



**NHS**

**London Ambulance Service**

NHS Trust

Quality Strategy:  
**Vision 2020**

Quality Account:  
**2020-2021**



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# Foreword

The London Ambulance Service is the only pan London Trust and is the busiest Ambulance service in the country responding year on year to increasing demands. Our Trust was inspected in September 2019 by the Care Quality Commission (CQC), who gave us an overall rating of 'good' in their final report. In addition to the overall rating, the sub-ratings for 'Effective', 'Responsive', Caring and 'Well-Led' -were rated as 'Good'. However, the Inspectors ranked 'Safe' as 'Requires Improvement'. The CQC highlighted areas of 'Outstanding' practice citing the leading role of the Trust in integrating care services and in a 'ground-breaking' programme to deliver integrated patient records across all London providers. Achievements during the year included;

- Fully mobilising our South East London integrated urgent care service; we were pleased that the CQC rated it good overall whilst acknowledging we still need to ensure we have the correct skill mix and numbers of staff at times of high demand
- Delivering a comprehensive action plan against our CQC inspection findings and also our quality priorities
- Implementing 96% of all actions on the Gosport action plan which is above our 90% target we set ourselves
- Responding to 77% of complaints within the 35 day time line which is above our 75% target
- Being given 'significant assurance' by our internal auditors regarding our processes for serious incidents
- Implementing the Patient Safety Investigation Framework (PSIF) as an early adopter and using this framework to manage incidents related to COVID19
- Rolling out the Mental Health response car and extending it rapidly to provide support across London healthcare providers during the winter months

- Developing a maternity road map that ensures providers across London direct maternity patients to the appropriate pathways
- Setting up of End of Life training and development programme for staff and improving the recording of patients' End of Life needs using Co-ordinate My Care system
- Developing our safeguarding practise further to include support for the homeless and identification of particular 'hot spot' areas to focus interventions on
- Achieving our targets for rolling out Level 3 safeguarding training to relevant staff
- Developing a Health and Well Being committee to oversee a programme of work focused on providing support to all staff to enable them to continue to carry out their roles and support them in stressful situations
- Setting up a working group to manage the 12 month trial of the Body Worn Cameras, supported by University College London who will evaluate the this trial
- Maintaining a positive position across all Ambulance Quality Indicators (AQIs) during the year.

We will expand on these achievements in various section of this report.

As identified in our previous strategy, we want to strive for 'Outstanding' CQC rating across our sites and services by 2021. We are working to harness opportunities to continuously improve in order to provide safe, high quality, patient-centered care for all our patients. In addition we need to ensure that our staff are provided with the skills and support to deliver the right care and feel motivated and able to do so.

Dr Patricia Bain  
Chief Quality Officer

# 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.

NHSI has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service, whilst not a Foundation Trust 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 NHS Foundation Trust Annual Reporting Manual 2019/20 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 2019 to March 2020
  - papers relating to quality reported to the board over the period April 2019 – March 2020
  - feedback from commissioners dated 11 May 2020
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15 May 2020
  - the 2019 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

Chair

Date

Chief Executive

Date

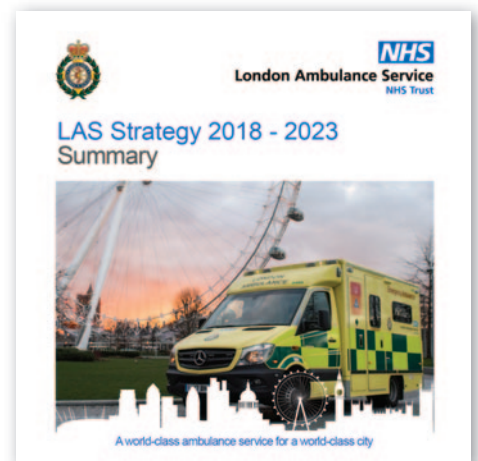
## Section 1:

# Introduction to our Quality Strategy & Accounts 2019/20

The quality strategy for the Trust, aims to bring together our plans in line with our overarching strategy, business planning process and the CQC quality assessment framework. The purpose of the strategy is to set out the goals and targets for London Ambulance Service (LAS) in providing high-quality services over the next year and, therefore, delivering our vision and objectives.

### Developing our Trust-wide strategy

Our Trust strategy focuses on improvement, and therefore supports delivery of our vision and objectives. It sets out a number of the key enablers and examples of the projects required to improve performance to illustrate the breadth of our work programme. These objectives have quality embedded in them. This demonstrates the commitment and reality that quality drives all that we do.



## The Trust's Vision

The London Ambulance Service is uniquely placed to play a wider role within the London health economy. Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on phone and online.

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

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

## Our Purpose

We exist to:

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



# Our vision

Building a world-class ambulance service for a world-class city

London's primary integrator of access to urgent and emergency care  
**on scene • on phone • online**

# Our purpose

We exist to:

Provide outstanding care for all of our **patients**

Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people**

Provide the best possible value for the tax paying **public**, who pay for what we do  
**Partner** with the wider NHS and public sector to optimise healthcare and emergency services provision across London

# Our values & behaviours

## Respectful

Caring for our patients and each other with compassion and empathy  
Championing equality and diversity  
Acting fairly

## Professional

Acting with honesty and integrity  
Aspiring to clinical, technical and managerial excellence  
Leading by example  
Being accountable and outcomes orientated

## Innovative

Thinking creatively  
Driving value and sustainable change  
Harnessing technology and new ways of working  
Taking courageous decisions

## Collaborative

Listening and learning from each other  
Working with partners  
Being open and transparent  
Building trust

## What is the Quality Strategy?

Our quality strategy is the plan through which we focus on the quality of clinical care and patient experience to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything that we do.

This strategy sets out our definition of quality, and describes our vision and direction, ensuring that quality is our number one priority. It sets out our quality goals and associated targets and a number of projects which we must focus on to ensure we can evidence that our services are safe, effective, caring, responsive and well led. The Use of Resources to provide evidence of our commitment to ensure we are providing public value. The strategy

also outlines our current position, showing the improvements we have made in our 2019/20 Quality Account priorities and what we are building on going forward.

We set an ambitious strategy in 2019/20 and have delivered against all our key priority areas. Our commitment is to make quality central to all that we do. This is evident in our development of new ways of working through our programme management office, quality improvement training and cultural and leadership programmes, these will drive and support the development of a continuous and sustainable improvement culture. Through our Integrated Urgent Care and our pioneering service development work we have strengthened our system wide partnerships and have worked with all relevant

stakeholders to ensure integration of healthcare across the wider integrated urgent and emergency care system.

The strategy provides a modern approach to continuous improvement and acknowledges that our people are central to delivering our strategy.

We will continue to use the implementation of the Quality Strategy to strengthen confidence and pride in the services we provide. We want patients to be confident that the Trust is among the best in the world. We also want people working in and with the Trust to be confident that they are providing the best service they can, are valued and are important. The implementation of the People and Culture strategy has made real progress in these areas throughout



the year and this work continues. We want a shared pride in the Trust and assurance that it is the very best it can be. Our strategy is focused on both our staff and our patients.

### How we developed the strategy

The strategy has been informed by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. We also assessed our progress against priorities in our last quality account.

Comparison was also undertaken of trends and variation from a range of intelligence including:

- Patient surveys
- Staff surveys
- Governance data, e.g. incidents, complaints, claims and audit

This was then merged with feedback from key stakeholders, including our people and our commissioners.

We have therefore been careful to develop goals and targets that are measurable whilst trying to encapsulate our commitment to the qualitative elements of our work. This will provide clarity for our patients and external stakeholders, and ensure that our people have tangible, measurable and reportable goals to aim for. Our goals and targets have been selected to have the highest impact across the Trust and are purposely challenging. These targets will be redefined each year in our annual quality account, with progress monitored through the Trust's governance system. We know that delivering against this year's target will be particularly challenging in the aftermath of COVID19. However, we are determined to do the best we can to continue improving outcomes for our



patients and providing a better and safer working environment for our people.

We recognise in particular that we need to improve many of our processes and systems to ensure better outcomes and experience for our patients and staff. Much work has been focused on risk management and corporate and clinical and quality governance systems and processes. These programmes have been established to deliver specific time bound programmes of work. We will focus heavily on cultural change and the health and safety of our staff in 2020-21.

### What is our definition of quality?

We have based our definition of quality on the CQC's framework, which draws on the Francis, Keogh and Berwick reviews and recommendations.

Our approach aligns Berwick's improvement principles, which are embodied within safe, effective, caring, responsive and well led domain and also this year the CQC use of resources. The combination

of performance in each of the domains determines the overall quality of the healthcare we provide and support to our staff. We believe that we can improve services only by supporting continuous improvement in all areas hence our commitment to this driver.

The previous quality account and improvement programme for the Trust focused on making immediate quality improvements and ensuring that we maintain our rating of 'good' in our CQC inspection in 2019-20. This strategy and our priorities for 2020-21 and beyond will strive to bring the trust to an 'outstanding' rating.



## The quality domains

The quality domains are outlined below, together the descriptor of what these mean. The Domain match those used by the CQC to ensure we are focused on making improvements which are aligned with our regulatory body's expectations.

### Safe

People are protected from abuse and avoidable harm

### Caring

Staff involve and treat people with compassion, kindness, dignity and respect

### Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

### Responsive

Services are organised so that they meet people's needs

### Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture



## Delivering the Strategy

### Quality Goals and Targets

The strategy will be delivered through the achievement of our quality priorities, which are supported by specific annual targets. These are outlined under each quality domain and have been chosen to ensure that we focus on making improvements where they are most needed, and on sustaining improvements that have already achieved. We believe that if we can meet our goals and targets in these priority areas, we will see significantly improved outcomes for our patients and a better and safer working environment for our staff. The goals and targets under each domain are incorporated into the quality report, through relevant programme boards and day to day quality reporting structures. This will provide clarity on the Trust's priorities and will show the impact of the improvements we have made.

### Building Delivery Capacity and Capability

Last year, our strategy focused on ensuring that the right skills and capacity were built across the organisation in relation to quality improvement methodology. We have completed our 3rd cohort of training programmes and this will continue throughout 2020-21. Our focus this year is on building a culture of safety and continuous improvement to ensure all of these changes are embed and sustained.

In particular we also want to focus on the health, safety and well-being of our staff. There is much evidence that when staff are healthy, feeling valued then the patient care they provide is also improved.

Building a Safety Culture integral to all programmes must be the aim of

robust patient and staff involvement so they support the development of what represents a high quality and efficient service. It is important that we continue to explore further ways of getting feedback from staff via Quality Visits, incident feedback and learning mechanisms, staff surveys and Chief Executive Roadshows in addition to our patients and carers and community groups, and continued engagement with the Healthwatch, Patients Forum and other key groups.

### Creating alignment: Our Priorities

Alongside the quality priorities and targets, we have developed measurable and structured improvement plans aligned to our strategic and business objectives. These plans have been informed by analysis of a number of measures of our performance including:

- Our strategic intent
- Current performance against national and local targets
- Our quality account
- Areas of known risk
- Our business planning objectives
- Our CQC inspection and report during 2019 and early 2020
- Review of the key lines of enquiry that the CQC publish.

Each plan has been assessed for their potential to positively impact on the Trusts strategic goals and targets and we are confident that we have the necessary work in progress to deliver our objectives.

Progress with these improvement plans will be reported via the Trust's governance and performance structures. This will allow us to measure and monitor the key

performance indicators, outcomes and timeframes of the plans, with clear lines of accountability and responsibility to the project owners. Executive oversight of quality of care in the Trust is through the Quality Oversight Group, which will report quarterly progress and exception to the Quality Assurance Committee. Trust board reporting will occur on a quarterly basis. Our annual Quality Account will report on progress against the strategy and confirm the targets for the following year.

### Education and training

We recognise that our staff are the key to delivering the strategy and we need to train and support people to make continuous improvement and develop systems and processes further. We have therefore agreed to adopt a standardised approach to improvement using the Quality, Service Improvement Re-design model: QSIR to ensure staff have the tools they need to sustain improvement. Further cohorts will go ahead in 2020/21 building upon the success already achieved on the first 3 cohorts to support local quality improvement initiatives.

Our aim this year is to add to this and focus on providing all staff with understanding of Human Factors and the concept of safety systems. Understanding of human factors is a key element of building a better patient and staff safety culture.

A cohort of key individuals will be attending a train the trainer Human Factors course in April 2020. Later in the year we will be providing a number of single day workshops to provide a level of understanding into human factors.

## Safety, Learning and Continuous Improvement

The national patient safety team at NHS England have developed a new Patient Safety Incident response Framework (PSIRF) to support the NHS to further improve patient safety. The framework outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted. This will replace the current serious incident framework. The approach refocuses our systems, processes and behaviours on delivering a sustained reduction in risk, rather than simply applying a reactive, bureaucratic process to ensure we learn and improve. We are only a handful of Trusts piloting this new framework ahead of it being adopted nationally. Our work will involve testing the introductory framework within our organisation and sharing our learning from this with NHS England and NHS Improvement and other early adopters, prior to the wider national roll out. The PSIRF plan will be finalised in order for the Trust to start full implementation in April 2020.

The Trust has developed a staff innovation process which is systematic in its approach towards validating and nurturing staff ideas. The Quality Improvement Hubs will play a vital role in taking forward staff ideas. This will also encompass the 75 trained staff in QSIR methodology by providing support as well as using their expertise and skills to ensure ideas are developed. These QI projects will be continually reviewed throughout the year and monitored via the quality oversight group.

## Leadership and Governance

We need to continue to ensure that our governance and leadership affects the Trust positively. Effective governance systems are essential to



ensure that risks are managed and improvement implemented in a way that acknowledges workloads and competing priorities. Staff need to understand the governance processes and be provided with information to ensure they are used and navigated appropriately.

Strengthening our learning frameworks and time to learn as well as monitoring more closely actions from patient and staff incidents will be a key focus in 2020/21.

## Supporting staff

There is a well-established relationship between staff experience and patient experience that underlines the need to give priority to both these issues.

The People and Culture, Clinical and the Health and Safety Strategies set out many areas to improve, monitor and support staff in their working environment. The organisation aspires to create an environment that mean staff enjoy their work, have career progressions and one that avoids the risk of staff burnout in the face of rising demands for care and maintains their wellbeing

and safety. With that regard we are including specific targets within our quality priorities in relation to musculo-skeletal injuries and staff well-being to ensure they are minimised.

These include:

- Musculo-skeletal (MSK): a comprehensive action plan aimed at reducing the current high level of MSK injuries to staff.
- Violence and aggression: A Violence Reduction and Staff Safety Programme Board has been set up to oversee, coordinate and lead various strands of work being undertaken to reduce assaults against LAS crews; including body worn cameras.
- Development of the Stress policy in relation to the well-being of staff

## Learning from patient and staff experiences

The organisation, through its various strategies sets out its commitment to listening and learning from the experiences of patients and carers and staff ensuring their full participation in design, re-design, assessment and governance. We have established innovative methods of engaging with patients as part of our pioneering services programme and will continue to build on this by developing a patient and stakeholder strategy that ensures we collate and act on feedback from all of these various sources to improve the quality and safety of care for our patients. Likewise through our Health and safety strategy for our staff.

## Section 2:

# Looking Forward: Our Quality Goals and targets 2020-21

Our goals are set out under each of the quality domains. The targets which support the delivery of these goals have been developed for our year one of the strategy. Each year we will review progress and ensure our targets are focused on areas where improvement is most needed and will be defined within our annual quality account.



# Safe

People are protected from abuse and avoidable harm

**Goal:** To eliminate avoidable harm to patients in our care and our staff as shown through a reduction in number of incidents causing severe and extreme harm. We believe harm is preventable not inevitable.

We want to ensure our patients and staff are as safe as possible while under our care and employment and that they are protected from avoidable harm. Our goal will be to be below the national average for the number of patient incidents causing severe and extreme

harm in year one and continue to reduce the number throughout the years of the strategy. In addition to be within the top quartile for staff safety measures nationally. Throughout the year, we will be focusing on achieving sustainable improvements in the target areas outlined below; these targets aim to reduce avoidable harm in specific priority areas and set the trajectory to ensure that we can achieve our goal of eliminating avoidable harm and improve safety and well-being of our staff by the end of year 2020.

## Target 1

**The administration of thrombolysis by APP – Critical Care for patients in cardiac arrest with pulmonary embolus**

### Rationale

The survival rate for patients who have a cardiac arrest with pulmonary embolus (PE) outside hospital is currently at 5%. Although our staff have the skills, knowledge and equipment to help patients who are in cardiac arrest, they previously have not been able to administer medication specifically for this type of incident. This medication dissolves the clot and helps to get the return of spontaneous circulation, where the patient's heart starts beating again. We will be training all our Critical Care Advance Paramedic Practitioners across the Trust (32 currently) to enable them to administer thrombolysis. By enabling our Critical Care APP's to administer this medication, we are extending our treatment options for patients and working to improve the cardiac arrest with pulmonary embolism survival rate.

- Cardiac care audit results improving from April 2020 baseline.
- Improved PE survival rate

## Target 2

**Pilot of non-medical prescribing for paramedics in conjunction with HEE.**

### Rationale

At present the Trust uses Patient Group Directions (PGD) to facilitate administration and supply of additional medicines carried by Advanced Paramedic Practitioners (APP). Development of paramedic prescribing will allow medicines to be prescribed rather than supplied or administered under PGD. This will increase the number of cases that can be managed autonomously by our APP staff, enabling more patients to be cared for in the community setting without the requirement for onward referral or transfer to hospital.

Completion of the pilot and reporting of outcomes

## Target 3

**Implement the new Patient Safety Incident Response Framework and be a pioneer in the new process for other Ambulance Trusts.**

### Rationale

The 2015 Serious Incident Framework set the expectations for

when and how the NHS should investigate Serious Incidents. However, compelling evidence from national reviews, patients, families, carers and staff and an engagement programme by NHS England in 2018 revealed that organisations struggle to deliver these. The PSIRF will support the NHS to operate systems, underpinned by behaviours, decisions and actions that assist learning and improvement, and allow organisations to examine incidents openly without fear of inappropriate sanction, support those affected and improve services. **The PSIRF proposals explore:** A broader scope: describing principles, systems, processes, skills and behaviours for incident management as part of a broader system approach, providing and signposting guidance and support for preparing for and responding to patient safety incidents in a range of ways, moving away from a focus on current thresholds for 'Serious Incidents'. Transparency and support for those affected: setting expectations for informing, involving and supporting patients, families, carers and staff affected by patient safety incidents. Timeframes: instead of applying a strict 60 working day deadline, adopting timeframes based on an investigation management plan that is agreed where possible with those affected, particularly patients, families and carers. Cross-setting

investigation and regionally commissioned investigation: to better reflect the patient experience, co-ordination of investigation across multiple settings will be supported. This will include clearer roles and responsibilities for NHS regional teams to support investigation of complex cross-system incidents where needed. Ultimately the implementation of PSIRF will provide an integrated approach to patient and staff safety with focus on learning and continuous improvement.

**100% implementation plan achieved**

## Target 4

**Ongoing testing of Trust security measures to ensure continuous improvement Trust arrangements to secure vehicles stations and equipment.**

### Rationale

Last year (19/20) we completed extensive work to improve our security. Including two full rounds of security mystery shopper visits to all LAS sites to identify issues that threaten the security of the site and any LAS vehicles at the site. However, we know that further work is needed to embed the changes within the organisation, paying particular attention to vehicle and station security. We need to ensure that staff feel confident to challenge and that we have the assurance that the changes we made in the previous year are working to keep our stations, ambulances and staff safe.

**Reduction in security incidents from April 2020 baseline. Mystery shopper audits showing >95% compliance across all sectors**

## Target 5

**Completion of the medicine management room project to ensure medicines are correctly stored.**

### Rationale

Ensuring our medicines are kept secure and stored correctly is of greatest importance to the Trust. Since starting the medicine management room project, we have seen a reduction in the number of secure drug related incidents. We are aligning this work with our estates rationalization strategy. Our

aim in 2020/21 is complete the project to ensure that we continue to see this reduction in incidents. Additionally, last year, we reviewed our Policy and Procedures for the safe and secure handling of medicines by LAS staff. We now need to be assured that the changes to practice have been embedded fully Trust wide, this includes the storing of medicines. By ensuring medicines are stored correctly and audited on a daily basis, we are able to identify any key issues the Trust might face in terms of incidents, thefts and ensuring the medicines are rotated to avoid them expiring.

**Reduction on secure drug related incidents from April 2020 baseline. 100% completion of secure drug room's roll-out across all sectors by March 2021 to agreed stations**





PARAMEDIC



LONDON  
AMBULANCE  
SERVICE



# Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

**Goal: Ensure staff compliant in providing 'best practice' care and to be in the top quartile for all national clinical audit outcomes.**

Clinical audit is a key improvement tool through which we continually monitor and improve the quality of care that we provide. By fully taking part in national clinical audit programmes, we are able to benchmark our performance against our peers, ensure the care we provide is evidence-based and measure improvements on a

year-by-year basis.

We aim to be in the top quartile for outcomes for all those national clinical audits in which we are eligible to participate and where data is analysed this way. This enables us to have evidence that each of our services is effective and promotes a good quality of life for our patients. Further assurance of this will be provided by compliance and training that meets the changing nature of service delivery.

## Target 1

**Continue with efforts to achieve the IUC service's staff rota to ensure comprehensive covers at all times.**

### Rationale

It is important to ensure that we have adequate staff across all skill sets in order to respond to call demands and provide timely care to our patients. We also want to ensure that shifts are not stressful for staff and that they are supported to meet call targets. This will in turn ensure that our Patients receive a timely advice & timely care.

**Evidence of staff rotas filled to required levels month on month**

ensure it is suitably configured to truly manage risk. We also want to strengthen our processes for reviewing both the call handling and clinical escalation triggers to ensure they remain safe and effective at triggering the appropriate escalation actions.

**Evidence that triggers are enacted at times of high demand**

will ensure our fleet can attend other calls, reducing delays for patients and that patients can also be left at home with confidence after having their test completed by the MRU/CRU crews.

**Increased assessment of patients from April 2020 baseline.**

## Target 2

**Assess the use of the IUC service's escalation plan triggers to ensure key factors are being considered.**

### Rationale

The escalation plan outlines the key triggers that indicate that the service is under pressure and the actions that must be undertaken to maintain service delivery and patient safety. We want to strengthen our demand management policy within IUC to

## Target 3

**Roll out tempus monitors for MRU and CRU to enable full assessments to take place when they attend patients.**

### Rationale

Currently our CRU and MRU units are unable to carry out ECG's on patients, due to necessary equipment not currently deemed as required stock for these functions. The Tempus ALS is a powerful, reliable system that can be flexibly deployed across any emergency response vehicle. It is a unique modular monitor defibrillator, highly durable and it provides groundbreaking size and weight advantages, long-lasting battery life. This will mean that crews will not need to call for an ambulance if they deem as requiring an ECG. This

# Caring

Staff involve and treat people with compassion, kindness, dignity and respect

**Goal: To provide our patients with the best possible experience. Improving the care we give to vulnerable groups.**

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience, we need to listen to our patients, their families and carers, and respond to their feedback.

We will aim to improve our position, with our goal being to ensure that patient involvement in all service redesign programmes and our patient involvement framework is implemented. In addition we will provide the best possible care to patients with mental health conditions and who are at the end of their lives to evidence our services are caring and patient centred in all aspects.

## Target 1

**Invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.**

### Rationale

We want to focus on health and wellbeing of our staff because we know that happy and healthy staff are key to ensuring our services run smoothly. We need to continue to focus on musculo-skeletal (MSK) injuries, and this continues to be a reporting theme on the staff survey. The work of the Health, Safety & Security Department relating to manual handling injuries is directed towards improving the impact and outcomes from related incidents and reducing work related sickness absence related to these incidents. To enable the Trust to better support staff, a MSK Programme Board has been set up. This will have oversight of work strands undertaken by groups that are related to reducing musculoskeletal disorders and improving staff safety. A focused MSK workshop is being set up to include key stakeholders from across operational staff within the Trust and external speakers to work through the MSK proposals.

- Staff survey results showing improvement from 2019 survey results.
- Reduction in the number of days sick from manual handling injuries per 1000 incidents (face to face) <3.5

## Target 2

### Reduction in Violence & Aggression

#### Rationale

Feedback from the staff survey indicates that the levels of violence and abuse experienced by staff are high and require improved levels of support from the Trust. As a result reducing the levels of sickness absence from injuries and violence reduction are strategic objectives of the Trust. Facing abuse, aggression and violence is increasingly becoming an occupational hazard for LAS frontline staff but being physically assaulted is never something that should be accepted as part of the job. The impact of being assaulted is sometimes more damaging than the actual injury and we are committed to changing the culture in robust support of our staff. In considering the process around assaults on our staff, each stage of the assault process should be examined to ensure that there is a consistent and professional response. The initial supervision of the incident, the recording and

investigation (internal and external), the provision of welfare and ongoing care, the local management and the Sector Management awareness and contact, the prosecution of the offender and organisational learning; all these are crucial steps in the process and need to be provided with consistent quality. Violence and aggression risk making staff feel unsafe, affecting their wellbeing, confidence, job satisfaction and motivation to provide excellent care to patients, delivering a world class ambulance service. To enable the Trust to better support staff who experience violence and abuse by ensuring a consistent quality, a Violence Reduction and Staff Safety Programme Board has been formed. This will have oversight of work strands undertaken by groups that are related to reducing violence and improving staff safety. Included in these is the Body Worn Video trail group and the new Criminal Justice Group, which includes the new seconded posts within the Health, Safety & Security Department of Violence Reduction Officer.

- Reduction in both Sickness & violence and aggression incidents from April 2020 baseline.
- Rate of violence/assault incidents [per 1000 incidents (face to face) <0.5



### Target 3

Develop the stress policy in relation to wellbeing of staff. Ensure this is implemented effectively.

#### Rationale

We are committed to protecting the health, safety and welfare of our staff and recognise that workplace stress is a health and safety issue. Stress is believed to be a greater issue than current available evidence would indicate and is believed to account for a high proportion of sickness absence

often masked by being identified as a different cause, such as a physical MSK/manual handling injury. The Corporate Health, Safety & Wellbeing Committee has been retitled and ToR updated to reflect the need to improve wellbeing and stress. We will be creating a Stress Policy and risk assessment to identifying and reduce workplace stressors. This policy will apply to everyone in the Trust.

Evidence of increase in skills and knowledge for staff in supporting their health & wellbeing compared to baseline position from April 2020 staff survey. Increase in positive stress audit responses across sectors (from April 2020 baseline)

# Responsive

Services are organised so that they meet people's needs

**Goal:** To consistently meet all relevant national performance target standards through responsive patient care.

Having responsive services that are organised to meet people's needs is a key factor in improving patient experience and in preventing delays to treatment, which can cause harm to our patients. Our engagement events have shown that our patients agree.

To do this, we will continue to review our processes to ensure they are as efficient as possible, while keeping the needs of our patients central.

As well as the national targets above, we will focus on the following targets to improve our responsiveness as a Trust to patients who complain.

## Target 1

Undertake a deep dive review into delays (2x90th centile) to patients due to recent high demand and COVID19

### Rationale

The Ambulance Response Programme (ARP) was aims to support operational efficiency and performance, maintain a rapid response to the most seriously ill

patients, reduce clinical risk in the ambulance system and improve quality of care for patients. The ARP provides the expected response standards for calls triaged by ambulance services, ranging from



Category 1 (highest priority) to category 5 (lowest priority). Each category has an average response target and a 90th percentile response target. In order to define a long delay, the National Ambulance Quality, Governance and Risk Directors Group (QGARD) and National Ambulance Service Medical Directors (NASMeD) have agreed in principle that this should be delays in response which are or beyond twice the 90th centile response target. There is an ongoing need for ambulance services to plan accordingly to ensure that resources are available in order to maintain the standards and meet the clinical needs of patients. During the winter period of 2019/20 there was increased demand on the system. This saw a number of long delays which the Trust identified by reviewing cases internally against the Serious Incident Framework 2015. A number of risk mitigating actions were immediately implemented, which included maintaining daily oversight of delays to assess for any potential patient safety harm. As a result, the Trust commissioned a thematic review into the long delays to identify learning which can be used for future planning and ensure the Trust continuously improves its service.

**100% action plan completed**

## Target 2

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

### Rationale

London ambulance service provides 111 IUC services for 40% of London and 999 services for the whole of



London. Integration of these two services will mean that we are able to utilise our resources to provide equitable care for patients regardless of the number they dial to access the service. Patients contacting us via 111 or 999 will receive a timely clinical assessment and access to the care and advice they need, which may be self-care advice, referral and signposting to other services or ambulance dispatch.

**Increased consult and complete episodes from April 2020 baseline**

## Target 3

**Clinical development of ePCR and a new CAD system to capture clinical care of patients.**

### Rationale

The current CAD system used in the Clinical Hub section of our emergency Operations Centre (EOC) is focused on the administrative functions only, with a manual re-entry of data in separate systems. The replacement CAD system will support the clinical decision-making process there by improving the patient prioritization functionality within the CAD which will in turn support delivery of time care.

**Increase in audit results for the capture of clinical information on CAD and ePCR from April 2020 baseline**

**Assessing and aligning the infrastructure to support delivery of high quality and safe care. This will be monitored by the Quality Oversight Group**

# Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

**Goal: To increase the percentage of our people who have been trained and provided with leadership development.**

Evidence shows that people who are engaged and happy in their jobs, respected and given opportunities to learn provide better care for their patients. Our goal is to increase the

percentage of people who would recommend our Trust as a place of work. By supporting our people to develop, we are improving the culture and ethos of the Trust – both as a place to work, and as a patient. This goal will be supported by the targets outlined below.

## Target 1

**Develop Quality Improvement Hubs for sharing best practice through a formalised operations & management structure**

### Rationale

The term 'quality improvement' refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients. The Trust is committed to continuous quality improvement and invested in QSIR training for members of the Trust. We have trained 75 staff in QSIR methodology and will now use them to support as well as using their expertise and skills to ensure ideas are developed by creating QI Hubs. The hubs will also be responsible for engaging with staff to develop improvement plans and ensuring that these are delivered. The plans will be aligned to strategic priorities within the business plan and our quality account priorities. The teams will also encourage innovative practice and tests of change for these ideas using the Trusts standard methodology. By sharing best practice across the Trust, the hubs will provide better care for patients, benefits for staff and improvements in productivity and efficiency.

**Quality Improvement teams in each sector. Sector quality improvement programmes developed and delivered by April 2021**

## Target 2

**A continuous focus on improving the Staff Survey results particularly around B&H culture.**

### Rationale

71% of staff completed the staff survey this year - a Trust record and an increase of almost 30% over the last three years and compares exceptionally well to the average response rate nationally of 48%. Our survey results show that some areas of the organisation are clearly doing very well locally but, overall, there is more to be done. Our people (both staff and volunteers) are the backbone of our organisation and work fantastically hard to provide our patients with the best possible care. Together we must now turn our shared priorities into real actions that deliver tangible change for everyone across the Trust. Following an independent intensive study, a location specific action plan is in place, with workable KPI's for 5 target area hotspots from the staff survey results. These actions will be led by

local teams working in partnership with staff and corporate business partners. The Dignity at Work Facilitator Network was launched and provides specifically trained staff locally to support staff and managers when they are experiencing conflict in the workplace. There is also a dedicated pulse page along with resources. This work needs further intensive promotion to embed this staff support network across the Trust.

**Decreased scores in relation to peer to peer bullying and harassment in the annual staff survey compared to April 2019 baseline**

## Target 3

**Explore and develop the paramedics in Primary Care Network (PCN) proposal to provide a broader training opportunity for paramedics.**

### Rationale

Primary care networks are a national initiative which build on the core of current primary care services within the NHS and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. The initiative will commence in April 2021 and are highly interested

in sourcing paramedics. The Trust has identified that this presents a risk to our workforce as a PCN role will be attractive and could result in a number of highly qualified staff leaving the Trust. Therefore we saw it as an opportunity to work closely with partners and key stakeholders to develop the PCN proposal to include the London Ambulance Service, which in turn will create opportunities for our staff to develop, helping our recruitment and retention.

**Evidence of increase in skills and knowledge for staff compared to baseline position from January 2019 in-house survey**

This year, we will continue with work in relation to suicide reduction in ambulance services linking this work to the national people strategy. We will also continue to implement our action plan in response to the annual staff survey results and the WRES improvement programme.

## Target 4

**Ensuring that the Trust adopts and maintains the optimal health and wellbeing strategies and culture for both existing LAS staff and the expanded workforce during and after the COVID-19 pandemic.**

### Rationale

The impact of COVID19 on staff health and wellbeing is significant and we need to further develop our health and wellbeing strategies to support our staff. Our approach will be to ensure the health and wellbeing of our staff through robust and well-documented HR policies and additional support to those who have been critical to the Covid-19 response and in clinical roles. During COVID19, LAS began a process of recruiting a large number of external personnel to ensure peak demand was met in a safe and efficient manner. These personnel were either contracted from external organisations such as the London Fire Brigade or the AA, or were external personnel to the LAS who underwent rapid training and deployment. We want to ensure

that we embed our distinct LAS set of values and behaviours for both existing LAS staff and the expanded workforce who will be on boarded during times of increased demand. It is important to extend our culture and values of the LAS to this newly expanded workforce, nurturing a culture of inclusion and collaboration even if they are not, or will not necessarily be, permanent members of the staff.

- Establish employee support services for access by all staff, particularly those who formed part of the clinical workforce during Covid-19 response.
- Review and update policies to ensure the LAS retains workforce capacity and engagement, whilst allowing for respite
- Embed our cultural, behaviours and values to support the LAS strategy through implementing future transformation initiatives in this pack
- Create staff engagement index which includes expanded workforce
- Implement a fully functioning change management function within the LAS to ensure the cultural values are embedded. This may involve identifying an external partner initially and building internal capability.
- Revised operating models agreed
- Skill mix and resource agreed and recruited
- Clinical skills and training to support new models in place
- Quality assurance frameworks agreed and aligned to reporting and governance structures



## Section 3:

# Looking Back – Quality Performance 2019-20

The progress against our targets and goals we set out in our Quality Account 2018-19 are outlined here, under the quality domain headings.

### Safe:

#### Target 1: Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020

The Trust identified a number of actions that required implementing following the Gosport Enquiry. A working group was created. This consisted of all areas of the Quality and Clinical directorates and was chaired by our Chief Pharmacist. The group has met the above target and is on track to achieve over 96% of actions from the plan. Example of completed actions include;

- Prescribing guidance produced for End of Life Care.
- Working closely with Independent Ambulance Authority.
- IUC work on-going, quarterly report produced and submitted to NEL Commissioners.
- FTSU linking in with corporate services.

The Serious Incident Action Learning Group continue to monitor these actions to ensure they are embedded.

#### Target 2: >90% completion of trust-wide security implementation plan

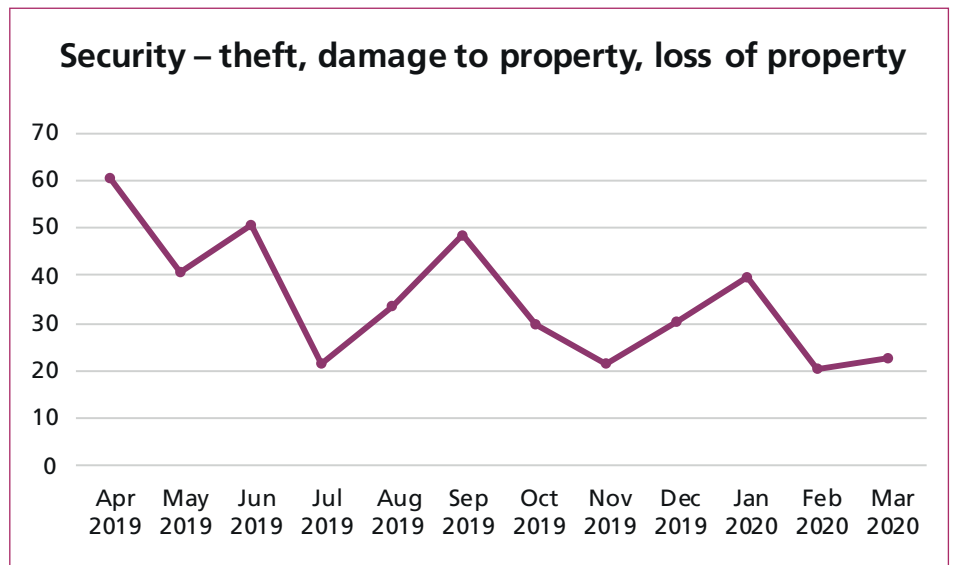
Reduction in similar security incidents from April 2019

Although the Trust has done work to improve safety and security for our estate and vehicles, some areas and vehicles were still not secured to a consistent standard, as

identified in our latest CQC report.

In April 2019, the Trust launched the “It’s ok to challenge” campaign which was aimed at encouraging staff to challenge when they saw or felt things were not right. This covered all aspects of security including challenging those who did not have identification visible. A

#### Trends in security related Incidents.



#### Target 3: Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline

During 2018-19 the Trust made significant improvements in serious incident investigation methods and improvements in learning from incidents; this work has continued

dedicated e-mail address was also set up where staff can raise their concerns. Additionally, the Trust has embedded various different audits to highlight any security issues, these include “mystery shopper” visits, quality visits and random spot checks. We also looked for examples of good practice to be shared across other areas of the sectors. Our aim was to see a reduction in security incidents from April 2019 baseline. This is illustrated in the graph below.

in 2019/20. Our aim was to see increased scores in relation to learning from and reporting incidents in the annual staff survey compared to April 2019 baseline. Our performance against this measure is presented in the table below.





Staff survey statements	2018 score	2019 score
My organisation encourages us to report errors, near misses or incidents	88% n= 3136	85% n= 3583
When incidents are reported, my organisation takes action to ensure that they do not happen again	54% n= 2103	53% n= 2234
We are given feedback about changes made in response to reported incidents	54% n= 1925	46% n= 1939

The Trust continues to work towards increasing its scores in the staff survey for questions relating to learning from and reporting incidents. This year, 71% of staff completed the staff survey - a Trust record and an increase of almost 30% over the last three years. The table above illustrates Trust performance in relation to learning from and reporting incidents.

In 2019/20 the Trust trained 100

members of staff in root cause analysis and reviewed the process for managing serious incidents. Our Quality Governance Assurance Managers are now supervisors to the serious incident investigations, supporting the lead investigators throughout the investigation and preparing the report for review by the Executive Leadership Team. They also share the learning in their monthly quality meetings.

Grant Thornton (internal auditors) conducted an internal review of our serious incident process. They reviewed the processes and controls for incident reporting, investigation and learning from incidents. They undertook testing on a sample of 15 closed serious incidents to test compliance with the Trust's processes, talked to staff regarding learning from specific serious incidents and how learning is shared. They concluded that the processes reviewed provide significant assurance with some minor improvements required. Overall, they concluded that staff are supported by robust policies and procedures, and the Quality, Improvement and Learning Team maintain good record keeping and monitoring on central systems for the reporting, management and monitoring of serious incidents and

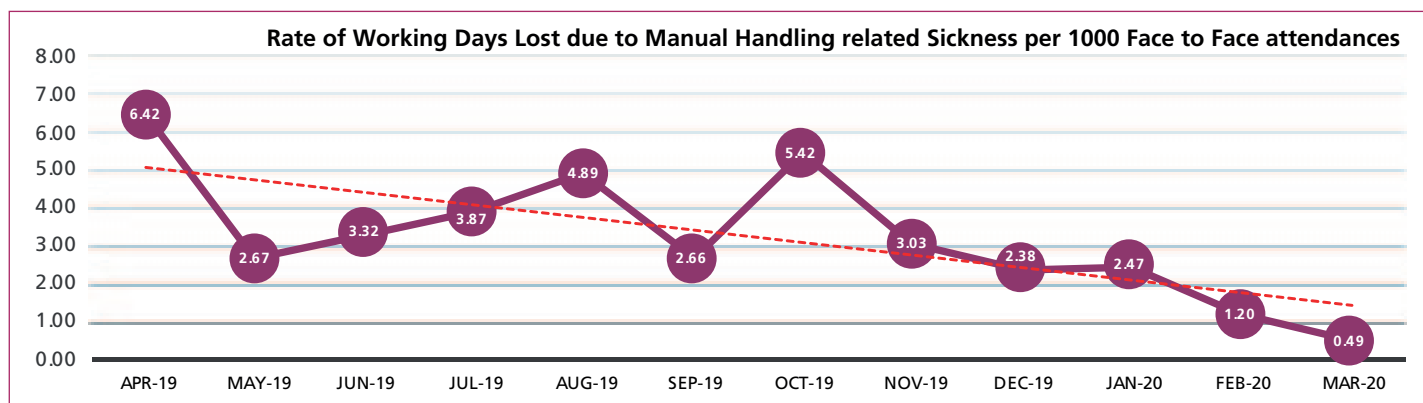
to maximise the opportunities to learn from each incident but further work was needed in relation to consistently meet the reporting timeframes and the completion of action plans in line with the prescribed time frame. An action plan is in place to address this.

**Target 4: Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline**

Our aim was to ensure that the number of MSK incidents and the sickness levels related to musculo-skeletal injuries was reduced. In 2019/20 the Trust worked hard with managers and individuals to help reduce the rate of sickness and incidents. The team have worked collaboratively with the Wellbeing team in regards to causes and proposed interventions for manual handling injuries. Additionally, we run a back care campaign

throughout the year.

The analysis indicates the overall manual handling sickness (working days) rate trend is downward. The average number of working days lost due to MSK injuries is 3.23\*\* per 1000 A&E (face to face incidents), which is lower than for the same period in 2018/2019 (4.08).



\*\* March data is subject to data validation

**Caring:**

**Target 1: Mental Health response car service to be rolled out across a minimum of the South East sector during 2019-20**

We have recently celebrated the 1st birthday of the Mental Health response car at Waterloo Station. The car has demonstrated a significant reduction in Emergency Department (ED) conveyance of 18% compared to business as usual rate of 52%.

As part of the Winter Resilience planning funding for 5 additional cars was provided and a rapid expansion was delivered to provide a mental health car in each of the STP footprints for 12 weeks. Mental Health Professionals were seconded to the service from eight of the London Mental Health Trusts. To date, the cars have seen 2157 patients with an ED conveyance rate of 18%. We are working with Mental Health providers to map the

patient journey post discharge from the MHJRC and are working with Picker to gain patient feedback. We are currently in talks with Healthy London Partnerships, STP's and Mental Health Providers about the next steps.

As well as rolling out Mental Health Joint response cars, the Mental Health Team have continued to offer training across the trust including on the LAS Paramedic Academy, regular CPD sessions across sectors and on the Core Skills refresher for all front line staff. The team continue to promote pre-hospital mental health care and have presented at the Crisis Care Roadmap, Emergency Services Show as well as this the Consultant Nurse for Mental Health has been elected as the Chair of the National Ambulance Mental Health Group.

**Target 2: Evidence of increase in skills and knowledge for staff groups in supporting patients who are at the end of their lives**

**compared to baseline position from January 2019 in-house survey**

During 2018/19 the Trust were fortunate to gain Macmillan care funding to employ a full-time End of life consultant nurse, this funding was continued in 19/20. The team have worked tirelessly over the last 12 months to increase staff skills and knowledge on End of Life Care.

The End of Life Care Coordinator Network was created within the Trust to provide an opportunity for sharing best practice. Some of the work undertaken by our End of Life Care Coordinators is outlined below.

- They have held a number of End of Life CPD events reaching out to a large number of staff
- PPI engagement 'Whose Shoes'™ event was held
- They were part of a Paediatric Facebook live - hosted at Great Ormond Street hospital with 1200 views in the first week



- They developed 4 New Appropriate Care Pathways which are now live for palliative care patients
- They held a Child Bereavement UK Workshop - which provided bespoke training for critical care APP's, IRO's and ambulance clinicians on communication and welfare
- They presented at the Hospice UK conference on the challenges of end of life care in the ambulance service
- They are currently exploring and reviewing the internal care after death process.

Following attendance at the training, staff rated themselves as confident = 70%. This was an

increase in 20% from the baseline. Staff confidence is also reflected in the reduction in Emergency Department conveyance by an average of 10% this financial year, meaning more patients are supported at home towards the end of their lives.

**Target 3: Ensure that over 90% of NHSI patients involvement KPIs are met during 2019- 20 from January 2019 baseline**

The PPI team have undergone major staff changes in 19/20; as a result 71% of NHSI patients' involvement KPIs were completed this year. A new patient engagement strategy has been written and there have been 261 events to date. We increased the number of staff that

are trained to deliver presentations in a volunteer capacity, this allows our public education officers to focus on new projects. We have begun to participate in the 'Safety First' project alongside the other Blue Light services and received external funding to recruit two new Public Education Officers. Other projects we have been working on include:

- Dragonfly will be attending Capital City Academy to film Amanda Cassidy at Your Life You Choose knife crime presentation.
- We hosted a stand in the 'Your future your ambition' careers event at Emirates Stadium.

This work will continue as part of business as usual.

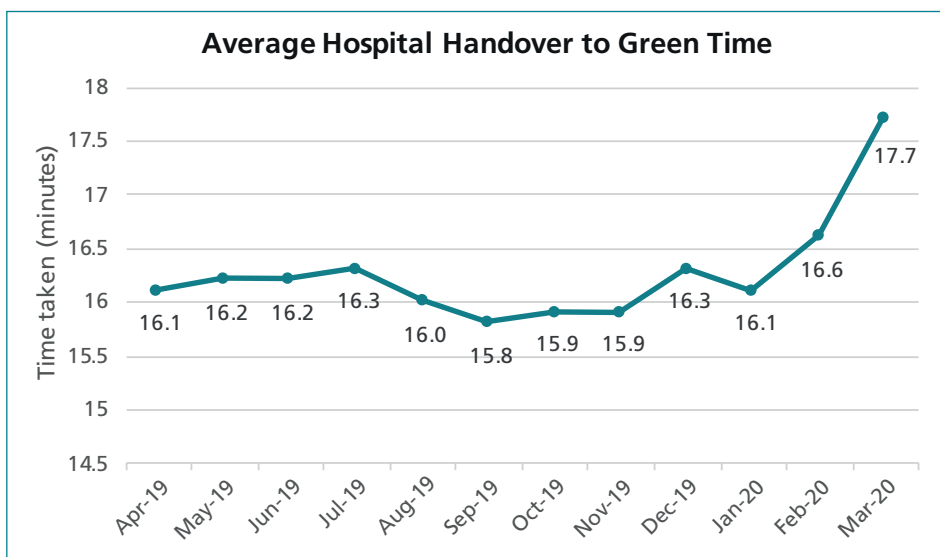


## Effective:

### Target 1: Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020

Handover to green is the time it takes for our crews to make themselves available for another call after hospital attendance. We have continued to use our performance reviews to assess

progress against this measure. Our performance in 18/19 for Handover to Green was 17.2 minutes; we have achieved a reduction in time to 15.8 minutes with our internal target being set at 15 minutes. The rise observed in Q3-Q4 is likely related to Coronavirus activity requiring additional focus on the cleaning of vehicles and equipment between patients. We will continue to monitor and work to achieve our target in 20/21.



### Target 2: Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020. Increased consultant complete episodes from April 2019 baseline.

The Trust has a number of IUC

quality targets. These include the percentage of calls answered within 60 seconds, the percentage of calls abandoned after 30 seconds and the percentage of consultant completed calls. Performance against these indicators is presented in the table & graph below.

Indicator	Target	2019/2020 NEL	2019/2020 SEL
Call answering – less than 60secs	>95%	76%	76%
Call abandoned after more than 30 secs	<5%	5%	4%
% ambulance avoided as a result of retriage	-	92%	89%
Average time to call-back – Priority 1	-	00:23:00	00:20:00
Average time to call-back – Priority 2	-	00:52:00	00:41:00
Average time to call-back – Priority 3	-	01:51:00	01:31:00
Rate of Patient related Adverse Events per 1,000 calls	-	0.9	0.7
Patient related Adverse Events - NO HARM	-	494	384
Patient related Adverse Events - LOW	-	8	7
Patient related Adverse Events - MODERATE	-	3	3
Patient related Adverse Events - SEVERE	-	0	1
Patient related Adverse Events – DEATH	-	3	0

the way in which these calls were handled was conducted and the findings were presented at the Serious Incident Assurance and Learning Group. An improvement plan was developed and actions implemented. We undertook some staff focus groups to understand some of the issues

- We did a film talking about ineffective breathing and it’s recognition during 999 calls and specifically at NOC. This was added to ESR as a staff training document for all EOC staff to access.
- We added information to the wall boards for staff to read
- We did some infographics about where it was going wrong

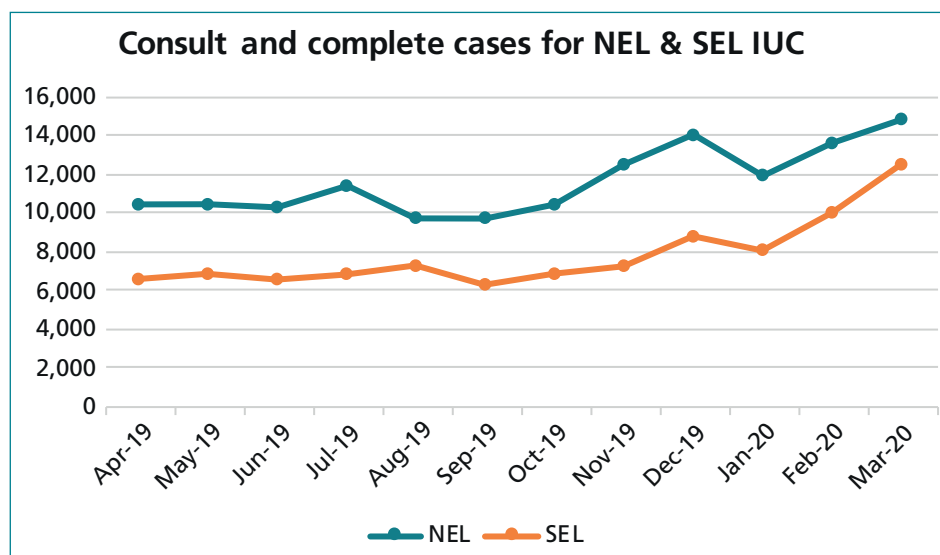
This has resulted in there being only 1 nature of call incident during 19/20.

## Responsive:

**Target 1: To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20**

In late 18/19, additional recurrent funding was secured for additional frontline and Emergency Control Services staff, and the Trust introduced an additional Incident Response Team to further strengthen our resilience capability. It was recently highlighted in our CQC report that we now have enough front-line ambulance staff to keep patients safe from harm.

Based on the aggregated AQI’s, the following table shows how the Trust has been ranked per month.



The trust continues to work towards achieving all the above targets. Where there are challenges as we have seen with COVID19, the trust will continue to engage with commissioners across both STPs to agree a comprehensive recovery and improvement plan to address

challenges to meeting KPIs.

**Target 3: Improvement plan agreed and actions signed off by senior leadership team. A reduction in nature of call incidents from January 2019 baseline**

A ‘deep-dive’ into the service and

LAS Ranking	Cat 1 - Mean	Cat 1 - 90th	Cat 2 - Mean	Cat 2 - 90th	Cat 3 - 90th	Cat 4 - 90th
April '19	1st	1st	2nd	2nd	2nd	6th
May '19	1st	1st	3rd	3rd	4th	7th
June '19	2nd	2nd	5th	6th	6th	7th
July '19	2nd	1st	5th	5th	4th	7th
August '19	2nd	1st	5th	5th	4th	6th
September '19	2nd	1st	2nd	3rd	4th	5th
October '19	4th	2nd	2nd	3rd	3rd	2nd
November '19	1st	1st	4th	4th	5th	6th
December '19	1st	1st	4th	4th	5th	7th
January '20	1st	1st	5th	5th	4th	5th
February '20	2nd	2nd	5th	5th	7th	11th
March '20	11th	10th	11th	11th	11th	11th

There was a variation in performance for Category 2 calls between June 2019 – September 2019. The Trust has worked hard to work smarter, recruit more staff including emergency ambulance crews to improve our overall performance for Category 2 calls.

These AQIs are part of our Board reporting framework and will continue to be monitored bi-monthly at Board and monthly by executive leads at monthly performance meetings.

**Target 2: To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019 baseline**

The Patient Experience Team reviewed the process for investigating and responding to complaints which has resulted in the Trust meeting and exceeding the target response rate of 75%; the Trust responded to 77% of complaints within 35 working days. This was achieved by streamlining departmental processes and working creatively to ensure people’s concerns were addressed within the 35 day target. The presence of a clinical advisor has had a very positive impact on

ensuring the clinical aspects of a complaint are reviewed thoroughly and closer working relationships with the Quality Governance and Assurance Managers has improved the quality of complaint response and improved management of those complaints linked to serious incidents.

## Well led:

### Target 1: Gain a rating of ‘good’ for the Use of resources domain in the 2019-20 CQC inspection

The CQC undertook an inspection of our services in September 2019 and rated the Trust as “good” overall. The CQC did not inspect the Use of Resources domain during their 2019-20 inspection. However, we will continue to work towards this rating and our improvement plan will include further actions in relation to Use of Resource.

### Target 2: Quality Improvement Teams in each sector and sector quality improvement programmes developed and delivered by April 2020

During 19/20 we have continued to work on quality improvement initiatives:

The Trust has recruited a Head of

Quality Improvement and Learning, who is working with the team to embed and share lessons learnt from investigations across the Trust.

Work continues in relation to embedding and delivering the Integrated Urgent Care service (IUC) and NHS 111 functions. South East London IUC became fully operational on 07 May 2019 and both IUC’s have recently been inspected by the CQC and award an overall “good” rating.

Our roster review outcomes continue to be embedded; ensuring a more consistent approach to rostering and in turn further supporting staff. The rosters have also allowed the Trust to match pan London patient demand data post ambulance response programme (ARP) to further support patients.

The Trust has played a leading role in the creation of the London Digital Board and other stakeholders to shape a clearly aligned strategy for integrated working. This was strengthened during development of the One London Local Health & Care Records (LHCR) programme, which is now delivering integrated patient records across all providers in London.

The Trust has worked hard to increase our staff survey level of return in 19/20 – achieving just over 70% return rate.

The Trust has continued to deliver our Workforce Race Equality Standard (WRES) Action Plan, and has developed a response to the newly required Workforce Disability Equality Standard (WDES) together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.

## Section 4:

# Statements of assurance from the Board

Statements mandated by NHS England - Each year we are required to report a number of mandatory statements, which you will find reported in this section:

### Data Quality Assurance

The London Ambulance Service manages data quality for Accident & Emergency information, using a bespoke application developed internally. All information received from the 999 CAD system, Command Point, Mobile Data Terminals (MDT) and Patient Report Forms (PRFs) is processed through this application. Within the application, records that satisfy any of the pre-defined validation rules are presented for reviewing, and can be amended where necessary, if there is adequate evidence available to do so.

Records are reviewed for:

- Illogical time sequences between timestamps
- Unlikely gaps between timestamps
- Incorrect hospital codes
- Missing timestamps where one would be expected
- Conveyances by non-conveying vehicles
- Patient Handover breaches at hospital
- Mismatched Patient Report Forms (PRFs)
- Discrepancies between Command Point, MDT, and PRF data.

A facility is available to allow staff, outside of management,

information to request a review of any data items. These data quality queries are submitted via the Business Intelligence (BI) Portal for consideration by the Data Quality team to ensure that they meet agreed rules. No-one outside of the Data Quality team within MI can make amendments to any records. There is an audit history for any record flagged for reviewing, and all changes and actions taken (or not taken as the case may be) are logged with the username/change made/date/time.

All reports produced by the Business Intelligence team follow a pre-determined check list to ensure accuracy and compliance with Ambulance Quality Indicator guidance. Every report is peer reviewed and approved by a senior member of the team prior to publication.

A report demonstrating compliance against the Ambulance Quality Indicators (AQI) guidelines is submitted annually to Executive Leadership Team (ELT) for approval. A data quality strategy is under development to be approved by the Trust Board in 2018.

### Income

The income generated by the NHS services reviewed in 2019/2020 represents 100 per cent of the total



income generated from the provision of NHS services by the London Ambulance Service NHS Trust for 2018/19.

**Ambulance Quality Indicator performance - STEMI & Stroke care bundles**

The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI patients and diagnostic bundle for stroke patients to NHS England for the reporting period 2019/20 and 2018/19.

that period, the London Ambulance Service NHS 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 London Ambulance Service NHS Trust was eligible to participate in during 2019/20 are as follows:-

	2019-20*		2018-19	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	74.8%	78.2% (76.6 – 79.8)	74.9%	79.9% (78.8 – 81.4)
Stroke patients	98.2%	98.1% (97.8 – 98.5)	98.4%	98.4% (98.3 – 98.4)

\*At the point of preparation of this Quality Account, NHS England reported data for April to September 2019.

**Clinical effectiveness and audit**

The Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2019/20, we examined the care provided to a wide range of patient groups and conditions including cardiac arrest, acute coronary syndromes, stroke, severe sepsis, respiratory, trauma and maternity care. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research programme continued to go from strength to strength, seeing successful applications for external research funding, publications in top ranking scientific journals, and participation in large-scale, multidisciplinary research projects (see Appendix 1).

We continued to support the development of the NHS England Ambulance Quality Indicators on

behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research continues to Chair the National Ambulance Research Steering Group and has been instrumental in helping to develop national prehospital research and influence changes to national processes to encourage and facilitate ambulance service research.

The quality and impact of our work was recognised through being shortlisted as a finalist for the National Quality Improvement and Clinical Audit Network (N-QI-CAN) awards. We also collaborated on a project that was selected as a finalist for the National Institute of Health Research (NIHR) Chief Allied Health Professions Research Impact Award 2019.

**Clinical audit**

During 2019/20, one national clinical audit and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During

**NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:**

- Outcome from cardiac arrest:
  - Number of patients
  - Return of Spontaneous Circulation (ROSC)
  - Survival to discharge
  - Post-resuscitation care bundle
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2019/20, 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
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 8,773	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 3,499 b) 501	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 3,354 b) 469	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	a) 514	100%
NHS England AQI: Outcome from acute STEMI a) 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) 1,317 b) 737	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90 <sup>th</sup> centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 3,461 b) 6,781	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 7,255	100%

\*At the point of preparation of this Quality Account, NHS England reported data for December 2018 to September 2019.

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

The reports of the above national clinical audits were reviewed by the provider in 2019/20 and the London Ambulance Service NHS Trust has taken actions to improve the quality

of healthcare provided. Furthermore, the reports of 10 local clinical audits were reviewed by the provider in 2019/20 and the London Ambulance Service NHS Trust intends to take 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 NHS Trust from 1st April 2019 to 29th February 2020 that were recruited during that period to participate in research

approved by a research ethics committee was 366.

### Serious Incidents (SIs)

Throughout 2019/20 the Quality Improvement and Learning Team have continuously reviewed and developed the internal governance processes to ensure that it supports robust investigation of incidents and SIs. Whilst analysing themes and learning from these are shared at the Serious Incident Learning & Assurance Group (SILAG) for discussion and ongoing monitoring and action.

The SI pathway was updated at the end of 2018/19 and was implemented in stages during 2019/20. This included root cause analysis and duty of candour training for the central team, Quality Governance & Assurance Managers and 60 Lead Investigators to support capability, uniformity of approach whilst improving the quality and thoroughness of reports.

During 2019/20, four cohorts (100 people) received this training with 93% scoring it as excellent:



The Trust has seen the effects of this training with the subsequent investigation reports being of a very good standard. There has been a defined move away from individualised action plans to a more systems and processes based approach.

The Trust's SI Assurance and Learning Group has been in place for over a year now with the main objectives of the group being to ensure that actions generated from SI investigations are effectively implemented, embedded and the learning is shared across the Trust utilising a multi-platform approach for communication.

The group have identified themes from SI investigations and taken action to address this over the year including:

**Theme:** Patient Group Directives

(PGDs) and incorrect doses of drugs being administered. **Actions taken:** PGDs are updated along with the ACOP booklet to ensure that all communication is in the same for front line staff. Also PGDs will go through the Patient Safety and Clinical Effectiveness group for review and approval to ensure that they are to ensure they are easier to follow.

**Theme:** Documentation on Patient Report Forms (PRFs) by clinical staff. **Actions taken:** Implementation of the 'perfect PRF workshop' Trust wide as part of continual professional development.

**Theme:** a broad theme involving mentoring and training crews as a number of cases highlighted to the SI Group involved mentoring crew including either a non-registrant or NQP, have deviated from clinical guidelines. **Actions taken:** Commissioned a thematic analysis of incidents involving mentoring crews. The action plan of which will be monitored by SIALG.

The team also integrated the two Trust Datix systems (LAS and 111) on the 1st April 2019. This streamlined systems management providing an integrated system for managing all incidents. There is also enhanced training for those involved in investigating incidents and serious incidents to ensure that completion of the system is more accurate and therefore data capture, analysis and reporting is more effective. The team have built and launched an e-learning package of training to offer an alternative to class room training to reach more staff working on the front line.

A total of 365 cases were reviewed by the Serious Incident Group in 2019/20. Of these, 131 incidents were deemed to meet the criteria to be declared as serious incidents as per NHS England's SI Framework. Over the last 12 months all SI reports were submitted within 60

working days with the exception of three reports due to unforeseen circumstances.

Quarterly thematic reviews have shown issues concerning call handling and dispatch and clinical treatment. A review of contributory factors demonstrated that Task factors continues to be the highest occurring contributory factor (21%) and was the prevailing factor for last year (18% of all contributory factors) 2018/19. SIALG is examining this data to establish if there is any wider organisational learning.

### Learning from experience

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- Movement to AED mode for the management of all cardiac arrests.
- The placement of stickers on the LP15 depicting how to operate the machine in AED mode.
- The implementation of JRCALC Plus to ensure that all LAS specific guidance is available to staff sustained major trauma.
- The reconfiguration of CommandPoint to ensure that FRUs are visible and available to be dispatched to chest pain determinants 10D2 and 10D4.
- Update of Operational Procedure 23 Dispatch of resources by EOC.
- CPR action cards are available on the desks of the Clinical Hub

Improved communication channels from the MPDS Academy to the LAS when changes are being implemented regarding specific protocols/determinants.

- Standardised procedure for administration staff to collate, sort and send PRFs.
- Live monitoring of calls within IUC that have lasted less than five



seconds.

- History taking and assessment prompt cards for clinicians working with IUC.
- An EOC improvement plan which is tackling deficits in numbers of Emergency Call Handlers.
- The development of the Electronic Patient Care Record has incorporated the learning from multiple SIs.
- Elements of human factors training in core skills refresher courses for both EOC and frontline operations.
- Nature of Complaint training delivered in core skills refresher courses for all EOC staff.
- Policies that have been identified to be unfit for purpose have been reviewed and updated.
- Incorporation of case studies, both clinical and EOC, to the internal leaning from incidents in the Insight magazine.
- The consolidation of guidance and removal of old clinical practice guidelines.
- Clarification of guidance with regards to the Recognition of Life Extinct in patients who have

### Future development

We are working with NHS England and NHS Improvement as an early adopter of the new Patient Safety Incident Response Framework (PSIRF) which will replace the Serious Incident Framework. Our work will involve testing the introductory framework within our organisation. We are currently using the process to manage incidents relating to COVID19 and learning from this will be shared with NHS England and NHS Improvement and other early adopters, prior to national roll out.

### Learning from Deaths

Following a CQC review in December 2016, 'Learning, candour and accountability: a review of the way trusts review and investigate the deaths of patients in England' it was identified that some providers were not giving learning from deaths sufficient priority and so were missing valuable opportunities to identify and make improvements in quality of care.

Learning from deaths of people in our care helps us improve the quality of the care we provide to patients and their families, and

identify where they could do more.

We continue to embed the guidance that NHS Improvement shared. Our Learning from Deaths (LFD) policy was submitted to the Trust board on the 1st December 2019 and subsequently approved.

We have Trust leads for Learning from Deaths who have undergone initial training on the Structured Judgement Review (SJR) process which is imperative to the clinical review aspect of the Learning from Death process. This is in order to start the actual reviews of clinical cases in 20/21. We are currently in process of finalising our Standard Operating Procedure (SOP) for implementing SJR into clinical reviews. We have progressed with our Learning from Deaths electronic database, however due to Covid-19, this has delayed testing of the database. From April, the trust is using this framework and tool to review all COVID19 and non COVID19 deaths. The learning from this will be reported via SILAG & the Quality Oversight Group.

### Claims and Inquests

The Legal Services Team have significantly improved the flow of

information and communication associated with both claims and inquests. The department is able to identify at an earlier stage associated Legal cases and SI investigations. Improvements have been made with data collation so that key stakeholders across the Organisation can see themes and trends emerging in their areas by the implementation of clear reports both on volumes and the costs associated to both claims and inquests.

The department works closely with Governance, Patient Experiences, Health & Safety and Fleet and utilizes the relevant Datix Modules to allow the smooth flow of information, records and reports when a multidisciplinary approach is required to respond to an enquiry.

A total of 1644 total cases have been received so far by the Legal Services Team during this financial year 2019/20. Of these, 51 incidents were deemed as Level 2 (Interested Parties (IP) status) or Level 3 (Major Incident).

The London Bridge Terror Attack 2017 inquest took place in 2019. This required a significant amount of Legal Services time since its declaration, as did the preparations for the Inquest into Croydon Tram 2016 Major Incident which is planned to be taking place in late 2020.

### Learning from experience

Below shows some examples of where the Trust has made improvements as a result of linking serious incident investigations and complaints where an inquest/claim is being managed in conjunction:

- Early identification and notification to HM Coroners and Representatives allowing an open and transparent process for the family/affected party.



Last rated  
3 January 2020

## London Ambulance Service NHS Trust



- Timely responses to enquiries from having the ability to search for linked Datix modules across the Trust.
- Improved communication flows between internal departments allowing the Trust to fully respond to concerns or questions.
- Clear processes for managing actions arising from PFDs

### Future developments

Legal Services will play an integral role in the project board and sub groups in the Violence Reduction and Staff Safety Programme. It will chair the Criminal Justice Group and work with colleagues providing assurance on the Driver Safety, Asset Management & Security Systems, and Body Worn Footage Groups to name a couple.

The team will support the Quality Directorate to ensure that the actions generated from recommendations from SI investigations and Regulation 28, Prevention of Future Death Reports are effectively implemented and embedded and the learning is shared across the Trust utilising a multi-platform approach for communication.

Legal Services is reviewing the framework in which it operates, and

the way it commissions legal advice in order to reduce costs associated with representation and advocacy through its claims and inquest management.

### CQC

Following the September 2019 Care Quality Commission (CQC) inspection of the service and publication of our report on 3<sup>rd</sup> January 2020, the Trust has developed a Quality Improvement Programme (QIP) to address quality improvement in the Trust. A clear programme of delivery, accountability and governance has been established, led by the Chief Quality Officer to ensure oversight and leadership in the delivery of our QIP via Executive Leadership Team meetings and via Quality Oversight Group, Quality Assurance Committee and Board.

Our rating of the trust stayed as "good" overall. However, two "Must Do" actions were issued in relation to medicines & security of vehicles and premises. The Trust has developed an action plan to not only address these two areas but to also address the recommendations made by the CQC "Should Do" actions.

# Safeguarding

## Safeguarding

The London Ambulance Service NHS Trust has continued to grow the Safeguarding Team to ensure safeguarding children and “adults at risk” remain a focal point within the Trust, ensuring it meets its legal requirements and protects these vulnerable groups. The Trust engages with the 64 Safeguarding Boards in London and is assured via the Brent Safeguarding Boards.

We have this year increased the Safeguarding Team and introduced a Safeguarding Lead- Children and Safeguarding Lead-Adults to support the Head of Safeguarding. We have also increased the Safeguarding Specialist to 5 posts covering each of our operational sectors, with responsibility for other frontline areas. We have also introduced two support roles Safeguarding Governance & Training Support and Safeguarding Training Administrator. These

changes have allowed the Trust to provide safeguarding training that is now delivered by safeguarding specialists.

This year we have also made a number of changes to our practice. Safeguarding concerns and referrals are made via the Emergency Bed Service. This moved to full telephone referrals 24/7 for safeguarding concerns. We also introduced a new welfare/care concerns form and process.

The figure for safeguarding concerns and referrals for 2019-20 is 21,546 this equates to 1.9% of incidents resulted in safeguarding.

- Total number of referrals – 21,546
- Total adult safeguarding – 6,031
- Total adult welfare only – 1,505
- Total child – 10,433
- Total other outcome – 5,207

We received feedback from the local authority on 2,966 (13.7%).

The top three reasons for Safeguarding Adult Concerns in 2019-2020

- 1 Self-neglect (inc hoarding)
- 2 Neglect
- 3 Physical abuse

The top three for Child referral in 2019-2020

- 1 Self-Harm
- 2 Parental mental health
- 3 Parental Capacity

With the publication of the Intercollegiate documents which outlined the roles and competencies for health care staff the Trust agreed and supported that the safeguarding training should be delivered by safeguarding specialists. The document also outlined that all registered health care professionals were required to be trained at level 3. The Trust has implemented this for all clinical staff. Non clinical staff within our control rooms and Integrated Urgent Care services are trained to level 2.

## LAS Safeguarding Achievements 2019/20

Only Ambulance trust providing information to MARAC's

Moved to Safeguarding training delivered by Safeguarding Specialists

Published quarterly safeguarding newsletters

>90% safeguarding training compliance. Level 2 & 3 Face to face

Developed Safeguarding Star badge and certificate to recognise good and outstanding safeguarding practice

All clinical staff being trained to Level 3 Safeguarding

Spilt welfare/care concerns and safeguarding processes

Provided local Safeguarding Specialist for each operational area including IUC/ EOC

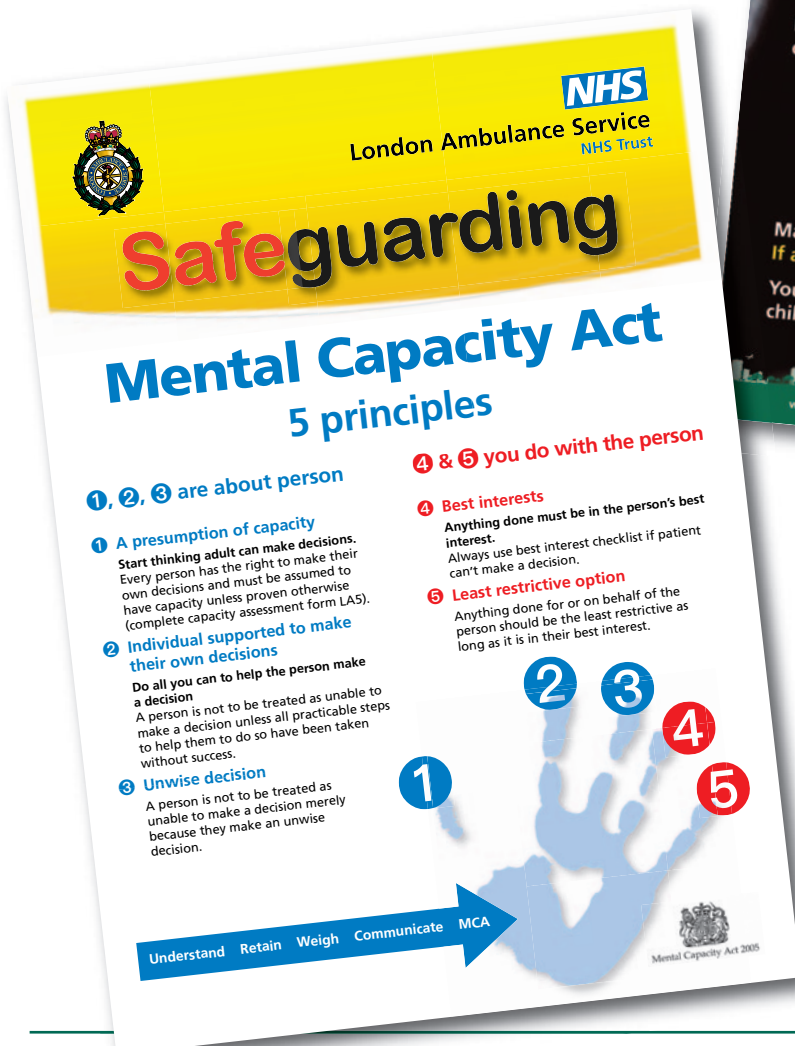
Partnership working is key to protecting those at risk of neglect or abuse. The Trust has good working relationships with a wide range of partners including:

- London Safeguarding Boards (64)
- London Fire Brigade
- Metropolitan police
- NHSE partners
- London Safeguarding Adult Network
- London Homelessness Health Programme
- Red Thread
- Women's Aid
- Multi Agency Risk-Assessment Conferences
- Silverline
- Crisis
- Bath & Bedford Universities
- Other UK ambulance trusts

We also had a number of presentations from victims of abuse and organisations supporting them at our safeguarding conference.

The Trust has also produced 2 posters this year on Mental Capacity Act (MCA) and Youth Violence to support the education provided to staff.

The Trust produces a Safeguarding Annual Report which will provide further details on the Trusts safeguarding practice governance and assurance.





patients/service users or other members of the public, which is much higher than at other trusts (comparing to 7% across all trusts and 13% for ambulance trusts).

### Staff Survey

The national NHS staff survey runs every year and enables everyone across the Trust to have their say on a range of areas. It is fundamental in helping to shape the workplace environment and areas for improvement going forward. This year, 71% of staff completed the staff survey – a Trust record and an increase of almost 30% over the last three years and compares exceptionally well to the average response rate nationally of 48%.

The trust has statistically positive movement in 11 questions, but went backwards in 8. Our overall staff engagement score, which tells us how staff feel about the

organisation generally, has remained static at 6.1 (on a scale of 1-10), comparing to a score of 7 for all trusts and 6.3 for ambulance trusts. The Highlights were;

- 74% of staff would be happy with the standard of care provided if a friend or relative needed treatment (compared to 71% across all trusts and 73% for ambulance trusts);
- 87% of staff feel that the organisation encourages reporting of errors/near misses/incidents (compared to 88% across all trusts and 85% for ambulance trusts); and
- 70% of staff feel that the organisation acts fairly in respect of career progression; an increase of 4% since last year (but comparing to 84% across all trusts and 73% for ambulance trusts).

However, 25% of staff feel involved in changes that affect their work (compared to 52% across all trusts nationally and 28% across ambulance trusts); 69% of staff know who the senior managers are at LAS (compared to 83% nationally and 76% across ambulance trusts); and only 23% of staff feel that senior managers involve them in important decisions (compared to 36% nationally and 25% in ambulance trusts). Over 20% of staff have personally experienced discrimination at work from

## Freedom to Speak Up (FTSU)

In 2019/20 Freedom to Speak up has continued to grow in the Trust in terms of resource, concerns raised and the impact that it is having.

The number of concerns has continued to grow, and at the end of 19/20 278 concerns had been raised through FTSU in 2019/20, averaging at about 69 per quarter. Compared to other Trust's as yet unconfirmed data this is amongst the highest number in the country.

Feedback remains almost entirely positive with approximately 95% of staff who have raised concerns reporting that they would speak up again and that they have not suffered detriment as a result of doing so. No staff have reported they would not speak up again at all in fact, but 9 staff who raised a concern as a group said they have suffered detriment. The detriment came about as a result of the length of time it took to resolve their issue and this has been reflected on and learnt from to avoid future similar problems. All 9 staff have reported that their workplace experience is now better that it was prior to raising the concern and they would speak up again.

There are now 32 Freedom to Speak Up advocates representing a range of roles and backgrounds across the Trust including colleagues from 111, fleet and both EOCs. Over 20% of concerns received come directly through advocates.

The action plan written to underpin the strategy has been reviewed and almost entirely implemented. Adjustments have already been identified for 20/21 in order to identify areas that still have room for improvement.

An external audit of Freedom to Speak Up activities provided significant assurance with some improvements required. This

requirement centred on closer monitoring of cases that have been open for longer than 60 days and has already been actioned in terms of producing a report on these cases which will shortly be distributed by directorate and appear in the Freedom to Speak Up Board report.

In 2019/20, the LAS won two awards relating to Freedom to Speak Up. The first was from the National Guardians Office who introduced the "freedom to speak up index" based on staff survey results of the last 3 years which identified the LAS as having the most improved speaking up culture of any NHS Trust in the country. The LAS also won the Healthcare Business award for ambulance trust of the year referencing Freedom to Speak up as one of the reasons for this.

**Information Governance:** In October 2019, London Ambulance Service submitted a Baseline Report for all DSPT the applicable standards. Due to the outbreak of Covid-19, NHS Digital extended the final DSPT submission deadline from 31 March 2020 to 30 September 2020. In light of this, the Trust continues to progress its work programme in information governance against the DSPT standards ahead of the final submission in September 2020.





## Section 5:

# Reporting on core indicators

In October 2017/18 the ambulance response categories changed following the national implementation of Ambulance Response Programme (ARP).

Category	Percentage of calls per Category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	<ul style="list-style-type: none"> <li>7 minutes mean response time</li> <li>15 minutes 90th centile response time</li> </ul>	The earliest of: <ul style="list-style-type: none"> <li>The problem being identified</li> <li>An ambulance response being dispatched</li> <li>30 seconds from the call being connected</li> </ul>	The first emergency vehicle that arrives on scene stops the clock. (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	<ul style="list-style-type: none"> <li>18 minutes mean response time</li> <li>40 minutes 90th centile response time</li> </ul>	The earliest of: <ul style="list-style-type: none"> <li>The problem being identified</li> <li>An ambulance response being dispatched</li> <li>240 seconds from the call being connected</li> </ul>	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 3	34%	<ul style="list-style-type: none"> <li>60 minutes mean response time</li> <li>120 minutes 90th centile response time</li> </ul>	The earliest of: <ul style="list-style-type: none"> <li>The problem being identified</li> <li>An ambulance response being dispatched</li> <li>240 seconds from the call being connected</li> </ul>	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 4	10%	<ul style="list-style-type: none"> <li>180 minutes 90th centile response time</li> </ul>	The earliest of: <ul style="list-style-type: none"> <li>The problem being identified</li> <li>An ambulance response being dispatched</li> <li>240 seconds from the call being connected</li> </ul>	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

### April 2019 to March 2020 categories (YTD)

An overview of the Ambulance Response Programme performance standards is outlined in Table 1

including the expected percentage of calls per category as was suggested before the implementation of ARP.

**Category 1 (Life Threatening):** A time critical life-threatening event requiring immediate intervention or resuscitation.

**Category 2 (Emergency):** Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.

**Category 3 (Urgent):** An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.

**Category 4 (Less-Urgent):** Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.

Table 1

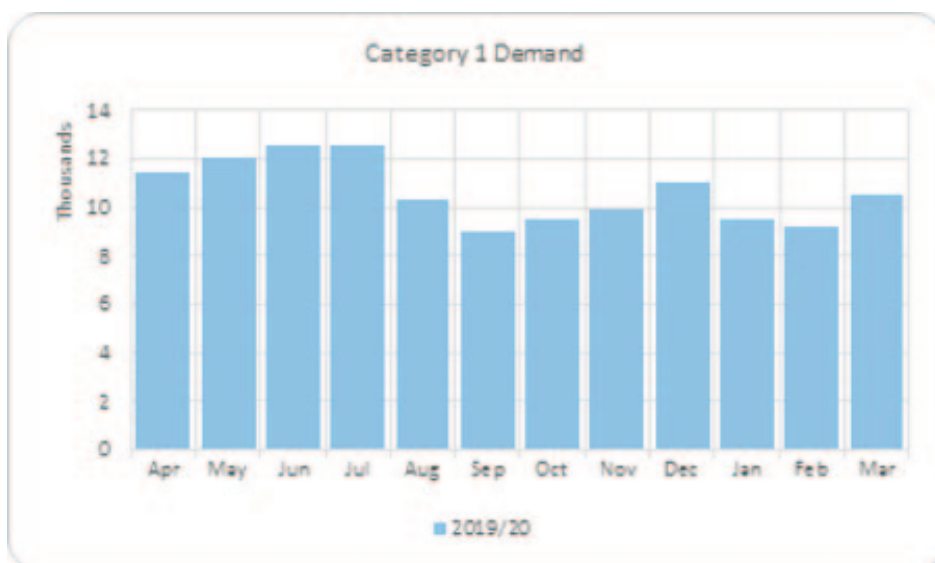


Table 1 demonstrates the demand for category 1 calls compared to the predicted level of demand.

Table 2 demonstrates our achievement in these categories of demand for 2019/20. The values presented represent the key

indicators and their resulting performance month on month from April 2019 up to and including March 2020.

Table 2	C1 Mean (00:07:00)	C1 90 <sup>th</sup> Centile (00:15:00)	C2 Mean (00:18:00)	C2 90 <sup>th</sup> Centile (00:40:00)	C3 Mean (01:00:00)	C3 90 <sup>th</sup> Centile (02:00:00)	C1 90 <sup>th</sup> Centile (03:00:00)
Apr-19	00:06:02	00:10:10	00:16:27	00:32:57	00:45:40	01:48:23	03:15:08
May-19	00:06:08	00:10:10	00:17:48	00:36:10	00:53:49	02:02:52	03:12:53
Jun-19	00:06:38	00:10:59	00:21:30	00:44:39	01:05:45	02:38:14	03:33:49
Jul-19	00:06:34	00:10:56	00:21:09	00:43:58	01:06:27	02:39:57	03:39:02
Aug-19	00:06:35	00:11:07	00:18:28	00:37:39	00:55:28	02:12:41	03:20:22
Sep-19	00:06:41	00:11:13	00:18:28	00:37:10	00:55:45	02:15:10	03:01:46
Oct-19	00:06:51	00:11:30	00:18:53	00:37:57	01:00:27	02:23:20	02:56:30
Nov-19	00:06:44	00:11:13	00:21:11	00:43:33	01:13:10	02:57:20	03:48:33
Dec-19	00:07:02	00:11:45	00:25:30	00:54:21	01:30:27	03:44:57	04:10:46
Jan-20	00:06:31	00:10:49	00:18:14	00:37:00	00:53:43	02:09:00	02:58:33
Feb-20	00:06:47	00:11:16	00:22:03	00:45:56	01:17:22	03:05:26	07:01:42
**Mar-20	00:09:51	00:17:36	01:01:24	02:20:31	02:47:33	07:17:06	09:55:28
**YTD 2019/20	00:06:51	00:11:31	00:23:49	00:49:23	01:09:07	02:45:45	03:48:31

\*\*These numbers are as at 06/04/2020 and are subject to change due to data validation processes

The C1 mean performance has been continuously within target since April 2019 with the exception of December 2019 due to an increase in demand over the festive period

and March 2020. The C1 mean finished below the seven minute target. The C1 90th centile shows monthly performance successfully within the national standard of 15

minutes, with the exception of March 2020, which is also reflected in the year to date position at 11 minutes and 31 seconds, and indicates a safe level of service is

being provided in this category.

Response times continue to be a challenge for Category 2 patients. The C2 mean has been above the 18 minute target by a few minutes from June 2019. In March 2020 due to the Covid-19 pandemic there was a sharp increase in the level of demand for category 2 patients. The year to date position is 5 minute and 49 seconds above the national standard; the C2 90th centile stands at 9 minutes and 23 seconds above the national standard. The delays experienced in responding to category 2 calls has a subsequent impact on category 3 and 4 calls.

As a result of the delays experienced in Category 2, a number of risk mitigating actions were immediately implemented, which included maintaining daily oversight of delays to assess for any potential patient safety harm. As a result, the Trust commissioned a thematic review into the long delays to identify learning which can be used for future planning and ensure the Trust continuously improves its service. This is a quality priority for the Trust during 2020/21.

### Complaints and Patient Advice & Liaison (PALS)

Patient experience and feedback is an excellent learning opportunity that allows us to understand whether our services are meeting the standards we set ourselves and addressing patients' expectations. With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response, clearly identifying any lessons and using these to improve our service, where appropriate.

We report trends and emerging themes through the Trust's governance processes and to widen

the learning, we publish anonymised case examples on the Trust website and contribute anonymised case examples to our 'Insight' publication which is disseminated across the Trust. We also contribute to the national ambulance forum (National Ambulance Service Patient Experiences Group (NASPEG), comprising all UK ambulance services.) where the issues raised are common to the sector as a whole.

We also work very closely with advocacy providers, especially POHWER, the largest provider in London.

### Activity

For the year ending 2019/20, the volume of complaints increased over the previous year, totalling 1125 against 1017 in 2018/19. Enquiries also increased this year (4181 against 3885 in 2018/19).

The top 5 enquires were:

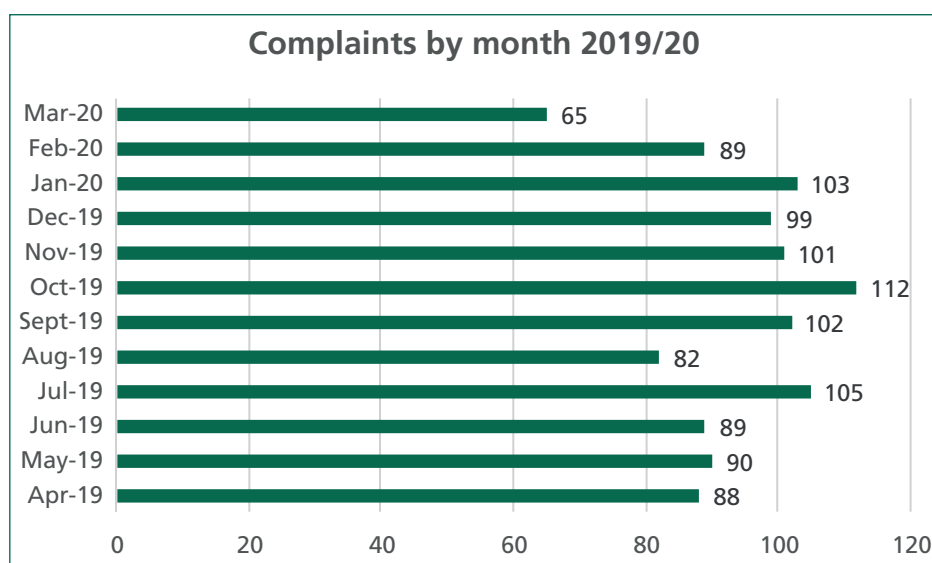
Requests for information	(2297)
Lost property	(687)
Appreciation	(389)
Requests for medical records	(367)
Safeguarding enquiries	(49)

We have introduced an online form for lost property requests, 264 such enquiries were received by this method in 2019/20

NHS 111 complaints (via LAS) are also hosted by the team. During 2019/20 we managed 146 x NHS111 complaints – 61 for North East London Integrated Urgent Care and 85 for SEL IUC.

The number of external Quality Alerts raised by other Healthcare Professionals increased from 234 in 2018/19 to 364. From 2020/21 we will also take responsibility for the management of internal Quality Alerts from issues raised by LAS staff. A total of 15 such requests have been received so far but we anticipate this will rise exponentially.

The average percentage of complaints received against calls attended is [0.09%].



Complaint risk score: 2019/20

## Quality Strategy : Vision 2020 and Annual Quality Account 2020-2021

During 2019/20, 27 complaints and 12 Quality Alerts were referred to the Serious Incident Group. Of these, 11 complaints and 1 Quality Alert (decision awaited on 2 others) were declared as Serious Incidents.

Complaints are graded using the Trust's Risk Matrix as follows:

Risk grade 2019/20	Number of complaints
Low	1,005
Moderate	117
High	1
Significant	2
<b>Total</b>	<b>1,125</b>

### Complaint outcomes

Where a complaint is upheld or partially upheld, the learning identified is actioned accordingly. This can involve a range of measures including feedback,

reflective practice and bespoke training held locally, with emerging themes reported through the governance structure.

We monitor any agreed learning that has been identified to ensure that actions have been undertaken.

Table showing outcomes of complaints 2019/20:

Outcome of cases 2019/20	Number
Not upheld	569
Under investigation	155
Partially upheld	127
Referred to other agency	115
Upheld	72
Actioned	38
Insufficient information / no response	49
<b>Total</b>	<b>1,125</b>

### Themes

In 2019/20, complaints about staff communication and conduct increased to 447. This has now substantially overtaken complaints that in the main relate to the delay in an ambulance arriving at the scene. With NHS delays this subject usually relates to incorrect referral pathway or clinical call backs.

Many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

The top five key subjects were as follows:

Complaints by subject 2019/20	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Conduct	39	37	32	40	30	46	55	42	31	49	46	33
Delay	11	12	14	15	6	15	12	20	23	18	12	8
Non-conveyance	5	5	5	5	2	4	3	5	3	1	1	8
Road handling	2	10	7	12	11	10	6	8	6	7	6	4
Treatment	4	7	7	5	4	5	5	3	9	3	6	4
Totals these	61	71	65	77	53	80	81	78	72	78	71	57
<b>Totals</b>	<b>88</b>	<b>90</b>	<b>89</b>	<b>105</b>	<b>82</b>	<b>102</b>	<b>112</b>	<b>101</b>	<b>99</b>	<b>103</b>	<b>89</b>	<b>65</b>

March 2020 saw the advent of Covid-19 which substantially impacted on complaint numbers.

### Performance

Our current target for complaint responses is 75% within 35 working days. We have prepared a more robust way of managing cases which are now no longer owned exclusively by one officer. This prevents delays when staff are out

of the office and although turnaround has improved, throughput is still hindered by other factors for example, telephony and IT problems and unforeseen issues that impact on the entire service – for example Major Incidents and epidemics.

Some of the improvements we have achieved this year:

- The presence of a clinical advisor one day per week has had a very positive impact on ensuring the clinical aspects of a complaint are reviewed thoroughly.
- Closer working relationships with

the Governance and Assurance Teams has improved the quality of complaint response and improved management of complaints which are linked to serious incidents. This has ensured comprehensive response to complainants.

Complaints continue to be a powerful tool to describe patients' experiences and the learning that has resulted is presented through the governance process. We are planning further improvements with other internal stakeholders including the Quality Assurance team who manage reports on 999 calls and the Clinical Hub.

### Positive Feedback from complainant

A colleague of the patient complained about the way in which their 999 call was managed. Following our response, although the complainant declined to complete the feedback form, the following comments were received:

*Thank you very much for your response to my complaint, I could not ask for more feedback than this and I am comfortable that it is being dealt with appropriately. I just want to add that I have always had an exemplary service from the NHS Ambulance service and really appreciate the good work everyone does and also the seriousness that you take patient welfare into consideration*

#### Themes

- Delay caused by demand exceeding resourcing.
- Triage errors, including technical and procedural errors
- Poor staff interaction with patients, mixed messages etc
- Referrals to NHS111 not always understood by 999 callers

### Ombudsman cases

The Ombudsman continues to investigate a high proportion of

complaints across all NHS Trusts, especially where a death has occurred.

The following table showing requests by the Ombudsman and outcomes:

Status of Ombudsman referrals 2017-2020	Data
Ombudsman case not upheld	25
Ombudsman case discontinued	12
Ombudsman under investigation	7
Ombudsman case partially upheld	3
<b>Total</b>	<b>47</b>
Ombudsman cases partially upheld	3

Patient was offered £500 financial remedy payment offered

Acute Trust hosted - call triage error £400 financial remedy payment offered

Acute Trust aspect upheld

## Section 6:

# Other services

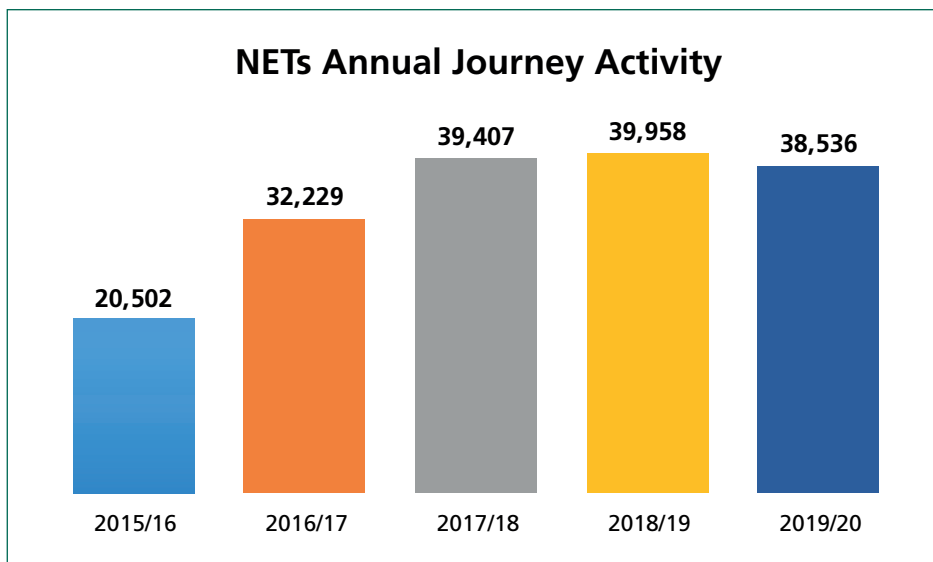
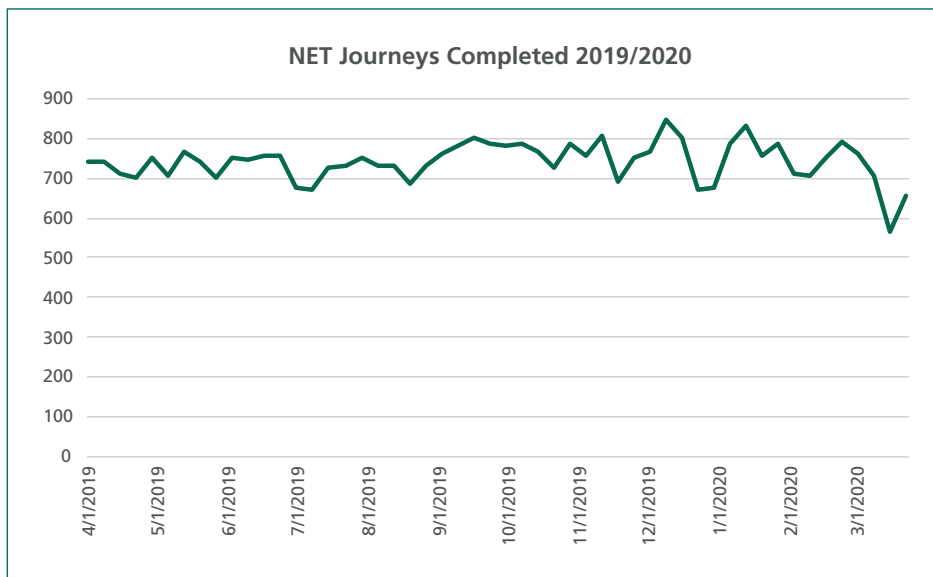
### 5a: Non-Emergency Transport Services

The **Non-Emergency Transport service (NETs)** which commenced in June 2015 has continued to grow. This service supports our core A&E service in transporting the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required on route. As a result we are able to increase the availability of frontline crews to attend life threatening calls made to the service and ensure

lower acuity patients receive transport within an agreed timeframe providing for a better patient experience.

The number of journeys completed by NETs has been maintained in line with the development of the service with approximately 750 to 800 journeys a week. We are implementing plans to reach a target of 1,000 journeys per week.

The weekly delivery of journeys is shown in the following graph:



The NETs pre-plan mental health community assessment journey requests via our e-booking system and use to all the Mental Health Trusts in London continues to grow with an increased demand for this service. The project has been highly successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of their assessment or within 30 minutes.

Following on from the Mental Health Transport Project the Service has also seen the pre-booking of journeys for end of life care patients where journeys are time critical rolled out and this service is now operating pan London. The service continues to engage in the roll out of this service to all Hospices operating within the London area. A new NETS End of Life Care clinical guidance document has been produced for all NETs crews to use.

During the year we have also supported in a number of pilot projects including the Falls Project which saw a dedicated NETs vehicle based in the North West Sector crewed by a paramedic and a NETs ambulance person being tasked and attending to identified faller patients utilising different pathways in the care of the patient thereby minimizing the number of falls patients being taken directly to hospital.

We also provided a dedicated NETs vehicle at Heathrow Airport supporting our Cycle Response Units based in the airport terminals providing transport for low acuity patients again minimising the need for a front line ambulance to attend.

In line with the growth of NETs, there has been an increase in the number of NETs operational staff from 144 to 168. Our current establishment is 131 and we are currently recruiting to meet the new establishment requirement with all new employees joining us under the National Apprentices scheme.

The first introduction of apprentices into NETs was in 2017. We took on four cohorts of apprentices in the 2019/20 financial year totalling 41 new staff. This has proved a successful first step in an individual's career pathway where many have been successful in applications to further progress and move on to further development training to become TEACs. This year we have seen 16 staff move on and follow this pathway.

This year's training has focused mainly on new entrant courses with four courses being delivered, all of these were L2 apprenticeships and the 45 new staff members have been studying towards the diploma in health and social care.

For existing staff Level 3 safeguarding training has begun to be rolled out through a three year cycle of continuous training

Our regular Work Based Training Topics have included:

Basic Life Support, Wheelchair Harnessing and Securing.

In addition other statutory and mandatory training was delivered by e-learning.

These services are an important part of our core business and are fully integrated into our quality governance processes.

## 5b: South East London Integrated Urgent Care – 2019/20

This report has been prepared to review quality activity within LAS South East London (SEL) Integrated Urgent Care (IUC) for 2019/20 and has been broken down into eight key areas.

- Care Quality Commission Update
- Workforce Transformation
- Incidents, complaints and feedback
- Call quality and monitoring
- Safeguarding
- Patient experience
- Training
- Pilots and Innovation

### Care Quality Commission Update

A planned inspection occurred in September 2019 and concluded that, overall, Integrated Urgent Care services within LAS were 'Good'. The inspection noted that a number of national KPIs were not met due to service pressure and recommendations were made to increase the variety of communication cascade methods and to build in protected time for staff to report incidents as part of their job cycle. The IUC team have scoped and developed plans to address these concerns, which are being monitored and reported at Board level.

### Workforce Transformation

In 2019/20, SEL successfully evolved into an Integrated Urgent Care service as mandated by NHS England. This involved a radical change to operating procedures, namely providing a "consult and complete" service which significantly reduces referrals to other areas of the NHS and manages more patients within its



**when it's less urgent than 999**

own Clinical Assessment Service. In order to support the aspirations of the Integrated Urgent Care Workforce Blueprint, a number of new roles have been developed in 2019/20, including Service Advisors and Health Advisor Apprenticeship Schemes, rotational Advanced Competency Practitioner development courses and prescribing and advanced practice training for Pharmacists.

## Incidents, complaints and feedback

Type	Mar 20	Feb 20	Jan 20	Dec 19	Nov 19	Oct 19	Sep 19	Aug 19	July 19	Jun 19	May 19	Apr 19
Serious incidents	1	0	1	0	0	0	0	0	2	0	0	0
Incidents	60	55	47	38	34	42	18	54	43	44	42	51
Complaints (formal)	0	10	6	0	2	8	3	3	5	2	0	8
HCP feedback	8	5	7	4	5	3	14	10	13	16	32	16
Compliments	2	0	1	2	0	0	2	0	1	0	0	0

### Serious Incidents

Four (4) Serious Incidents were declared in 2019/20. Of these, three were related to the quality of clinical assessment and one related to the project management of a technical implementation into IUC. These have been investigated, with appropriate recommendations set to ensure mitigation of future incidents. Actions arising from Serious Incidents are monitored through Governance and Assurance meetings and through SI Debrief and Learning workshops held with all senior managers within IUC. This promotes a broader approach to resolution and ensures consistency in completion of actions and shared learning across IUC sites

### Feedback from Health Care Professionals

The main services /departments that

SEL IUC receive feedback from are LAS crews and GP Out of Hours (OOH) providers. The majority were related to the perceived inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the IUC system. Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services; and also into improving understanding between the IUC service and OOHs services, e.g. including them in End to End reviews and engaging in workshops to promote collaboration between services. In May 2019 the full IUC service went live, with considerable change in the way IUC interfaces with other providers. This initially increased the amount of feedback received, but has since returned to stable levels following engagement and

experience of operating within the new IUC model.

### Feedback to Health Care Professionals

16 feedback forms have been sent to other providers of care. Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care, or where a procedure appears to be unsafe or inappropriate. The SEL Clinical Governance team work with relevant providers to resolve these issues. Feedback is also given to other agencies such as District Nursing Services, GP practices and Nursing Homes. A 24/7 on call system for senior management advice is also now in place to advise on difficult issues at any time.



## Call quality and monitoring

Call Audit Data	Feb 20	Jan 20	Dec 19	Nov 19	Oct 19	Sep 19	Aug 19	Jul 19	Jun 19	May 19	Apr 19
Calls answered at 111	45,726	41,386	45,296	39,159	35,497	33,237	25,249	35,264	35,422	37,208	36,021
No. Call audits	485	609	534	517	509	683	695	670	343	307	390
No. Call Handler audits	244	258	254	194	223	363	272	245	240	231	250
No. Clinical Advisor audits	43	102	55	89	58	98	99	111	103	76	140
% Compliance (target >86%)	94%	95%	96%	94%	94%	97%	95%	94%	91%	88%	94%
No. Pharmacist audits	0	15	9	18	12	12	15	20	0	0	0
% Compliance (target >80%)		100%	100%	100%	100%	100%	93%	100%			
No. Advanced Practitioner audits	72	66	63	84	66	66	105	97	86	114	105
% Compliance (target >80%)	91%	92%	86%	89%	85%	88%	82%	83%	92%	90%	90%
No. General Practitioner Audits	126	168	153	132	150	144	204	197	147	198	153
% Compliance (target 80%)	92%	88%	94%	92%	91%	93%	93%	95%	94%	90%	85%

\*March data is unavailable at the time of the report going to publish\*.

In each month of 2019/20, quality compliance with staff's use of NHS Pathways algorithm has exceeded the required 86%, demonstrating a consistently safe and appropriate management of patients. Advanced Practitioners, GPs and Pharmacists do not use the algorithm and are audited using the Royal College of General Practitioners' Toolkit for Primary Care consultations. The recommended audit cycle is quarterly with an 80% benchmark for quality and Safety. LAS audits monthly for increased oversight and consistently achieves over the 80% quality threshold for all skill sets.

### End to End call audits

Monthly end to end call reviews are undertaken at SEL IUC. This year a total of 73 calls were audited by the

senior management team (in comparison to 50 in 2018/19), including the Trust's Assistant Medical Director. The audits are attended by the clinical leads for the service, and relevant professionals from the areas being investigated are invited for their input and to improve communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some improvement and action plans have been put in place to address concerns.

### Authorised confidentiality breaches

Authorised confidentiality breaches are the most common category of

incident reported in SEL IUC. Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and /or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre. All of these are then reviewed to ensure the appropriate best-interest decisions are made, any learning is captured and fed back into the continuous training loop.



### Compliments

Eight (8) compliments have been received relating to both the service and individuals undertaking patient contact duties. Recognition for staff is shared across the Trust, as compliments continue to be published in the Trust's weekly bulletin in addition to being displayed on site noticeboards and flagged to the Centre Operations Manager for noting and comment to the individuals involved.

### Safeguarding

Safeguarding referrals have increased by 30% in comparison to 2018/19 for both adults and children. SEL IUC service has referred 499 people in total to Local Authority services (up from 415 in 2018/19). Referrals for adults were predominantly for welfare concerns and for children, safeguarding concerns.

Internal Safeguarding End to End reviews give a monthly focus on both IUC and the Trust's wider

safeguarding process. A Safeguarding Specialist works in conjunction with the IUC Quality Governance and Assurance Manager to review cases and identify learning required.

### Patient Experience

Following a change in process for gathering patient feedback, 687 patients contributed to evaluating the SEL IUC service in 2019/20. The service generally was viewed extremely positively by patients, with a large majority stating that advice was followed and helpful and that it prevented follow up contact with NHS services in the 5 days following contact.

The majority of patients, had IUC services not existed, would have called 999 or attended an ED. Given the Service's low referral rates to these downstream services, patients and SEL IUC are assisting in the appropriate flow of patients to urgent care services.

### Language line

The average calls per month using interpretation services has dramatically increased from 137 in 2017/18 to 210 in 2019/20. In 2019/20 Bengali interpretation services have increased in frequency, although Spanish remains the most requested language.

### Training

All staff have undertaken mandatory training relating to changes made to the 111 call management system "NHS Pathways" with two version updates (17 and 18) being completed, the latter in November 2019. Following the response to an emergent trend of increasing calls requiring Basic Life Support, a Cardio Pulmonary Resuscitation workshop was created by the Quality Governance and Assurance Manager and was delivered at this time. All cases where BLS is provided are being audited to ensure safety and review the effectiveness of this workshop.

## Pilots and Innovation

SEL IUC has been actively involved in a number of pilots throughout the year including

- GP Registrar rotational Working
- Implementing the introduction of Cat 5 ambulance revalidation in IUC
- Advanced Competency Practitioner development programme in conjunction with local University



number of national KPIs were not met due to service pressure and recommendations were made to increase the variety of communication cascade methods and to build in protected time for staff to report incidents as part of their job cycle. The IUC team have scoped and developed plans to address these concerns, which are being monitored and reported at Board level.

## 5c: North East London Integrated Urgent Care – 2019/20

This report has been prepared to review quality activity within LAS South East London (SEL) Integrated Urgent Care (IUC) for 2019/20 and has been broken down into eight key areas.

- Care Quality Commission Update
- Workforce Transformation
- Incidents, complaints and feedback

- Call quality and monitoring
- Safeguarding
- Patient experience
- Training
- Pilots and Innovation

### Care Quality Commission Update

A planned inspection occurred in September 2019 and concluded that, overall, Integrated Urgent Care services within LAS were 'Good'. The inspection noted that a

## Workforce Transformation

In its first full financial year operating as an IUC, NEL have continued to develop the IUC current and future workforce. GP Registrars now have a rotation into IUC to increase awareness of the roles available in urgent care. An Advanced Practitioner rotational programme has commenced to provide clear career development pathways for clinicians and Apprenticeship schemes are in place for non-clinical staff. NEL IUC are supporting Pharmacists to become independent prescribers and develop clinical assessment skills.

## Incidents, complaints and feedback

Type	Mar 20	Feb 20	Jan 20	Dec 19	Nov 19	Oct 19	Sep 19	Aug 19	July 19	Jun 19	May 19	Apr 19
Serious incidents	0	1	0	1	1	1	1	2	0	0	0	0
Incidents	36	33	82	89	60	71	82	48	48	59	37	21
Complaints (formal)	28	11	17	20	12	12	9	8	5	16	4	13
HCP feedback	14	13	3	4	5	5	7	4	12	5	7	7
Compliments	0	2	1	0	1	2	1	5	0	0	1	2

### Serious Incidents

Seven (7) Serious Incidents were declared in 2019/20. Of these, two were related to delayed call backs

experienced by patients, two related to technical or operational issues and three related to the quality of clinical assessment. These

have been investigated, with appropriate recommendations set to ensure mitigation of future incidents. Actions arising from

Serious Incidents are monitored through Governance and Assurance meetings and through SI Debrief and Learning workshops held with all senior managers within IUC. This promotes a broader approach to resolution and ensures consistency in completion of actions and shared learning across IUC sites.

### Feedback from Health Care Professionals

The main services /departments that NEL IUC receive feedback from are LAS crews and GP Out of Hours (OOH) providers. The majority were related to the perceived inappropriateness of the referral

and whilst several have been upheld, some are due to a lack of understanding of the IUC system. Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services; and also into improving understanding between the IUC service and OOHs services, e.g. including them in End to End reviews and engaging in workshops to promote collaboration between services.

### Feedback to Health Care Professionals

128 feedback forms have been sent to other providers of care. Staff are

encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care, or where a procedure appears to be unsafe or inappropriate. The NEL Clinical Governance team work with relevant providers to resolve these issues. Feedback is also given to other agencies such as District Nursing Services, GP practices and Nursing Homes. A 24/7 on call system for senior management advice is also now in place to advise on difficult issues at any time.



## Call quality and monitoring

Call Audit Data	Feb-20	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19
Calls answered at 111	48,991	51,151	58,056	47,857	45,587	42,861	45,670	48,789	46,780	48,612	50,101
Total No. Call audits	643	816	545	671	825	837	980	869	725	813	711
No. Call Handler audits	452	562	293	384	494	509	564	432	558	533	504
No. Clinical Advisor audits	108	115	68	93	127	135	150	137	117	100	73
% Compliance (target >86%)	97%	94%	95%	94%	91%	86%	91%	81%	89%	83%	87%
No. Pharmacist audits	6	6	12	21	21	12	11	19	0	0	15
% Compliance (target >80%)	100%	100%	90%	100%	71%	no figures	18%	15	0	0	86%
No. Advanced Practitioner audits	67	29	80	80	79	84	121	141	50	180	31
% Compliance (target >80%)	99%	100%	97%	95%	93%	no figures	74%	no figures	92%	84%	100%
No. General Practitioner Audits	101	104	92	93	104	100	134	140	50	180	88
% Compliance (target >80%)	100%	92%	86%	89%	93%	no figures	82%	no figures	92%	84%	93%

March data is unavailable at the time of the report going to publish.

In each month of 2019/20, quality compliance with staff's use of NHS Pathways algorithm has exceeded the required 86%, demonstrating a consistently safe and appropriate management of patients. Advanced Practitioners, GPs and Pharmacists do not use the algorithm and are audited using the Royal College of General Practitioners' Toolkit for Primary Care consultations. The recommended audit cycle is quarterly with an 80% benchmark for quality and Safety. LAS audits monthly for increased oversight and consistently achieves over the 80% quality threshold for all skill sets.

### Safeguarding

Safeguarding referrals remain consistent within NEL. Historical data from the previous 111 service provider is not available, however there are, on average, 50 referrals to Local Authorities every month.

Internal Safeguarding End to End reviews give a monthly focus on both IUC and the Trust's wider safeguarding process. A Safeguarding Specialist works in conjunction with the IUC Quality Governance and Assurance Manager to review cases and identify learning required.

### Patient Experience

Patient Experience monitoring was introduced in August 2019 in NEL IUC. Telephone surveys are completed by Service Advisors as part of their role. In 2019/20 172 patient views were captured. The service generally was viewed extremely positively by patients, with a large majority stating that advice was followed and helpful and that it prevented follow up contact with NHS services in the 5 days following contact.

The majority of patients, had IUC services not existed, would have

called 999 or attended an ED. Given the Service's low referral rates to these downstream services, patients and NEL IUC are assisting in the appropriate flow of patients to urgent care services.

### Language line

Language Line data will start to be collected from April 2020.

### Training

All staff have undertaken mandatory training relating to changes made to the 111 call management system "NHS Pathways" with two version updates

(17 and 18) being completed, the latter in November 2019. Following the response to an emergent trend of increasing calls requiring Basic Life Support, a Cardio Pulmonary Resuscitation workshop was created by the Quality Governance and Assurance Manager and is being delivered between January and March 2020. All cases where BLS is provided are being audited to ensure safety and, once fully implemented, review the effectiveness of this workshop.

### Pilots and Innovation

NEL IUC has been actively involved

in a number of pilots throughout the year including

- Perfect Day on 30<sup>th</sup> September 2019 – a day where NEL STP expanded alternative care pathways for patients
- GP Registrar rotational Working
- Implementing the introduction of Cat 5 ambulance revalidation in IUC
- Advanced Competency Practitioner development programme in conjunction with local University



## Section 7:

# Feedback from our partners and stakeholders



### Sent by email

#### **Private & Confidential**

Dr Trisha Bain  
Chief Quality Officer  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London  
SE1 8SD

15 Ferguson House  
Marylebone Road  
London  
NW1 5JD  
[www.healthiernorthwestlondon.nhs.uk](http://www.healthiernorthwestlondon.nhs.uk)  
Email: [diane.jones11@nhs.net](mailto:diane.jones11@nhs.net)  
Tel: 020-3350-4221

11 May 2020

Dear Trisha

#### **Re: 2019/20 Quality Account**

Thank you for submitting the London Ambulance Service Quality Account for 20 19/20 which we received on 27 April 2020. We note the Trust dedication at this time, in the midst of the Covid -19 pandemic, to produce the accounts ready for publication.

We would normally share the accounts within the North West London CCGs, and our London associate CCGs, for their review and comment. However, as you will appreciate, the work of the CCGs is focussed on supporting the response to the current pandemic and as such, we are not in a position to comment fully on the account with our stakeholders as we normally would. However, my direct team have reviewed the account and made the following comments, which I support.

We note the following achievements in the account:

- Where we can check, the data in the account appears to be accurate
- The Trust has undertaken extensive work in relation to the learning from the Gosport Inquiry to improve local systems and processes
- The rate of incidents in relation to security has seen a steady reduction over the last year following targeted focus on this area
- Improvements in staff health and wellbeing as well as education and training
- The success of the Mental Health Joint Response Car and the expansion of this service
- The work to improve end of life care across the service, from education to care pathway development with partners
- The work to improve overall performance against national quality indicators

Areas we recognise as requiring further work in 2020/21 include:

- Improvements in Category 4 response times
- Complaint response times
- Improving staff experience of learning from and reporting incidents

NHS North West London Collaborative of Clinical Commissioning Groups is a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.

2

We have reviewed your priorities for 2020/21 and agree with them. We would like further clarity on how you will measure the impact of your actions against these priorities.

We look forward to continuing to work with you to improve the services provided to the population and visitors of London and to ensure you have a happy, skilled and supported workforce.

Yours sincerely



Diane Jones  
**Chief Nurse/Director of Quality**

cc:  
Dr Kuldir Johal, Chair LAS CQRG, Governing Body GP and Deputy Chair NHS Hillingdon CCG  
Yvonne Leese, Deputy Director of Quality, NWL CCGs  
Simbarashe Tome, Assistant Director of Quality, NHS NWL CCGs

NHS North West London Collaborative of Clinical Commissioning Groups is a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.





NHS South East London Clinical Commissioning Group  
160 Tooley Street  
London  
SE1 2TZ

**Sent by Email**

<http://www.selondonccg.nhs.uk/>

Dr Trisha Bain  
Chief Quality Office  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London  
SE1 8SD

19<sup>th</sup> June 2020

Dear Tricia

**Re: London Ambulance Service NHS Trust Quality Strategy: Vision 2020 and Annual Quality Account**

Thank you for submitting the London Ambulance Service Quality Account for 2019/2020 and Quality Strategy Vision for 2020 with the South East London (SEL) CCG as the commissioner of the SEL 111 Integrated Urgent Care (IUC) service.

We recognise the following achievements this year:

- The SEL 111 IUC service was rated as 'Good' overall by the CQC following the inspection in September 2019.
- LAS has responded to feedback and engaged with other providers to support the development of good relationships and of a collaborative approach across services in the delivery of integrated urgent care to the population of SEL.
- Each month the quality of complaints with staff use of NHS pathways algorithm and of clinicians in the Clinical Assessment Service have exceeded the targets with LAS implanting a robust system to ensure that outcomes of adults are feedback to staff to support a consistently safe and appropriate management of patients.
- All staff have completed the relevant NHS pathways training.
- The work completed to promote the use of Coordinate My Care amongst clinicians in the SEL 111 IUC service.

Areas we note as requiring improvements in 2020/21 are listed below which also include the areas of improvements noted in the CQC report. We suggest that these areas are monitored through our internal Quality and Safety Meetings so commissioners are kept up with progress throughout the year and can provide support to LAS where required.

- To continue and further the integration of investigations into incidents / complaints which span both the 999 and 111 IUC service to ensure a more joined up approach and sharing of lessons learnt across both services.
- To build on lessons learned during the COVID-19 response to sustain and achieve the KPI targets of calls answered in 60 seconds and abandonment rates.
- To improve the data quality and analysis around the performance of the 111 IUC service to identify areas for improvement or modification in order to develop the service further.
- To improve how feedback and learning from incidents is communicated to all staff.
- To implement new methods (like text messaging) to gather patient satisfaction feedback around the service.

We note the vision for 2020 in the report of integrating the 999 and 111 IUC CAS systems to provide seamless care for patients regardless of access points. This discussion sits at the Pan London level with STPs and ICSs and no decisions have been made around this integration.

Given the new programme of work regarding the Help Us Help You programme, we would expect that the London Ambulance Service works collaboratively with the SEL ICS to ensure new pathways created are clinically safe and appropriate for patients.

We look forward to continuing to work with you to improve the quality of the 111 IUC service provided to the SEL population.

Yours Sincerely



Kate Moriarty-Baker  
Chief Nurse and Caldecott Guardian



### **Commissioners Statement for London Ambulance Trust 2019/20 Quality Account**

North East London Commissioning Alliance (NELCA), made up of seven Clinical Commissioning Groups, Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest, is responsible for commissioning the 111 Clinical Advisory Service for the population of east London so our comments only relate to that service.

Thank you for asking us to provide a statement on the Trust's 2019/20 Quality Account and priorities for 2020/21.

The Trust's recent CQC inspection illustrated the good work taking place to deliver and improve high quality care and we congratulate the Trust on your improved ratings and positive inspection report.

We would like to commend all the team delivering and supporting 111 IUC CAS services on their ongoing engagement and support with our local urgent and emergency care systems, particularly during this pandemic and given the constant changes required and complex working relationships involved.

We would like to recognise and express our appreciation for the way your staff managed the huge increase in demand during this Covid 19 pandemic and for their professionalism, expertise and good working relationships.

Looking forward, IUC CAS we would like to suggest that service responsiveness could be further developed by a review of crew productivity including optimum length of shift with full staff engagement and joint working with staff representatives. We would also support continued attention and innovative practice relating to staff wellbeing and support.

We would welcome further work on meeting patient outcomes and effectiveness in the 111 IUC CAS service. Close and complete is one of the most important outcomes for us and service users in the North East London Urgent and Emergency Care system.

Overall we welcome the 2019/20 quality account and are excited at the prospect of another year working together to improve the quality of services for the population we serve.

A handwritten signature in black ink, appearing to read 'Jane Milligan', is written over a thin horizontal line.

Ms Jane Milligan

Accountable Officer, Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest CCGs

## Appendix 1: Research Activity

### Completed Research Projects

MPDS Births: a mixed methods study using focus groups, questionnaires and routinely collected data, to determine the accuracy of the current telephone trial protocol used by Emergency Medical Dispatchers to identify and triage maternity emergency calls. We recruited 591 staff as participants into the study this year before recruitment closed on 31<sup>st</sup> July.

Paramedic identification of patients with end of life care needs: an anonymous staff survey to contribute to improving access to end of life care for patients in the pre-hospital setting. Within the short length of time that the study was open (5<sup>th</sup> November 2019 – 5<sup>th</sup> January 2020), 111 participants were recruited.

Impact of Restart a Heart Day 2019 in the UK: an anonymous survey distributed to members of the public on Restart a Heart Day (RSAH) to determine if RSAH training is reaching a diverse cross section of the population and assess whether it can improve participants' confidence in performing CPR. We recruited 10 members of the public into this study.

### Current Projects

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest. At the time of writing, we have recruited 329 patients into the trial this year. In addition, 151 paramedics have received protocol training (including Good Clinical Practice) this year to enable them to participate in interventional research.

AIR CGM: this prospective study

assesses the impact of patients with Type 1 diabetes using a continuous glucose monitor (within 72 hours of a severe hypoglycaemic episode that required ambulance service treatment). This year we referred 159 eligible patients to the study Sponsor and 24 patients were recruited into the trial.

MATTS: aims to develop an accurate national pre-hospital triage tool to identify patients with major trauma who could benefit from specialist care at a major trauma centre. In January 2020, we confirmed capacity and capability to participate in the study and have started the data collection required for this phase of the study.

SUB-30: a feasibility study investigating whether a pre-hospital extra-corporeal membrane oxygenation (ECMO) capable advanced resuscitation team can establish ECMO flow within 30 minutes in patients with refractory cardiac arrest. Since the study opened in September 2019 we have recruited three patients.

SWAP: an observational study aiming to identify characteristics of effective employee mental well-being strategies, approaches or interventions within UK ambulance Trusts and to understand how to improve current staff well-being services. We confirmed capacity and capability in January 2020 and our participation in the study will include staff members completing an anonymous electronic survey later this year.

OHCAO: this year so far we have provided data relating to 1,998 patients to the National Out-of-Hospital Cardiac Arrest Outcomes project. This registry is being used to look at the variations across England in outcomes from cardiac arrest and provide evidence to help inform treatment and improve survival.

### Development

In 2019/2020 the LAS has been involved as a co-applicant in a number of external research funding bids for which we are awaiting a funding decision.

### Publication and presentations

In 2019/2020, the London Ambulance Service NHS Trust co-authored ten papers that were published (or have been accepted for publication) by peer-reviewed scientific journals, and three posters were accepted at conferences.

## Appendix 2: Clinical Audit - Learning outcomes

### National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2019/20 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Education was provided to staff through the publication of cardiac arrest and STEMI 'clinical updates' in bulletins and newsletters
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

### Local Clinical Audit Activity

#### Continuous monitoring

We also continuously audit the care provided to patients who suffer either a cardiac arrest, acute coronary syndromes (including STEMI, new onset Left Bundle Branch Block and high risk ACS), suspected stroke (including FAST

positive stroke), or were discharged of our care but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly. Findings from these four continuous audits are shared internally and staff receive feedback to support learning where indicated.

## Clinical Performance Indicators (CPIs)

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators which, during 2019-20, monitored the care provided to eight patient groups (cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health - both diagnosed and undiagnosed, severe sepsis, elderly fallers and patients discharged on-scene). We also quality assured the documentation of 2.5% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits highlighting areas of good practice and those in need of improvement.

## Clinical audit projects

The reports of **10 local clinical audits** were reviewed by the provider in 2019/20 and the London Ambulance Service NHS Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

### **Advanced Paramedic Practitioners in Urgent Care (APP-UC) supply of Patient Group Direction (PGD) medicines**

- Improved the consistency of data capture
- Developed an education framework and standards for documentation which were distributed to staff to improve levels of documentation
- Provided feedback to individual clinicians whose documentation

and compliance standards were low

- Re-considered the use of PGDs by Trainee APPs-UC so that PGDs may be used only after completion of three university modules
- Are creating a Clinical Performance Indicator for each PGD supplied by APP-UC

### **Assessment and management of Chronic Obstructive Pulmonary Diseases (COPD)**

- The key findings from this clinical audit were shared with staff via an infographic
- A more extensive clinical audit of COPD care will be proposed

### **Assessment and management of spinal injuries**

- A video emphasising the use of the spinal immobilisation algorithm was created for staff
- We contributed to education by publishing a case study of 'missed' spinal injury in our Trust-wide clinical newsletter. In addition, we discussed spinal immobilisation at our Trust's Journal Club
- The content of the LAS's spinal care training programme will be reviewed to emphasise examination of the entire spine as opposed to only the cervical spine
- A Trust-wide clinical newsletter and an infographic will share the findings and recommendations with staff
- A tick box for MILS will be considered for inclusion on the electronic Patient Care Record
- Propose the immobilisation algorithm included in the national clinical guidelines is simplified, removing duplicate criteria

### **Administration of tranexamic acid**

- All incidents where TXA had been administered using an incorrect method or despite meeting exclusion criteria were reported via Datix
- The key findings will be distributed via a Trust-wide clinical newsletter, together with an infographic that will be displayed in all ambulance stations
- The most current LAS PGD for TXA will be made available via the JRCALC plus application

### **Management of patients who have taken an overdose**

- We will investigate how to provide oversight of Protocol 23 (Overdose/Poisoning) Category 3 patients
- A Trust-wide clinical newsletter and an infographic highlighting the key findings of this report will be shared with staff
- The Trust's mental health assessment form will be revised and incorporated into the electronic patient record
- A clinical audit of naloxone will be proposed

### **Administration of hydrocortisone for acute severe asthma re-audit**

- An infographic highlighting the findings of this report was shared with staff
- The JRCALC plus app will be updated to clarify the appropriate route of administration for acute severe and life-threatening asthma and the position on the administration of hydrocortisone to children
- We will investigate whether the Asthma Tool could be accessed via JRCALC plus
- A Clinical Update article will be written to emphasise the findings and recommendations

**Administration of adrenaline for life-threatening asthma re-audit**

We will undertake a survey of clinicians to investigate why there has been a decline in the proportion of patients administered adrenaline

- Key findings will be highlighted via an infographic and Trust-wide clinical newsletter
- We will investigate whether the Asthma Tool could be accessed via JRCALC plus

**Assessment and management of maternity emergencies re-audit**

- An infographic was disseminated emphasising the importance of keeping contemporaneous clinical records
- The electronic patient care record will include a box to record the details of non-LAS clinicians on scene, such as midwives
- We will consider removing the need to request a midwife to attend scene for birth imminent calls
- The Maternity Care Policy will be updated to instruct crews to request a second conveying resource only when required (when birth is imminent, or on arrival at scene the birth has occurred and there is a clinical concern for mother or baby)
- We will create a video depicting the assessment and management of postpartum haemorrhage (PPH) and produce aide memoirs to assist the management of eclampsia, PPH and new born life support
- To avoid skill decay, future maternity training sessions will focus on treating eclampsia, PPH and babies requiring newborn life support
- We will contact the JRCALC guideline developers to clarify whether diazepam should be titrated to effect when treating

eclampsia, when convulsions in pregnancy 20-24 weeks gestation should be regarded as eclampsia, how long is required from birth to cutting the umbilical cord, and that treatment for prolonged third stage of labour should be updated to be in line with NICE guidance

- Determine if the tympanic thermometer currently in use, but considered unsuitable for use, should be added to the LAS risk register

**Assessment of intoxicated patients re-audit**

- The key findings will be communicated to clinicians
- We will develop an educational video outlining the potential risks associated with not undertaking an appropriate assessment or recording event history for intoxicated patients

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

- Five serious incidents identified through this audit were declared. Another case was flagged to another organisation for investigation
- Constructive and positive feedback was provided to individual clinicians
- A variety of relevant clinical audits will be proposed
- Case studies were shared for ad hoc staff educational purposes
- Details of all expected deaths will be provided to the LAS End of Life Care team to promote shared learning
- We will write a case study for the Trust-wide clinical newsletter reminding clinicians of the need for thorough patient assessments to be undertaken and documented

A further **3 local clinical audit projects** (Bariatric care, Notting Hill Carnival and Non-conveyance by non-registrants) have been completed and the recommendations are currently being developed. These will be reported in the 2020/21 Quality Account.

In addition, a further **9 local clinical audits** have been started by the provider in 2020/21 as detailed below:

**Mental health car**

The Mental Health Joint Response Car (MHJRC) was implemented as part of the pioneer services to provide specialist face to face assessment and management of patients in mental health crisis, and is staffed by a paramedic and mental health nurse. The MHJRC also attends category 1 calls, or may be called for advice by a crew on scene with a patient who has a mental health complaint. This clinical audit aims to demonstrate the safety of this initiative.

**Sepsis, diarrhoea and/or vomiting**

In 2015 a clinical audit examining the identification, assessment and management of adult sepsis showed that many aspects of care required improvement. As a result, the Service invested greatly in education surrounding the signs, symptoms and management of sepsis, helped to inform the development of national guidelines and developed a sepsis screening tool. A CPI was also introduced to allow for continuous audit and individualised feedback to clinicians regarding sepsis management. A subsequent paediatric sepsis clinical audit also found that many aspects of care required improvement, and a paediatric tool was introduced and the CPI extended to include paediatric patients. Results from the 2017/18 Re-contact Clinical Audit highlight sepsis as being the most common condition on re-contact and found that diarrhoea and/or

vomiting were the conditions proportionately left at home inappropriately most often. Emergency department diagnosis data will enable this project to determine if care given to patients with a hospital diagnosis of sepsis was appropriate as well as evaluating the care provided to these patients by the LAS.

#### **Advanced airway management re-audit**

A clinical audit of advanced airway management was last undertaken in 2010. Since then airway management policy and procedures have been amended and the iGel was introduced. Several incidents have also been highlighted including: issues with poor utilisation of basic airway manoeuvres and adjuncts, lack of proper laryngoscopy to identify and clear foreign body airway obstructions, poor technique in advanced airway management and issues around the management of patients with a tracheostomy or laryngectomy. Therefore this clinical audit will aim to assess current airway management by LAS staff.

#### **Emergency Arrhythmias**

The Emergency Arrhythmia Centre Pathway was introduced in February 2013. Since its introduction a clinical audit of the appropriateness of the pathway's use has not taken place. In 2017 patients were conveyed to one of the six Emergency Arrhythmia Centres in London 444 times. This clinical audit aims to determine whether or not the pathway is being used appropriately and therefore whether or not it would be safe to extend the pathway to other arrhythmias and other skill levels.

#### **Oramorph**

A serious incident related to diversion of oramorph by a staff member for several months was identified, as well as a number of additional incidents. Investigations found potential flags or warning signs which could have led to earlier

identification of individuals concerned, thus safeguarding patients and staff. This clinical audit enables ongoing monitoring of compliance with clinical guidelines in relation to oramorph, thus providing a mechanism through which concerns can be recognised and escalated promptly.

#### **Hip Fracture Re-audit**

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

#### **Code Red**

The "Code Red" priority call for massive transfusion pathway was introduced in 2016 and approved by the leads in the four London Major Trauma Centres (MTCs) for use by Advanced Paramedic Practitioners in Critical Care (APP-CC). Careful monitoring of the activation of the pathway was recommended as part of the Advanced Clinical Operating Procedure (ACOP), as calling a "Code Red" has a significant impact on a MTC including: pausing routine and urgent surgery; clearing radiology and theatre space, and loss of precious blood products in priming rapid transfusion devices. This clinical audit aims to determine compliance to the current "Code Red" ACOP principles.

#### **Headache**

Headaches represent a significant clinical risk and appropriate assessment and onward treatment is paramount to the safe management of this risk. This clinical audit aims to pilot the draft Clinical Performance Indicator (CPI) standards that have been developed

for the APP-UC team.

#### **End of Life Care Re-audit**

Since the last end of life care (EoLC) audit 2017, a specialist EoLC team has joined the Trust and have introduced new local guidance and education for staff. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) have also enhanced EoLC national clinical practice guidelines and introduced a new morphine at end of life guideline. There has also been an increased focus on promoting Coordinate my Care (CMC). This clinical audit aims to provide an overview of the current provision of EoLC within the ambulance service as well as identify any areas of improvement since the last audit was conducted.

# Quality Strategy: Vision 2020

## Quality Account: 2020-2021

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