



NHS

London Ambulance Service
NHS Trust

Annual Quality Account

2023/2024



Contents

Part 1: Statement on Quality

Foreword and Statement on Quality	2
Our values	4
Care Quality Commission: Inspection and ratings	5
About Us	7
What we do, our visions, values and purpose	7
Statement of Directors' Responsibilities	12

Part 2: Improving the quality of our services

Looking back: Our progress on our Quality Priorities for 2023/24	15
Cardiac arrest management	17
Care after a fall	19
Hear & treat consultations	20
Reducing delays	22
Infection Prevention & Control (IPC)	25
Core Quality Account Indicators Report	26
Ambulance Quality Indicator performance – C1-C4 response	26
Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles	26
Patient safety incidents	27
Clinical Effectiveness, Audit and Research	28
Looking Forward: Our Quality Priorities for 2024/25	31
Improving efficiency	32
Feedback and learning	32
Improving outcomes	33
Reducing delays	34

Part 3: Further information on quality and improvement

Appendix 1: Research Activity	42
Appendix 2: Clinical audit activity and learning outcomes	43
Statements from stakeholders	47
Commissioners' Statements	48
Glossary	57

Part 1:

Statement on Quality

Foreword and Statement on Quality

We are pleased to introduce the Quality Account for London Ambulance Service NHS Trust for 2023/24. Here we summarise our work to improve the quality of our care, keep our patients safe and improve staff wellbeing.

In September 2023 we launched our ambitious new five-year strategy, which outlines three missions, the first which is to deliver outstanding emergency and urgent care whenever and wherever needed. As we strive to deliver a better quality of care for our patients, our plans take into account their changing needs, recognising that London's population is getting older and there are more people living with a range of long-term conditions.

We heard from patient representatives that people would like our clinical teams to offer more personalised care, with greater awareness of specific needs in areas such as neurodiversity and mental health. To address these challenges, our care looks to provide more individualised clinical responses, which means more paramedics working in cars alongside mental health and community nursing specialists, as well as more advanced paramedic practitioners who can do more to treat patients on-scene.

A top priority is also to be a learning and teaching organisation, and promoting a just culture where all staff feel confident to raise

issues and report incidents. Our strategy commits to implementing quality improvement as business as usual, and throughout the development of our vision, we put the delivery of safe, effective patient care, and improving the working environment for and development of our workforce at the centre of our planning.

Last year, we set ourselves five quality priorities in support of our organisation's mission to deliver outstanding emergency and urgent care whenever and wherever needed:

- Cardiac arrest management
- Care after a fall
- Hear & treat consultations
- Reducing delays
- Infection Prevention & Control (IPC)

We have made good progress. We have delivered resuscitation update training to staff and improved our return of spontaneous circulation rates. We have also increased the number of Urgent Community Response (UCR) teams we deploy, and are achieving high hand hygiene audit compliance. We have implemented the category 2 segmentation pilot, which is an important part of our plans to ensure we are able to provide the right response to our patients. We have also introduced a new approach to auditing calls in our 111 service, ensuring our clinical assessments are safe and

effective, and providing better access to feedback for our staff.

We set ourselves challenging improvement targets for our response times, and whilst we did not achieve all that we set out to, we have significantly improved both our response to category 2 patients, and the speed at which we answer 999 calls in comparison to last year, with more work to be done in the coming year. Looking forward to 2024/25 we have set ourselves four priorities on which we will focus our quality improvement efforts: Improving efficiency, feedback and learning, reducing delays and improving outcomes. We outline our progress and plans for the coming year in detail in part 2 of this report.

In the autumn we launched our new improvement approach, LASImprove, at our inaugural Annual Quality Improvement Conference. Teams across the Trust have put quality improvement methodology to good use in 'fixing the basics', focussing on areas based on staff feedback. This led to the introduction of mini make ready hubs which is improving the availability of clinical equipment and infection control standards. The next step in our improvement journey is establishing a strategic partnership with Surrey and Sussex Healthcare NHS Trust, to enable us to learn from their success in

embedding improvement as business as usual and adopting lean methodology.

We recognise that supporting our staff is key to achieving our ambitions for better quality of care for patients. Over the last year, we have made real improvements to our staff welfare by introducing teams-based working across all of our ambulance stations. We are pleased to report that this new way of working is having a positive effect on the wellbeing of our people, and we are now working on introducing teams-based working into our control centres. We are delighted that our staff survey results are much improved this year, with our staff reporting record improvements to their working lives over the past year, including being more supported to develop their careers and a greater sense of teamwork. Our staff scores improved in all questions relating to the NHS People Promise – the seven commitments that aim to improve the experience of working in the NHS, and we continue our work on areas which are less positive.

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



Daniel Elkeles, Chief Executive

Pauline Cranmer, Chief Paramedic

Our values

Our LAS Values and Behaviours were created through conversations and feedback from thousands of our staff and volunteers across London Ambulance Service. The result is a set of values and behaviours that are possible to put into practice every day so that together, we put Caring, Respect and Teamwork at the heart of everything we do for Londoners.

Our Values & Behaviours

Caring

- Kindness be caring and compassionate, polite, welcoming, approachable
- Positive embrace change, be enthusiastic and optimistic, proactive
- Empathetic put myself in other people's shoes, consider other perspectives
- Listening hear others, be open, approachable, give others space to speak

Respect

- Equity be fair, embrace diversity, accept others for who they are
- Inclusive advocate for others, ask for input, seek out alternative views
- Understanding be interested in others' feelings, stories and backgrounds
- Appreciative offer descriptive praise, seek out feedback, value others

& Teamwork

- Supportive offer help when you notice others need it, check in regularly
- Collaborative seek opportunities to work together, communicate, clarify
- Professional be accountable, responsible for my attitude, calm and reassuring
- Integrity be honest, share learnings, act in others' and LAS' best interests

Together we put Caring, Respect & Teamwork at the heart of all we do for

Londoners



Care Quality Commission: Inspection and ratings

Care Quality Commission

Last rated
4 March 2022

London Ambulance Service NHS Trust

Overall rating

Inadequate	Requires improvement	Good	Outstanding
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Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well-led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/provider/RRU>
We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

We were not inspected by the Care Quality Commission during 2023/24 and the CQC has not taken any enforcement action against the Trust during that time. We remain in regular contact with the CQC and further details and copies of our past inspection reports are available via this link: www.cqc.org.uk/provider/RRU



NHS



London Ambulance Service

NHS Trust



About Us

What we do, our visions, values and purpose

We are the capital's emergency and urgent care responders.

We are the largest ambulance service in the UK, serving the city's nine million residents as well as those who visit from other parts of the UK and abroad. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

Each year we receive more than two million emergency 999 calls and two million urgent 111 calls. We provide care to a million patients face-to-face at the scene and treat 180,000 people over the phone.

London Ambulance Service was created in 1965 and today we have over 10,000 people working, studying and volunteering with us.

Our patient-facing workforce ranges from 999 and 111 call handlers to paramedics and other ambulance clinicians as well as clinical specialists: nurses, midwives, mental health nurses, pharmacists, doctors and advanced paramedics.

Behind the scenes are the multi-skilled workshop technicians keeping ambulances on the road, the vehicle preparation teams getting every ambulance clean and stocked, the warehouse staff ensuring we have the best equipment, the medicines packing and

pharmacy team providing our clinicians with the right drugs, plus all our housekeeping teams. Alongside this are vital support functions from human resources and finance to estates and communications.

Our other work includes:

- Planning for, and responding to, major and significant incidents (with our partners)
- Providing paramedics to work for London's Air Ambulance
- Educating the public in life-saving skills and use of public access defibrillators
- Working with NHS and blue light partners, local authorities and the Mayor to encourage a healthier population and a safer London
- Coordinating Adult Critical Care Emergency Support Service (ACCESS), a pioneering specialist ambulance service for transporting critically ill patients between hospitals that has been adopted as the model for the whole of London
- Finding hospital beds for seriously ill patients and ensuring their safe transfer to the best place for care

North West London



South West London



North Central London

North East London

South East London



Sector HQ



Group main station



Station



Workshop



999 call centre



111 call centre



Group area



Integrated Care System area

The people we serve

Working in partnership

We cover the whole of the city, the only pan-London NHS trust.

We are part of London's five integrated care systems (ICSs)—North West London, North Central London, North East London, South East London and South West London—which bring together health and care organisations to deliver care.

Across our ICSs we work with five integrated care boards, 33 borough councils, 42 NHS trusts including mental health, acute and community hospitals, over 200 primary care networks, and hundreds of voluntary sector organisations. We work closely with partners such as the **London Air Ambulance**, the **Metropolitan Police**, **British Transport Police**, and the **London Fire Brigade**.

Each ICS has a health and care strategy addressing the needs of the population which vary significantly across and within boroughs.



North West London

 **Population: 2.1 million**

- Highest number of emergency attendances among London ICSs
- 65% of Brent's population are from ethnic minority backgrounds, the second-highest among London boroughs
- Highest number of cardiac arrests attended in Ealing
- Highest number of suspected heart attacks attended in Hillingdon
- Life expectancy is 7.2 years lower for men and 5.5 years lower for women in the most deprived areas of Hillingdon than in the least deprived areas

North Central London

 **Population: 1.4 million**

- Barnet has the second-highest number of emergency attendances among boroughs
- Camden and Islington have some of the highest shares of under-35s among London boroughs
- Higher need in mental health services - the prevalence of mental illness in under-18s is almost double the London average
- 30% of children grow up living in poverty
- Around 200,000 people are living with a disability



3

North East London

Population: 2 million

- Experiences the longest hospital handover delays of all London ICS geographies
- Highest share of residents aged under 35 (52%)
- Just over half (54%) of the population are from ethnic minority backgrounds, with the highest share in Newham (69%)
- Nearly a quarter of residents live in one of the most deprived 20% of areas in England
- By 2041, the population is projected to grow by nearly 364k (17%) - this is equivalent to adding another place the size of Newham



South East London

Population: 1.8 million

- Generally older population, with 12% of residents aged over 65
- Wide difference in diversity levels, with 24% of people in Bromley and 49% in Southwark from ethnic minority backgrounds
- Third-highest rate of detentions under the Mental Health Act of any area in England
- Over 40% of children are overweight when they leave primary school
- Southwark has the third largest lesbian, gay and bisexual communities in the country

4



5

South West London

Population: 1.5 million

- Generally older population with 13% of residents over 65
- Lower level of deprivation compared to other London ICSs, with 7% of residents living in the most deprived 20% of areas in England
- Lower levels of diversity than other London areas, with 37% of the population from an ethnic minority background (from 20% in Richmond to 52% in Croydon)
- Cancer is the number one cause of mortality
- Croydon is London borough with highest number of suspected strokes attended



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. NHS England 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 2023/24 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 2023 to March 2024
 - Papers relating to quality reported to the board over the period April 2023 – March 2024
- Feedback from commissioners dated 20th May 2024
- 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



Andrew Trotter OBE QPM, Chair



Daniel Elkeles, Chief Executive



LONDON
AMBULANCE

NHS

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Part 2:

Improving the quality of our services

Looking back: Our progress on our Quality Priorities for 2023/24

At the beginning of the year we identified five areas on which to focus our improvement efforts for the 2023-2024 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. This was an ambitious programme of improvement, and we have made progress and demonstrated improvement against all of these priorities. We have completed delivery of the Cardiac Arrest Management, Hear and Treat, and Infection Prevention and Control priorities. Both the Reducing Delays and Care after a Fall priorities require further work, which is planned to take place in 2024/25.



Quality Priority	Key Performance Indicator (KPI)	Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%	Complete
	Deliver resuscitation update training to 85% of staff	Complete
Care After a Fall	Increase Urgent Community Response (UCR) provision to 10 cars	Partially complete
	Deliver spinal immobilisation update training to 85% of staff	Partially complete
Hear & Treat	Implement Clinical Guardian across 111 & 999	Complete
	Implement Category 2 Segmentation Programme	Complete
Reducing Delays	Achieve a ≤ 30 minute C2 mean in line with trajectory	Partially complete
	Achieve a ≤ 10 second call answering mean in line with trajectory	Partially complete
Infection Prevention and Control (IPC)	Achieve 90% hand hygiene audit compliance	Complete
	Implement audit software replacement	Complete

The following section will report on each quality priority key performance indicator.

Cardiac arrest management

Improve return of spontaneous circulation rates

We are committed to continually improving survival rates from out of hospital cardiac arrest, and sought to improve return of spontaneous circulation rates (ROSC) to 31%. We have made good progress and achieved higher ROSC rates than we did in the previous three years. In February and March we were pleased to report that our ROSC rate was 33% and 32% respectively, an improvement on the previous year¹. We have seen a reduction in the variation in ROSC rates, reflecting better and more consistent care provision for our patients, as well as an improvement in delivery of the ROSC care bundle.

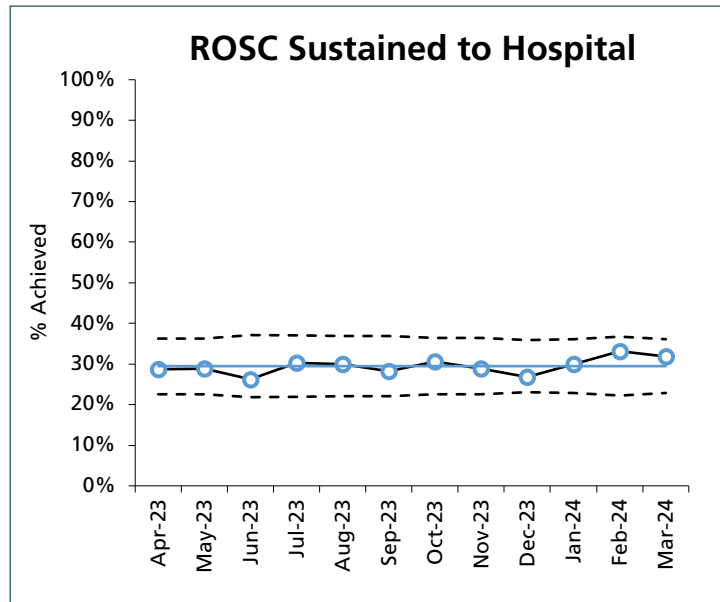
We have seen increases in bystander life support rates over recent years. We are proud of this but need to stretch ourselves even further to see further improvements in ROSC rates. To achieve this we have commenced our London Life Savers Schools Program to achieve a generational shift in training members of the public in bystander life support. This has seen us train the first 1,600 children in the first six months of the project. Schools have been targeted where we are seeing low bystander life support rates in the community and lower cardiac arrest survival. Further to this an active program of improvement has begun within our operations centres to ensure that dispatcher assisted resuscitation advice is given as quickly as possible, this is where the call handler (dispatcher) advises the caller how to perform life support prior to the arrival of the ambulance service. This work has already seen marked improvement in time to 'hands on chest' and will continue to

form part of our improvement work in the coming year.

We have continued to work with the Circuit, the national defibrillator database, to ensure that as many Public Access Defibrillators as possible are listed on this database and that we have a robust process to advise 999 callers of the location of their nearest defibrillator. Further to this we have brought in-house our team of community responders, members of the public who are volunteer responders for us. This service was previously supplied by St John Ambulance. Our aim is to grow this scheme across the Capital. We continue to work with the GoodSAM app to develop a community of life savers across London who can be an initial response to the patient in cardiac arrest, by responding to a GoodSAM alert.

Our response to Category 1 patients (which is the majority of cardiac arrests) remains one of the best in England and our focus has continued to be on time from arrival to defibrillation. In the past year we undertook focussed work to improve the use of defibrillator data to allow clinicians to review their management and use this feedback to improve their care. Over the coming year, we intend to upgrade the software used for this to make this easier, and in doing so improve download rates and enable more responsive feedback for clinical teams to use to drive improvements in time to first shock and the provision of the most effective cardiopulmonary resuscitation (CPR). Our ROSC target for 2024/25 will be 30% reflecting our intention to continually improve survival from out of hospital cardiac arrest in London.

¹ Data subject to validation. Validated data will be published via Ambulance Clinical Outcomes dataset (AmbCO) in due course, and may differ from the unvalidated data presented here.

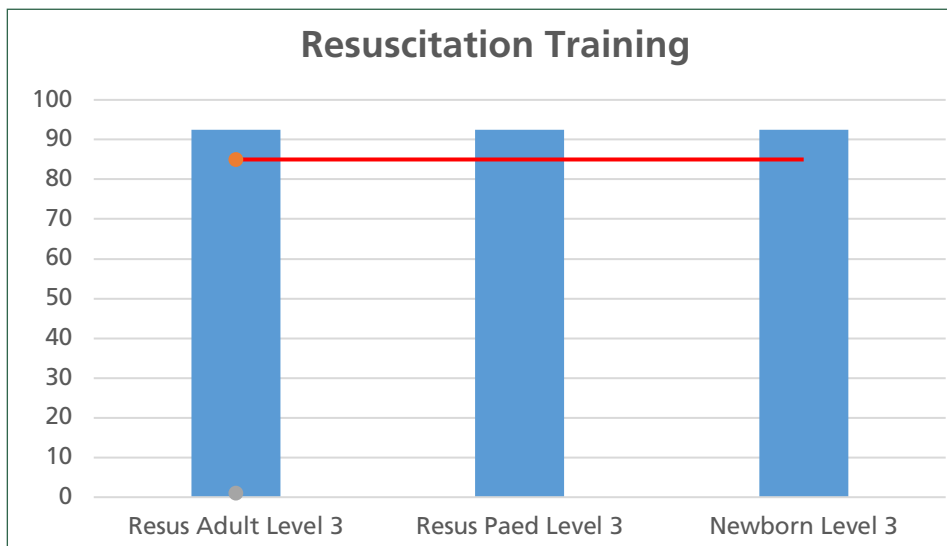


Deliver resuscitation update training

We set out to deliver resuscitation updates covering adult and paediatric life resuscitation and newborn life support at level three to 85% of our ambulance clinicians. We are pleased to report that we have met and exceeded this target, with over 92% of ambulance

clinicians trained in all three areas.

Resuscitation training continues with the release of our new 2024 training package which provides further and ongoing updates for clinical staff, this is delivered alongside new starter training, which includes a practical assessment when joining the trust.



We have also begun updating our Non-Emergency Transport Service (NETS) and developed a resuscitation training package at level two for this staff. Uptake is currently at 87%.

Care after a fall

Increase Urgent Community Response (UCR) provision

We sought to implement 10 UCR cars by the end of the financial year. Due to constraints in vehicle availability as well as challenges with staffing relating to the Trust band 6 paramedic workforce, and external nursing workforce within community teams, we were able to operationalise nine of these, with the remaining car anticipated to commence operation in Q1 of 2024/25. As at the end of March 2024, 10320 patients have benefited from this service, which enables between 65% and 75% of people seen to remain at home, avoiding an attendance at an emergency department and/ or admission to hospital.

Having been established as an effective clinical service, improvement work is ongoing to refine both the dispatch and staffing model. To optimise access to the service and ensure the right patients are attended by this resource, clinicians in our clinical hub are now able to directly refer patients to the UCR team following telephone assessment. In order to develop the most sustainable staffing strategy and contribute to the Trust clinical career pathway, models which include utilising Specialist Paramedics in Primary Care² are being developed. This allows our band 6 paramedics, through a formal development programme to gain experience and knowledge within a primary care setting, and in turn once qualified, will enable these staff to undertake frontline work as a solo response to this same cohort of patients. This will also become a feed for the LAS' advanced paramedic practice programme; enabling a clear clinical pathway from entry level through to consultant practice.

Feedback from our patients who have used the service has been incredibly positive across the year:



"I'm 56 years old, very morbidly obese and I had fallen on the floor. The problem is once I'm on the floor I can't get up because my knees and arms aren't strong enough. I therefore had to call the ambulance who brought me an inflatable cushion (I'm sorry, I can't remember the name of it) to help me get to a sitting position from which I could then stand up. The only injuries I sustained were to my dignity and my pride!!!!"

"Absolutely outstanding service. Highly professional and reassuring attitude. Both operatives were reassuring, efficient and sympathetic and I felt totally reassured and relieved. I cannot commend them highly enough they were marvellous. Thank you."

Deliver updated spinal immobilisation update training

We intended to deliver new and updated spinal immobilisation e-learning to 85% of ambulance clinicians by the end of the financial year. Training delivery commenced in October, a little later than planned and as a result, we fell below the 85% target, concluding the year at 75% compliance. We are committed to completing implementation of this training, and have incorporated it into mandatory training for this staff group. Compliance is expected to be achieved by Summer 2024 and will be monitored via the Quality Improvement Programme Board.

² Formerly known as First Contact Practitioners, these are paramedics who work rotationally in Primary Care as well as the Ambulance Service.

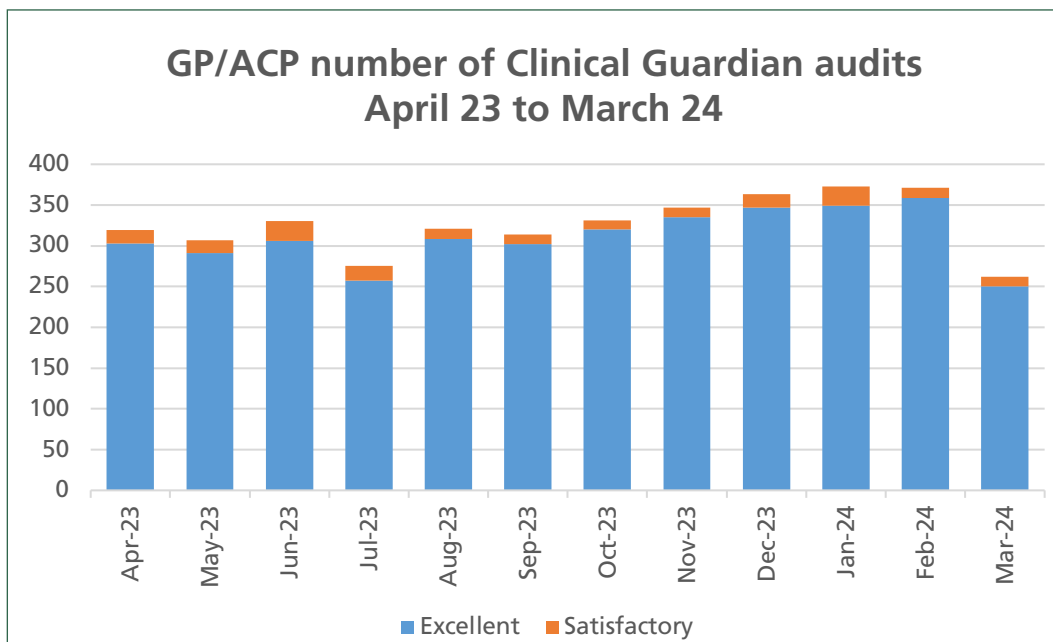
Hear & treat consultations

Implement Clinical Guardian

We set out to implement Clinical Guardian, an electronic clinical assessment audit tool, across our clinical assessment services (CAS) in both our 999 and 111 call centres. This has been fully implemented in our 111 and urgent clinical advice service for consultations, and we are now able to track

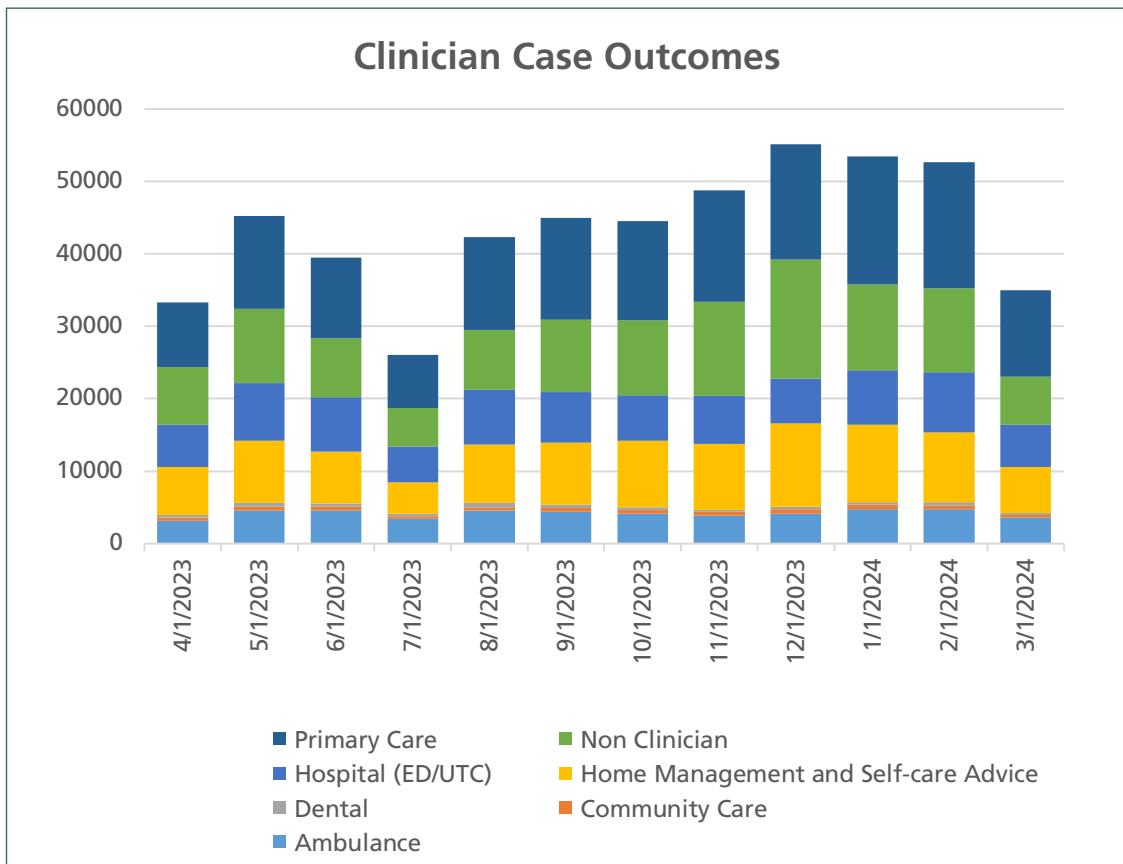
clinician outcomes more effectively, with high quality audits and learning optimising the safety of our CAS.

These audits provide oversight into the quality of calls made, and we have sustained a significant proportion of calls being recognised and fed-back to clinicians as being 'Excellent'.



Each clinician is able to log in through their Clinical Guardian portal to review their audits and interact with feedback and auditors to support their own reflective practice. In addition to this, each clinician is also able to review their case consultation outcomes, and see how their performance compares to that of colleagues via

benchmarking. This outcome monitoring is used as part of newly developed clinical triangulation process, where case audits, outcomes, performance and clinical are analysed together to improve the standard of care we provide and ensure we are consistently achieving the right outcomes for patients.



Clinical Guardian has also been implemented in the clinical hub, and is used for all Manchester Triage System consultations where Adastra is utilised. Manual quality assurance reviews remain in place for consultations which are conducted as part of clinical safety reviews outside of the Adastra system to ensure consistency of audit. To increase the number of cases audited, a remote quality assurance process has been developed and is currently being tested. The improvements in call auditing have supported the development of regular audit and learning, and continuous professional development fora, and the development of a departmental improvement plan to ensure audit results lead to improvement and learning. On average, over 250 audits are being undertaken each month compared to approximately 50 in July 2023. This ensures every clinician is audited at least twice per month.

Implement the Category 2 Segmentation Programme

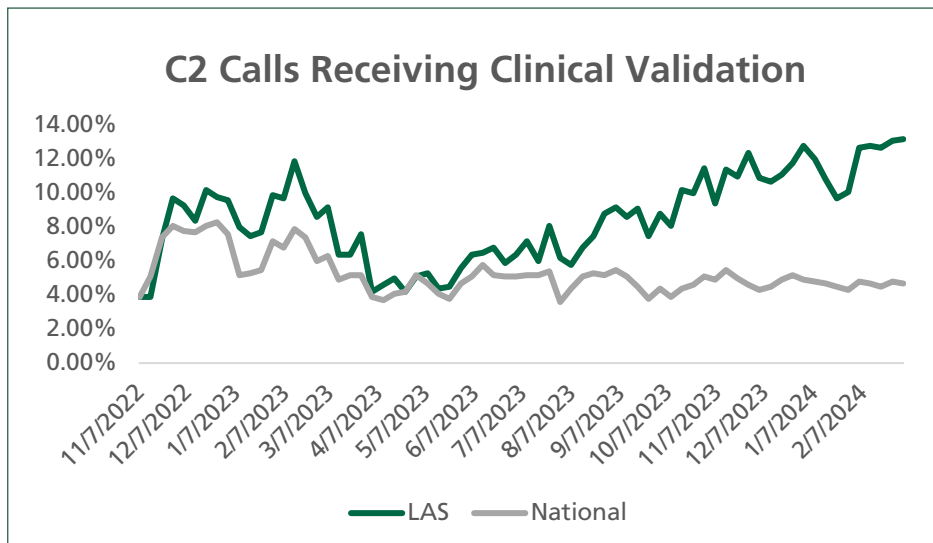
We sought to embed the NHS England Category 2 Segmentation Pilot, which we began as an early adopter in November 2022. This enhanced model of care allows for increased clinical oversight of category 2 calls through a combination of rapid review (Clinical Navigation) and where appropriate, assessment over the telephone (Clinical Validation).

The principles of navigation and validation are to better assess the patients’ needs and to establish the most appropriate care pathway for their presenting condition. The outcome of navigation may be one of the following;

- Escalate the incident to a higher responding priority
- Await the attendance of an ambulance as a category 2 call

- Referral for clinical validation
- Attendance by a specialist resource (for example the mental health joint response car, urgent community response, advanced paramedic practitioner, or non-emergency transport service)

In London, approximately 40% of the total number of C2 calls received are eligible for clinical navigation. Of these, 13% receive clinical validation (4.9% nationally) of which an average of 44% of patients are safely cared for via alternative care pathways.



In operational terms, through the optimisation of our C2 segmentation model, around 1,300 additional DCA hours each week are being made available to respond to our sickest patients.

We have maintained our position as one of the foremost Trusts in C2 Segmentation, actively assisting other Trusts in refining their own models of delivery. Working closely with NHS England, we have recently welcomed visits from six other Trusts seeking insights and guidance. Additionally, as integral members of the national C2 Segmentation Steering Group, we remain committed to fostering collaboration across all ambulance services, facilitating the exchange of

knowledge and best practice.

In August 2023 the Clinical Hub began a programme of intense transformation and the delivery of our Clinical Dispatch Support model. This sees C2 segmentation and other work streams coming together to further improve the care we deliver to patients as is demonstrated in the above graph. Our quality assurance data indicates the quality of assessments has been maintained with no increase in the rate of patient safety incidents or complaints. Our focus is now to further enhance this success by building capacity and capability across the clinical workforce within our Emergency Operations Centres (EOC).

Reducing delays

Achieve a ≤30 minute C2 mean

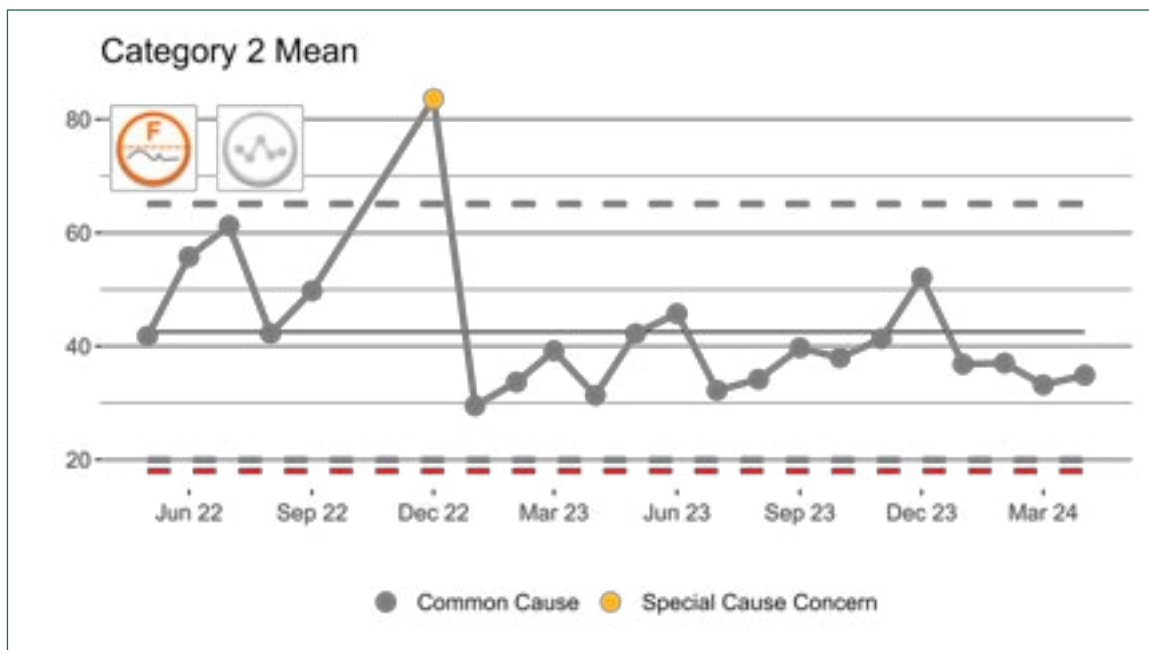
Our intention was to deliver a mean response time to our category two patients

of less than 30 minutes, in line with the trajectories we set. We concluded the year with a mean response time of 38 minutes and 39 seconds.

This year, we have implemented a new incentive structure to support production at times of greatest need and to match our fleet availability. We have allocated improvement trajectories for all station groups, to maintain local ownership and focus on this improvement priority. We have implemented a 45 minute handover process in partnership with acute hospital trusts across London to minimise the impact of prolonged hospital handover delays on patients awaiting an ambulance response. We have refined our staffing model to better reflect patient need and have implemented a fixed fleet model to improve our vehicle availability. Increases in operational staffing through recruitment, reducing sickness levels

and better staff retention have allowed us to deploy more ambulances than ever before. Throughout the Winter we operated a dedicated out-of-service cell to reduce the time ambulances were out of commission and unavailable to patients.

Whilst we fell short of our improvement aim, we recognise that these actions have led to a sustained improvement in our category two response times when compared to last year. We are carrying forward our improvement efforts into the coming year, and have reset a formal improvement priority for reducing delays.



Achieve a ≤10 second call answering mean in line with trajectory

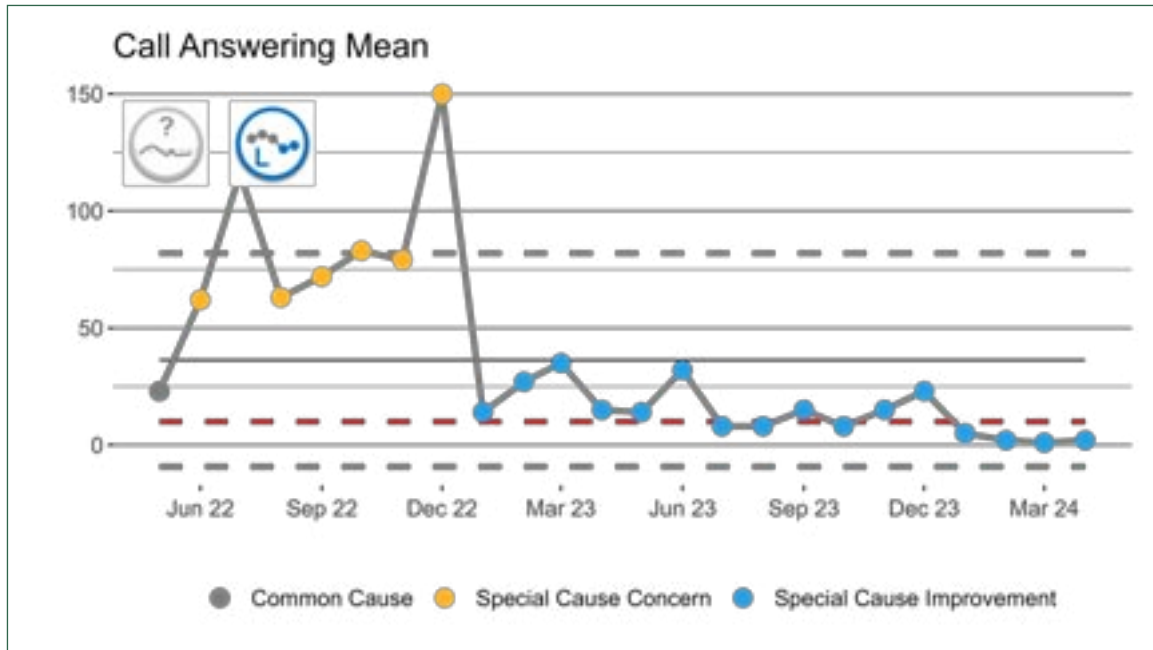
We set out to improve the average time it takes us to answer 999 calls to less than 10 seconds, in line with the trajectory we set ourselves. At the end of the year we averaged 12 seconds for the year, slightly longer than we intended but a significant improvement on our 2022/23 average of 64 seconds. We have undertaken much improvement work in the emergency operations centre, and whilst we did not

quite achieve the overall target level, we are pleased that call answering times have improved significantly and remained stable at an improved level at the end of the year, with average call answering times remaining well below 10 seconds throughout quarter four, and this will be monitored by the EOC Improvement Board.

We have recruited Emergency Call Handlers at pace increasing our staff numbers from 338.62 at the start of 2022/23 to 470.15 WTE by the end of March 2024. We have also

established a Call Answering Improvement Group which is coordinating work to improve call handling processes to improve efficiency and patient safety. We now turn our efforts to establishing teams based

working in the Emergency Operations Centres (EOC) and continue the improvement work across the service, supported by the EOC Improvement Team.



Infection Prevention & Control (IPC)

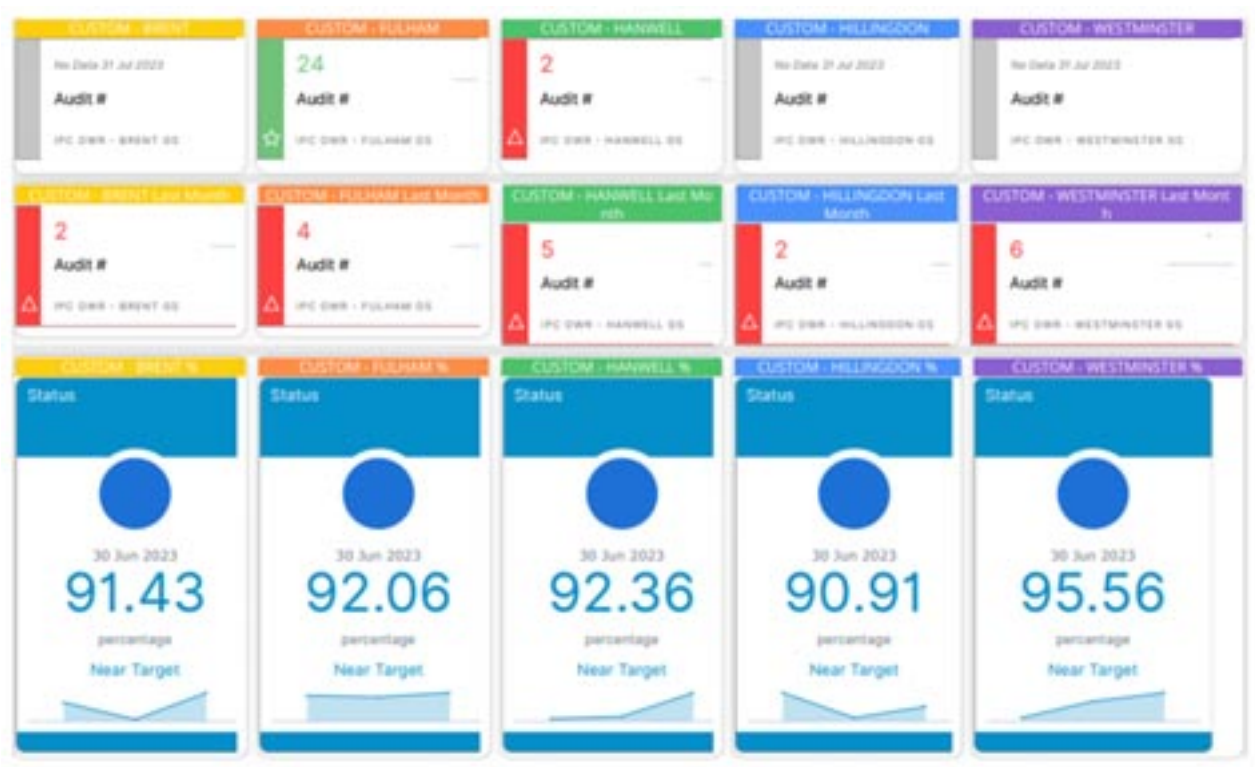
Achieve 90% hand hygiene audit compliance

We aimed to achieve a 90% compliance rate for hand hygiene, this rate is recommended as a national standard. This was monitored monthly and all sectors consistently achieved 90% or above. The overall annual compliance rate for the Trust 2023/2024 was reported as 97%. Furthermore, we exceeded the overall annual target for hand hygiene data submissions, ensuring the reliability of our data. 4,014 Hand Hygiene audits were submitted in 2023/24. We recognise that there is continuing work needed to ensure reported compliance rates accurately reflect hand hygiene practices in the clinical area.

Implement audit software replacement

This year we implemented a new audit software solution, which has been fully aligned to our IPC audit plan and has a user

friendly single sign on (SSO). Hand hygiene audits, monthly site cleaning audits and quarterly environmental audits are completed with ease and the software enables teams to review real-time results. A Trust wide implementation programme was developed which included training, communications and coaching support to all staff. Further developments included the IPC Team becoming Super Users, enabling them greater control and oversight of their audits. A suite of reporting dashboards (see example below) have been created and embedded, with IPC practitioners providing quality checks for the audits. This software solution has enabled the Trust to complete more accurate audits which has led to better audit actions with a higher impact on the areas that matter. The system triangulates our audit results with CQC self-assessments enabling the Trust to achieve our broader continuous improvement ambitions.



Core Quality Account Indicators Report

Ambulance Quality Indicator performance – C1-C4 response

During 2023/24 we did not meet our mean or

90th centile response standard, however our position has improved from the previous financial year, and our performance was better than the national average in all metrics except category 2. Reducing delays will continue to be a quality priority for 2024/25.

Metric	Standard	Performance		
		Provider 2022-23 ³	Provider 2023-24	England 2023/24
C1 Mean	7 minutes	00:08:08	00:07:29	00:08:27
C1 90th Centile	15 minutes	00:14:02	00:12:40	00:15:02
C2 Mean	18 minutes	00:47:40	00:38:39	00:36:23
C2 90th Centile	40 minutes	01:48:54	01:27:10	01:18:15
C3 Mean		01:41:03	01:16:03	02:04:14
C3 90th Centile	120 minutes	04:19:24	03:06:45	04:56:55
C4 Mean		03:24:40	02:16:08	02:30:48
C4 90th Centile	180 minutes	07:29:50	04:41:17	05:59:45

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.

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

The Trust submitted the following information to NHS England for the reporting period 2022/23 and 2023/24 regarding the provision of an appropriate care bundle to STEMI patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

³ 2022/23 Response Time Performance excludes Oct’22 and Nov’22 data please see the Annual Governance Statement 2022/23 for further explanation. This was due to a data coding error which led to incorrect reporting of some category 1 response times between August 2020 and September 2022. This error was identified following implementation of our new computer dispatch system, reported to NHS England and was subsequently subject to independent review

	2022-23		2023-24*	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	70.6%	73.6% (63.5-87.4)	73.5%	77.6% (62.2-94.9)
Stroke patients	96.1%	96.6% (93.3-98.8)	96.3%	97.6% (92.9-99.6)
Cardiac Patients**	84.0%	77.2% (62.1-84.0)	80.9%	76.6% (62.6-80.9)

*At the point of preparation of this Quality Account, NHS England published data for April to November 2023.

** Post – resuscitation patients only

Patient safety incidents

The number and rate of patient safety incident reports during 2022/23 and 2023/24 are as follows:

999 & Ambulance Operations	2022/23	2023/24
Total Patient Safety Incident Reported	6580	8229
Rate of Patient Safety Incidents/1000 EOC contacts (average)	3.16	3.96

111 & Integrated Urgent and Emergency Care	2022/23	2023/24
Total Patient Safety Incident Reported	2368	2665
Rate of Patient Safety Incidents/1000 111 contacts (average)	1.36	1.78

The number and rate of patient safety incident reports resulting in severe harm or death during 2022/23 and 2023/24 are as follows:

999 & Ambulance Operations	2022/23	2023/24
Total Patient Safety Incident Reported (EOC contacts)	6580	8229
Total Patient Safety Incidents – Severe or Death	176	90
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety Incidents (average)	2.68	1.09

111 & Integrated Urgent and Emergency Care	2022/23	2023/24
Total Patient Safety Incident Reported (111)	2368	2665
Total Patient Safety Incidents – Severe or Death	9	6
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety 111 incidents (average)	0.38	0.23

The data above was captured on the Trust's risk management system, Datix. The number of patient safety incidents throughout 2023/24 continued to rise and since September 2023 all weeks were above the mean with the highest reporting month being December 2023. Whilst operational demand was high during this period, the rise in reported cases was largely attributed to an increase in reporting about external NHS providers, increased reporting following clinical audits, including cardiac arrest management and stroke care, and issues with medical equipment. Medical equipment incidents rose by 57.4% (876 to 1379) when compared to 2022/23, peaking in December 2023 and with subsequent months remaining high and above November 2023 levels. The largest reported sub category was 'failure of device/ equipment'. During the latter part of 2023/24 the LifePak 15 monitor was the most frequently reported device with issues noted in relation to end-tidal carbon dioxide (ETCO²) monitoring. A risk was raised on the Trust's risk register and an action plan implemented to ensure ETCO² ports remained clean to reduce contamination. Delayed response incidents were the sixth most reported category, having previously been the top category. This is a demonstration of the focused work by the Trust to improve Category 2 response times and reduce hospital handover delays. Whilst the overall rate of patient safety incidents per contact has increased, the rate of those being of severe harm or death has decreased which is suggestive of a positive reporting culture.

All patient safety incidents are reviewed to ensure that a proportionate learning response is applied, in line with the Patient Safety Incident Response Framework. The London Ambulance Service has taken actions to improve the quality of our service by continuing to review 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. Additionally targeted work has been undertaken with associated

system improvement plans on the identification of ineffective breathing during 999 call triage, the management of patients who have sustained a fall, dispatch of solo responders to high risk determinants (those with chest pain) and the management of bariatric patients. Improvement work continues in all areas.

Clinical Effectiveness, Audit and Research

The Trust has a robust and diverse clinical audit and research programme that focuses on a range of clinical areas and is responsive to both local and national priorities. During 2023/24, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, difficulty in breathing, mental health, sickle cell crisis, end of life care, overdose and poisoning and medicines administration. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research program continued to perform strongly (see part 3, appendix 1). We collaborated on successful bids for funding and have had twenty-one publications in peer-reviewed scientific journals, as well as presenting at international conferences.

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, and sits on various committees with key partners and stakeholders (including the British Heart Foundation and the UK Resuscitation Council) to continue to champion and develop prehospital research nationally, encourage collaboration and influence changes to national policy and practices.

Clinical audit

During 2023/24, 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 2023/24 are as follows:

- 1 **National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)**
- 2 **NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:**
 - o Outcome from cardiac arrest
 - o Outcome from acute ST-elevation myocardial infarction (STEMI)
 - o Outcome from stroke

The national clinical audits that the Trust participated in, and for which data collection was completed during 2023/24, 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.

National Clinical Audit	Number of cases submitted*	Percentage of cases submitted as eligible for inclusion
National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	2,913	100%
NHS England AQI: Outcome from cardiac arrest a Total number of cardiac arrests	a) 7,647	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a Overall group b Utstein comparator group	a) 2,913 b) 346	100%
NHS England AQI: Outcome from cardiac arrest – 30-day survival a Overall group b Utstein comparator group	a) 2,854 b) 335	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) 451	100%

<p>NHS England AQI: Outcome from acute STEMI</p> <ul style="list-style-type: none"> 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) 	<p>a) 845 b) 804</p>	<p>100%</p>
<p>NHS England AQI: Outcome from stroke</p> <ul style="list-style-type: none"> a Time from call to arrival at hospital for stroke patients confirmed by SSNAP: Mean and 90th centile b Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose) 	<p>a) 3,017 b) 3,914</p>	<p>100%</p>

* At the point of preparation of this Quality Account, OHCAO and NHS England reported data were available for April to November 2023.



The Trust considers that the data in the table above is as described for the following reasons: data is captured (from the clinical records completed by LAS 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 2023/24 and the Trust has taken actions to improve the quality of healthcare provided (see part 3, appendix 2).

Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1st April 2023 to 31st March 2024 that were recruited during that period to participate in research approved by a research ethics committee was 1,457. In addition, 47 staff participated in NIHR portfolio studies as participants.

Looking Forward: Our Quality Priorities for 2024/25

In 2024/25 we continue our improvement journey, and have identified four priority improvement areas. In identifying our priorities, we have considered our progress against the 2023/24 quality priorities, our quality and performance metrics, our business plans and strategic commitments, and what matters to our staff, patients and the communities we serve.

Our quality themes for 2023/24 are: Improving efficiency, feedback and learning, improving outcomes and reducing delays, within which we have set ourselves 11 quality priorities:

Theme	Quality Priority
Improving efficiency	Implement the Future Dispatch Model in all five of our operational sectors
	Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch
	Reduce the time that ambulances are out-of-service by 2%
Feedback and learning	Implement learning from after action reviews and inquiries, following significant and major incidents
	Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust’s first rapid process improvement workshop (RPIW) using LASImprove methods
Improving outcomes	Reduce the time taken to match locations for 999 calls to less than 80 seconds
	Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance
	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds
Reducing delays	Improve our category two response time in comparison with last financial year
	Complete a quality improvement project aiming to reduce long waits for category one and two patients
	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe

Improving efficiency

Over the next year, we will aim to improve the efficiency of our services to ensure that our patients receive the right response in a timely manner. To achieve this we will:

Implement the Future Dispatch Model in all five of our operational sectors

Following on from the success of our Future Dispatch Model pilot last year, we will implement this new way of working across the whole of our 999 ambulance service next year. This will enable greater clinical oversight of patients awaiting an ambulance response and enable us to ensure that those with a serious emergency receive a face to face response in a timely way, enhancing the **safety** of our service.

Lead directorate: Clinical Assessment and Pathways

Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch

To ensure that patients receive the right response to meet their needs, we will clinically validate more calls initially

assessed as requiring a category three or four ambulance response, aiming to validate 95%. By clinically validating these cases, we will ensure that access to lower acuity services can be enabled where clinically appropriate, ensuring only patients in need of an emergency ambulance are placed on the 999 ambulance pathway, enhancing the **safety** and **effectiveness** of our service.

Lead directorate: Integrated Urgent and Emergency Care

Reduce the time that ambulances are out-of-service by 2%

In order to improve the efficiency of our 999 ambulance service, we will use quality improvement methodology to reduce the amount of time which our ambulance vehicles are out-of-service, and unavailable to be used to respond to a patient. This will enhance the **safety** and **effectiveness** of our service, and contribute to improved patient **experience** as a result of fewer delays.

Lead directorate: Quality and Improvement

Feedback and learning

We have a strategic ambition to become a learning organisation, and to embed continuous quality improvement as business as usual. Over the next year, our steps in achieving this will be to:

Implement learning from after action reviews and inquiries, following significant and major incidents

Here we will develop our processes to capture learning and embed improvements from significant and major incident debriefs, after action reviews (AARs) and national inquiries following major events. This will enhance the **safety** of our services and promote the most **effective** care we can provide during such incidents.

Lead directorate: Resilience and Specialist Assets

Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LASImprove methods

To support our aim to develop effective quality management and improvement across the Trust, we will commence a multi-year strategic partnership with Surrey and Sussex Healthcare NHS Trust,

who will coach us in achieving this aim. As part of this, we will adopt new improvement methodologies and deliver the organisation's first rapid process improvement workshop (RPIW) in quarter four. This work will enable us to enhance the **safety** and **effectiveness** our services, and improve the patient **experience**.

Lead directorate:
Quality and Improvement

Improving outcomes

Over the next year, we will aim to improve the effectiveness of our services to ensure that our patients achieve the best outcomes from, and experience of our care that they can. To achieve this we will:

Reduce the time taken to match locations for 999 calls to less than 80 seconds

Last year we set ourselves the ambitious target to achieve a 31% return of spontaneous circulation (ROSC) rate, and we will continue our improvement work over the coming year to improve this further. Specifically, we will focus on improving the speed at which location match our 999 calls, aiming to reduce this time to less than 80 seconds. By reducing this time, the our emergency call handlers will be able to start CPR instructions more quickly over the phone, improving survival chances for patients in cardiac arrest, enhancing the **safety** and **effectiveness** our services.

Lead directorate: 999 Operations

Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance

ST segment elevation myocardial infarction (STEMI – a type of heart attack) affects a significant number of Londoners each year, and we are want to make sure our patients receive the most **effective** care possible. Over the next year, we will undertake improvement work across all five of our operational sectors, aiming to improve compliance with the STEMI care bundle to 80% or higher.

Lead directorate: Clinical Assessment and Pathways

Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and Minority Ethnic backgrounds

In the coming year we will respond to feedback from sickle call patients and new mothers from Black and Minority Ethnic backgrounds, following the patient experience deep dives. Here we aim to improve patients' **experience** of our and reduce health inequalities.

Lead directorate:
Strategy and Transformation

Reducing delays

Over the next year, we will continue our improvement work to reduce delayed responses and the impact that they have on our patients. To achieve this we will:

Improve our category two response time in comparison with last financial year

Last year we aimed to reduce our average category two response times to less than 30 minutes. As we acknowledged earlier, whilst we made significant improvements we fell short of this aim. Our improvement work continues next year, recognising the challenges we face we will aim to reduce our average response times in comparison with last year, further improving the **safety** of our services.

Lead directorate: Ambulance Operations

Complete a quality improvement project aiming to reduce long waits for category one and two patients

To further improve the **safety, effectiveness** and **experience** of care for our patients, alongside a focus on reducing average response times we will also undertake focused work to reduce individual cases of long waits for both category one and two patients, using quality improvement methodology.

Lead directorate: 999 Operations

Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe.

To improve our responsiveness to patients within our 111 and Integrated Urgent and Emergency Care service, over the next year we will focus on ensuring that our priority one, two and three patients all receive a clinical assessment within their respective commissioned timeframes. This will enhance the **safety, effectiveness** and **experience** of the service.

Lead directorate:
Integrated Urgent and Emergency Care

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 next years' annual Quality Account.





Part 3:

Further information on quality and improvement

Throughout 2023/24 we undertook several programmes of improvement work aiming to improve the quality of our services.

Teams-Based Working in Ambulance Operations

Teams-Based Working (TBW) has been implemented for staff working in Ambulance Operations to develop stronger teams to deliver high quality, effective patient care, improve our culture and create an environment for staff to thrive, improving their work-life balance.

This project had a number of key aims:

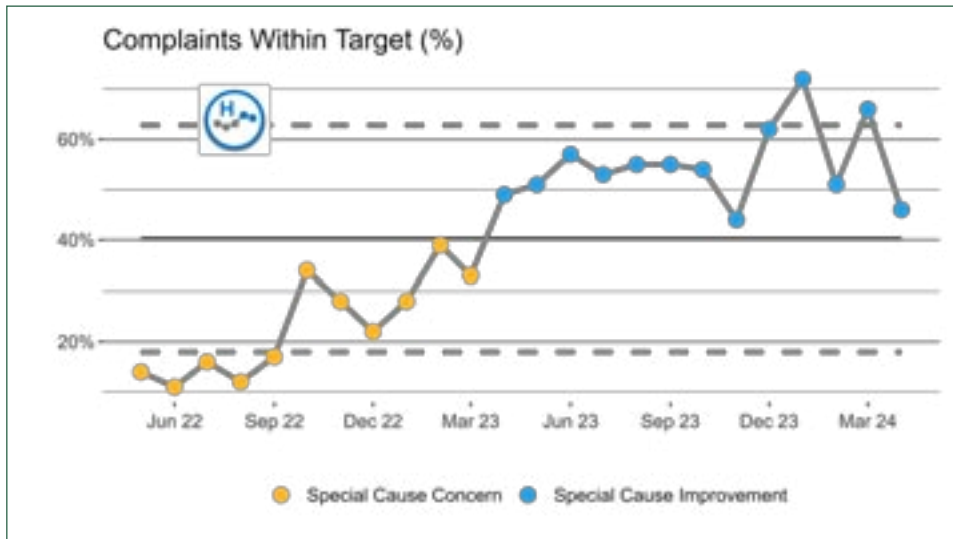
- Staff work with a consistent team and their managers on every shift
- Eliminate “relief” working
- Reduce the number of consecutive night shifts and introduce late shifts into rosters
- Introduce regular huddles to provide information, updates and support

across teams and implement training days to allow teams to train together

The implementation of Teams Based Working has resulted in improved information sharing within teams and retention of staff within Ambulance Operations. Staff satisfaction and engagement has improved, as evidenced through the NHS staff survey and sickness absence has decreased.

Patient Experiences Improvement Project

Our patient experiences team undertook a project to improve our response to complaints by reducing the number of overdue complaints. The process of responding to complaints was reviewed and a new standard operating procedure was tested and implemented. As result, the number of overdue complaints have reduced significantly, and the team continue working to improve this further.



Inaugural Quality Improvement Conference

We held our first annual quality improvement (QI) conference in October 2023. Attended by around 160 people from LAS and beyond, we celebrated our improvement success and heard about projects such as *Fixing the basics* and *Teams Based Working*. We were also privileged to hear from colleagues from Surrey and Sussex Healthcare NHS Trust

and East of England Ambulance Service NHS Trust, who inspired us with their improvement journeys. Feedback from delegates was overwhelmingly positive as we launched LASImprove, our new QI methodology. The second annual QI conference will take place in September 2024.



Tackling Discrimination & Promoting Inclusivity

Data shows that sometimes our patients are on the receiving end of treatment and decisions that are influenced by racism, with serious consequences for quality of care, patients and their families. We created a bespoke training session, in collaboration with Freedom to Speak Up, our Equality Diversity and Inclusion team, mental health, clinical and education leads. This was delivered by independent facilitators with support from Trust staff and included data and case examples relevant to LAS.

We aimed to raise awareness of the issue of bias, explore what racism is, how it may arise and how it can show up in interactions with colleagues and patients. We also sought to increase understanding of the impacts of bias and racism on patient care and patient outcomes as well as teamwork and colleague wellbeing. Delegates on the course also learned skills in recognising racism and speaking up as a bystander, as well as recognising their own biases and how they may show up in interactions with colleagues and patients

Graduate paramedics from Cumbria

Working in partnership with University of Cumbria, we have developed a state of the art programme with brand new facilities to educate our future paramedics. This apprenticeship degree programme is fully funded, and provides an opportunity for our valued staff to qualify as paramedics whilst working within the LAS. The programme recognises staff members existing experience in the ambulance service, and benefit from a variety of learning opportunities from classroom based learning to on the job, hands-on apprentice experience. Our results have been fantastic, with a very high standard compared to national averages. Learners are achieving remarkable results, with around of third of all learners achieving a first class degree, which is testament to the

high standard of learning. Many learners come from Black, Asian and Minority Ethnic backgrounds, which is helping us to develop a workforce who better represent our communities, with 65% of these learners achieving a first class degree.

The success of providing these opportunities for career progression contributes to one of the highest workforce retentions for any NHS Trust in London with currently over 90% of staff retained annually.

Stroke Care

This year our focus has been on appropriate dispatch of clinical resources and the provision of the most appropriate clinical care on scene, in a timely manner.

Our sector clinical development plans aimed to increase care bundle delivery, reduce mean on scene times and increase the percentage of appropriate patients taken to a Hyper Acute Stroke Unit (HASU). To achieve this, our teams focused on education, using huddles to share messages around minimising on scene time and delivery of care bundles. Our teams in South West London have been testing individual clinician feedback from clinical team managers where care bundles have been missed. Our teams in North East London have been focussed on sharing rapid feedback and improvement opportunities, as well as developing patients stories and case studies where optimum care has been received. Our teams in North West London have used focussed communication where opportunities to improve pathway use have been identified, with clarification on the criteria for HASU admission. We have also used clinical newsletters and shared messages in our huddles to promote use of the stroke video triage pathway in North East London.

As a result there has been an overall increase in the diagnostic bundle being delivered to all suspected stroke patients, and a reduction in the average on scene time for time critical patients. The cumulative efforts have resulted in a significant decrease in the average call to hospital time for FAST positive patients.





Fixing the Basics

The Fixing the Basics project responded to staff concerns on a range of issues that were affecting their working lives. The project identified issues using quality improvement techniques and worked on areas where incremental gains could be made to improve the efficiency of service.

Using the Model for Improvement, Plan, Do, Study, Act cycles were run over 30 day periods to identify issues, agree on aims, and establish baseline data before moving into the implementation and reflection stages. Data was analysed using Statistical Process Control alongside qualitative data sources and improvement monitored. Using this approach the team supported the following improvements:

- Three new Make Ready hubs to decrease vehicle movements and increase Make Ready capacity to prepare vehicles.
- Implementation of night mobile technicians, which improved fleet availability overnight.
- Changes to re-fuelling procedures, which improved efficiency at the start of shift.
- Reviewed and refreshed of the Fuel Policy including clear directions for use of bunkered fuel to minimise downtime.
- Developed in-house servicing of some equipment, for example LP15 monitors
- Implemented a Central Asset Management training programme to ensure Make Ready staff were able to effectively scan equipment and improve the visibility of inventory.
- Centralised the uniform delivery process
- Commissioned a digital version of vehicle checks to replace paper-based processes.

Appendix 1: Research Activity

Research projects ongoing from 1st April 2023 to 31st March 2024:

RAPID-MIRACLE is a prospective observational study that validates the MIRACLE2 score in the prehospital setting. The MIRACLE2 tool was designed by researchers at KCH in collaboration with LAS to predict neurological outcomes for patients in out-of-hospital cardiac arrest. The tool aims to stratify patients based on the nature of their cardiac arrest, taking account of variables like age, shockable rhythm and adrenaline administration.

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

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.

PARAMEDIC-3: a randomised-controlled trial that aims to identify the best route (intravenous vs. intraosseous) for the administration of adrenaline in out-of-hospital cardiac arrest.

SPINAL IMMOBILISATION STUDY: A randomised controlled trial, which aims to determine whether movement minimisation is non-inferior to triple immobilisation (hard collar, blocks and scoop) for trauma patients with suspected cervical spine injury.

PROTECTeD: this study aims to develop evidence based and ethically grounded guidelines for termination of resuscitation by ambulance service staff in the UK.

HOTZONE: a mixed-methods study examining the causes and timeframes in which casualties to die prior to reaching hospital to

establish options for the delivery of interventions that may be beneficial during certain mass casualty incidents.

SEE-IT: a feasibility randomised controlled trial that aims to determine the clinical and cost effectiveness of using GoodSAM video streaming to target emergency medical resources.

CATNAPS: a multi-method study aiming to develop a new approach to fatigue management for UK ambulance services that meets the needs of staff and operations, and is most likely to improve patient and staff safety.

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

PHOTONIC: an observational study aiming to evaluate the use of prehospital video triage services for suspected stroke patients.

AMRES: a study utilising explorative data analysis with an aim to understand workforce retention and its impact on safety in NHS Ambulance Trusts.

RADOSS: a mixed-methods observational project aiming to reduce avoidable attendances at emergency departments by generating a risk prediction tool for use by ambulance crews.

PARAID: a mixed-methods study aiming to evaluate the services and care provided by paramedics in England to people in the last year of life.

Appendix 2: Clinical audit activity and learning outcomes

National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2023/24 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
- 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 2023/24 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:

The use of Entonox

- We proposed incorporating relevant learning and information into mandatory training for clinicians relevant to pain relief to reiterate the indications and contraindications for Entonox use
- We suggested aligning all JRCALC and LAS specific pages related to Entonox to present clear standardised guidance throughout
- We requested that the UK ambulance service Entonox Guidelines include information relating to the age of capability to self-administer for paediatric patients

Sepsis

- Enhancements to the electronic Patient Care Record (ePCR) were advised to include red and amber flags which

assist in identifying the risk of sepsis

- Clarification was sought on the national guidelines for sepsis regarding when fluid and oxygen administration is required
- We proposed reviewing and updating the LAS Sepsis Screening Tools

Identification of stroke

- Mandatory training for clinicians will include information on the use of appropriate condition coding, destination, accurate FAST assessment and TIA guidelines
- We recommended issuing a Medical Bulletin with a TIA Guidelines reminder
- The query that matches the LAS Stroke Registry with the Sentinel Stroke National Audit Programme has been amended to improve matching accuracy
- We have made enhancements to the Stroke Registry data extract to ensure patients conveyed to hospital after midnight are captured

Overdose and Poisoning

- An ePCR solution has been proposed to encourage the assessment and documentation of a full overdose history
- We have requested clarification as to whether every patient who has taken an overdose should have at least have a rhythm strip reading recorded
- We have proposed aligning national guidance with LAS specific practice concerning the administration route of naloxone for respiratory depression and cardiac arrest

Hip Fracture

- We have proposed continual audit of observations for patients over the age of 65 who have fallen
- We will suggest mandatory training for clinicians on the importance of

neurovascular function, assessment of pressure sores and dehydrations and the importance of analgesia and appropriate splinting and immobilisation of hip fractures

Administration of Ketamine

- The existing ketamine guidance will be reviewed and updated to include a range of doses for orthopaedic manipulation and trapped patients
- The aide memoire has been circulated to remind clinicians of the dosing strategies

Advanced Paramedic Practitioner – Urgent Care Patient Group Directions

- We have recommended an education framework and standard for documentation completion is compiled and distributed to staff

In addition, a further **4 local clinical audits** have been started by the provider in 2023/24, as well as a programme of continuous clinical audit:

Allergic reaction and anaphylaxis

This clinical audit will determine if patients presenting to the LAS with an allergic reaction were identified, assessed and managed correctly, in accordance with the national guidelines. There have been two previous clinical audit projects looking at anaphylaxis patients with the most recent only looking intramuscular adrenaline administration. This is the first clinical audit looking at mild/moderate allergic reactions and the complete clinical care for anaphylaxis patients since 1998.

Anticipatory medicines

The LAS attended over 6,000 palliative and end of life care (EoLC) patients in 2023. However, this figure is likely to be an under-representation of the total number of palliative and EoLC patients the LAS attends, since this figure relies on clinicians' appropriate recognition and coding. Themes from these incidents included wrong dosage,

issues with referrals and contacting other health care professionals, and the doctrine of double effect. This clinical audit aims to assess whether the administration and non-administration of anticipatory medicines is in accordance with the national and local guidelines, as well as assess whether clinicians are referring these patients to suitable alternative care pathways.

Maternal assessment and obstetric emergencies

The LAS responds to approximately 12,500 maternity calls a year, with staff attending a range of obstetric emergencies. Clinicians on scene are required to perform a rapid assessment that informs decision making regarding management and/or conveyance of the patient. This clinical audit aims to ensure LAS clinicians are identifying complications and red flags as per the newly introduced Maternal Assessment and Obstetric Emergencies Action Card, maternity policy and clinical practice guidelines.

Paracetamol administration to patients aged 12-15 years

A previous Paediatric Pain Management Re-audit identified some 12 year old patients administered the wrong dose of paracetamol, implying a guideline change was not well known nor adhered to. This clinical audit aims to determine if patients aged 12 – 15 years old are being administered paracetamol in line with the updated national guidelines.

Continuous quality monitoring

We are continuously auditing the care provided to four patient groups: those who suffer a cardiac arrest, heart attack (ST elevation myocardial infarction), suspected stroke (including FAST positive stroke), or were discharged of our care but re-contacted the 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 the administration of oramorph, antimicrobials, repeat medications, 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 2023-24, monitored the care provided to 24 patient groups. The Trust audited the records completed by all clinicians for patients in cardiac arrest; with difficulty in breathing; a mental health condition; severe sepsis; in sickle cell crisis; receiving end of life care; elderly fallers and patients discharged on-scene.

In addition, the Trust has specific audits focusing on the care provided by our Advanced Paramedic Practitioners (APPs). APPs specialising in Critical Care audit the records for adult patients with a (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma. Our Urgent Care APPs audit their use of naproxen, prednisolone, prochlorperazine and salbutamol inhalers, as well as paediatric assessment; abdominal pain; transient loss of consciousness; headache; wound care, and palliative and end of life care.

Finally, the CPIs allow for quality assurance of the documentation of 1.7% 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.





LONG BEACH

ADVANCED
PARAMEDIC



LONG BEACH
SERVICEMEN

Statements from stakeholders

London Ambulance Service Patient and Public Council

London Ambulance Service Patient and Public Council

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2023/24.

The London Ambulance Service Public and Patients' Council (LASPPC) recognises that this account has been produced at a time where the London Ambulance Service continued to experience extremely high levels of demand as well as industrial action over December, January and February.

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 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 (2023/24) and pleased to have worked collaboratively with the Trust on a number of these priorities.

The Council has worked collaboratively with the Trust on developing the priorities for the year, 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. Council members were also pleased to see the launch of the Trust's ambitious 5 year strategy and participate in the first Quality Improvement Conference in October.

Reports from regular council meetings are also presented to the Trust board. 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 an increase in demand and through periods of industrial action. We also acknowledge their determined commitment to delivering high quality services to patients and we look forward to seeing this relationship becoming stronger throughout the upcoming year.

In looking forward to the quality priorities of 2024/25, 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 four priority areas set out for the year. We are also pleased that council member representatives sit on the new Quality Improvement Board, which has oversight of quality improvement activities across the Trust. These 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 Co-Chair
Michael Bryan Co-Chair

Commissioners' Statements



North West London

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20 May 2024

Chief Executive
Daniel Elkeles
Chief Executive Officer
London Ambulance Service NHS Trust
220 Waterloo Road
London SE1 8SD

Sent by email: daniel.elkeles@nhs.net

Dear Mr Elkeles

Re: London Ambulance Service NHS Trust Quality account 2023/24

The NHS North West London Integrated Care Board (NWL ICB) and Associate Commissioners welcome the opportunity to respond to the London Ambulance Service NHS Trust (LAS) Quality Account 2023/24.

Looking back at the 2023/24 quality priorities, the ICB commends the Trust for improvements including: ambulance response times, 'Hear & Treat', NHS Staff Survey, 'Team Based Working', Infection prevention and control (IPC), against the backdrop of sustained high service demand.

The ICB has reviewed the following quality priorities identified by the Trust for 2024/25 as aligned to the Quality Strategy:

Priority 1: Improving efficiency

Demand for ambulance services has risen dramatically over recent years, with growing pressure anticipated for future years. The ICB recognises that disparity between increasing demand and limited ambulance resources presents a major challenge for maintaining patient safety and a high-quality service. Therefore, the Trust is to be commended for proactively devising interventions that address this challenge such as implementing the Future Dispatch Model that will provide clinical oversight for patients waiting for an ambulance and reducing the time ambulances are out-of-service, with an overall benefit of more ambulances available to respond to our patients thereby enhancing safety, effectiveness and overall experience.

Priority 2: Feedback and learning

The ICB supports the organisational culture evolution and ambition for LAS to become a learning organisation, through improved processes that capture learning from after action reviews and inquests to aid future improvement. Ambulance services occupy a unique position in serving large health populations, each spanning footprints of multiple integrated care systems and LAS should be recognised in its efforts of modelling effective collaborative and 'system working' through the strategic partnerships with Surrey and Sussex Healthcare NHS Trust in quality improvement programmes.

Priority 3: Improving outcomes

The ICB commends the Trust for recognising the profound correlation between clinical outcomes and timely delivery of care interventions. We support the Trust's ambition of reducing the time taken to match locations for 999 calls to less than 80 seconds, thereby improving survival chances for patients in cardiac arrest and other emergencies.

Priority 4: Reducing delays

We acknowledge the positive collaborative work the Trust and ICBs have undertaken in recent times to reduce ambulance handover delays and response times. However, we are mindful that additional work is required for further reduction as delays expose patients to significant risk of harm as they wait for treatment. The ICB is supportive of the quality improvement projects aimed at reducing delays for patients in the community waiting for an ambulance, as this will enhance patient safety, care experience and improve clinical outcomes.

The ICB is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB would like to thank LAS for sharing their 2023/24 Quality Account and we commend your achievements over the previous year. We look forward to continuing to work in partnership with you in 2024/25.

Yours Sincerely



Jennifer Roye
Interim Chief Nurse
NHS North West London



Elaine Clancy
Chief Nursing Officer
South West London ICB
3rd Floor, 120 The Broadway
Wimbledon SW19 1RH

31 May 2024

Dear Jacqui

Re: London Ambulance Service (LAS) Quality Account 2023/2024

Thank you for sharing the Trust's 2023/2024 Quality Account with South West London Integrated Care Board (SWL ICB). Having reviewed the Quality Account, we are pleased to see the progress made by the Trust in maintaining high quality care standards. It is evident that there is a significant amount of positive work the Trust has undertaken to improve outcomes for both patients and staff. We acknowledge the significant level of demand and pressure the Trust has seen over the last 12 months not just with the London Ambulance Service facing handover delays to EDs, but the pressures front line colleagues have faced in many Urgent and Emergency Care services across the country. We commend the resilience of our ambulance colleagues.

The ICB congratulates the Trust on achieving the priorities set for 2023/2024 and identifying areas where work will continue into 2024/2025. We particularly acknowledge the work achieved on delivering resuscitation update training to 85% of staff, implementing Clinical Guardian across 111 and 999 services and your IPC audit software replacement.

We are assured to hear of the downward trend in the time taken to commence CPR and return of spontaneous circulation (ROSC) rates being in an improved position compared to last year. The focussed work carried out to provide defibrillator data to allow clinicians to review their care is commended and your continued ambition to enable better feedback for clinical teams from this data to drive improvements in the speed to first shock and the provision of effective cardiopulmonary resuscitation (CPR) is also applauded.

Continuous improvement is a core priority for the Integrated Care System, London region and the national NHS England team with a particular focus on the delivery of the NHS IMPACT actions and improving culture. We are pleased to see the Trust has marked some important milestones in your progress towards creating a continuous improvement culture and your first annual quality improvement conference in Oct 2023 last year and the launch of your LASImprove is commended. We look forward to more and also take part in your planned event in Sept 2024.

Please note our gratitude to the Trust on your proactive engagement and commitment with SWL partners and your involvement in the SWL system quality council (our system quality group).

For 2024/2025, we acknowledge the Trust has identified the following quality priorities:

- Improving efficiency
- Feedback and Learning
- Improving Outcomes
- Reducing Delays



We acknowledge and commend other improvement work within your report:

- **Tackling Discrimination & Promoting Inclusivity:** aimed to raise awareness of the issue of bias, explore what racism is, how it may arise and how it can show up in interactions with colleagues and patients.
- **Stroke Care:** Focus being on appropriate dispatch of clinical resources and the provision of the most appropriate clinical care on scene, in a timely manner.
- **Research Activity:** The numerous activity you have ongoing in research work is commended.

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

Kind Regards

A handwritten signature in blue ink, appearing to read 'Elaine Clancy'.

Elaine Clancy
Chief Nursing Officer



SEL ICB London Ambulance Service NHS Trust 2023/24 Quality Account Statement

SEL ICB wishes to thank London Ambulance Service NHS Trust for sharing their 2023/2024 Quality Account with us and welcomes the opportunity to provide a commissioner statement. We are pleased that the working relationship between SEL ICB and the Trust continues to flourish particularly around quality and the implementation of the National Patient Safety Incident Response Framework (PSIRF), which the Trust pioneered as an early adopter. We confirm that we have reviewed the information contained within the Quality Account and, where possible, information has been cross referenced with data made available to commissioners during in year.

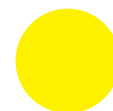
The ICB commends the Trust for their hard work and their continuous efforts focused on the delivery of high-quality responsive care despite the pressures on staff and services due to the recent industrial action across the NHS.

SEL ICB would like to acknowledge the Trust celebration of ten years of saving lives with highly trained advanced paramedics pushing boundaries across the busy capital. This is testimony to the ambition of the Trust to pioneer new advancements to be able to respond to life-threatening emergencies on scene and is a role model for other trusts to learn from across the country.

The ICB acknowledges the progress made on the wellbeing of staff and the positive impact Teams-Based Working has had across Ambulance Stations and the plan to extend this to other divisions. The demonstrable improvement in NHS staff survey scores is welcomed for the NHS People Promise areas; however, there appears to be a clear disparity in happiness between staff on the road and staff in the call centres and offices. We look forward to seeing improvements on focussed activities with the 999 staffing personnel and the implementation of the recommendations and actions from the NHS culture review of ambulance services.

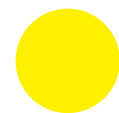
The Trust's continuous commitment to improving cardiac arrest management is welcomed and the focus on reducing delays to category 2 response times remains a focus in the priorities for 2024/25 and the ICB looks forward to seeing further progress in these areas.

SEL ICB would like to acknowledge the part the Trust has played in developing a SEL approach to quality through participation in the SEL System Quality Group (SQG). The ICB welcomes the ongoing commitment of the Trust at the SQG during 2024/25 and looks forward to our continued partnership over the coming year as the Trust enters its 60th year in operation.





Paul Larrisey
Interim Chief Nurse
Caldicott Guardian
NHS South East London Integrated Care System





Commissioners Statement for the London Ambulance Service 2023/4 Quality Account

NHS North East London Integrated Care Board is the lead commissioner for 111 services delivered by the London Ambulance Services NHS Trust in east London and an associate commissioner for 999 services.

Thank you for asking us to provide a statement on the Trusts 2023/24 Quality Account and priorities for 2024/25.

We commend the Trust for continuing to provide high-quality care to our population often in difficult circumstances due to system pressures. The Trust has provided invaluable support to our system resilience and helped us to improve urgent and unplanned care to our residents over the last year.

The Trust has made progress on the delivery of its 2023/2024 priorities and has achieved 5/10 of these. It is, however, somewhat disappointing that both targets relating to reducing delays have been missed as these are key issues that are raised by patients, carers, and system partners. However, we appreciate that issues outside the Trust's control such as handover delays affect performance, and the Trust has consistently worked extremely hard with colleagues across health and social care to reduce delays and improve patient safety. We welcome the 2024/25 quality priorities relating to reducing delays but are somewhat disappointed that of the three priorities only one has a specific outcome and target.

We very much welcome the Trust's work to improve Urgent Community Response Cars and although the target of 10 cars was missed and only nine are currently available, we see this as an important and welcome achievement and are assured the target will be met in 2024. The statements from patients who received this service are very positive illustrating the benefits of keeping people at home safe, with appropriate support.

We congratulate the Trust on the segmentation pilot relating to Hear and Treat for Category 2 999 calls. We would like to suggest that improving assessment of Category 2 calls (Hear and Treat) would improve response times and would be an appropriate quality priority. We welcome implementation of the Clinical Guardian programme. This has been used to improve quality of care and could be further developed to improve productivity.

We note that patients and carers who call 999 and, after assessment, are deemed more suitable for a 111 response are asked to put the phone down and call 111 for another assessment to gain support and advice. We would urge the Trust to find a safe technical solution to this issue to deliver a more integrated and responsive service to our residents. We note the eleven targets for 2024/25 and the themes of reducing delays, improving efficiency, feedback and learning and improving outcomes. We commend the Trust for focusing on the experience of sickle cell patients and new mothers from Black and ethnic minority backgrounds as part of the outcomes work.

We are impressed with the number of programmes reported on to improve quality of care. We congratulate the Trust on improving staff wellbeing, engagement, and experience as the most important asset to embed a quality improvement culture and increase staff retention.

The Trust has several initiatives to support staff and we can see progress is being made and staff survey results are improving. We are impressed at the success of the various Apprenticeship Schemes and the Trust's anti racism work and conference.

Although not mentioned in the Quality Account we also look forward to working with the Trust during 2024/25 to improve mental health support to people in crisis. The new London Ambulance mental health cars introduced last year should make a significant contribution to keeping people out of hospital and safe at home when fully implemented. We also note the new partnership arrangement between the NHS and Metropolitan Police – Right Care Right Person – to ensure an appropriate response to people in crisis. This will need support and development during 2024/25 to ensure Police and Ambulance Services are working safely together.

We are, as ever, grateful to the Trust and its staff for their continued commitment to collaboration and partnership working that will further support and develop our North East London Integrated Care System.

Overall, we welcome the 2023/24 Quality Account and look forward to working in partnership with the Trust over the next year.



Zina Etheridge
Chief Executive Officer
North East London Integrated Care Board

Glossary

AAR	After action review
ACCESS	Adult Critical Care Emergency Support Service
ACP	Advanced Clinical Practitioner
APP-UC	Advanced Paramedic Practitioner (Urgent Care)
APP	Advanced Paramedic Practitioner
AQI	Ambulance Quality Indicator
CAS	Clinical assessment services
CHUB	Clinical HUB
CPI	Clinical performance indicator
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
ECG	Electrocardiogram
ED	Emergency Department
EOC	Emergency operations centre
EoLC	End of Life Care
ETCO²	End-tidal carbon dioxide
ePCR	Electronic Patient Care Record
FAST	Face, Arms, Speech Test
FCP	First Contact Paramedic
GP	General Practitioner
GTN	Glyceryl trinitrate
HASU	Hyper Acute Stroke Unit
IPC	Infection, prevention and control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KCH	Kings College Hospital
KPI	Key Performance Indicator
LAS	London Ambulance Service
LASPPC	London Ambulance Service Patient and Public Council
MHJRC	Mental Health Joint Response Car
NETS	Non-Emergency Transport Service
NIHR	National Institute for Health and Care Research
NHS	National Health Service
NHSE	NHS England
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
OOS	Out of service
PDSA	Plan, do, study, act
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
RPIW	Rapid process improvement workshop
ROSC	Return of spontaneous circulation
SJR	Structured Judgement Review
SPC	Statistical process control
SP-PC	Specialist Paramedic – Primary Care
SSNAP	Sentinel Stroke National Audit Programme
SSO	Single sign on
STEMI	ST Segment elevation myocardial infarction
TIA	Transient ischaemic attack
UCR	Urgent Community Response
WTE	Whole time equivalent



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London Ambulance Service
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Annual Quality Account

2023/2024

London Ambulance Service NHS Trust
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