London Ambulance Service
NHS Trust

Annual Quality Account

2024/2025


LONDON • AMBULANCE • SERVICE

Introduction

The Quality Account is a comprehensive report to highlight the quality of our services, improvements we are making to patient safety, effectiveness of care and responsiveness to patient feedback.

The report is compiled of three parts:

- **Part one** will provide a Quality Statement and the Director's responsibilities regarding quality.
- **Part two** showcases our progress throughout the 2024/2025 financial year and outlines our improvement priorities.
- **Part three** provides information pertaining to our quality infrastructure and feedback from our stakeholders, including our Patient and Public Council and Commissioners.

Contents

About Us

What we do, our visions, values and purpose

We are proud to be 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 health care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

This year, we received more than two million emergency 999 contacts and two million urgent 111 calls. We provided care to a million patients face-to-face at the scene and treated 273,139 people over the phone.

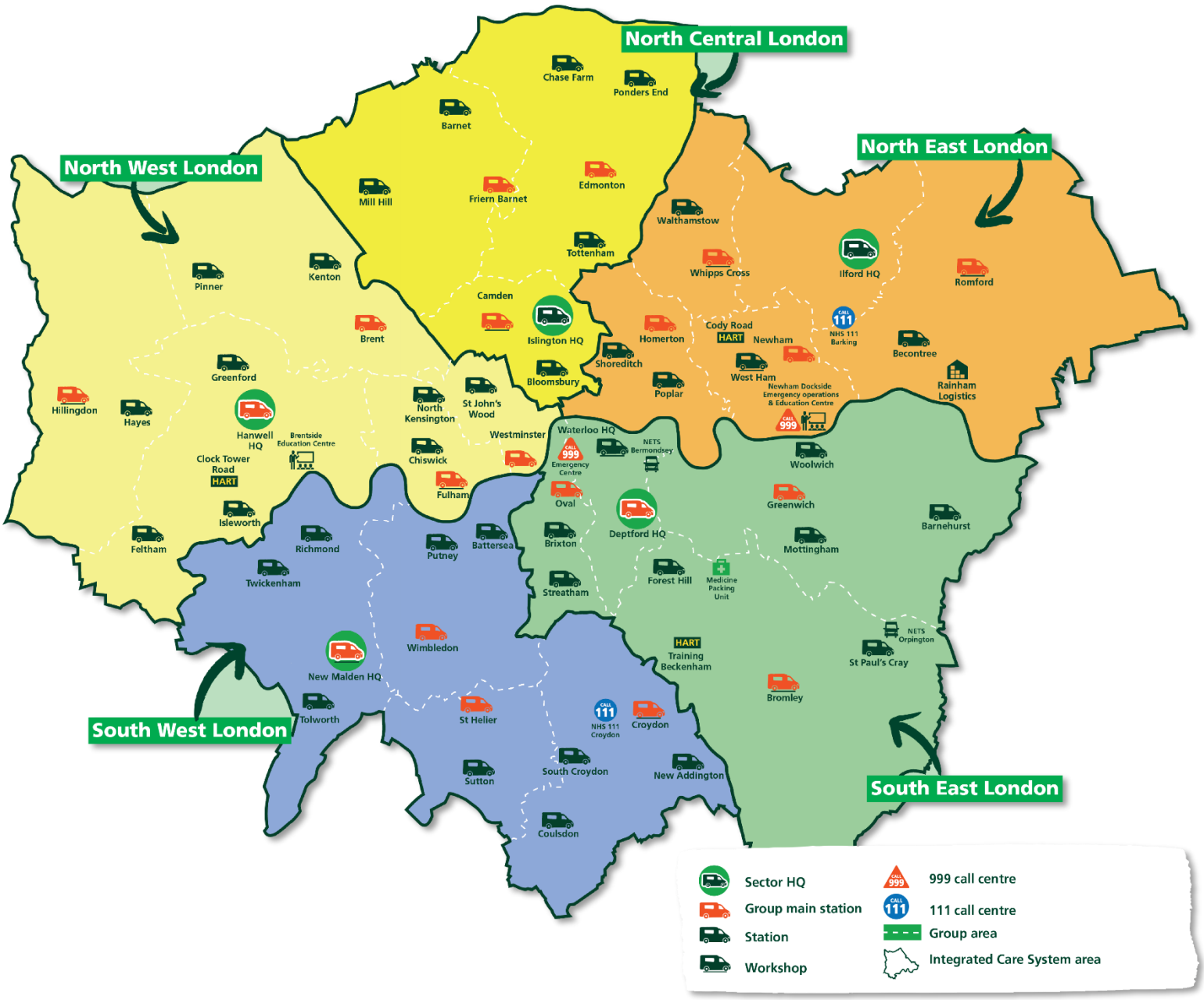
London Ambulance Service was created in 1965 and we celebrated our 60th birthday on 1st April 2025, and today we have over 10,000 people working, studying, and volunteering with us.

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

Behind the scenes are the mechanics 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 teams with the right medications and life-saving 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 emergency service partners.
- Running the NHS Emergency Capabilities Unit on behalf of NHS England.
- Providing paramedics to work for London's Air Ambulance.
- Educating the public and school children in life-saving skills and the use of public access defibrillators.
- Engaging with NHS partners, blue light services, local authorities, and the Mayor of London to encourage a healthier population and a safer London.
- Coordinating the 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.
- Reducing Health Inequalities through collaborative working.

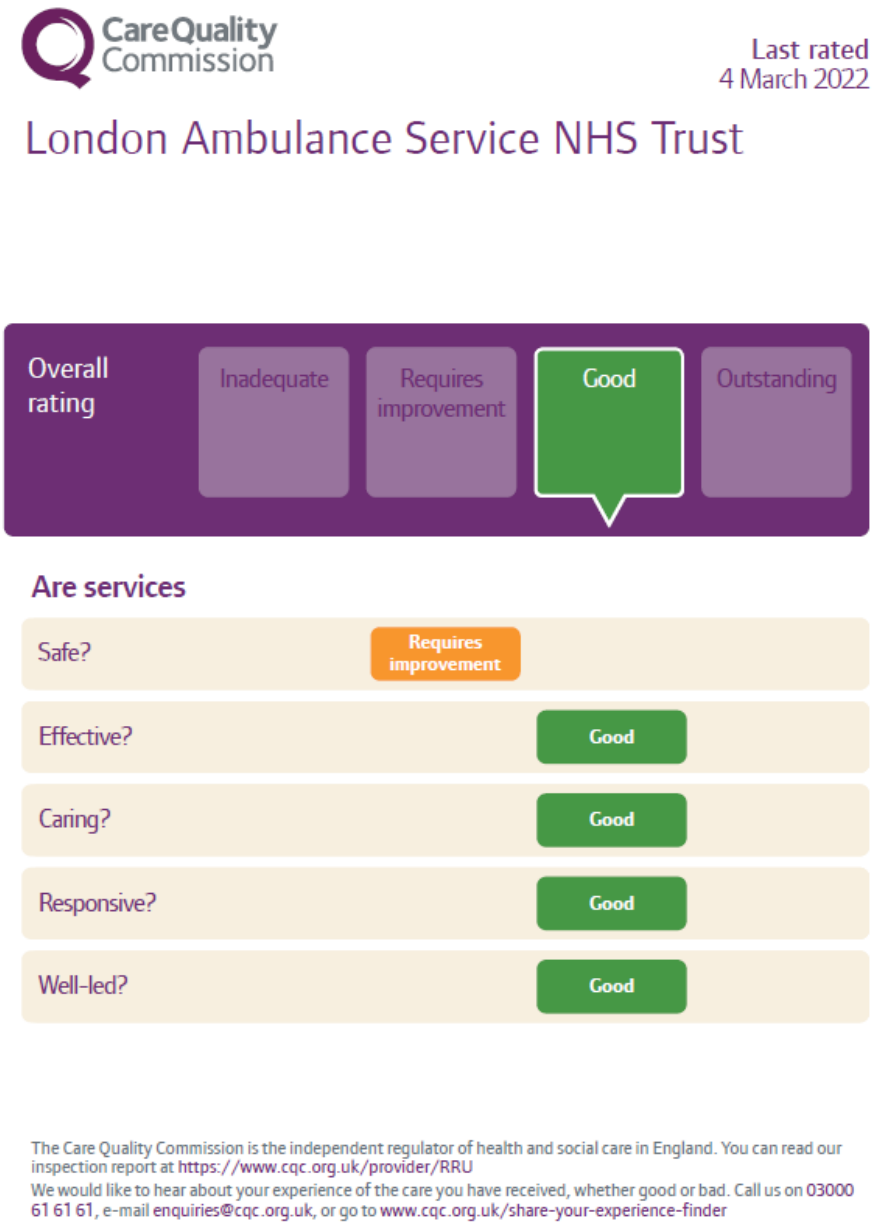

North Central London
North East London
North West London
South West London
South East London
Chase Farm
Ponders End
Barnet
Mill Hill
Friern Barnet
Edmonton
Tottenham
Walthamstow
Whipps Cross
Ilford HQ
Romford
Pinner
Kenton
Camden
Islington HQ
Brent
Homerton
Cody Road
HART
Newham
NHS 111 Barking
Becontree
Shoreditch
West Ham
Newham Dockside Emergency operations & Education Centre
Rainham Logistics
Greenford
Bloomsbury
Poplar
Hillingdon
Hayes
Hanwell HQ
Brentside Education Centre
North Kensington
St John's Wood
Westminster
Waterloo HQ
Emergency Centre
NETS Bermondsey
Woolwich
Clock Tower Road
HART
Chiswick
Fulham
Oval
Greenwich
Barnehurst
Isleworth
Deptford HQ
Feltham
Richmond
Putney
Battersea
Brixton
Mottingham
Twickenham
Forest Hill
Medicine Packing Unit
Streatham
Wimbledon
HART Training Beckenham
NETS Orpington
St Paul's Cray
New Malden HQ
Bromley
Tolworth
St Helier
NHS 111 Croydon
Croydon
South Croydon
New Addington
Sutton
Coulsdon
Sector HQ
Group main station
Station
Workshop
999 call centre
111 call centre
Group area
Integrated Care System area

Our values

Our LAS Values and Behaviours were created through conversations and feedback from thousands of our staff and volunteers across the 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.

Part 1: Quality Statement & Director's Responsibilities

Care Quality Commission: Inspection and ratings



The Care Quality Commission did not inspect us during 2024/25, 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

Foreword and Statement on Quality

We are pleased to share the London Ambulance Service (LAS) Quality Account for 2024/2025. This report reviews our quality priorities for the year, outlines services that support high-quality care, and sets our goals for 2025/26. Our aim is to provide the highest quality of care by ensuring our patients receive appropriate care promptly and in the right setting. We manage 999 calls, provide clinical assessment and advice over the telephone ('Hear & Treat'), and face-to-face ambulance services ('See & Treat') across London. LAS provides NHS 111 call handling services in four out of five Integrated Care Systems (ICS) areas, and provides Integrated Urgent Care Clinical Assessment services in North East and South East London.

This past year saw high demand for all our services, requiring organisational and service changes to maintain patient safety in both NHS 111 and 999 services. Despite our efforts, some patients experienced long wait times during high-pressure periods, particularly those with non-life-threatening conditions.

Last year, we established four themed quality priorities with 11 objectives and Key Performance Indicators (KPIs), informed by stakeholder feedback and internal quality intelligence. Despite making substantial progress, we did not achieve all of our goals. Detailed progress can be found in the 'looking back' section of this report.

Quality Priority		KPI's
Improving Efficiency	1.	Clinical Dispatch Support in all sectors 24/7
	2.	95% Category 3 and 4 ambulance dispositions validated
	3.	Reduce out of service by 2%
Feedback and Learning	4.	Implement learning from After Action Reviews (AARs) and Inquiries (e.g. Manchester Arena)
	5.	Deliver the first Rapid Process Improvement Workshop
Improving Outcomes	6.	Location Matching: <80 secs
	7.	80% Compliance STEMI Bundle
	8.	Health Inequalities Reduction
Reducing Delays	9.	Category 2 ambulance responses <37 minute mean
	10.	QI Project aiming to reduce long waits for Category 1 and Category 2 ambulance disposition patients.
	11.	In NHS 111 Integrated Urgent Care service, 90% of Priority 1-3 patients receiving a call back within 1 hour

We recognise the significant progress made during the last financial year, and would like to extend our thanks to all staff, volunteers, partner agencies, and system-wide partners for their efforts in delivering high-quality emergency and urgent care to the people of London during a challenging year.

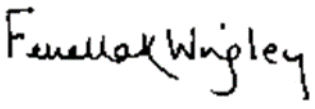
Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHSE/I has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and the arrangements that NHS trust boards should put in place to support 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 2024/25 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 2024 to March 2025.
    - Papers relating to quality reported to the board over the period April 2024 – March 2025.
    - 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

Andy Trotter OBE QPM
CHAIRMAN



Dr Fenella Wrigley
Chief Medical Officer / ACTING CHIEF EXECUTIVE

Part 2: Looking Back: 2024/2025 in Review

Report on the 2024/25 Quality Priorities

The Trust identified four quality priorities for the 2024-2025 financial year. These priorities were developed based on our business plan, stakeholder feedback, and internal sources of quality intelligence.

Delivering our quality priorities remained a top focus despite challenges with high demand across the urgent and emergency care (UEC) system. We remained focused on providing safe and effective care, delivering quality priorities through a flexible and adaptable approach. Significant progress was made in all elements of these priorities, as detailed in the following sections.

Quality Priority		KPIs	Outcome
Improving Efficiency	1.	Clinical Dispatch Support in all sectors 24/7	Achieved
	2.	95% Category 3 and 4 ambulance dispositions validated	Achieved
	3.	Reduce out of service by 2%	Achieved
Feedback and Learning	4.	Implement learning from After Action Reviews (AARs) and Inquiries (e.g. Manchester Arena)	Achieved
	5.	Deliver the first Rapid Process Improvement Workshop	Achieved
Improving Outcomes	6.	Location Matching: <80 secs	Achieved
	7.	80% Compliance STEMI Bundle	Not Achieved
	8.	Health Inequalities Reduction	Partially Achieved
Reducing Delays	9.	Category 2 ambulance responses <37 minute mean (average)	Not Achieved
	10.	QI Project aiming to reduce long waits for Category 1 and Category 2 ambulance disposition patients.	Achieved
	11.	In NHS 111 Integrated Urgent Care service, 90% of Priority 1-3 patients receiving a call back within 1 hour	Not Achieved

While some objectives have not been achieved, progress has been made and these areas will be carried forward into the next phase of delivery. They will remain a focus either within our ongoing business plan or be embedded into business-as-usual activity to ensure continued improvement and impact.

Priority 1 – Improving Efficiency

Objective 1: Clinical Dispatch Support (previously Future Dispatch Model) in all sectors 24/7

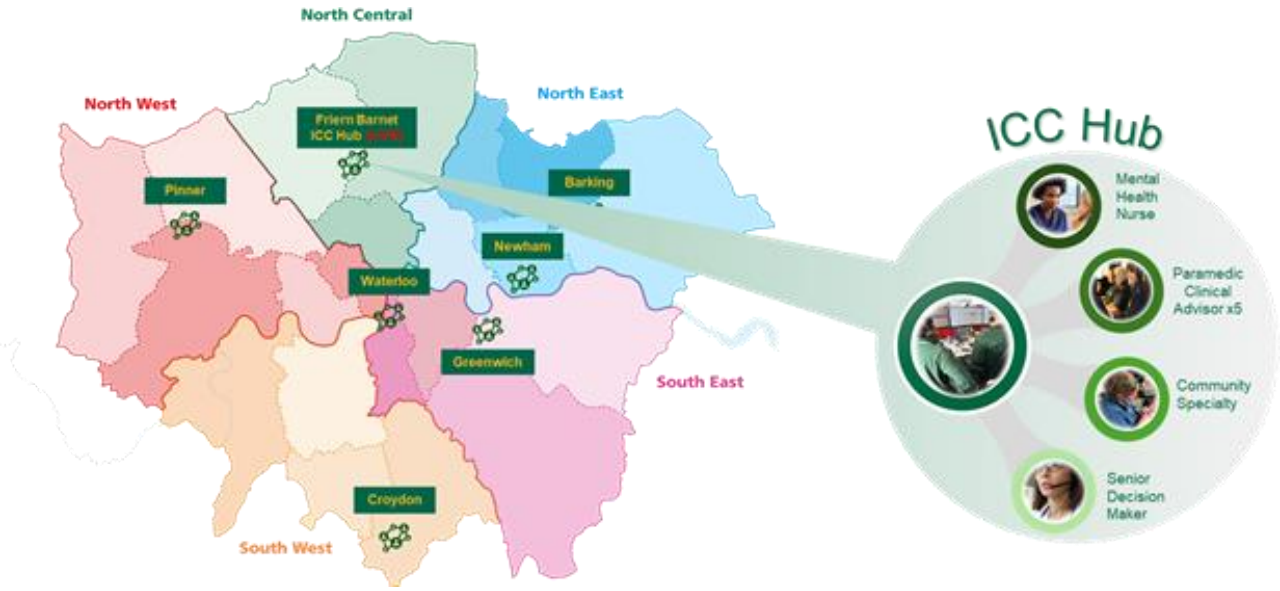
LAS successfully implemented Clinical Dispatch Support across all sectors on a 24/7 basis. This was accomplished in September 2024, facilitated by increased focus and capacity, which allowed us to accelerate our recruitment and training trajectory starting from November 2024.

Clinical Dispatch Support (CDS) plays a vital role in ensuring safe, efficient and responsive healthcare delivery. Having clinically trained staff supporting dispatch helps ensure that patients, who have been triaged through an approved clinical decision support system, are prioritised appropriately and supported to access the most suitable care pathway. This not only helps to ensure timely dispatch and save lives in critical situations but also improves overall system efficiency and enhances patient safety from the very first point of contact.

Work is underway with NHSE London Region, our 5 ICBs, and alternative care pathway leads to develop Single Point of Access / Integrated Care Coordination Hubs (NHS England » Single point of access (SPoA)). The first Proof of Concept SPOA / ICC Hub was launched in NCL at Friern Barnet Ambulance Station for a three-month period beginning in January. This LAS-hosted, system-delivered initiative aims to enhance the accessibility and flow of clinically appropriate patients safely into Alternative Care Pathways (ACPs).

Additionally, we have introduced the role of Clinical Safety Officer (CSO) within our Tactical Operations Centre (TOC) to provide an extra layer of safety oversight for patients awaiting an ambulance response. This role also delivers a 24/7 leadership function.

We are continually reviewing the new CDS with stakeholders from all Operational functions, Clinical Quality, and Business Intelligence. This review will also encompass the newly introduced SPOA / ICC model, CSO, and our strategic direction for 2025/26.

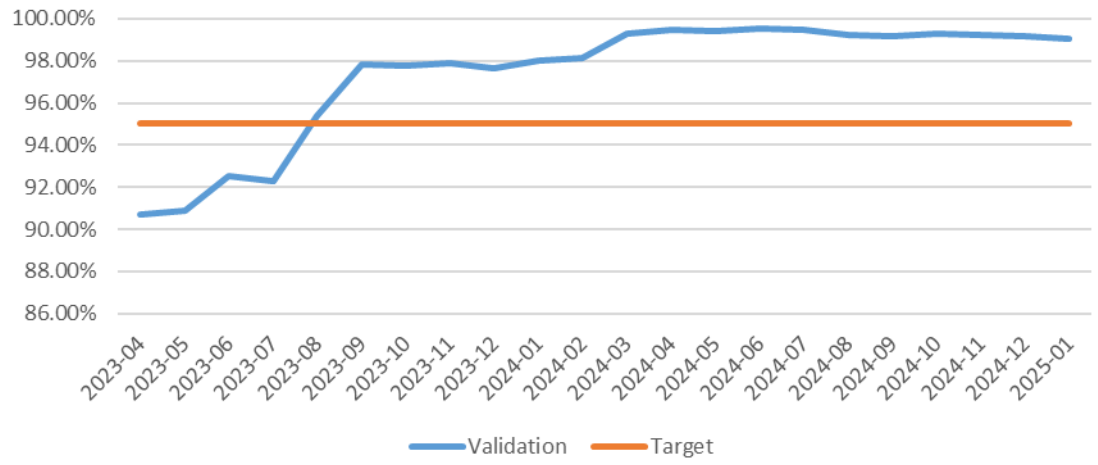


Objective 2: 95% Category 3 and 4 ambulances validated

To ensure that patients receive the right response to meet their needs, we are committed to clinically validating more calls initially assessed through NHS111 as requiring a category 3 or 4 ambulance response, aiming to validate 95% of these calls. By clinically validating these cases, we ensure that access to lower acuity services can be enabled where clinically appropriate, thereby placing only patients in need of an emergency ambulance on the 999 ambulance pathway, which enhances the safety and effectiveness of our service. To ensure improved delivery, skill mapping of clinicians against competency has been undertaken, and a new queue management process supports both safety and delivery. A live dashboard provides real-time oversight, and a historic dashboard is available for weekly performance reviews.

We have consistently exceeded our target of 95% ambulance validations, helping to safely reduce demand for DCA responses and support more appropriate use of resources.

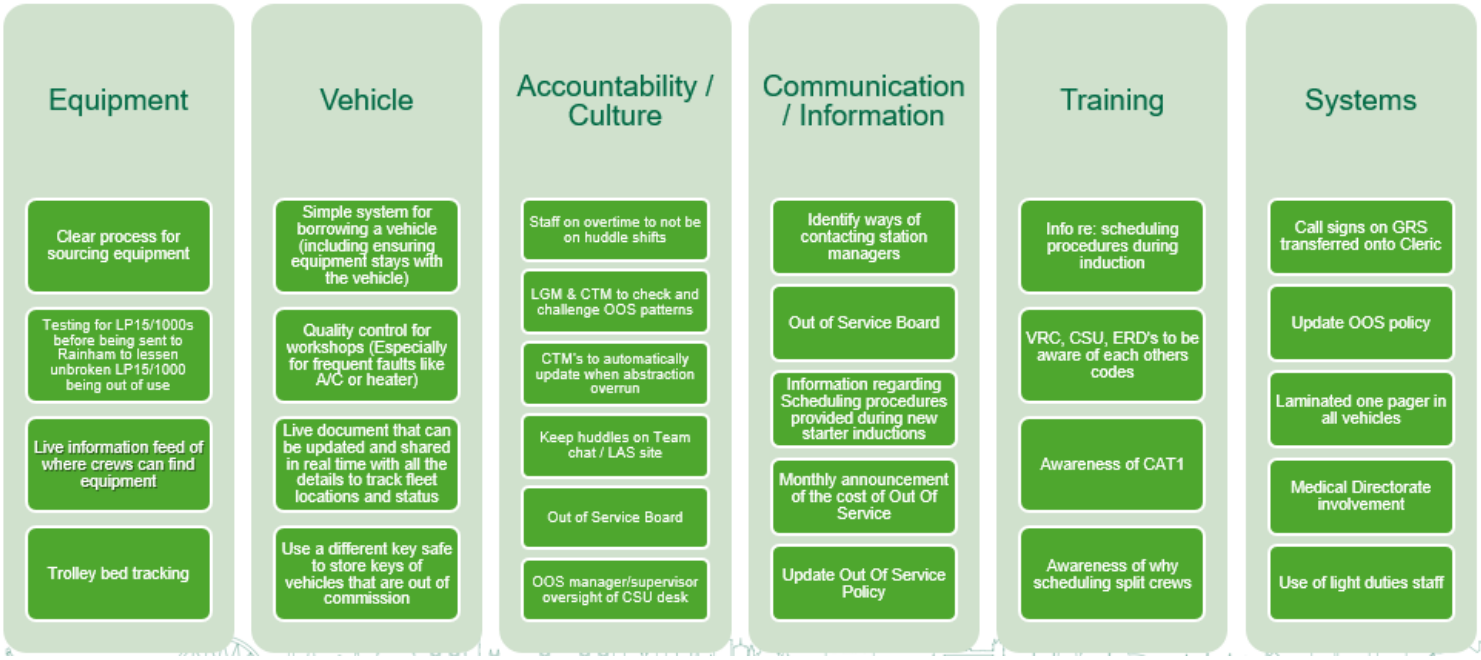
The graph below shows the percentage of Category 3 and Category 4 calls validated between April 2023 – January 2025.



Objective 3: Reduce out of service by 2%

To improve the efficiency of our 999 ambulance service, we used quality improvement methodology to reduce the amount of time during which our ambulance vehicles are mechanically or logistically out-of-service (OOS) and unavailable to be used to respond to a patient. In 2023, we lost 292,953 hours to OOS, or about 12,206 days. This project aimed to reduce OOS time by 2% by the end of 2024/25.

A staff survey received 129 responses, and data from January 2023 was analysed. Gemba Walks and Idea Generation Sessions identified nine themes, including process, communication, equipment, culture, and management oversight. The OOS Programme Board reviewed 351 improvement ideas, with "Quick Wins" testing starting in July 2024. Improvement ideas included:



In November 2023, a total of 42,030 hours were lost. The Out of Service Programme tested ideas between July and August, leading to a successful 3.34% overall reduction in out-of-service time.

The Programme was suspended in September 2024 due to the introduction of the Local Delivery Model, but efforts to improve Out of Service continued locally and have resulted in a 10% overall reduction, exceeding our target of 2%. The introduction of the Local Delivery Model is intended to further improve Out of Service Rates for 2025/26.

Priority 2 – Feedback and Learning

Objective 4: Implement learning from After Action Reviews (AARs) and Inquiries (e.g. Manchester Arena)

Implementing lessons learned from After Action Reviews (AARs) and major inquiries, such as the Manchester Arena Inquiry, is essential for the Trust to continuously improve the safety, effectiveness, and resilience of our services. These reviews offer critical insights into what went well, what could have been done differently, and where systemic gaps or failures were identified. By acting on these lessons, the Trust not only strengthens its emergency preparedness and response, but also upholds its duty of care to patients, staff, and the public.

Reviewing learning at the Emergency Planning and Resilience Steering Group's monthly meetings has led to significant achievements, including the development and monitoring of key performance indicators for incident response. Additionally, plan and process amendments have been made in response to identified learning from incidents, such as securing drug rooms, managing power outages, and addressing IM&T failures. The implementation of the 10-second triage system has streamlined response times. The Ten Second Triage tool shows the recommended priority triage routes depending on incident characteristics. The development of an incident lessons and actions summary has ensured continuous improvement in handling emergencies.

Objective 5: Deliver the first Rapid Process Improvement Workshop

A 5-Day Rapid Improvement Event (RIE) led by the Quality Improvement (QI Team was held at St Helier Ambulance Station from 13th to 17th May 2024.

The purpose of the five-day Rapid Improvement Events (RIE) was to review and enhance the necessary checks at the start of each operational shift. Approximately 15 departments across the Trust collaborated to evaluate the current Start of Shift process. They examined each step, applying QI LEAN Methodology to identify and reduce waste within the process. This initiative resulted in 15 individual actions agreed and implemented at the St Helier site.

The outcomes and actions identified at St Helier Ambulance Station were presented during a Start of Shift Launch event on 25th October 2024. Following these achievements, a comprehensive Trust-wide rollout plan was developed for conducting a two-day RIE at each of the 20 main operational stations across the Trust.

From 25th to 28th November 2024, the rollout plan was introduced at five Sector-based Start of Shift Workshops. Sector management teams were briefed on the requirements, leads from each main station were designated, and dates for their respective two-day RIEs were scheduled.

The two-day RIEs commenced on 19th December 2024 and concluded on 6th March 2025, three weeks ahead of the planned schedule.

The Estates Department provided a surveyor and lead contractor on the second day of each event to document local requirements. Currently, one site is complete, four sites are in progress, six sites have been instructed to commence work, one site is on hold pending imminent closure, two quotes are awaiting LAS review, three updated quotes have been requested, and the final three sites are awaiting initial quotes.

At St Helier Ambulance Station, the baseline average Start of Shift timing was 31 minutes and 23 seconds.

At 124 days after the five-day event, the average start-of-shift timing was 16 minutes 36 seconds. St Helier Ambulance Station run 24 Double Crewed Ambulances (DCAs) per 24-hour period, at 124 days, this equates to 2976 DCAs starting their shifts. If the average time saved was 14 minutes and 47 seconds on each shift, the total patient-facing time saved at 124 days was 732 hours.

This project promoted collaboration across the Trust. 245 LAS staff took part in the 20, two-day events, from departments including Ambulance Operations, Make Ready, Workshops, Emergency Operations Centre (EOC) and Vehicle Resourcing Centre (VRC), with both on-site and email support from the Executive team. Real-time answers and understanding were provided by Staff Side, Health and Safety, Pharmacy, Fleet, Driving Standards, Logistics, Estates, EOC, Ambulance Operations and Clinical Directorate.

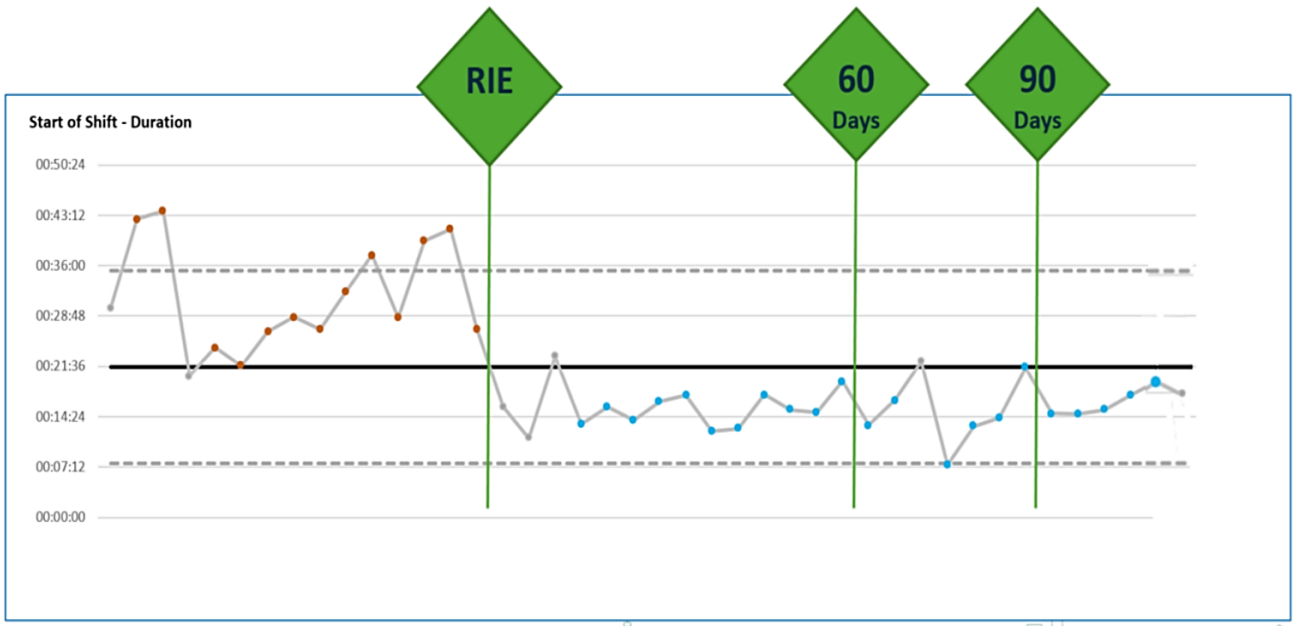
The delivery of these events provided a platform to share a baseline understanding of Quality Improvement and awareness of Equality, Diversity and Inclusion. The team continued to promote inclusivity through safe and brave discussions, which built a collaborative platform for all involved. Video and data evidence support the collaboration built between the teams involved.

The average opinion of change was recorded pre and post each event:

Pre-event was 2.9/4, Post-event was 3.6/4.

(where 1= Waste of Time, 2=Doubtful, 3=Optimistic, 4=Convinced)

Following the events all sites increased and were 'Optimistic to Convinced' with 2 sites showing 100% of participants were Convinced.



Priority 3 – Improving Outcomes

Objective 6: Location Matching: <80 secs

The National Land and Property Gazetteer (NLPG) is the official national address service managed by local government. It provides unique identification of land and property throughout England and Wales. Ensuring the timely location of patients and response to their calls is essential, making it important for the Gazetteer to be current. This year we focused on improving the speed at which we location match our 999 calls, aiming to reduce this time to less than 80 seconds. By reducing this time, our emergency call handlers will be able to start CPR instructions more quickly over the phone, improving survival chances for patients in cardiac arrest and enhancing the safety and effectiveness of our services.

System Improvements:

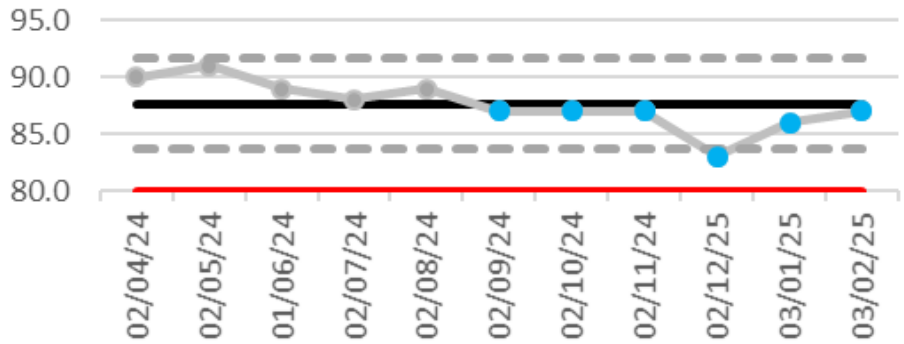
- Added new locations to the gazetteer, including bus stops, rail station codes, DLR station codes, and Thames marker posts.
- Created a sustainable process for checking reported gazetteer errors.

Policy and Education/Training:

- Began Call Handling CSR with a focus on Location Matching; 50% of call handling teams have attended.
- Released Location Matching SOP with updated Cleric messaging.
- Provided Gazetteer and Map guide to staff.
- Developed Call Handling Reset sessions, covering location matching and early prediction, and rolled them out via team days and huddles.
- Delivered Call Handling reset sessions to watch leadership teams.

As a result of the improvements detailed above, some previously difficult locations, such as parks and areas without a postcode, have become easier to search for in the gazetteer, and a clear process is in place for reporting and updating address issues. The new Location guidance focuses on a streamlined approach that helps call handlers find a location more quickly and easily. Over the past 12 months, there have been incremental improvements each month in performance from call answer to obtaining the address. Although the last couple of months have seen an increase, they are still faster than the yearly average. This metric includes the time from call answer to early prediction, with the Location work being integrated with education around pre-triage sieve and selection of a NOC type.

The chart below shows the percentage of calls location matched against the target of <80 seconds.



- The Call Handling Improvement role concluded on 31st March, and responsibility was transitioned to the General Manager. As of 1st July 2024, the EOC has transitioned to team-based working and has subsequently increased the number of performance managers to support the management of teams.

Objective 7: 80% Compliance STEMI Bundle

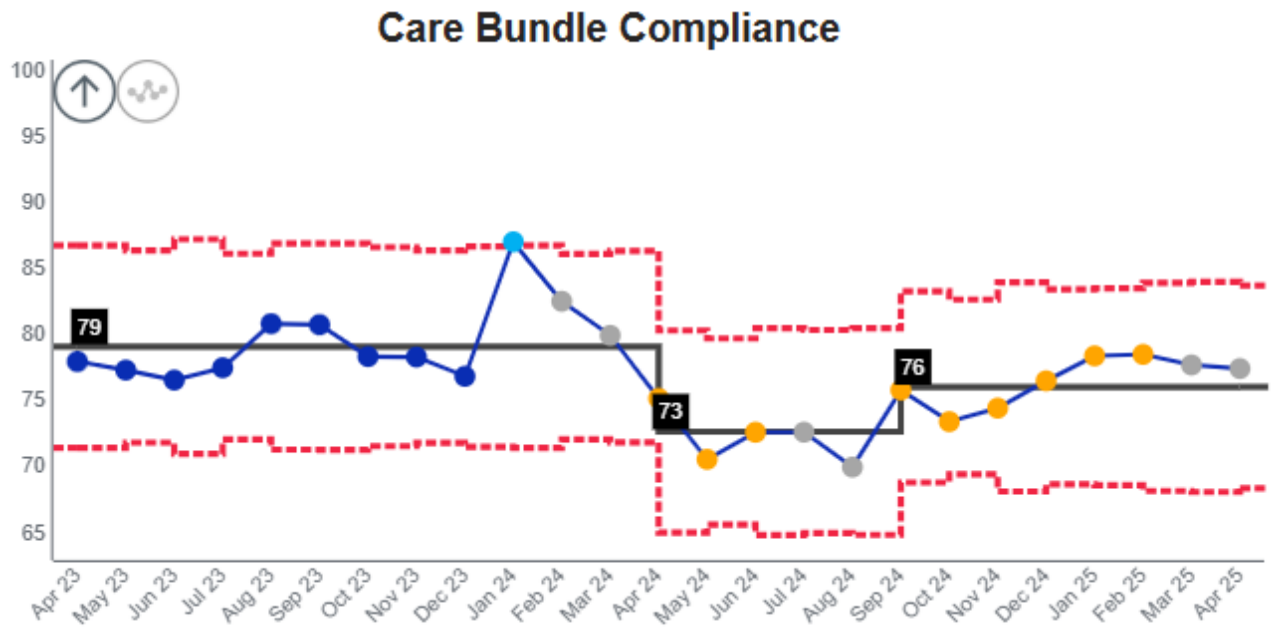
The STEMI bundle is a predefined set of criteria designed to deliver optimal care for patients experiencing an ST-elevation myocardial infarction (heart attack). Our STEMI bundle is aligned with the nationally reported Ambulance Quality Indicators (AQIs). We continuously monitor the bundle through our Clinical Audit and Research Unit to ensure that patients receive effective care and treatment.

Each of the Senior Sector Clinical Leads (SSCL) developed a sector-specific improvement plan using QI methodology to enhance and maintain compliance with STEMI care bundle delivery. The activities undertaken included:

Event	Description	Date
STEMI Quality Improvement Collaborative Programme	Focus groups with clinicians of all grades and a survey across the Trust resulted in 573 improvement ideas and the identification of six work streams.	End of July 2024
STEMI care bundle video	Based on messages contributed by clinicians and promoted as part of BHF Heart Month, with messaging from the CMO and CEO, delivered pan-London via huddles.	February 2025
STEMI care checklist	Following staff suggestions, acts as a care bundle quick reference; promoting pain score pre/post treatment, highlighting pain severity and clarifying analgesia options, including the promotion of Entonox.	March 2025

STEMI care bundle compliance averaged 79% from April 2023 to March 2024, and 75% from April 2024 to March 2025. The drop is attributed to national scoring alignment requiring pain assessments pre- and post-treatment.

2024/2025											
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
75%	71%	73%	73%	70%	76%	73%	74%	76%	78%	78%	78%



Care bundle compliance has generally increased this year, staying within normal control limits and variation. This improvement is due to ongoing education efforts by the Sector Clinical Lead team and the release of the new STEMI care pack.

Despite not achieving our target of 80%, significant achievements occurred in the latter half of the year, and this is expected to continue as we progress through 2025 – 2026.

Objective 8: Health Inequalities Reduction

A comprehensive and LAS specific five-year action plan titled 'Reducing Health Inequalities' has been developed and ratified, mirroring the NHS CORE20PLUS5 framework with specific actions for each domain. The CORE20PLUS5 initiative is a national strategy by NHS England and NHS Improvement designed to address health inequalities at both national and system levels. This approach defines a target population cohort known as 'Core20PLUS' and highlights five critical clinical areas that require focused and accelerated improvement:

- Maternity
- Severe Mental Illness
- Chronic Respiratory Disease

- Early Cancer Diagnoses
- Hypertension Case Finding

Some of our core achievements are detailed below:

Action	Details
Improving Sickle Cell Care	Engaged with over 90 patients and carers, 325+ LAS clinicians, 2 charity organisations, clinical specialists, and reviewed 4000+ clinical encounters. Findings shared with 260+ LAS leaders.
Drug & Alcohol addiction service signposting	Introduced in North East London as a feasibility trial. CPD delivered to 100+ clinicians.
Incidental findings pilot	Hypertension and hyperglycaemia notification to the patient's GP in SEL was evaluated and expanded to a pan-London notification.
Patient access information	Developed and translated into nine commonly spoken languages to improve access for patients with low proficiency in English.
Digital referral for safeguarding/welfare issues	Scoped and going through governance approval for issues of damp and mould.
Mandatory clinical training courses	The Health Inequalities Toolkit and Sickle Cell clinical training have been agreed upon for development and are currently under design.

This year has focused on developing a robust five-year action plan that is clinically led and evidence-based. National evidence on health inequalities has been reviewed alongside our patient profile to consider interventions and improvements that LAS can implement to enhance access to services and the care experience for patients.

Each action includes clear success measures to track implementation and impact on patients. Direct patient engagement has enabled the LAS to understand factors contributing to inequalities and incorporate their voices into improvement plans, building trust by collaborating with community groups and charities.

The Quality Assurance Committee at the executive and Non-Executive Director levels ensures that reducing health inequalities remains a priority, providing accountability for each plan's delivery. Patient participation at Trust Board meetings amplifies their voices, allowing leaders to hear challenges and potential solutions directly.

Objective 9 & 10: C2 < 37-minute mean / QI Project aiming to reduce long waits for C2 patients

LAS has been focusing on continuing to reduce our Category 2 response times throughout 2024/25. workforce has been under in recent years. The commitment and dedication of employees have

continued to improve the experiences of LAS care for many patients. However, throughout this financial year, we have experienced a number of challenges:

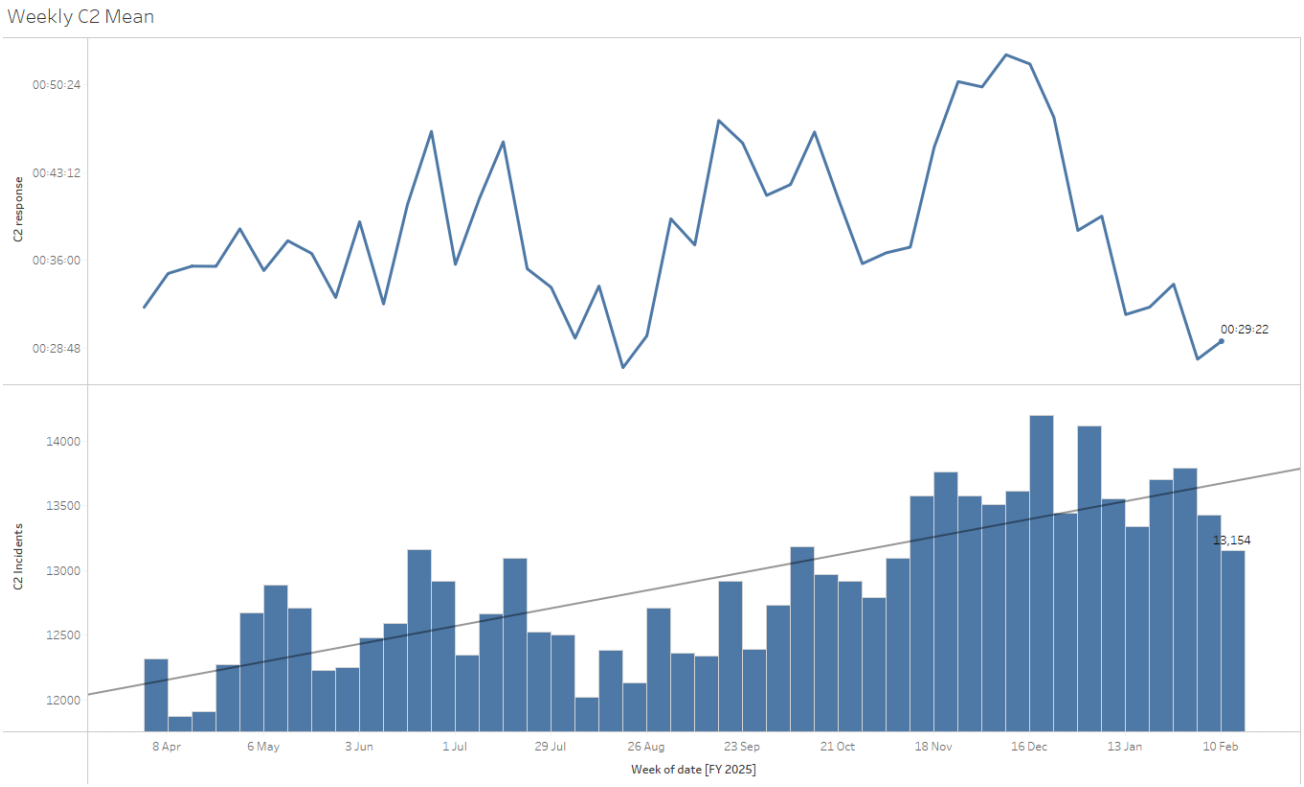
Challenge	Description
Demand Surges	Encountering surges in demand that exceed forecasted levels, resulting in operational challenges.
Overtime Limitations	Adhering to control total limits has constrained the availability of overtime, impacting staffing flexibility.
Community-Based Infections	Increased levels of sickness within the LAS due to community-based infections have affected workforce availability.
Financial Position	Over-establishment has adversely impacted the financial position, putting the Directorate in excess of its financial limits.
Ambulance Handover Delays	Sustained levels of ambulances queuing to handover at certain hospitals have reduced overall ambulance capacity, hindering service efficiency.

Although we did not successfully complete our Cat 2 target of <37minutes, we successfully completed and achieved the aims of our QI project, laying strong foundations for continued progress.

Item	Description
Resilient Festive Period and Winter Plan	The agreement and implementation of the Ambulance Operations winter incentive, which supports operational staffing, have been extended into January 2025.
Patients Per Shift (PPS) Initiative	Completion of the initial work stream to achieve 5.2 patients per shift in Ambulance Operations, achieved and sustained for Quarter 3. Quarter 4 targets have now been shared, with a trajectory for our pan-London position to be 5.4 patients per shift.
Revised Category3 Process	Implementation of a revised Category 3 process, ensuring patients are held from dispatch until the clinical assessment is complete, where clinically appropriate.
Weekly Winter Meetings	Conducting weekly winter meetings focused on systemic responses to Category 2 improvement, as well as the Ambulance Operations delivery group.
Vacancy Factor	Achieved a zero vacancy factor. Noting that we are over-established in some areas and working to improve our end-of-year position.
Collaboration with other Directorates to Reduce Delays	Working with 999 Operations on Dispatch Reset. Updates to the Clinical Safety Plan to manage operational pressures. Improvements in Hear & Treat resulting in reduced Face to Face incidents.
Management of Vehicles	Embedding a fixed fleet. Proactive management of vehicles at a sector level, emphasising the approach of moving vehicles to areas with poor staffing levels.

Performance Detailed Weekly Review	Weekly operations management meetings to examine reports regarding production and productivity at a granular level. Particular attention is given to the 1316 report, sickness, overtime hours, and out of service.
Data Analysis	Improved and regular reviews of data and key metrics to identify areas for further development.

Year-to-date, we have observed an overall improvement in C2 performance, with Quarter 4 exhibiting significantly lower daily C2 response times compared to the previous year. The Patients Per Shift initiative has led to enhanced productivity and a more manageable festive period. Despite the rise in face-to-face incidents, there was no significant increase in C2 performance.



Objective 11: 90% of P1-3 patients receiving call back within 1 hour in our 111 / IUC service

To improve our responsiveness to patients within our 111 and Integrated Urgent and Emergency Care service, we focused 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. While we did not reach our target of 90% of patients called back within 1 hour, achieving 40% represents a significant step forward and reflects the hard work that has gone into this area.

The modelling of clinical and non-clinical staff requirements, by role skillset using historical NHS Pathways Dx coding, has been completed to establish baseline hourly requirements by role. The process involved analysing historical data to determine the necessary staffing levels for each role

based on their skillsets. This baseline will serve as a foundation for future staffing decisions, ensuring that the right number of staff members are available to meet the demands of the Service.

Following the modelling, an evaluation of the current staff requirements by role against the revised skill mapping was conducted. This evaluation aimed to identify any gaps or discrepancies between the current staffing levels and the newly established baseline. By comparing the current staff requirements to the revised skill mapping, the organisation can make informed decisions about hiring, training, and resource allocation to address any identified gaps.

To ensure maximum efficiency, efficacy, and performance, an effective queue management process was implemented. This process is designed to optimise the flow of patients through the system, reducing wait times and improving overall service delivery. By managing queues effectively, the organisation can better utilise its resources and provide timely care to patients.

Additionally, the development of additional clinical support functions, such as the clinical floor walker, was undertaken. These support functions are intended to enhance the overall clinical operations by providing additional assistance and oversight. The clinical floor walker, for example, can help manage patient flow, provide guidance to staff, and ensure that clinical processes are followed correctly.

The clinical prioritisation model was revised to streamline the process, making it more efficient and improving safety and quality. By automating the process, the organisation can ensure that patients are prioritised correctly based on their clinical needs, without compromising safety or performance priorities.

Core Quality Account Indicators Report

Ambulance Quality Indicator performance – C1 - C4 response

During 2024/25 our position has improved from the previous financial year. Reducing delays will continue to be a quality priority for 2024/25.

Metric	Standard	Performance	
		2023-24	2024-25
C1 Mean	7 minutes	00:07:29	00:07:22
C1 90th Centile	15 minutes	00:12:40	00:12:37
C2 Mean	18 minutes	00:38:39	00:37:39
C2 90th Centile	40 minutes	01:27:10	01:22:28
C3 Mean		01:16:04	01:27:02
C3 90th Centile	120 minutes	03:06:45	03:26:01
C4 90th Centile	180 minutes	04:41:17	05:03:13

* Awaiting full data

The London Ambulance Service considers this data to be a true and accurate reflection for the following reasons: it is captured from multiple sources, including the computer-aided dispatch system, electronic and paper care records, and our vehicles' Mobile Data Terminals. A variety of Data Assurance processes 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 2023/24 and 2024/25 regarding the provision of an appropriate care bundle to STEMI patients, patients over the age of 65 years who have fallen and been discharged on scene and those resuscitated after cardiac arrest.

	2023-24		2024-25*	
	LAS average	National average (Range)	LAS Average	National average (Range)
STEMI patients	76.3%	78.5% (58.8-94.6)	74.8%	79% (62.0-96.4)
Cardiac Arrest Patients**	84.4%	77.1% (63.3-95.5)	83.3%	83.7% (68.6-97.2)
Elderly Falls Patients	n/a	n/a	45.3%	44.9% (22.8-91.3)

* At the point of preparation of this Quality Account, NHS England published data for April to January 2025.
** Post resuscitation patients only

Patient Safety Incidents

The number and rate of patient safety incident reports during 2023/24 and 2024/25 are as follows:

999 & Ambulance Operations	2023/24	2024/25
Total Patient Safety Incident Reported	8229	10,244
Rate of Patient Safety Incidents/1000 999 contacts (average)	3.96	4.88

111 & Integrated Urgent and Emergency Care	2023/24	2024/25
Total Patient Safety Incidents Reported	2665	2810
Rate of Patient Safety Incidents/1000 111 contacts (average)	1.78	2.02

The number and rate of patient safety incident reports resulting in severe harm or death during 2023/24 and 2024/25 are as follows:

999 & Ambulance Operations	2023/24	2024/25
Total Patient Safety Incident Reported (EOC contacts)	8229	10,244
Total Patient Safety Incidents – Severe harm or Death	90	109
Rate of Patient Safety Severe harm or Death Incidents /100 Patient Safety Incidents (average)	1.09	1.06
111 & Integrated Urgent and Emergency Care	**2023/24**	**2024/25**
Total Patient Safety Incidents Reported (111)	2665	2810
Total Patient Safety Incidents – Severe harm or Death	6	9*
Rate of Patient Safety Severe harm or Death Incidents /100 Patient Safety 111 incidents (average)	0.23	0.32

* At the time of writing this report, there are currently 2 incidents going through the governance process, with the harm level expected to reduce to “no harm”.

Incidents are initially reported at a level of harm selected by the reporting member of staff / volunteer. All incidents then undergo a full review. During the review process, the initial categorisation and severity are often assessed and amended to reflect national guidance as the review progresses.

The data above was captured on the Trust’s risk management system, Datix and also its new incident management system, Radar, following the transition between systems in March 2025.

The number of patient safety incidents throughout 2024/25 predominantly remained in common cause variation. An increase in reporting was observed during the following months:

- July 2024 - A proactive harm review of incidents where there had been a delayed response was undertaken following a national IT issue that affected non-LAS services.
- November and December 2024:
    - Concern regarding external provider was the highest reported category, resulting in 45 quality alerts being sent to external organisations. Quality Alerts are a formal mechanism used within the NHS to raise concerns about patient safety, clinical quality, or system failures that may pose a risk to the delivery of care.
    - Medical Equipment incidents - 69% of which were reported to be failure of the device/equipment. Examples included: ETCO2 calibration issues, faulty ECG leads and SP02 sensor failures. An associated risk was raised on the Trust's risk register, and a programme of work is underway regarding the servicing and maintenance of LifePak 15s.
    - Clinical treatment incidents – this reporting category rose during November and December 2024 (203 reported during this period) due to the completion of a number of proactive clinical audits, including Penthrox (42 incidents) and STEMI care (30 incidents). The incident reporting criteria for recontact cases also broadened to include patients who represented in cardiac arrest but were conveyed to hospital (adding 20 incidents).

- January 2025 – A proactive harm review examining response times was undertaken following an LAS IT issue.

All patient safety incidents are reviewed to ensure that a proportionate learning response is applied, in line with the Patient Safety Incident Response Framework (PSIRF). The London Ambulance Service has taken actions to improve the quality of our service by undertaking targeted work with associated system improvement plans on the management of calls during shift handover periods, the assessment and management of paediatric patients, call duplication processes, dispatch of solo responders to high-risk determinants (those with chest pain) and the assessment and management of patients presenting in a cardiac arrest where ventricular fibrillation (VF) is the initial cardiac rhythm. Improvement work continues in all areas.

Clinical Effectiveness, Audit and Research

The Trust has a robust and diverse clinical audit and research program that focuses on a range of clinical areas and is responsive to both local and national priorities. During 2024/25, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes and severe sepsis, difficulty in breathing, mental health, sickle cell crisis, end of life care, traumatic haemorrhage, maternity, allergic reaction, paediatric patients and medicines administration. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged from our care.

Our research program continued to perform strongly (see Appendix 1). We collaborated on successful bids for funding and have had fifteen 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, Chairs the Data Use Committee for the UK Out-of-hospital Cardiac Arrest Outcomes research programme, and sits on various committees with key partners and stakeholders (including the British Heart Foundation and the UK Resuscitation Council) championing and developing prehospital research nationally, encouraging collaboration, and influencing changes to national policy and practices.

Clinical Audit

During 2024/25 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 2024/25 are as follows:

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

- Outcomes for patients attended after a fall

The national clinical audits that the Trust participated in, and for which data collection was completed during 2024/25, 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)	2,525	100%
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	7,069	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital b) Overall group b) Ulstein comparator group	a) 2,525 b) 294	100%
NHS England AQI: Outcome from cardiac arrest – 30-day survival b) Overall group b) Utstein comparator group	2,469280	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 where indicated)	288	100%
NHS England AQI: Outcome from acute STEMI b) 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)	843984	100%
Falls a) Care bundle delivered to patients aged 65 and over who have suffered a fall from below 2 metres and are discharged on scene	a) 600	100%

*At the point of preparation of this Quality Account, OHCAO and NHS England reported data were available for April to October 2024.

The Trust considers that the data in the table above is a true and accurate reflection 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 2024/25, and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 2).

Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1st April 2024 to 31st March 2025, who were recruited during that period to participate in research approved by a research ethics committee, was 651. Additionally, 46 staff members participated in NIHR portfolio studies as participants.

Looking Forward: Our Quality Priorities for 2025/2026

For the new financial year, we have identified three quality priorities.

In identifying these priorities, we have considered:

- Our progress against the 2024/25 quality priorities
- Triangulation of data sources
- The new CQC strategy and framework
- Sources of quality intelligence and performance metrics, business plans and our strategic intentions
- What matters to our staff, patients and the communities we serve

Our three priorities for 2025/26 are:

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

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

Our progress against these priorities will be monitored and reported on a monthly basis throughout the year to ensure we deliver meaningful improvement on each objective. The priorities are also

aligned with the 2025 – 2026 Business Plan. A full report will be included in the 2025/26 Annual Quality Account.

Part 3 – Further information on quality and improvement

Clinical Dispatch Support Model

The Clinical Dispatch Support (CDS) model introduced in 24/25 co-locates Clinical Support Managers (CSMs) with Emergency Resource Dispatchers (ERDs) in the control room. CDS promotes joint decision making between clinicians and dispatchers to prioritise patient care based on risk.

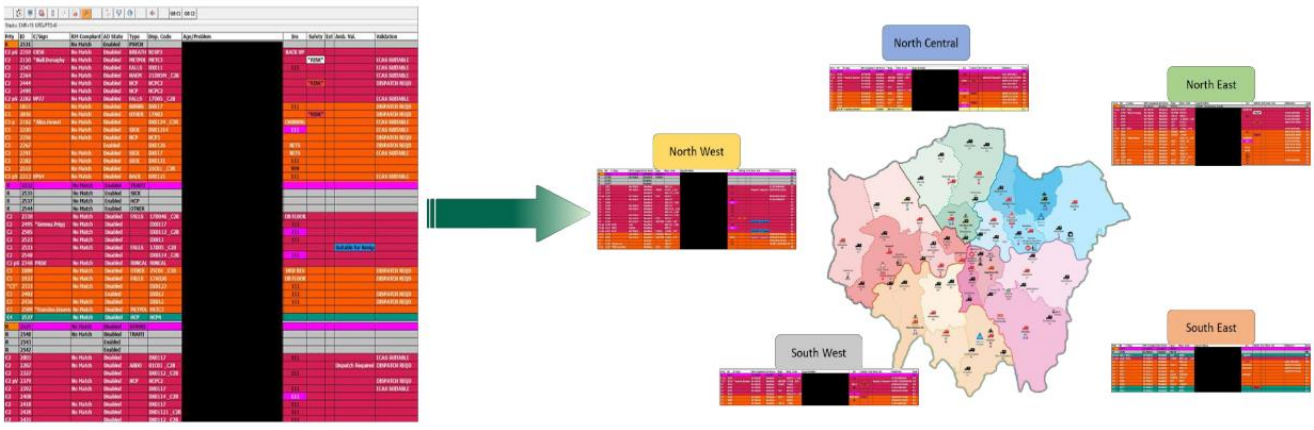
CSMs monitor all calls within their assigned sector (NWL, NCL, NEL, SEL, SWL), determining whether a patient requires further clinical assessment or immediate resource dispatch, thereby increasing oversight and patient safety.

Since clinicians within the Clinical Hub are also sector-based, the model ensures that calls are appropriately assigned for clinical evaluation within their designated areas.

Introduction of CDS, enhanced internal efficiencies, and Category 2 segmentation have led to an improved Hear and Treat (H&T) rate, increasing from 17.0% in March 2024 to 22.2% in December 2024. In maximising our H&T rate, we support our resources to respond more swiftly to higher acuity patients.

Additionally, clinically appropriate Category 3 (C3) calls are directed straight to the Clinical Stack for navigation, leading to earlier call validation and better use of alternative pathways to provide care for more patients closer to home. In addition, this results in a reduction in the number of calls held within the overall dispatch stack.

The Clinical Dispatch Support model has had a positive impact on patient care, providing dispatchers with immediate access to clinical support and enabling our clinicians to have a more direct impact on patient care, thereby improving job satisfaction for both groups of staff.



Pictured: The overall clinical stack is localised in the CDS model, improving oversight.

IUC Automated Patient Survey

In December 2024, the IUC team launched an automated patient survey using SMS functionality, for consenting patients. The new service was developed in collaboration with SmartSurvey and, through an API link with Adastra, ensures that all eligible patients receive a survey via SMS. Patients who are very unwell, call from a landline, decline to participate, are children, or are third-party callers are excluded and do not receive a message. All other patients received a one-time link which navigates them to the NHS111 IUC patient survey which was developed by local, regional, and national commissioners.

The feedback is captured in real time and provides details on the satisfaction, experience, and outcome for patients. Reporting is automatic, and a range of dashboards have been created to enable trends and themes to be tracked.

So far, 73,803 SMS have been sent to eligible patients, and 3,282 surveys have been fully completed (4.45% response rate). This provides us with a unique view of how patients experience NHS111 in real-time. So far, the feedback has enabled the team to identify issues with the accuracy of the Directory of Services as well as a range of suggestions for improving the overall provision of 111 services.

LAS Charity London Heart Starters Campaign

Analysis conducted by the London Ambulance Service identified 21 neighbourhoods across the capital where there is no timely access to a defibrillator and a further 129 neighbourhoods where access to this life-saving equipment is limited. The data highlighted a stark disparity, showing that households in deprived areas are more likely to lack defibrillators compared to wealthier neighbourhoods. For instance, one central London borough has six times more defibrillators than some poorer areas.

The London Ambulance Charity's London Heart Starters campaign was developed to address this inequality and provide Londoners who suffer a cardiac arrest the best chance of survival.

The campaign launched with its first fundraising event, The London Life Hike, in September 2024. Over 200 people participated in a family-friendly 5km loop or a more challenging 20km walk, which took participants past the city's iconic landmarks. This single event raised enough money to fund the first 14 defibrillators of the campaign.

Quality Improvement Conference, September 2024

We held the second annual quality improvement (QI) conference in September, with colleagues from across our Organisation, local NHS trusts and even international healthcare providers in attendance. Together, we celebrated improvement successes from across the Trust, including the Start of Shift Rapid Improvement Event, along with individual QI projects conducted by colleagues as part of the 'Our LAS, Our Leaders 100 programme. We were also honoured to hear from South East Coast Ambulance Service NHS Foundation Trust and Surrey and Sussex Healthcare NHS Trust, who shared some of their improvement journeys. *The third annual QI conference is currently being planned.*

Appendix 1: Research Activity

Research projects ongoing from 1st April 2024 to 31st March 2025:

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 including age, shockable rhythm and adrenaline administration.

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 the termination of resuscitation by ambulance service staff in the UK.

HOTZONE: a mixed-methods study examining the causes and timeframes in which casualties die prior to reaching hospital to establish options for the delivery of interventions that may be beneficial during certain mass casualty incidents.

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.

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.

I-CARE: an observational study aiming to improve retention of NHS staff from ethnic minority groups by using staff questionnaires to determine the contexts and reasons staff may leave or stay in the NHS workforce post-pandemic.

RTI-AID: an observational study utilising transport and health datasets to improve public health data around road traffic incidents in London.

AMBOFALL: a mixed-methods study aiming to understand the factors that influence clinician decision-making when attending to older adults who have fallen, using data collected from staff surveys and interviews.

Appendix 2: Clinical audit activity and learning outcomes

National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2024/25 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 and STEMI care.
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times.
- Delivered training sessions for clinical team leaders and team managers with an emphasis on the STEMI care bundle and limiting time on scene.
- Stickers have been placed on cardiac monitors/defibrillators as a prompt to the aspects of care that STEMI patients should receive.
- Raised awareness of the falls care bundle on LAS Live, via a Clinical Bulletin and Clinical Update article and Teams Based Working Huddles.
- Published the care bundle on JRCALC+
- Aligned the current Elderly Falls Clinical Performance Indicator with the new AQI elements, allowing for individualised feedback.

Clinical audit projects

The reports of **11 local clinical audits** were reviewed by the provider in 2024/25 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:

Assessment and Management of Smoke Inhalation

- Recommended JRCALC produce standalone smoke inhalation guidance, and on the utilisation and interpretation of carboxyhaemoglobin measurements.

Assessment and Management of Overdose and Poisoning

- Requested the JRCALC Guidelines recommend:
    - Only patients who have consumed cardiotoxic drugs or where the patient has been exposed to a combination of drugs require a rhythm strip reading and continuous cardiac monitoring
    - The first dose of naloxone can be administered via the IM route (but any subsequent dose should be administered IV)
    - The IO route of naloxone is reserved exclusively for cases of cardiac arrest
- Considered how alcohol consumption should be recorded on ePCR

Assessment and Management of Traumatic Haemorrhage

- Proposed a prompt within the ‘Secondary Trauma Survey’ screen on ePCR, to offer a direct link to the ‘Interventions’ section

- Reminded clinicians of the inclusion and exclusion criteria for TXA administration and of the need to consider and request advanced clinical support, when indicated

Advanced Paramedic Practitioner in Critical Care Use of Midazolam

- We will amend the Advanced Clinical Operating Procedure to highlight documentation requirements

- We will review existing practice to determine the need for additional anticonvulsant agents to be added to scope of practice

Resilience and Specialist Asset Teams' use of Penthrox (Methoxyflurane)

- We will clarify renal impairment and cardiovascular disease criteria in the Patient Group Direction (PGD)

- We will issue a bulletin to clarify trauma-related pain protocols

- We will deliver refresher sessions for relevant staff to reinforce PGD compliance and the importance of documentation

Use of the Maternal Assessment and Obstetrics Emergencies Card

- Proposed changes to ePCR to alert the user if they have indicated that the patient is pregnant and attempt to enter NEWS2

- Provided more details of the assessment requirements of postpartum patients

- Asked JRCALC to distinguish what parameters clinicians should follow for patients of 20 weeks' gestation and reported the inconsistent advice regarding when to call a midwife for birth imminent patients

Administration of Anticipatory Medicines for Patients at the End of Their Life

- We will amend the End of Life Guidance to include the need to photograph the Stock Balance chart and record controlled drug wastage (including zero wastage) in the ePCR

- Proposed the inclusion of anticipatory medicines documentation practices and emphasis on attaching photos of MAAR charts in Core Skills Refresher (CSR) mandatory training

- Added a new aspect of care of drug wastage documentation in End of Life Care Clinical Performance Indicator (CPI) to allow for continual audit and revised the drug documentation aspect of care

Assessment and Advice given to Paediatric Patients with Pyrexia Discharged at Scene

- Recommended making the capillary refill section within ePCR more accessible

- Added a new aspect of care within the Discharged at Scene CPI to record whether a referral to an appropriate healthcare professional has been completed

Paracetamol Administration to Patients aged 12-15 years

- Proposed that paracetamol administration be incorporated into CSR training

- Recommended an ePCR prompt regarding weight documentation when paracetamol is selected and medication validation
- Commissioned a multi-disciplinary team to explore paracetamol dosing errors in children

Identification, Assessment, and Treatment of Allergic Reaction

- We will clarify with the JRCALC Guideline Development Group whether blood pressure should be measured for paediatric patients having an allergic reaction
- We will promote the use of the time of onset boxes via the ePCR User Guide
- We will propose that anaphylaxis recognition and treatment be incorporated into CSR mandatory training

Administration of Adrenaline for Anaphylaxis

- We will consider moving the 'at patient' field on ePCR so it is more accessible
- We will clarify with the JRCALC Guideline Development Group whether adrenaline should be given in five-minute intervals or at least every five minutes

In addition, a further four **local clinical audits** have been started by the provider in 2024/25, as well as a programme of continuous clinical audit:

Midazolam (Paramedic) PGD

A Service-wide PGD was introduced in September 2023 and updated in March 2024 for the use of midazolam by paramedics. Midazolam can be administered to patients for seizure termination and symptomatic cocaine toxicity. This clinical audit ensures that midazolam is being correctly administered against the PGD. JRCALC has been updated, and there is now national guidance in place.

Termination of Resuscitation in Adults

When patients experience a cardiac arrest, vigorous resuscitation efforts are essential when there is a chance of survival. However, some conditions are incompatible with recovery, making resuscitation futile, and it is crucial for paramedics to be able to accurately identify situations where resuscitation would be ineffective. Recent patient safety incidents include the variations in practice for some patients experiencing pulseless electrical activity (PEA) and delays in requesting assistance. This clinical audit will assess whether the termination of resuscitation is in accordance with the JRCALC guidelines and the LAS Verification of the Fact of Death form.

Low Back Pain (non-traumatic)

In October 2022, new guidelines on the assessment and management of non-traumatic low back pain were published by JRCALC. These guidelines apply to patients over 18 years old with low back pain who have not experienced any recent trauma. This clinical audit aims to evaluate whether patients experiencing this type of back pain are assessed and managed in accordance with JRCALC Clinical Practice Guidelines.

STEMI Care

Complete care bundle delivery to suspected ST elevation myocardial infarction (STEMI; heart attack) patients has remained consistently below 80% for the past 5 years, with analgesia provision to patients experiencing pain being the element with the lowest compliance. Themes from recently reported incidents included: ECGs not always being performed when indicated, ECG misinterpretation leading to missed STEMIs, inappropriate administration of analgesia and inappropriate conveyance decisions. This retrospective clinical audit will determine whether suspected STEMI patients are identified, assessed and managed in accordance with JRCALC Clinical Practice Guidelines and LAS Cardiac Care Policy.

Continuous Quality Monitoring

We are continuously auditing the care provided to three patient groups: those who suffer a cardiac arrest, heart attack (ST elevation myocardial infarction), or were discharged from our care but re-contacted the Service within 24 hours, having severely deteriorated or who died unexpectedly. Findings from these three continuous audits are shared internally, and staff receive feedback to support learning where indicated.

In addition, the Trust regularly monitors compliance with clinical guidelines in relation to the administration of Oramorph, antimicrobials, repeat medications, medications 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 Indicator audit, which, during 2024-25, monitored the care provided to 23 different patient groups. This involved auditing 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.

We have skill-specific CPIs that focus on the care provided by our Advanced Paramedic Practitioners (APPs) specialising in Critical Care 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, through the CPIs, we quality assure the documentation of 2% of all clinical records completed by ambulance clinicians regardless of the patient group/clinical condition. Staff receive individual clinical feedback from these audits, highlighting areas of good practice and those that require improvement.

Glossary

AQI	Ambulance Quality Indicator
CORE20PLUS5	Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
ECG	Electrocardiogram
ePCR	Electronic Patient Care Record
GP	General Practitioner
GTN	Glyceryl Trinitrate
ICS	Integrated Care System
IUC	Integrated Urgent Care
KPI	Key Performance Indicator
LAS	London Ambulance Service
NHS	National Health Service
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
PGD	Patient Group Direction
QI	Quality Improvement
ROSC	Return of spontaneous circulation
STEMI	ST Segment elevation myocardial infarction
TOC	Tactical operations centre

Annual Quality Account

2024/2025

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