ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

NHS
London Ambulance Service
NHS Trust

ALF2026
Ambulance Leadership Forum

My Clinical Feedback

David Davis

Chief Clinical Information Officer

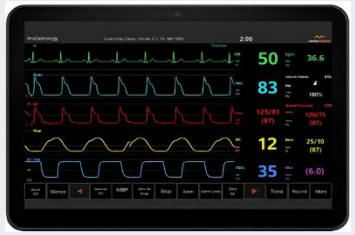
Improving Urgent and Emergency Care through Digital

Ambulance clinicians make some of the most time critical decisions in the NHS

Was conveyance appropriate?

Did the patient get admitted?

Was there an unexpected deterioration?



What don't we know?

Was the diagnosis correct?

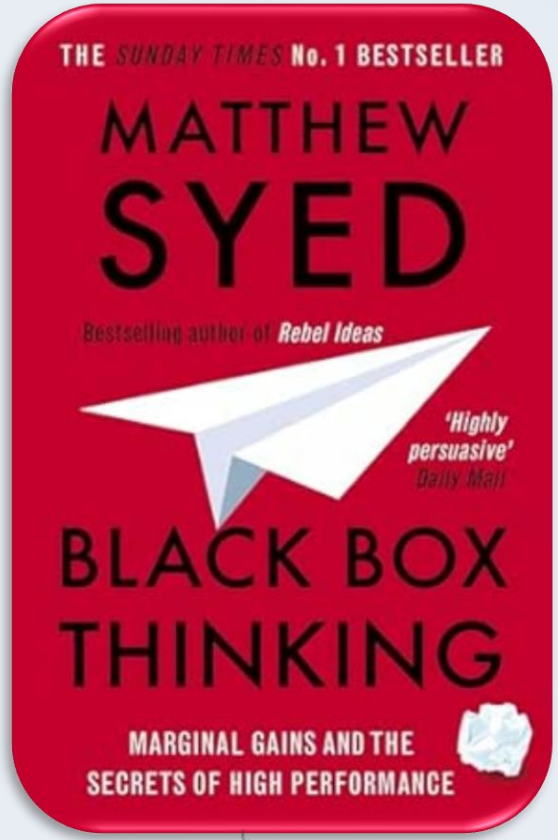
Our ambition was simple but ambitious - to close the feedback loop between pre-hospital and in-hospital care

Without a routine feedback loop, the system was missing a fundamental learning mechanism

It was about enabling reflective practice, improving supervision, and supporting better decision-making for future patients

Ambulance decision making:

Playing golf in the dark



My Clinical Feedback

What is My Clinical Feedback?

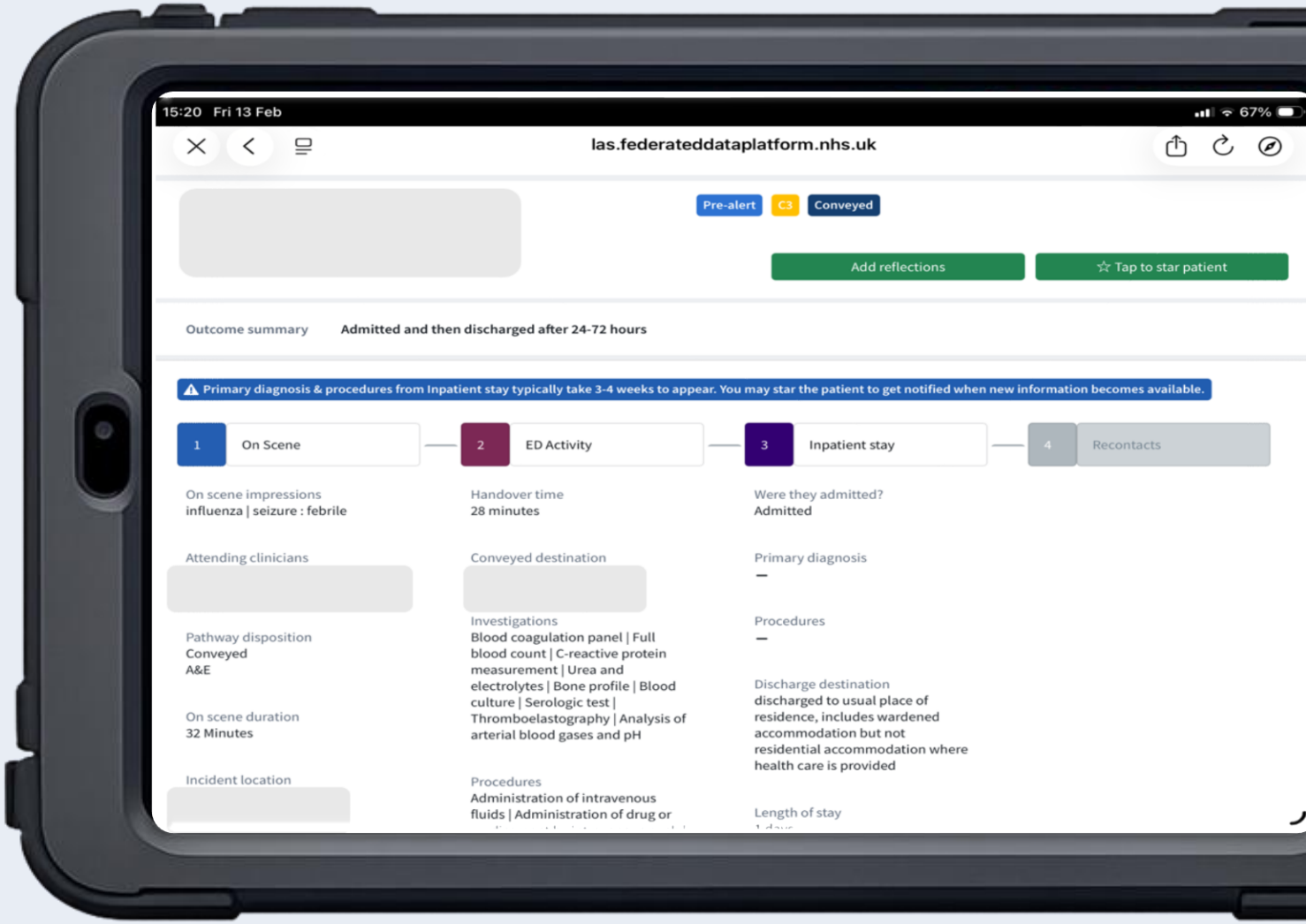
An application that enables ambulance clinicians to follow up on patients that they have attended, reflecting on the outcomes of these patients and learning about the implications of their on-scene and pathway choices.

Who can use My Clinical Feedback?

My Clinical Feedback is available to all ambulance crews in the London Ambulance Service.

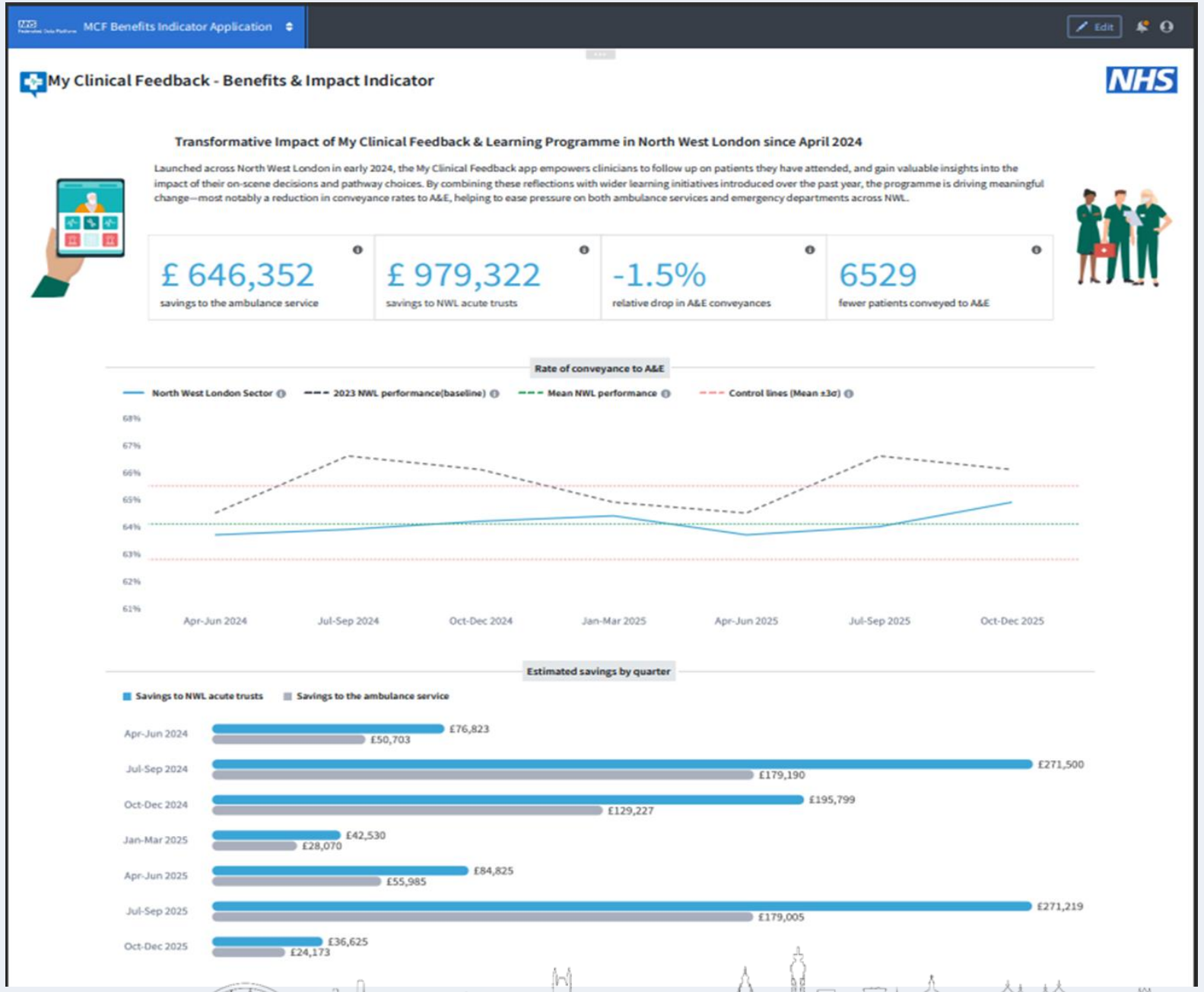
How will My Clinical Feedback benefit me and my patients?

Paramedics and frontline ambulance clinicians are the only clinicians in the UK who receive no routine feedback on the decisions they take for their patients. My Clinical Feedback intends to change this.



"We need to switch to a meaningful, feedback positive culture where we can learn from experience and be happier.

-- Clinical Team Manager



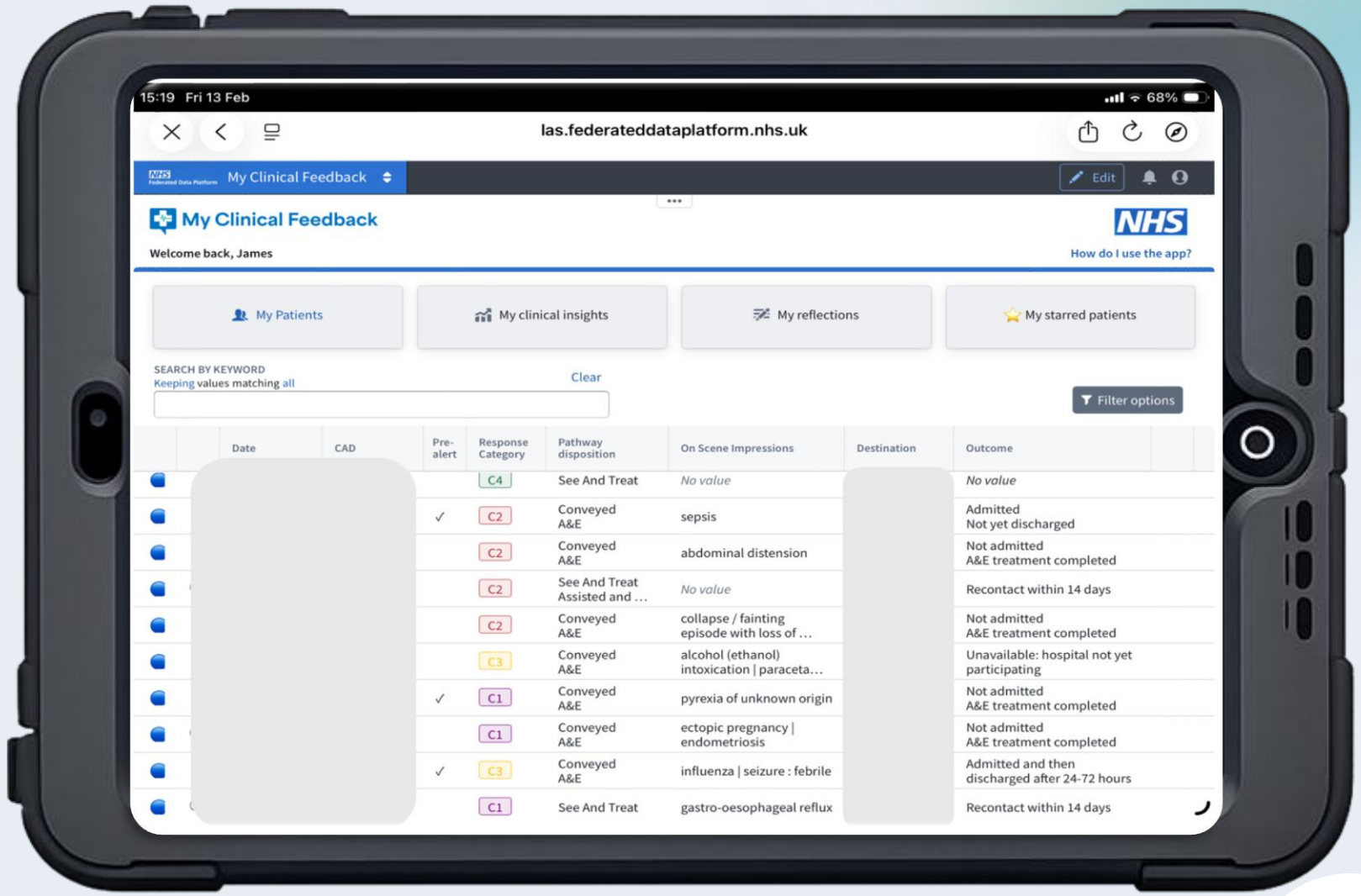
Benefits and Impact Indicator

Find Your Patients

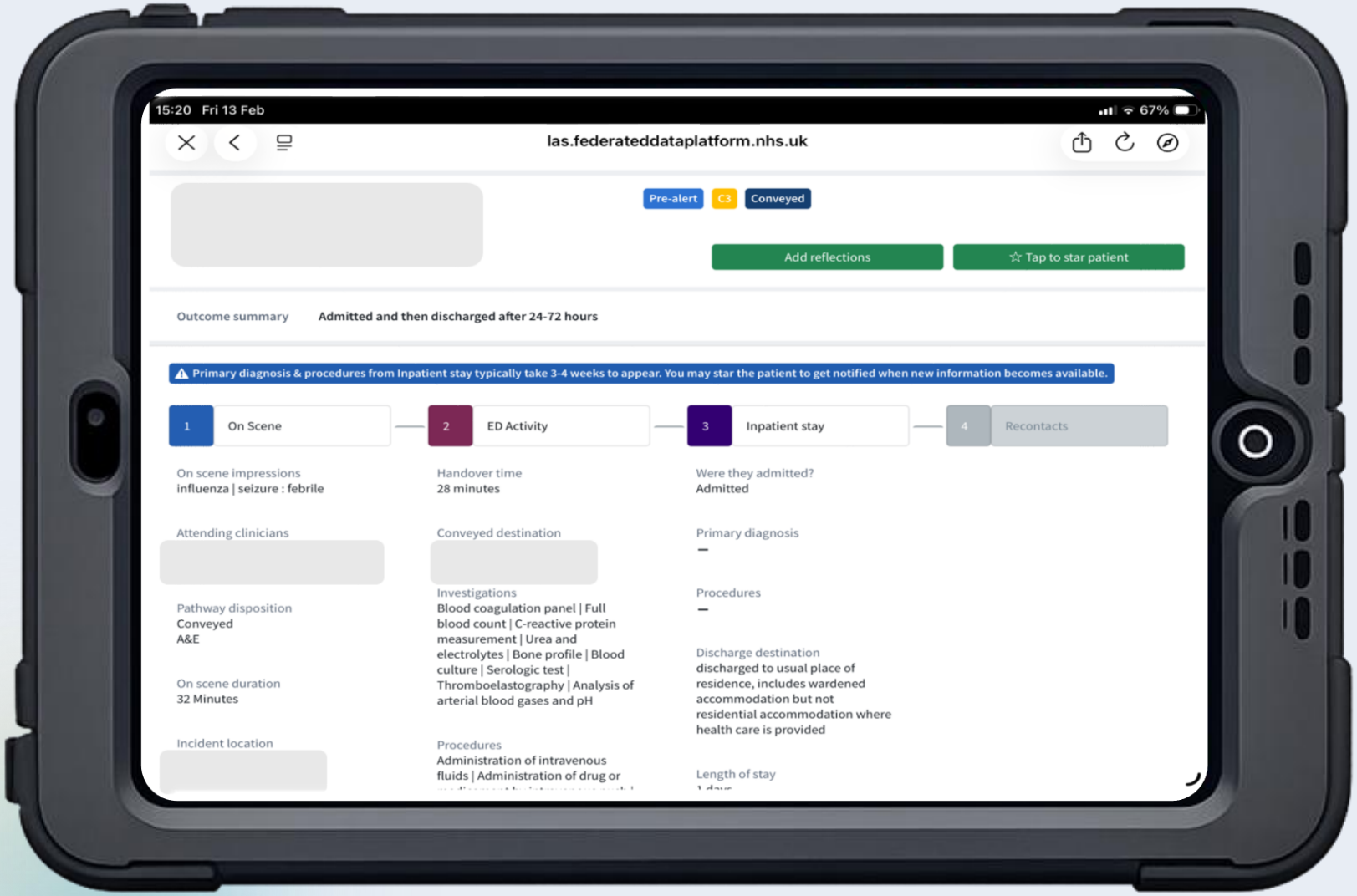
We securely link ambulance incident and ePCR data with hospital outcome data including ECDS and admitted patient care

You can find all your recent patients on the “My patients” homepage.

- **Search for anything across the entire database.**
- **Move between tabs along the top to find patients, review your clinical insights, and keep all your starred patients in one place to discuss in a team huddle.**



Review hospital treatments and outcomes



Clicking on one patient brings up a more complete view of the patient's treatment and outcomes, drawing on data from the ambulance service and hospital trusts.

Access is role-based and IG-approved

- Data is pseudonymised within the platform
- The linkage is for direct care and learning purposes
- This bridges ambulance, hospital, and outcome data into a single clinically meaningful view

Used, trusted, embedded

2000 Clinicians

50% are using

01 Find your patients

02 Review hospital treatments and outcomes

03 Add reflections

04 Save for later review and discussion

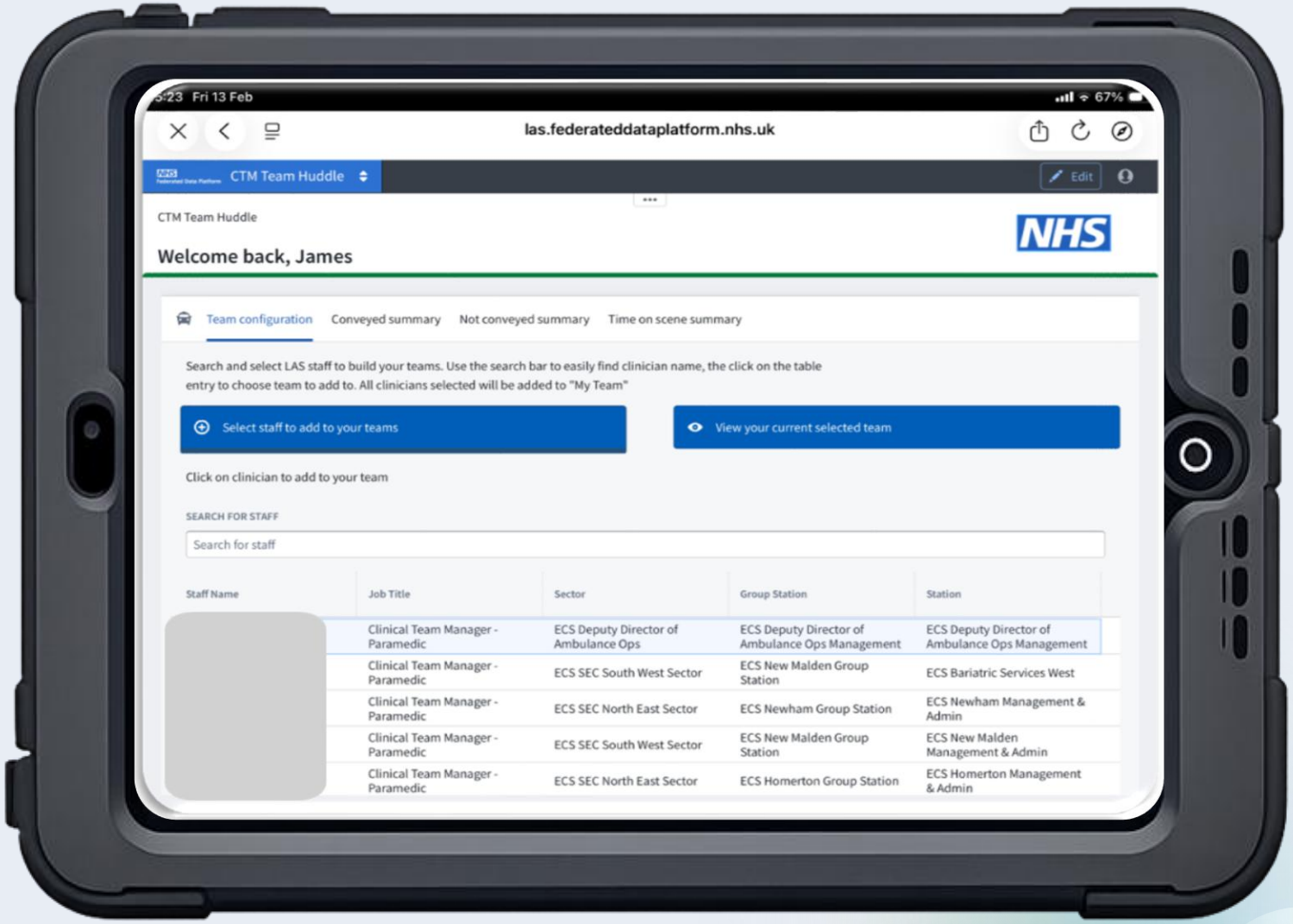
05 Reflect on recent pathway choices

80% Net promoter score

Support Your Team

CTM Huddle allows line managers to:

- Build their team cohort
- Review conveyance and non-conveyance patterns
- Compare decision-making within sector benchmarks
- Review time spent with patients
- Filter outcome summaries by scenario



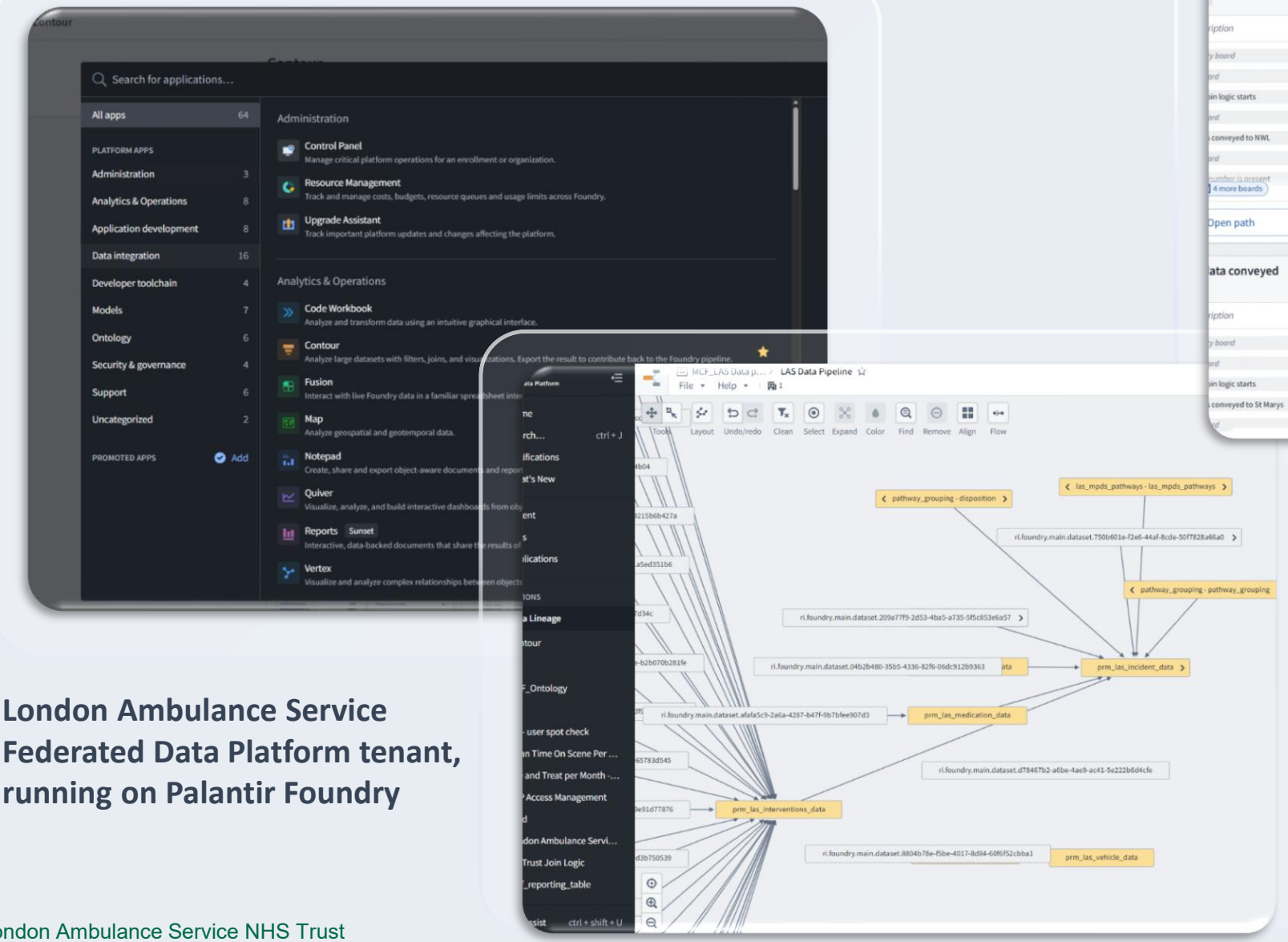
Informatics and operational insight

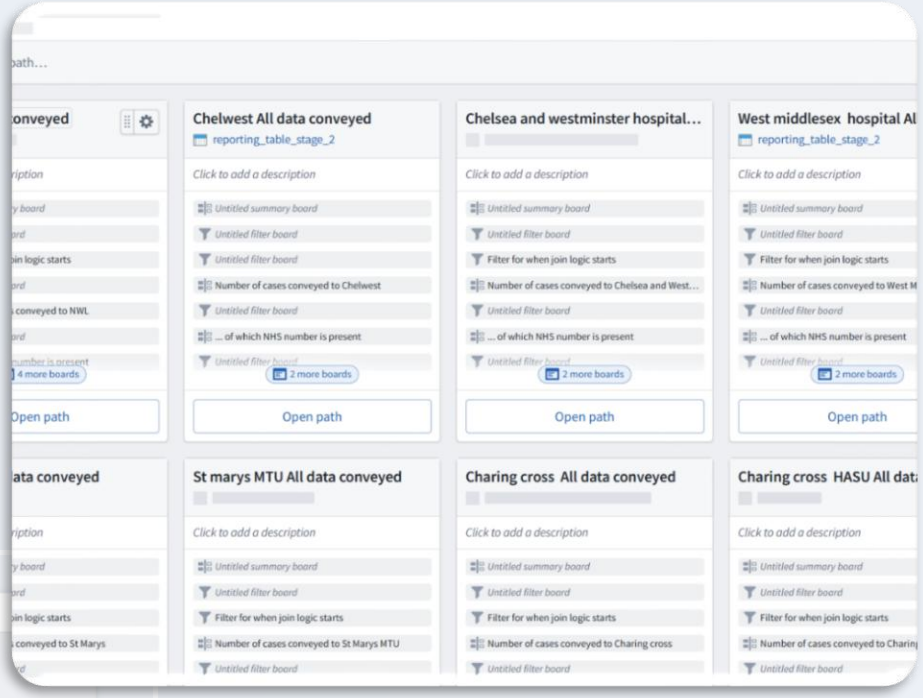
Oversight Dashboards provide:

- Pathway disposition trends
- Patient cohort distribution & outcomes
- Sector-level performance comparisons
- Outcome summaries across patient groups

Enabling clinical leaders to see - for the first time performance across the full urgent and emergency care pathway.

The Back end





London Ambulance Service Federated Data Platform tenant, running on Palantir Foundry

- **View and manage datasets and their lineage**
- **Build and maintain transformation pipelines**
- **Monitor data dependencies and refresh cycles**
- **Control user permissions and access levels at a granular level**

Hear firsthand from the front line

> It gives us that extra chance to chat about how the hospital maybe came to a different decision, that we came to and why that might have been.

> So, we all join this job because we care and the caring doesn't stop the minute you drop the patient at the door of the hospital...you keep caring...You go home and you do lie in bed at night thinking. I wonder what happened that patient.

Hear firsthand from the front line

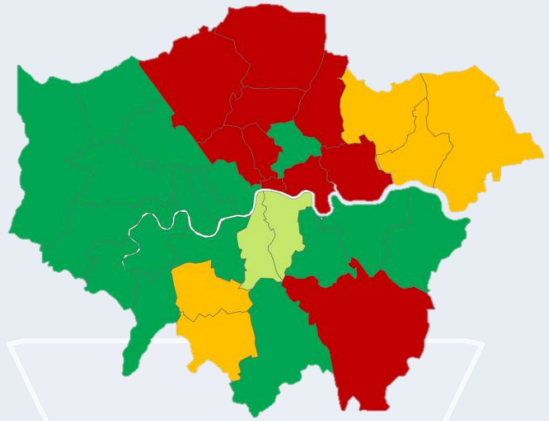
> Now we have the app, we have that knowledge and understanding about what's happened to them, what treatment they've had and their primary diagnosis.

> So being able to feedback and to review our cases regularly and in real time, I think will allow our profession to advance and allow us to all reflect and work better for the patient care of the future.

Hear from our clinicians:

Clinicians share their My Clinical Feedback experience

The Roadmap



01

Onboarding Remaining London Trusts

02

Onboarding CHUB Staff

LONDON CARE RECORD

03

London Care Record Integration

04

London’s Air ambulance

The Roadmap

05

Pre-hospital stroke video triage

Understanding the outcomes of remote assessments - strengthening pathway evaluation

06

Outcome-anchored cohort analysis

Helping identify where pathway selection can be refined and where discharge rates or admission rates differ from expectation.

07

CARU

Delivering structured audit analytics. This allows MCF data to support clinical audit processes while remaining aligned with IG and direct care principles.

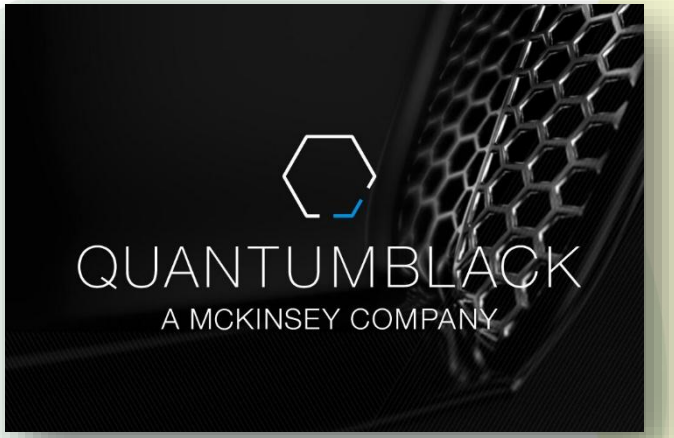
Scalable. Reusable. Nationally Transferable

Analysing conveyance patterns & admission outcomes

Enabling system-wide urgent care learning

Closing a decades-old feedback gap in ambulance care

My Clinical Feedback for All



LAS committed to making this available and nationally scalable for ALL ambulance trusts – for free!

Changing lives: More Than a Data Platform

Phil Tepfer was the designer who worked closely with our teams to bring My Clinical Feedback to life.

He has since qualified as an Emergency Medical Technician in his local area in Boston, in no small part, he tells us, because of his experience working alongside LAS clinicians and the MCF project.

“Last week on a flight home, a child nearby began having difficulty breathing and I was able to step in and help, directing the flight crew to supply oxygen and working with her parents to obtain an OPQRST / SAMPLE history. Afterward, I found myself thinking about My Clinical Feedback and how powerful it would have been to close that loop. Without it, I’ve been left wondering what happened next and what else I could have done.”

“That project still stands out as one of the most meaningful pieces of work I’ve been part of.”

Phil Tepfer

London Ambulance Service
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AVT Scribing (Tortus) Pilot

A quick insight and demo!

TORTUS

THE DIGITAL RECORDS ERA

- Innovation saw paper to digital
- Didn't create a new way of working
- Did create limitless records
- Thousands of fields, all but a few used less then 20%, vast majority less than a few %
- Everyone wants more
- And we want digital efficiency
- And then there was AI.....

Quick project timeline…….

January – March

- LAS MOU with Great Ormond Street Hospital (GOSH) and Tortus to participate in a multi-site “Proof of Concept” evaluation of the technology. ‘Phase 4 FD’
- Invitation for expressions of interest – workshop for operational and CHUB clinicians
- CAG approval, DPIA, DIA, Cyber Security Assessment, IM&T Change Control and Service Transition, Clinical Safety assessment (DCB0129/DCB0160)
- *During POC two concurrent users in the Clinical Hub were active per shift (approximately 10 in total), along with around 25 active users in Ambulance Operations*

April – June

- Commercial agreement LAS<>Tortus purchased 100,000 audio hours for next FY.
- Template iteration, User Guide improvements, SSO set up on both tenants, usability improvements.
- PSCEG, additional DPIA, QIA, IM&T extended Change Control and Service Transition.
- First CHUB site (Newham) Live, using additional kit on desks to bring both sides of call into CAD PC.

Quick project timeline…….

July – September

- Went Live with Tortus in CHUB at HQ, Friern Barnet, SEL 111, Pinner, Greenwich
- Went Live in Croydon Group
- Engaged with SWAST, East of England, Royal Marsden, SECAMB to share implementation learning.

September – now….

- Extended to two other station areas and all neurodiverse staff on request
- Pilot in SWAST and SECAmb clinical hub
- Developed integration with Avaya telephony – in final testing
- Reviewed and refined templates – including dealing with ‘Impertinent negatives’
- Scoping extension into IUC and safeguarding
- Commissioning economic review from YHEC
- Drafting business case for SASC
- Scoping integration into ePCR

What have we found

Both small groups of Tortus users analysed in the GOSH POC (March) and in the Croydon Group volunteer cohort (September) generally:

- Enjoyed using the tool
- Perceived the tool was beneficial for their work
- Improved Patients per Shift and On-Scene Times
- CHUB 15%, Croydon +0.42 patients per shift
- More here: https://bmjpaedsopen.bmj.com/content/10/Suppl_1/A38.2 https://www.medrxiv.org/content/10.64898/2025.11.27.25340564v1
- Some colleagues, including neurodiverse doubled productivity

Some quotes from Ambulance Operations users:

"Allows me to focus on patient care more without having to worry about getting all the information down"

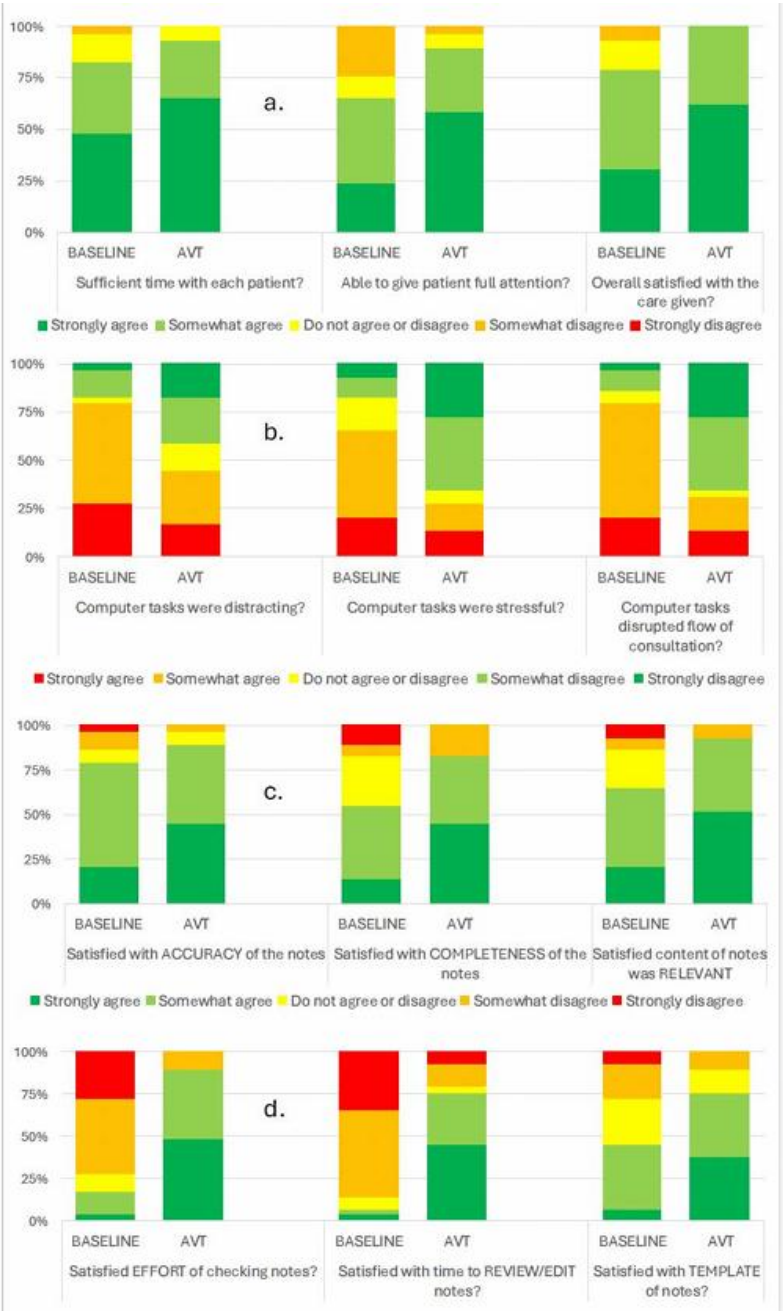
"Needs to be able to transfer to ePCR, otherwise amazing product makes patient care better as less focus on paperwork. Takes away unneeded distractions. Really enjoy using it, I hope it continues"

"The use of Tortus has greatly improved my productivity and significantly improved my pin to green time. I am spending less time on scene having to complete paperwork and can focus solely on my patient. TORTUS has now become vital to my work"

Qualitative findings

- The impact on staff is perhaps the most interesting
- Overwhelmingly positive
- Upset when its not working
- And there's more to do with implementation.

Before Tortus (average of all survey respondents)	After Tortus (average of all survey respondents)
Please rate your experience of making clinical notes during your normal working day	
2.86	4.18
On average, how long do you currently spend writing clinical notes after each patient contact?	
median 16–20 minutes, mode >20 minutes	median 6–10 minutes, mode 6–10 minutes
How would you rate your overall wellbeing during your working day?	
3.08	3.82
Please rate how much you agree with the following statement: "I am able to balance day-to-day requirements of patient care and documentation"	
2.95	3.82



Live demo……

- We don’t have long

INTRODUCING... THE IMPERTINENT NEGATIVE

The downside of templates

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Thank you!

Any questions: DavidDavis@nhs.net