



**NHS**

**London Ambulance Service**

NHS Trust



# Annual Quality Account

2020/2021

## 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.

**London Ambulance Service NHS Trust**

# 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

<b>Respectful</b>	<b>Professional</b>	<b>Innovative</b>	<b>Collaborative</b>
Caring for our patients and each other with compassion and empathy Championing equality and diversity Acting fairly	Acting with honesty and integrity Aspiring to clinical, technical and managerial excellence Leading by example Being accountable and outcomes orientated	Thinking creatively Driving value and sustainable change Harnessing technology and new ways of working Taking courageous decisions	Listening and learning from each other Working with partners Being open and transparent Building trust

# Foreword

This is our Quality Account 2020/2021; it details progress against the quality priorities set last year and outlines the quality priorities for this year.

As an organisation, we are committed to providing high quality & safe care, delivered with compassion, respect and dignity. We strive to provide outstanding care to all our patients and to be a first-class employer. The underlying ambition is to improve patient care, patient experience and the experience of our staff.

Throughout the pandemic our priority remained on delivering safe and good quality care to the population of London. We worked with national teams and system wide partners to ensure our service was responsive to changes and updates to national guidance in relation to the pandemic and we continued to work collaboratively to ensure the people of London received the best care possible.

We want to take this opportunity to thank all our staff, volunteers, colleagues from other emergency services and system wide partners, who worked incredibly hard and supported delivering good quality emergency and urgent care to the people of London during the pandemic. We are very proud of all our people (staff, volunteers and partners) for their hard work and collaboration during a very difficult year. As an organisation, we reaffirm our commitments to continue working very closely with all our partners and volunteers while maintaining focus on improving staff health and wellbeing; to ensure they continue to find fulfilment in work through the pandemic and post the pandemic.

Across the year, we delivered on a number of quality initiatives and priorities despite the pandemic and associated different ways of

working. In Quarter 3 for example, we ran a successful pilot of the station/service quality accreditation scheme. The scheme assessed services in line with the Care Quality Commission's (CQC) fundamental standards. Five stations (one in each sector) took part and following a period of focused quality improvement actions, four out of the five stations were accredited as "GOLD" stations and one achieved a "Silver" award. Throughout the pilot, there was positive engagement from staff, members of the Patient and Public Council and our Commissioners and this has helped in refining the programme and roll out this coming year.

The Trust continues to be the highest reporting Ambulance service for reporting safety incidents which reflects its strong safety culture. We are also proud of what we have achieved in relation to the 2020 staff survey. The Trust is the second highest scoring Ambulance Trust in terms of staff survey response rate. 72% (4427) of staff completed the survey in 2020, compared to 71% in 2019 - an increase of c30% since 2016. From the 75 questions that allow a year on year comparison, we have seen significant improvement in 30 questions, no change in 41 questions and a slight decline in 4 questions. The results also showed a reduction in staff reporting that they experience peer to peer bullying in the last 12 months. This is notable progress and we continue to focus on responding to feedback from our staff.

Last year, we identified eighteen quality priorities for focus. These priorities were a composite of the feedback from the CQC inspection report of January 2020, feedback from our stakeholders and our priorities derived from internal sources of quality intelligence. We recognised right from the

## Foreword continued

beginning, that last year would be different due to the pandemic and we focussed our efforts and committed to delivering on these priorities; because we believed they remained fundamental to delivering good quality care.

By the end of the year, we have made significant progress against 17 out of the 18 priorities. This is detailed in the look back section of the quality account. The one exception was the quality priority relating to the roll out of tempus monitors for the Motorcycle Response Unit and Cycle Response Unit. This was suspended as a priority as both services were refocussed as part of the pandemic response.

Whilst the pandemic presented challenges, a number of opportunities emerged and these are now shaping how we work and how we plan our future services. Looking ahead, we have worked with various stakeholders to identify 10 quality priorities for 2021/22.

In identifying these priorities, we have considered the following:

- Progress against the current quality priorities
- Learning from the pandemic
- The emerging CQC strategy
- Priorities informed by various sources of quality intelligence, trust business plan as well as clinical and quality strategy
- What matters to our staff, patients & the communities we serve; for example staff wellbeing & patient involvement.

The 10 priorities for this year are:

1. Implementation of the Patient Safety Incident Response Framework (PSIRF)
2. Improving staffing levels, productivity and

efficiency across Integrated Patient Care service

3. Improving the management of clinical equipment
4. Improving Medicines management & storage
5. Further engagement and involvement of Patients & Communities
6. Delivery of the Clinical Strategy
7. Integrating the 999 and 111/ IUC CAS systems
8. Implementation of the station/service quality accreditation programme
9. Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy
10. Continued focus on Staff health & wellbeing

Overall, we are very proud of what we have achieved across the year during a pandemic and we will continue in our commitment to continuously improve our quality of care.



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

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## Part 1:

# Proposed Quality Priorities 2021-2022

This financial year has been dominated by efforts to respond to the pandemic. While this has been challenging, new opportunities have emerged as well as significant learning in many areas which will shape the way we maintain good quality of care. Additionally, triangulation of internal quality intelligence and the emerging CQC strategy provide further opportunities to identify new areas of focus in relation to quality. To this end, it is proposed that the 2021-22 quality priorities take into account the following;

a) Progress against the current quality priorities

b) Learning from the pandemic

c) The emerging CQC strategy

d) Priorities informed by various sources of quality intelligence, trust business plan as well as clinical and quality strategy

e) What matters to our staff, patients & the communities we serve; for example staff wellbeing & patient involvement

Guided by the above principle, below are the 10 proposed quality priorities for 2021/2022.



# 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

## Quality Domain

# Safe

### Proposed Quality Priorities 2021/22

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

#### Source

Carried forward from 20/21.

#### Rationale

Implementation of the PSIRF will provide an integrated approach to patient and staff safety, with focus on learning and continuous improvement.

#### KPI

Development & delivery of effective QI projects to address findings from PSIRF thematic reviews

### Proposed Quality Priorities 2021/22

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**Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, CAS and management – including CHUB/ ECAS).**

#### Source

Carried forward from 20/21.

#### Rationale

Whilst important progress was made in IUC in 2020/21, further work is still required to reduce variation in both the front end and CAS staffing and outcomes. The

priority has been amended to include senior clinical support based on learning from the pandemic. Senior clinical cover provides greater assurance that the safety of patients awaiting an emergency response can be managed. The CHUB/ ECAS is included in recognition of the increasing integration between 999 and 111 services.

#### KPI

Standardisation of both the front end and CAS staffing and outcomes. Appropriate rota fill for the expected establishment as per contract or local plans

### Proposed Quality Priorities 2021/22

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

#### Source

Internal quality intelligence.

#### Rationale

The Trust currently does not have robust tracking mechanisms and has agreed a business case to introduce mechanisms for this process including development of a new policy for clinical equipment. This will improve the quality and governance of equipment use and provision across the service.

#### KPI

Medical devices policy and appropriate governance in place by end of Q2, 2021/22.

Reduction in incidents relating to clinical equipment from baseline Q2 of 2021.

### Proposed Quality Priorities 2021/22

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

#### Source

Business plan deliverable.

#### Rationale

To improve the quality of Medicines Management by adhering to legal and regulatory requirements as well as accepted best practice. To ensure our staff work in an environment that enables them to carry out their work safely and securely, and to ultimately improve clinical quality and patient care.

#### KPI

100% roll out of the inventory management system in phase 1 (April 2021) 70% automated temperature monitoring system roll out in phase 2 (2021/22) 100% medicines packing unit complete by December 2021 Recruitment of pharmacy technicians & integration of the relevant logistics staff into the pharmacy team by the end of 2021.







## Quality Domain

# Caring

### Proposed Quality Priorities 2021/22

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**Patient & Communities engagement  
& involvement.**

#### Source

Emerging CQC strategy.

#### Rationale

We want to shape our services based on what matters to people and communities who use our services by developing various ways of receiving and acting on feedback.

#### KPI

Implementation of the patient and communities engagement and involvement strategy plan.



## Quality Domain

# Effective

### Proposed Quality Priorities 2021/22

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

#### Source

Business Plan.

#### Rationale

It is the trust's intention to deliver the highest possible quality of care and to improve the safety, outcomes and experiences of our patients, whilst ensuring equity of access. Our Clinical Strategy outlines the roadmap of how we will achieve this across all of our clinical services, focusing on innovation, service development and learning opportunities which reflect our population and their needs.

Much of the Clinical Strategy has now been delivered, however continued focus is required to complete delivery in the context of a post-COVID healthcare system. The pandemic has produced much innovation, and enabled accelerated delivery in some areas. We now intend to embed and further integrate our functions via the Right Care, Right Place

programme.

#### KPI

Reduced number of outstanding strategy deliverables from April 2021 baseline.

## Quality Domain Responsive

### Proposed Quality Priorities 2021/22

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

#### Source

Carried forward from 20/21.

#### Rationale

While this priority is on track, work is needed to further embed the integration. Integration of these two services means 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.

#### KPI

Increased consult and complete episodes in 111 from April 2021 baseline & meeting Hear & Treat KPIs.



## Quality Domain

# Well Led

### Proposed Quality Priorities 2021/22

Implementing the station/service quality accreditation programme.

#### Source

Internal quality Assurance.

#### Rationale

Quality accreditation is a concept grounded in frontline leadership and is focused on not only meeting the expected quality standards but also, in encouraging innovation and transformation. There is strong evidence to suggest that quality accreditation schemes, promote safer care, sharing of good practice and motivate staff to continuously improve the quality of care.

#### KPI

Supporting 100% of stations/service who volunteer to take part in the program.

### Proposed Quality Priorities 2021/22

Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy.

#### Source

Internal quality intelligence.

#### Rationale

Embedding our trust values and behaviours is key to our success as an organisation and part of that is investment and focus on Culture



Diversity and Inclusion.

#### KPI

CDI Strategy developed and implementation plan deployed.

### Proposed Quality Priorities 2021/22

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

#### Source

Carried forward from last year.

#### Rationale

The aim of the health & wellbeing strategy is to make sure that all of our people can achieve a healthy balance between work and home life, are well equipped to deal with stress, have safe and effective physical environments – both vehicles and buildings – to work in and access to appropriate and relevant services when they need them.

#### KPI

Completion of various actions in the implementation plan. Improvement in score for the 2021 national staff survey questions relating to staff wellbeing.

## Part 2:

# The Look Back; 2020/2021 Quality Priorities

London Ambulance Service (LAS) is committed to providing high quality & safe care, delivered with compassion, respect and dignity. We strive to provide outstanding care to all our patients and to be a first-class employer. Our commitment is underpinned by a focus on quality of care and staff wellbeing. Due to the pandemic, the 2020-2021 financial year was like no other. While it has been challenging, new opportunities have emerged and this is shaping how we plan our services for the future. Our staff worked very hard to ensure high quality standards of care were maintained and the Trust was still able to deliver on a number of quality initiatives and priorities despite the pandemic and associated different ways of working.

In Quarter 3, the Trust ran a successful pilot of the station/service quality accreditation scheme. The scheme assessed services in line with the Care Quality Commission's (CQC) fundamental standards. Five stations (one in each sector) took part and following a period of focused quality improvement actions, four out of the five stations were accredited as "GOLD" stations and one achieved a "Silver" award. There was positive engagement with staff and members of the Patient and Public Council during the accreditation process which has helped in refining the programme to make it fit for roll out from April 2021. Furthermore, the Trust continued to be the highest reporting ambulance service for reporting safety incidents (circa 5,000 per year compared to the next highest circa 2000) which reflects a strong safety culture.

The Trust identified eighteen quality priorities at the start of 2020-2021 financial year. These priorities were a composite of the feedback from the CQC inspection report of January 2020, feedback from our stakeholders and our priorities derived from internal sources of quality intelligence. We recognised right from the beginning, that this year would be different due to the pandemic. Despite this, we doubled our efforts and committed to our quality strategy because we know that it is at times like these that we need to remain steadfast in delivering good quality care while supporting the wellbeing of our staff. In the following section, we outline the actions we took in relation to 20/21 quality priorities in all the five CQC domain.

### CQC Domain: Safe

#### 1. Implement the Patient Safety Incident Response Framework (PSIRF) and be a pioneer in the new process for other Ambulance Trusts.

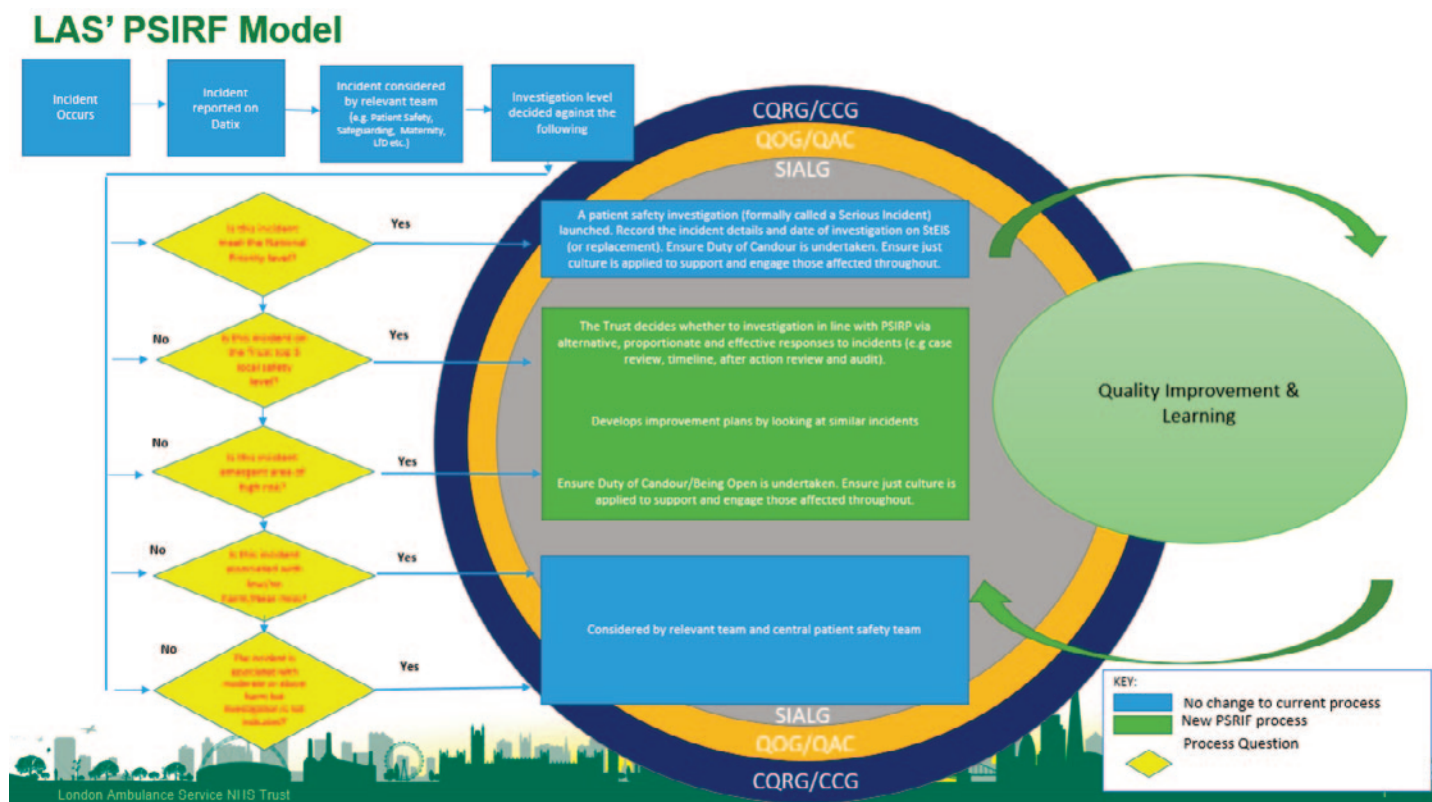
The PSIRF is a key part of the NHS patient safety strategy which was published in July 2019. The Framework proposes a new approach to investigating patient safety incidents in a way that focuses decisions and actions to assisting learning and improvement by allowing organisations to examine incidents thematically, openly and without fear of inappropriate sanction. As part of the national implementation plan, LAS was one of the few organisation who were identified by NHS England & Improvement

(NHSE&I) as an early adopter, to test the introductory version of the framework.

Working with a variety of stakeholders both internally and externally, LAS started to develop a PSIRF implementation plan with a target of achieving 100% implantation of this plan by the end of the financial year. A task and finish group was created which consisted of a cross directorate multidisciplinary team and started to develop the risk profile that would underpin the implementation of the framework. The risk profile of patient safety incident risks for the Trust was arrived at by analysing data from recent patient safety incident reports, complaints, freedom to speak up reports, mortality reviews, case note reviews, staff survey results, claims, staff suspensions, and a variety of risk assessments. The plan was submitted both to NHSE&I and commissioners and continuously refreshed over a period of time to include feedback from all the stakeholders. LAS was able to test this approach by conducting thematic reviews of some of the top patient safety incidents during the pandemic which provided significant learning that refined the plan further. The Trust's experienced an increase in demand during December and January for which the Trust went into Resource Escalation Action Plan 4 (REAP 4). This saw the PSIRF implementation plan put on hold. The PSIRP plan was approved by the Trust Board in January 2021. The aim is to go live on the new framework in early April 2021.



The LAS PSIRF model is illustrated below.



## 2. The administration of thrombolysis by Advance Paramedic Practitioner – Critical Care (APP-CC) for patients in cardiac arrest with pulmonary embolus

London Ambulance Service has skilled Advanced Paramedic Practitioners in critical care (APP-CC) with extensive skill, knowledge and experience in helping critically ill patients including those in cardiac arrest. The Trust committed to providing further training to 32 Critical Care Advance Paramedic Practitioners, to enable them to administer thrombolysis to patients who need it. By offering training in the administration of thrombolysis, LAS would further extend the treatment options on offer for patients requiring thrombolysis which would in turn improve survival rates for that group of patients. This year all APP-CC have received training to enable them to administer thrombolysis when it is indicated. A recent audit has shown

that in all cases thrombolysis was administered appropriately and this is attributed to this training.

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

The Trust aimed to develop paramedic prescribing to allow medicines to be prescribed rather than supplied or administered under the Patient Group Directions (PGD) which facilitate administration and supply of additional medicines carried by Advanced Paramedic Practitioners (APP). The intention was to increase the number of cases that can be managed autonomously by this group of staff which in turn would enable more patients to be cared for in the community setting without the requirement for onward referral or transfer to hospital.

The pilot aimed to train 10-12 paramedics and by quarter 4 (2020/2021), four paramedics had

completed the independent prescribing training, a further three had completed the taught element of the course, and another three had just commenced training. The pilot trajectory has been disrupted by COVID and at the time of writing this report, it is anticipated that the pilot will conclude in June 2021 with operationalisation of non-medical prescribing within the 999 environment commencing once the options appraisal has been conducted.

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

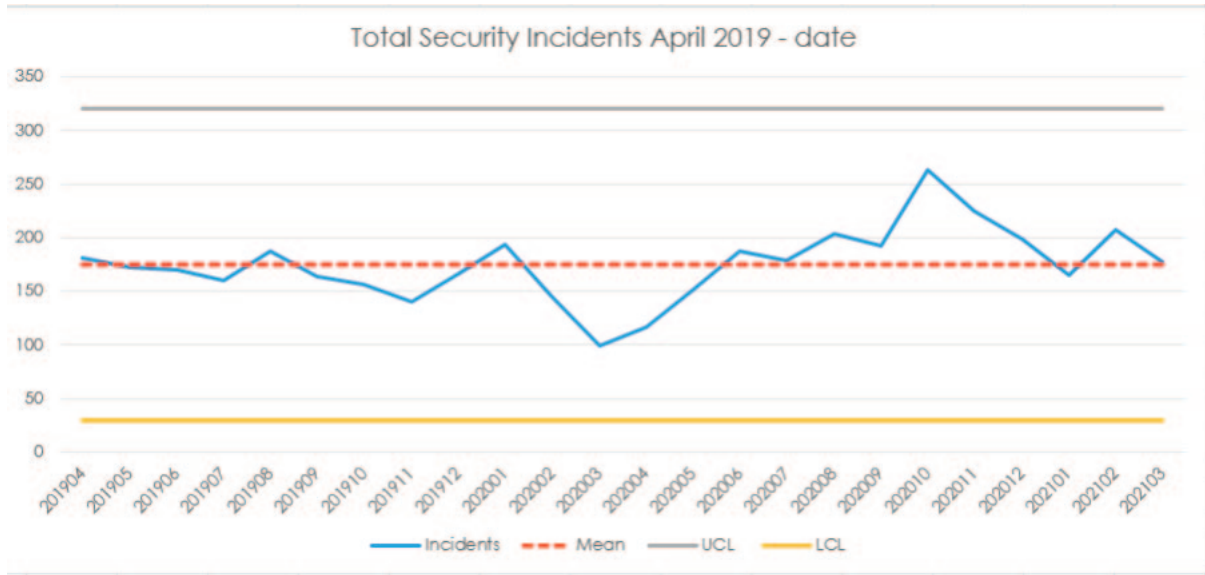
LAS continues to focus on security measures to ensure timely actions are taken proactively to maximise security across the trust estate and facilities. A number of random audits/checks have taken place across the year including mystery shopper audits designed to test the effectiveness of the security actions



being taken. We wanted to see a reduction in security related incidents from April 2020 baseline. Such incidents includes, premises

burglary, vandalism, theft of personal & Trust property and Vehicle related security incidents. Security incidents remained around

the mean across the year as illustrated in the table below and this remains an area of focus.

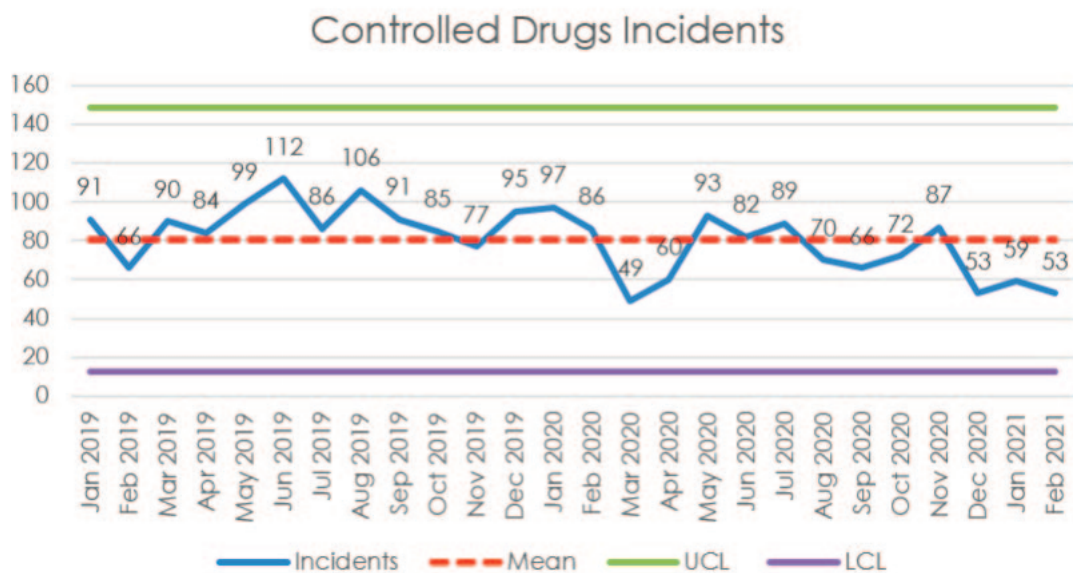


**5. Completion of the medicine management room project to ensure medicines are correctly stored.**

Medicines management including storage is very important for patient

care. The Trust had seen a reduction in the number of storage/security medicines' related incidents since the secure drug room project started and wanted to complete the project to further reduce these incidents. It is pleasing to report

that the construction of all 15 new rooms is complete and all rooms in open stations are in use. This has contributed to a reduction in controlled drug related incidents as illustrated below;



## CQC Domain: Effective

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

The Clinical Assessment Service consists of all patients awaiting a clinical call back in IUC. This queue is managed by the Clinical Navigator, a senior healthcare professional who is responsible for overseeing the safety of patients within the queue and taking action to ensure timely and appropriate re-contact of patients. The CAS is underpinned by the Demand Management Policy (DMP) which details levels of demand/capacity surge and appropriate mitigating actions to take to safeguard the welfare of all patients awaiting call back.

Work was undertaken to design and build an audit tool that would be fit

for purpose in relation to this policy. This work consisted of identifying principally whether a) the escalation level enacted at any given audit time was consistent with the triggers for that escalation level, as set out in the IUC Demand Management Plan and b) whether the escalation actions detailed within the aforementioned plan were enacted appropriately. Where there was deviation from agreed processes, the option was to detail if this was a decision made by the Clinical Navigator or whether Senior Clinical on Call advice had been sought.

The audit tool was launched in June 2020, however neither NEL nor SEL IUC CAS services required escalation out of business as usual (BAU) during June or July. The CAS queue had remained well managed throughout and therefore audit of escalation triggers and actions was

not applicable for this time period. The decision was then made that audits would now occur even if no escalation out of BAU, in order to ensure CAS level 1 (BAU) is managed appropriately.

This new process took place from October and six audits were completed for this period, which showed that on five occasions the escalation activity matched the Demand Management Policy. On the 6th occasion, appropriate deviation from policy had occurred as advised by Senior Clinical on Call. Compliance was 100% and no issues identified.

A further six Audits were completed for November across IUC sites. Three audits passed with 100% - the correct level of escalation was calculated and the actions implemented were reflective of the actions required as detailed in the



DMP. Three audits failed and on further inspection the following issues were identified; on two of the occasions, escalation actions had been put in place despite service not meeting escalation triggers and on one occasion escalation triggers were met but key actions within the plan were not implemented.

To ensure the learning loop was completed, feedback of audits was provided to Site Senior Clinical Leads, who manage the Clinical Navigators and could provide feedback and guidance to ensure future escalations were met with appropriate actions. Due to the escalation to REAP4 in December and January, escalation audit were suspended in response to increased demand. A programme of audits remain in place to continue to provide assurance on how the DMP is being utilised.

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

Last year, we focused on ensuring that we had adequate staff across all skill sets in order to respond to call demands and provide timely care to our patients. This was particularly important during the pandemic which created significant demand for the Integrated Urgent Care services. Staffing rosters were reviewed and increased in line with LAS forecasting and planning projections, recognising the continued fluctuation call demand and changing patient behaviour, in line with London regional and national demand forecasts and 111First policy. Contingency was provided within revised rosters to cope with call demand surge. The performance challenges faced due to COVID were managed, monitored and reported daily to Daily Senior Leadership Team meetings with actions to provide assurance and oversight.



Additionally, the service has continued to build on the integration pathways which were implemented to support the Trust's response to the COVID pandemic and the ability to flex workforce across 111/999 based on demand is a key action for future service sustainability. Integrating 111/999CAS systems has been identified as a London requirement as part of the wider system U&EC Restoration Board and Think NHS 111 First programme (London-wide system response to COVID). LAS has committed to 3 key priorities as part of this programme:

- Optimise 111CAS outcomes,
- Increase 999 Hear & Treat rate
- Optimize See, Treat & Refer outcomes.

The Trust engaged in multi-provider discussions with NWL ICS to design and deliver an enhanced IUC model which will provide the foundation for future 111/999CAS integration.

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

This quality priority was intended to equip the Cycle & Motor Cycle Response units with ECGs to enable

timely assessments of patients they deem as requiring and ECG. This in turn was to ensure that fleet can attend other calls, reducing delays for patients. Unfortunately, this quality priority had to be suspended due to COVID as it became necessary to take both Cycle & Motor Cycle Response units off the road.

## CQC domain Caring

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

As the busiest ambulance service in the country our staff and volunteers provide care and support to millions of people each year who live, work and travel in London. LAS continually strive to deliver evidence based welfare and wellbeing support back to our staff and volunteers as an integral part of our core business. This is underpinned by our ambition to be a first class employer, who value and develop the skills, diversity and quality of life of staff. In recognition of the challenges that the pandemic has presented, the Trust developed a Health & Wellbeing strategy which sets out its approach for transforming how staff and volunteers can access

health and wellbeing support. This is a live strategy to ensure it is flexible and able to respond to emerging need as the organisation continues to fight the pandemic.

The aim of the health & wellbeing

strategy is to make sure that all of our people can achieve a healthy balance between work and home life, are well equipped to deal with stress, have safe and effective physical environments – both vehicles and buildings – to work in

and access to appropriate and relevant services when they need them. LAS' health & wellbeing strategy details seven core themes as illustrated in the diagram below.



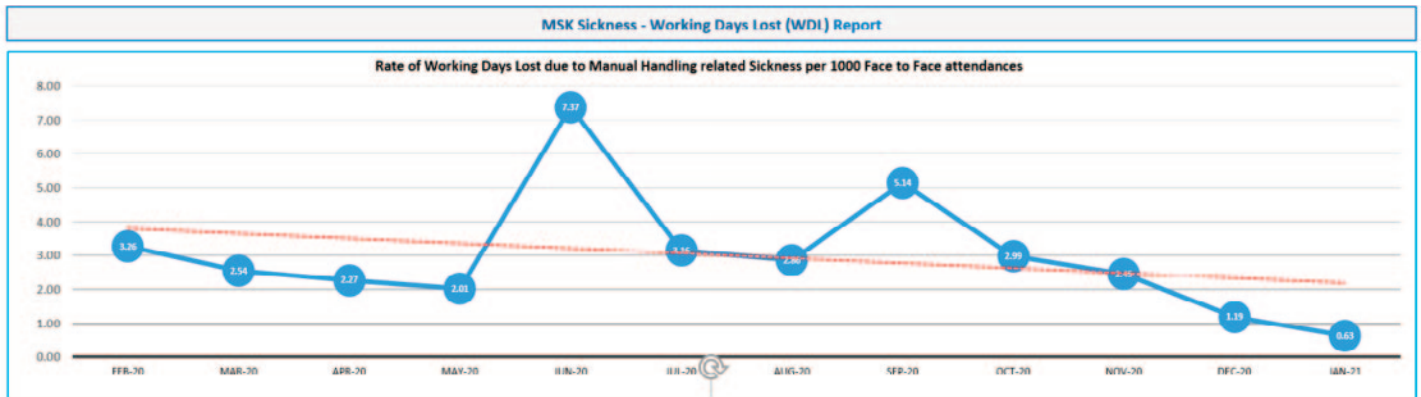
Below is an outline of some of the examples of work that sits under each theme.

- **Physical health:** For example Occupational Health provision that is more accessible and targeted to the needs of our staff with better communication and understanding of the Trust
- **Mental & emotional health :** For example, better access to a wider range of professional mental health services with specialist experience and training that reflect the diversity of our staff and the range of jobs within the Trust

- **Healthy Environment:** For example, ensuring that our workplaces include dedicated healthy spaces and an environment designed to suit the needs of our staff including suitable equipment and furniture
- **Staff Assistance and Support:** Establishment of the Wellbeing Hub as a single point of access to wellbeing services provided and endorsed by the Trust, supported by use of 87% app
- **Staff Partnerships and Peer Support:** Increased collaborative Wellbeing work at a senior, executive and non-executive level across the trust

- **Public Health:** Improved immunisation processes from new starters onwards including greater flexibility and the use of technology for more agile record keeping.
- **Top-Up/Flexible Response:** Equip our staff and managers with tools and training that promote personal resilience and how to identify staff in need

The target was a reduction in the number of days sick from manual handling injuries per 1000 incidents (face to face) <3.5 and the graph below shows a clear reduction which is positive for staff wellbeing.



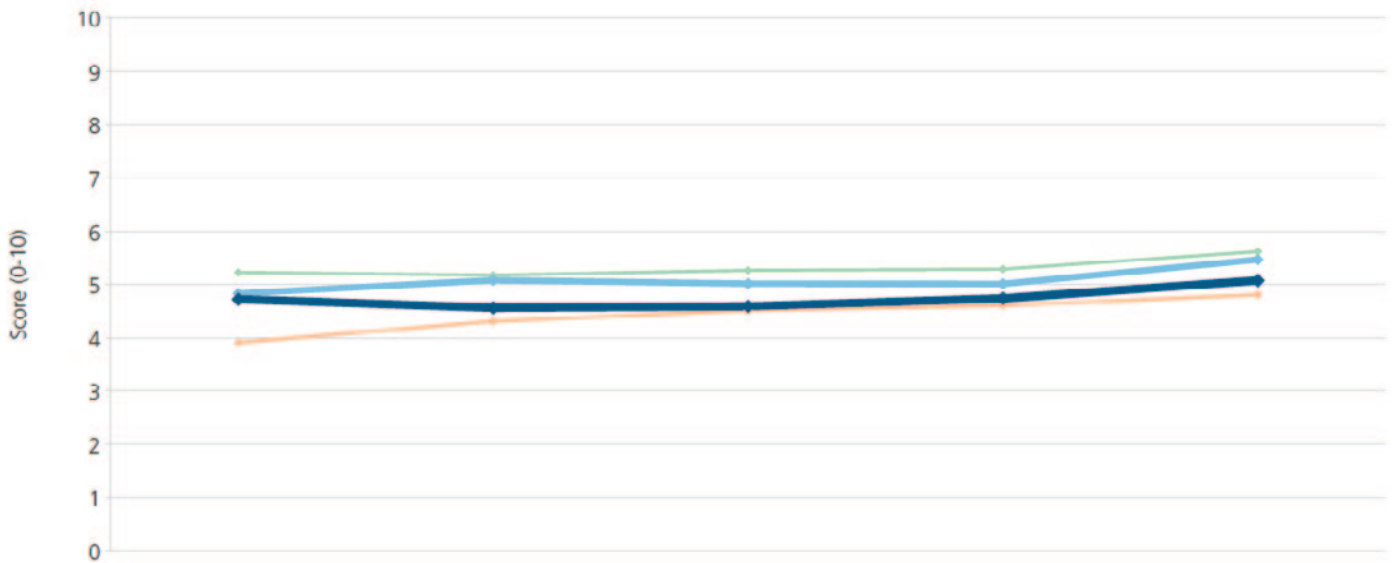
The second target was improvements in the 2020 staff survey results in relation to the

wellbeing matrix compared to the 2019 staff survey results. This has been achieved as illustrated in the

table below. Work will continue to further improve this matrix.



2020 NHS Staff Survey Results > Theme results > Trends > Health & wellbeing



	2016	2017	2018	2019	2020
Best	5.2	5.2	5.3	5.3	5.6
Your org	4.7	4.6	4.6	4.7	5.1
Average	4.8	5.1	5.0	5.0	5.5
Worst	3.9	4.3	4.5	4.6	4.8
Responses	2,027	2,623	3,463	4,179	4,355

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

Throughout the year, the Trust continues its efforts to address stress amongst staff which leads to

increased absence from work. This work was part of the wider work to improve staff wellbeing as described above. A Stress Management Policy was developed last year and will provide a framework for further work in the coming year.

**11. Reduction in Violence & Aggression**

As an organisation we recognise that our staff experience unacceptable levels of violence and abuse while delivering care to the public. The impact of being



assaulted is sometimes more damaging than the actual injury and LAS is committed to changing the culture with robust support to staff. The rate of reportable violence/assault incidents per 1000 face to face incidents is currently at 0.54.

A Violence Reduction and Staff Safety Programme Board was formed last year to better support staff who experience violence and abuse by providing specialist advice and a standardised approach. The Trust is currently undertaking a trial of the Body Worn cameras to further safeguard staff from violence and aggression and the outcome of this trial will inform future plans.

## Responsive

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

The trust aims to provide a responsive service by working hard to prevent delays to treatment, which can cause harm to our patients. A deep dive was undertaken of the delays related to the first wave of COVID and resulting action plan was reviewed monthly at the Trust's Safety

Investigations Assurance and Learning Group (SIALG) by the second wave in December 2020 all actions were completed. A further review is underway to look at learning from the second and a new report will be published with further learning for the next financial year.

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

LAS strives to provide an equitable service to all patients who use our service regardless of whether the call us on 999 or 111. To this end, there has been significant effort and investment applied to the continued delivery of this strategic priority: for example

- Applying 111First initiatives consistently to the 111/IUC CAS and 999 ECAS in order to provide patients with parity of access to downstream ICS services, including the launch of the BEACH electronic referral to Emergency Department to 111CAS and ECAS staff
- Enabled ECAS clinicians to refer to UCAS clinicians for onward consult and complete following initial clinical assessment, starting in NEL

- Although not selected to participate in the national C3/C4 validation pilot, LAS continues to engage other ambulance trusts to incorporate learning and has engaged London colleagues to support the referral of suitable 111 C3/C4 ambulance outcomes to the ECAS for clinical validation
- Working with the London Directory of Service (DOS) team to review current access to downstream services for UCAS and ECAS, and identifying quick win opportunities to enable access for UCAS & ECAS via 'LAS CAS Approved'
- Development of NWL multi-provider 111/999 integrated care model from initial concept to development of service model, patient pathways and mobilization process – target Go Live for phased implementation from 10/11/2020. This is the first step in developing the foundations for LAS to become London's primary integrator of urgent & emergency care services.

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

The Trust continues to improve its information technology infrastructure and this year we have focused on replacing our Computer Aided Dispatch (CAD) system and the introduction of the electronic patient clinical record (ePCR). The new systems are to support the clinical decision-making process there by improving the patient prioritisation functionality which will in turn support delivery of time care. While the roll out has been impacted by the pandemic, there is steady and notable progress on uptake across all services. From February to March 2020 there was a 10% increase in usage across the Trust and this continues to increase.

## Well led

### 15. Develop Quality Improvement Hubs for sharing best practice through a formalised operations & management structure

The Trust is committed to continuous quality improvement and utilises the QSIR methodology and a number of staff are trained in this. A QI pilot was launched in our Integrated Urgent Care services in September with a dedicated resource to undertake a project and this was completed at the end of November. The aim of the pilot was to ascertain whether having dedicated resource at a local level provides the resource needed to develop QI initiatives into projects as well as increase the chance of these projects being implemented and sustained. The QI pilot has been evaluated and confirms having dedicated resource at a local level did allow a QI project to be taken forward and implemented. The development of the quality improvement plans in each sector is linked to the Patient safety Incident Response Framework which comes into effect April 2021.

### 16. A continuous focus on improving the Staff Survey results particularly around Bullying & Harassment (B&H) culture.

Following the publication of 2019's staff survey results, the Trust focussed on engagement with and development of our core leaders/managers. There was a particular focus on improving the visibility of leaders across the trust. This was supported by the increased use of technology such as Microsoft teams, Zoom, LAS TV Live to update staff on the Trust priorities and direction. This was complimented by local operational briefings and sector conferences attended by the CEO, Executive Team Members, and Local Senior Managers (ADO/LGMs/CTMs). Throughout the year the trust put considerable effort into improving the health

and wellbeing offering to our staff as described in the sections above. 72% (4427) of staff completed the survey in 2020, compared to 71% in 2019 - an increase of c30% since 2016. This places the Trust in the second highest scoring Ambulance Trust in terms of response rate. From the 75 questions that allow a year on year comparison, the Trust has seen significant improvement in 30 questions, No change in 41

questions and deterioration in 4 questions. The results also showed a reduction in staff reporting that they experience peer to peer bullying in the last 12 months.

The questions in which there has been a significant improvement (green) or deterioration (red) year on year are grouped in four themes, as follows:

Area	Green	Red
Your job	9	1
Your manager	7	0
Health & well-being	11	3
Your organisation	3	0
<b>Total</b>	<b>30</b>	<b>4</b>

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

Last year the Trust identified an opportunity in taking part in the Primary Care Networks initiative. The PCN 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. This presented further opportunities for our staff to develop, helping our recruitment and retention. This could be achieved by working closely with partners and key stakeholders to develop the PCN proposal to include the London Ambulance Service.

During the year the trust undertook trials of the proposal. The Merton trial commenced in October 2020 and the Redbridge trial started in November 2020. Focus group sessions have been arranged and feedback was sought providing an overview of the trials; early indications suggest global benefits

with positive feedback from multiple stakeholders. There is continued engagement with NHSE & HEE and the national criteria for the PCN paramedic role is still subject to approval. In the interim, the trust continues to plan and prepare to provide paramedics in preparation for April 2021, when the PCN paramedic role is expected to be included in the national primary care contract.

### 18. 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.

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. Our aim was to embed our distinct LAS set of values and

## Annual Quality Account 2020-2021

behaviours for both existing LAS staff and the expanded workforce who were on boarded during times of increased demand. We wanted to extend our culture and values, nurturing a culture of inclusion and collaboration.

The Trust Well Being Hub have been pivotal in ensuring staff are signposted to the relevant agencies for support and in the roll out of the vaccination programme. The Hub organised and ensured staff on the road had refreshments by implementing the "Tea Trucks". The Trust also recruited a Head of Wellbeing to cover wellbeing support for staff across the Trust. They are responsible for the

Wellbeing hub, welfare resources as well as vaccination programmes. The position has had a clear positive impact on staff and is now in the process of permanent recruitment. A review of the skill matrix was undertaken, agreed and implemented during the second wave of COVID, continuously evaluating its impact on patients and staff. The Trust also recruited an Associate Director of Culture, Diversity and Inclusion to drive the Trust plans on equality and diversity, as well as lead on the delivery of Staff Survey plans for LAS. Part of their portfolio is the development of agreed metrics to understand and measure engagement, equality and culture.





# Statements of Assurance

## 1. SAFEGURDING

LAS has a suite of policies and procedures in relation to safeguarding practices and these are well communicated. Safeguarding training is provided at all levels of the organization and is above contractual target.

## 2. PATIENT EXPERIENCE

LAS continues to monitor & respond

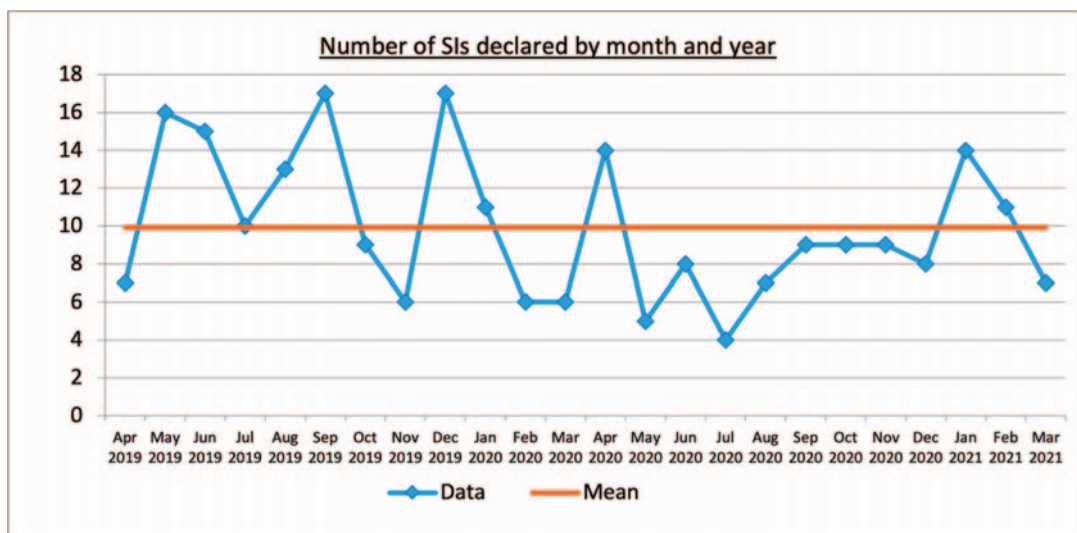
to feedback from patients, carers, families and the public. This feedback is received in a variety of forms such as compliments, complaints, feedback to local surveys and through our Patient & Public Council. This feedback is collated, analysed and action plans are developed to address themes. With the implementation of PSIRF, themes from patient feedback will contribute to our quality improvement plans.

## 3. PATIENT SAFETY INCIDENT REPORTING

The Trust is the highest reporting ambulance service for reporting patient safety incidents which reflect a strong safety culture.

## 4. SERIOUS INCIDENTS:

The below graph illustrates number of SI's declared by month and year



## 5. CARE QUALITY COMMISSION

During 2020/21, the CQC inspection activities at the Trust included routine engagement calls & virtual meetings. The trust was last inspected in September 2019 and a report was published in January 2020. The trust retained its rating of Good overall. Two "Must Do" actions were issued in relation to medicines & security of vehicles and premises. The Trust developed an action plan to not only address these two areas but to also address the recommendations made by the CQC ("Should Do" actions). Significant progress has been made in all areas and the trust continues to focus on all areas under the five CQC domain.



Last rated  
3 January 2020

London Ambulance Service NHS Trust

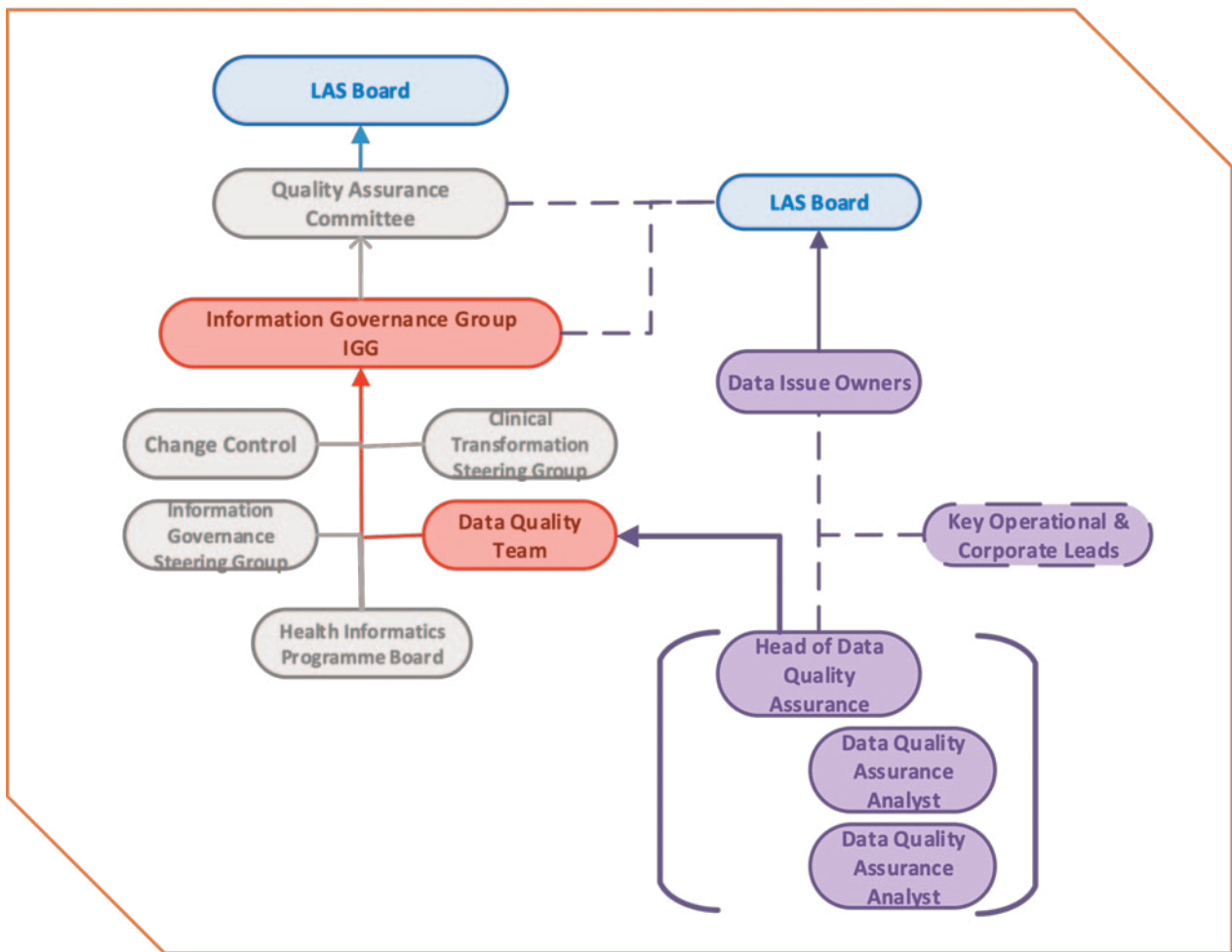


## 6. DATA QUALITY ASSURANCE

### Data Quality Assurance for Annual Quality Account Statement

The Trust has an independent Data Quality Assurance (DQA) team who provides Trust wide oversight of Data Quality. This is to ensuring Data and Information used by the Trust to inform Performance, Operations and Strategic Decisions are of Good Quality.

### Governance Structure



### The DQA Team Objectives and Aims

- The DQA team carries out Data Quality Reviews to assess all the Trust's Data Sources and Reporting Arrangements.
- The team drives improvement by reporting any issues, monitoring any actions, as well as providing guidance and training
- The team acts as a key contact for

receiving escalation from other staff and teams for Data Quality issues identified outside of the formal review process

- The team is also responsible for raising profile of Data Quality with everyone understanding the importance for day to day activities as well as future strategies

### Work completed during 2020/21

- Data Quality review of 11 key systems used across LAS, have been completed
- Data Quality Assurance ratings for associated KPIs in Integrated Performance Report (IPR) have

been developed

- Actions were developed based on the recommendations of the Reviews which are being reviewed regularly.
- A methodology has been developed based on academic research – journals and NHS

standards to derive a robust Data Quality strategy for the LAS

- Work has been carried out to promote and raise the awareness of DQA via different channels (Induction Video, RIB coms, E-Learning)
- Data Quality Impact Assessment

for the new ePCR and CAD has been completed.

- Further Data Quality Reviews based on escalation received / additional requirement have been carried out.

### Internal Data Quality Audit

The Trusts Internal Audit Plan sets out regular assessment of effectiveness of the Trust's Data Quality systems and processes. The Public Sector Internal Audit Standards (PSIAS) and NHS Internal Audit Standards require Internal Audit to undertake mandated annual reviews covering Data Quality.

London Ambulance Service NHS Trust ('the Trust') reports data to a variety of internal meetings, including its Board and sub-committees and divisional meetings, and to external organisations, such as commissioners and regulators.

Some of these will be made available to the public and inform perceptions of the quality of care delivered by the Trust. Others will be used internally for decision making about quality and efficiency. As such it is vital that the information used is reliable and accurately reflects the performance of the Trust.

An internal audit by Grant Thornton was completed in November 2020. This audit reviewed the design and operation of the Data Quality control environment as set out in the scope and concluded that the process has provided a SIGNIFICANT level of assurance (highest possible rating). This shows improvement from "Partial assurance with improvement required" in 2019. This puts LAS in a strong position to continue to drive actual improvement in underlying datasets.

Please note that the Significant Assurance opinion reflects the work performed over the areas

specifically under the scope of this review, which concern the arrangements the Trust has in place to support effective data quality. It should not be read as a wider commentary on the underlying data itself. As noted in Appendix 3 of the Audit Report, the assurance process undertaken by the Data Quality Assurance team has already identified that the underlying data systems require improvement if the Trust's 98% confidence level is to be met, and the monitoring of implementation of recommendations arising from these forms part of the Trust's ongoing assurance arrangements.

## 7. INCOME

The income generated by the NHS services reviewed IN 2020/2021 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Service NHS Trust for 2019/2020.

## 8. INFORMATION GOVERNANCE:

In February 2021, the London Ambulance Service submitted a baseline position for the NHS Data Security and Protection Toolkit standards. The Trust continues to progress the information governance work programme against the data security and protection standards ahead of the final submission in June 2021.

## 9. CLINICAL AUDIT

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

The Trust submitted the following information to NHS England for the reporting period 2020/21 and 2019/20 regarding the provision of an appropriate care bundle to STEMI patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

	2020-21*		2019-20	
	LAS average	National average (Range)	LAS average	National average (Range)
<b>STEMI patients</b>	74.8%	78.2% (76.6 – 79.8)	74.9%	79.9% (78.8 – 81.4)
<b>Stroke patients</b>	98.2%	98.1% (97.8 – 98.5)	98.4%	98.4% (98.3 – 98.4)
<b>Cardiac patients</b>	83.4%	73.3% (72.8 – 73.8)	94.5%	70.9% (69.0 – 72.2)

\* At the point of preparation of this Quality Account, NHS England reported data for April to September 2020 was submitted during 2020/21.

\*\* Post – resuscitation patients only

### Clinical effectiveness and audit

The Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2020/21, we examined the care provided to a wide range of

conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, as well as respiratory and bariatric care. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.



Despite many research projects being suspended across the NHS due to the COVID-19 pandemic, our research activity continued to perform strongly, with multiple collaborations to design novel research projects, successful applications for external research funding, and nine publications in peer-reviewed scientific journals, including the first paper in the UK to describe the association between out-of-hospital cardiac arrest and COVID-19. We also participated in research projects designated 'Urgent Public Health' status by the Government due to their importance to the COVID-19 pandemic (see Appendix 1).

We continued to support the development of the NHS England Ambulance Quality Indicators, working with NHS England on behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research

continues to Chair the National Ambulance Research Steering Group, helping to develop prehospital research nationally, encourage collaboration across ambulance services and influence changes to national policy and practices.

### Clinical audit

During 2020/21, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the Trust participated in 100% of national clinical audits in which it was eligible to participate. The national clinical audit and national confidential enquiries that the Trust was eligible to participate in during 2020/21 are as follows:-

- **National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)**
- **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 Trust participated in, and for which data collection was completed during 2020/21, 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
<b>National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)</b>	3,678	100%
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 10,692	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 3,884 b) 504	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 3,678 b) 431	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) 502	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90th centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 953 b) 687	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90th centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 2,788 b) 3,285	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) 7,494	100%

\*At the point of preparation of this Quality Account, NHS England reported data was available for December 2019 to September 2020. And for the OHCAO submission from April 2020 – September 2020

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

The reports of the above national clinical audits were reviewed by the

provider in 2020/21 and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 2).

### Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1st April 2020 to 30th January 2021 that were recruited during that period to participate in research approved

by a research ethics committee was 26. This is a marked decrease in comparison to previous years due to the suspension of many research projects during the COVID-19 period. Nonetheless, we recruited a total of 660 staff as study participants to national wellbeing COVID studies.

## Appendix 1: Research Activity

Ongoing research projects from 1st April 2020 to 28th February 2021:

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

**UK-REACH:** is another Urgent Public Health study, aiming to investigate COVID-19 outcomes in people of different ethnicities working in health and social care, and how these relate to working conditions, job types, and general health and living circumstances. The findings of this study will be used to make rapid recommendations to the Government to protect health and social care workers.

**CARA:** a national survey evaluating the effects of the COVID-19 pandemic on the wellbeing of ambulance personnel.

**SWAP:** a national 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 generally and with specific reference to the COVID-19 pandemic.

**TRIM:** a linked outcome study looking at which triage model is the safest and most effective for the management of 999 callers with suspected COVID-19.

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



the emergency ambulance service.

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

**AIR CGM:** this prospective study assesses the impact of using a continuous glucose monitor within 72 hours of a severe hypoglycaemic episode in patients with Type 1 diabetes who are treated by ambulance clinicians for severe hypoglycemia and discharged at scene. Active recruitment into this trial was also suspended due to the COVID-19 pandemic.

**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. This year we completed the data collection for Phase 2 of the trial, but the trial has been suspended due to the COVID-19 pandemic.

## Appendix 2:

# Clinical audit activity and learning outcomes

### National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2020/21 and the Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual reports and infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

### Clinical audit projects

The reports of **5 local clinical audits** were reviewed by the provider in 2020/21 and the Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

#### *Use of Emergency Arrhythmia Centre pathways:*

- Clarify with the Pan London Arrhythmia Group/ Cardiac Leadership Group whether high grade AV block and symptomatic sinus node disease could be added to the criteria suitable for conveyance to an Emergency Arrhythmia Centre
- Emphasise the importance of recording use of a specialist pathway on the patient's clinical record

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

- Cases identified via this clinical audit contributed to the LAS pilot submission for the national framework on Learning from Deaths
- Ten serious incidents, identified through this audit, were declared
- Constructive and positive feedback was provided to individual clinicians and Emergency Call Handlers
- Case studies were shared for ad hoc staff educational purposes
- Findings have informed development of the electronic Patient Care Record
- Details of all expected deaths have been provided to the LAS End of Life Care Team to promote shared learning
- Retrospective safeguarding referrals were made for three patients
- A variety of relevant clinical audits will be proposed to be undertaken next year
- We will suggest a review of the training on documentation of clinical records

#### *Assessment and management of patients receiving end of life care*

- The findings have been used to inform development of the electronic patient care record

- The key findings will be communicated to staff and we will write a Clinical Update article to educate staff on pharmacological and non-pharmacological symptom management and assessment (including pain)
- We will continue to promote the use of Coordinate My Care
- Consider whether a regular clinical audit of end of life care should be introduced

#### *Triage, dispatch and assessments for patients identified as bariatric*

- Dispatchers were reminded of the need to 'ring fence' bariatric vehicles so they are only used for non-bariatric patients at times of high demand
- The illness code 'bariatric' will be removed and staff will be encouraged to complete estimated weight, where relevant

#### *Newly Qualified Paramedic and non-registrants' use of clinical decision making tools for patients who are referred to alternative healthcare pathway (including self-care) rather than conveyed to an emergency department*

- The key findings were distributed via a Trust-wide clinical newsletter, together with an infographic shared on the staff Facebook group
- Use of NEWS2 was encouraged during ePCR training
- The Capacity Assessment Tool has

been incorporated into the ePCR

- We will archive the guidance notes associated with the Patient Referral Tool and ensure the electronic version of the Tool contains all of the relevant information and is available on clinicians' iPads
- We will ensure it is clear on the electronic guidance available for clinicians that the NEWS2 tool should not be used for women who are pregnant
- We will consider whether the requirement for non-registrants to record two full sets of observations is still relevant
- Non-conveyance codes will be reviewed and clarity provided as to when certain codes should be used

In addition, a further **18 local clinical audits** have been started by the provider in 2020/21, as well as a programme of continuous clinical audit:

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

The Mental Health Joint Response Car (MHJRC), staffed by a Paramedic and Mental Health Nurse, was implemented to provide specialist face to face assessment and management of patients in mental health crisis. The MHJRC also attends high priority calls and may be called by a crew on scene to provide advice with a patient who has a mental health complaint. This clinical audit aims to demonstrate the safety of this initiative.

### ***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 assess current airway management by LAS staff.

### ***Hip fracture re-audit***

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

### ***Code Red***

The "Code Red" priority call for massive transfusion pathway was introduced in 2016 and approved by the leads in the four London Major Trauma Centres (MTCs) for use by Advanced Paramedic Practitioners in Critical Care (APP-CC). Careful monitoring of the activation of the pathway was recommended as part of the Advanced Clinical Operating Procedure (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.

### ***Urgent Care treatment of: Headache, wounds, end of life care, paediatrics, abdominal pain, and transient loss of consciousness***

Advanced Paramedic Practitioners in Urgent Care (APP-UC) aim to assess, treat and safely discharge patients, or utilise appropriate care pathways to reduce unnecessary hospital

admissions. APP-UC take a detailed history and use targeted advanced assessment and skills such as a detailed neurological assessment, otoscopy and ophthalmology, pregnancy tests and urinalysis, and point of care blood testing, as well as other interventions such as wound closure. These clinical audit projects will inform the development of Clinical Performance Indicators (CPIs) for the APP-UC team.

### ***Alteplase***

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

### ***Partnership working during COVID-19***

As the call rate increased and the operational workforce pressure increased dramatically during the Coronavirus pandemic (COVID-19), new systems were developed to provide the safest clinical response to the greatest number of patients. The new structures included utilising personnel from other agencies such as the London Fire Brigade (LFB), as well as emergency responders (ERs), Non-Emergency Transport crews (NETs) and third year paramedic university students to staff front line resources. This retrospective clinical audit will determine the types of patients attended by and care delivered by





crews made up of COVID-19 Support Non-Paramedic Staff (CSNPS), and provide assurance that patients received a high level of care.

#### **Notting Hill Carnival**

The Notting Hill Carnival is a large, high-profile public event attended by more than a million people every year. A large number of dedicated resources are deployed to the area. These resources support the St. John Ambulance in providing medical cover for people attending the event and ensuring that other people in the area receive a response consistent with our usual day-to-day work over the course of the event. This clinical audit project looks to provide some reassurance that the things that need to happen for every patient are still happening in this context, particularly focusing on basic observations and essential documentation.

#### **Protocol 36**

Protocol 36 is an MPDS card used to triage infected patients in the event of an official disease outbreak, epidemic or pandemic. Protocol 36 was activated for the first time as part of the Trust's response to the Coronavirus pandemic. At its peak, calls related to COVID-19 accounted for nearly 50% of demand on the service. As such, this clinical audit will assess call handler compliance with the MPDS Protocol 36 card.

#### **Sickle cell crisis re-audit**

The care we provide to patients in sickle cell crisis has been audited

three times previously, and while each re-audit identified improvements, further progress is needed around pain relief and medicines management. Therefore this clinical audit aims to determine whether any improvement has been made since the last clinical audit.

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

Ambulance clinicians routinely measure temperature when managing patients in cardiac arrest as abnormally low (hypothermia) or high (hyperthermia) temperatures may represent treatable causes. This clinical audit aims to measure care provided to and clinical outcomes of patients presenting in cardiac arrest complicated by hyperthermia.

#### **Emergency Responder medicine administration**

The Trust is currently reviewing its management of station based medicines and how Emergency Responders are able to access three of the medicines within their skillset: salbutamol, glucose gel and aspirin. To help inform the review this clinical audit will measure Emergency Responder compliance to medicine administration.

#### **Cardiac Arrest – Post-resuscitation care**

APP-CCs have an advanced clinical operating procedure for how to manage patients in non-traumatic out of hospital cardiac arrest where a pulse has been achieved. This includes supporting cardiac output through the use of cardioversion,

pacings and inotropic (or vasopressor) administration and sedation. Following the introduction of the ACOP an associated CPI was developed. This clinical audit project will inform the development of a CPI for the APP-CC team.

#### **Continuous quality monitoring**

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

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

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

London Ambulance Service undertakes a programme of local Clinical Performance Indicators which, during 2020-21, monitored the care provided to 10 patient groups (cardiac arrest, difficulty in breathing, mental health - both diagnosed and undiagnosed, severe sepsis, elderly fallers, patients discharged on-scene and adult (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma attended by an APP-CC). 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.



## Statement from the Patient & Public Council

The LAS Patient and Public Council was established in 2020 and has sought to be a critical friend to the LAS as it provides day to day care as well as implementing its future strategy. The Council has been impressed with how the organisation has faced the last year of extraordinary challenges. Council members have recognised how the service quickly adapted to rapid changing circumstances to provide the best possible care to their patients. Of particular note is how they have and are continuing to support their staff. At the same time Council members have been involved in working with staff as they continue to develop improvements in patient pathways and the safety of the services they provide.

# Statements from Commissioners

## NORTH EAST LONDON CLINICAL COMMISSIONING GROUP



### Commissioners Statement for London Ambulance Trust 2020/21 Quality Account

Thank you for asking us to provide a statement on the Trust's 2020/21 Quality Account and priorities for 2021/22.

North East London Clinical Commissioning Group is responsible for commissioning the 111 Integrated Urgent Care Clinical Assessment Service for the population of east London. The comments on this statement therefore only relate to that service.

Over the last year the 111 IUC CAS service in London has had to respond to the global pandemic caused by SARS-CoV-2. Words seem inadequate to convey our gratitude to staff who selflessly provided the highest possible standards of care to our residents in such difficult and distressing circumstances. We support initiatives that enable staff to reflect, recover and receive the support they need going forward and recognise that this will be essential for some years to come.

The Pandemic highlighted the need to enable staff quickly to work successfully from home. Whilst this has been facilitated for some clinicians, we would like to see the opportunity for home working to be extended to experienced Health Advisors.

In the light of this we congratulate the Trust in meeting its target to improve national staff survey results and we strongly commend the continued focus on staff wellbeing and support in 2021/22.

The Quality Account outlines a wide range of quality improvement projects and programmes and we applaud the development of the Quality Improvement Hubs and would like to suggest a QI approach as a guiding principle for 111 /999 integration and development.

Last year the Trust became an early adopter for implementation of the Patient Safety Incident Response Framework (PSIRF). As commissioners we have a role to play in supporting the Trust

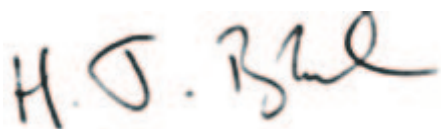
with a smooth transition to this new system and are working with the Trust in the pilot phase to implement the PSIRF as part of the new NHS Patient Safety Strategy.

In 2020/21 the Trust undertook further work to assess the use of the 111 IUC CAS service's escalation plan and triggers to ensure key factors were being considered. The Trust also launched an audit tool in June 2020 which was used during 2020/21 despite workload demands. We congratulate the Trust on this programme of work and support the Trust to continue to use audits to test the model and ensure it is safe and effective.

We very much welcome the Trust's focus on reviewing productivity and outcomes for those working in IUC, ECAS and CHUB services. Understanding and addressing variation that exists between clinical staff and improving hear and treat rates safely is so important for improving our patients' experience as well as reducing the demand on our urgent and emergency care face-to-face services. We would like to suggest that frontline 999 crews should also be included in this review.

We support integrating pathways, strengthened to respond to the COVID pandemic and also the ability to flex workforce across 111/999 based on demand. This will be key to support the delivery of 111 First policy and to support 111/999 CAS integration. As such we support the continued focus on integrating the 999 and 111 systems to provide seamless care for patients regardless of access point and would like to suggest further work to measure the patient journey and patient defined outcomes for this programme of work. We suggest there is more work to do for the 111 First policy and 111/999 integration in terms of measuring what matters to patients and carers.

We confirm that we have reviewed the information contained within the Account only where these relate to 111 CAS for east London we have no concerns about accuracy or completeness. Overall we welcome the 2020/21 quality account and are again looking forward to another year working together to improve the quality of services for the population we serve.



Henry Black, Acting Accountable Officer, NHS North East London CCG

## SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP



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 London SE1 2TZ  
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Dr John Martin, Chief Quality Officer,  
 London Ambulance Service NHS Trust,  
 220 Waterloo Road,  
 London SE1 8SD Sent electronically  
 Thursday 13<sup>th</sup> May 2021

Dear John,

**Re: South East London Commissioning Group Statement on the London Ambulance Service NHS Trusts Quality Account 2020/2021**

Thank you for submitting the London Ambulance Service Quality Account 2020/2021 with the South East London (SEL) Clinical Commissioning Group (CCG) as the commissioner of the SEL 111 Integrated Urgent Care (IUC) service. The Quality Account (QA) has been produced in unprecedented circumstances and the CCG wishes to acknowledge the continuing fortitude, compassion and commitment shown by all the staff at the London Ambulance Service NHS Trust during this time.

Throughout 2020/2021 the local CCGs worked closely with the Trust to seek assurance of the quality of the services it provided and appreciated the open and frank discussions that we had, including at the peak of the pandemic. We believe that the QA demonstrates the progress made on achievement of last year's 18 priorities and the plans for future development. The proposed quality priorities identified by the Trust for 2021-22 are fully supported by SEL CCG.

We recognise the following achievements.

During a challenging year, the Trust was one of the few early adopter organisations, for the implementation of the Patient Safety Incident Response Framework, thus demonstrating genuine commitment to learning with the inclusion of quality improvement patient safety initiatives. The Trust continued to be the highest reporting ambulance service for reporting safety incidents which reflects a strong positive reporting safety culture.

We are pleased to see the achievement in the downward trend in a reduction in controlled drug related incidents and the continued emphasis on improvements in medicines management in line with the CQC recommendations.

The Trust's determined efforts to achieve the IUC service's staff rota to always ensure comprehensive and flexible cover was tested. The need to regularly review, scale up and respond to changing patient behaviour and call demand surge as required during the pandemic was trialled, and the Trust is to be commended on its ability to respond to this.

We welcome the Trust's continuous commitment to the health and wellbeing of staff, to ensure they feel safe and supported to do their job and deliver a quality service. It is good to see the positive impact on sickness absence and staff feedback given the challenges and pressured situations staff have operated within during Covid-19 unprecedented times.

Whilst the Trust retains its rating of Good overall and has had some focussed inspections, the CCG will continue to work with the Trust on those areas that continue to be a challenge to improve the quality of the 111 service to the SEL population which it delivers.

Although we recognise that important progress was made in IUC in 2020/21, it is evident that further work is still required to reduce variation in both the front end and CAS staffing and outcomes.

The need to further embed the integration of the 999 and 111 IUC CAS systems and build upon the learning and innovation of the past year to provide seamless care and an equitable service.

The Trust focus on engagement and involvement plans to gather the views of patients and communities through a variety of methods to help shape responsive and sustainable services.

We would like to express our appreciation for the way your staff have managed to huge increase in demand during this pandemic and for their professionalism, expertise, and ongoing determined commitment to delivering quality safe services.

In the Quality Account the Trust is clear that there is still much to be done to consistently deliver the outstanding services that local people deserve. We endorse the new quality priorities for 2020/2021 and very much look forward to continuing our collaborative approach to quality improvement in the year ahead.

Yours sincerely



Kate Moriarty-Baker  
Chief Nurse Caldicott Guardian  
NHS South East London CCG

## NORTH WEST LONDON COMMISSIONERS



14<sup>th</sup> May 2021

**Private & Confidential**

Dr John Martin Chief Quality Officer  
London Ambulance Service NHS Trust 220 Waterloo Road

**Re: London Ambulance NHS Trust Quality account 20/21**

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2020/21 which we received on 05/05/2021.

We would normally share the account within our CCGs and associates for their review and comment. However, as you will appreciate, the work of the CCGs is focussed on supporting the restoration of services following the pandemic. 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 has reviewed the account and made the following comments, which I support:

- Where we can check, the data in the account appears to be accurate.
- We wish to congratulate the Trust and the staff for working tirelessly to support patients and the wider community against the unprecedented challenge of COVID-19. We note the significant improvements achieved in 20/21 by developing innovative quality initiatives and piloting locally owned concepts that strengthen continuous quality improvement and patient safety.
- The Trust successfully piloted the Station/service Quality Accreditation programme that robustly assessed local ambulance stations in line with the Care Quality Commission's (CQC) fundamental standards. We commend the Trust for its commitment to wider engagement with numerous stakeholders via coproduction as this programme has been rolled out Trust wide now. Prospectively commissioners look forward to seeing the overall impact of such initiatives and share the wider learning with other system partners.
- We acknowledge the significant accomplishment of successfully implementing the Patient Safety Incident Response Framework (PSIRF) and rolling out the new framework on schedule despite the significant challenges and uncertainties posed the pandemic. Most importantly, there was exemplary collaborative working with numerous stakeholders – a real testament to commitment, dedication and resilience.
- The Trust astutely upskilled its workforce with extended skills and competencies aimed at maximising the potential for paramedics to manage critically ill patients. We welcome the additional cohort of Advanced Paramedic Practitioners trained to administer thrombolysis in acute presentations and the pilot training programme for non-medical prescribing for paramedics that will undoubtedly improve patient outcomes and overall alleviate pressure on the healthcare system.
- We are pleased with the Trust's commitment with regards to ongoing testing of Trust security measures to ensure continuous improvement Trust arrangements to secure vehicles stations and equipment. Commissioners look forward to seeing a reduction in the number of security related incidents across the Trust's estate and facilities.
- The safe and secure handling of medicines is a key area of focus for commissioners and the timely completion of the medicine management rooms is well received. There has

been a steady reduction in medicines' related incidents since the secure drug room project commenced. To this end, we look forward to seeing the overall impact this will have on controlled drug related incidents.

- The Trust's CQC rating of "Good" has been maintained and we commend the Trust for promptly addressing the two "Must Do" actions issued by the CQC in relation to medicines & security of vehicles and premises. The Trust went a step further and developed an action plan that addressed the recommendations made by the CQC "Should Do" actions. Overall commissioners are pleased to note the significant progress made against all areas.
- Progress on the Trust's quality priorities has been reviewed for 20/21. Considerable progress has been made against the 17 of the 18 quality priorities, which is exceptional considering the impact of Covid. We support the Trust's decision to curtail the roll out of tempus monitors for Motor Cycle Response Units (MRU) was curtailed as a priority due to COVID.
- Significant pressure has been placed on the mental and physical wellbeing of staff throughout the pandemic with extraordinary determination, creativity and care. Commissioners recognise that the mental and physical health for all Trust employees is an absolute priority and we applaud the Health & Wellbeing strategy and other associated initiatives.
- Body Cameras are a vital tool for frontline staff as their use may deter the public from behaving antisocially, abusively or aggressively against staff. Commissioners look forward to the output of the body worn camera trial and anticipate a reduction in violence against staff, fewer complaints, increased conviction rates of offenders and a reduction in time spent on investigations.
- There has been an improvement in staff survey results and most importantly there are sustained efforts in improving key themes such as bullying and harassment. Commissioners are pleased to learn of the Trust's ambition to strengthen diversity and inclusion by recruiting a Director of Culture to drive forward the Trust's plans on equality and diversity.
- The Trust has been proactively exploring and developing the paramedics in Primary Care Network (PCN) proposals to provide a broader training opportunity for paramedics. This approach will undoubtedly contribute to supporting the Trust to focus on attracting and retaining skilled and motivated staff.

We look forward to working closely with the Trust in the coming year and ensure that we continue to champion the quality, safety and safeguarding agendas together, for the benefit of the commissioned services for patients.

Yours Sincerely



Diane Jones  
Chief Nurse and Director of Quality



## 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 **2020/21** and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2020 to March 2021
  - Papers relating to quality reported to the board over the period April 2020 – March 2021
  - Feedback from commissioners dated 14 May 2021
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2021
  - The 2020 national staff survey
- The quality report presents a balanced picture of the NHS trust’s performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

**By order of the Board**



**Heather Lawrence, Chair**

Date: 25 May 2021



**Garrett Emmerson, Chief Executive**

Date: 25 May 2021



# Annual Quality Account

2020/2021

London Ambulance Service NHS Trust  
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