



London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

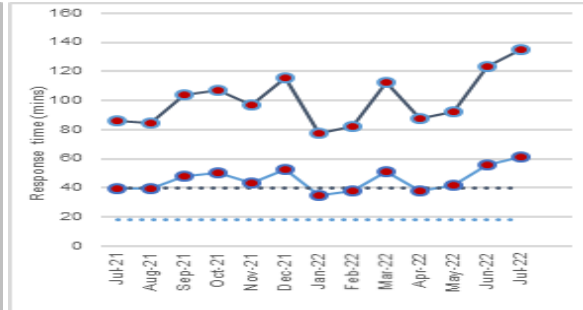
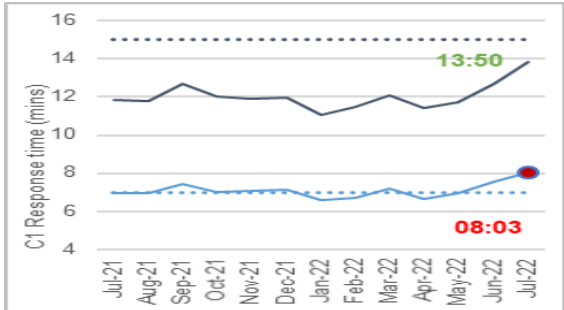
Analysis based on Year to **July 2022** data, unless otherwise stated (please see page 2 for data reporting periods)

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We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners**

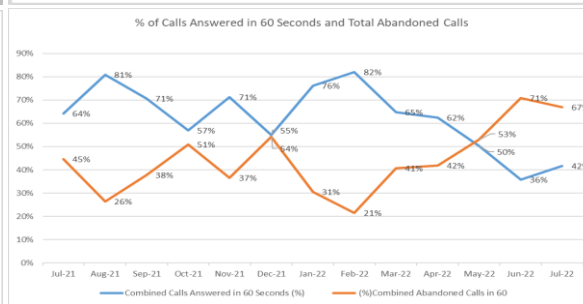
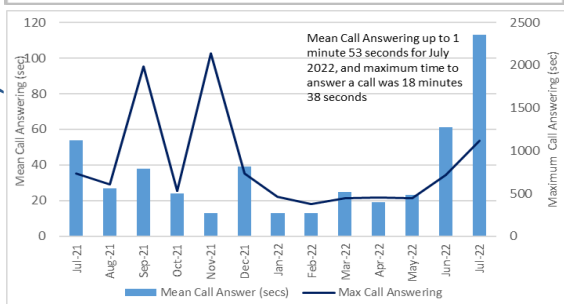
Provide outstanding care for **our patients**

Category 1 and 2 Performance



- Category 1 performance has not been meet in July. Despite being outside of the target LAS ranked first nationally for Category 1.
- Category 2 mean and 90th centile performance continue to be challenged. No provider is currently delivering category 2 performance and LAS is 8th out of 11 ambulance services for Category 2 mean.

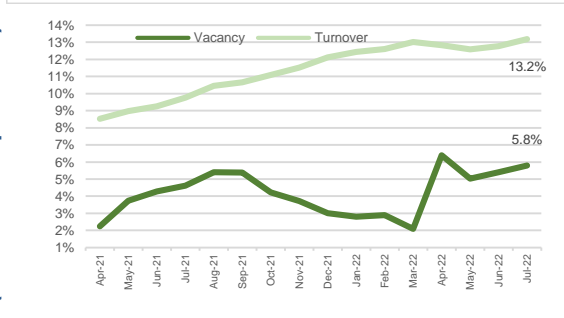
Call Answering (999 and 111/IUC)



- The Mean 999 call answering time increased in July 2022 to 113 seconds compared to 61 seconds in June 2022. The maximum call answering time also increase in June 2022 to 18 minutes 38 seconds compared to 11 minutes 56 seconds in June 2022.
- IUC call answering in July returned 37.5% of calls answered in 60 seconds. Though this remains below the 95% standard, it remains ahead of other London IUC providers who achieved 25.5% and 18.6%.

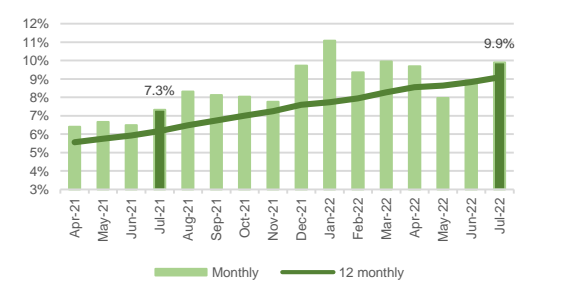
Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy Rate (Ambulance Operations)



- The IUC and 999 call handling pipelines continue to remain strong with over 180 candidates at pre-employment stage.
- The paramedic recruitment pipeline is positive with over 500 candidates at conditional offer stage to fill the remaining 406 course places from August 2022 to March 2023.
- For AAPs there are 200 candidates in the pipeline to fill the 140 course places in August, September and October.
- Positive progress has been made with HCPC registration and the backlog has been resolved.
- Challenges remain with C1 Theory and Test capacity (AAPs) and visa checks for international paramedics from countries other than Australia and New Zealand.
- The number of frontline leavers has remained positively below plan (-16FTE) and we have seen a lower level of International Paramedic leavers.

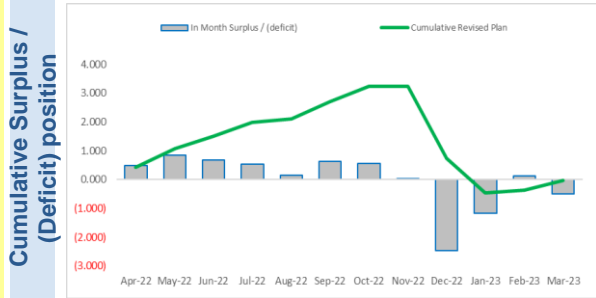
Turnover



- In July the monthly Trust wide sickness increased to 9.9%.
- Sickness episodes have increased by 10% (2,012 to 2,222) with COVID accounting for 34% of all episodes.
- COVID sickness episodes have further increased from May (240), June (486) to 746 in July.
- The First Day Absence Reporting service that will be run by GoodShape is planned to go live on the 17th August for corporate staff and for all staff from the 1st September. They will work closely with our new OH provider Optima on fast-track referrals and with our Employee Assistance Programme and Wellbeing Teams

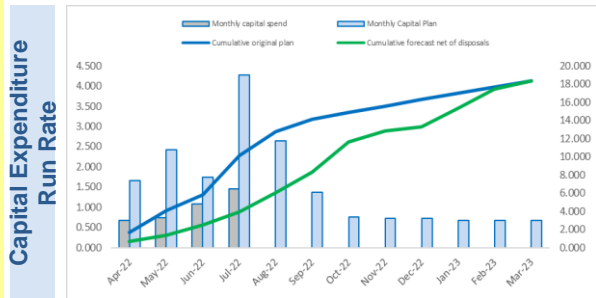
We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners** :

Provide the best possible value for the tax paying public, who pay for what we do



Financial Performance

- YTD position: Surplus £2.570m which is £0.580m above plan. Block Income is assumed in line with plan.
- Full Year Forecast Position: Breakeven position, which is in line with the plan. However there are potential risks of circa £6.1m to £8.7m.



Capital

- Capital spend net of disposals and excluding donated assets is £3.951m YTD against a plan of £10.104m, which is £6.153m below plan due to slippage on several projects: Telephony Infra Mod To Cm8 (IM&T), Phase 4a Secure Drugs Rooms and Replacement vehicles. However these schemes remain on plan overall and the capital programme forecast remains to spend the full £18.3m Core programme.

Efficiencies

- YTD efficiency savings of £4.511m have been delivered. The Trust is still forecasting to deliver the full year plan of £24m, however there are potential risks of £8m to delivering this. The Trust is currently working on mitigations that will be a combination of additional recurrent savings plans and non recurrent benefits.

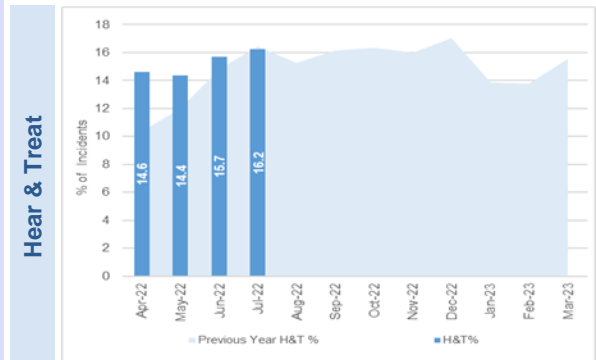
Cash

- The month end cash position was £48.6m

Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

	May-22	Jun-22	Jul-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	28.0	27.7	34.3	18.0

- The arrive at hospital to patient handover metric increased from 27.7 in June to 34.3. The handover to green metric was also outside the target of 15.5 minutes at 16.9 minutes, with little variation when compared to the month of June. Some emergency departments still face challenges which have an impact on these metrics.



- Hear & Treat performance saw us achieve 16.2% during July, which is slightly lower than the same month last year when we attained 16.5%. This is in line with a slight reduction in the number of incidents. LAS ranked joint 1st nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target (15.2%) and continues to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.

- July saw a continued positive conveyancing measure of 47.4%. This saw LAS ranked 5th for ED conveyance rate

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	999 Response Time Performance	Jul-22	7
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Patients Scorecard

July 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 11)
Category 1 response – Mean	mm:ss	Jul-22	●	07:00 A	00:08:03	00:07:20	00:07:08	09:35	08:03	1
Category 1 response - 90th centile	mm:ss	Jul-22	●	15:00 A	00:13:50	00:12:32	00:12:07	16:55	13:50	1
Category 1T response – 90th centile	mm:ss	Jul-22	●	30:00 N	00:23:26	00:21:22	00:20:36			
Category 2 response – Mean	mm:ss	Jul-22	●	18:00 A	01:01:14	00:49:05	00:46:09	59:07	30:02	8
Category 2 response - 90th centile	mm:ss	Jul-22	●	40:00 A	02:15:18	01:51:17	01:42:55	02:11:47	01:01:45	7
Category 3 response – Mean	h:mm:ss	Jul-22	●	1:00:00 A	02:08:28	01:52:22	01:52:49	03:17:06	01:17:01	2
Category 3 response - 90th centile	h:mm:ss	Jul-22	●	2:00:00 A	05:29:18	04:46:02	04:43:31	07:21:14	02:55:58	3
Category 4 response - 90th centile	h:mm:ss	Jul-22	●	3:00:00 A	09:17:48	07:53:19	07:48:15	09:56:24	03:10:07	7
Call Answering Time - 90th centile	ss	Jul-22	●	4 I	310	199	127			
ROSC at Hospital	%	Apr-22	●	31% N	26.9%	26.9%	27.3%	25.9%	31.9%	4
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Dec-21	●	95.0%	93.1%	92.9%	92.9%	83.3%	93.1%	1

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started

Note: Sepsis is measured quarterly

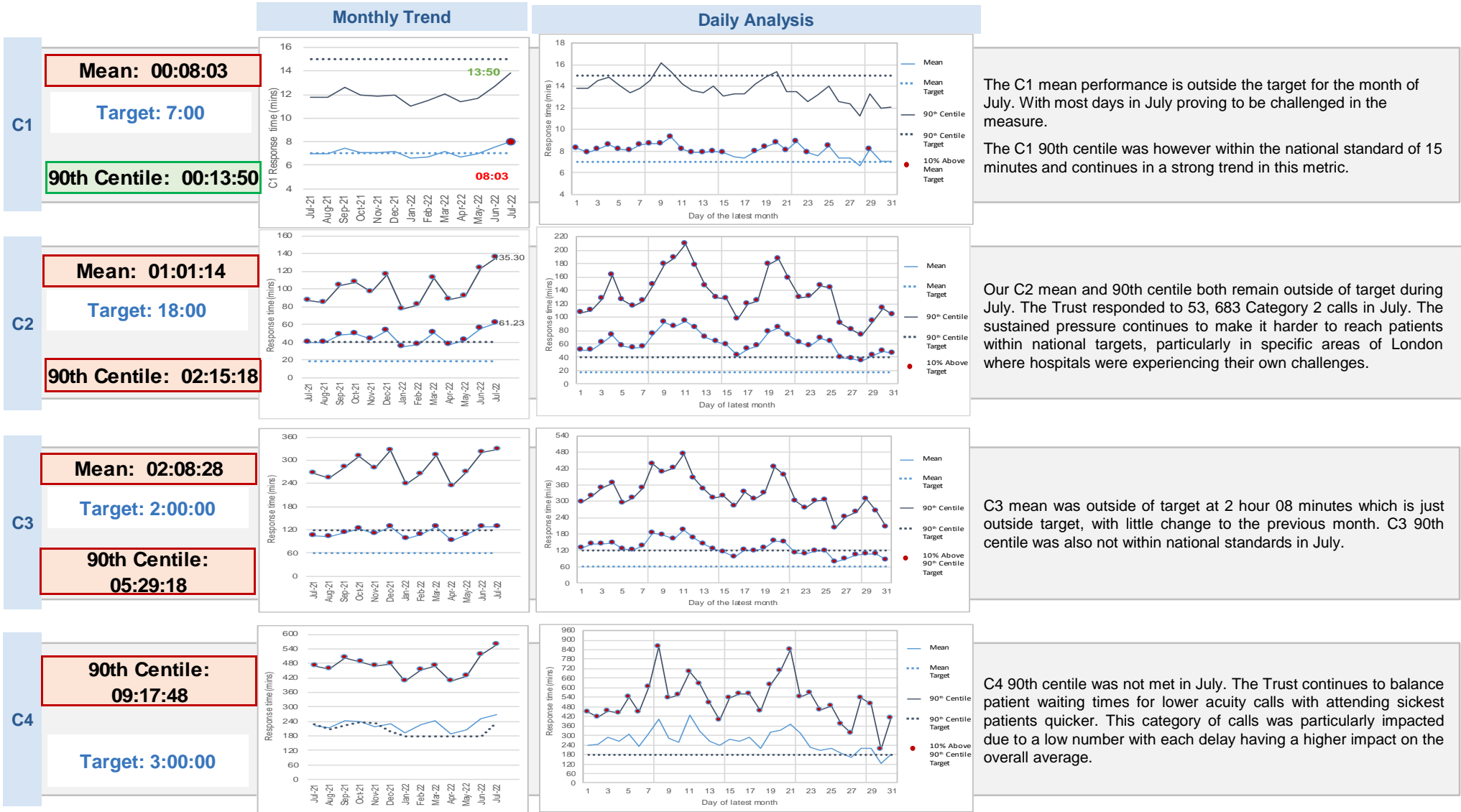
*National average YTD

1. Our Patients

999 Response Time Performance



The Category 1 mean in July returned 8 minutes and 03 seconds with a Category 1 90th centile of 13 minutes and 50 seconds. The 90th centile is a slight decrease in performance however remains within target, demonstrating our ability to reach the sickest patients quickly. The latest nationally published data shows that the Trust is ranked first in the Category 1 mean measure and Category 1 90th centile measures when compared to all Ambulance Trusts across England.



1. Our Patients

999 Response Time Performance

Operational Demand



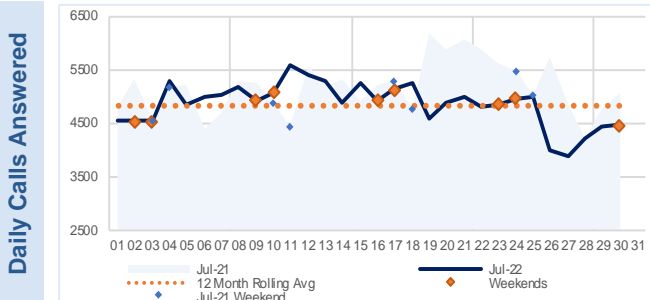
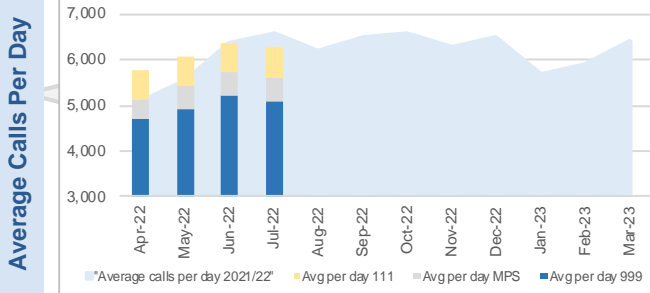
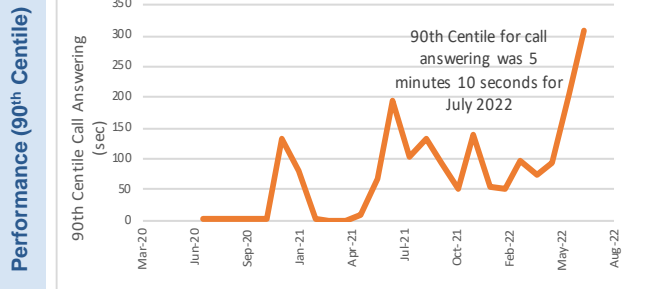
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: **1) Calls Received, 2) Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), 3) Incident Category**

Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes

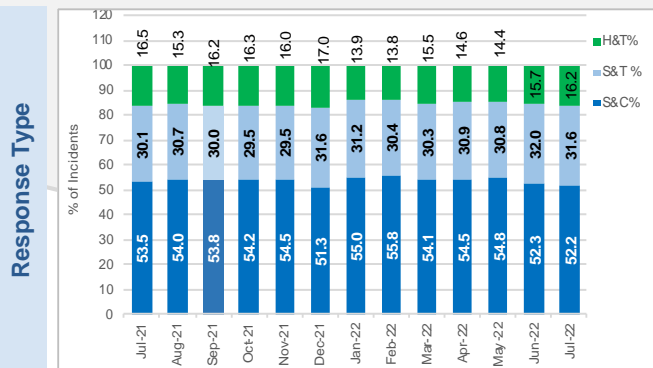
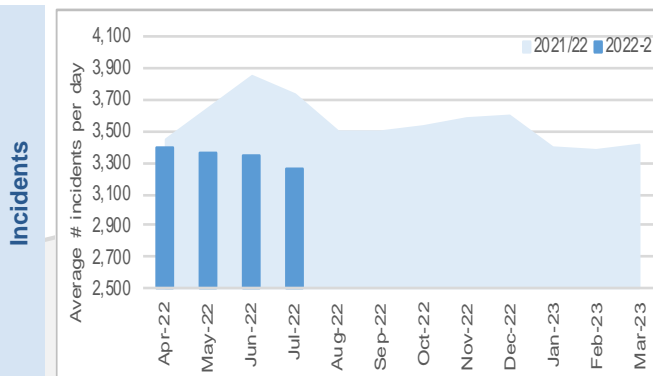
999 Calls Received

July 2022 saw a decrease in the average calls per day against June 2022. Calls answered peaked at 5,450 on the 11th July 2022. The 90th Centile for call answering showed an increase for July at 5 minute 10 seconds compared to 3 minute 24 seconds in June 2022



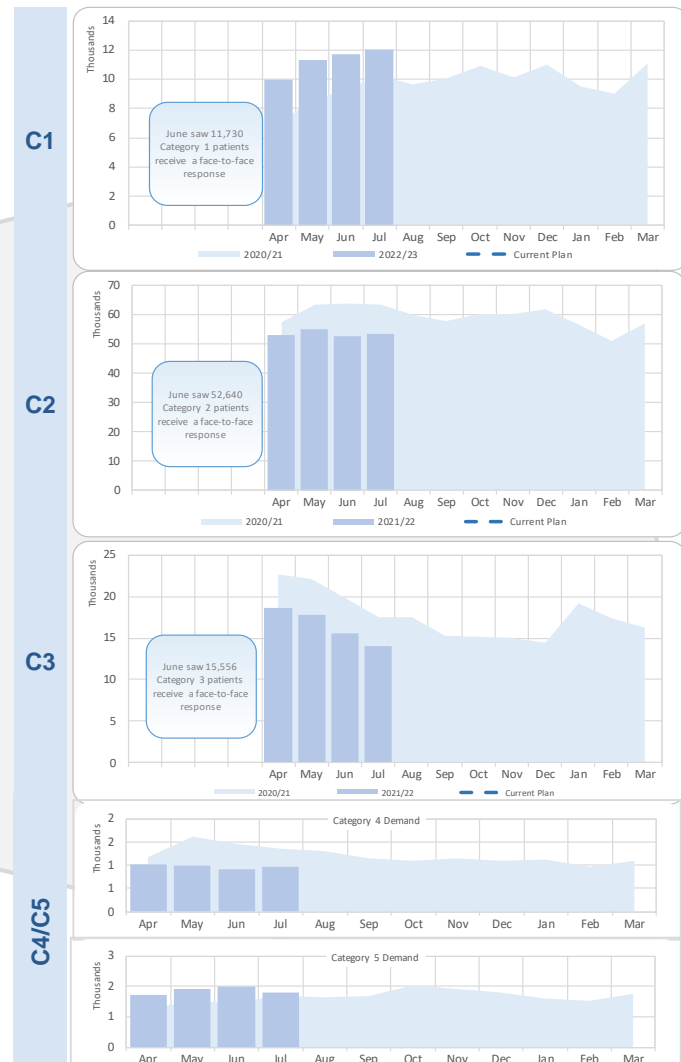
Incidents and Response Type

The number of incidents per day was slightly lower than that of June at 2,728. Performance for ED conveyance and Hear & Treat continue to remain strong with continued concentrated efforts on these measures to combat steady demand.



During July 2022 SWAS was best in class achieving 39.4% for See & Treat. SWAS gained 1st place and was best in class for See and Convey, achieving 43.5% and LAS was best in class for Hear and Treat categories with 16.2%.

Incident Category (By Month)

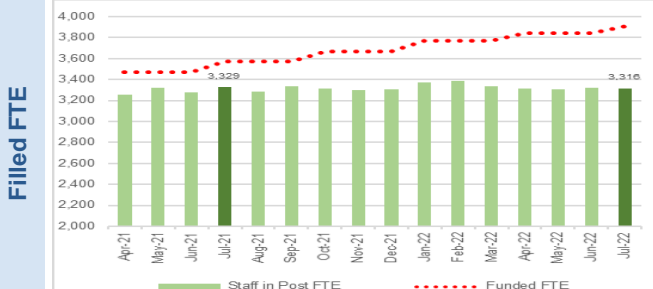




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

Frontline Operational Staff

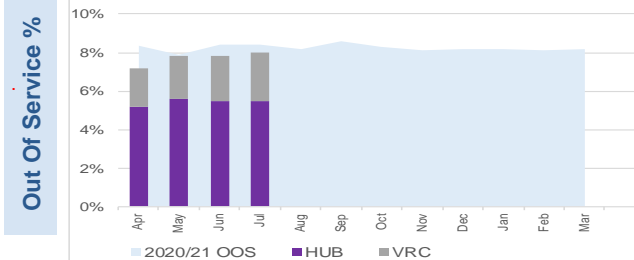
The frontline FTE establishment has increased from 3,840fte to 3,910fte (70fte) in Q2 to reflect the forecast demand in 2022/2023. Our current operational vacancy rate has increased from 13.5% to 15.2% (the staff in post has remained the same). There are currently 160fte staff in classroom training which includes 61 starters in July. The 15.2% gap is currently being filled by overtime.



Vehicle Availability and Patient Facing Hours

Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged **8.21%** in July 2022 an increase of **0.21%** from the previous month. The Trust has provided an average of **9,158hrs** patient facing hours in July 2022 a slight decrease from June 2022 which averages **9,224.7** patient facing hours. The DCA PVR remains consistently high, with an overall average in July 2022 of 371, a slight decrease from June 2022 of 372. We continue to see a spike in DCA vehicle requirements at 1500hrs & 1800hrs due to the DCA overtime shift starts however this is managed within the teams keeping Out of Service for VEHNO below 1%. We maintained a high level of fully kitted DCA availability at the start of each day averaging **391 DCA** vehicles during July 2022. The SA&P Teams supported the Operational rotas incurring limited downtime, this is demonstrated by a healthy DCA vehicle availability and also evidenced in the VRC Performance reflecting a total of **139.77hrs** (0.1%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for July 2022 of 184,436.61hrs. We have seen an increase in DCA RTCs resulting in an average of **19 DCAs** unavailable per day in July 2022 as opposed to **18 DCAs** in June 2022. We continue to work with our external partners, Mansfield, ATS and Alfa Tail Lifts, who work overnight to complete vehicle repairs. We have implemented plans to ensure we are in a state of readiness to increase the DCA availability should this be required. The Supply & Distribution Team maintain a healthy PPE Stock level at our distribution centre. Our teams continue to respond to operational demand, working in partnership with our operational colleagues, to ensure we maximise the availability of ambulances and minimise avoidable down-time.

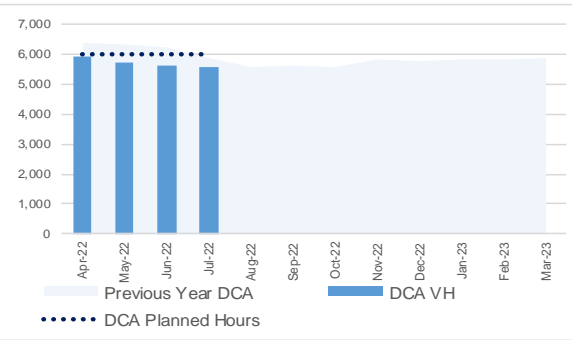


Note:

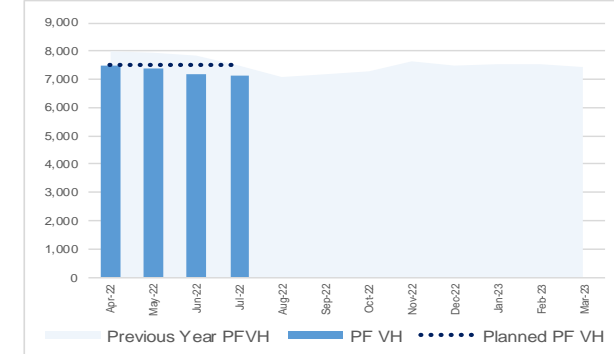
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours

OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours

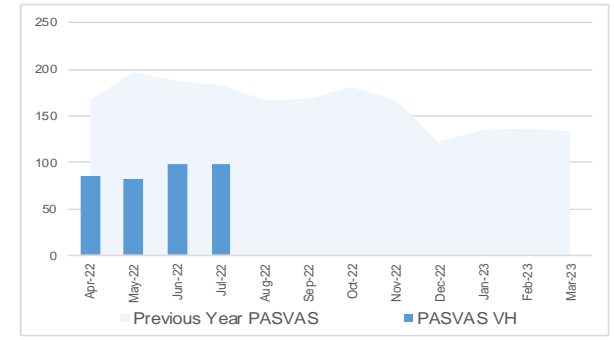
Ambulance Hours (Avg per day)



All Vehicles (Avg per day)



PAS / VAS (Avg per day)



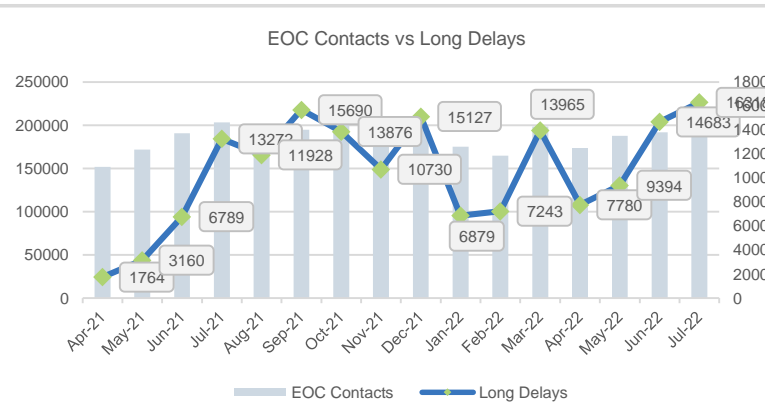
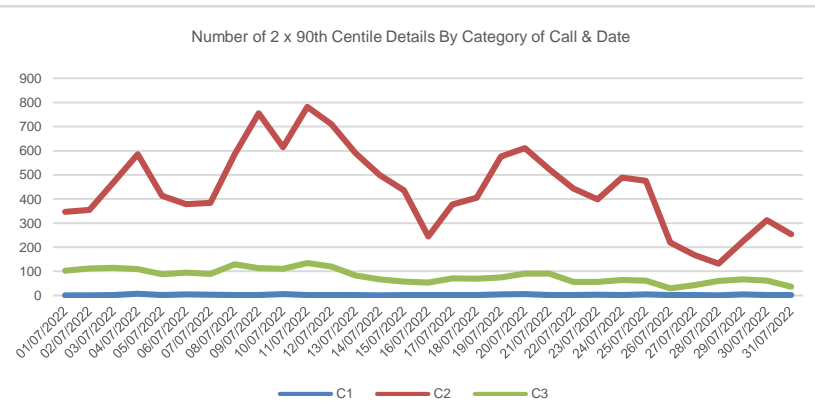
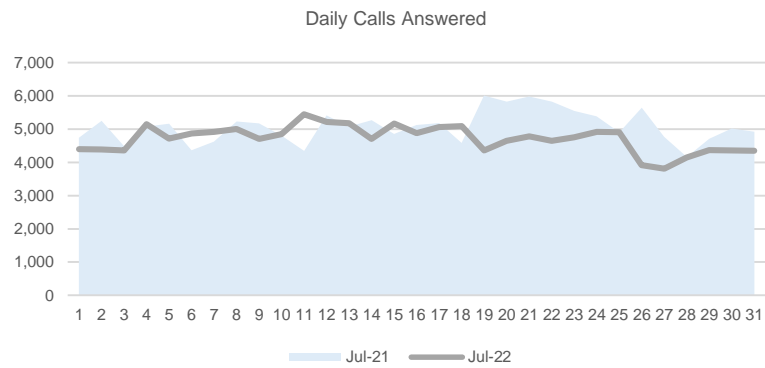
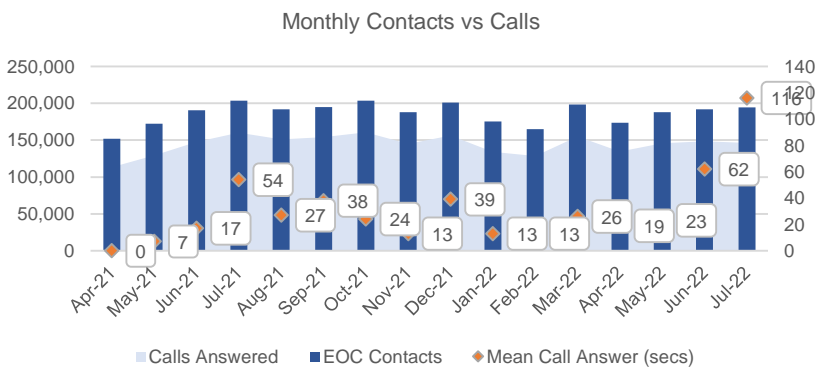
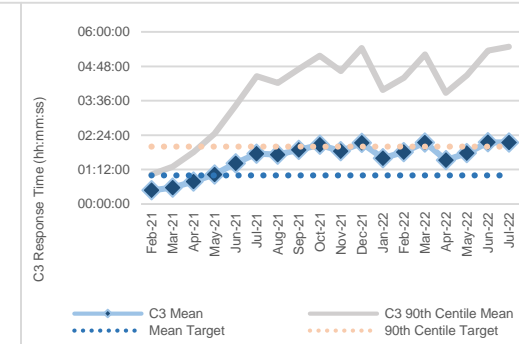
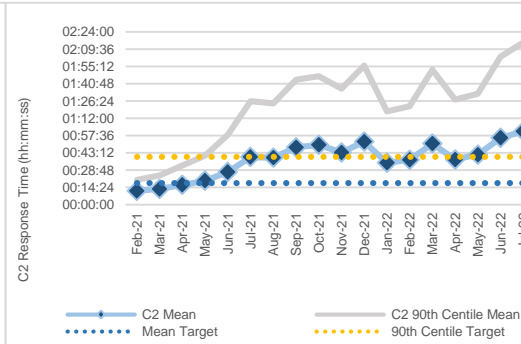
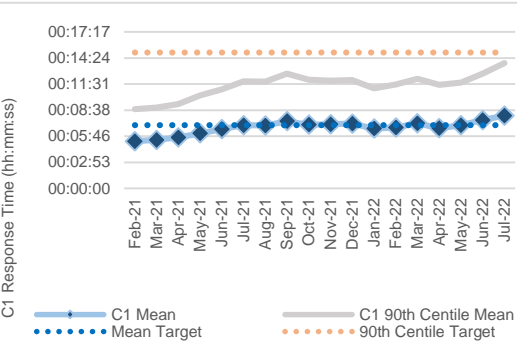
1. Our Patients

999 Response Time Performance

Operational Context



The service did not meet operational delivery KPIs in July for C1, C2 & C3. The focus remains on recovering performance KPIs.



In July 2022, we did not meet our targets for C1, C2 and C3. We have also seen an increase in the mean call answering time the last few months, in July this has increased substantially to 116 seconds.

We can see the number of EOC contacts has also remained high and increased from previous month.

In July 2022 there were 16,318 long delays, 10% of these incidents resulted in a blue call. The number of long delays in July 2022 increased by 11% from previous month.

From the graph we can see from Apr'21 – Jul'21, each month the number of long delays doubled from the previous month and remained high until January 2022 where we saw a significant decrease in long delays. This rose again in March 2022 which correlated with the increase in EOC contacts and has continued to increase every month.

1. Our Patients

999 Response Time Performance

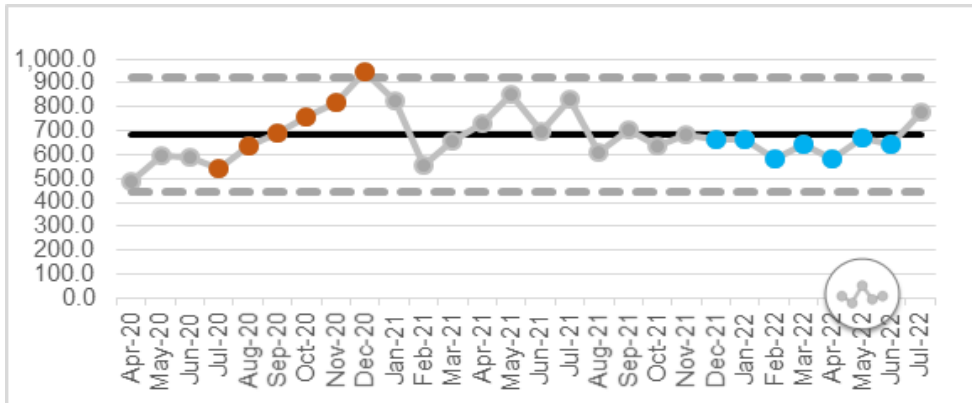
Operational Context



The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

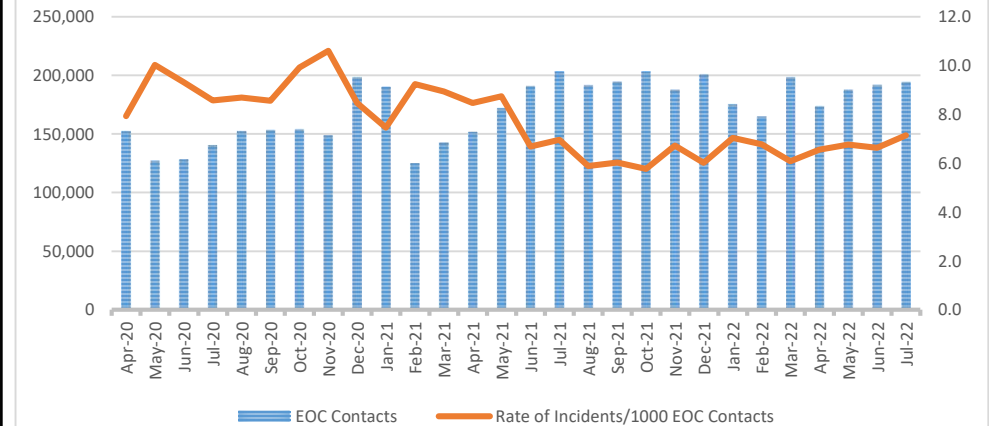
Patient Safety Incidents

Jul'22: 776



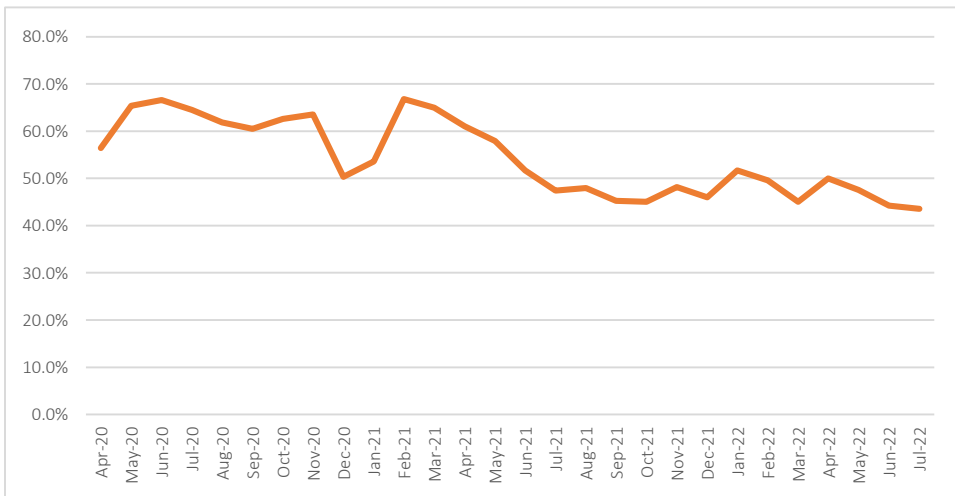
Rate of Incidents Reported / 1000 EOC Contacts

Jul'22: 7.1



% of EOC Contacts which resulted in a F2F Incident

Jul'22: 44%



Analysis

The number of patient safety incidents reported per month has varied between April 2020 – present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID-19 wave on the service.

In the last few months, the overall number of patient safety incidents reported had been below the mean and in July this has significantly increased to 776 which can be attributed to recent demand levels and an increase in medical equipment issues being reported.

The rate of incidents reported per 1000 EOC contacts appears lower over the last few months, this is because the number of EOC contacts has remained high, hence the rate of incidents is lower.

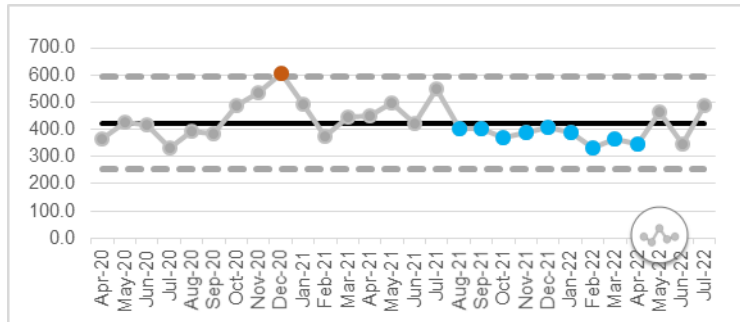
Likewise, the graph on the left shows a decrease in the proportion of EOC contacts which resulted in a face to face incident, as a result of the overall increase in EOC contacts. In July 2022 there were 194,267 EOC contacts, of which 44% resulted in a face to face incident.



The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigations are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

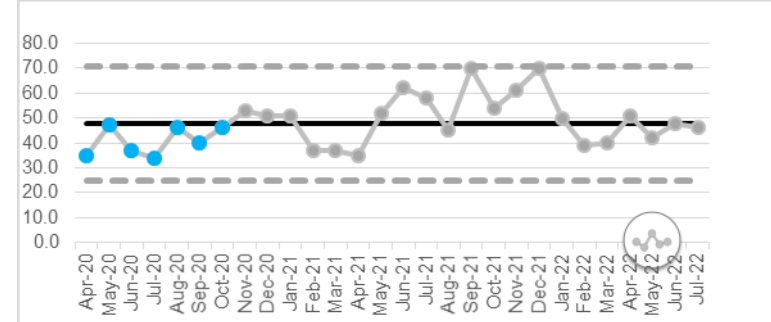
No Harm Incidents

Jul'22: 488



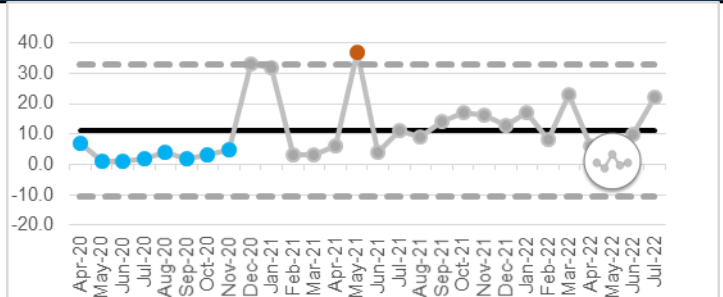
Low Harm Incidents

Jul'22: 46



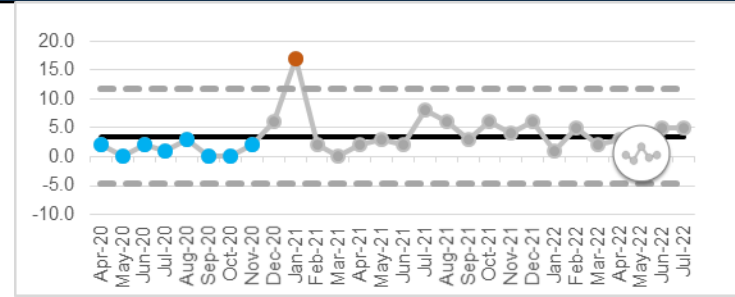
Moderate Harm Incidents

Jul'22: 22



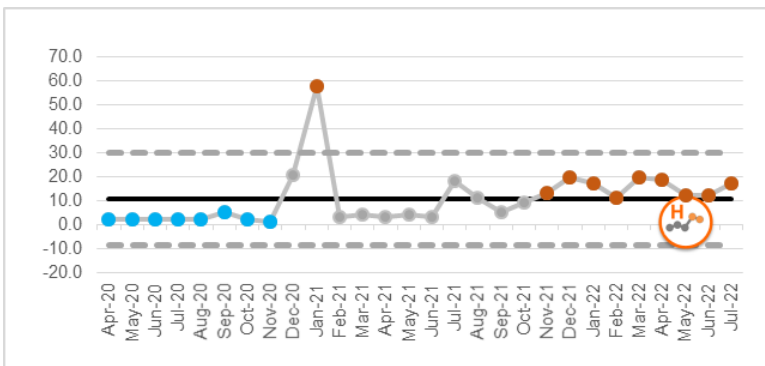
Severe Harm Incidents

Jul'22: 5



Death Harm Incidents

Jul'22: 17



Analysis of SPC Charts

The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon via the Trust's Safety Investigations Assurance and Learning Group (SIALG).

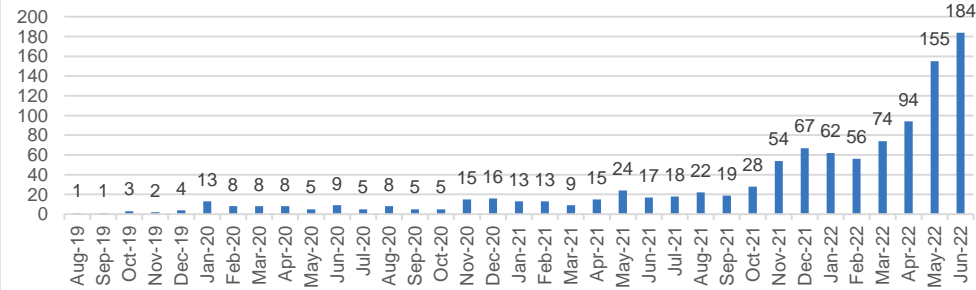
The number of no harm incidents has return to normal variation over the last few months. Analysis indicates that the low trend had been due to mainly less medical equipment incidents being reported as a result of improvement work underway across the Trust. However, medical equipment incidents has increased over the last 3 months explaining why variation has returned to normal. Of note, July analysis has also revealed that delays incidents have doubled from the previous month. The top 3 no harm categories in July 2022 were Dispatch & Call (141), Medical Equipment (69) and Clinical Treatment (59).

There continues to be a high number of incidents reported as death which can be attributed to delays occurring due to the high levels of demand. It should also be noted that a small proportion of these incidents also relate to the re-have contact audit. These incident undergo an Learning from Death Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

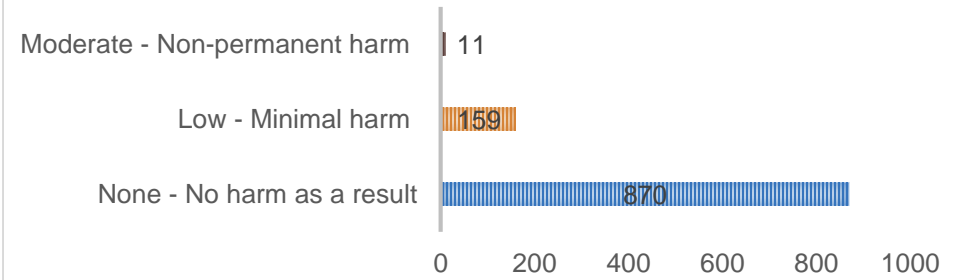


The number of overdue incidents on the Trust's risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

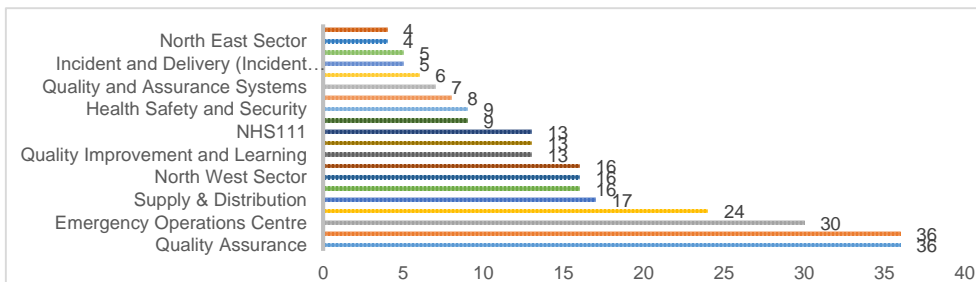
Overdue Incidents by Reported Date



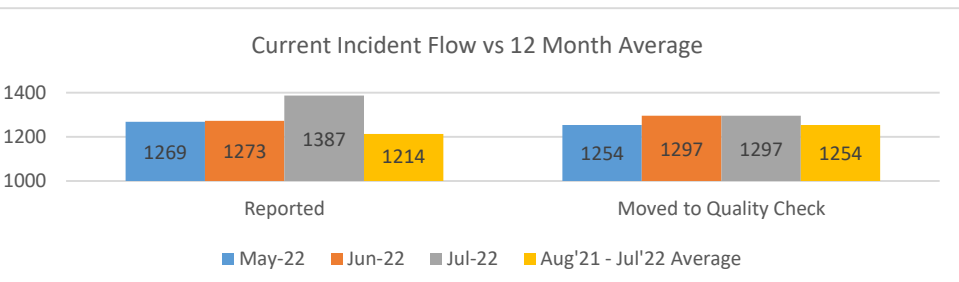
Overdue Incidents by Level of Harm



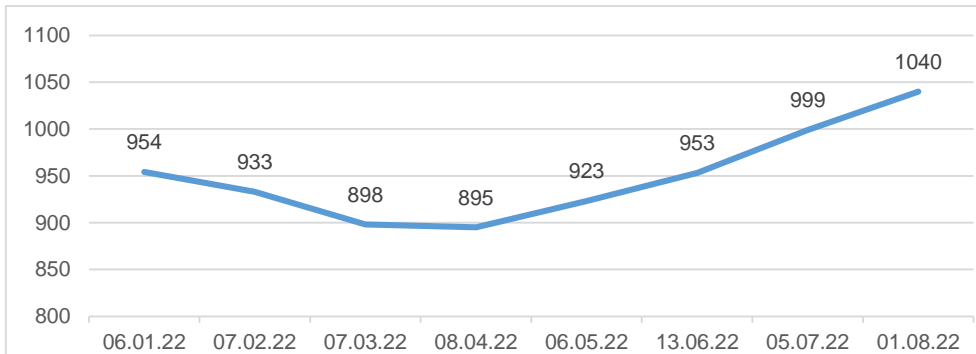
Top 20 Away for Review Overdue Incidents by Investigation Department



Current Incident Flow vs 12 Month Average



Snapshot of Number of Overdue Incidents



Analysis

There are 1040 incidents (as of 01/08//2022) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID-19 reviews), this is a 4% increase compared to last month. This breaks down to:

- 518 patient incidents
- 241 staff incidents (All of the overdue moderate harm incidents are staff related)
- 267 Trust related incidents
- 14 visitor incidents

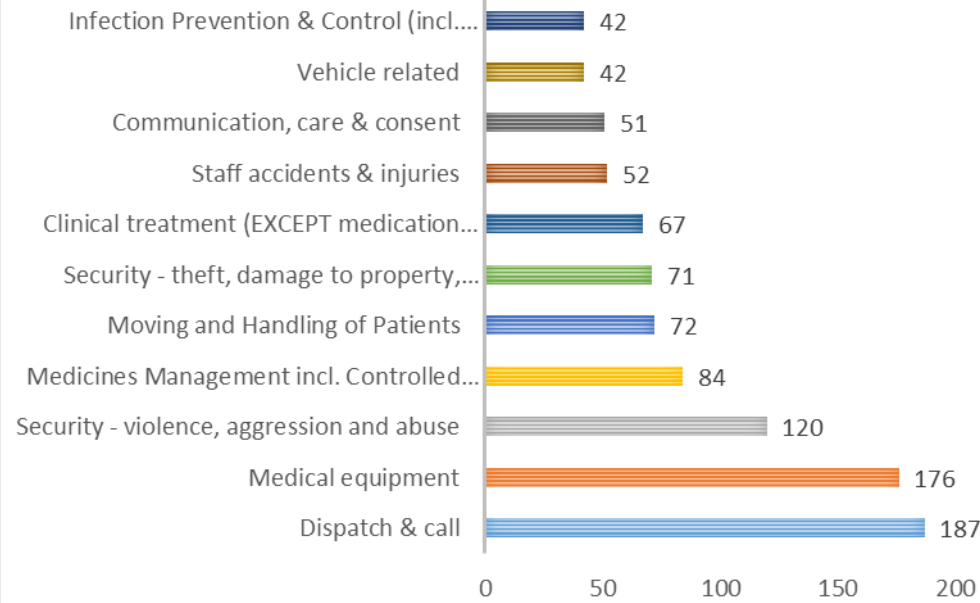
On average between Aug'21 – Jul'22, 1214 incidents were reported monthly on the system and 1254 incidents were investigated and moved to Quality check for final closure. During July 2022 the number of incidents reported was higher than average and the number of incidents moved to Quality Check was higher than the average.

The Quality Governance and Assurance Managers (QGAMs) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. The Quality Improvement and Learning team are currently working on a project to review and close non Sector/IUC/EOC incidents that are significantly overdue. Starting with those that were reported prior to 1st April 2021, relevant teams will be contacted for updates, then any incidents that are unable to be investigated due to time lapsed will be centrally closed.



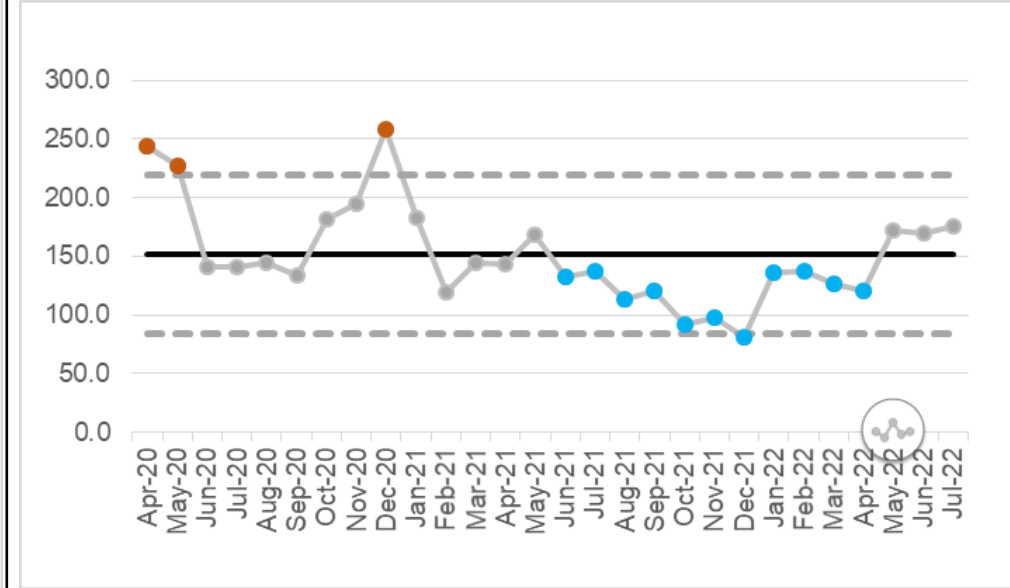
Incident trends and themes are monitored by the Trust’s Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Top 10 Incident Categories July 2022



Medical Equipment Incidents

Jul'22:176



Analysis

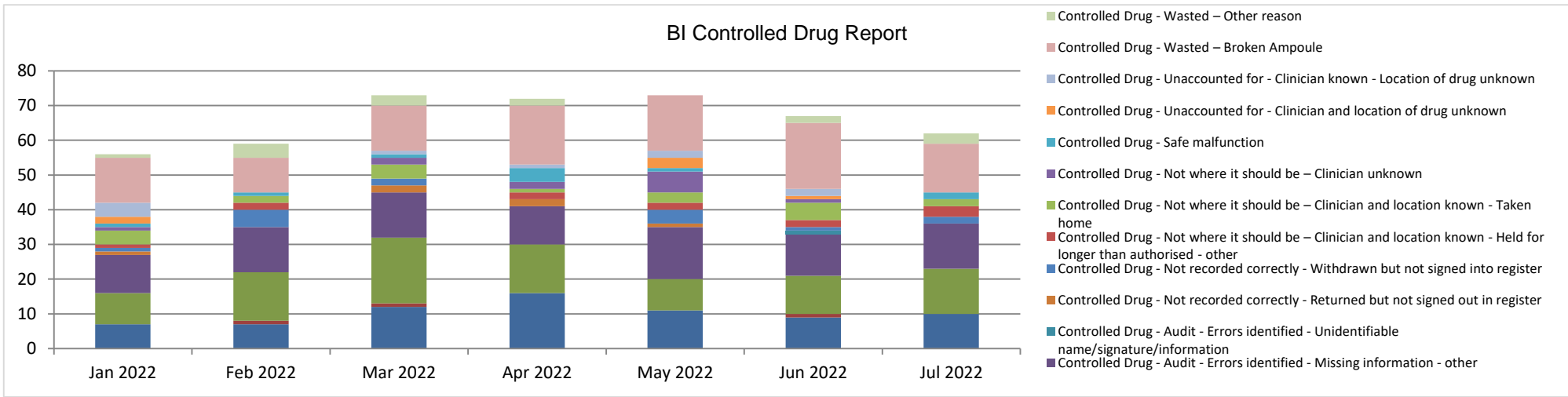
The top 3 incident categories in July 2022 were Dispatch & Call, Medical Equipment and Security – Violence, Aggression and Abuse. Further information into incidents relating to violence and aggression is covered in pages 23-24 of this report. Additionally, Medicine Management incidents are covered further on page 17 of this report.

In the last 3 months medical equipment incidents have increased significantly with lack of unavailability of device/equipment being the highest. Upon investigation it has been found the majority of these incidents are related to missing equipment within the diagnostic pouches such as tympanic, BM kits, Sats probes and missing pouches themselves. These incidents are shared with the supply and distribution team to ensure improvements are made to the diagnostic pouch project.

The Asset tagging is now approaching a critical mass allowing equipment to be processed and order through this system and enable the next activity of scanning ambulances as part of the make Ready process to begin.



BI Controlled Drug Report



Analysis

- No unaccounted for loss of schedule 2 drugs
- Total of other controlled drug (CD) incidents including
 - Documentation errors (n=38)
 - Morphine retained off-duty (n=6)
 - Drugs room or CD safe unsecured (n=2)
 - Breakages, wastage or damage (n=17)
- Non-schedule 2 CD incidents
 - Breakages or wastage (n=13) and out of date medicines (n=4)
 - Documentation error (n=1)
 - Kitprep discrepancy (n=1), supply issue (n=1) or Abloy key malfunction (n=1)
 - Non LAS prescriber error (n=10)
 - Loss or theft of medicines (n=5) and drugs left unsecured (n=3)
 - Inappropriate administration of TXA (n=2), hydrocortisone (n=1), paracetamol (n=2), ondansetron (n=1), diazepam (n=2), adrenaline (n=3), ipratropium (n=2), glucose (n=1), dexamethasone (n=1), salbutamol (n=1), clindamycin (n=1), saline (n=1), ibuprofen (n=1)

Assurance & Actions

- Assurance**
- No losses of schedule 2 drugs
 - Reduction in morphine retained off duty
 - Further reduction in kitprep discrepancies
- Actions**
- Posters reissued regarding adrenaline dosage errors
 - Training for new APP PGDs to commence

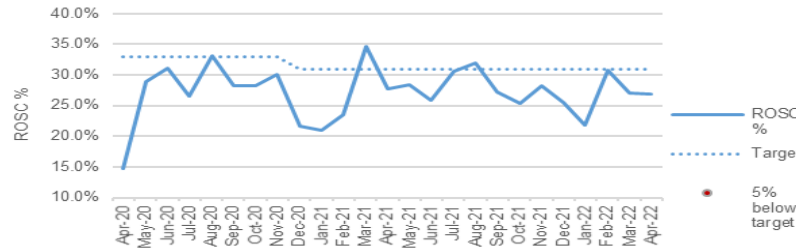


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **April 2022**, which is the most recent month published by NHS England.

ROSC at Hospital

Month: 26.9%

Target: 31.0%



In April 2022, the LAS remained 4th for the overall ROSC on arrival at hospital group (27.1%) with 26.9%, above the national average of 25.9% and 3rd (54.2%) for the Utstein group (up from 8th, 34.9%), above the national average of 48.2%.

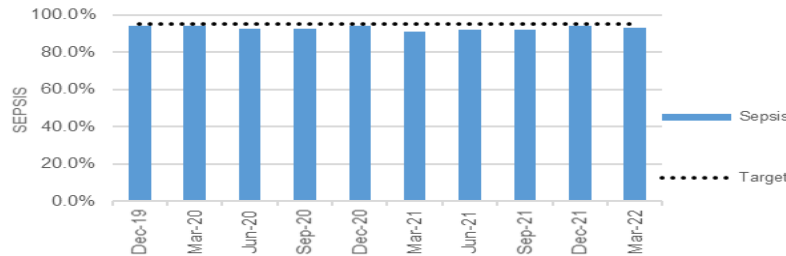
The LAS ranked 4th for 30 day survival in the overall group with 7.6% (down from 3rd, 10.1%), above the national average of 7.5% and 5th for the Utstein group with 29.8% (up from 6th, 23.8%), above the national average of 26.4%.

Post ROSC Care Bundle data for April ranks the LAS 3rd with 82.1% which is above the national average of 78.7%.

Sepsis Care Bundle

Month: 93.1%

Target: 95%

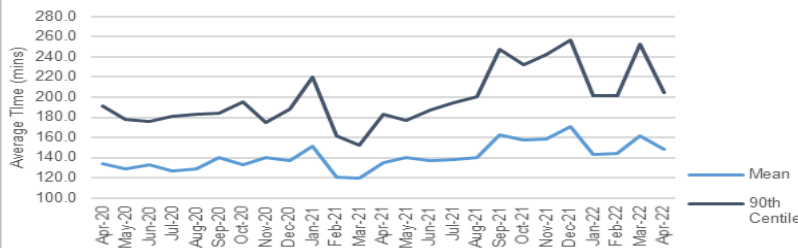


NHS England did not publish Sepsis Care Bundle data for April, the next data due to be published will be for June 2022 (in November).

STEMI call to angiography

Mean: 02:28

Target: 02:10



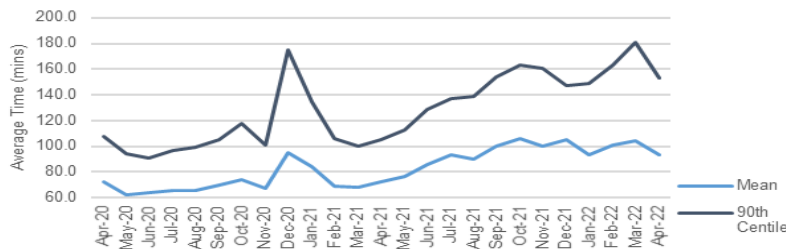
For the call to angiography measure in April 2022, the LAS achieved an average time of 02:28, which ranks in 4th place against other ambulance services. This represents a decrease of 14 minutes since March, and is 8 minutes shorter than the national average of 02:36.

Data for the STEMI Care Bundle was published this month, with the LAS achieving a figure of 69.2%. This is a decrease of 6.3% from the previous set of figures published for January 2022, and places the LAS 7th when ranked against all other ambulance services. It is also 4.2% lower than the national average of 73.4%.

Stroke call to door

Mean: 01:33

Target: 01:10



In April 2022, the LAS achieved a time of 01:33 for the call to arrival at hospital time, exceeding the national average of 01:54. The LAS has improved from 3rd to 1st for the first time since May 2021 when ranked against other ambulance services.

NHS England did not publish Stroke Diagnostic Bundle data for March, the next data due to be published will be for May 2022 (in October).



Patients Scorecard (NEL IUC)

July 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jul-22	●	95.0%	A	44.6%	58.1%	71.6%	35.0%	44.6%	1
Proportion of calls abandoned	%	Jul-22	●	3.0%	A	19.8%	12.7%		21.1%	19.5%	2
% of calls closed with no onward referral (health advisor and clinician)	%	Jul-22	●	33.0%	A	22.9%	27.5%	21.9%			
% of calls transferred to 999	%	Jul-22	●	10.0%	A	5.5%	5.5%	7.3%	7.1%	5.5%	1
% of calls recommended to ED	%	Jul-22	●	10.0%	A	9.4%	10.4%	8.9%	10.4%	9.4%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Patients Scorecard (SEL IUC)

July 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jul-22	●	95.0%	A	42.7%	57.3%	72.4%	35.0%	44.6%	2
Proportion of calls abandoned	%	Jul-22	●	3.0%	A	19.5%	11.9%		21.1%	19.5%	1
% of calls closed with no onward referral (health advisor and clinician)	%	Jul-22	●	33.0%	A	25.7%	24.3%	25.9%			
% of calls transferred to 999	%	Jul-22	●	10.0%	A	5.9%	7.0%	7.8%	7.1%	5.5%	2
% of calls recommended to ED	%	Jul-22	●	10.0%	A	9.8%	10.8%	9.7%	10.4%	9.4%	2

● G	KPI on or ahead of target
● A	KPI off target but within agreed threshold
● R	KPI off target and outside agreed threshold
●	KPI not reported / measurement not started



London CCGs have awarded the provision of 24/7, 365 day 111 call handling services to London Ambulance Service NHS Trust (LAS) with London Central and West Unscheduled Care Collaborative (LCW) and Practice Plus Group (PPG) as mandated sub-contractors. The Trust has rolled out phase 1 on 17th November 2021, which involved taking a small concentrated number of night calls. Phase 2 of the service provision has begun, which as of the 1st September see's the Trust now delivering 40% of the calls for NWL. The scorecard below shows the performance for NWL including data from all 3 providers, combined. Further detail when available will allow us to provide a further detailed analysis in this report, as with our other 2 contracts.

Patients Scorecard (NWL IUC)

July 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance			Benchmarking (Month)			
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jul-22	●	95.0% A	35.8%	48.8%	62.0%	35.0%	44.6%	4
Proportion of calls abandoned	%	Jul-22	●	3.0% A	23.2%	11.9%		21.1%	19.5%	4
% of calls closed with no onward referral (health advisor and clinician)	%	Jul-22	●	33.0% A	15.2%	14.9%	13.5%			
% of calls transferred to 999	%	Jul-22	●	10.0% A	8.9%	8.1%	8.4%	7.1%	5.5%	4
% of calls recommended to ED	%	Jul-22	●	10.0% A	10.9%	11.2%	11.9%	10.4%	9.4%	3

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started

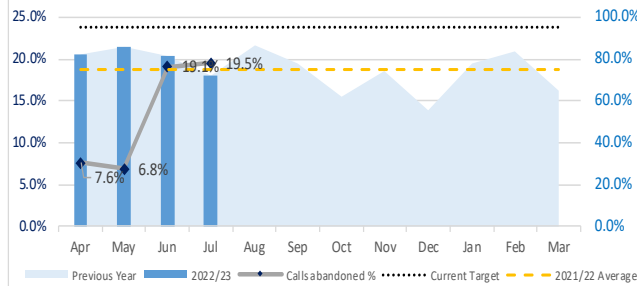
1. Our Patients

111 IUC Performance

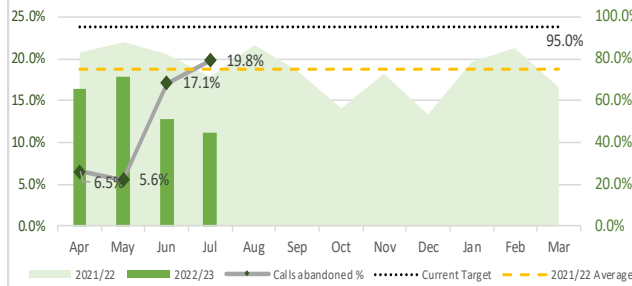


Call answering was below target in July for NEL, SEL & NWL. Sustained high demand and corresponding absence rates within the LAS as well as reduced support capacity from sub-contracted providers are all suspected to have attributed to this. The impacts of pan-London call balancing SVCC are also still being understood. IUC call answering in July returned 37.5% of calls answered in 60 seconds. Though this remains below the 95% standard, it is still ahead of other Pan London IUC providers who achieved 25.5% and 18.6%. We remained challenged with abandonment rates when compared to the target of <3% however our collective average of 20.8% remained in line with the Pan London and National Averages.

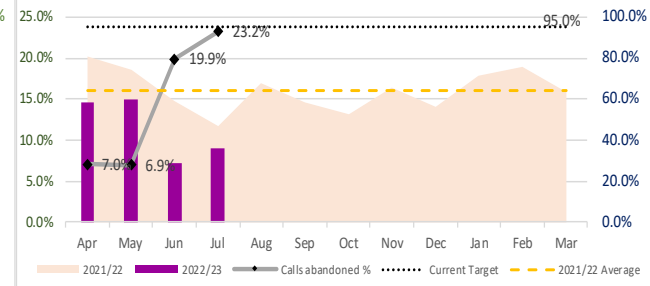
South East London (SEL)



North East London (NEL)



North West London (NWL)



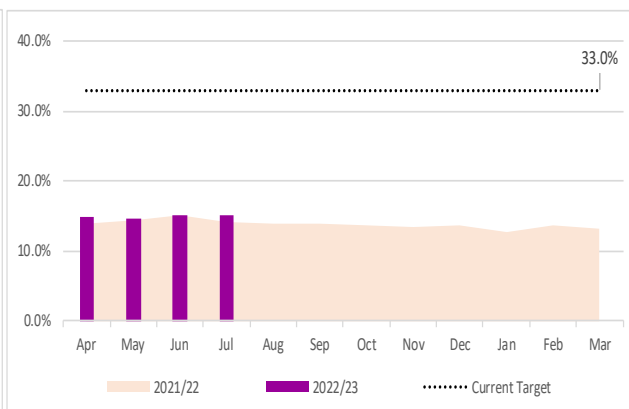
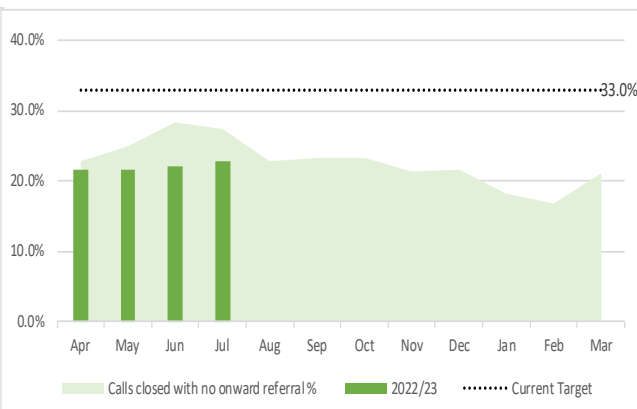
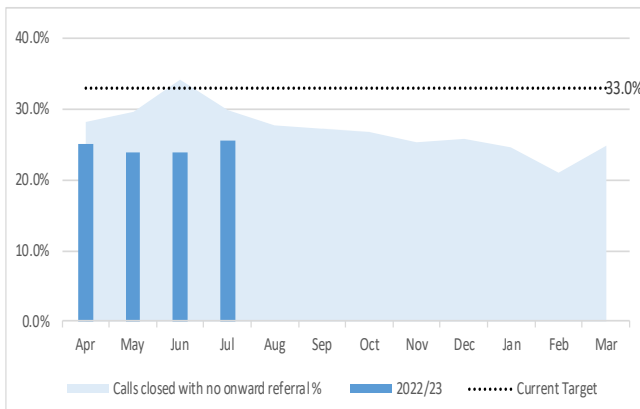
Target: 95% (CA) and 3%

SEL: 72.3% / 19.5%

NEL: 44.6% / 19.8%

NWL: 35.8% / 23.2%

% of calls closed with no onward referral



Target: >33%

SEL: 25.7%

NEL: 22.9%

NWL: 15.2%

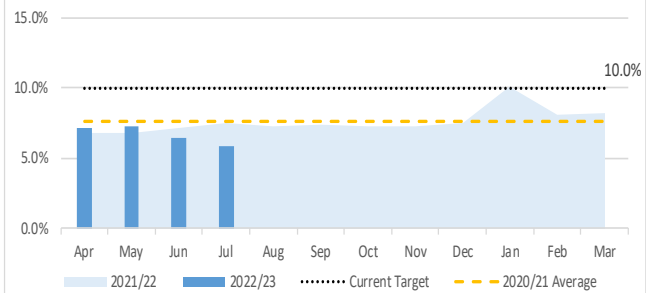
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases pressure on the wider healthcare system.

1. Our Patients

111 IUC Performance

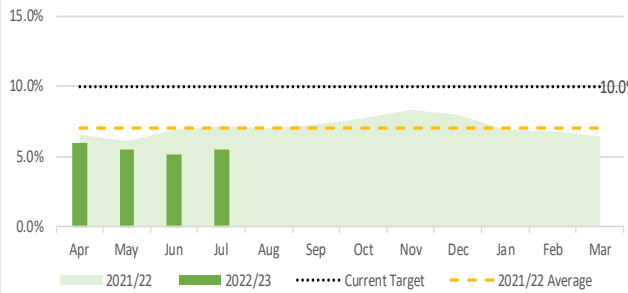


South East London (SEL)



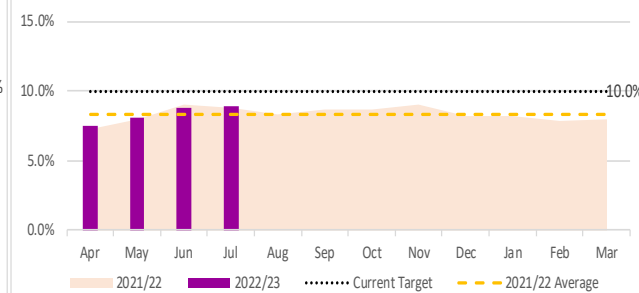
SEL: 5.9%

North East London (NEL)



NEL: 5.5%

North West London (NWL)

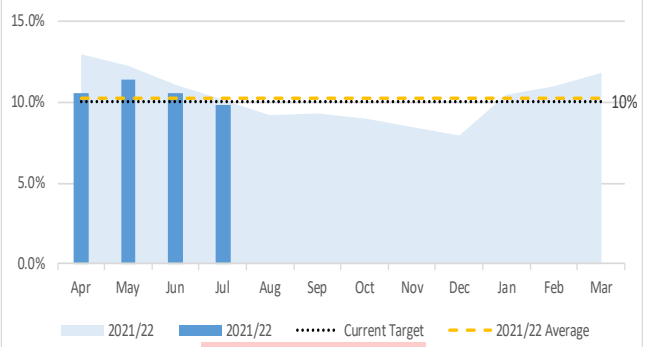


NWL: 8.9%

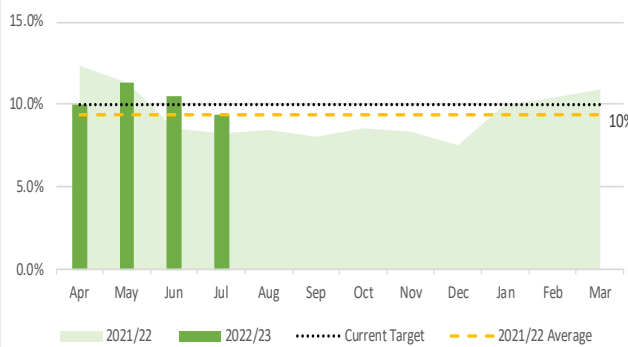
Target: <10%

Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During the month of July LAS contracts averaged 6.8% against the national average of 9.9%.

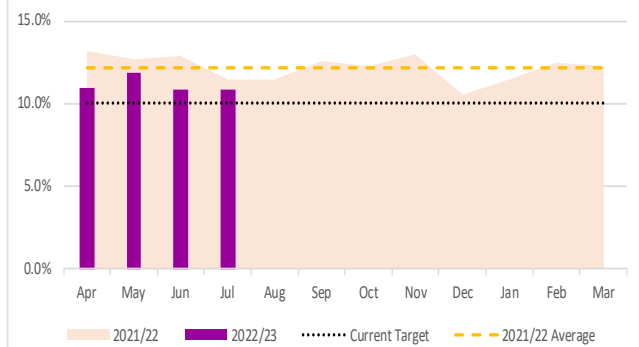
Call Outcome: Recommended to attend ED



SEL: 9.8%



NEL: 9.4%



NWL: 10.9%

Target: <10%

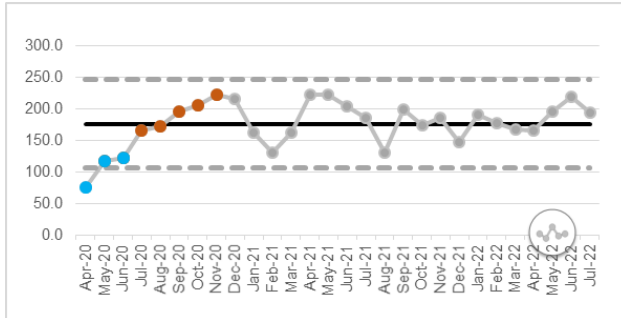
Collectively NEL, SEL and NWL have performed reliably alongside London and National averages on A&E avoidance during the month of July. A combined score of 10.0% referral to Emergency Departments was achieved; minutely below the London and national average of 10.4% and 11.3%. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to attend A&E while balancing with patient safety and the transfer to 999.



The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

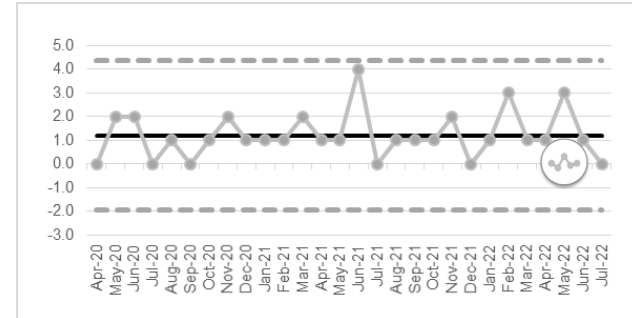
No Harm Incidents

Jul'22: 194



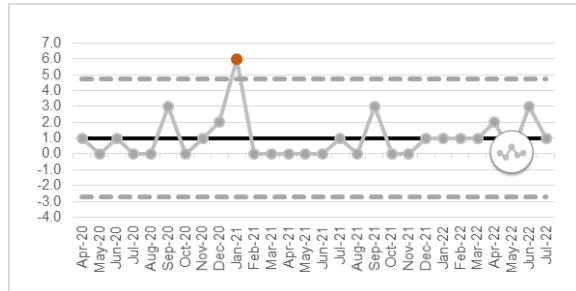
Low Harm Incidents

Jul'22: 0



Moderate, Severe & Death Harm Incidents

Jul'22: 1



Analysis of SPC Charts

IUC have increased incident reporting for language line issues, and a new category has been added on Datix for this purpose. Supervisors and team managers are working hard to ensure they report all incidents to help provide improved learning and promote a good reporting culture within LAS.

The number of incidents reported within IUC has been increasing last few months, call volumes remain high. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand.

Incident Management

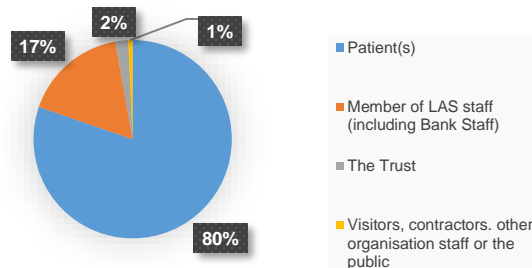
There are 142 incidents (as of 01/08/2022) which have been open on the system longer than 35 working days, (this excludes SIs & COVID-19 reviews)

- This breaks down to:
- 114 Patient incidents
 - 24 Staff incidents
 - 1 Visitor incidents
 - 3 Trust related incidents.

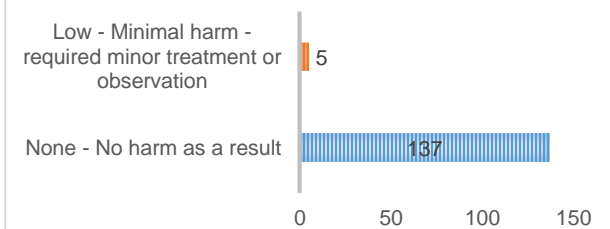
67% of incidents are in the Local Review stage
 33% of incidents are in the Away for Review stage
 96% of incidents have been classified as No Harm

Analysis of SPC Charts

Overdue Incidents by Type



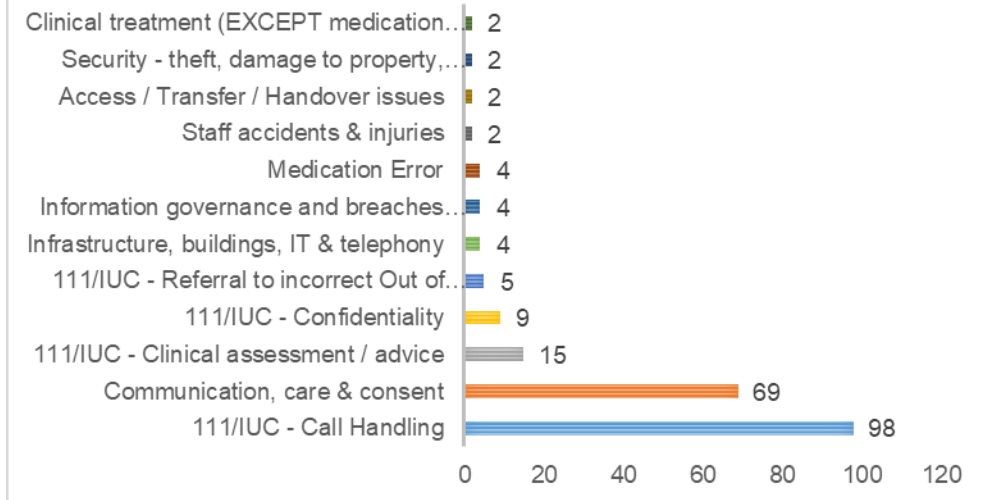
OVERDUE INCIDENTS BY LEVEL OF HARM





Incident trends and themes are monitored by the Trust’s Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Top 10 Incident Categories July 2022



Analysis

The top 3 incident categories in July 2022 were Call Handling, Communication, Care & Consent and Clinical Assessment/Advice, similar to previous months.

The number of Communication, Care and Consent incidents has increased substantially. This is because Confidentiality incidents have now been reclassified as Communication, Care and Consent and recorded under this category, hence there has been an increase. There has also been a new sub category introduced in Datix under Communication, Care & Consent which identifies the reporting of the language line queries.

Theme Management

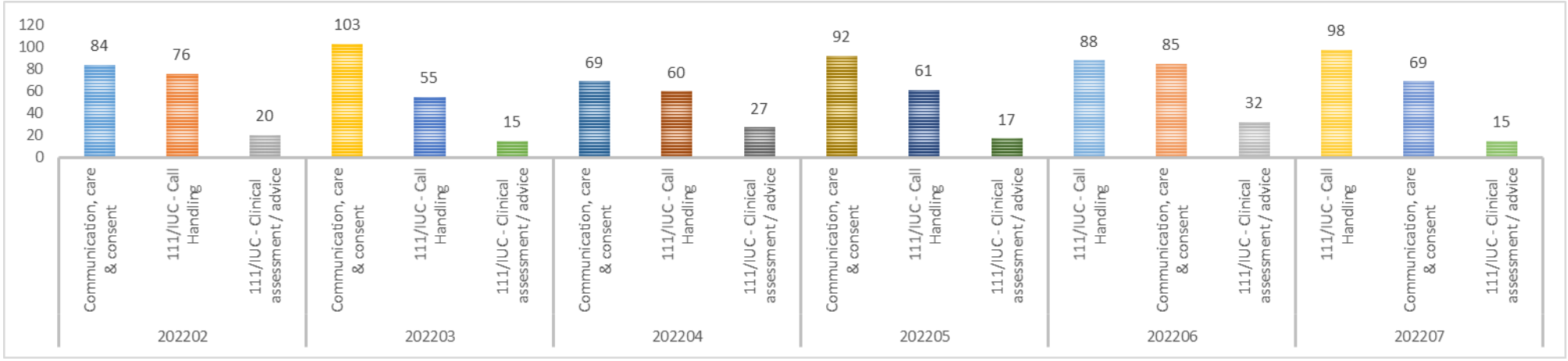
Communication Care & Consent

There is a continued reminder to all staff circulated to remind the staff of the need to follow the Directory Of Service instructions and advising patients if there is a need to attend or to wait for a call back. In addition to this, delays for patients seeking the support of Language Line are also reported within this category and staff are being encouraged to record these as incidents to enable continued monitoring of this service.

Call Handling

Call Handling issues are fed back independently via line managers and we are working on reviewing the last 3 months of case split by staffing profile, to identify the proportion of errors relating to the new staff or experienced staff. This will inform our strategy for either developing refresher training or a review of the existing training modules.

Feb'22 – Jul'22 Top 3 Categories by Month





The Trust continues to develop and embed the Framework within supporting processes and governance structures. The Early Adopter programme has now ended and the final revised framework is due to be published imminently.

During July 2022, a total of 108 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 108, 86 were identified as requiring an enhanced level of investigation. The breakdown of the 86 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)

0 incidents met the Trust Patient Safety Incident Response Plan requiring an internal investigation.

Local Priority – Patient Safety Incident Investigations (PSII)

0 incidents met the Trust Patient Safety Incident Response Plan requiring an internal investigation.

Patient Safety Review (Non PSII) including Thematic Review

- 1 incident did not meet the Trust's PSIRP and are being investigated as a PSR - case review. These incidents cross *clinical assessment and or treatment, access/transfer and handover issues as well as dispatch and call handling.*
- 85 further incidents did not meet the Trust's PSIRP and are being investigated as a PSR via Structured Judgement Reviews. The incidents involve a delayed response with the possibility of harm caused as a result.

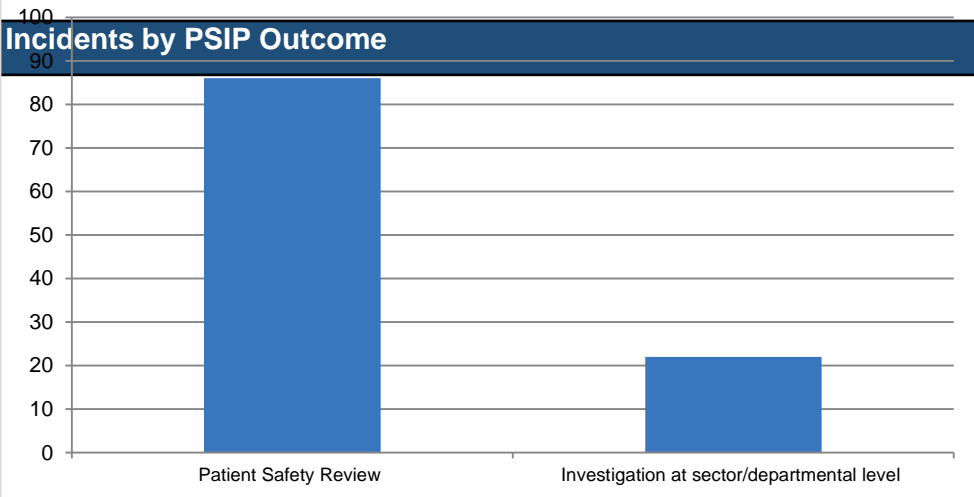
Local Review

The remaining 22 incidents were referred to Sector/Department management teams to continue with a local investigation.

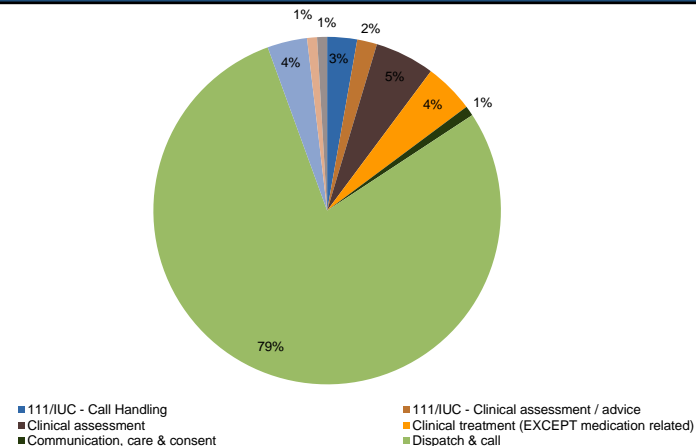
The following mitigating actions have taken place:

- Continual monitoring of 10D2 and 10D4 determinants, with weekly email bulletin communicated referencing the use of FRU's for these determinants.
- Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

Incidents by PSIP Outcome



Themes of incident discuss under PSIRF





The number of safety investigation actions on the Trust’s risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

Overdue Actions Update: July 2022

There continues to be a focus on SI, PSII and PSR actions, at the end of June there were 108 open actions, of these 62 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communication, if required.

The 2 incidents which are oldest and highest in priority are as follows:

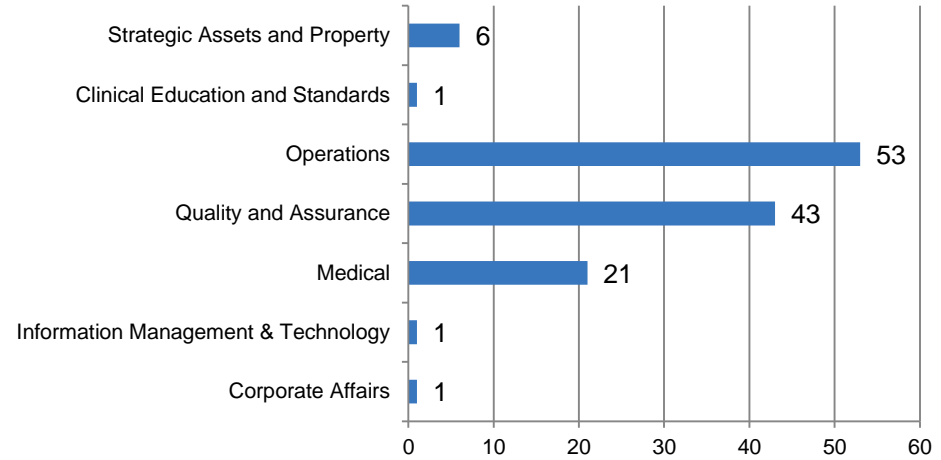
Action: Tracking of equipment

Update: Original due date – 31st March 2019, pushed back to 15th July 2022. Current progress stands at 40,000 pieces of equipment have been tagged. The app which will support these new processes is being incorporated and Make Ready will be the next department to be completed so this project can push forward.

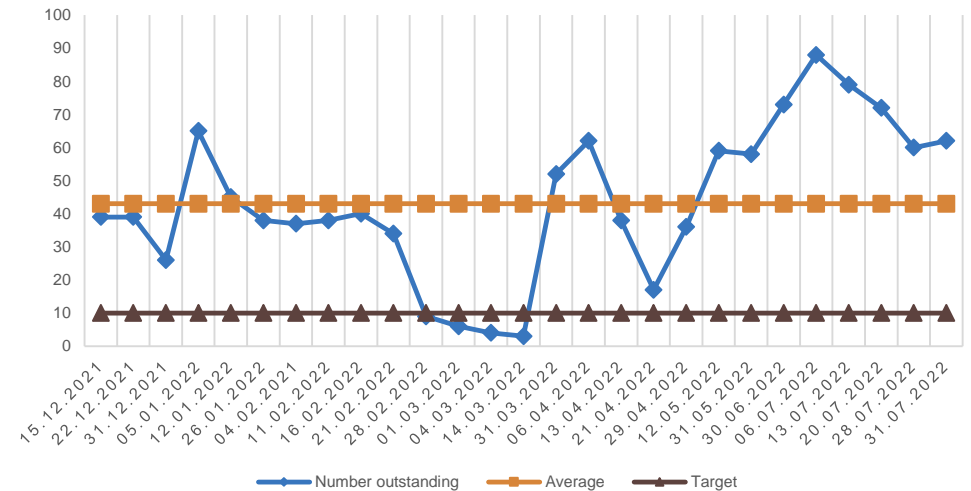
Action: The service should work with stakeholders including pathways, Aداstra, education and IT to make the patient electronic referral system more compliant with human factors principles.

Update: Original due date – 30th October 2019, pushed back to 31st March 2022. These are national systems difficult for the LAS to feed into, await update as new QGAM has taken over role and will investigate the feasibility.

Open Actions by Directorate



6 Month Rolling Overdue Actions

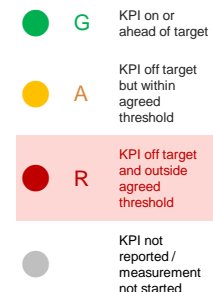




People Scorecard

July-2022

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Performance					Trajectory	
					Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	FY2022/ 2023 Trajectory	Target Status against trajectory	
Trust Vacancy rate	Monthly	%	Jul-22	●	5% Internal	5.8%	5.7%	4.3%	5.0%	●	
Operational Vacancy Rate	Monthly	%	Jul-22	●	5% Internal	15.2%	14.1%	11.1%	12.0%	●	
Ambulance Operations Staffing FTE (actual against plan (22-23))	Monthly	(n)	Jul-22	●	1000 Internal	-14.00	-78.00	-78.00	-251.00	●	
Staff Turnover (% of leavers)	Monthly	%	Jul-22	●	13% Internal	13.2%	12.8%	12.1%	13.0%	●	
Stability Index (% of staff in post >1 year)	Monthly	%	Jul-22	●	=>87% Internal	88.0%	88.0%	89.0%	87.0%	●	
Staff Sickness levels (current month) (%)	Monthly	%	Jul-22	●	6% Internal	9.9%	9.0%	7.9%	6.0%	●	
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Jul-22	●	6% Internal	9.1%	8.9%	9.0%	6.0%	●	
Trust Covid Vaccination Rate	Monthly	%	Jul-22	●	N/A Internal	90.0%	90.0%	90.0%	-	●	
Frontline Covid Vaccination Rate	Monthly	%	Jul-22	●	N/A Internal	93.0%	91.0%	86.0%	-	●	
Statutory & Mandatory Training (85% or above)	Monthly	%	Jul-22	●	85% Internal	85.0%	85.0%	85.0%	85.0%	●	
Staff PDR Compliance (85% or above)	Monthly	%	Jul-22	●	85% Internal	42.0%	38.0%	46.0%	85.0%	●	
Number of open disciplinary/conduct cases	Monthly	%	Jul-22	●	N/A Internal	52	48	45	-	●	
Number of open grievance/employee concern cases	Monthly	(n)	Jul-22	●	N/A Internal	10	9	9	-	●	
Performance/capability	Monthly	(n)	Jul-22	●	N/A Internal	24	24	19	-	●	
Number of open round table and mediation cases	Monthly	(n)	Jul-22	●	N/A Internal	12	11	10	-	●	
Number of Employment Tribunals	Monthly	(n)	Jul-22	●	N/A Internal	24	23	21	-	●	
% of Trust Staff who are BAME	Monthly	%	Jul-22	●	20% Internal	20.0%	19.0%	18.0%	22.0%	●	
% of joiners who are BAME	Monthly	%	Jul-22	●	>30% Internal	41.0%	33.0%	35.0%	30.0%	●	
% of leavers who are BAME	Monthly	(n)	Jul-22	●	<20% Internal	16.0%	23.0%	23.0%	20.0%	●	



2. Our People

Vacancy Rates, Staff Turnover and Sickness



Vacancy rate

Month:
5.8%

Target: 5%



The IUC and 999 call handling pipelines continue to remain strong with over 180 candidates at pre-employment stage. For IUC, call handling fill rates are very positive and we are very close to meeting the recruitment target and expect to do so in August. For EOC, we have so far filled 40 of the 44 places for the next intake (October 2022) and we expect a similar fill rate for November's courses. In total there were 83 joiners in July 2022. 41% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Ambulance Ops Recruitment

Required Frontline: 1,000 FTE

Month: 61fte

Forecast Supply: 823 FTE

Target: 75fte

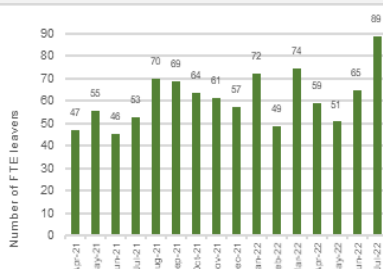
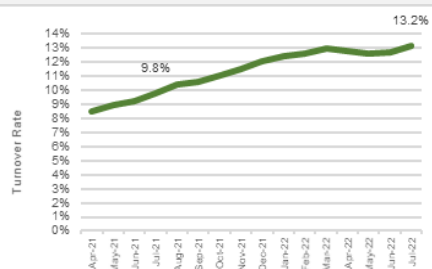
YTD Actual v forecast : 78fte behind plan
Forecast end of year position: 251fte gap

The Trust agreed a 2022/2023 recruitment programme for over 1400 staff which included circa 500 Paramedics and 500 AAPs. The paramedic recruitment pipeline is positive with over 500 candidates at conditional offer stage to fill the remaining 406 course places from August 2022 to March 2023. For AAPs there are 200 candidates in the pipeline to fill the 140 course places in August, September and October. The plan is currently running at circa 80FTE behind plan and Clinical Education have revised their course capacity to increase training places to help recover this position but this is conditional on additional resources being provided. Our recruitment to hire KPIs have been compromised however due to external factors, although this is now limited to C1 Theory and Test capacity (AAPs) and visa checks for international paramedics from countries other than Australia and New Zealand. Positive progress has been made with HCPC registration and the backlog has been resolved. To mitigate the C1 Theory and Test capacity, this has been removed as a requirement at application stage and it is expected that this will further increase the pipeline.

Staff Turnover

12 Month Rolling: 13.2%

Target: 13%



We have continued to see a leaving rate higher than the same period 12 months ago and this is in line with the experience of other Ambulance Trusts (circa 13%). The number of frontline leavers has remained positively below plan (-16FTE) and the level of International Paramedic leavers is lower. The Workforce Retention Group has met to provide oversight, direction and support regarding all aspects of improving staff retention within the Trust with specific objectives to improve our morale and engagement scores, oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention. In total there were 84 leavers in July 2022 with 15% from a BAME background.

Sickness

12 Month Rolling: 9.1%
Monthly: 9.9%

Target: 6%



In July the monthly Trust wide sickness increased to 9.9%. Sickness episodes have increased by 10% (2,012 to 2,222) with COVID accounting for 34% of all episodes. COVID sickness episodes have further increased from May (240), June (486) to 746 in July. The First Day Absence Reporting service that will be run by GoodShape is planned to go live on the 17th August for corporate staff and for all staff from the 1st September. When staff report a medical absence, they will get access to a nurse lead team that will provide our staff with help, advice and signposting. They will work closely with our new OH provider Optima on fast-track referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. Management capacity will be created through configuring the system to provide alerts to managers and other triggers and actions contained within our Supporting Attendance Policy.



Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

These graphs show the numbers of BAME starters and leavers from April 2021 to July 2022. During this period the Trust has recruited 464fte BAME starters and there have been 205fte BAME leavers, a net increase of 259fte.

- In 2021/22, 37% of total starters were BAME. For the year 2022/23, the BAME starters are 33%.
- In 2021/22, 20% of total leavers were BAME. For the year 2022/23, the BAME leavers are 23%.

BME Starters

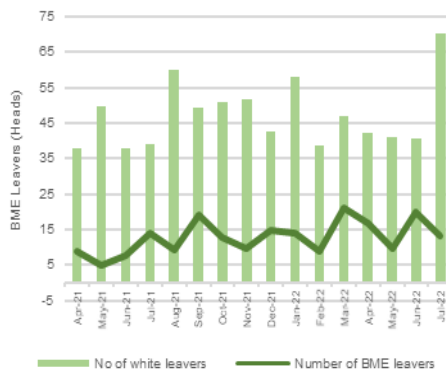


Overall numbers of BAME staff continue to increase (currently 1,370 – 20%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	May-22	Jun-22	Jul-22
Bands 1-4	41.4%	41.3%	41.2%
Bands 5-7	14.3%	14.3%	14.4%
Band 8A to 9	15.2%	15.0%	14.9%

- **NHS Staff Survey:** Preparations are underway for the 2022 Staff Survey, which is due to launch in September. This survey will be the second organised under the seven elements of the NHS People Promise and will give us an opportunity to track our progress over the last year, particularly with respect to the impact of the work done in the Our LAS Cultural Transformation Programme.
- The Equality, Diversity & Human Rights e-learning has a 88% compliance rate.

BME Leavers

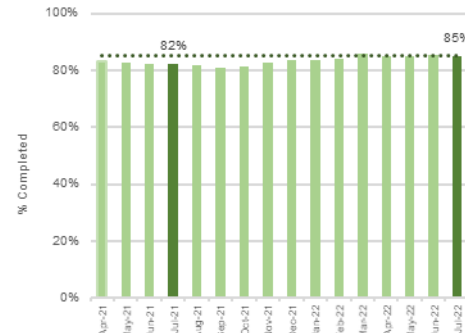


Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **85%**.

Appraisal completions are at 42% at the end of July.

Statutory & Mandatory

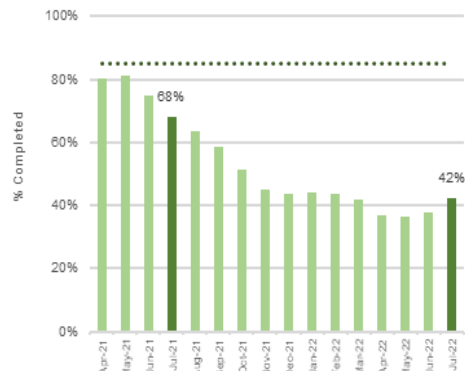


Stat and Mand training has remained at target levels of 85%.

The following activities are in place to improve PDR compliance:

A PDR recovery plan is in place to get the appraisal process back on track with the expectation that PDRs will be completed by all Corporate colleagues by 30th August 2022 and operational & clinical colleagues by 31st March 2023.

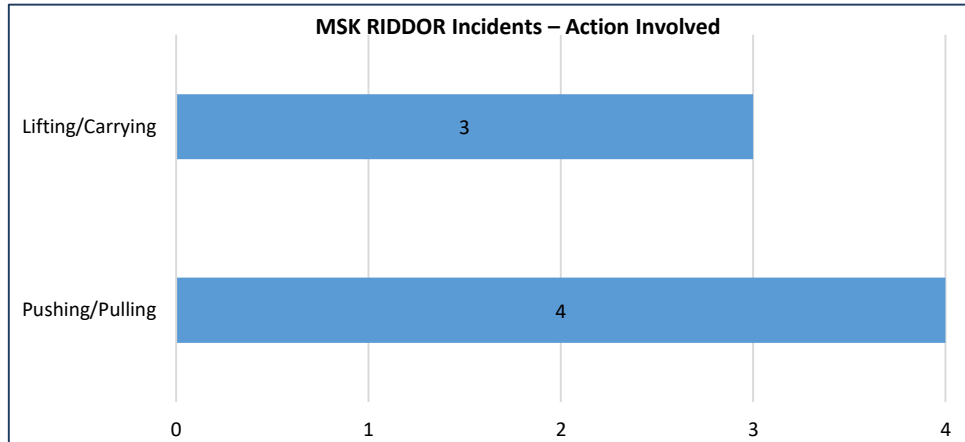
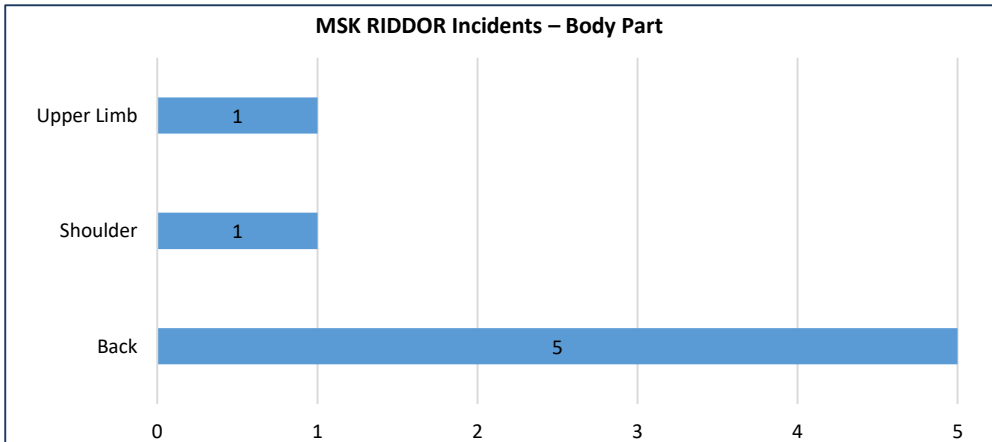
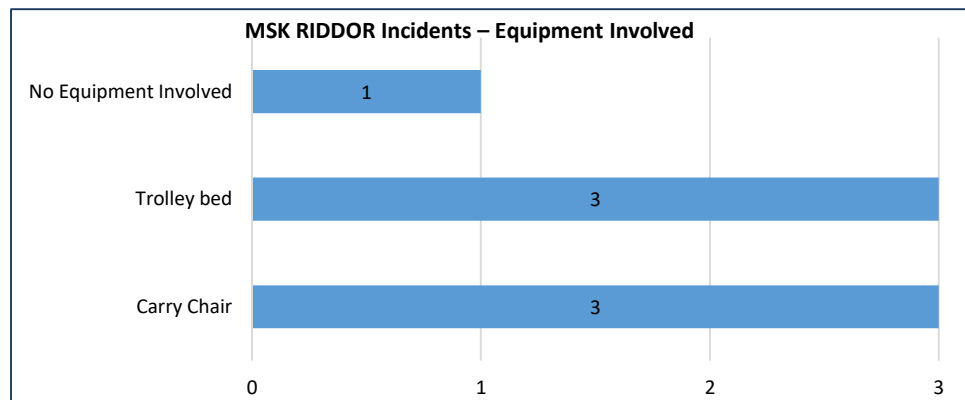
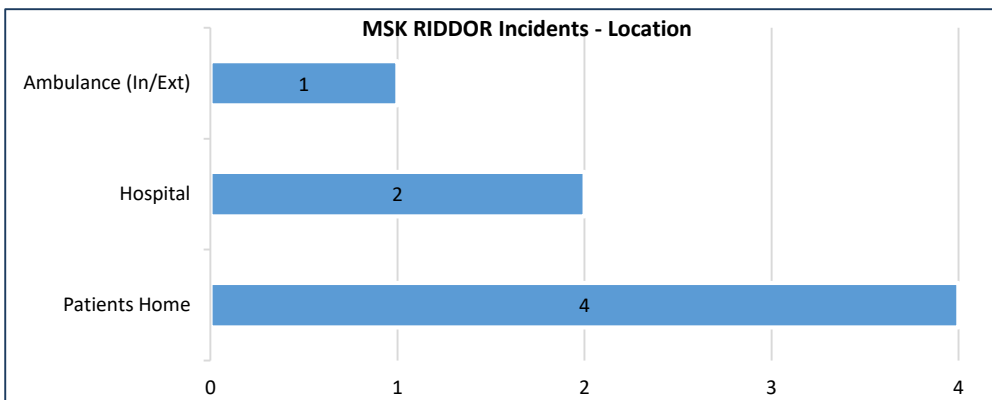
Appraisal Compliance



Managers can now access compliance data for their teams (including PDRs) via ESR Manager Self-Service and can update PDR records. This will ensure the monthly compliance reporting is timely and accurate.



Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – July 2022

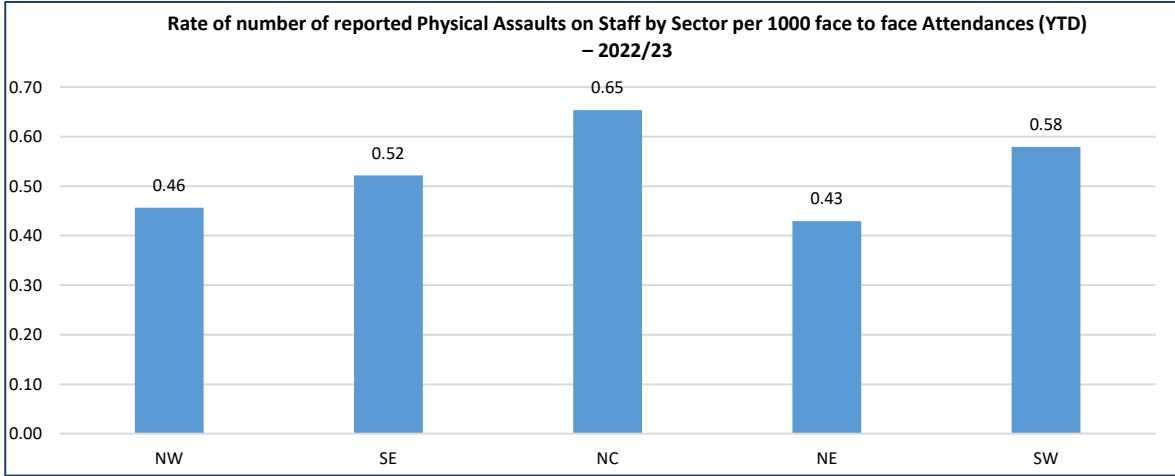


The above graphs provide details from the thematic analysis of 7 reported RIDDOR incidents in July'22 (2 incidents were occurred in June'22 and 5 incidents were occurred in July'22). These relate to Manual Handling (MSK):

- 4 reported RIDDOR incidents occurred in Patients Home (n=4), 2 incident were occurred in Hospital (n=2) and 1 incident was occurred in Ambulance (In/Ext) (n=1).
- 3 reported RIDDOR incidents involved Trolley Bed (n=3), 3 incidents involved Carry Chair (n=3) and 1 other incident involved no equipment (n=1).
- 5 reported RIDDOR incidents resulted in Back injury (n=5), 1 incident resulted in Shoulder Injury (n=1) and 1 incident resulted in Upper Limb injury (n=1).
- 4 reported RIDDOR incidents occurred during Pushing & Pulling (n=4) and 3 incidents were occurred during Lifting & Carrying (n=3).

*** Incidents reported under RIDDOR: Over seven day injuries, Serious injuries, Patient incidents, Occupational diseases, Dangerous occurrences.

*** All the above highlighted RIDDOR incidents are staff related.



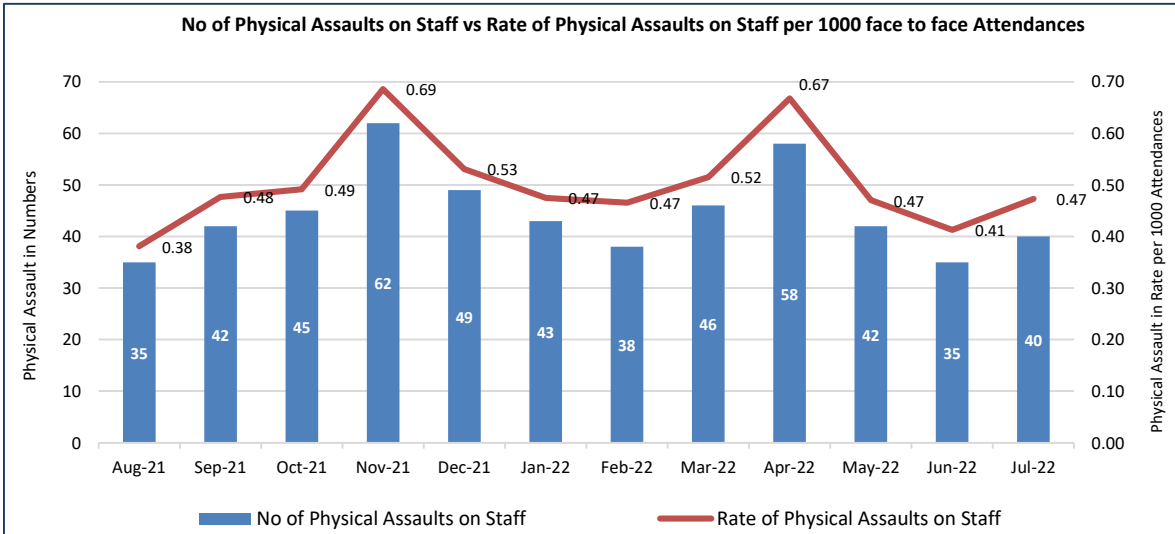
Sector	Rate of Physical Assaults on Staff
NW	0.46
SE	0.52
NC	0.65
NE	0.43
SW	0.58

Notes:

- The graph and dash board (left side) provides the Rate of reported Physical Assault on Staff by Sector per 1000 face to face Attendances.
- According to the number of reported incidents: In all 5 sectors, approximately one physical assault incident occurred per every 2000 face to face attendances.

Key Update:

- No RIDDOR reportable Violence & Aggression related incidents were recorded during 2022/23 (up to end July'22).



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff
Aug-21	35	0.38
Sep-21	42	0.48
Oct-21	45	0.49
Nov-21	62	0.69
Dec-21	49	0.53
Jan-22	43	0.47
Feb-22	38	0.47
Mar-22	46	0.52
Apr-22	58	0.67
May-22	42	0.47
June-22	35	0.41
July-22	40	0.47

Notes:

- The graph and dash board (above) provides the Number of reported Physical Assault on Staff & the Rate of reported Physical Assault on per 1000 face to face Attendances over the last 12 months (July'21 to July'22).

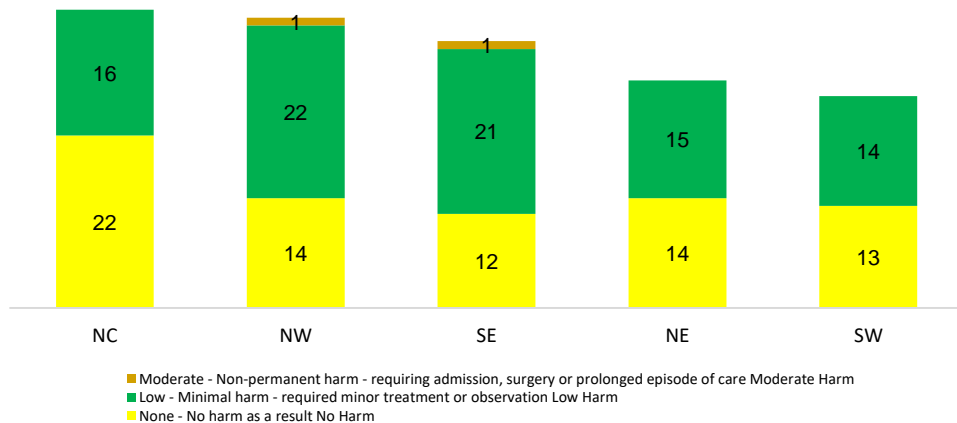
NHS definitions of assault:
Physical assault – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

Non-physical assault – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



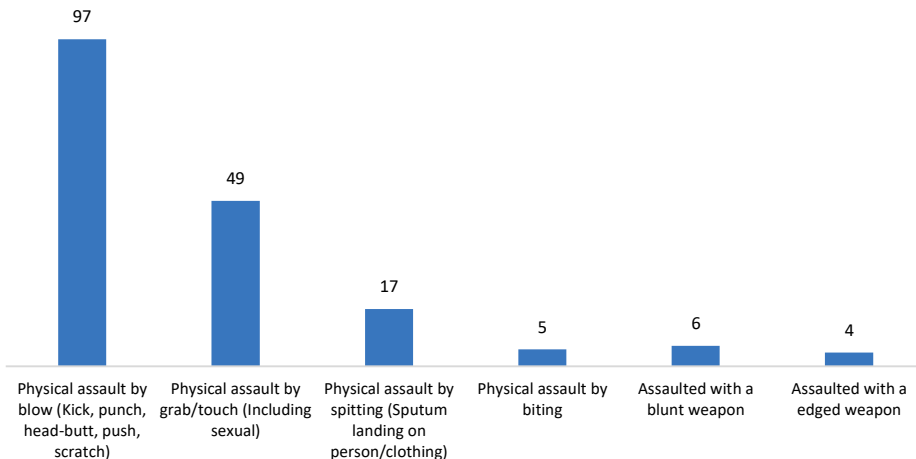
Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2022/23



Notes:

- A total of 178 Physical Assaults on Staff were reported during 2022/23 (up to end July'22).
- 83 (47%) of the incidents were reported as 'No Harm/Near Miss incidents, 93 (52%) incidents were resulted in Low Harm and 2 (1%) incidents were reported as 'Moderate Harm'.
- 15 out of the 178 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

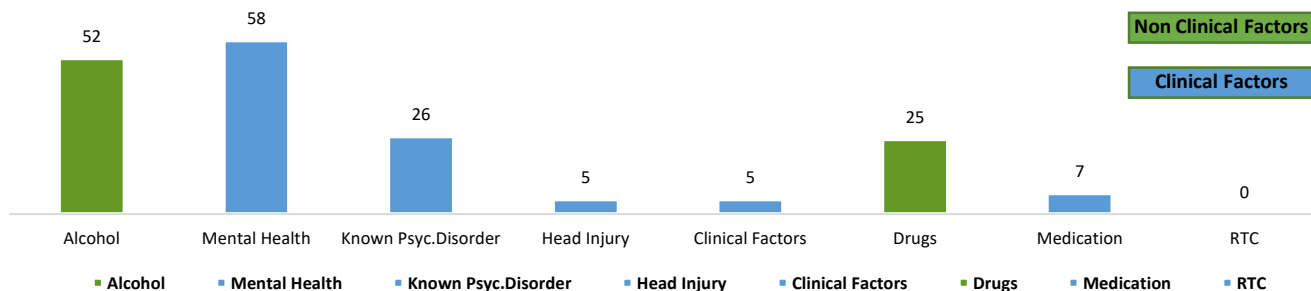
Number of reported Physical Assaults on Staff by Type (YTD) – 2022/23



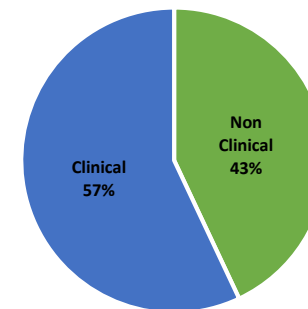
Notes:

- Physical Assault – by blows, kicks/ assault to staff (55% , n=97) accounted for the highest number of incidents reported during 2022/23 (up to end July'22).

Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2022/23



Percentage Breakdown of Factors (YTD) 2022/23



Notes:

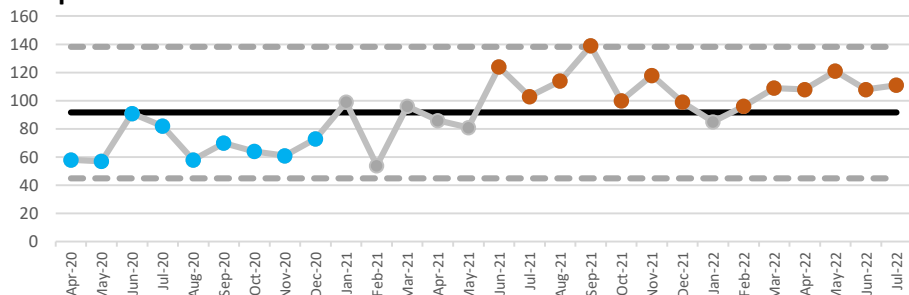
- Clinical Factor: 101 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=58), Known Psyc.Disorder (n=26), Head Injury (n=5), Clinical Factors (n=5), Medication (n=7).
- Non Clinical Factor: 77 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=52), Drugs (n=25) and RTC (n=0).



Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

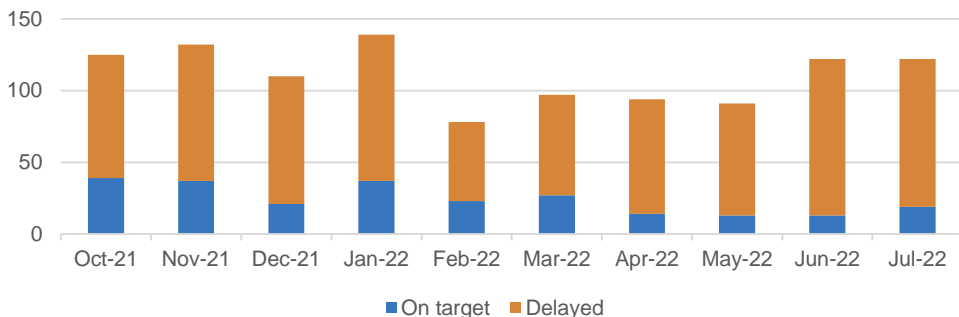
Complaints

Complaint Numbers



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	104	56	89	86	81	124	103	114	139	100	118	99
2022	85	96	109	108	121	108	111					

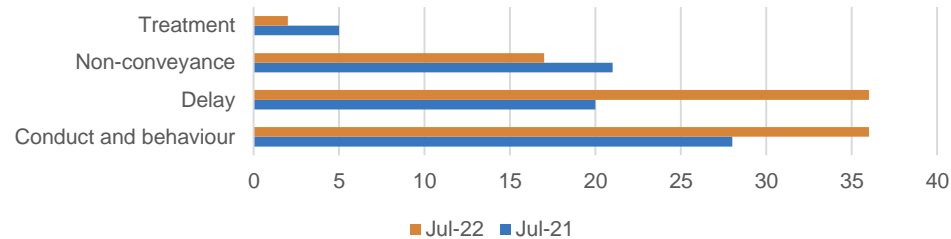
Complaint summary Responded within target and delayed.



Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
In time	39	37	21	37	23	27	14	13	13	19
Delayed	86	95	89	102	55	70	80	78	109	103
% in time	31%	28%	19%	27%	29%	28%	15%	14%	11%	16%

Themes & Caseload

Top four complaint subjects July 2021 v July 2022



Open Complaints by month and those remaining open

Month	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Opened complaints	123	98	83	94	109	109	121	108	111
Due for response in this month	132	110	139	78	97	94	91	122	122
Remaining open where due in each month as at 08 August 2022 *	0	0	0	8	15	47	65	94	99

Update

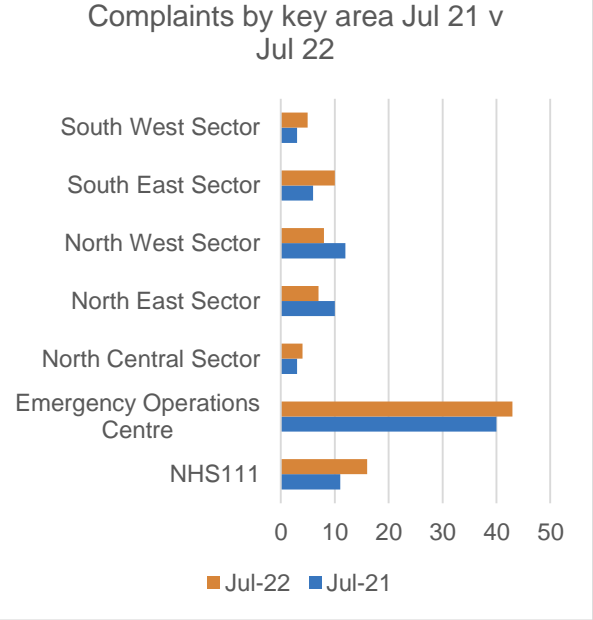
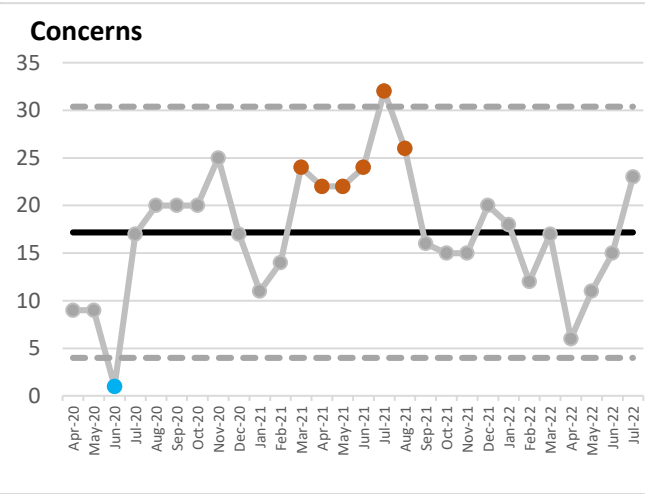
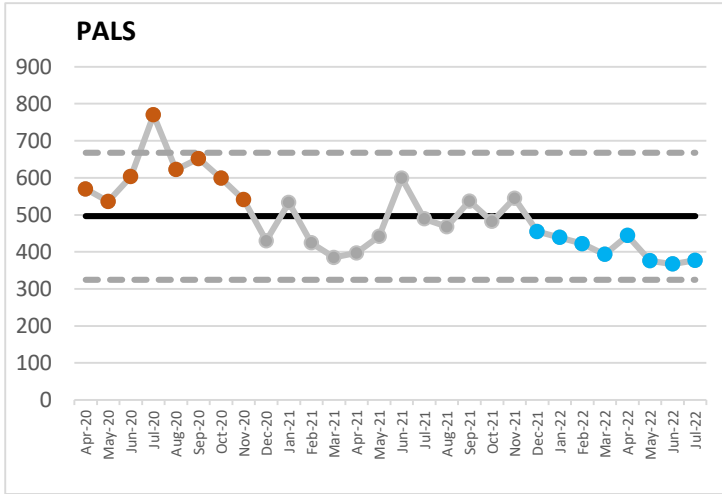
Demand to the department continues to be high. The current focus is on the closure of the oldest complaints that remain open. A trajectory has been set up to ensure that 45 of the older cases are closed each month.

The table above evidences the impact of the team increasing the focus on older complaints and the regular monitoring of those. All officers have been undertaking a variety of tasks involved in the case management process including actioning new cases, reviewing the older ones and consideration of cases for other mechanisms, e.g. PSI review.

Staff absences due to annual leave and sickness will impact on throughput during the summer period which is also affected by the extremely high demand to the Trust and the issues associated with that.

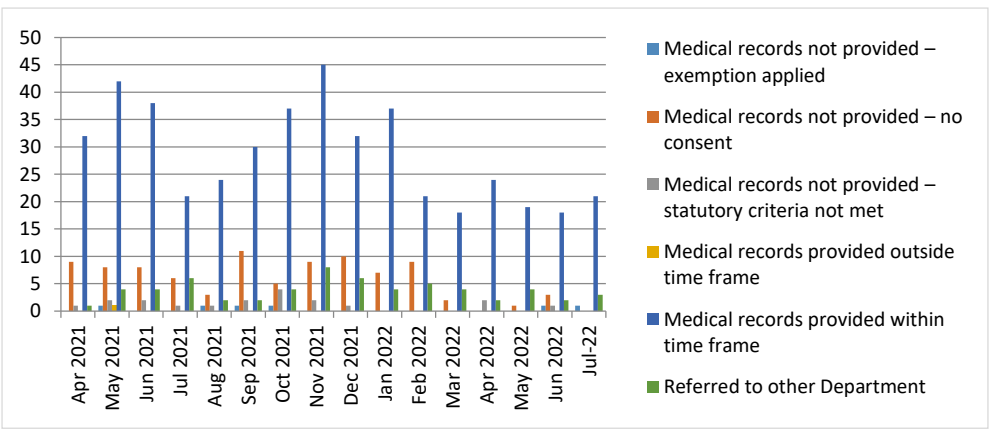


PALS & Concerns



Method	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
PALS	599	489	468	537	482	545	455	439	422	393	444	376	367	377
Concerns	23	33	26	15	16	15	19	19	11	17	6	11	15	23

Subject Access Requests (patient) April 21 to July 22



Case Example & Learning July 2022

A complaint received from the patient's family about the delay in ambulance attending and incorrect information given by the call taker that Police would be attending sooner than they did.

The review concluded that based on the information provided, there was sufficient cause for concern in not being able to contact the patient and a higher category of response should have been selected by the clinician who reviewed the case.

One of the reasons for this error was the unclear wording in an operational procedure about when contact cannot be made with a patient. In addition the clinician mistakenly assumed and then reassured the caller that the Police had been informed. However, any contact with the police would have been recorded in the call log.

The clinician will meet with a senior clinical manager to receive feedback and talk through the correct procedures. The standard operating procedure has also been revised to clarify decision making for situations where any information held indicates a concern but contact cannot be made with the patient.



ER Excellence Reporting

Excellence is everywhere

In July 2022, 58 **Excellence Reports** were submitted.

Key themes identified from July reports include:

- Outstanding Patient Care
- Staff Support/Welfare
- Mentoring/Teaching

Mentoring/Teaching

This individual has shown **excellence in supporting** university students through their placements. She has further **assisted** students by flagging concerns **early** with the management team, which has enabled additional **support for the students**. The **management team** have also received positive feedback from students who have always highlighted her **patience, kindness, and concern for welfare**, as well as her **mentoring** techniques. Thank you for all you do for our patients, staff and students!

Excellence report submitted on behalf of PPED Lead team. This person has recently been **noticed to go above and beyond** to **assist** students at New Malden Complex. She has recently overcome a **huge challenge** where she was met with a student who needed a lot of work to get their PAD document complete in order to complete their placement. This person went above and beyond what was expected of her in order to **help the student**. Considering that this was her first student, this is even more impressive. Thanks you!

I would like to thank the SORT **training team** for an excellent 3 day course. The information was imparted in a **structured way** that went at the right pace for the staff involved, with a good mix of **classroom based and practical learning**. The instructors were very supportive and made it an enjoyable process, but their deep **subject matter knowledge** really shone through.

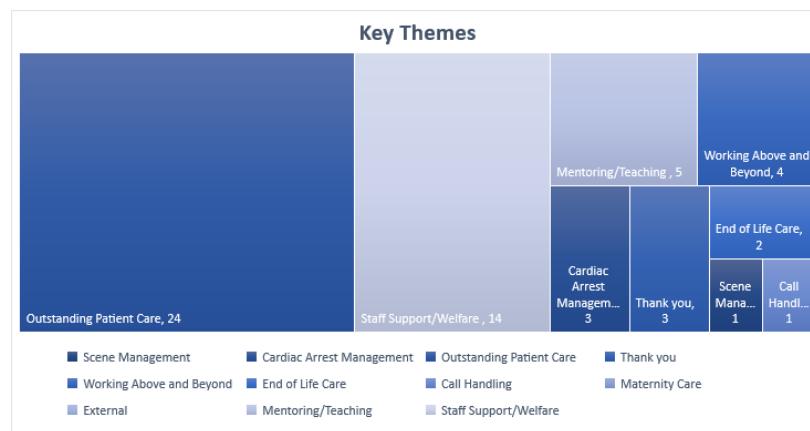
Outstanding Patient Care

The call was for a **male patient** experiencing chest pain with associated cardiac symptoms. As no ambulance was available, the **dispatcher arranged an FRU** (fast response unit). On their arrival it was reported that the patient had gone into **cardiac arrest**. Additional resources were immediately sent, including a team leader. **Return of spontaneous circulation** was gained and patient was conveyed to the **heart attack centre** suffering with an inferior MI. Had Emma not dispatched the FRU, treatment would have been delayed and the outcome may have been less favourable for the patient.

First response vehicle on scene with an **extremely distraught young female** who had just experienced a **miscarriage**. The crew arrived and the **genuine care, compassion and understanding** they showed was exactly what the LAS needs more of. They allowed the patient to grieve, they spoke to her for as long as it took to **calm her** and made sure she was comfortable and well looked after from the minute they arrived. I hope to do more jobs with this crew in the future! **Absolute credit to the service!**

Staff Support/Welfare

I have received nothing less my **100% support** from my clinical team manager. He has gone **above and beyond** for me on many occasions but the particular incident that I rave about is; I was unfortunate enough to experience a heavy depression in my mental health causing me to have emergency appointments with my GP and crisis line. Both of his departments referred me to the **mental health** team of my Borough. The mental health team scheduled an appointment for 2 months after the referral date, this obviously triggered more stress and upset, I explained to my team leader the situation and he **personally contacted the organisation** and managed to bring my appointment forward to the following week. Without this being done my **recovery and stability** would've been **delayed or jeopardised**. Throughout my employment that this individual has been my team leader he has always **supported me** in every way he can. I wouldn't of been confident enough to apply for secondments or better myself within LAS if it wasn't for **his leadership**. His support **encourages** me to takes leaps and break boundaries. I know I can turn to him for any **help and guidance** I may require. There has been many times that I have emailed him when he isn't at work or is on planned annual leave but **he takes the time to address the issue** and reply to my email. I guess this excellence report is one of the only ways I can show **my appreciation** and let him be recognised for him **commitment** to his role and colleagues. Thank you





Some further examples of excellence reports from July:

End of Life Care - This person was really helpful on a complicated End of Life case with red flag sepsis. There were a lot of unknowns and I was struggling to make a decision on whether to take the patient to hospital or not. I rang CHUB and spoke to this person, she had a calming and friendly manner and voice which made me feel like we were a team, she stayed on the phone for an extended amount of time to make sure we were comfortable with the decision made in a diverse situation. She went above and beyond and even emailed the end of life care team for me to get clarity on this job.

Cardiac arrest management – I attended a cardiac arrest in a public place. It was a highly emotive cardiac arrest due bystanders. The standard of care provided by my colleagues can only be described as exceptional. The person who arrived first started immediate BLS and delivered a number of shock before the arrival of the other crews before ALS was commenced. Another paramedic, who wasn't due to be on the car that shift, brought the LUCAS to scene. They achieved ROSC and identified the patient was having a STEMI and requested an APP. The patient was very unstable and despite maximum therapy went back into cardiac arrest and was transported to hospital. Despite a prolonged resuscitation attempt the patient unfortunately died. I however have no doubt that this patient received the best possible care from the LAS and I am proud to call these people my colleagues! I would like to formally thank them for their compassionate patient care and professionalism.

Thank you - Attended a HART incident whilst observing with a crew. One incident involved 2 casualties. This person assisted the team with a traumatic fractured femur and had a positive input to patient outcome. As acting TL it was excellent to see a no argument, self motivated staff observer who was able to pre think items needed and extrication requirements. This allowed me extra hands allowing the remainder of the team to deal with a second patient. Furthermore it was nice to see a good working relationship with hems once they attended.

Sector breakdown - July 2022





Public Value Scorecard

July 2022

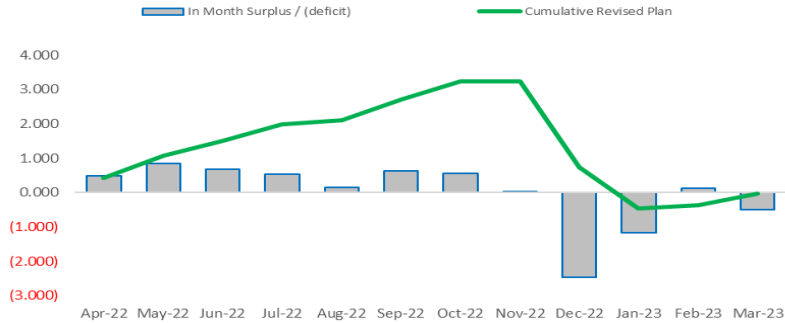
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance						Outturn		Benchmarking			
				Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY22/23 Forecast	FY22/23 Plan	National Data	Best In Class	Ranking (out of 11)	
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Jul-22	●	0.000 A	0.532	0.480	2.570	1.990			0.000	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Jul-22	●	>=0 A	0.052	0.000	0.580	0.000			0.000	0.000			
Use of resources index/indicator (Yearly)	Rating	Jul-22	●	1 A											
% of Capital Programme delivered	%	Jul-22	●	100% A	8%	23%	22%	55%			100%	100%			
Capital plan	£m	Jul-22	●	18.331 A	1.456	4.273	3.951	10.104			18.331	18.331			
Cash position	£m	Jul-22	●	36.2 A	48.6				37.8						
% spend against Agency Ceiling	%	Jul-22	●	A											
CIP Savings	£m	Jul-22	●	A	2.197	2.197	4.511	4.511			24.000	24.000			
	%	Jul-22	●	A	9%	9%	19%	19%			100%	100%			
Commercial income generation	£m	Jul-22	●	1 I	0.290	0.100	1.070	0.400	1.600		1.290	1.000			
Corporate spend as a % of turnover	%	Jul-22	●	<7.0% I	13.8%		13.5%				13.4%				
Cost per incident (measures to be confirmed in light of COVID)	£	Jul-22	●	I											
Average Jobs per shift	%	Jul-22	●	5.3 I	5.4		5.5		5.5						

- **G** KPI on or ahead of target
- **A** KPI off target but within agreed threshold
- **R** KPI off target and outside agreed threshold
- KPI not reported / measurement not started



The Trust's month 4 YTD position was a £2,570k surplus and the month end cash position was £48.6m.

YTD outturn vs budget



- **YTD Position:** The Trust is reporting a YTD surplus of £2.570m which is £0.580m above plan. The position is based on the plan submitted to NHSI.
- **Full year position:** The full year position is breakeven, which is in line with plan. This position takes into account current funding information, and incorporates expected levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year, with full delivery of savings targets included.

Capital Expenditure



- **Capital:** Month 4 year to date spend net of disposals and excluding donated assets was £3.951m, the majority of which comprised of spend on Estates and IM&T projects. It is expected the full year allocated capital plan of £18.3m will be utilised.

Cash position



- **Cash:** Cash balance as at the end of July was £48.6m. This is an increase of £15m from last month and above plan by £14m. The surplus cash in month is mainly due to:
 - £10m retrospective top up income for 22/23 contracts with commissioners;
 - £1m income received from Non NHS debtors in addition to planned;
 - £1m supplier payments below planned.
- **Better Payment Practice Code:** The government has set a target that organisations should aim to pay 95% of their supplier invoices within 30 days. The NHS and Non-NHS performance by volume YTD was 79% and 94% and by value 77% and 97% respectively.



Our Statement of Comprehensive Income reports the Trust's financial performance over a specific accounting period. Financial performance is assessed by giving a summary of how the Trust incurs its income and expenses through both operating and non-operating activities. It also shows the net surplus or deficit incurred over a specific accounting period.

Statement of Comprehensive Income (Month 4 – July 2022)

	Month 4 2022-23 £000			YTD Month 4 2022-23 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)
Income						
Income from Activities	49,150	49,275	125	196,064	195,710	(353)
Other Operating Income	532	809	276	2,053	3,137	1,084
Total Income	49,682	50,084	402	198,117	198,847	731
Operating Expense						
Pay	(34,494)	(35,655)	(1,161)	(139,321)	(141,108)	(1,787)
Non Pay	(11,879)	(11,308)	571	(45,735)	(44,374)	1,361
Total Operating Expenditure	(46,373)	(46,963)	(590)	(185,056)	(185,482)	(426)
EBITDA	3,309	3,121	(188)	13,061	13,366	305
EBITDA margin	6.7%	6.2%	(0.4%)	6.6%	6.7%	0.1%
Depreciation & Financing						
Depreciation & Amortisation	(2,311)	(2,237)	74	(9,002)	(9,010)	(8)
PDC Dividend	(503)	(503)	(0)	(2,014)	(2,014)	(0)
Finance Income	0	38	38	0	135	135
Finance Costs	(17)	109	126	(68)	82	150
Gains & Losses on Disposals	0	(2)	(2)	0	(13)	(13)
Total Depreciation & Finance Costs	(2,832)	(2,595)	237	(11,083)	(10,820)	263
Net Surplus/(Deficit)	477	526	49	1,978	2,546	568
NHSI Adjustments to Fin Perf						
Remove Asset Donations I&E Impact	3	3	0	12	12	0
Remove ROU Assets: Peppercorn Leases	0	3	3	0	12	12
Adjusted Financial Performance	480	532	52	1,990	2,569	580
Net margin	1.0%	1.0%	0.1%	1.0%	1.3%	0.3%

Year to Date and Forecast Position

The Trust is in discussions with the ICB to finalise the funding arrangements for this financial year. The month 4 position is reported based on the June plan approved by the Board.

As at month 4, the Trust is reporting a year to date surplus of £2,570k, which is above plan by £580k. Expenditure incurred is broadly in line with plan, with provision made in month 4 for an inflation pay award.

The forecast position is to remain on plan, and assumes full delivery of the CIP programme.

Key Drivers of Position

Income:

- Income is £731k higher than budget YTD due to additional funding for staff recharges and ESORT (Resilience) funding from NHSE. The month 4 position assumes block income is received in full, as per the final planning discussions, with the exception of SDF income (£2.1m YTD). This is offset by additional income expected from 111 activity above contract Apr-July 2022 (cost and volume contract).

Pay Expenditure:

- Pay expenditure is £141.1m YTD which is £1.7m above plan. Pay expenditure is above plan largely due to the CIP plan commencing in month 3, with current slippage against the expected savings on overtime and incentives.

Non-Pay Expenditure:

- Non pay expenditure (including depreciation and finance costs) is £55.2m YTD, £1.6m below plan with additional finance income received and lower spend on uniforms, insurance and logistics supplies than planned.



Our Cashflow Statement summarises the amount of cash and cash equivalents entering and leaving the Trust. It measures how well the Trust manages its cash position, meaning how well the Trust generates cash to pay its debt obligations and fund its operating expenses.

Cashflow statement (Month 4 – July 2022)

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Jul-22
	Actual	Actual	Actual	Actual	Actual	Actual	YTD
	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	43,977	56,195	47,876	39,733	38,538	33,285	47,876
Operating Surplus	2,591	2,325	979	1,317	1,177	883	4,356
Depreciation and amortisation			2,346	2,117	2,310	2,237	9,010
(Increase)/decrease in current assets	7,019	3,926	4,124	(15,622)	(6,554)	10,412	(7,640)
Increase/(decrease) in current liabilities	2,173	(14,067)	(9,747)	14,779	(4,642)	2,798	3,188
Increase/(decrease) in provisions	(109)	8,225	735	(1,150)	104	(236)	(547)
Net cash inflow/(outflow) from operating activities	11,674	409	(1,563)	1,441	(7,605)	16,095	8,368
Cashflow inflow/(outflow) from operating activities	11,674	409	(1,563)	1,441	(7,605)	16,095	8,368
Returns on investments and servicing finance	7	15	0	60	10	147	217
Capital Expenditure	(172)	(12,513)	(6,580)	(2,517)	3,931	(947)	(6,113)
Dividend paid	0	(2,778)	0	0	0	0	0
Financing obtained	709	6,548	0	0	0	0	0
Other loans repaid			0	0	(107)	0	(107)
Capital element of finance lease rental payments	0	0	0	(179)	(1,481)	0	(1,660)
Cashflow inflow/(outflow) from financing	544	(8,728)	(6,580)	(2,636)	2,352	(800)	(7,663)
Movement	12,218	(8,319)	(8,143)	(1,195)	(5,252)	15,295	705
Closing Cash Balance	56,195	47,876	39,733	38,538	33,285	48,581	48,581

Operating Position

There has been a net inflow of £15.3m cash in month. Cash funds at the end of July were £48.6m, during the period we received the outstanding 22/23 top-up income for patient care activity from ICBs resulting in cash inflows being higher than cash outflows.

The operating surplus is £0.9m in month.

Current Assets

The decrease on current assets £10.4m, mainly due to reduction in NHS accrued income for top up income from commissioners £9.9m and NHS prepayments £0.2m.

Current Liabilities

The increase on current liabilities is £2.8m mainly due to increase in accruals £1.5m, PDC dividend £0.5m and capital payables £0.5m.

Dividends

The dividend payment is due in September 2022.

Provisions

The decrease on provisions is (£0.2m), for payments made in month.

Capital Expenditure

The capital expenditure is £0.9m.



To prepare our Trust for the future we need to ensure we manage our costs effectively and where possible reduce the costs of running the Trust whilst maintaining the absolute best care for our patients. We also need to strategically invest year on year in our estate, fleet and technology capability so that we can continue to offer a world-class ambulance service.

Cost Improvement Programmes (CIPS)

- The Trust has set a challenging CIP programme for 2022-23.
- Full year efficiency savings of £24.0m have been forecast.
- The CIP programme is largely phased from later in the year- from month 3 onwards. The CIP target in month 4 is £2,197k, which has been delivered.

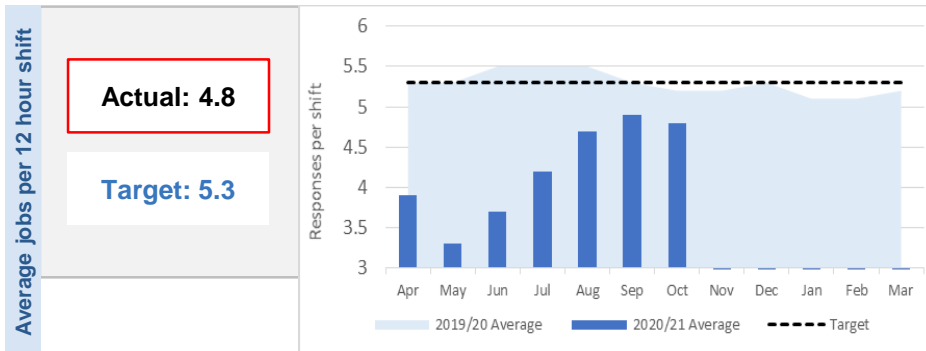


Capital Plan

- Capital expenditure net of disposals is £3.951m YTD compared to planned capital expenditure of £10.104m. There is slippage on several projects: Telephony Infra Mod To Cm8, Phase 4a Secure Drugs Rooms, Replacement vehicles. These schemes remain on plan overall.
- The capital programme forecast remains to spend the full £18.3m Core programme.
- Further schemes have been identified to progress if additional capital funding can be secured.



Jobs per shift (DCA)



Operations are tracking the performance of jobs per shift on a monthly basis and are consistently hitting the agreed target. While there is no programme of work focusing solely on this metric, a number of our efficiency and productivity schemes will impact this number. For example success in improving Handover to Green times and reducing OOS CIPs would improve the Jobs per shift measure



Partners Scorecard

July 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 11)	
Hospital handover	minutes	Jul-22	●	18.0 I	34.3	30.7	29.3				
Post-handover (Handover 2 Green)	minutes	Jul-22	●	15.5 I	16.9	16.2	15.5				
See and Convey – to ED (Contractual Position) *	%	Jul-22	●	57.0% C	47.4%	48.4%	48.6%	50.0%	43.5%	5	
Hear and Treat % **	%	Jul-22	●	8.39% I	16.2%	15.2%	15.4%	12.5%	16.2%	1	
Hear and Treat (n) **	%	Jul-22	●	108,073 I	16,392	62,008	193,933				

Benchmarking Key

- Top 3
- Ranked 4-7
- Ranked 7+

Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started

4. Our Partners

Maximising safe non-conveyance to ED



Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

Hospital delays have increased for the month of July, with 7,173 hours lost from our arrival to patient handover over 30 mins. This is an increase of 1,705 hours lost when compared to the month before. Royal Free, Princess Royal and Northwick Park had the greatest proportion of handovers exceeding 30 minutes. Royal Free had the highest number of lost hours over 30 minutes, with a significant 927 hours for the month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 M ins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,295	1,148	629	55%	396.2	46.5
	North Middlesex	1,345	1,084	513	47%	206.9	36.6
	Royal Free	1,665	1,262	1,023	81%	927.4	72.6
	University College	2,072	1,895	328	17%	68.8	22.4
	Whittington	1,210	875	467	53%	418.7	54.2
North East	Homerton	1,292	1,164	88	8%	8.7	17.1
	King Georges	1,292	1,164	88	8%	8.7	17.1
	New ham	1,319	1,120	363	32%	191.2	31.7
	Queens Romford	1,884	1,709	193	11%	273.4	24.6
	Royal London	1,287	1,140	372	33%	247.9	36.1
	Whipps Cross	1,671	1,589	85	5%	16.0	16.4
North West	Charing Cross	1,063	994	38	4%	6.6	14.6
	Chelsea & West	1,346	1,183	21	2%	3.4	16.6
	Ealing	1,325	1,225	470	38%	228.6	32.9
	Hillingdon	1,560	1,401	441	31%	129.0	26.7
	Northwick Park	1,761	1,531	1,022	67%	654.4	52.5
	St Marys	1,110	980	390	40%	283.9	41.1
	West Middlesex	1,313	1,187	318	27%	153.1	28.2
South East	Kings college	1,141	960	752	78%	485.8	59.0
	Lewisham	1,356	1,254	302	24%	128.8	27.2
	Princess Royal	2,143	1,939	842	43%	715.1	43.8
	Queen Elizabeth II	1,380	1,083	364	34%	370.7	41.9
	St Thomas'	1,499	1,379	267	19%	72.1	22.5
South West	Croydon	1,605	1,425	425	30%	470.1	42.6
	Kingston	1,726	1,538	645	42%	264.2	35.0
	St Georges	1,593	1,134	482	43%	131.6	32.1
	St Helier	1,497	1,286	509	40%	311.6	37.1
TOTAL		39,750	34,649	11,437	33%	7,173	29.0

Patient Handover to Green

In July, we saw handover to green performance just outside of target, with 16.9 minutes, which is a minimal variation compared to the month of June. This shows that despite hours lost at hospital, LAS crews are becoming available to attend further calls as soon as possible. Over 4,319 hours were lost due to patient handover to green exceeding the 14 minute threshold. This is an increase of 289 hours when compared to the previous month.

Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	1,825	1,230	67%	292.7	19.0	37.9	14.3
	Edmonton	2,151	1,294	60%	269.0	16.9	33.3	12.5
	Friern Barnet	1,623	1,052	65%	201.2	17.1	33.9	11.5
North East	Homerton	1,784	1,157	65%	284.3	16.7	38.2	14.7
	New ham	2,218	1,425	64%	309.5	15.6	34.7	13.0
	Romford	2,078	1,289	62%	289.0	16.0	34.5	13.5
North West	Brent	2,475	1,459	59%	221.0	15.6	28.8	9.1
	Fulham	1,791	1,208	67%	218.5	17.6	31.9	10.9
	Hanwell	2,298	1,484	65%	250.8	17.4	30.4	10.1
	Hillingdon	1,283	752	59%	139.2	16.7	28.9	11.1
South East	Westminster	1,481	1,018	69%	208.9	19.3	32.7	12.3
	Bromley	1,521	1,008	66%	210.8	16.2	33.6	12.5
	Deptford	3,382	2,165	64%	360.4	16.5	29.8	10.0
South West	Greenwich	2,107	1,361	65%	193.5	16.2	27.8	8.5
	Croydon	1,486	957	64%	178.0	16.8	30.3	11.2
	New Malden	1,335	964	72%	177.4	18.9	33.4	11.0
	St Helier	1,010	714	71%	142.7	18.9	33.5	12.0
Other	Wimbledon	1,146	800	70%	178.3	18.4	37.3	13.4
	NULL	167	134	80%	25.2	12.3	36.4	11.3
	IRO	4	3	75%	0.1	4.9	17.0	2.0
	Other	358	241	67%	58.6	15.7	39.7	14.6
	Training	1,162	647	56%	110.4	15.1	29.3	10.2
TOTAL		34,685	22,362	64%	4319.5	16.9	32.7	11.6

Max average breach value

Value >10 mins per breach

Max average breach value

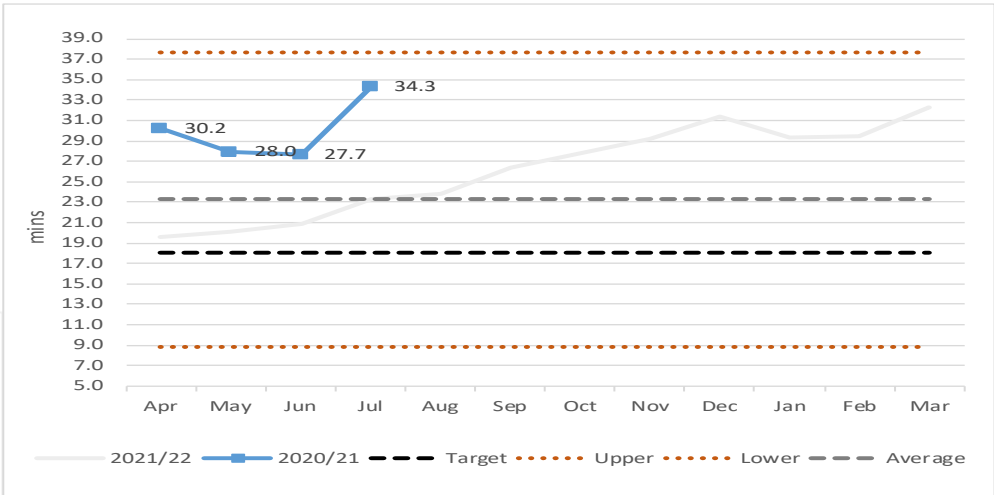
Value >7 mins per breach



Arrive at Hospital to Patient Handover (**Emergency Departments only & Excluding blue calls)

	May-22	Jun-22	Jul-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	28.0	27.7	34.3	18.0

Hospital Handover performance remains outside of target. A sustained performance challenge on this metric is due to increasing overall demand and pressure on the hospitals as a result, impacting the LAS crews ability to hand patients over in some hospitals.



Patient Handover to Green (**Emergency Departments only & Excluding blue calls)

	May-22	Jun-22	Jul-22	Year-end Target
Patient Handover to Green (mins)	16.0	15.4	16.9	15.5

Handover to Green YTD performance has been outside of target at 16.9 minutes. When compared to June 2022, there was a small increase in time but no significant change in comparison to previous months.

Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes



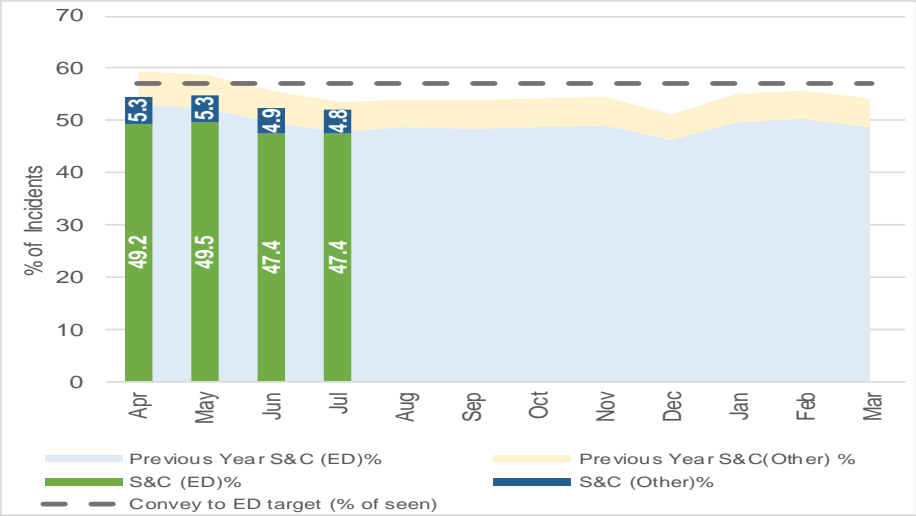


See and Convey to Emergency Department

Jul-22	Year To Date	Year-end Target
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See & Convey ED %	LAS	47.4%	48.4%	57.0%
	Target			

The conveyance to emergency departments target (57.0%) was delivered in July (47.4%). A steady profile of demand has allowed us to achieve this metric month on month. LAS ranked 5th nationally. The trend continues with a larger number of callers requiring an urgent care outcome, resulting in a rising proportion of patients where the best clinical decision was to not convey and be overseen by the clinical hub or utilise alternative pathways.

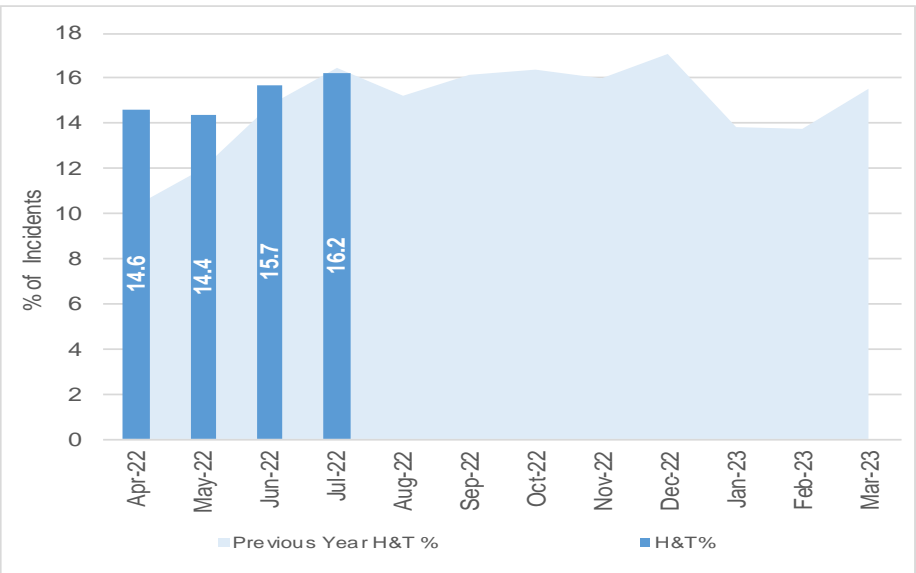


Hear and Treat %

Jul-22	Year To Date	Year-end Target
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Hear & Treat %	%	16.2%	15.2%	TBC
	(n)	16,392	62,008	

Hear & Treat performance saw us achieve 16.2% during July, which is slightly lower than the same month last year when we attained 16.5%. This is in line with a slight reduction in the number of incidents. LAS ranked joint 1st nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target (15.2%) and continues to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.



Please note: 999 performance data is correct as at 30/08/2022 and is subject to change due to data validation processes



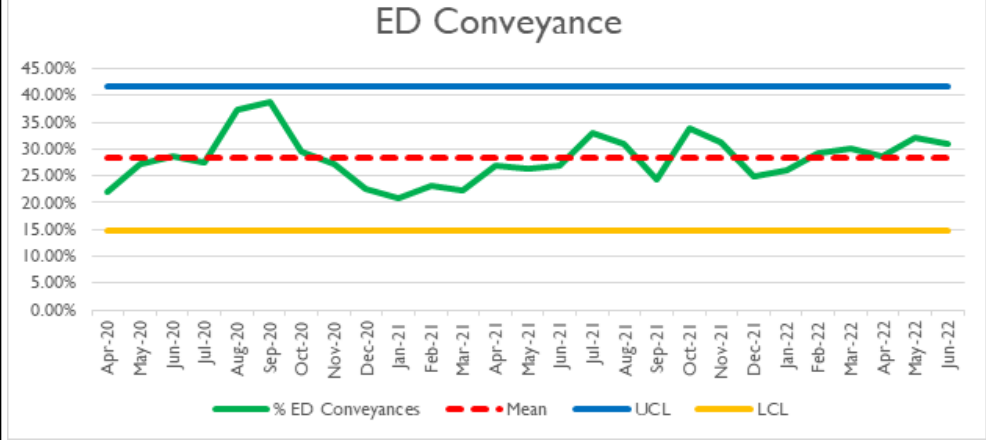
Education Feedback

“Thank you so much, once again these sessions are brilliant. I even set my alarm to wake up mid night shift sleep to attend today as they really are very valuable...excellent at conveying information with the right mix of videos, PowerPoint & discussion”

B6 Paramedic

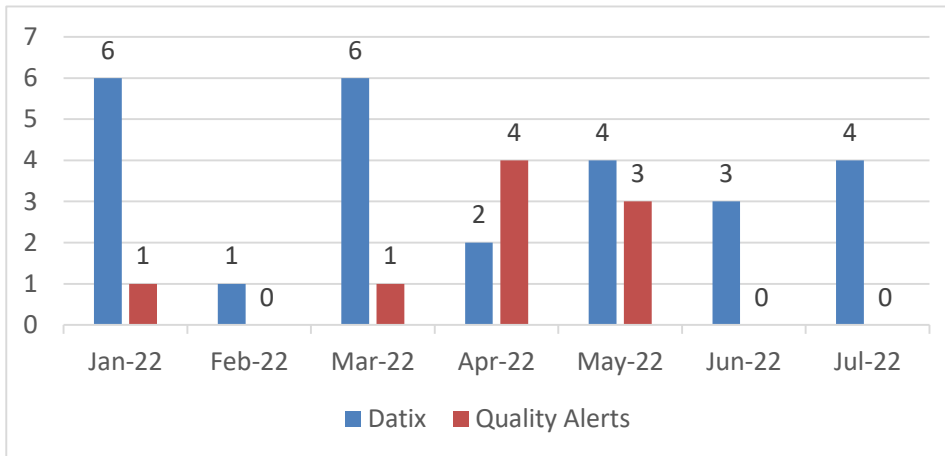
ED Conveyance

Jun'22: 31%



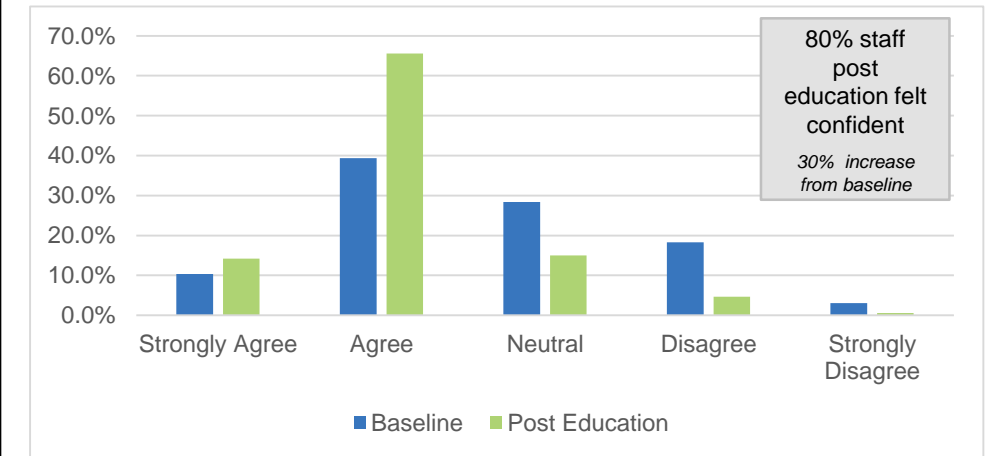
Incidents

Jul'22: 4

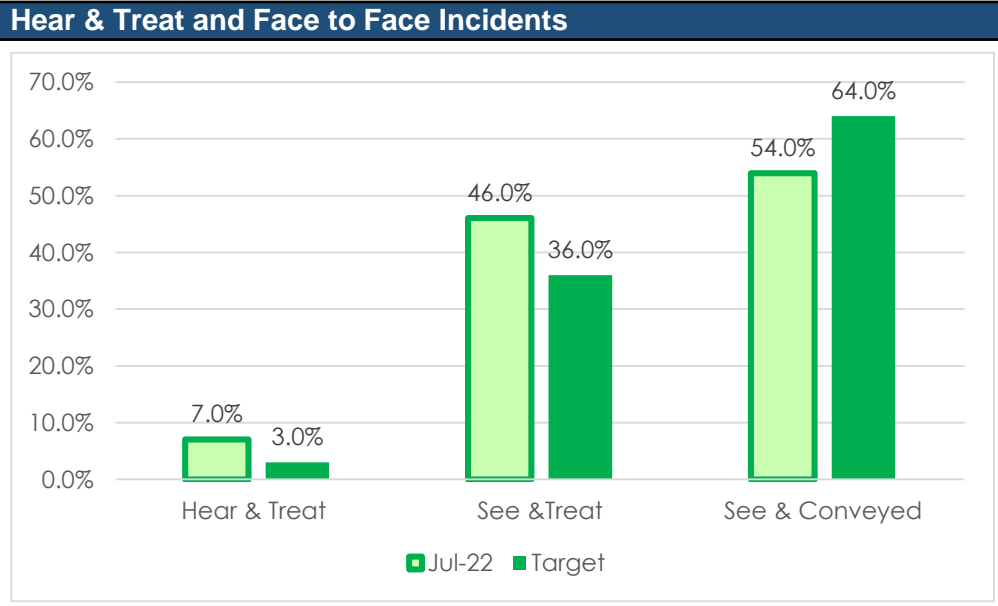
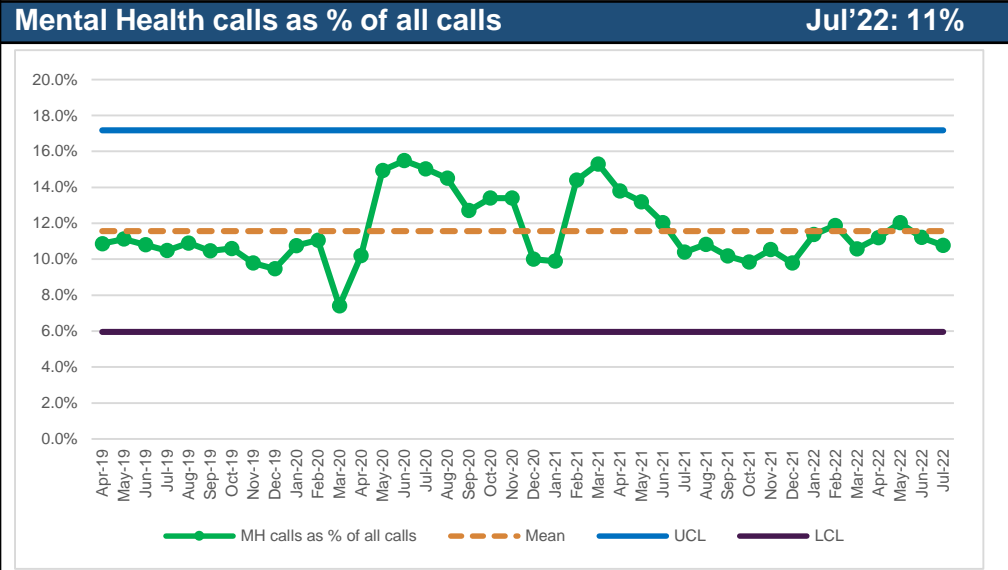
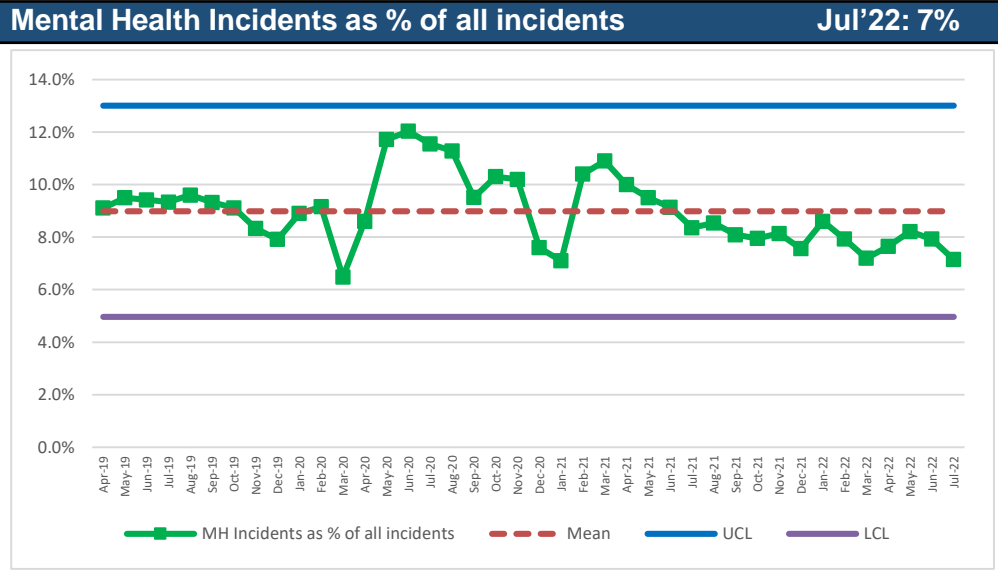


Staff Confidence

Jul'22: 80%



- Monthly CPD events continue
- Urgent Care Plan (UCP) launched
- EoLC Coordinators appointed pan London and induction held
- New ECHO training being planned for ambulance clinicians



- ### Training & Education
- Our 12 month rolling CPD programme continues and we are working on the Fourteen Fish Educational Videos for 111 Call Handlers
 - Mental Health Joint Response Cars:
 - We are working on our recruitment plan for the four mental health cars in the South East, North Central, North West and North East ICB footprints.
 - The team are continuing to support operations during REAP 4.



4. Our Partners

Hospital Handovers over 30 minutes

Proportion of handovers over 30 minutes across Quarter 1 2022/23. Unvalidated data.

Hospital site	Percentage of handovers over 30min
Barnet	43%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	18%
Ealing	25%
Hillingdon	23%
Homerton	10%
King Georges, Ilford	71%
Kings College	26%
Kingston	14%
Lewisham	27%
Newham	50%
North Middlesex	54%
Northwick Park	31%
Princess Royal, Farnborough	28%
Queen Elizabeth II, Woolwich	7%
Queens, Romford	80%
Royal Free	29%
Royal London (Whitechapel)	41%
St Georges, Tooting	32%
St Helier	25%
St Marys, W2	18%
St Thomas'	13%
University College	21%
West Middlesex	6%
Whipps Cross	45%
Whittington	23%
Grand Total	28%