



**NHS**

**London Ambulance Service**  
NHS Trust

# Annual Quality Accounts

2025/26







## 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 1** will provide a Quality Statement and the Directors' responsibilities regarding quality.
- **Part 2** showcases our progress throughout the 2025/2026 financial year and outlines our improvement priorities.
- **Part 3** provides information pertaining to our quality infrastructure and feedback from our stakeholders, including our Commissioners and Healthwatch.

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## 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 care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

This year, we received more than 2.2 million emergency 999 contacts and over 2.1 million urgent 111 calls. We provided care to 1.1 million patients face-to-face at the scene and treated more than 330,000 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 includes 999 and 111 call handlers, paramedics and other ambulance practitioners, 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 people and culture, digital and IT, finance, estates, corporate governance and communications.

Our other work includes:

- Planning for, and responding to, major and significant incidents with our emergency service partners.
- Running the NHS Resilience Emergency Capabilities Unit on behalf of NHS England.
- Providing paramedics to work as part of London's Air Ambulance and dispatching it to emergencies.
- 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.
- Working in partnership with partners in London to develop and innovate the use of digital technology and data – including enhancing access to information that supports patient care



# 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.

**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

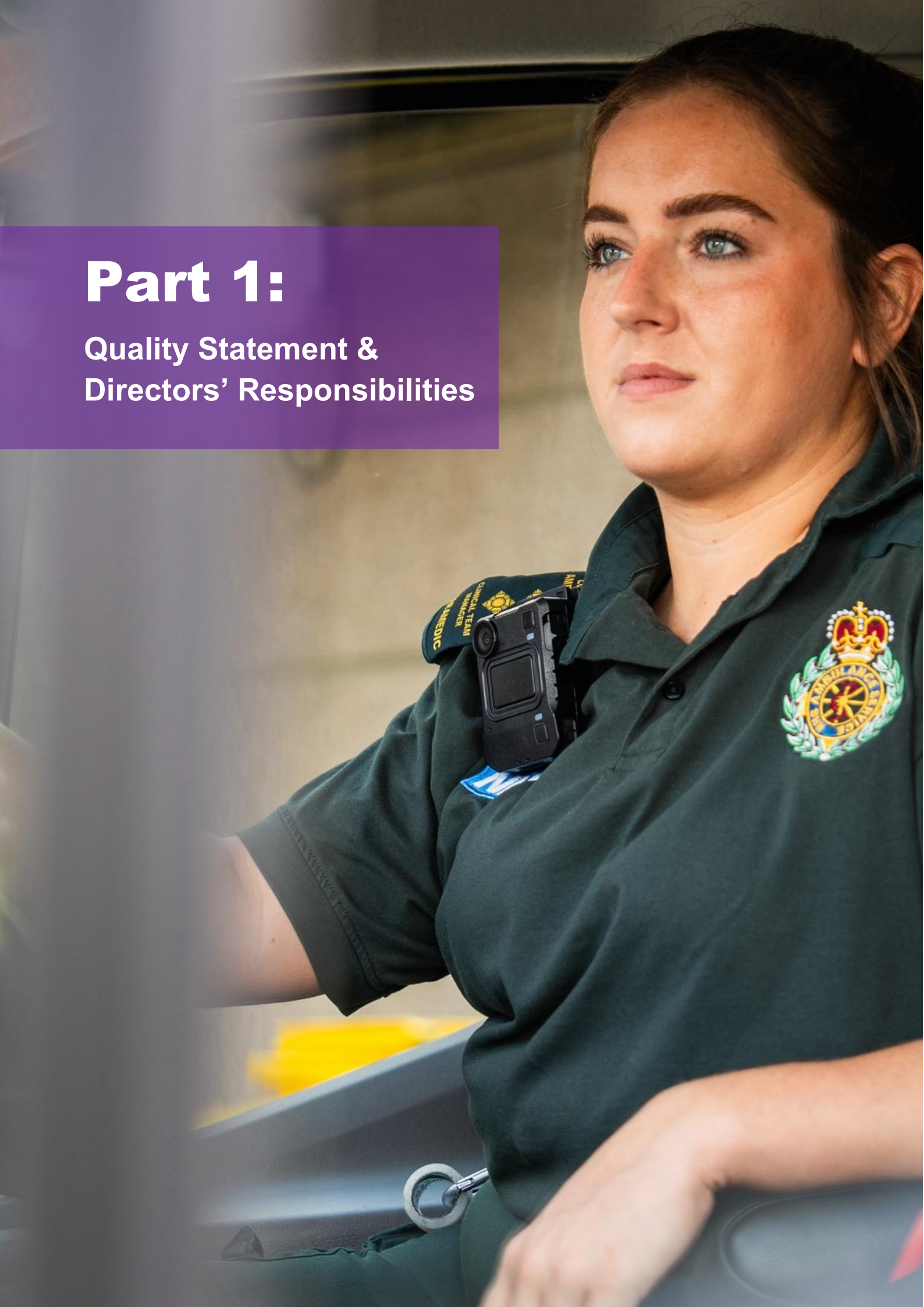
- Equity** be fair, embrace diversity, accept others for who they are
- Inclusive** advocate for others, ask for input, seek out alternative views
- Understanding** be interested in others' feelings, stories and backgrounds
- Appreciative** offer descriptive praise, seek out feedback, value others

## & 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

# Part 1:

## Quality Statement & Directors' Responsibilities



# Care Quality Commission: Inspection and ratings

**Care Quality Commission** Last rated 4 March 2022

## London Ambulance Service NHS Trust

**Overall rating**

Inadequate	Requires improvement	<b>Good</b>	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](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

We were not inspected by the Care Quality Commission during 2025/26 and the CQC has not taken any enforcement action against the Trust during that time. We remain fully engaged with CQC responding to queries and meeting regularly to share information. We have also engaged with the CQC where they have been undertaking inspections of London providers, and our clinicians have been handing over patients. Further details and copies of our past inspection reports are available via this link: [www.cqc.org.uk/provider/RRU](http://www.cqc.org.uk/provider/RRU)

## Foreword and Statement on Quality

We are pleased to present the London Ambulance Service (LAS) Quality Account for 2025/26. This report explains how we have worked over the past year to maintain and improve the quality of care we provide to patients, reflects on our quality priorities and performance, and sets out our plans for the year ahead.

Our commitment is to ensure that every patient receives the right care, at the right time, and in the right place. LAS responds to 999 emergency calls, provides clinical advice and assessment over the telephone through our 'Hear & Treat' services, and delivers face-to-face care through our ambulance services across London. We also provide NHS

111 call handling services in four of London's five Integrated Care System (ICS) areas, as well as Integrated Urgent Care Clinical Assessment services in north east and south east London.

Throughout 2025/26, demand for both our 999 and NHS 111 services remained consistently high, placing sustained pressure on our teams and requiring us to adapt the way we worked to continue prioritising patient safety. While patients with life-threatening conditions were prioritised, we recognise that during periods of exceptional demand some patients, particularly those with less urgent needs, experienced longer waits. We understand the impact this can have and remain committed to learning from these experiences to improve the care we provide. We are pleased to report a significant improvement in Category 2 response times compared with 2024/25, meaning more patients received a timelier response.

During the year, we focused on three quality priorities, each supported by clear measures to help us track progress and improvement. These priorities were shaped by feedback from patients and staff, as well as by insight from our quality, safety and performance data. Progress against these priorities, including the improvements achieved and the challenges that remain, is described in the 'Looking Back' section of this report.



## Part 1: Quality Statement & Director's responsibilities

Quality Priority	KPI's
To safely increase the proportion of patients receiving appropriate clinical assessment and advice through Hear & Treat services, ensuring patients receive the right care, at the right time, in the right setting.	1. To achieve 4% improvement on the 2024/25 year from 19% to 23% across London by the end of the financial year with 21% achieved by the end of Q1 and 22% by the end of Q3.
To improve the availability and reliability of LifePak 15 defibrillators on frontline vehicles, reducing the risk of equipment unavailability during emergency patient care.	2. By March 2026, LAS will reduce incidents relating to the lack of availability of LifePak 15 defibrillators on frontline vehicles.
To improve the quality, consistency and patient experience of care for people living with sickle cell disease, through the delivery of the LAS Improving Sickle Cell Care Plan.	3 By 31 March 2026, LAS will implement and embed a pathway enabling direct access to specialist sickle cell units for eligible patients.
	4 By 31 March 2026, LAS will co-produce and roll out an updated education package for priority clinical conditions, informed by findings from LAS patient engagement activities in 2024/25.

Looking ahead to 2026/27, we will continue to build on this learning, maintaining and further strengthening our focus on quality and safety, and work with our staff and partners to deliver further improvements for patients across London.



## Statement of Directors' Responsibilities

The Executive 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 have 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 2025/26 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 2025 to March 2026
  - Papers relating to quality reported to the board over the period April 2025 – March 2026.
  - 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



Jason Killens KAM  
CHIEF EXECUTIVE

# Part 2:

The Look Back:  
2025/2026 in Review



## Report on the 2025/26 Quality Priorities

The Trust identified three quality priorities for the 2025-2026 financial year. These priorities were developed based on our business plan, feedback from stakeholders, 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 and delivered the quality priorities using a flexible and adaptable approach. Significant progress was made in all elements of these priorities, as detailed in the following sections.

### Priority 1 – Achieved

**To continue to safely increase the proportion of patients receiving appropriate clinical assessment and advice through Hear & Treat services, ensuring patients receive the right care, at the right time, in the right setting.**

To support patients in receiving the right care, at the right time, in the right setting, London Ambulance Service has progressed work during 2025/26 to safely increase the proportion of patients receiving appropriate clinical assessment and advice through Hear & Treat services. This work forms part of the Trust's wider commitment to improving patient experience, reducing unnecessary conveyance to hospital, and ensuring timely access to appropriate care pathways.

At the beginning of the year, the Trust reviewed performance data relating to Hear & Treat activity to understand current utilisation and identify opportunities to strengthen clinical assessment processes. The quality priority set an ambition to achieve 4% improvement on the 2024/25 year from 19% to 23% across London by the end of the financial year with 21% achieved by the end of Q1 and 22% by the end of Q3. Early analysis identified variation in clinical decision-making and opportunities to improve consistency of assessment, strengthen governance arrangements, and support staff in delivering safe and effective remote clinical care.

In response, the Trust implemented a programme of improvement activity including enhanced performance monitoring, targeted communications to staff, and initiatives to strengthen clinical decision-making through guidance and education. Clinical Hub team development sessions were delivered to support Clinical Advisors and Clinical Support Managers, with a focus on upskilling staff to increase safe Hear & Treat activity. Alongside this, ongoing monitoring arrangements were established to track performance and assess the impact of improvement activity.

Performance continued to improve throughout 2025/26, with the Clinical Hub achieving its Hear & Treat objectives in every quarter of the year. The Clinical Hub met all of its targets of 21% in Quarters 1 and 2, 22% in Quarter 3 and 23% in Quarter 4, delivering an overall Hear & Treat rate of 23.5% in Quarter 4 and 22.4% for the full financial year. This demonstrates sustained progress in remote clinical assessment and effective management of patient demand.

Activity levels within the Clinical Hub remained high, with around 24,000 assessments completed in January, 22,000 in February and 25,000 in March. Across Quarter 4, these assessments delivered a Hear & Treat conversion rate of 33%, helping more patients receive timely clinical advice and

appropriate care without the need for ambulance dispatch or hospital conveyance where clinically suitable.

The Trust also continued to support Category 2 streaming / segmentation through the Clinical Hub, improving patient flow and ensuring patients were directed to the most appropriate pathway as quickly as possible. This approach has supported more efficient use of emergency resources while maintaining safe and effective care.

Quality indicators remained strong throughout the year. For the year recontact rates were 2 per 1,000 assessments, incident review rates were 0.7 per 1,000 assessments respectively. Audit compliance remained high with an average of 98% and 19.4 audits per 1,000 assessments being undertaken. In addition, 110 excellence reports were received.

Overall, the progress achieved during the year reflects the impact of structured quality improvement activity, robust data monitoring, staff engagement and targeted training. Leadership development was further supported through a Clinical Hub CSM away day with the senior leadership team, focused on sustaining and improving Hear & Treat performance. The Trust will continue to embed learning, monitor outcomes and further develop Clinical Hub services to ensure patients continue to receive safe, timely and appropriate care.

## Priority 2 – Achieved

### **To improve the availability and reliability of LifePak 15 defibrillators on frontline vehicles, reducing the risk of equipment unavailability during emergency patient care.**

To improve patient safety and ensure the effective delivery of emergency care, London Ambulance Service has undertaken work during 2025/26 to improve the availability and reliability of LifePak 15 (LP15) defibrillators on frontline vehicles, reducing the risk of equipment unavailability during emergency patient care.

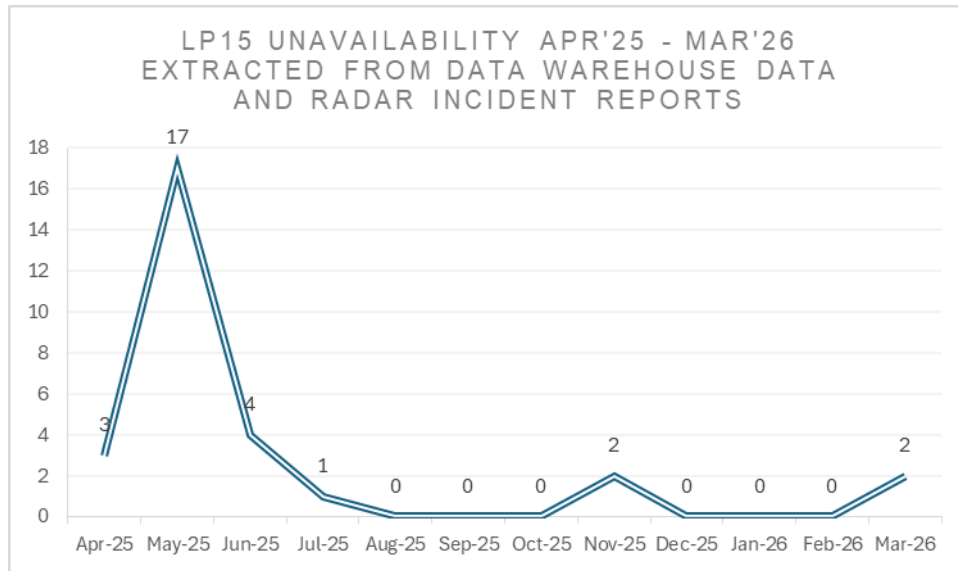
At the start of the year, the Trust reviewed incidents relating to LP15 availability and identified opportunities to strengthen processes for equipment checking, monitoring, and local ownership of devices. Improvement activity focused on ensuring that defibrillators were consistently available for operational crews and that equipment faults were appropriately identified and managed.

A programme of actions was implemented to support improved device availability. This included issuing guidance to staff on checks to be completed prior to returning devices, ensuring that reported faults related to the device itself rather than associated accessories. The Medical Devices Assurance Group has maintained regular oversight of equipment performance, monitoring device failures, decommissioned equipment, and newly purchased devices. In addition, work has been undertaken with operational teams to strengthen local ownership and audit arrangements, including the removal and reallocation of devices where vehicles are moved across sectors or through workshops.

As a result of these interventions, the availability of LifePak 15 defibrillators has significantly improved, with minimal occasions of device unavailability reported by operational crews. This has been supported through enhanced monitoring arrangements and the controlled allocation of LP15 devices to cover planned vehicle requirements, reducing the risk of devices being left unavailable for frontline use.

The Trust continues to manage ongoing challenges associated with equipment reliability and replacement. Between April 2025 and March 2026, monitoring identified that we manage small numbers of issues. The Trust continues to work with relevant teams to manage these risks and ensure sustained availability of critical life-saving equipment.

Figure 1. Shows the number of unavailable LifePak 15 by month between April 2025 – March 2026.



Overall, the work undertaken during the year has strengthened governance arrangements for medical device management, improved oversight of equipment availability, and reduced the risk of defibrillator unavailability during emergency patient care. The Trust will continue to monitor device performance, strengthen local ownership arrangements, and work with operational and corporate teams to sustain improvements in equipment reliability and availability.

### Priority 3 – Achieved

#### To improve the quality, consistency and patient experience of care for people living with sickle cell disease, through the delivery of the LAS Improving Sickle Cell Care Plan.

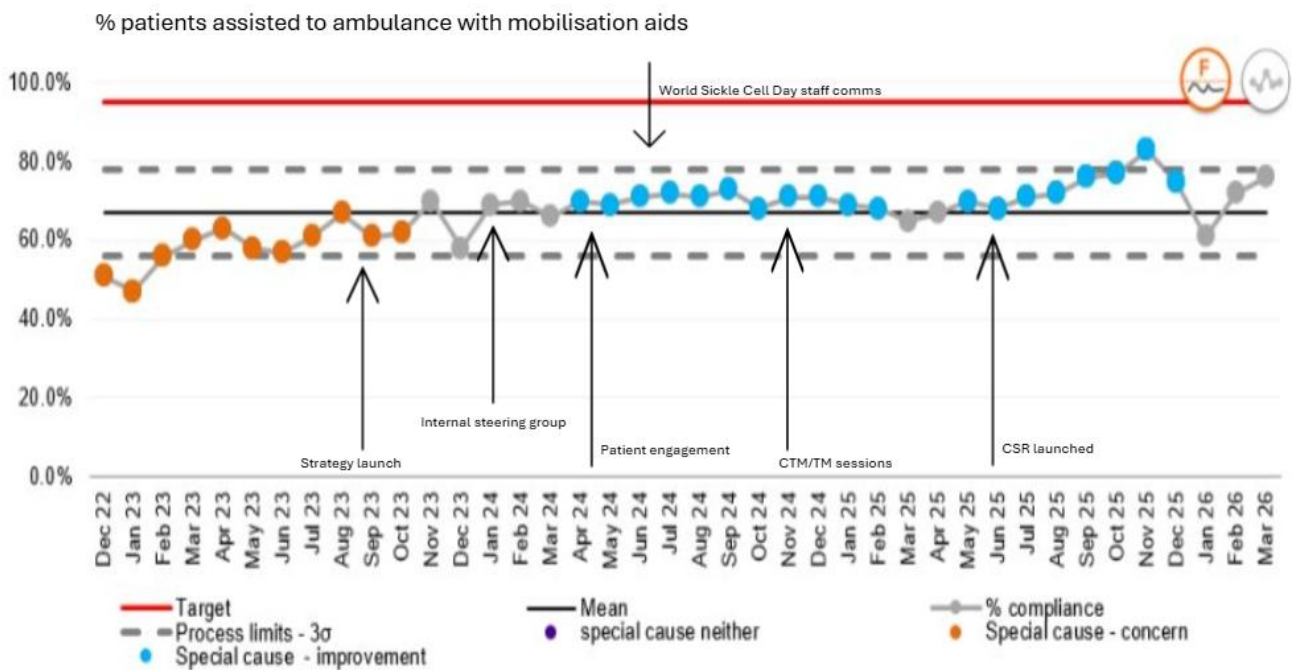
During 2025/26, London Ambulance Service made sustained progress in improving the care provided to patients experiencing sickle cell crisis, with a particular focus on patient experience, reducing health inequalities and ensuring access to the most appropriate care pathways.

A key achievement during the year was the publication of a dedicated Sickle Cell education package for frontline staff. By year end, 91% of frontline staff (5,006 colleagues) had completed the training, which was developed using feedback from patient engagement and included patient video stories, the pathophysiology of sickle cell disease, best practice for managing crisis episodes and the management of conditions complicated by sickle cell disease. In addition, 89% of frontline staff (4,874 colleagues) completed training focused on identifying and reducing health inequalities through practical interventions.

The Trust also expanded direct access pathways to Acute Sickle Cell Units (ASCUs), helping patients experiencing vaso-occlusive crisis receive specialist care more quickly and avoid unnecessary attendance at emergency departments. During 2025/26, more than 500 patients were conveyed directly to ASCUs who would otherwise have attended an emergency department. Two new units opened for direct London Ambulance Service access in south west and south east London. A further unit expanded its acceptance criteria to support all patients in north west London, and clinical and operational agreement was reached for direct referrals for patients in north central London, with implementation activity underway. All four existing units also remained fully engaged.

The Trust continued to monitor quality of care through clinical audit and saw measurable improvement in practice. The proportion of patients supported with mobilisation aids to reduce ischaemia increased from 63% in 2023/24 to an average of 72% in 2025/26, demonstrating improved adherence to best practice and safer patient handling.

Figure 2 – Demonstrates the percentage of patients being support with mobilisation aids



Overall, progress during the year demonstrates the impact of structured quality improvement activity supported by staff education, patient engagement, partnership working and robust performance oversight. Some elements of the wider improvement plan, including national guidance review and ePCR system updates, require additional time due to multiple stakeholder dependencies and will continue to be progressed through 2026/27. The Trust remains committed to sustaining improvement and ensuring patients with sickle cell disease receive safe, equitable and timely care.

## Core Quality Account Indicators Report

### Ambulance Quality Indicator Performance – C1-C4 response

During 2025/26 our position has improved from the previous financial year.

Metric	Standard	Performance	
		Provider 2024-25	Provider 2025-26
C1 Mean	7 minutes	00:07:22	00:06:57
C1 90th Centile	15 minutes	00:12:37	00:11:55
C2 Mean	18 minutes	00:37:39	00:30:16
C2 90th Centile	40 minutes	01:22:28	01:04:01
C3 Mean	60 minutes	01:27:02	01:22:34
C3 90th Centile	120 minutes	03:26:01	03:16:05
C4 90th Centile	180 minutes	05:03:13	05:15:54

The London Ambulance Service considers that this data is as a true and accurate reflection for the following reasons: this data is captured from several sources, such as 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 to provide assurances over the data's accuracy.

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

The Trust submitted the following information to NHS England for the reporting period 2024/25 and 2025/26 regarding the provision of an appropriate care bundle to STEMI patients, patients over 65 age of years who have fallen and been discharged on scene, and those patients resuscitated after cardiac arrest.

	2024-25		2025-26*	
	LAS average	National average (Range)	LAS Average	National average (Range)
STEMI patients	74.8%	79.3% (62.0-96.4)	80.6%	82.6% (57.8-95.9)
Cardiac Arrest Patients**	81.6%	83.4% (66.9-97.5)	78.7%	82.2% (60.5-100)
Elderly Falls Patients	47.2%	46.6% (22.0-91.3)	60.2%	52.5% (22.7-93.0)

\* At the point of preparation of this Quality Account, NHS England published data was available for April to November 2025 (published April 2026)

\*\* Post resuscitation patients only

## Patient safety incidents

The number and rate of all patient safety incident reports during 2024/25 and 2025/26 are as follows:

999 & Ambulance Operations	2024/25	2025/26
Total Patient Safety Incident Reported	10,244	9756
Rate of Patient Safety Incidents/1000 999 contacts (average)	4.88	4.38

111 & Integrated Urgent and Emergency Care	2024/25	2025/26
Total Patient Safety Incidents Reported	2810	2481
Rate of Patient Safety Incidents/1000 111 contacts (average)	2.02	1.40

Patient safety incidents are graded in line with NHS definitions of harm ranging from no harm to death. No harm means the incident reached the patient but caused no injury or adverse outcome. Low harm refers to minimal short-term harm or inconvenience requiring little or no treatment. Moderate harm involves a more significant impact, usually requiring treatment, intervention, or a prolonged recovery. Severe harm describes permanent or long-term harm, major intervention, or life-changing consequences. Death is used where the incident is considered to have caused or contributed to the patient's death.

The number and rate of patient safety incident reports resulting in severe harm or death during 2024/25 and 2025/26 are as follows:

999 & Ambulance Operations	2024/25	2025/26
Total Patient Safety Incident Reported	10,244	9756
Total Patient Safety Incidents – Severe or Death	109	65
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety Incidents (average)	1.06	0.67
111 & Integrated Urgent and Emergency Care	2024/25	2025/26
Total Patient Safety Incidents Reported (111)	2810	2481
Total Patient Safety Incidents – Severe or Death	9*	6
Rate of Patient Safety Severe or Death Incidents /100 Patient Safety 111 incidents (average)	0.32	0.24

Incidents are initially reported with a provisional level of harm by the member of staff or volunteer who raises the concern, based on the information available to them at that time. This early categorisation is intended to support prompt recognition, triage, and appropriate oversight, but it is often made before all relevant facts are known.

All incidents then undergo a full review process proportionate to the nature, complexity, and potential impact of the event. This may include an initial assessment, review of clinical and patient care records,



call recordings, dispatch logs, equipment data, accounts from staff involved, and consideration of relevant policies, guidelines, or expected standards of care. Where required, the review may involve discussion with operational managers, clinical leaders, specialist teams, or partner organisations. For incidents involving a patient death, additional processes may apply, such as referral into the organisation's Learning from Deaths framework or a more detailed patient safety investigation under the Patient Safety Incident Response Framework.

As further evidence is gathered and the circumstances become clearer, the original categorisation may be revised. This can include changes to the recorded level of harm, contributory factors, incident type, or whether the event meets criteria for a more detailed learning response. It is therefore common for harm levels to increase, decrease, or remain unchanged during the review process which reflects an improved understanding of the incident.

The data above was captured on the Trust's risk management system Radar, which was implemented as the new risk and quality management system in March 2025.

The Trust continues to demonstrate a strong reporting culture, with incident reporting showing a gradual upward trend across the year. Monthly reports increased from 902 in April 2025 to just over 1,100 by late 2025 and January 2026. While there is some expected month-to-month variation (for example, a dip in June, August and early 2026), the general trajectory is one of gradual increase, with reporting stabilising at just over 1.0–1.1k incidents per month in the latter part of the year.

This pattern is consistent with improved staff engagement and confidence in reporting processes rather than indicating a deterioration in safety performance. The Trust continues to encourage

transparent reporting in line with Just Culture principles and the NHS Patient Safety Incident Response Framework (PSIRF).

Analysis of incident types indicates that most learning opportunities arise from system and pathway issues. The largest single category across the Trust relates to concerns regarding external providers (17.9%), highlighting the ongoing risks associated with system interfaces and patient handovers across urgent and emergency care pathways. Equipment-related incidents also represent a significant theme; when the categories *Equipment – Medical* and *Medical equipment* are combined, they account for approximately 17% of all incidents. This has informed targeted work programmes focused on equipment availability, reliability and assurance. Dispatch and call handling (9.7%), communication, care and consent (8.3%), and clinical treatment (8.4%) remain important areas of focus.

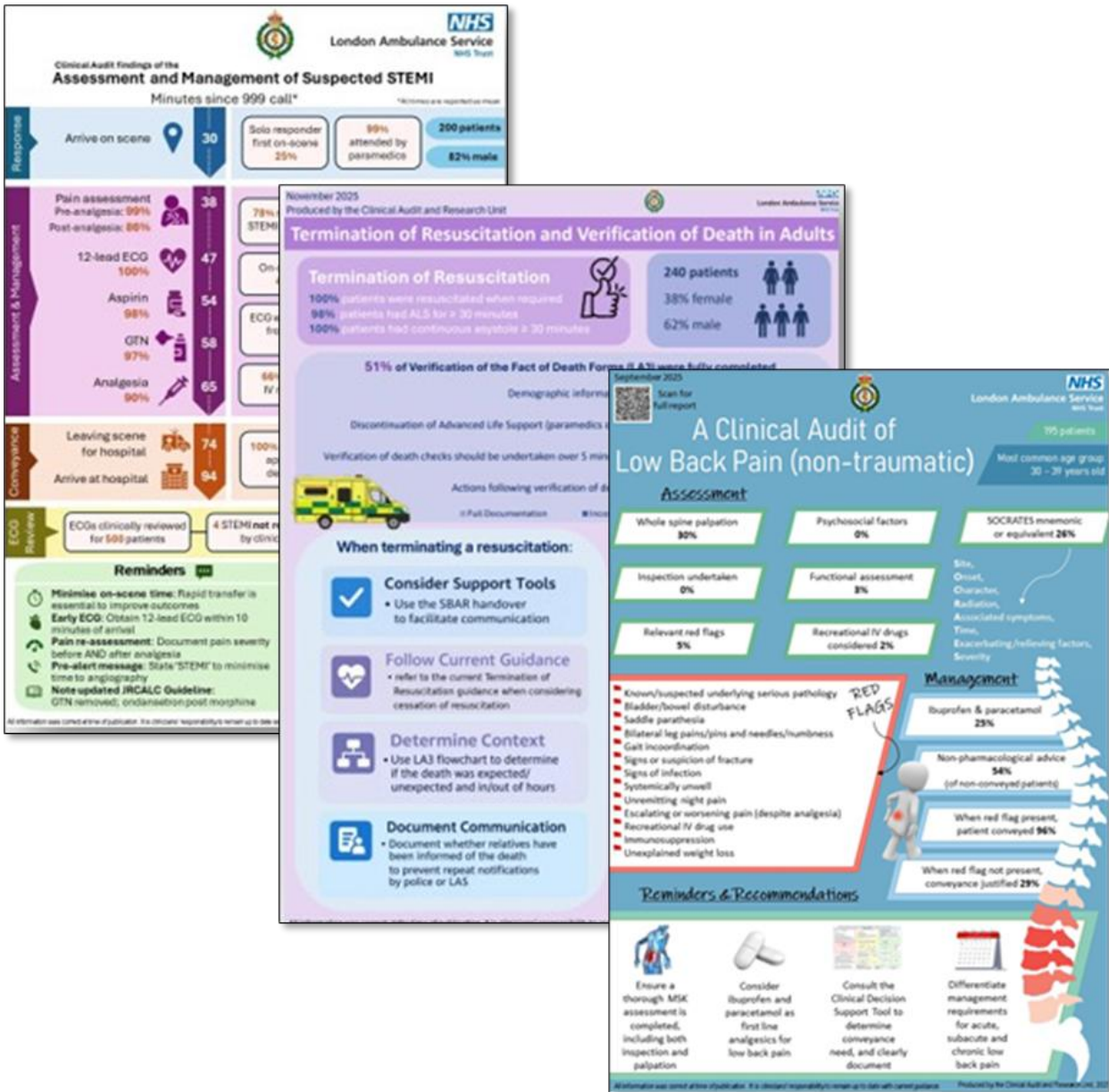
The harm profile remains predominantly low or no harm. Across the reporting period, around 87% of incidents were recorded as no harm and approximately 11% as low harm. Moderate, severe and death incidents together represent a small proportion of overall reporting and are reviewed in line with PSIRF. An increase in higher-harm classifications is noted in the most recent two months; however, this reflects strengthened review processes and post-investigation harm reclassification rather than a confirmed deterioration in patient safety. Severe harm incidents remain rare.

The Trust continues to embed PSIRF and systems-based learning to ensure that incident data is translated into meaningful improvement. Priority areas include cross-system working with external providers, strengthening equipment assurance, and improving communication and dispatch processes. Ongoing triangulation of incident data, thematic reviews and learning responses will support the Trust to monitor emerging risks and deliver sustained improvements in patient safety.

### **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 2025/26, we examined the care provided for a wide range of conditions including cardiac arrest, acute coronary syndromes, severe sepsis, difficulty in breathing, mental health, sickle cell crisis, end-of-life care, back pain, acute behavioural disturbance, falls, termination of resuscitation and medicines administration. We also continued to audit the quality of care and decisions made for patients who were discharged from our care (see Appendix 1).

In addition to the clinical audit programme, the Trust also undertakes infection prevention and control, information governance and safeguarding audit activity.



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. We have, this year, partnered on the NIHR South London Health and Care Professionals Internship Programme, supporting research career development across the full range of research-related career aspirations and developing collaborative partnerships and networks.

## National clinical audit

During 2025/26, 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 2025/26 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 older patients attended after a fall

The national clinical audits that the Trust participated in, and for which data collection was completed during 2025/26, 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, 463	100%
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	8,061	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital b) Overall group b) Utstein comparator group	a) 2,861 b) 341	100%
NHS England AQI: Outcome from cardiac arrest – 30-day survival b) Overall group b) Utstein comparator group	a) 2,820 b) 337	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)	450	100%
NHS England AQI: Outcome from acute STEMI b) Time from call to angiography for confirmed STEMI patients: Mean and 90 <sup>th</sup> centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 1,107 b) 871	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, NHS England AQI data were available for April to November 2025, and OHCAO data up to October 2025.

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 2025/26 and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 1).

## Research

Our research program continued to perform strongly (see Appendix 2). We are collaborating on several current bids for funding and have had fourteen publications in peer-reviewed scientific journals, as well as presenting at international conferences.

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1<sup>st</sup> April 2025 to 31st March 2026 that were recruited during that period to participate in research approved by a research ethics committee was 311. In addition, 125 staff participated in NIHR portfolio studies as participants.



## Looking Forward: Our Quality Priorities for 2026/2027

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

In identifying these priorities, we have considered:

- Our progress against the 2025/26 quality priorities
- 2026/27 clinical audit plan
- 2026/27 business plan priorities
- 2026/27 PSIRP local 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 five quality priorities for 2026/27 are:

1. Clinical Equipment – Reduce incidents relating to the lack of availability and failure of equipment
2. Improve Cardiac Arrest Care – Improve outcomes for out of hospital cardiac arrests – ROSC 33%
3. Vehicle Deep Cleaning Compliance – Increase vehicle deep cleaning compliance across the Trust.
4. Listening to our patients – Implementation and embedding of patient feedback.
5. Access to alternative care pathways – Increase referrals from IUC to “Pharmacy First”.

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 quarterly basis throughout the year to ensure we deliver meaningful improvement on each objective. The priorities are also aligned to the 2026/27 Business Plan. A full report will be included in the annual Quality Account for 2026/27.

# Part 3:

Further information on  
quality and improvement



### Clinical Quality Transformation Programme

During 2025/26, London Ambulance Service (LAS) made significant progress in transforming its operating model, building on the programme that began in 2022. As part of this, LAS completed a comprehensive review of its Clinical and Quality functions to ensure they are aligned to the Trust's strategic priorities and future sustainability. This work has already delivered clear improvements. Governance and incident response processes have been streamlined to better focus on statutory, regulatory and contractual requirements, while duplication and administrative burden have been reduced. Meetings and reporting arrangements have been simplified, and the use of technology and automation has increased to reduce manual processes. Reporting has also been strengthened through the consolidation of reports, improved access to data, and the development of system 'super users'.

Collectively, these changes have improved efficiency, clarified accountability, and strengthened the Trust's ability to deliver safe, high-quality and sustainable services.

### Integrated Care Co-ordination Hubs

The urgent and emergency care system can often feel fragmented and difficult to navigate for both patients and ambulance clinicians, with variation in service operating hours, differing referral criteria and fluctuating capacity across providers.



This can make it challenging for crews to identify appropriate alternative services, frequently resulting in avoidable conveyance to hospital, delays in care, inefficiencies, poorer patient experience and potential adverse outcomes.

To address these challenges, Integrated Care Coordination (ICC) Hubs were established following extensive collaboration with system partners during 2025/26. Five hubs are now operational across London, providing ambulance clinicians with rapid access to multidisciplinary teams and local care pathways. The co-location of Emergency Department clinicians, General Practitioners, Advanced Paramedic Practitioners and Urgent Community Response teams enables timely clinical assessment, improved access to hospital records, and early senior clinical decision-making, supporting safer care and enabling more patients to be managed appropriately in community settings.

Between August 2025 and January 2026, the ICC hubs managed approximately 6,300 cases and supported 2,756 patients to safely avoid unnecessary Emergency Department attendance, with 91% of referrals achieving successful outcomes. Early feedback from paramedics indicates improved patient outcomes, and as the model continues to develop with expanded referral options, further benefits for patient safety, experience and system efficiency are anticipated.

### Tortus (Ambient Voice Technology)

London Ambulance Service has piloted the use of Ambient Voice Technology within its Clinical Hub to improve efficiency, patient care and clinician experience. The artificial intelligence (AI) tool listens to and securely transcribes conversations between clinicians and patients, automatically generating structured clinical notes which are reviewed and approved by clinicians prior to submission. This has reduced the time required for documentation, enabling clinicians to focus more fully on patient assessment and increasing the number of patients treated per shift. As part of the pilot, outcomes for

## Part 3 – Further information on quality and improvement

clinicians using the technology were compared with those not using it, with no patient safety incidents identified.

The system is fully compliant with NHS England medical device requirements, with no patient information stored or used to train the technology, ensuring data security and confidentiality. Since implementation, the pilot has demonstrated a 13.4% increase in patients treated per shift, equating to approximately 200 additional patients, alongside positive feedback from staff, particularly those with dyslexia. The initiative supports improved productivity, enhanced patient experience and safer clinical decision-making while maintaining robust governance and information security standards.



### **RADAR – Quality Management System**

During 2025/26 the Trust continued to develop Radar as its organisational Quality Management System (QMS), creating a single, integrated platform to support the management of risk, incidents, audit and quality improvement activity. This work represents a significant step in strengthening governance arrangements and improving organisational oversight of quality and safety. As part of implementation, non-clinical audit activity has been migrated onto the system, enabling more consistent monitoring, reporting and tracking of compliance across corporate services. Bespoke event reporting processes have also been developed for Emergency Preparedness, Resilience and Response (EPRR) services, ensuring that risks and learning relating to major incidents and resilience planning are captured and managed effectively. In addition, the Freedom to Speak Up (FTSU) function has been incorporated into Radar, providing improved visibility of themes, concerns and organisational learning.

The development of a single system is intended to improve triangulation of information from multiple sources, including incidents, audits, risks and staff feedback, supporting earlier identification of emerging themes and more effective decision-making. By bringing quality and governance processes together within one platform, the Trust aims to strengthen assurance processes, enhance organisational learning and support continuous improvement. As implementation progresses, the system is expected to deliver further benefits through improved reporting capability, greater transparency and more robust monitoring of quality and safety across services.

### Learning Loft

During 2025/26 the Trust progressed the development of the Learning Loft, a centralised “one-stop shop” designed to strengthen organisational learning, quality improvement capability and staff development. The Learning Loft provides a structured and accessible space where staff can access key resources, including sector learning bites, a weekly recap newsletter, standard operating procedures, templates and guidance to support consistent practice and continuous improvement. The initiative brings together learning from incidents, patient safety events, quality improvement activity and wider sector developments, enabling staff to remain informed of emerging themes, best practice and service improvements.

The Learning Loft supports the Trust’s commitment to fostering a positive learning culture by promoting shared learning, reflective practice and the dissemination of knowledge across teams. By providing a central hub for resources and organisational intelligence, it aims to improve accessibility to information, support staff in applying learning to frontline practice and strengthen consistency in processes and decision-making. The development of the Learning Loft is expected to enhance staff engagement, support continuous professional development and improve the Trust’s ability to embed learning from experience into service delivery, contributing to safer care, improved patient outcomes and stronger organisational performance.

### Use of Team Huddles for Corporate Communication, Local Learning and Staff Support

Team huddles continue to provide an important mechanism for communication, learning and engagement across operational teams. Trust wide information is routinely shared through huddles and, as a general guide, is intended to occupy no more than one third of the allocated time, enabling the majority of each session to be focused on locally led priorities. This creates valuable space for Clinical Team Managers and Team Managers to deliver place-based content such as operational and clinical updates, clinical scenario learning, training, staff welfare and wellbeing, and local support messages tailored to team needs.

During 2025/26, review of the huddle tracker identified consistent recording of centrally issued updates, including topics such as mental health, maternity and clinical matters. This has provided assurance regarding dissemination of key corporate messages. Opportunities have been identified to further strengthen the capture of locally delivered huddle content, which will support greater visibility of local learning activity, quality improvement initiatives and sharing of best practice across operational areas. Collaborative working across the operational and clinical quality managers will further develop the range of locally delivered sessions as an effective staff engagement and learning tool.

### Trolley Bed Task and Finish Group

The Trolley Bed Task and Finish Group was established in August 2025 to design and implement a reliable solution to increase trolley bed availability across the Trust in preparation for winter pressures. The initiative builds on learning from Winter 2024/25 and the introduction of W45, with the aim of simplifying processes, preventing ambulances from operating without a trolley bed, improving patient experience during hospital handovers, and reducing delays in responding to calls within the community.

A key issue identified from Winter 2024/25 was the lack of visibility regarding the location of trolley beds once they were left at hospital sites. This resulted in operational challenges, including situations

where crews responded to incidents without essential equipment. To address this, all trolley beds across the Trust are being assigned individual barcodes, enabling them to be tracked and located through the Central Asset Management System. In addition, the Out of Service policy has been updated to ensure that vehicles without a trolley bed are taken off the road and directed to obtain one through the Production Hub.

A Multi-Disciplinary Team (MDT) review conducted in June 2025 identified an emerging theme of missing trolley beds and carry chairs, prompting further improvement activity. A task and finish group comprising key stakeholders was subsequently formed to coordinate actions and implement changes. Improvement measures have included detailed process mapping, revision of the Out of Service policy, the tagging of approximately 300 trolley beds with barcodes to support tracking, and Trust-wide staff training to support implementation. The Trust has also explored waterproof cover options to protect trolley beds stored outside emergency departments and reduce damage.

### Quality Improvement: Back to Base on Time' Project

In October 2025, the Quality Improvement (QI) team led a five-day Rapid Process Improvement Workshop (RPIW) in response to concerns about frequent late finishes on double-crewed ambulances (DCAs). The review focused on the final two hours of shifts, using live operational data and QI methodology to understand delays. It also identified pressure within the Emergency Operations Centre (EOC), where available DCA resources reduced during handover periods.

An RPIW is an intensive event where frontline staff work together to identify issues, test solutions, and implement improvements in real time. Colleagues from Friern Barnet, EOC teams, and key stakeholders took part.

Several changes were trialled, including: assigning a dedicated role to monitor calls needing a Multiple Attendance Requirement (MAR), improving cross-team understanding through training and huddles, and introducing a “roll-back” process allowing crews to return to base after their final job during post-patient handover time.

Following a 90-day review, the pilot site saw reduced out-of-service time and lower incidental overtime compared with the previous year. Measures such as job cycle time, patients per shift, and handover durations remained stable, with no adverse patient safety incidents identified.

Staff confidence also improved significantly: confidence in finishing within 30 minutes of shift end rose from 20% to 78%.

Following the success at Friern Barnet, the Roll-Back initiative has expanded across North Central, with Trust-wide rollout planned for Q1 2026/27.

### Quality Improvement Conference, March 2026

With over 100 tickets allocated, the LAS Quality Improvement Conference 2026, Embracing Change through Continuous Improvement, brought colleagues together from across the Trust alongside 5 external speakers from the wider NHS to share learning, build capability and strengthen our culture of improvement.

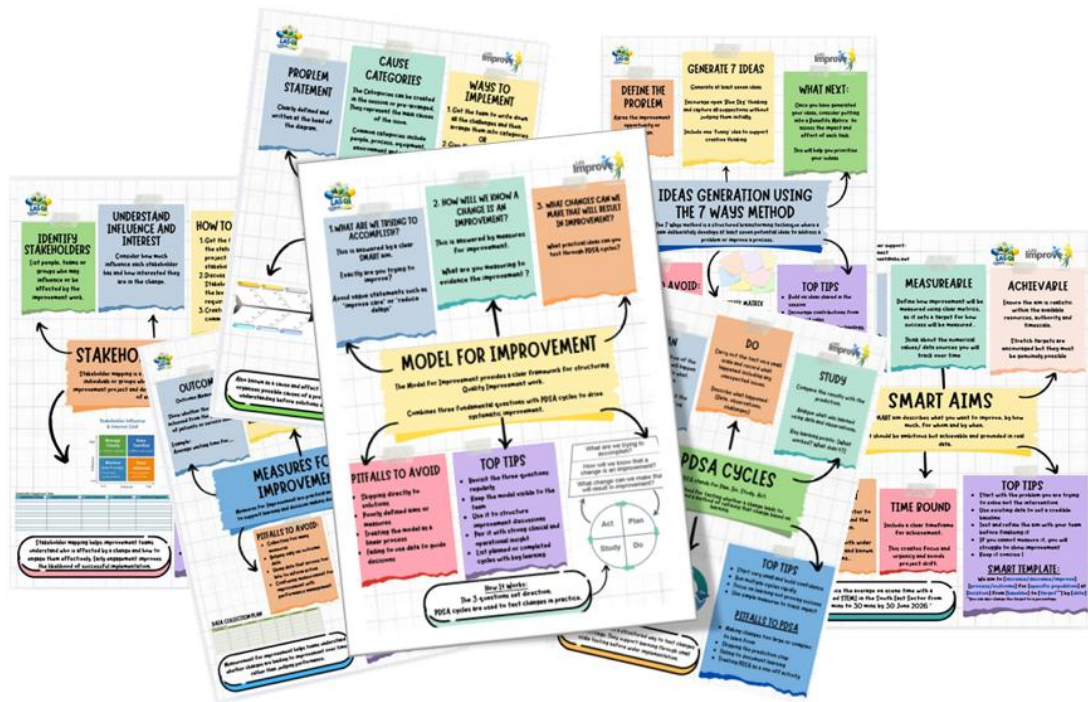
The conference showcased practical examples of Quality Improvement (QI) in action, reinforced the value of collaboration and demonstrated how structured improvement approaches can address

## Part 3 – Further information on quality and improvement

operational and patient-focused challenges. Reflections from real LAS projects and external perspectives, were consistently cited as valuable and immediately applicable.

Participant feedback highlighted a positive impact on confidence and mindset towards improvement alongside strong praise for a well-organised programme.

Collectively, the conference has helped embed improvement as everyday practice and build momentum for continued, staff-led change across the Trust.





## West and North London

08 May 2026

West and North London ICB  
15 Marylebone Road  
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NW1 5JD  
0203 198 9743

### **NHS West and North London Integrated Care Board Statement London Ambulance Service NHS Trust**

West and North London ICB London Integrated Care Board (WNL ICB) has worked closely with the London Ambulance Service (LAS) NHS Trust throughout 2025/26 and welcome the opportunity to review and respond to the 2025/26 Quality Account which was received on 05 May 2026.

We are acutely aware that you are currently operating in an environment of unprecedented pressure. Whether it is managing the complexities of evolving patient needs, navigating resource constraints, or maintaining the highest standards of safety amidst rising demand, the challenging circumstances you face daily do not go unnoticed. Despite these hurdles, your commitment to delivering high-quality, safe care remains unwavering. It is your expertise and resilience that ensure our patients receive the dignity and treatment they deserve.

Throughout 2025/26, LAS achieved a significant increase in the proportion of patients receiving appropriate clinical assessment and advice through 'Hear & Treat' services, resulting in more patients receiving timely advice and reduced unnecessary transfers to hospital.

We commend the support for frontline staff to complete the sickle cell education programme. Increased knowledge among frontline LAS staff and the expansion of direct access pathways enabling patients with sickle cell disease to bypass emergency departments and be admitted directly onto a specialist unit for care, has resulted in better care for these patients.

LAS have continued to see a decrease in the number of patient safety incidents reported across both 999 and 111 services, along with a continued decrease in the rate of severe harm and deaths, reflecting a strong safety culture and effective incident management.

Ambient voice technology was piloted by LAS during 2025/26; this has allowed clinicians to more time to focus on patient assessment and increase the numbers of patients treated. We are very supportive of the use of technology that support staff to spend more time assessing and treating patients and improving their experience of care.





## West and North London

Throughout the year, both 999 and 111 services experienced consistently high demand, leading to pressure on resources and longer waits for some patients with less urgent needs.

High operational pressures and late finishes for crews highlighted the need for continued focus on staff support, wellbeing, and efficient shift management.

Some improvement initiatives, such as national guidance reviews and electronic patient care record updates, faced delays due to multi-stakeholder dependencies.

On behalf of WNL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the quality priorities for 2026/27 especially the priority to Implement and embed robust patient feedback mechanisms to inform service improvement and ensure patient voices shape care delivery, along with increasing referrals from Integrated Urgent Care to the 'Pharmacy First' scheme.

We look forward to working closely with the London Ambulance Service on improvement initiatives to build on the provision of safe and effective services for our patients.

Yours faithfully,

Jennifer Roye  
**Chief Nurse Officer**  
**NHS West and North London**  
Email: [j.roye1@nhs.net](mailto:j.roye1@nhs.net)





**NHS South West London**  
Integrated Care Board

Fergus Keegan  
Deputy Chief Nursing Officer  
South West London ICB  
3<sup>rd</sup> Floor, 120 The Broadway  
Wimbledon SW19 1RH

Date 21<sup>st</sup> May 2026

Dear Darren

**Re: London Ambulance Service (LAS) Quality Account 2025/2026**

Thank you for sharing the Trust's 2025/2026 Quality Account with South West London Integrated Care Board (SWL ICB). Having reviewed the report, we are pleased to see the continued progress made in maintaining high-quality care standards.

It is evident that the Trust has undertaken a substantial improvement programme over the past year to enhance outcomes for both patients and staff, aligned with the ambitions set out in the LAS Strategy (2023–2028). The ICB commends the Trust for its progress in service improvement, particularly the implementation of Integrated Care Co-ordination (ICC) Hubs, which have strengthened multidisciplinary decision-making and access to alternative pathways, supporting better patient outcomes across London. Initiatives such as the Quality Improvement Conference and the Learning Loft have also contributed to shared learning, staff development and the dissemination of best practice.

The ICB also notes the strong progress made in modernising the operating model and strengthening governance through the Clinical Quality Transformation Programme and the ongoing development of the RADAR Quality Management System, improving organisational oversight and alignment with strategic priorities.

**Quality priorities for 2025/2026**

The ICB congratulates the Trust on achieving all three quality priorities for 2025/2026. This reflects significant progress across key areas, including improving the proportion of patients receiving appropriate clinical assessment through 'Hear & Treat,' services, increasing the availability and reliability of LifePak 15 defibrillators on frontline vehicles, and enhancing the quality of care for people living with sickle cell disease.

**NHS England Ambulance Quality Indicator (AQI) Performance**

The ICB notes that national clinical audits, including AQIs, provide assurance and effective benchmarking, and commends the Trust for improved performance, including outcomes for elderly falls patients - particularly those aged over 65 who have fallen and been discharged on scene (47.2% in 2024/25 to 60.2% in 2025/26), now exceeding the national average - as well as increased STEMI care bundle compliance (74.8% in 2024/25 to 80.6% in 2025/26).

**Quality priorities for 2026/2027**

For 2026/2027, we acknowledge the Trust has identified the following quality priorities:



**NHS South West London**  
Integrated Care Board

1. Clinical Equipment – reducing incidents relating to the lack of availability and failure of equipment
2. Improving Cardiac Arrest Care – Improving outcomes for out of hospital cardiac arrests – ROSC 33%
3. Vehicle Deep Cleaning Compliance – Increasing vehicle deep cleaning compliance across the Trust
4. Listening to our patients – Implementing and embedding of patient feedback.
5. Accessing alternative care pathways – Increase referrals from IUC to “Pharmacy First”.

We would like to suggest that the Trust considers the following within its agreed priorities:

**Addressing health inequalities:** The Trust has outlined its commitment to reducing health inequalities experienced by Londoners is a key commitment within the LAS five-year strategy, the Trust may wish to consider further strengthening how this focus is embedded across existing quality priorities.

**Improving transitions of care:** The Quality Account highlights that a significant proportion of learning from safety incidents relates to system and pathway issues, particularly involving external providers, the Trust is advised to consider how its 2026–2027 priorities can further reduce risks at system interfaces and strengthen patient handovers across urgent and emergency care pathways.

**Data-driven, system-based learning:** Given the Trust’s ambition to continue embedding PSIRF and systems-based learning, this could be augmented by the 2026–2027 priorities incorporating the use of population health intelligence to strengthen system-level learning.

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

Kind Regards,

**Director of Quality – Kingston and Richmond**  
**Acting Chief Nursing Officer SWL ICB**  
**NHS South West London**  
**South West London Integrated Care System**

## Appendix 1: Clinical audit activity and learning outcomes

### National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2025/26 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 triage decisions, clinical care, and response times
- Delivered training sessions for clinical team leaders and team managers with an emphasis on clinical care and time on scene
- Raised awareness of the audit findings and areas for improvement via a range of internal platforms and media
- Aligned the national ambulance quality indicator metrics with our internal auditing systems to allow individualised feedback to clinicians.

### Clinical audit projects

The reports of **six local clinical audits** were reviewed by the provider in 2025/26 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:

#### ➤ Paramedic administration of midazolam

- Requested that the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) revise their guidance so that it includes the management of focal seizures that evolve into bilateral tonic clonic seizures
- Updated the local Midazolam Patient Group Direction (PGD) to align with the JRCALC Guideline and the findings of the clinical audit, and clarified whether a suspected seizure prior to LAS arrival should be considered when determining whether midazolam is indicated
- Recommended education for clinicians on the definition of focal seizures, psychogenic seizures and the importance of giving advice not to drive or operate machinery
- Recommended consideration of adding fields into the electronic patient care record (ePCR) for seizure start and finish times and a prompt to encourage documentation of patient's weight.

#### ➤ Assessment and management of non-traumatic low back pain

- Recommended education for clinicians regarding muscular skeletal assessment, including palpation, inspection and functional assessment
- Recommended further clarification for the JRCALC Guideline specifically regarding the need for blood glucose assessment, use of equivalent pain assessment mnemonics, red flag symptoms, assessments outside of paramedic practice, and differentiating requirements for acute, subacute and chronic low back pain
- Considered ways to make codeine administration available for appropriate patients

- Provided further evidence for the use of advice slips or emails with relevant information to be given to patients when discharged on-scene
  - Recommended a checklist to promote consistent documentation.
- **Termination of resuscitation and verification of death**
- Provided an update for our clinicians reminding them about the importance of structured handover of information to ensure efficient and effective communication and the necessity of full and complete documentation
  - Refreshed the verification of death form to separate expected and unexpected death workflows and removal of fields that are unnecessarily duplicated elsewhere in the clinical record.
- **Assessment and management of ST-segment elevation myocardial infarction (STEMI)**
- Updated our local STEMI Guidance in line with JRCALC revisions and asked JRCALC Guideline Developers to clarify the recommended analgesic options for all pain severity levels
  - Recommended evaluation of electrocardiogram (ECG) interpretation content delivered by partner universities
  - Suggested the possibility of including ECG interpretation as part of the pre-employment assessment process for paramedics
  - Recommended that clinical support options for ECG interpretation is further explored
  - Recommended that fields are added to our continual audit to determine whether ECGs are being done and interpreted correctly.
- **Administration of medicines by Emergency Responders**
- Delivered education to our volunteers regarding correct drug dose documentation and post-administration observations.
- **Administration of alteplase**
- Provided further evidence for the need to document patient weight on the clinical record
  - Recommended a continuous audit of medicines administered under PGDs via our Clinical Performance Indicator (CPI) process.

In addition, a further **seven local clinical audits** are in progress (started in 2025/26), as well as a programme of continuous clinical audit:

➤ **Management of Acute Behavioural Disturbance (ABD)**

Acute Behavioural Disturbance (ABD) is a clinical presentation characterised by abnormal behaviour and physiology and has a variety of potential triggers. Early recognition and treatment of ABD may improve patient outcomes. Although the on-scene management of ABD by the Advanced Paramedic Practitioners in Critical Care (APP-CC) is audited, this is the first clinical audit examining the Service-wide identification, assessment, and management of ABD by both the Emergency Operations Centre (EOC) and on-scene.

### ➤ **Overdose and Poisoning in Children**

In 2024, we treated more than 2,000 paediatric patients for overdose or poisoning. A previous clinical audit of overdose management focussing on adult patients identified learning that was likely also relevant to the under-18 population. Additionally, in 2024 the JRCALC “Overdose and Poisoning in Adults and Children” guideline was updated and included a new management algorithm. As a result, this clinical audit evaluates current LAS practice for under-18s to identify areas for improvement and ensure alignment with national clinical guidelines.

### ➤ **Hear & Treat Worsening Advice**

Paramedics within our Clinical Hub assess 999 patients over the phone and, if they do not require ambulance transportation to hospital, direct them to the most appropriate care. This model supports safe and effective management of patients whose conditions are not immediately life-threatening and can be handled through worsening care advice or onward referral to alternative healthcare services. Specific worsening care advice is essential when closing calls, particularly those involving self-care guidance, to ensure patient safety and reduce the risk of adverse outcomes. Given the high volume of Hear & Treat calls and the potential implications for patient safety, we are formally auditing the provision of worsening advice.

### ➤ **Hyperventilation Syndrome (Panic Attack)**

As hyperventilation syndrome is diagnosed by exclusion, other physiological causes and potential presentations need to be ruled out before determining the patient is suffering from hyperventilation syndrome. This audit will examine patients being managed with this diagnosis with particular emphasis on thorough history-taking and assessment to exclude other pathologies.

### ➤ **Termination of Resuscitation and Verification of Death in Children**

Fewer paediatric deaths require verification by ambulance services in comparison to adult deaths. For most children in cardiac arrest, conveyance to hospital is emphasised as the priority and as such, withdrawal of advanced life support is only expected to take place in rare circumstances. As the need to verify the death of a child is uncommon, this audit will seek assurances that this process is being undertaken in line with established guidelines and guidance from HM Coroner.

### ➤ **Hypothermic Cardiac Arrest**

The audit is being undertaken as a result of a number of guideline changes regarding the management of hypothermic cardiac arrest.

### ➤ **Major Head Injuries**

In 2024, both the JRCALC Head Injuries Guideline and the LAS’s Tranexamic Acid PGD were updated. This clinical audit aims to assess the clinical assessment and treatment of patients who were found to have a major head injury in hospital.

## **Continuous quality monitoring**

We continuously audit 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 London Ambulance Service within 24 hours having severely deteriorated or who died unexpectedly. Findings from these audits are reported monthly, quarterly and annually, and shared internally and staff receive feedback to support learning where indicated.

### **Medication Audits**

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 Indicator audits which, during 2025/26, monitored the care provided to 23 different patient groups. This including 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, older 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 medicine administration, as well as paediatric assessment, abdominal pain, transient loss of consciousness, headache, wound care, and palliative and end-of-life care. Additionally, our Mental Health Team audit the detailed mental health assessments they undertake for their patients.

Finally, through the CPIs we quality assure of 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 in need of improvement.

### **National End of Life Clinical Audit**

The LAS are leading the National End-of-Life Care Clinical Audit. This clinical audit aims to improve understanding of the reasons ambulance services are contacted for patients believed to be in the end-of-life phase (defined as being within the last year of life and living with a long-term or advanced irreversible condition). It will examine the care provided against JRCALC guidelines, including consideration of patient preferences, symptom management, use of anticipatory medications, and shared decision-making.

Each Trust is required to submit data relating to 300 eligible patients from January 2025 onwards (or fewer where this number cannot be reached). Data collection has commenced across participating Trusts. Following completion of submissions, the LAS clinical audit team will undertake analysis of the national data and draft the final report.

### **Infection Prevention and Control**

Maintaining high standards of cleanliness is essential in all health and care settings. This is a statutory requirement within the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections. The LAS key performance indicators (KPIs) are designed to measure elements

of cleanliness and practice. This supports patient safety by identifying areas of risk and implementing mitigations to prevent healthcare-associated infections (HCAIs). All operational and support services are responsible for data management and implementing quality assurance measures for improvement. The IPC KPIs are as follows:

- Operational Workplace Reviews (OWR) – Hand hygiene audits are conducted by Operational teams/managers when undertaking OWRs for front-line staff
- Vehicle Preparation – Ambulance vehicles that transport patients are required to undergo a deep clean every six-weekly basis
- Ambulance station/workplace environment – audited by the local area monthly for standards of cleanliness

In addition, a robust audit validation programme is undertaken by the IPC team to validate the data submitted by the local teams. These audits provide additional assurance and scrutiny on IPC practices and the cleanliness of patient environments.

## **Safeguarding**

The LAS Safeguarding Team undertakes a range of recurring annual audits, including reviews of training feedback and referral quality. To support the evaluation of referral quality, we have developed a suite of audit tools for all team members to complete regularly, ensuring a consistent and structured approach. This has contributed to the ongoing development of our safeguarding practice, particularly in maintaining and improving the quality of referrals.

In addition to these routine audits, we carry out targeted reviews based on emerging themes. These themes are identified through learning from safeguarding statutory reviews we have contributed to, as well as internal learning reviews. Previous examples include audits on Born Before Arrival cases and Paediatric Cardiac Arrests, with a specific focus on the implementation of the child death review process.

## Appendix 2: Research Activity

Research projects ongoing from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026:

**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.

**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.

**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.

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

**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.

**CLEAR:** an observational study exploring the variations in, access to and staff perceptions of remote clinical support for staff in UK Ambulance Services.

**NHS MANAGEMENT CAPACITY:** an observational study focusing on management capacity and capability in the NHS and the conditions supporting both.

**POHCA:** a mixed-methods observational study exploring ambulance clinicians' experiences of attending out-of-hospital cardiac arrest incidents involving children.

### Appendix 3: Awards and recognition:

1. Making every minute count: London Ambulance Service wins HSJ award  
<https://www.londonambulance.nhs.uk/2025/11/27/making-every-minute-count-london-ambulance-service-wins-hsj-award/>
2. Cycle paramedic leads London Ambulance Service to win national award  
<https://www.londonambulance.nhs.uk/2025/11/27/41792/>
3. 'Inspirational' apprenticeship manager wins Mayor of London award for breaking down barriers for local communities  
<https://www.londonambulance.nhs.uk/2025/11/17/inspirational-apprenticeship-manager-wins-mayor-of-london-award-for-breaking-down-barriers-for-local-communities/>
2. London Ambulance Service leader named in HSJ's most influential list  
<https://www.londonambulance.nhs.uk/2025/10/23/london-ambulance-service-leader-named-in-hsjs-most-influential-list/>
3. Clinicians scoop award for teaching school children to save lives  
<https://www.londonambulance.nhs.uk/2025/10/22/clinicians-scoop-award-for-teaching-school-children-to-save-lives/>
4. Double triumph for London Ambulance Service at national awards night  
<https://www.londonambulance.nhs.uk/2025/09/28/double-triumph-for-london-ambulance-service-at-national-awards-night/>
5. London Ambulance Service achieves fastest response times for sickest patients in more than three years  
<https://www.londonambulance.nhs.uk/2025/09/11/london-ambulance-service-achieves-fastest-response-times-for-sickest-patients-in-more-than-three-years/>
6. First AI trial sees paramedics at London Ambulance Service treat more patients  
<https://www.londonambulance.nhs.uk/2025/09/04/first-ai-trial-sees-paramedics-at-london-ambulance-service-treat-more-patients/>
7. London Ambulance Service paramedic honoured with King's medal for distinguished service  
<https://www.londonambulance.nhs.uk/2025/07/25/london-ambulance-service-paramedic-honoured-with-kings-medal-for-distinguished-service/>
8. Midwife at London Ambulance Service awarded for transforming emergency care for mothers and babies  
<https://www.londonambulance.nhs.uk/2025/07/16/midwife-at-london-ambulance-service-awarded-for-transforming-emergency-care-for-mothers-and-babies/>
9. London Ambulance Service shortlisted for top HSJ awards  
<https://www.londonambulance.nhs.uk/2025/07/14/london-ambulance-service-shortlisted-for-top-hsj-awards-2/>
10. The My Clinical Feedback App has been shortlisted for 2 HSJ Digital awards.

## Glossary

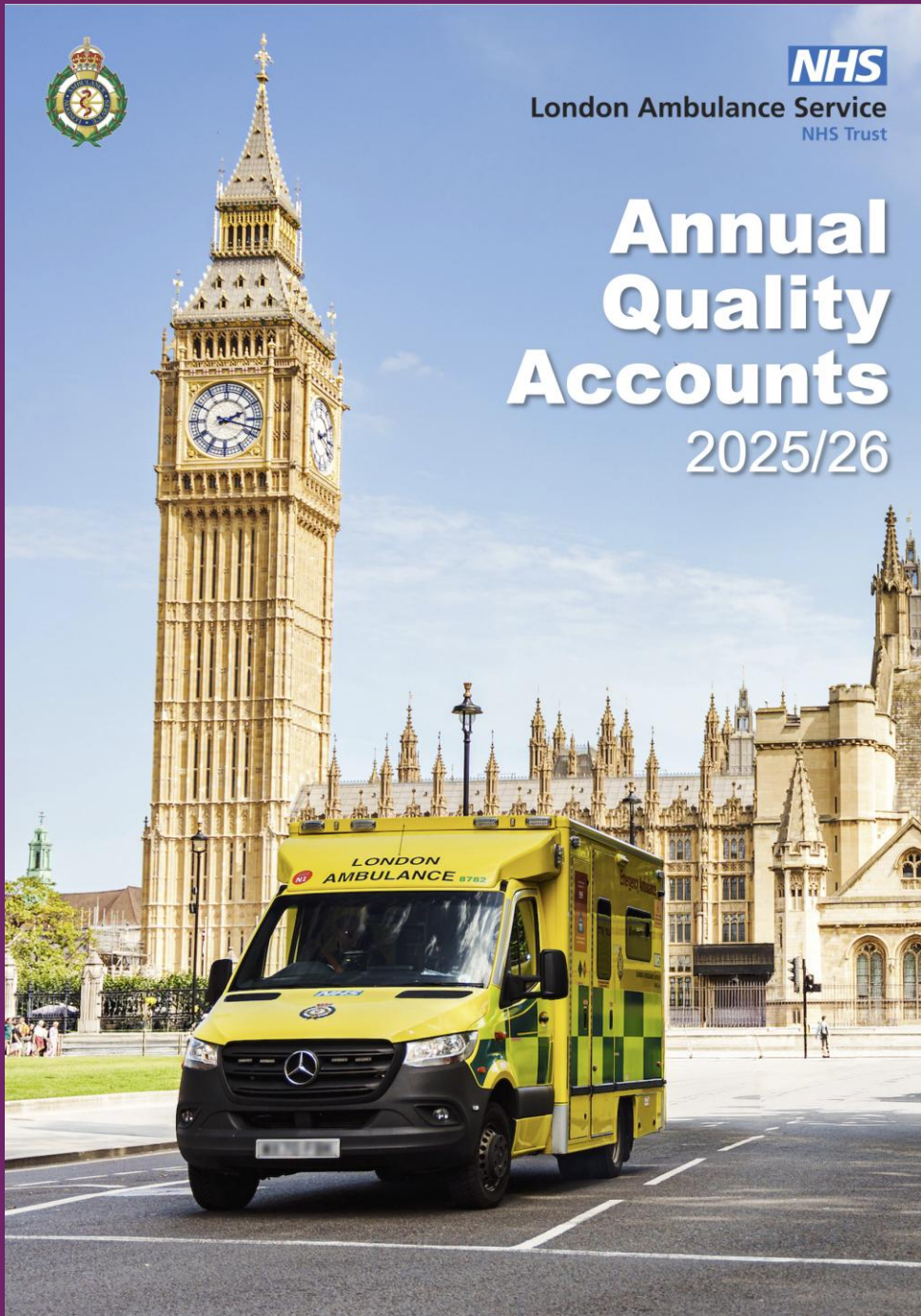
<b>AQI</b>	Ambulance Quality Indicator
<b>ABD</b>	Acute Behavioural Disturbance
<b>APP</b>	Advance Paramedic Practitioner
<b>APP-CC</b>	Advance Paramedic Practitioners in Critical Care
<b>ASCU</b>	Acute Sickle Cell Unit
<b>CPI</b>	Clinical Performance Indicator
<b>CPIs</b>	Clinical Performance Indicators
<b>CPR</b>	Cardiopulmonary resuscitation
<b>CQC</b>	Care Quality Commission
<b>DCAs</b>	Double Crewed Ambulances
<b>ECG</b>	Electrocardiogram
<b>EOC</b>	Emergency Operational Centre
<b>ePCR</b>	Electronic Patient Care Record
<b>EPRR</b>	Emergency Preparedness, Resilience & Response
<b>FTSU</b>	Freedom To Speak Up
<b>GP</b>	General Practitioner
<b>GTN</b>	Glyceryl Trinitrate
<b>ICC</b>	Integrated Care Coordination
<b>ICS</b>	Integrated Care System
<b>IUC</b>	Integrated Urgent Care
<b>JRCALC</b>	Joint Royal Colleges Ambulance Liaison Committee
<b>KPI</b>	Key Performance Indicator
<b>LAS</b>	London Ambulance Service
<b>LAS</b>	London Ambulance Service
<b>MAR</b>	Multiple Attendance Requirement
<b>MDT</b>	Multi-Disciplinary Team
<b>NHS</b>	National Health Service
<b>OHCAO</b>	Out-of-Hospital Cardiac Arrest Outcomes
<b>PGD</b>	Patient Group Direction
<b>PSIRF</b>	Patient Safety Incident Response Framework
<b>QI</b>	Quality Improvement
<b>QMS</b>	Quality Management System
<b>ROSC</b>	Return of spontaneous circulation
<b>RPIW</b>	Rapid Process Improvement Workshop
<b>STEMI</b>	ST Segment elevation myocardial infarction
<b>TOC</b>	Tactical Operations Centre
<b>UEC</b>	Urgent and Emergency Care



London Ambulance Service  
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# Annual Quality Accounts

2025/26



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