



and validation queues, provide clinical advice and support to other clinicians in the ECAS as well as ambulance clinicians on scene via the clinical support desk.

Throughout 2021/22 we have found a number of ambulance referrals can be managed through telephone or video consultation. This has been incorporated in our business planning for 2022/23 to introduce a multi-disciplinary workforce to include senior clinician capacity which is able to offer prescribing and specialty expertise to support delivery of the most appropriate pathways for patients.

In addition to the Pan-London expansion of our validation service we have also secured contracts across London for the '\*5' clinical support service to crews on-scene, which enables ambulance clinicians to rapidly access remote clinical support from a senior IUC clinician. Our GPs have a role-specific induction when joining the Trust to provide insight to clinical roles and skill-sets within the ambulance service to allow them to offer appropriate support and guidance to reach the best outcomes for patients, avoiding conveyance where it is possible to care for the patient in their place of residence. Our UCAS prioritises '\*5' calls, to ensure we release ambulance clinicians to attend to other patients.

We have developed an effective Urgent Clinical Assessment Service (UCAS) that has evolved in response to increased urgent and emergency demand, while also experiencing surge and increased demand during general practice hours.

Our new UCAS consists of a multidisciplinary team of General Practitioners, Advanced Practitioners, Nurses, Paramedics and Pharmacists, and is supported by Clinical Team Navigators whose role is to maintain oversight of the clinical queue and provide advice and support to the clinical and non-clinical patient facing workforce.

Working with national and regional regulators in collaboration with ICS leads and local



providers, we have been integral to the innovation, design and implementation of a number of transformational developments to improve patient experience and outcomes across London. An example of this is the North East London, Remote Emergency Access Care Hub (REACH), which was created in partnership with Barts Health NHS Trust. This model allows secondary care telephone consultation access which improves the planning of attendance and treatment for patients, including utilising next day clinics and avoiding lengthy waits in the ED.

Building on the learning from the National Paediatric Pilot, we have introduced paediatric nurses within our UCAS to increase expertise and improve care for children and to support learning within the Trust. Recruitment of specialist clinicians with a focus on Mental Health, End of Life and Maternity is being planned to create a Specialist CAS, providing enhanced care for patients across both our 111 and 999 services.

In addition to this our South East London IUC CAS Service has co-delivered an ICS-wide accelerator pilot to increase referrals from 111 and 999 into Urgent Community Response Services, working collaboratively with commissioners and UCR providers across the patch.

We also continue to deliver training to GP registrars as an accredited training site. We have consolidated and expanded our operational administration team who manage the on-boarding and compliance process for all of our sessional clinicians.

## 8. Implementing the station/service quality accreditation programme

The Station Accreditation programme established in 2020 set out to:

- bring together key measures of quality standards to enable a structured approach to assessing the quality of care at station/ service level.
- set specific standards that have to be met by a station/ service for it to achieve accreditation status.
- be underpinned by staff engagement to ensure sustained improvement.
- be owned, led and driven by local management teams.

In 2021 the programme was made a quality priority for the Trust. The following stations were identified and started to participate in the programme: Brixton, Oval, Edmonton/Friern Barnet, Brent and Croydon. Due to sustained operational pressures, the Trust went to our highest level of escalation in June 2021 and remained in escalation for a prolonged period. As a result, Station Accreditation was paused. The programme restarted in November 2021 in a “hybrid” model reflecting the changing needs of the service.

The “hybrid” model looked at all 18 group stations. The benefits of conducting a hybrid version were:

- Full assurance for the organisation, with all groups assessed
- Personalised operational assessment
- Best practice and improvements identified
- Results informed Trust recovery plans
- Comprehensive programme
- Achievement of the 2021/22 Quality Priority
- Links with Health Assure ratings

Although the hybrid model would not achieve full accreditation status, indicative ratings were identified based on data and managerial audit results.

- 9 stations have an indicative status of ‘bronze’
- 9 stations have an indicative status of ‘silver’

	Station	Overall Score
1	Edmonton	72%
2	Camden	77%
3	Friern Barnet	68%
4	Newham	67%
5	Homerton	61%
6	Romford	65%
7	Bromley	74%
8	Greenwich	66%
9	Deptford	76%
10	St Helier	71%
11	Wimbledon	73%
12	New Malden	73%
13	Croydon	66%
14	Fulham	68%
15	Hillingdon	76%
16	Westminster	68%
17	Hanwell	78%
18	Brent	64%

**Recommendations from the programme include:**

- Increase Operational Workplace Review, Personal Development Review and Clinical Information and Support Overview compliance
- Increase Safeguarding Level 3 training compliance
- Utilise Infection Prevention Control links to complete hand hygiene audits
- Ensure more robust challenge and address of substandard care - review of quality of actions plans
- Improve Clinical Performance Indicator feedback sessions across all groups
- Category 2 recovery plans
- Reduce percentage of complaints closed outside of timeframe
- Improve and maintain Ambulance Response Programme performance across all measures
- Focus on station/ compliance auditing
- Share identified best practices
- Review best practice initiatives within report to see if they can be replicated in individual areas

Award	Score Required	Award Definition	Support to achieve next level
Bronze	50-69%	Supported Station	<ul style="list-style-type: none"> <li>Improvement plan</li> <li>Targeted support from subject matter experts in relation to training</li> <li>Coaching and support from good, excellent or outstanding stations</li> </ul>
Silver	70-84%	Good Station	<ul style="list-style-type: none"> <li>Tailored development programmes to drive improvements further.</li> </ul>
Gold	85-100%	Excellent Station	<ul style="list-style-type: none"> <li>Tailored continuous improvements support</li> </ul>

## 9. Development of the Trust's Culture Diversity and Inclusion (CDI) Agenda

The Trust is pro-active in its work towards making diversity an integral part of its core business. It incorporates the principles of Equality, Diversity and Inclusion (EDI) in employment; encouraging, valuing and actively promoting diversity and recognising the talent and potential across the population. Promoting equality of opportunity is in the best interest of the Trust, including recruitment and development of the best people for our jobs, and providing appropriate services meeting the diverse needs of our community.

The Trust's aim is that our workforce will be truly representative of all sections of society and the patients we serve, and each employee feels respected, supported and able to give their best. This will enable the Trust to be more sensitive to the needs of the community which it serves.

Our Equality, Diversity and Inclusion Policy has been created and agreed with Staff Side Representatives. It will soon be presented for ratification by the Executive Committee and Trust Board.

In addition to this policy the following have also been developed:

- Reasonable adjustment guidance for managers
- Disability guidance for managers
- Menopause and Andropause guidelines for managers
- Menopause and Cancer Support Groups
- Anti-racism statement
- EDI Statement for procurement of new Occupational Health provider
- Launch of EnAbleD and Women's Staff Network Groups.

The key components of the culture, diversity and inclusion (CDI) agenda include:

- Developing a CDI Strategy around the outputs from our Staff Survey results and the 'Our LAS' Cultural Transformation programme
- Recruiting to a full substantive CDI team to deliver our strategy
- A full review of the EDI training provided across the Trust, from induction through to the Visible Leaders Programme.
- Work to improve the processes for making reasonable adjustments for colleagues with disabilities, to support full participation in the workplace.
- Continue focus on improving the metrics we report on for the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap reports.

## 10. Continue to invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.

One of the most significant developments in LAS Wellbeing in 2021/22 has been the recruitment of a larger substantive team. In addition to the Head of Health and Wellbeing and existing team members, the Trust Psychotherapist, LINC (Listening, Informal Non-judgemental and Confidential) Manager and a Staff Support Manager, there is now a Health and Wellbeing Manager, four Wellbeing Support Officer roles and a Wellbeing Administrator. This team will be able to build on the successes of 2021/22 and take a more proactive approach to wellbeing in the coming year. There are also a number of seconded colleagues working as part of the team on the COVID-19 and flu vaccinations.

The Wellbeing Support Officers oversee the running of the 7 day a week LAS Wellbeing Hub, where colleagues can receive advice and signposting to numerous internal and external services relating to wellbeing. These include COVID-19 isolation advice, mental and physical health support, and information relating to issues such as financial problems, domestic abuse and bereavement. The Hub has seen a huge increase in the number of contacts over the last year, with over 2000 calls in December 2021 alone. The feedback from users of the wellbeing hub remains extremely positive, with 99% of the 4000 ratings received saying the service is good or excellent.

The 7 LAS Wellbeing ‘Tea Trucks’ continue to operate across London, with further generous funding from NHS Charities Together, NHS England and North West London ICS. In addition, the wellbeing team has been able to sponsor tea trolleys in our four contact centres, and provide sandwiches whilst at times of escalation. At our Headquarters, we were very fortunate to host “Project Wingman” until December 2021, and are now replicating this model of a place with a cup of coffee and a listening ear at our four control centres via our “Wellbeing Cafes”. The Wellbeing Hub, tea trucks and cafes also provide opportunities for colleagues who are on restricted duties to work

in a safe environment that suits their recovery needs until they are able to return to their substantive roles.

The funding from NHS England and NWL has also been utilised for improvements in other areas. We have been able to increase our in-house peer support network LINC, with more senior members of the network trained in TRiM (Trauma Risk Management) assessments. We have also been able to support the improvement of wellbeing spaces across the Trust and fund some activities of our sports teams. In addition, there has been the opportunity to purchase several training packages on subjects including menopause awareness, supervision facilitation training, mental health first aid and Schwartz Rounds, a type of group reflective forum.

The Wellbeing Department has played an important part in supporting colleagues and managers with absences this year – not only by providing up to date isolation guidance information via the Wellbeing Hub, but also in providing and encouraging vaccinations. Whilst the flu vaccination rate has been lower than previous years the COVID-19 vaccination rate across the Trust sits at 90% and is more than 95% for the “frontline” workforce.



## Statements of Assurance

# Ambulance Quality Indicators

During 2021/22 we met both the mean and 90<sup>th</sup> centile response standards for attending incidents in our highest triage category, Category 1. However, we did not meet mean or 90<sup>th</sup> centile response standards for categories 2, 3 or 4 and our position was worse overall than the previous financial year.

Metric	Standard	Financial Year	
		2020-21	2021-22
C1 Mean	7 minutes	00:06:16	00:06:50
C1 90th Centile	15 minutes	00:10:38	00:11:35
C2 Mean	18 minutes	00:19:38	00:38:18
C2 90th Centile	40 minutes	00:38:21	01:27:20
C3 Mean		00:42:43	01:37:12
C3 90th Centile	120 minutes	01:33:37	04:08:09
C4 Mean		01:17:53	03:24:40
C4 90th Centile	180 minutes	02:51:48	07:22:25

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured from a number of sources, such as the computer aided dispatch system, electronic and paper care records, and our vehicles' Mobile Data Terminals. A variety of Data Quality process are then undertaken in order to provide assurances over the data's accuracy.

The London Ambulance Service has taken the following actions to improve this, and so the quality of our service, by focussing on recruitment and retention, developing partnership working with our blue light partners, implementing an improved Clinical Safety Plan, developing and implementing Ambulance Receiving Centres in partnership with acute trusts, and implementing new approaches to escalation and flow, including greater oversight and management of conveyance decisions.

We have designated improving response times as an objective within the Patient, family and carer experience quality priority for 2022/23, and are planning a number of improvement activities aimed at releasing time, improving productivity and management of escalation.

## Patient safety incidents

The number and rate of patient safety incidents reports during 2021/22 and 2020/21 are as follows:

	2020/21	2021/22
Total Patient Safety Incidents Reported	6,081	5,968
Rate of Patient Safety Incidents/1000 EOC Contacts (average)	3.37	2.68

	2020/21	2021/22
Total Patient Safety Incidents Reported	2,019	2,303
Rate of Patient Safety Incidents/1000 111 Calls (average)	1.33	0.93

The number and rate of patient safety incidents reports resulting in severe harm or death during 2021/22 and 2020/21 are as follows<sup>1</sup>:

	2020/21	2021/22
Total Patient Safety Incidents Reported (EOC Contacts)	6,081	5,968
Total Patient Safety Incidents – Severe or Death	49	78
Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)	0.80	1.3

	2020/21	2021/22
Total Patient Safety Incidents Reported (111)	2,019	2,303
Total Patient Safety Incidents – Severe or Death	5	3
Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)	0.28	0.16

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured on the Trust Risk Management system, Datix, and rates indicate a good reporting culture. The number of patient safety incidents reported per month has remained steady throughout the last 2 years with increases in reporting correlating to times of higher demand on the service. The main theme through incident reporting (over the past 2 years) is delayed response. All incidents are reviewed to ensure enhanced investigations are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

The London Ambulance Service has taken the following actions to improve this and so the quality of our service by reviewing patient safety incidents relating to delays via a Structured Judgement Review (SJR) process to ensure consistent and robust oversight of delays and identify any system-wide learning. This led to improvement work in clarifying welfare ring backs for patients, as well as working with nursing homes on when to call for an ambulance. There is an ongoing improvement project to review the dispatch of FRUs to high risk determinants.

## Care Quality Commission

Throughout 2021/22, we have continued to participate in CQC inspection engagement meetings and responded to routine enquiries. All enquiries have been responded to

appropriately with no outstanding queries requiring action. In December 2021, there was an unannounced inspection of our call centre in North East London 111 and the Emergency

<sup>1</sup> Some incidents reported in 2021/22 remain subject to internal review, this includes determining the correct level of harm. Figures correct as of 12<sup>th</sup> April 2022.



Operations Centre at our Headquarters at Waterloo, as part of a system level inspection in North East London.

Although an inspection was undertaken, our rating was not reviewed and we retain 'Good' overall and 'Requires Improvement' for EOC. Our visits formed part of coordinated

inspections of urgent and emergency care services in North East London to identify how well services work together to ensure patients receive safe, effective and timely care. Following the inspections, seven 'should do' recommendations were made, which the Trust are responding to in the form of an improvement plan.

## Safeguarding

Safeguarding provides assurance through the Safeguarding Assurance Group to the Quality Oversight Group. We report on our activity for 999 services via the Safeguarding Health Outcomes Framework Template and via quarterly reports for our IUC services. The Trust attends the Brent Safeguarding boards for children and adults and provides further assurance through those boards.

We have a range of policy and procedure in place in respect of safeguarding, and keep these up to date and well communicated to our staff.

Safeguarding referrals and concerns being raised by staff remains within expected range, demonstrating staff awareness of safeguarding issues and the importance of reporting these.

We have seen an increase in the reporting of safeguarding allegations against staff, including in relation to sexual assault. As a result the Trust has launched a sexual safety charter signed by Chair and Chief Executive with a range of

materials being distributed across the trust on this issue and People in Positions of Trust. In addition we ran a Sexual Safety Conference for managers in May 2022, where the Care Quality Commission, Disclosure and Barring Service, College of Paramedics and other professionals talked about sexual assault.

Safeguarding training is part of our statutory and mandatory training programme and in line with the intercollegiate document.

Safeguarding training is delivered using a combination of e-learning and face-to-face (including virtual) education. Training is provided to a high standard by Trust Safeguarding Specialists. We achieved 94% for level 1, 63% for level 2 and 81.58% for level 3, which was below our compliance targets, which were 95% for level 2 and 100% for level 3. The Trust provides information to Multi Agency Risk assessment conferences and participates in safeguarding adult reviews and domestic homicide reviews when required

## Patient Experience

Patient experience and feedback is an excellent learning opportunity that allows us to understand whether our services are meeting the standards we set ourselves and addressing patients' expectations.

Our approach is to use all patient feedback as a learning opportunity. Trends and emerging themes are regularly reported through the Trust's governance processes and to widen the learning, we publish anonymised case examples on the Trust website and contribute anonymised case examples to our 'Insight' publication which is disseminated across the Trust. We similarly report cases of significance to the National Ambulance Service Patient Experiences Group, comprising all UK ambulance services. We work

closely with advocacy providers, especially POhWER, the largest provider in London

With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response, clearly identifying any lessons and using these to improve our service, where appropriate.

Where a complaint is *upheld or partially upheld*, the learning identified is actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported through the governance structure.

Engagement with patients is at the heart of the

NHS complaints procedure, we publish information about communicating with us in other languages and in easy read format on our website. An on-line complaints form has also recently been added and every complainant receives a cached link to an on-line feedback form to tell us how we have managed their complaint.

We have an exemplary record with the Health Service Ombudsman and are currently the pilot site representing all UK Ambulance Trusts to design the forthcoming NHS Complaint Standards. We are hopeful that these will make the complaints process more user friendly for both complainants and our staff once they are embedded.

## Information Governance

The Trust continues to strengthen its arrangements for Information Governance (IG). We have a robust programme of IG improvements and awareness and a governance framework to monitor and assure the security of our information. An executive-led Information Governance Group is in place, as well as an Information Governance Policy framework. These ensure the execution of the Trust IG agenda.

IG incidents are reported via Datix which is the Trust risk management system. The Information Governance Manager is notified and reviews the IG incidents and, where necessary by the Quality Governance and Assurance team. Where there has been an incident resulting in the compromise to patient or staff identifiable data, and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the IG Manager in line with the General Data Protection Regulations (GDPR) requirements.

Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and/or the National Cyber Security Centre. During 2021-22, five incidents were notified via the data security incident reporting portal. Of these, three were reported to the Information Commissioners Office (ICO). No action was taken by the ICO against the Trust as a result of these incidents. There were zero serious incidents reportable to the Department of Health and Social Care.

On or before 30 June 2022, the Trust will be expected to submit a self-assessment of its Data Security and Protection status via the NHS Digital's Data Security and Protection Toolkit (DSPT). This is a mandatory submission by all organisations that have access to NHS patient data and it provides assurance that they are practising good data security and that personal information is handled correctly. Based on progress so far, the Trust is on course to provide a "Standards Met" DSPT submission as a minimum.

## Data Quality Assurance

The Trust is required to have ongoing data processing capabilities under the GDPR regulation of the Data Protection Act 2018. The Trust has an independent Data Quality Assurance (DQA) team who provides Trust wide oversight of data quality. This is to ensure data and Information used by the Trust to inform performance, operations and strategic decisions are of good quality and meet the legislative requirements.

The DQA Team Objectives and Aims

- Carries out Data Quality Reviews to assess

all the Trust's data sources and reporting arrangements

- Drives improvement by reporting any issues, monitoring any actions, as well as providing guidance and training
- Acts as a key contact for receiving escalation from other staff and teams for data quality issues identified outside of the formal review process
- Raises profile of data quality with everyone understanding the importance for day to day activities as well as future strategies

## Key focus during 2021/22

- Following the reviews of all key systems and reporting arrangements in 2019/20, clear actions have been developed to implement the recommendations. Out of 83 actions, 78 were implemented successfully. Five require wider system change and are being dealt separately. In order to ensure that data quality processes are continued to be followed as business as usual, a set of selected actions will now be periodically reviewed by the Data Quality Assurance Team.
- A Data Quality Impact Assessment (DQIA) for the new Computer Aided Dispatch platform has been completed to provide data quality insight into the development of new digitalised solutions.
- Work has been carried out to promote and raise the awareness of DQA via different channels
- Further Data Quality Reviews based on escalation received, and/ or additional requirements have been carried out.

# Clinical Audit & Research

## 1. Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles

The Trust submitted the following information to NHS England for the reporting period 2021/22 and 2020/21 regarding the provision of an appropriate care bundle to STEMI (ST elevation myocardial infarction) patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

*\*At the point of preparation of this Quality Account, NHS England reported data for April to October 2021 was submitted during 2021/22.*

*\*\* Post – resuscitation patients only*

### Clinical effectiveness and audit

The Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2021/22, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, as well as mental health, sickle cell crisis, and clinical

documentation at events. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Despite the ongoing challenges as a result of the COVID-19 pandemic, our research program continued to perform strongly, with new clinical trials starting, and six publications in peer-reviewed scientific journals, We also continued our participation in research designated 'Urgent Public Health' status by the Government due to importance to the COVID-19 pandemic (see Appendix 1).

We continued to support the development of the NHS England Ambulance Quality Indicators, working with NHS England on behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research continues to Chair the National Ambulance Research Steering Group, helping to develop prehospital research nationally, encourage collaboration across ambulance services and influence changes to national policy and practices.

	2021-22*		2020-21	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	65.2%	76.2% (74.2-77.4)	65.3%	76.1% (74.1-78.1)
Stroke patients	95.0%	97.9% (97.8-98.0)	96.5%	98.0% (97.8-98.3)
Cardiac arrest patients**	84.5%	77.0% (77.2-77.5)	82.9%	76.0% (74.4.0-77.4)

## Clinical audit

During 2021/22, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the Trust participated in 100% of national clinical audits in which it was eligible to participate. The national clinical audit and national confidential enquiries that the Trust was eligible to participate in during 2021/22 are as follows:-

1. **National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)**
2. **NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:**
  - Outcome from cardiac arrest:
    - Number of patients
    - Return of Spontaneous Circulation (ROSC)
    - Survival
    - Post-resuscitation care bundle
  - Outcome from acute ST-elevation myocardial infarction (STEMI)
  - Outcome from stroke
  - Outcome from sepsis

The national clinical audits that the Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

† From January 2021, the measure of survival

to discharge was replaced with 30 day survival.

*\*At the point of preparation of this Quality Account, OHCAO and NHS England reported data was available for November 2020 to October 2021.*

The Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance clinicians attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2021/22 and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 2).

## Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1<sup>st</sup> April 2021 to 30<sup>th</sup> March 2022 that were recruited during that period to participate in research approved by a research ethics committee was 178. Due to a number of research projects being suspended during the COVID-19 period, the first patient was not recruited during this period until July 2021. In addition, 202 staff participated in National Institute for Health and Care Research portfolio studies as participants.



National Clinical Audit	Number of cases submitted*	Percentage of cases submitted as eligible for inclusion
<b>National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)</b>	4,610	100%
NHS England Ambulance Quality Indicator (AQI): Outcome from cardiac arrest a) Total number of cardiac arrests	a) 12,933	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 4,610 b) 547	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge (November – December 2020+) a) Overall group b) Utstein comparator group	a) 827 b) 77	100%
NHS England AQI: Outcome from cardiac arrest – 30 day survival (January – October 2021+) a) Overall group b) Utstein comparator group	a) 3,658 b) 443	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) 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)	a) 687	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90th centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 1,321 b) 913	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90th centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 3,965 b) 4,559	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 50,95	100%

## Appendix 1:

# Research Activity

## Ongoing research projects from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022:

**PRINCIPLE:** is a designated Urgent Public Health study that is testing interventions suitable for use in the community, to treat older people with suspected or confirmed SARS-CoV-2 infection.

**STRETCHED:** is evaluating the case management approaches to the care of patients who frequently call the emergency ambulance service.

**ARREST:** a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest. Due to the COVID-19 pandemic, the trial was suspended until September 2021.

**CRASH-4:** a placebo controlled, randomised-controlled trial investigating the role of tranexamic acid in the management of older patients with mild, symptomatic, traumatic brain injury. This study opened to recruitment in LAS in July 2021.

**PARAMEDIC-3:** a randomised-controlled trial which aims to identify the best route for drug administration (intravenous or intraosseous) in out of hospital cardiac arrest. This study opened to recruitment in March 2022.

**PROTECTeD:** a study which aims to develop evidence based and ethically grounded guidelines for termination of resuscitation by ambulance service staff in the UK. This study opened to recruitment in March 2022.

**OPTIMAL-CARE:** a study involving both a survey and qualitative interviews with LAS staff, which aims to identify the perceived value and impact of electronic palliative care coordination systems.

**t-CPR Experiences:** a study which aims to explore emergency call handlers perspectives of providing telephone CPR (t-CPR) instructions, and to identify barriers to callers following these instructions.

**CESSATION:** A survey of female ambulance service staff which aims to understand the menopause experiences of staff; the impacts of symptoms; and the needs and preferences for interventions to support staff experiencing the menopause transition.

**SUB-30:** A feasibility study which aims to assess if prehospital extra-corporeal membrane oxygenation (ECMO) can be established within 30 minutes of collapse following out of hospital cardiac arrest in London. This study has been passed due to the COVID-19 pandemic.



## Appendix 2:

# Clinical audit activity and learning outcomes

### National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2021/22 and the Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual reports and infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Published an article in the Trust's internal clinical newsletter, the Clinical Update, focusing on the importance of each element of the STEMI Care Bundle and time to definitive treatment
- Led bespoke ECG Continuous Professional Development sessions titled: 'STEMI Bundle – why it matters'
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

### Clinical audit projects

The reports of **7 local clinical audits** were reviewed by the provider in 2021/22 and the Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

#### ***Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged of LAS care***

- Cases identified via this clinical audit continue to provide evidence for the national framework on Learning from Deaths
- Nine potential safety reviews, three thematic reviews, two nationally defined incidents requiring patient safety incident investigations and four still awaiting decisions, in addition to 84 potential incidents investigated locally, were identified through this audit
- Constructive and positive feedback was provided to individual clinicians and Emergency Call Handlers

- Case studies were shared for ad hoc staff educational purposes
- Details of all expected deaths have been provided to the LAS End of Life Care Team to promote shared learning

#### ***Advanced Paramedic Practitioners in Urgent Care management of headaches***

- Introduce a Clinical Performance Indicator focusing on APP-UC management of headaches to allow for continuous monitoring and feedback based on the learning from this clinical audit

#### ***Mental Health Joint Response Car***

- The findings have been shared with key stakeholders in the Mental Health Joint Response Car (MHJRC) and the team
- The expectation of a clinical decision outcome being made within 30 minutes is being removed from the MHJRC Standard Operating Procedure
- The Mental Health Clinical Performance Indicator has been reviewed to ensure it incorporates the relevant aspects of care to allow for continuous audit of documentation by the MHJRC

#### ***Management of sickle cell crisis***

- The key findings were distributed via a Trust-wide clinical newsletter, together with an infographic shared on the staff Facebook group
- A regular clinical audit of the management of sickle cell crisis is being developed
- Sickle Cell Centres in London were asked to ensure that, where relevant, patients have accessible treatment plans
- The Joint Royal Colleges Ambulance Liaison Committee Guideline Development Group have clarified the preferred route of morphine administration

#### ***Care provided to patients at the 2019 Notting Hill Carnival***

- The key findings were displayed in an infographic which will be included in future event briefings

- Future event briefings will also contain reminders about the need to undertake capacity assessments in line with LAS guidance and have the appropriate clinical paperwork available
- A new process will be developed using tablets to allow event crews to undertake safeguarding referrals

***Airway management of cardiac and respiratory arrest patients***

- Clarification will be sought as to whether there is a requirement to document inspection of the hypopharynx prior to insertion of an Supra Glottic Airway and the use of a bougie, and whether a photograph of the code summary should be attached to the clinical record
- Discussions will be held as to the best way to monitor the care provided to patients with tracheostomies and laryngectomies

***Partnership working with the London Fire Brigade during COVID-19***

- Ideas for the COVID-19 Support Crews training programme will be fed back to the programme leads
- The key findings will be distributed via a Trust-wide clinical newsletter, together with an infographic shared on the staff

**Facebook group**

- In addition, a further **13 local clinical audits** have been started by the provider in 2021/22, as well as a programme of continuous clinical audit:

***Hip fracture re-audit***

Suspected hip fractures in patients aged 65 and older represent a large volume of calls attended by the LAS. Clinical assessment and management of this patient group can be complex due to co-morbidities, polypharmacy and complex social situations. To ensure best practice, we conducted a clinical audit of hip fractures in 2012. This re-audit will assess for improvements in care and to determine if current care delivered by LAS clinicians is congruent with local and national standards.

***Code Red***

The “Code Red” priority call for massive transfusion pathway was introduced in 2016 and approved by the leads in the four London Major Trauma Centres (MTCs) for use by Advanced Paramedic Practitioners in Critical Care (APP-CC). Careful monitoring of the activation of the pathway was recommended as part of the Advanced Clinical Operating Procedure, as calling a “Code Red” has a significant impact on a MTC including: pausing





routine and urgent surgery; clearing radiology and theatre space, and loss of precious blood products in priming rapid transfusion devices. This clinical audit aims to determine compliance to the current “Code Red” ACOP principles.

### **Alteplase**

Early administration of fibrinolytics (drugs that break up or dissolve blood clots) in cardiac arrest caused by pulmonary embolism has been shown to improve survival. Thrombolysis in cardiac arrest from other causes (e.g. haemorrhage) may worsen outcome, and evidence has shown that administration in undifferentiated cardiac arrest does not improve survival. The LAS is the first ambulance service to introduce alteplase, a fibrinolytic, for use by the Advanced Paramedic Practitioners in Critical Care (APP-CC) under a Patient Group Direction (PGD). Therefore this clinical audit will assess whether alteplase is being used in the LAS appropriately according to the PGD and Advanced Clinical Operating Procedure (ACOP).

### **Cardiac arrest complicated by hyperthermia**

Ambulance clinicians routinely measure temperature when managing patients in cardiac arrest as abnormally low (hypothermia) or high (hyperthermia) temperatures may represent treatable causes. This clinical audit aims to

measure care provided to and clinical outcomes of patients presenting in cardiac arrest complicated by hyperthermia.

### **Chronic Obstructive Pulmonary Disease (COPD)**

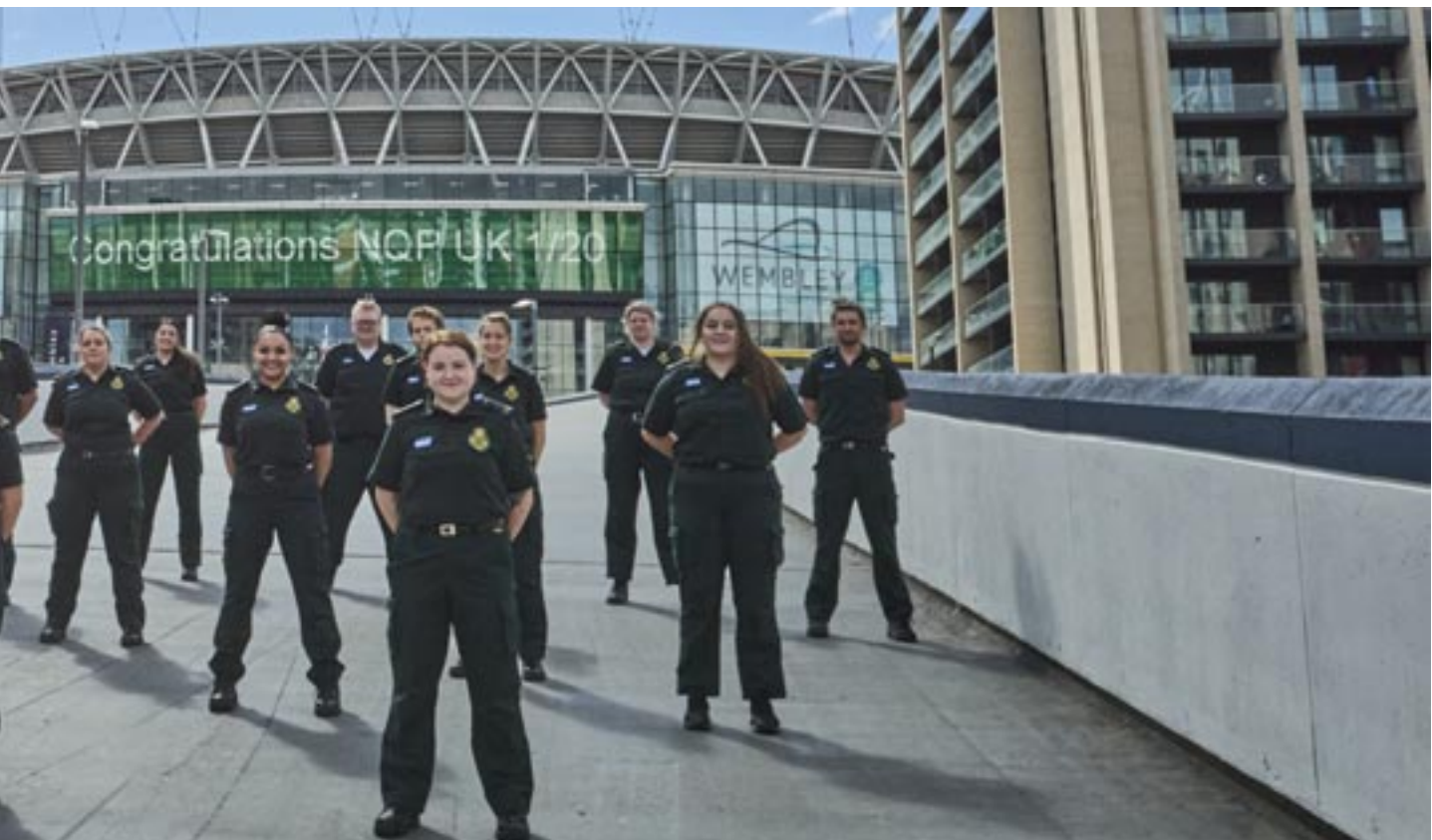
This re-audit aims to determine if the recommended actions from the 2019 COPD clinical audit led to improvements in care, specifically: ipratropium bromide administration and recording of oxygen saturation levels after treatment.

### **Paediatric Pain Management**

Assessment and management of paediatric fractures has been a focus for the LAS for over 15 years. Previous audit cycles resulted in the introduction of the Wong-Baker faces pain rating method and led to a review of age appropriate analgesics and immobilisation methods. This re-audit aims to examine current practice and determine whether recommended actions have led to improvements.

### **Recognition of stroke**

Every month ambulance services in England match their clinical records with those held by the Sentinel Stroke National Audit Programme to allow benchmarking across the country. Currently just over half of the records provided to the LAS by SSNAP are matched. Therefore



this clinical audit aims to examine the potential clinical and administrative factors which could be contributing to the numbers of unmatched records. The audit also aims to provide reassurance that the clinical care these patients receive from the Trust was appropriate to their presentation at the time.

### ***Sepsis, diarrhoea and vomiting***

Sepsis has been audited previously and continuously via the Clinical Performance Indicators and Ambulance Quality Indicators. Working collaboratively with Whipps Cross Hospital, this clinical audit will examine the assessment and management of patients identified as having sepsis or with diarrhea and vomiting in more detail and consider their diagnosis upon arrival at hospital.

### ***Transient loss of consciousness (TLOC)***

The ambulance service are often present during or just after a patient has experienced a TLOC. Ambulance clinicians are required to gather information to ensure the patient is directed towards the appropriate pathway. Previous clinical audits examining the management of TLOC have identified areas for improvement, therefore this clinical audit aims to assess current practice.

### ***Paediatric pyrexia***

This re-audit aims to determine whether improvements have been made since the previous clinical audits which examined the assessment and management of patients with pyrexia who were not conveyed to hospital, specifically whether observations upon discharge were within normal parameters and whether a referral was made to another healthcare professional.

### ***Dexamethasone***

As a result of the LAS 2018 dexamethasone clinical audit, the Joint Royal Colleges Ambulance Liaison Committee expanded the list of indications to include mild croup. This re-audit aims to examine compliance to the updated guidance.

### ***End of life care***

Following previous end of life care clinical audits it was agreed that a continuous clinical audit of the assessment and management of end of life care patients should be introduced.

This clinical audit aims to pilot the methods that will be used for the continuous audit to ensure a consistent approach to auditing across the Service.

### ***Ketamine***

Ketamine administration carries considerable clinical risk and is done so under tight criteria within Patient Group Directives (PGDs). This clinical audit aims to provide assurance that administration of ketamine by Advanced Paramedic Practitioners in Critical Care is compliant with the PGDs.

### ***Continuous quality monitoring***

We also continuously audit the care provided to patients who suffer either a cardiac arrest, acute coronary syndromes (including STEMI, new onset Left Bundle Branch Block and high risk Acute Coronary Syndrome), suspected stroke (including 'FAST' positive stroke), or were discharged of our care but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly. Findings from these four continuous audits are shared internally and staff receive feedback to support learning where indicated.

In addition, the Trust also regularly monitors compliance with clinical guidelines in relation to oramorph, antimicrobials, repeat medication, medication of potential misuse, medication safety indicators and high risk medication prescribing.

### ***Clinical Performance Indicators (CPIs)***

London Ambulance Service undertakes a programme of local Clinical Performance Indicators which, during 2021-22, monitored the care provided to 14 patient groups: cardiac arrest; difficulty in breathing; mental health - both diagnosed and undiagnosed; severe sepsis; elderly fallers; patients discharged on-scene; adult (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma attended by an APP-CC, and naproxen, prednisolone, prochlorperazine and salbutamol inhalers administered by an APP-UC). We also quality assured the documentation of 2.5% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits, highlighting areas of good practice and those in need of improvement.

## Statements from Stakeholders

### London Ambulance Service Patient and Public Council

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2021/22.

The London Ambulance Service Public and Patients' Council (LASPPC) recognises that this account has been produced at a time where the London Ambulance Service continues to experience extremely high levels of demand and pressure, and has done so for a sustained period. The Council would like to acknowledge and thank staff and volunteers from across the Service for their outstanding commitment and dedication to patients across London during this very challenging time.

In light of this sustained pressure and demand, the Council has been impressed by the progress made in the quality priorities set last year (2021/22) and are pleased to have worked collaboratively with the Trust on a number of these priorities.

The Council has worked closely with the Trust on their priority to 'enhance patient and communities engagement and involvement', and are proud that council member representatives have provided a voice for patients and the public in a number of the Trust's committees and working groups. We have supported a number of key initiatives across the organisation, as well as providing input on the delivery and implementation of the service through our regular Council meetings.

The Council has also worked collaboratively with the Trust as they continued to make improvements in a number of other quality priorities for 2021/22. For example, council members were invited to virtually tour ambulance stations as part of the Trust's Station Accreditation programme, where we were involved in assessing the scoring of the programme, asked questions about the wider programme and its benefits to patients and were involved in agreeing the level of accreditation awarded to the stations.

We have been impressed with the level of engagement the Trust has done to involve the Council in the year's quality priorities and we would like to express our appreciation and thanks to your staff who have made progress whilst continuing to manage a huge increase in demand during this pandemic and for their determined commitment to delivering high quality services to patients. We look forward to seeing this relationship go from strength to strength as we look to next year and beyond.

In looking forward to the quality priorities of 2022/23, the Council can confirm that our members were involved in the development of these priorities, and during these development sessions members welcomed, but also fed into, the three priority areas set out for the year. These three priorities demonstrate that patients are truly at the heart of the Service and we are looking forward to another year of working together closely as the Trust sets out to achieve them.

Christine Beasley and Michael Bryan  
Co-Chairs



16 May 2022

**Sent by email**

**Private & Confidential**

Dr John Martin  
 Chief Paramedic & Quality Officer /  
 Deputy Chief Executive  
 London Ambulance Service NHS  
 Trust  
 220 Waterloo Road  
 London  
 SE1 8SD

Charlie Sheldon  
 Chief Nurse  
 NWL CCG  
 15 Marylebone Road  
 London NW1 5JD

Email: [nhsnwccg.headsofquality@nhs.net](mailto:nhsnwccg.headsofquality@nhs.net)

**Re: London Ambulance NHS Trust Quality account 2021/22**

Thank you for providing the North West London Clinical Commissioning Group (CCG) and its Associate Commissioners, with an opportunity to respond to the Trust's quality account for the year 2021/22.

We acknowledge that the last year has been challenging and would like to express our appreciation for the London Ambulance Service NHS Trust for its response to COVID-19 and immeasurable contributions to the wider system. Despite these challenges the CCG believes the Trust has maintained a strong emphasis on quality, patient safety and experience whilst seeking opportunities to support its workforce in addition to accelerating innovation, alternative response models and quality improvement initiatives associated with its 2021/22 quality priorities.

An example of this is the successful implementation and embedding of the Patient Safety Incident Response Framework (PSIRF) throughout the organisation, which in turn allows the Trust to focus on areas of improvement. The Trust's direction of travel in terms of incident reporting and transparency has been very positive as commissioners were kept abreast on all patient safety incidents, patient safety risks and organisational learning.

The level of progress made on the delivery of the stated priorities is welcome particularly at a time when the service and staff have been under significant sustained levels of pressure. Although two elements of the eight priorities were not achieved, the Trust has confirmed its commitment to progress these and actions are being taken to ensure that these can be delivered.

The CCG also notes the triad focus on Care quality, Care experience and the Workforce which are cornerstone to progressing the vision and ambition of the Trust. The three key priorities identified for 2022/23 are fundamental in highlighting areas of concern and improvement through a simplistic lean approach that allows the London Ambulance Service to have a good understanding of its workforce, London's population, and the challenges the service faces in addressing health inequalities. The Trust has made a positive step in the prospective recruitment of a public health

**The North West London Integrated Care System is a collaboration of NHS, local authority, voluntary and community sector organisations**

specialist who will play a crucial role in the predicting and anticipating potential new or unmet need.

Overall, the identification of objectives should be a continuous process that identifies the 'big picture' and we commend prioritisation of cardiac care and health inequalities. The Trust is open to coproduction with key stakeholders allowing for better engagement in development of the Health Inequalities Action Plan, thereby empowering local people in shaping the services they use.

We are supportive of 'The Right Care, Right Now Programme' that is consistent with the Trusts strategic objective of responding to patients needs and preferences, whilst minimising harm and resource waste. The system has been under a prolonged period of sustained pressure in addition to hospital handover delays, of which the Trust is taking steps to minimise these delays that have direct consequences for patient safety. However, this is a challenge that the Trust cannot address in isolation but requires the Integrated Care Systems (ICS) to collectively take ownership in the improvement of hospital patient flows.

The pandemic has undoubtedly placed pressure on the workforce; with this in mind, the Trust has prioritised its workforce through 'Staff engagement and Support'. The objectives identified are key to bolstering the morale, engagement, productivity and retention of the workforce through the balanced offering of training and development that would make the Trust an attractive employer. The Trust needs to continue its work to counter some of the negative cultural issues that previously impacted workforce morale, job satisfaction, engagement, and retention rates.

The CCG is assured to see that these priorities take into account local learning from the pandemic, previous quality priorities, then new CQC strategy, patient and staff feedback. Since the last comprehensive CQC inspection in September 2019 which resulted in an overall CQC rating of 'Good', we have seen the Trust continue to demonstrate clear progress against its significant quality improvement plans.

The Trusts commitment and participation in clinical audits is commendable in the context of challenges and limitations imposed by COVID-19. The CCG will continue to monitor the Trust's adherence to audits and the outcomes, noting areas of good practice and those in need of improvement.

This quality account complies with national guidance and demonstrates a wide range of areas where there has been achievement as well as areas where improvement is required. The CCG is slightly disappointed with the absence/lack of inclusion for staff or individual team achievements in a year that has been very challenging. The CCG is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of North West London CCG and Associate Commissioners, we can confirm that to the best of our knowledge, the information contained in the report is accurate and reflects that which has been shared with commissioners throughout 2021/22 regarding quality of care. The CCG supports the quality priorities identified for 2022/23

and looks forward to continuing to work closely with the Trust over the coming year to further improve the quality of services.

Yours sincerely



Charlie Sheldon  
**Interim Chief Nursing Officer**  
**NWL CCG / ICS**

### **Commissioner's Statement for the London Ambulance Trust 2021/22 Quality Account**

Thank you for asking us to provide a statement on the Trust's 2021/22 Quality Account and priorities for 2022/23.

North East London Clinical Commissioning Group is responsible for commissioning the 111 Integrated Urgent Care Clinical Assessment Service for the population of east London. The comments on this statement largely relate to 111 but include observations on all services delivered to our population by the Trust relating to urgent care including 999.

Over the last two years the 111 IUC CAS service in London has provided an outstanding response to the global pandemic caused by SARS-CoV-2. The pandemic has meant new ways of working were rapidly developed and these have highlighted the value of closer and more integrated work with other Trusts and organisations in London as system partners. We applaud and recognise the huge efforts made by all staff in the London Ambulance Trust to provide urgent care to Londoners in such difficult circumstances and their selfless devotion to patient care.

Looking back to the quality priorities for 2021/22 we note the only one related specifically to the 111 services – integration of the 111 and 999 CAS systems to provide seamless care – was not met and we would suggest continued focus on this area to deliver this shared ambition. Last year we welcomed the Trust's focus on reviewing productivity and outcomes for those working in IUC, ECAS and CHUB services. We look forward to working with the Trust to deliver the benefits of this programme over the next year as well as the focus on inequalities and supporting staff to recover from the pandemic.

For the priorities identified for 2022/23 we note the Trust has engaged with staff to develop these and we would suggest that next year service users and stakeholders are engaged to deliver a more inclusive process.

For the quality priorities the Trust has set itself in 2022/23, whilst we agree with many of these, we note there appears to be a lack of data to measure many of them. We urge the Trust to provide clear baseline and improvement targets where these are available and relevant, for example: improving recording of patient's gender and ethnicity; improving PPE access; improving hand hygiene audits; improving CAT 2 response targets; reducing handover delays; improving 111 call answering. All these areas have a target to "improve" but no trajectory unlike the target relating to STEMI.

We also note the work that has taken place to deliver appropriate staffing in the 111 CAS and would suggest that this work continues to ensure rota gaps are addressed and alternative pathways are further developed this year and next.

We would like to highlight and congratulate the Trust on the excellent work that has taken place in east London to improve remote clinical assessment and treatment, through learning from end to end reviews and audit, initiation of the Remote Emergency Care Hub (REACH) in conjunction with Barts Health, the new staff wellbeing Hub, developing and implementing Ambulance Receiving Centers in partnership with our acute trusts, and implementing new approaches to escalation and flow, including greater oversight and management of



conveyance decisions. We also look forward to implementing current work relating to providing better care to residents experiencing a mental health crisis.

Overall, we welcome the 2020/21 quality account and are again looking forward to another year working together to improve the quality of services for the population we serve.

A handwritten signature in black ink, appearing to read 'Diane Jones'.

Diane Jones

Chief Nurse & Caldicott Guardian

NHS North East London CCG/ICB





23 May 2022

South East London CCG welcomes the opportunity to share our views of the London Ambulance Service NHS Trust's draft Quality Account for the year 2021/2022 with North West London CCG.

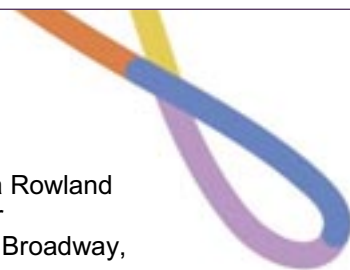
We commend the Ambulance Service for continuing to deliver services through periods of very high demand and in very challenging circumstances during the pandemic. Challenges included factors such as staffing shortages and rapidly changing knowledge and guidelines. The challenging situation showed up that the Pathways System, that 111 hugely relies on, is slow to change and learn from clinical feedback. Recent efforts to recruit clinical staff is to be commended and we hope will pay dividends on patient care by reducing the need for temporary staff. There has been a big stride forwards in the new London Single Virtual Contact Centre, which should improve resilience across the whole system. Continued efforts to improve staff wellbeing and increase the Trust's substantive wellbeing team is to be applauded.

The Trust continues to show good commitment to timely and thorough review of patient experience feedback and incident reports in the 111 service. This speaks to a culture of commitment to effective care in the 111 service and has been impressive under the pressures of the pandemic. Overall, the Quality Account is focussed more towards 999 services than 111 services. Further details of quality audit and improvement in the 111 services would lend greater balance to the report for example, a Universal Access Review will demonstrate whether callers to the 111 services reflect the population demographics London.

We hope that these comments are helpful to London Ambulance Service Commissioners.

A handwritten signature in black ink, appearing to read 'Kate Moriarty-Baker'.

**Kate Moriarty-Baker**  
**Chief Nurse**  
**South East London CCG**

Dr Gloria Rowland  
3rd Floor  
120 The Broadway,  
Wimbledon  
SW19 1RH

16<sup>th</sup> May 2022

Dear Jacqui,

**Re - London Ambulance Service (LAS) Quality Account 2021/2022**

Thank you for sharing the Trust's 2021/2022 Quality Account with South West London Clinical Commissioning Group (SWL CCG). Having reviewed the Quality Account, we are pleased to see the progress made by the Trust in maintaining high quality care standards despite the challenges of the Covid-19 pandemic.

SWL CCG congratulates the Trust on achieving the majority of the priorities set. We acknowledge that LAS is one of the early adopters of the new Patient Safety Investigation Response Framework (PSIRF) pilot, and we look forward to shared learning from the Trust. The CCG also commends the response to the national review of sexual safety across UK ambulance services, with the launch of a Sexual Safety Charter for LAS.

The Trust has identified three key areas of focus: patient care; patient, family, and carer experience; and staff engagement for this financial year 2022/23. The CCG supports these identified quality priorities.

In line with national changes, the CCG will cease to exist on 1<sup>st</sup> July 2022, and we will become an Integrated Care System (ICS) led by the Integrated Care Board (ICB) and the Integrated Care Partnership Board (ICP). This will bring about new ways of system working that strengthen our collaboration. SWL ICS will focus on the following quality priorities from July 2022:

- The launch of a new System Quality Strategy. The ICS has been active in developing a quality strategy that will enable greater collaboration to address quality issues across the system
- The continuous improvement of the patient journey, outcomes and experience across health and care
- Working together on the reduction of health inequalities using the Core20PLUS5 as a framework to address systemic inequalities and discrimination
- SWL Urgent and Emergency Care team will continue to work closely with LAS, both through the CQRG hosted via North West London and in the wider transformation and improvement of services in our ICS. Of note, this year, we have been pleased to develop a closer working relationship with LAS in 111 service delivery, as well as improving our ability to support and transform ambulance response. We look forward to further developing this relationship in 2022/23
- As we establish SWL System Quality and Oversight Committee, we will work collaboratively with all system partners to agree and deliver on our shared system quality priorities.

We look forward to continued work with the Trust under the new arrangements and strengthening our collaborative approach to system quality improvement.

Kind Regards

**Dr Gloria Rowland (MBE)**  
SWL ICS Chief Nursing and Allied Health Professional Officer  
E: [gloria.rowland@swlondon.nhs.uk](mailto:gloria.rowland@swlondon.nhs.uk)

## Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHSE/I has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the Quality Accounts requirements 2020/21 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2021 to March 2022
  - Papers relating to quality reported to the board over the period April 2021 – March 2022
- Feedback from commissioners dated 16<sup>th</sup> and 23<sup>rd</sup> May 2022
- The national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

### By order of the Board



**Heather Lawrence, Chair**

Date:



**Daniel Elkeles, Chief Executive**

Date:

## Glossary

<b>APP-CC</b>	Advanced Paramedic Practitioner (Critical Care)	<b>KPI</b>	Key Performance Indicator
<b>AQI</b>	<b>Ambulance Quality Indicator</b>	<b>LAS</b>	London Ambulance Service
<b>CAS</b>	Clinical Assessment Service	<b>LASPPC</b>	London Ambulance Service Patient and Public Council
<b>CDI</b>	Culture, Diversity and Inclusion	<b>MHJRC</b>	Mental Health Joint Response Car
<b>CHUB</b>	Clinical HUB	<b>MHRA</b>	Medicines and Healthcare products Regulatory Agency
<b>COPD</b>	Chronic Obstructive Pulmonary Disorder	<b>MPU</b>	Medicines Packing Unit
<b>CORE20PLUS5</b>	Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.	<b>MTC</b>	Major Trauma Centre
<b>COVID-19</b>	Coronavirus disease caused by the SARS-CoV-2 virus	<b>NHS</b>	National Health Service
<b>CPR</b>	Cardiopulmonary resuscitation	<b>OHCAO</b>	Out-of-Hospital Cardiac Arrest Outcomes
<b>CQC</b>	Care Quality Commission	<b>PGD</b>	Patient Group Direction
<b>DOS</b>	Directory of Services	<b>PPE</b>	Personal Protective Equipment
<b>DQA</b>	Data Quality Assurance	<b>PSIRF</b>	Patient Safety Incident Response Framework
<b>DSPT</b>	Data security and protection toolkit	<b>PSIRP</b>	Patient Safety Incident Response Plan
<b>ECAS</b>	Emergency Clinical Advisory Service	<b>QI</b>	Quality Improvement
<b>ECG</b>	Electrocardiogram	<b>REACH</b>	Remote Access Emergency Coordination Hub
<b>ECMO</b>	extracorporeal membrane oxygenation	<b>ROSC</b>	Return of spontaneous circulation
<b>ED</b>	Emergency Department	<b>SSNAP</b>	Sentinel Stroke National Audit Programme
<b>ePCR</b>	Electronic Patient Care Record	<b>STEMI</b>	ST Segment elevation myocardial infarction
<b>GDPR</b>	General Data Protection Regulation	<b>TLOC</b>	Transient loss of consciousness
<b>GP</b>	General Practitioner	<b>TOC</b>	Tactical operations centre
<b>GSTT</b>	Guy's and St Thomas' NHS Foundation Trust	<b>UCAS</b>	Urgent Clinical Advisory Service
<b>GTN</b>	Glyceryl trinitrate		
<b>ICO</b>	Information Commissioners Office		
<b>ICS</b>	Integrated Care System		
<b>IG</b>	Information Governance		
<b>IUC</b>	Integrated Urgent Care		





London Ambulance Service  
NHS Trust



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# Annual Quality Account

2021/2022

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