



# London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

Analysis based on Year to **22<sup>nd</sup> September 2022** data, unless otherwise stated (please see page 2 for data reporting periods)

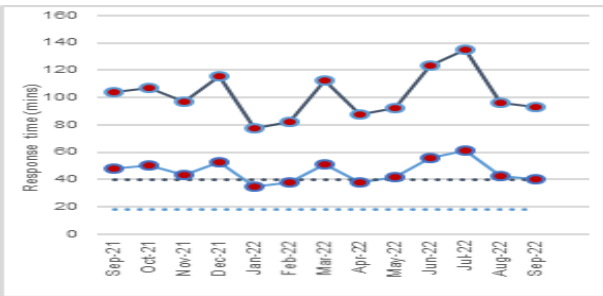
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We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners**

Provide outstanding care for **our patients**

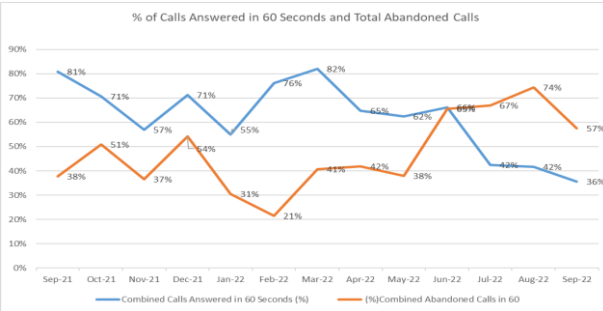
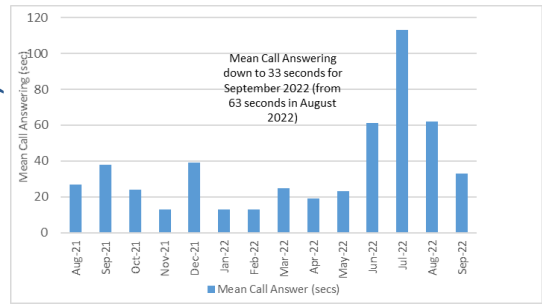
**Category 1 and 2 Performance**  
**Call Answering (999 and 111/IUC)**

Category 1 undergoing independent review



The Trust moved to Cleric CAD on September 23<sup>rd</sup>. C2 response time performance reflects the position to September 22<sup>nd</sup>.

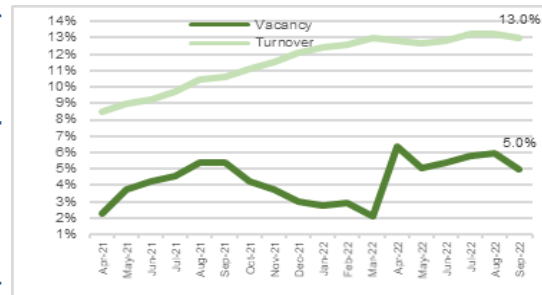
- Category 2 mean and 90th centile performance continue to be challenged. Category 2 mean improved by 2 minutes when compared to the previous month.



- The Mean 999 call answering time decreased in September 2022 to 33 seconds compared to 62 seconds in August 2022. NEL & SEL IUC call answering in September returned an average of 63.6% of calls answered in 60 seconds. Though this remains below the 95% standard, it remains ahead of other London IUC providers who achieved 56% and 49.4%.

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

**Vacancy Rate (Ambulance Operations)**  
**Turnover**



- The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage.
- The paramedic recruitment pipeline is positive with 494 candidates at conditional offer stage to fill the remaining 328 course places from October 2022 to March 2023.
- For AAPs there are 244 candidates in the pipeline to fill the 174 course places from October to March 2023.
- The number of frontline leavers has remained positively below plan (-49FTE) and we have seen a lower level of International Paramedic leavers.



- In September the monthly Trust wide sickness decreased from 8.4% to 7.8%.
- Sickness episodes have decreased by 6% (1,870 to 1,754) with COVID accounting for 14% of all episodes.
- The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, this service will work closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing.

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

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

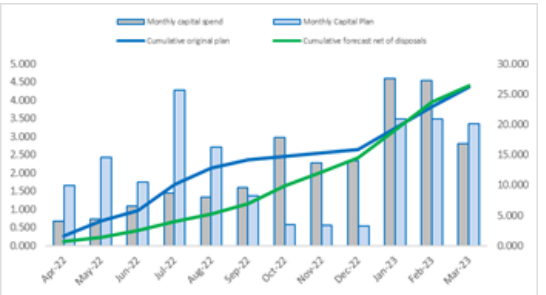
## Financial Performance



### Financial Performance

- YTD position: Surplus £3.558m which is £0.832m 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 £0.5m to £4.5m.

## Capital Expenditure



### Capital

Capital spend net of disposals and excluding donated assets is £6.894m YTD against a plan of £14.182m, which is £7.288m 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 is now £26.4m, which is on plan. The increased plan from prior month reflects new ICB Capital Resource Limit (CRL) award of £5m, and £3m to be confirmed for ambulance purchases from NHSE.

### Efficiencies

- YTD efficiency savings of £8.9m have been delivered. The Trust is forecasting to deliver £24.0m savings, which is on plan (of which £7.0m is non-recurrent).

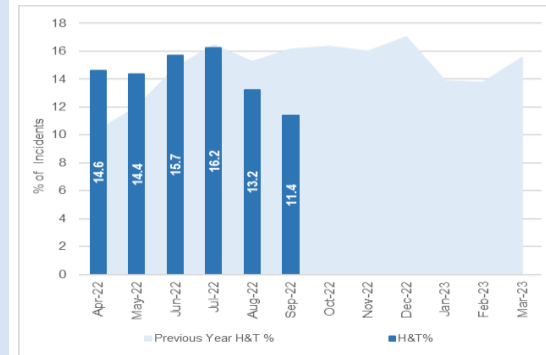
### Cash

- The month end cash position was £53.4m

	Jul-22	Aug-22	Sep-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	34.4	30.8	30.9	18.0

- The arrive at hospital to patient handover metric showed minimal variation when compared to the month of August. The handover to green metric was also outside the target of 15.5 minutes at 18.9 minutes. Some emergency departments still face challenges which have an impact on these metrics.

## Hear & Treat



- Hear & Treat performance saw us achieve 11.4% during September, which is lower than the same month last year. This is in line with a slight reduction in the number of incidents. LAS ranked 5<sup>th</sup> 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 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.



### Patients Scorecard

September 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 undergoing independent review										
Category 2 response – Mean	mm:ss	Sep-22	●	18:00 A	00:40:36	00:46:55	00:46:01	47:59	28:46	5
Category 2 response - 90th centile	mm:ss	Sep-22	●	40:00 A	01:32:42	01:47:01	01:43:31	01:45:45	00:59:59	6
Category 3 response – Mean	h:mm:ss	Sep-22	●	1:00:00 A	01:38:36	01:49:30	01:52:10	02:42:28	01:09:30	2
Category 3 response - 90th centile	h:mm:ss	Sep-22	●	2:00:00 A	04:09:12	04:38:58	04:43:00	06:51:31	02:39:26	2
Category 4 response - 90th centile	h:mm:ss	Sep-22	●	3:00:00 A	07:15:12	07:49:43	07:45:10	07:48:12	02:57:45	4
Call Answering Time - 90th centile	ss	Sep-22	●	4 I	130	195	137			
ROSC at Hospital	%	Jun-22	●	31% N	28.7%	28.6%	27.7%	24.8%	30.2%	3
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Jun-22	●	95.0%	95.1%	95.1%	93.6%	83.9%	95.1%	1

#### Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 01/11/2022 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



The Trust moved to Cleric CAD on September 23rd. Response time performance reflects the position to September 22nd. The Category 1 mean in September returned 7 minutes and 14 seconds with a Category 1 90th centile of 12 minutes and 16 seconds. The 90th centile remains within target showing a slight improvement in performance, 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.

## Monthly Trend

## Daily Analysis

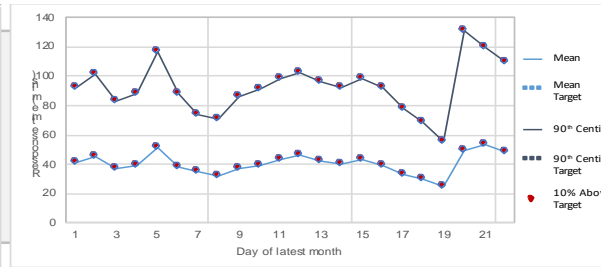
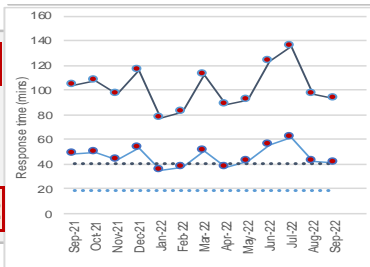
### Category 1 undergoing independent review

C2

**Mean: 00:40:36**

**Target: 18:00**

**90th Centile: 01:32:42**



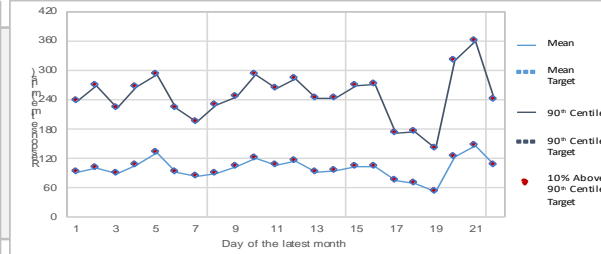
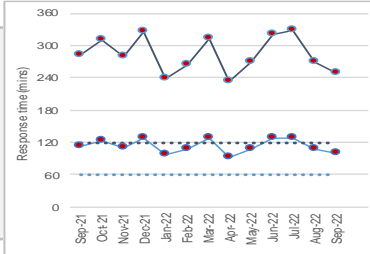
Our C2 mean and 90th centile both remain outside of target during September. The Trust responded to 50,030 Category 2 calls in September. The sustained pressure continues to make it harder to reach patients within national targets, particularly in specific areas of London where hospitals were experiencing their own challenges.

C3

**Mean: 01:38:36**

**Target: 2:00:00**

**90th Centile: 04:09:12**

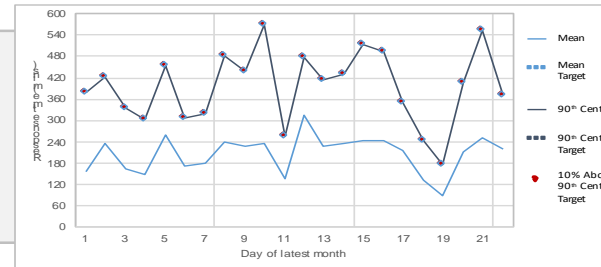
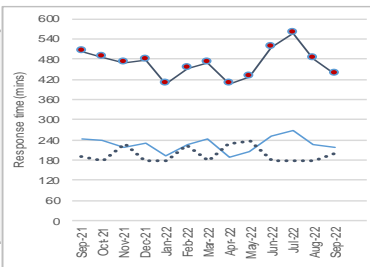


C3 mean was not within target at 1 hour 38 minutes, with little change to the previous month. C3 90th centile was also not within national standards in September.

C4

**90th Centile: 07:15:12**

**Target: 3:00:00**



C4 90th centile was not met in September. The Trust continues to balance patient waiting times for lower acuity calls with attending sickest patients quicker. This category of calls was particularly impacted due to a low number with each delay having a higher impact on the overall average.



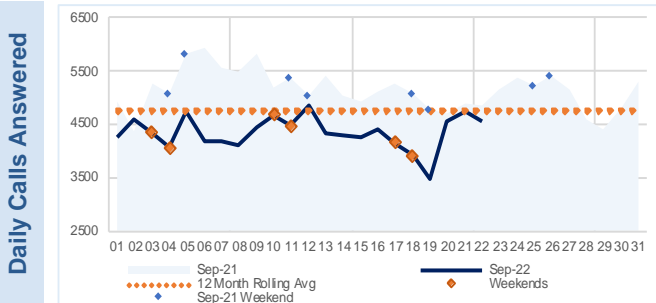
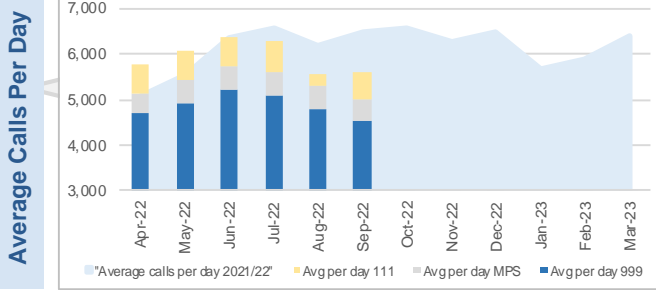
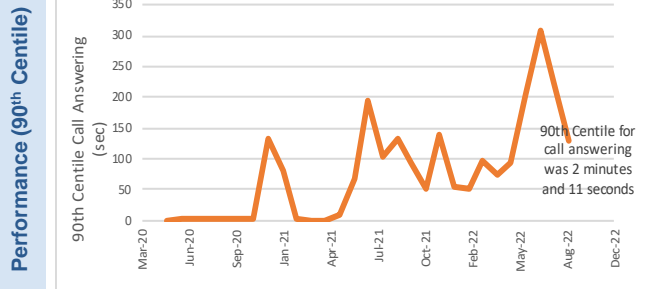
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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 01/11/2022 and is subject to change due to data validation processes

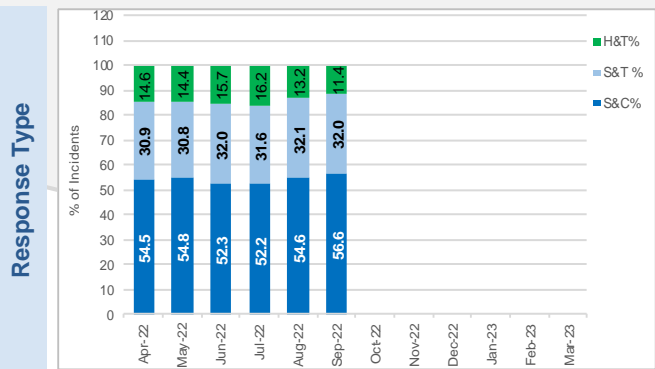
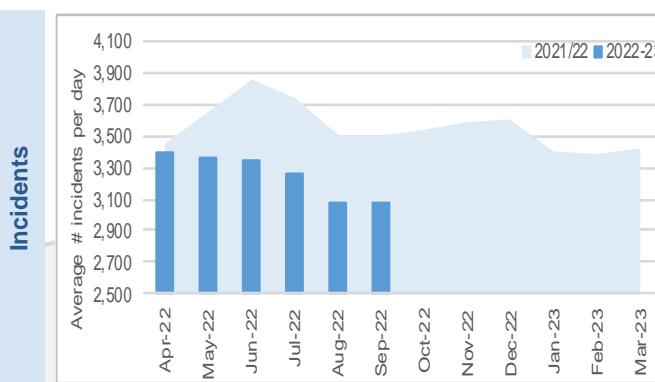
### 999 Calls Received

September 2022 saw a decrease in the average calls per day against August 2022. Calls answered peaked at 4,777 on the 12<sup>th</sup> September 2022. The 90<sup>th</sup> Centile for call answering showed a decrease for September 2022 at 2 minute 11 seconds compared to 3 minute 42 seconds in August 2022.



### Incidents and Response Type

The number of incidents per day showed minimal variation when compared to August. Performance for ED conveyance continue to remain strong with LAS ranked 6<sup>th</sup> nationally.



During September 2022 SWAS was best in class achieving 38.8% for See & Treat. SWAS also gained 1st place and was best in class for See and Convey, achieving 49.4% and WMAS was best in class for Hear and Treat categories with 14.6%.

### Incident Category (By Month)

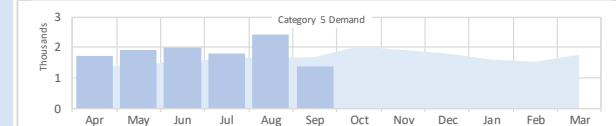
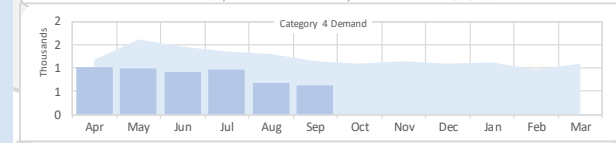
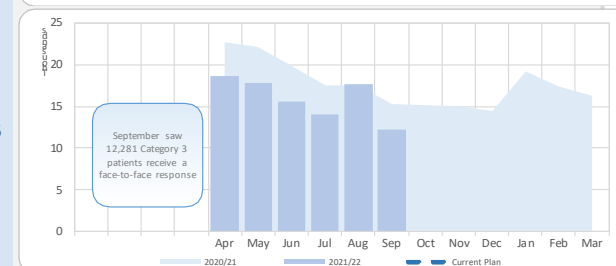
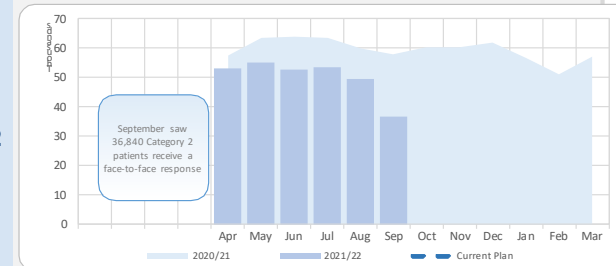
Category 1 undergoing independent review

C1

C2

C3

C4/C5

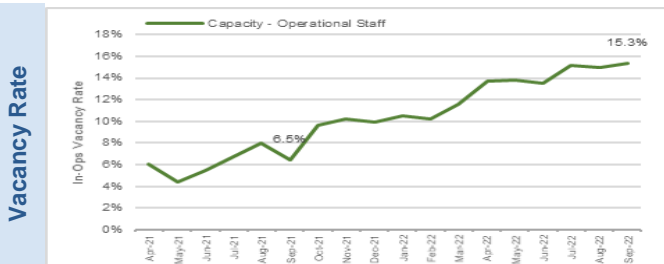
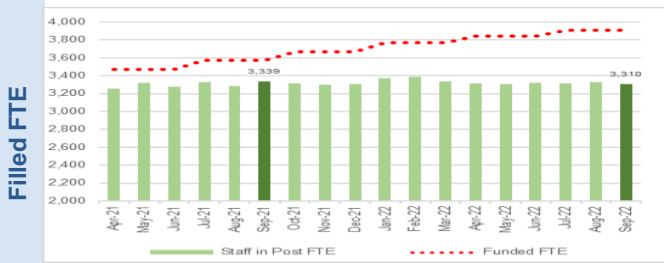




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

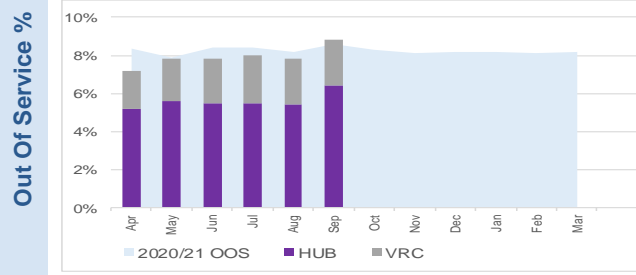
### Frontline Operational Staff

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 remained at 15%. There are currently 210fte staff in classroom training which includes 89 starters in September. The 15% gap is currently being filled by overtime.

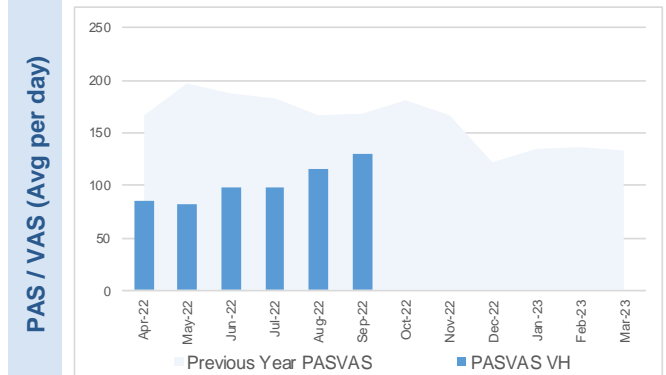
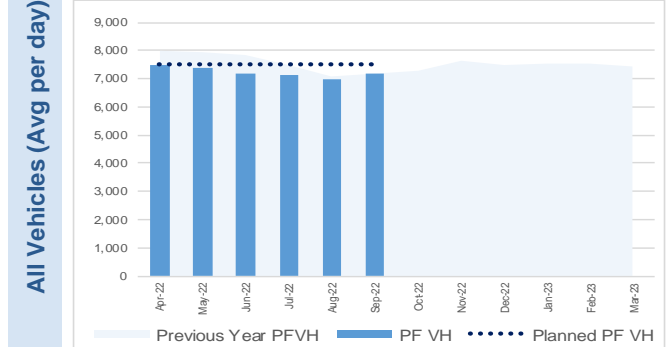
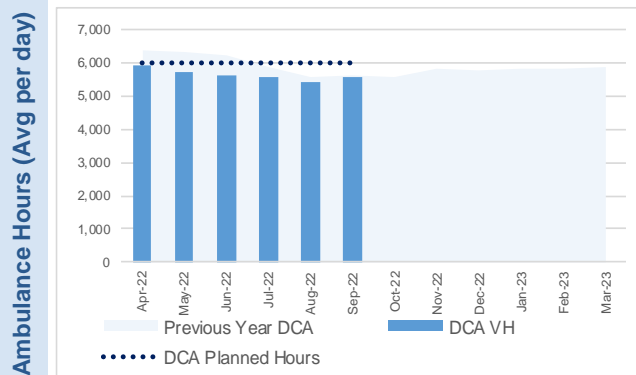


### Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 7.6% in September 2022 a decrease of 0.4% from the previous month. The Trust has provided an average of 9,444 patient facing hours in September 2022, an increase from August 2022 which averaged 9,028 patient facing hours. The DCA PVR remains consistently high, with an overall average in September 2022 of 374, an increase from August 2022 of 363. 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 VEHO below 1%. We maintained a high level of fully kitted DCA availability at the start of each day averaging 397 DCA vehicles during September 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 200.4hrs (0.15%) accrued against OOS category VEHO (no vehicle at start of shift) against total DCA and OPC hours for September 2022 of 132,078.44hrs. We have started to see a decrease in DCA unavailability due to RTCs resulting in an average of 16 DCAs unavailable per day in September 2022, a very slight increase from August 2022 which averaged 15 DCAs. 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







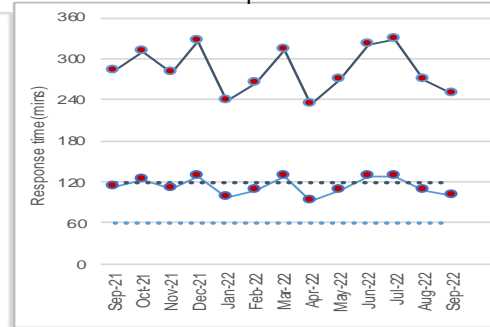
The service did not meet operational delivery KPIs in September for C1, C2 & C3. The focus remains on recovering performance KPIs.

Category 1 undergoing independent review

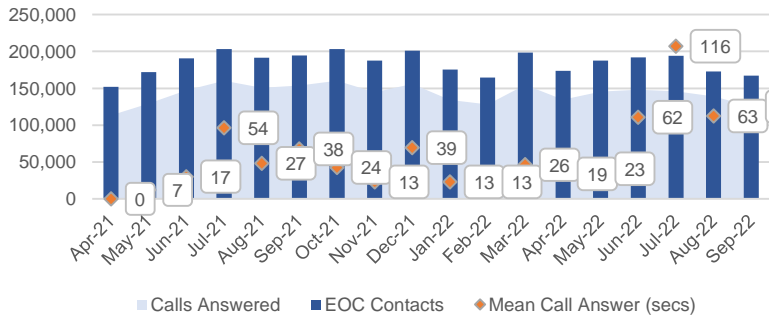
C2 response time



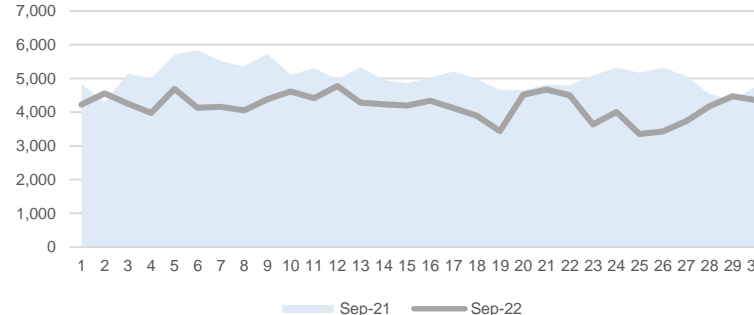
C3 response time



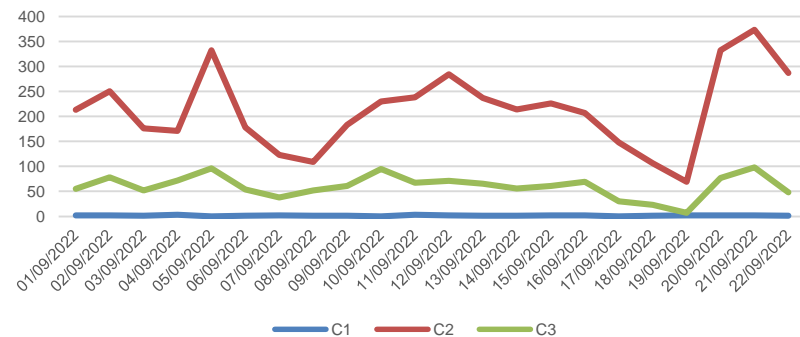
Monthly Contacts vs Calls



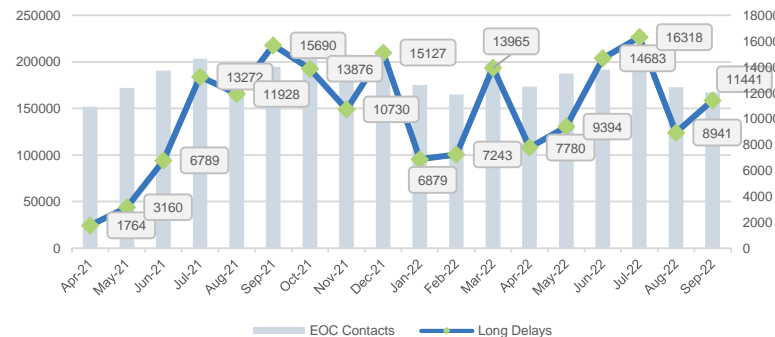
Daily Calls Answered



Number of 2 x 90th Centile Details By Category of Call & Date



EOC Contacts vs Long Delays



The Trust moved to Cleric CAD on September 23rd. Response time performance reflects the position to September 22nd.

In September 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.

We can see the number of EOC contacts has also remained high.

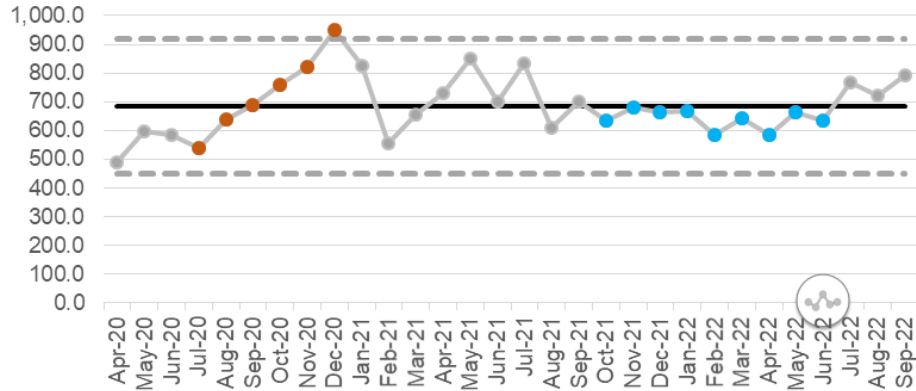
In September 2022 there were 11,441 long delays, 9% of these incidents resulted in a blue call. The number of long delays increased by 28% from the previous month.

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 remain high every month.

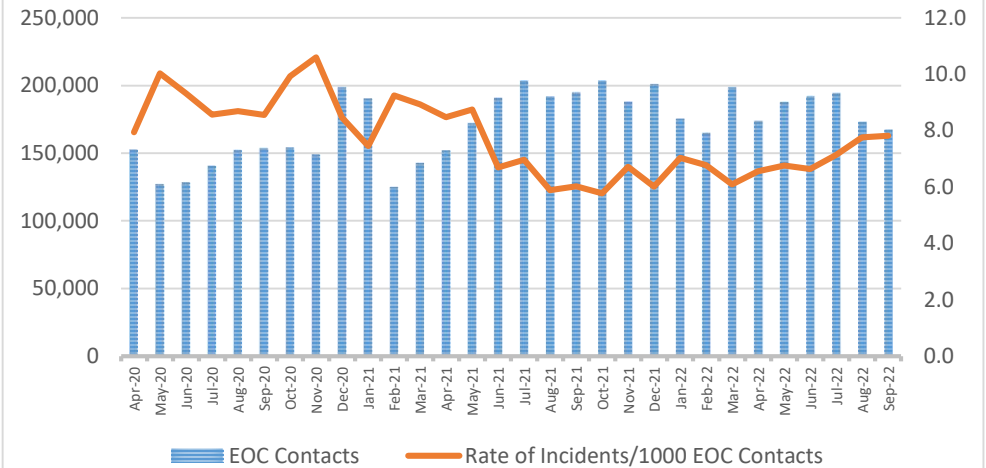


The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

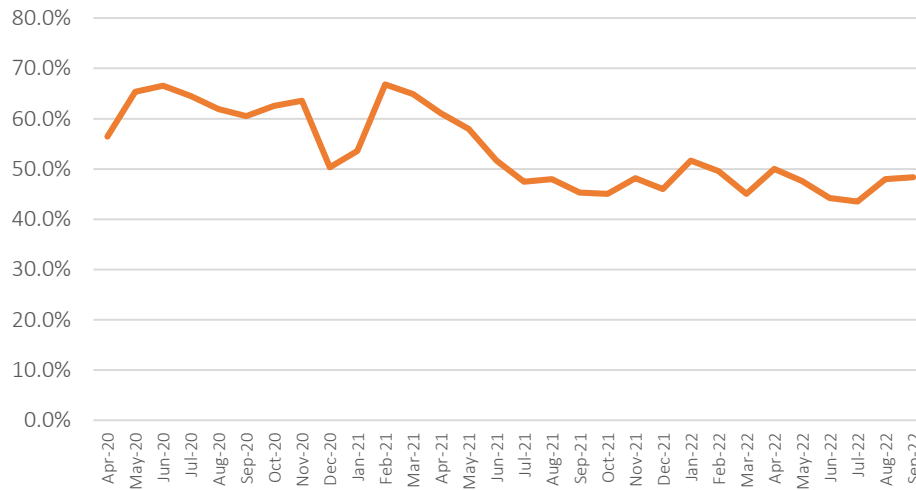
**Patient Safety Incidents** Sep'22: 792



**Rate of Incidents Reported / 1000 EOC Contacts** Sep'22: 7.8



**% of EOC Contacts which resulted in a F2F Incident** Sep'22: 48%



**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.

Between Oct'22 – Jun'22, the overall number of patient safety incidents reported had been below the mean, however the last 3 months this has increased which can be attributed to recent demand levels.

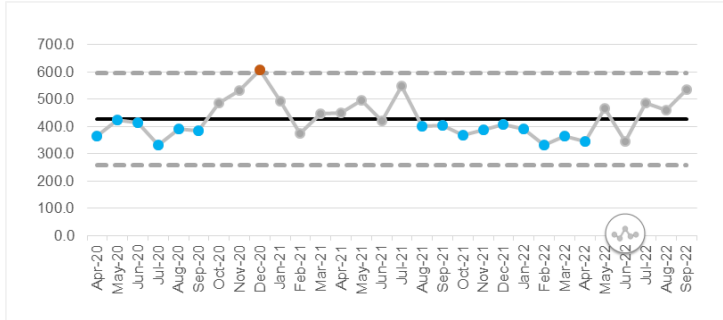
The graph on the left shows a decrease in the proportion of EOC contacts which resulted in a face to face incident, as a result of the overall increase in EOC contacts. In September 2022 there were 167,197 EOC contacts, of which 48% resulted in a face to face incident.



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.

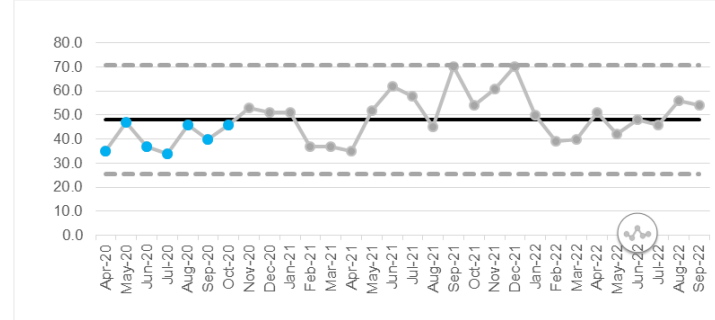
### No Harm Incidents

Sep'22: 535



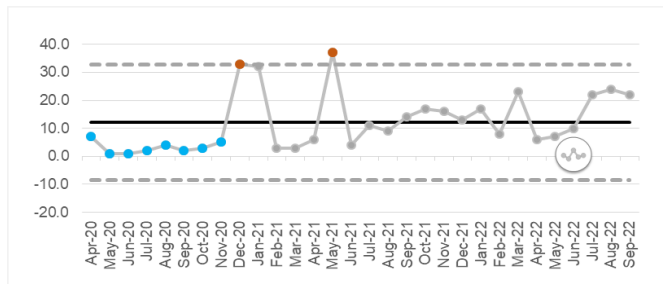
### Low Harm Incidents

Sep'22: 54



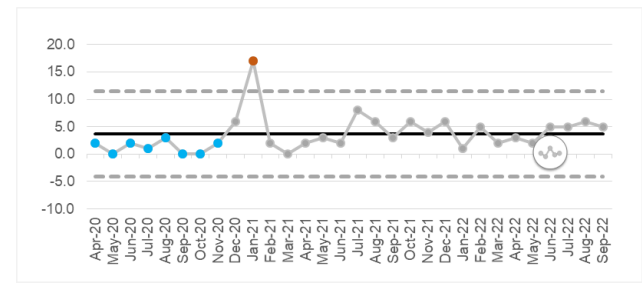
### Moderate Harm Incidents

Sep'22: 22



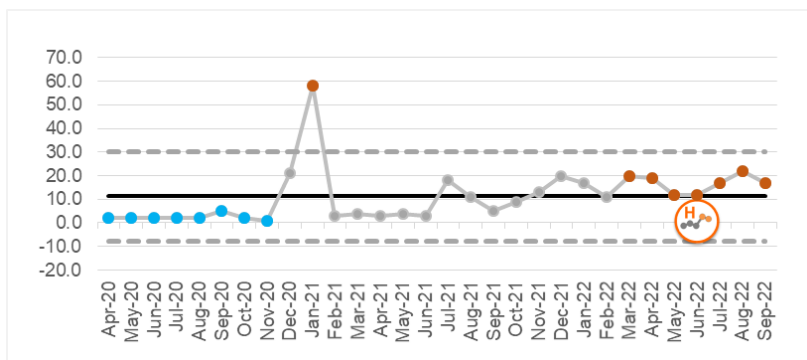
### Severe Harm Incidents

Sep'22: 5



### Death Harm Incidents

Sep'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 returned 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 recently as well as the number of delay incidents recorded. Dispatch & Call incidents have remained high in September 2022. The top 3 no harm categories in September 2022 were Clinical Treatment (173), Dispatch & Call (112) and Medical Equipment (71).

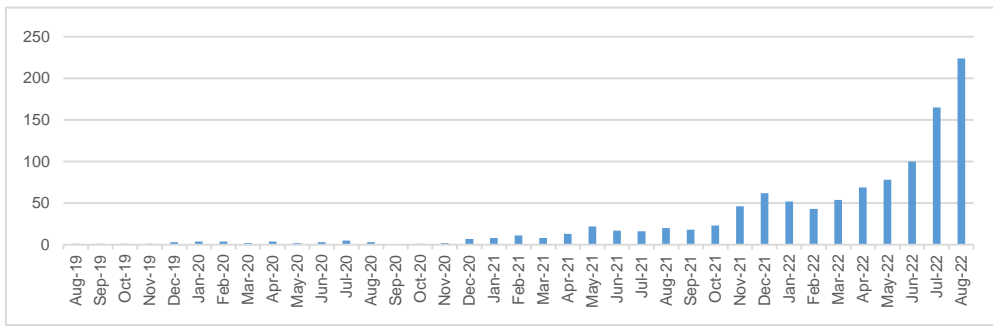
The number of moderate harm incidents has been increasing the last few months. The themes for September 2022 were falls, bleeding, fitting & re-contact audits.

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.

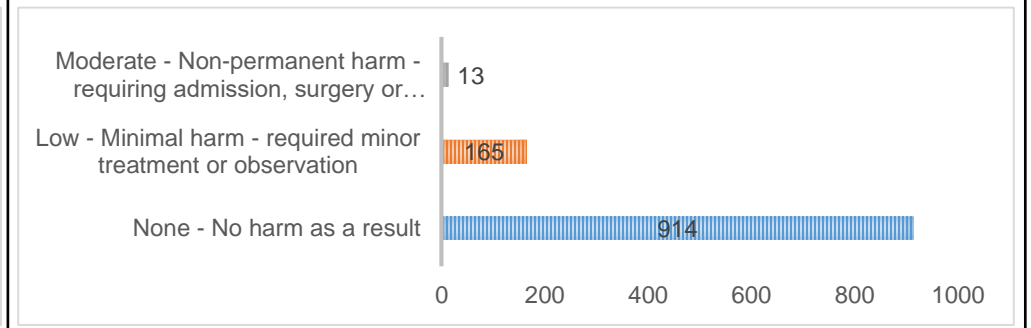


The number of overdue incidents on the Trust's risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

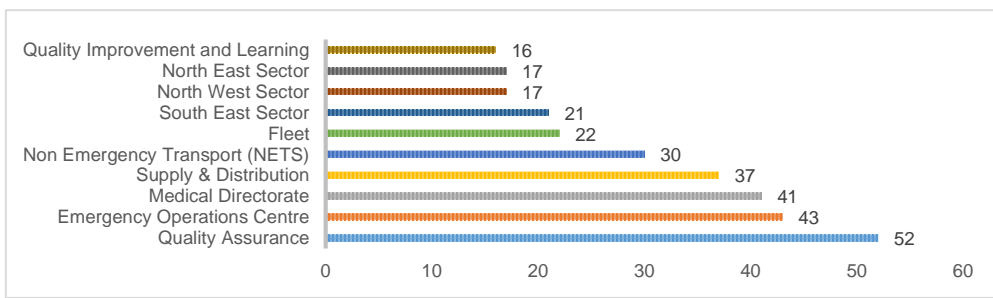
### Overdue Incidents by Reported Date



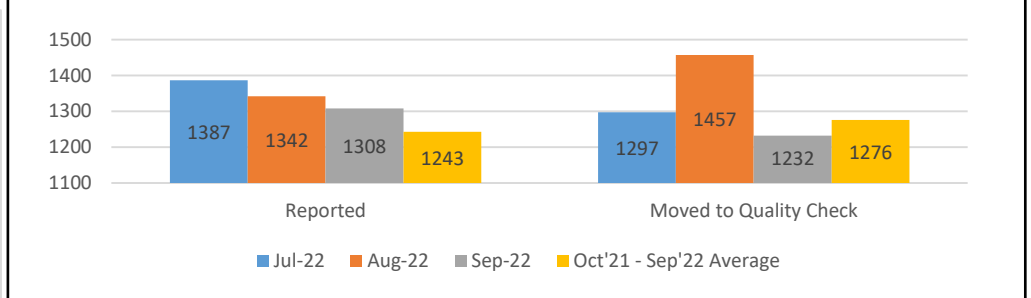
### Overdue Incidents by Level of Harm



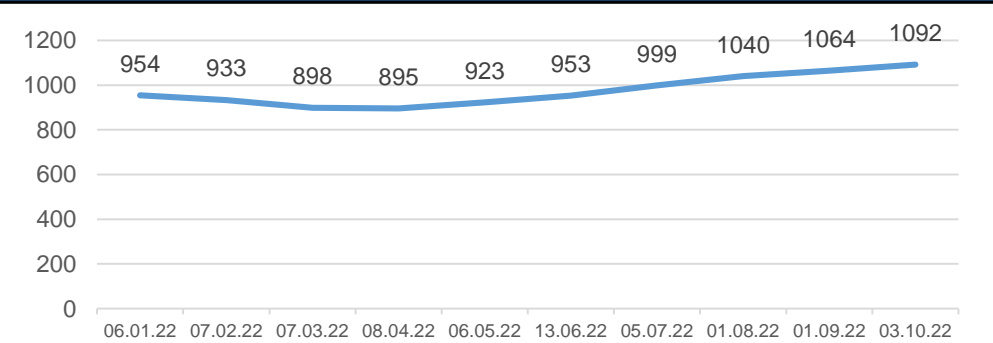
### Top 10 Away for Review Overdue Incidents by Investigation Department



### Current Incident Flow vs 12 Month Average



### Snapshot of Number of Overdue Incidents



### Analysis

There are 1092 incidents (as of 03/10/2022) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID-19 reviews). This breaks down to:

- 608 patient incidents
- 277 staff incidents (12/13 of the overdue moderate harm incidents are staff related)
- 244 Trust related incidents
- 14 visitor incidents

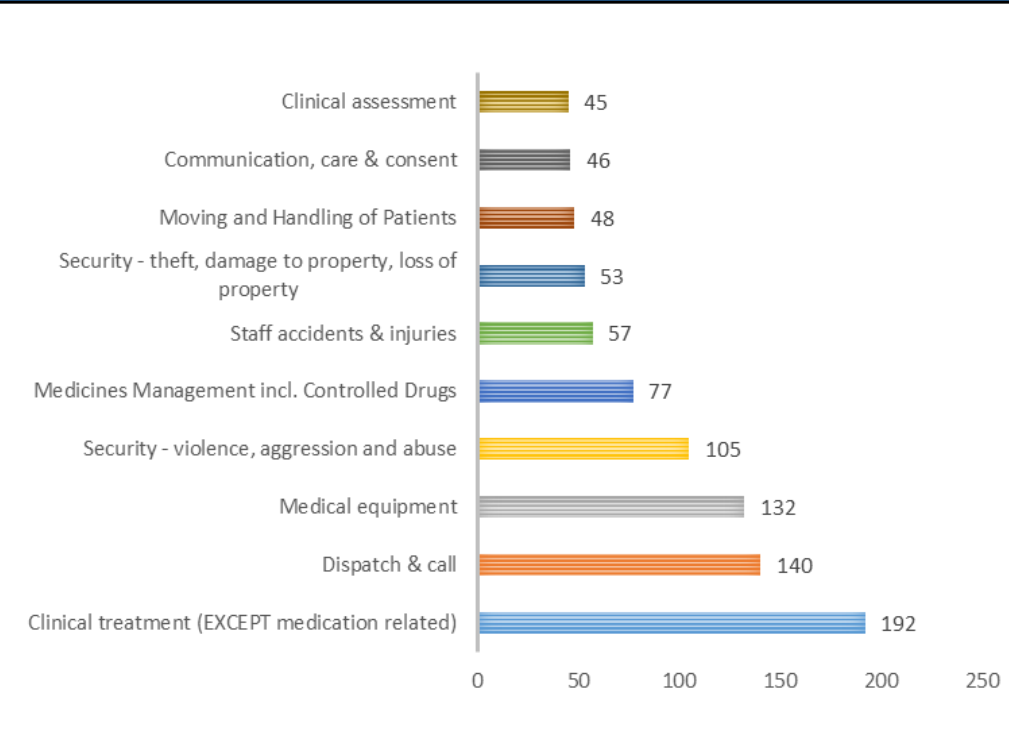
On average between Oct'21 – Sep'22, 1243 incidents were reported monthly on the system and 1276 incidents were investigated and moved to Quality check for final closure. During September 2022 the number of incidents reported was higher than average and the number of incidents moved to Quality Check was lower 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.



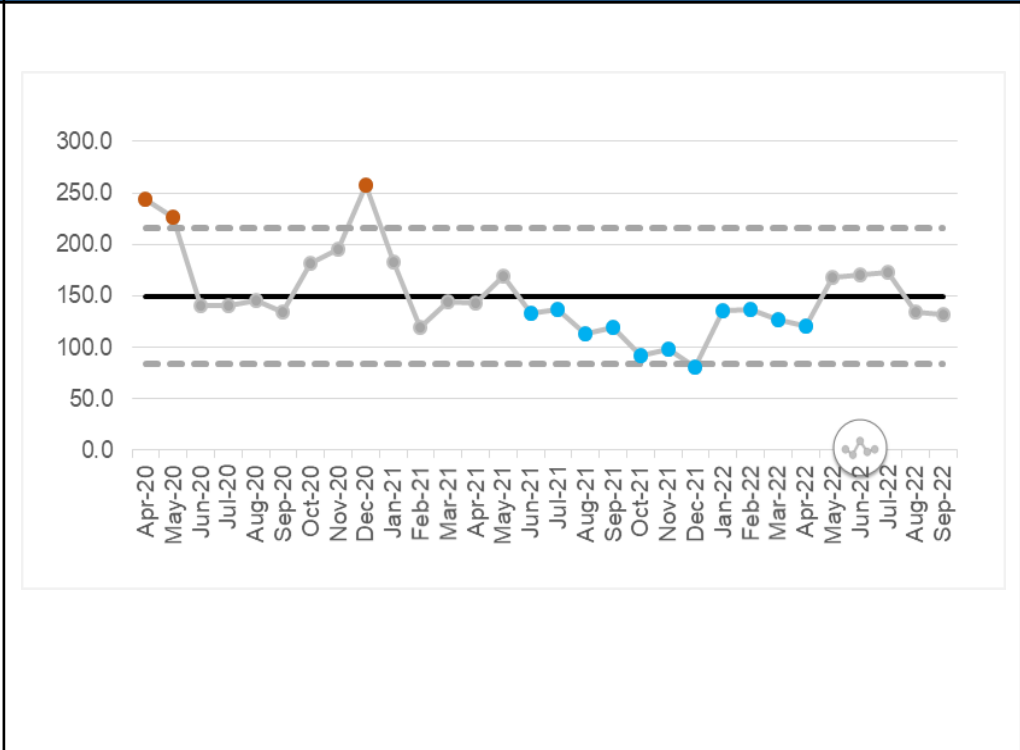
Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Top 10 Incident Categories September 2022



Medical Equipment Incidents

Sep'22:132



Analysis

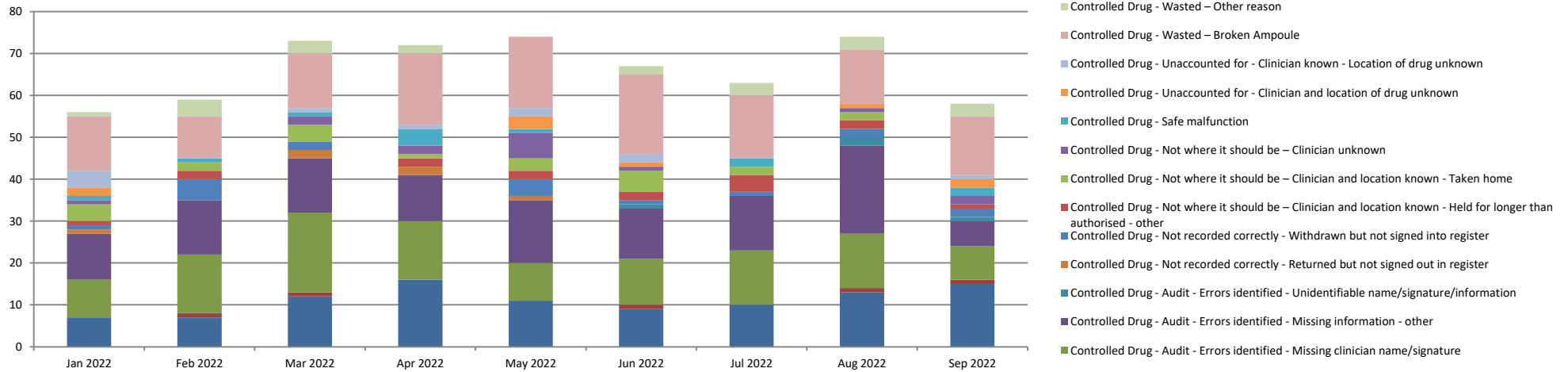
The top 3 incident categories in September 2022 were Clinical Treatment, Dispatch & Call and Medical Equipment.

In the last few 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=36)
  - Morphine retained off-duty (n=3)
  - CD safe or CDs unsecured/damaged (n=6), or Aply key malfunction (n=1)
  - Breakages, wastage or damage (n=17)
  - Preparation of CD by non-registrant (n=1)
- Non-schedule 2 CD incidents
  - Breakages or wastage (n=5) or drugs not available (n=2)
  - Non LAS prescriber error (n=8)
  - Loss or theft of medicines (n=2) and drugs left unsecured (n=2)
  - Kitprep discrepancies (n=4)
  - Inappropriate administration or supply of GTN (n=1), glucose (n=1), dexamethasone (n=2), adrenaline (n=3), diazepam (n=1), naloxone (n=1), TXA (n=2), ondansetron (n=1) and ipratropium (n=1)

### Assurance & Actions

#### Assurance

- No losses of schedule 2 drugs
- Incidents of morphine retained off duty stable
- Reporting of non-LAS prescriber incidents

#### Actions

- Release of new JRCALC guidance
- Operational training for paramedic prescribing pilot

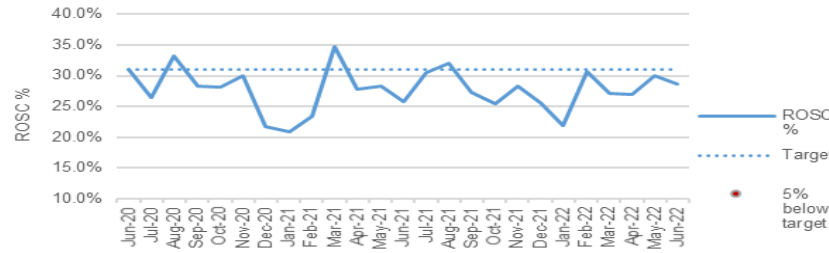


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **June 2022**, which is the most recent month published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

ROSC at Hospital

Month: 28.7%

Target: 31.0%



LAS ranked 3<sup>rd</sup> amongst all ambulance services for ROSC to hospital in the overall group (28.7%) against the national average of 24.8%. In the Utstein comparator group, we ranked 7<sup>th</sup> at 38.5%, with the national average of 41.6%.

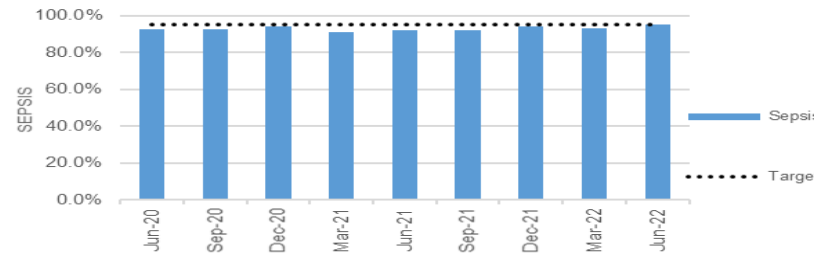
For survival to 30 days, LAS ranked 4<sup>th</sup> in both the overall group and the Utstein comparator group at 7.9% and 23.7% respectively. This compares to the national average of 6.9% in the overall group and 21.1% in the Utstein comparator group.

The post-resuscitation care bundle compliance was not published by NHS England this month.

Sepsis Care Bundle

Month: 95.1%

Target: 95%

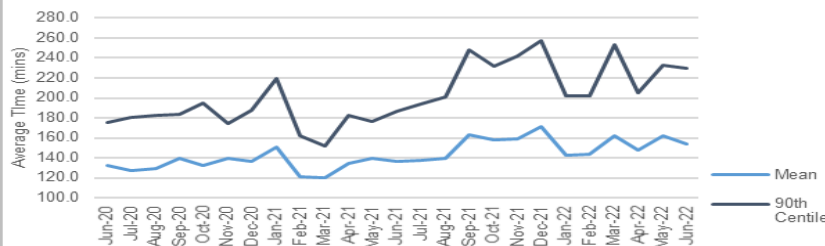


The LAS continues to rank in the 1<sup>st</sup> place for the delivery of the Sepsis Care Bundle in June 2022. The care bundle was provided to 95.1% of patients, compared with a national average of 83.9%.

STEMI call to angiography

Mean: 02:34

Target: 02:10



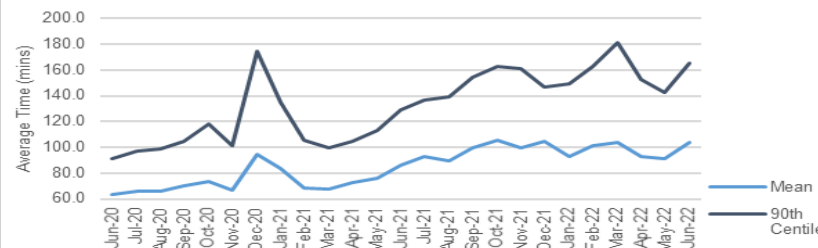
The LAS recorded a time of 02:34 for the call to angiography metric, which ranked in joint 4<sup>th</sup> when measured against other ambulance services. This is an improvement of 8 minutes (and 5 ranking places) from last month, and is 4 minutes below the national average time of 02:38.

NHS England did not publish STEMI Care Bundle data for June, the next data due to be published (in December) will be for July 2022.

Stroke call to door

Mean: 01:44

Target: 01:10



The LAS achieved a time of 01:44 for the call to arrival at hospital time. While exceeding the national average of 01:47, the LAS has dropped from 1<sup>st</sup> place in April to 5<sup>th</sup> place in June when ranked against other ambulance services.

NHS England did not publish Stroke Diagnostic Bundle data for June, the next data due to be published will be for August 2022 (in January 2023).

# 1. Our Patients

## Trust-Wide Scorecard – NEL IUC



KPI Ref	Measure	Target	RAG Status			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
			Green	Amber	Red							
KPI 1	Proportion of calls abandoned	≤3%	≤3%	>3% - ≤5%	>5%	6.5%	5.6%	17.1%	19.8%	27.5%	8.8%	16.0%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	101	73	266	350	648	122	303
KPI 3	95th Centile Call Answer Time	≤120Secs	≤120Secs	>120 to ≤180 secs	> 180 secs	338.1	194.6	618.3	828.1	1516.7	353.0	778.8
KPI 4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%	≥50%	<50% to ≥45%	<45%	49.2%	48.0%	46.4%	43.6%		48.1%	46.5%
KPI 5a	Proportion of Call Backs by a Clinician in agreed timeframe - in less than 20 mins	≥90%	≥90%	<90 to ≥80%	<80%	44.0%	48.0%	36.1%	31.9%		52.0%	36.8%
KPI 5b	Proportion of Call Backs by a Clinician in agreed timeframe - over 20 mins	≥90%	≥90%	<90 to ≥80%	<80%	27.2%	28.5%	14.7%	13.3%		47.1%	18.6%
KPI 6	Proportion of callers recommended self-care at the end of clinical input	≥15%	≥15%	<15% - ≥10%	<10%	29.1%	12.1%	11.5%	11.9%		13.3%	11.4%
KPI 7	Proportion of calls given Cat 3 or 4 ambulance disposition that are revalidated within 30 Mins	≥50%	≥50%	<50% to ≥45%	<45%	8.2%	10.7%	5.0%	4.1%		21.8%	4.1%
KPI 8	Proportion of calls initially given an ETC disposition that are validated	≥50%	≥50%	<50% to ≥45%	<45%	75.7%	70.9%	63.9%	54.9%		62.5%	59.1%
KPI 9	Directory of Services: no service available other than ETC (ETC catch-all)	≤0.5 %	≤0.5 %	>0.5% - ≤2%	>2%	0.05%	0.01%	0.04%	0.02%		0.05%	0.03%
KPI 10	Proportion of callers allocated the first service offered by Directory of Services	≥75%	≥75%	<75% to ≥70%	<70%	51.3%	51.3%	54.6%	56.4%			
KPI 11	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%	≥75%	<75% to ≥70%	<70%	83.9%	83.6%	83.1%	81.7%		60.7%	75.2%
KPI 12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	≥70%	≥70%	<70% to ≥65%	<65%	80.0%	79.0%	77.5%	77.2%		14.6%	34.2%
KPI 13	Proportion of calls where the caller was booked into a UTC	≥70%	≥70%	<70% to ≥65%	<65%	72.8%	74.4%	69.2%	73.0%		44.0%	63.3%
KPI 14	Proportion of calls where caller given a booked time slot with an Emergency Department	≥70%	≥70%	<70% to ≥65%	<65%	48.7%	49.3%	46.3%	43.7%		30.7%	34.2%
KPI 15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	n/a	n/a	n/a	n/a	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
	<i>Number of callers referred to an SDEC service</i>					8	72	169	133		30	30
KPI 16	Proportion of callers given an appointment or booked time slot with any service	n/a	n/a	n/a	n/a	64.75%	62.39%	59.83%	58.47%		35.53%	45.36%
KPI 17	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	62.4%	65.7%	57.8%	70.1%		19.7%	39.0%
KPI 18	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	86.6%	78.3%	76.7%	76.6%		14.6%	34.1%

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

## Trust-Wide Scorecard – SEL IUC



KPI Ref	Measure	Target	RAG Status			Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
			Green	Amber	Red													
KPI 1	Proportion of calls abandoned	≤3%	≤3%	>3% - ≤5%	>5%	17.3%	12.9%	18.2%	10.6%	4.8%	9.3%	7.6%	6.8%	19.1%	19.5%	29.7%	8.7%	15.8%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	177	88	260	164	41	117	109	89	311	357	724	118	293
KPI 3	95th Centile Call Answer Time	≤120Secs	≤120Secs	>120 to ≤180 secs	> 180 secs	700.4	374.3	889.5	790.0	49.7	458.9	359.8	221.8	652.0	918.8	1711.6	357.0	783.1
KPI 4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%	≥50%	<50% to ≥45%	<45%	58.9%	60.2%	60.2%	70.3%	68.5%	68.1%	65.5%	65.9%	65.2%	66.6%		63.3%	71.8%
KPI 5a	Proportion of Call Backs by a Clinician in agreed timeframe - in less than 20 mins	≥90%	≥90%	<90 to ≥80%	<80%	46.3%	44.7%	36.7%	60.2%	59.2%	57.8%	53.8%	55.8%	40.6%	36.2%		51.3%	43.6%
KPI 5b	Proportion of Call Backs by a Clinician in agreed timeframe - in 20 mins or more	≥90%	≥90%	<90 to ≥80%	<80%	24.7%	16.2%	11.7%	41.8%	31.2%	28.2%	23.4%	28.6%	17.0%	11.3%		49.6%	24.2%
KPI 6	Proportion of callers recommended self-care at the end of clinical input	≥15%	≥15%	<15% - ≥10%	<10%	21.5%	20.0%	20.8%	21.0%	18.6%	17.3%	13.3%	11.9%	11.3%	11.4%		12.3%	11.4%
KPI 7	Proportion of calls given Cat 3 or 4 ambulance disposition that are revalidated within 30Mins	≥50%	≥50%	<50% to ≥45%	<45%	11.6%	7.0%	5.5%	20.0%	14.7%	13.0%	7.5%	10.4%	4.0%	3.7%		22.5%	4.4%
KPI 8	Proportion of calls initially given an ETC disposition that are validated	≥50%	≥50%	<50% to ≥45%	<45%	68.7%	73.1%	71.7%	86.2%	86.7%	73.1%	71.3%	66.9%	66.4%	63.2%		68.9%	66.1%
KPI 9	Directory of Services: no service available other than ED (ED catch-all)	≤0.2%	≤0.2%	>0.2% - ≤2%	>2%	0.05%	0.04%	0.04%	0.02%	0.02%	0.01%	0.01%	0.01%	0.03%	0.00%		0.03%	0.03%
KPI 10	Proportion of callers allocated the first service type offered by Directory of Services	≥80%	≥80%	<75% to ≥70%	<70%	38.3%	39.5%	39.4%	39.7%	37.4%	37.9%	42.7%	41.0%	42.9%	43.0%			
KPI 11	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%	≥75%	<75% to ≥70%	<70%	65.1%	63.9%	64.4%	66.2%	69.4%	70.5%	70.6%	78.1%	80.1%	79.5%		59.0%	66.6%
KPI 12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	≥70%	≥70%	<70% to ≥65%	<65%	24.7%	22.3%	21.8%	24.2%	22.2%	21.7%	17.8%	14.6%	27.9%	25.6%		11.4%	18.2%
KPI 13	Proportion of calls where the caller was booked into a UTC	≥70%	≥70%	<70% to ≥65%	<65%	43.5%	47.1%	45.3%	50.7%	58.0%	65.2%	58.1%	53.7%	63.1%	62.6%		48.7%	57.5%
KPI 14	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥70%	≥70%	<70% to ≥65%	<65%	66.1%	69.9%	66.6%	67.9%	68.7%	65.5%	66.3%	65.3%	66.8%	65.2%		46.6%	57.3%
KPI 15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	n/a	n/a	n/a	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	3.9%	4.8%		0.0%	0.0%
	<i>Number of callers referred to an SDEC service</i>					9	5	8	6	14	26	18	21	51	42		18	22
KPI 16	Proportion of callers given an appointment or booked time slot with any service	n/a	n/a	n/a	n/a							49.5%	52.3%	52.7%	51.5%		40.7%	44.4%
KPI 17	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	77.1%	63.1%	64.2%	65.5%	74.2%	77.0%	76.3%	76.6%	77.2%	67.4%		81.0%	73.5%
KPI 18	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	74.9%	65.7%	68.9%	71.9%	74.5%	79.2%	65.3%	76.3%	81.4%	61.1%		81.5%	79.0%

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

## Trust-Wide Scorecard – 111 North West London (NWL)



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 17<sup>th</sup> November 2021, which involved taking a small concentrated number of night calls. Tender for a new contract has been submitted and the LAS, LCW and PPG have been awarded ongoing contract as a NWL alliance partnership. Office contract mobilizations are ongoing with Go-live to take place on the 17<sup>th</sup> November 2022. 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.

KPI Ref	Measure	Target	RAG Status			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
			Green	Amber	Red							
KPI 1	Proportion of calls abandoned	≤3%	≤3%	>3% - ≤5%	>5%	7.0%	6.9%	19.9%	23.2%	27.4%	11.2%	17.8%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	134	137	409	474	589	187	352
KPI 3	95th Centile Call Answer Time	≤120Secs	≤120Secs	>120 to ≤180 secs	> 180 secs	551.0	575.0	1403.6	1662.0	1976.0	820.0	1267.0
KPI 4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%	≥50%	<50% to ≥45%	<45%	26.9%	26.5%	24.1%				
KPI 5a	Proportion of Call Backs by a Clinician in agreed timeframe - in less than 20 mins	≥90%	≥90%	<90 to ≥80%	<80%	85.1%	86.3%	78.1%				
KPI 5b	Proportion of Call Backs by a Clinician in agreed timeframe - over 20 mins	≥90%	≥90%	<90 to ≥80%	<80%	61.4%	68.3%	46.4%				
KPI 6	Proportion of callers recommended self-care at the end of clinical input	≥15%	≥15%	<15% - ≥10%	<10%	32.2%	31.1%	31.5%				
KPI 7	Proportion of calls given Cat 3 or 4 ambulance disposition that are revalidated within 30 Mins	≥50%	≥50%	<50% to ≥45%	<45%	11.1%	8.2%	12.5%	8.9%			
KPI 8	Proportion of calls initially given an ETC disposition that are validated	≥50%	≥50%	<50% to ≥45%	<45%	82.4%	79.3%	62.4%	43.2%		48.0%	59.8%
KPI 9	Directory of Services: no service available other than ETC (ETC catch-all)	≤0.5 %	≤0.5 %	>0.5% - ≤2%	>2%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
KPI 10	Proportion of callers allocated the first service offered by Directory of Services	≥75%	≥75%	<75% to ≥70%	<70%	49.5%	48.8%	54.1%	63.7%		54.4%	51.9%
KPI 11	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%	≥75%	<75% to ≥70%	<70%	66.6%	67.9%	68.1%	67.0%		59.4%	62.9%
KPI 12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	≥70%	≥70%	<70% to ≥65%	<65%	1.2%	1.7%	4.7%	3.2%		0.8%	1.1%
KPI 13	Proportion of calls where the caller was booked into a UTC	≥70%	≥70%	<70% to ≥65%	<65%	76.8%	73.5%	69.8%	73.1%		60.4%	72.8%
KPI 14	Proportion of calls where caller given a booked time slot with an Emergency Department	≥70%	≥70%	<70% to ≥65%	<65%	75.7%	74.9%	69.0%	72.7%		70.1%	70.3%
KPI 15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	n/a	n/a	n/a	n/a	5.9%	0.0%	0.5%	0.6%		0.0%	2.0%
	<i>Number of callers referred to an SDEC service</i>					17	84	222	159		81	51
KPI 16	Proportion of callers given an appointment or booked time slot with any service	n/a	n/a	n/a	n/a	59.83%	61.74%	61.25%	60.84%		51.35%	55.90%
KPI 17	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	99.1%	100.0%	95.9%				
KPI 18	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	≥95%	≥95%	<95 to ≥90%	<90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

- **G** KPI on or ahead of target
- **A** KPI off target but within agreed threshold
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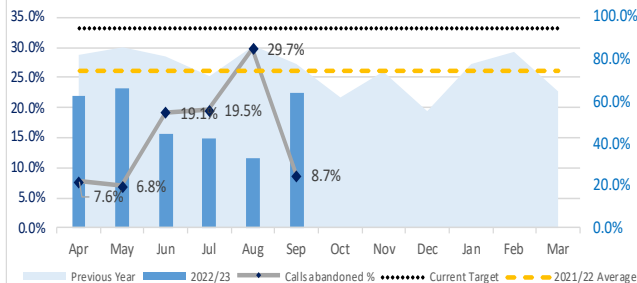
# 1. Our Patients

## 111 IUC Performance



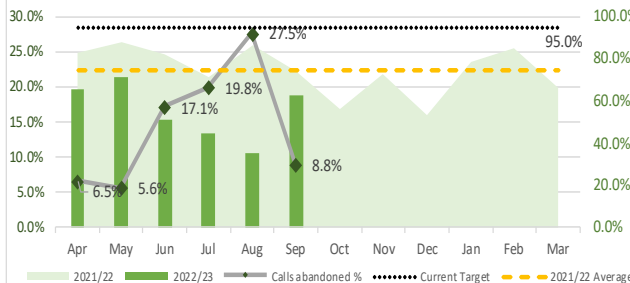
Call answering was below target in September for NEL, SEL & NWL. Activity demand coming in above contract volume continues to hinder performance as well as peak periods which prove difficult to bolster for additional staffing capacity. The impacts of pan-London call balancing SVCC are also still being understood. IUC call answering in September returned 59.9% 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 56% and 49.4%. We remained challenged with abandonment rates when compared to the target of <3% however our collective average of 9.5% remained ahead of Pan London and National Averages.

### South East London (SEL)



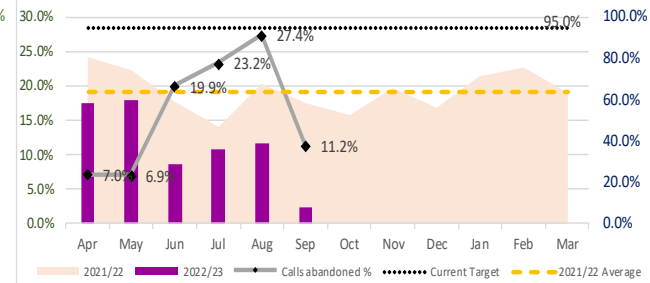
**SEL: 64.5% / 8.7%**

### North East London (NEL)



**NEL: 62.6% / 8.8%**

### North West London (NWL)

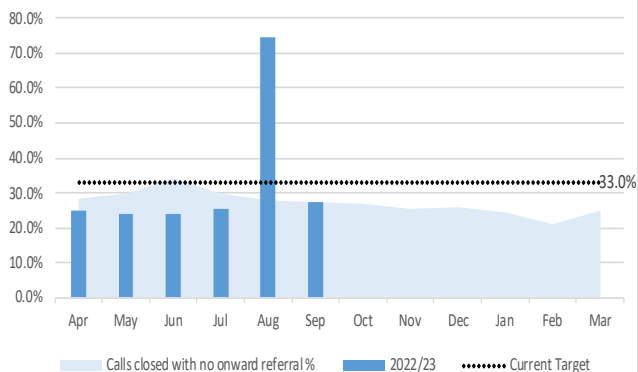


**NWL: 8.0% / 11.2%**

Call Answering & Abandoned Calls

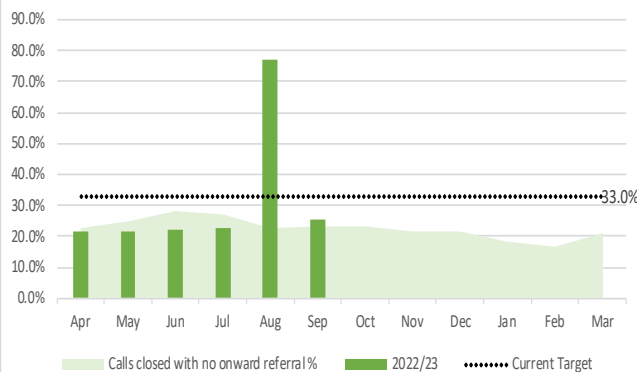
Target: 95% (CA) and 3%

% of calls closed with no onward referral

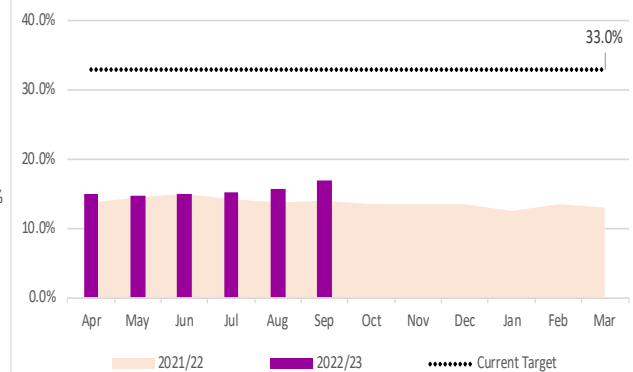


**SEL: 27.3%**

Target: >33%



**NEL: 25.7%**

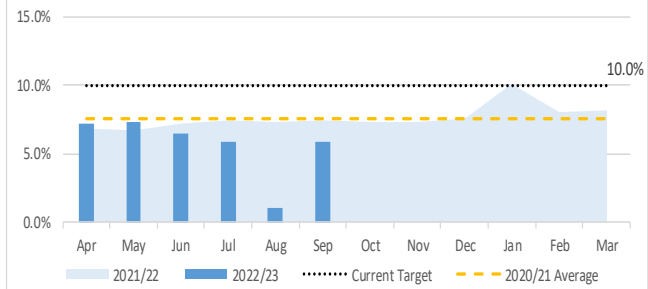


**NWL: 17.1%**

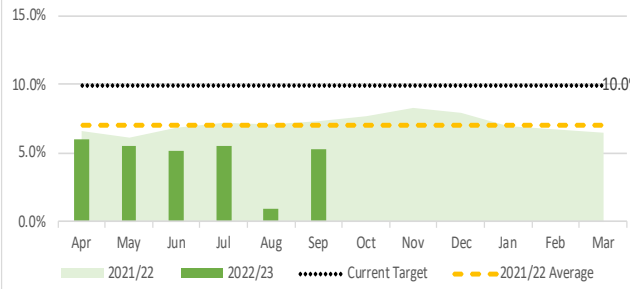
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases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



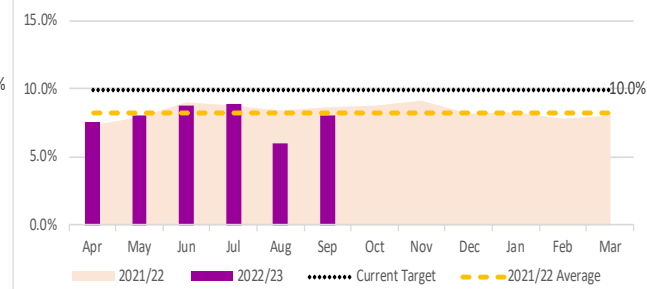
### South East London (SEL)



### North East London (NEL)



### North West London (NWL)



Target: <10%

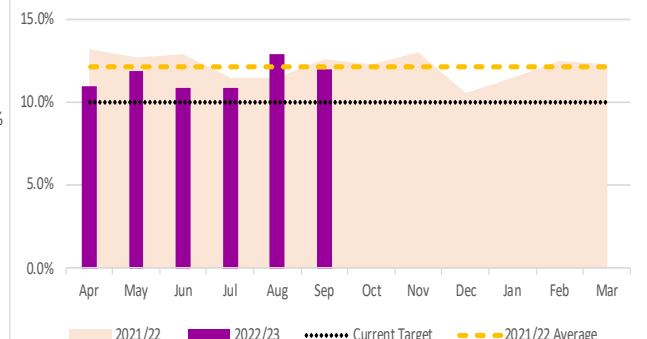
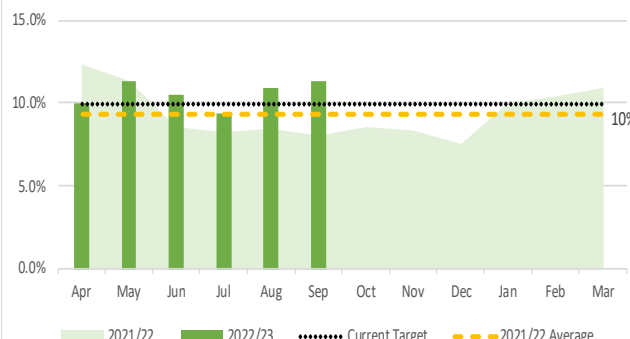
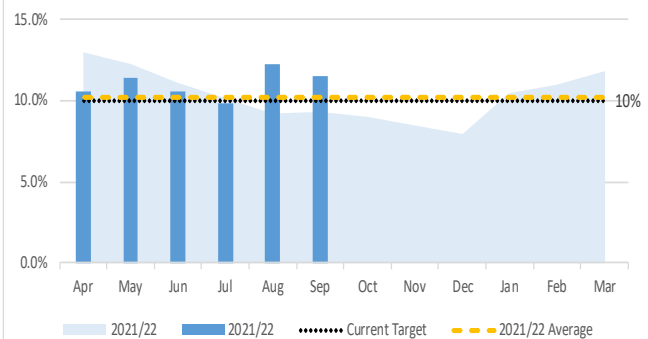
**SEL: 5.8%**

**NEL: 5.3%**

**NWL: 8.0%**

Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During the month of September LAS contracts averaged 6.4% against the national average of 6.7%.

Calls Outcome: Recommended to attend ED



Target: <10%

**SEL: 11.6%**

**NEL: 11.3%**

**NWL: 12.0%**

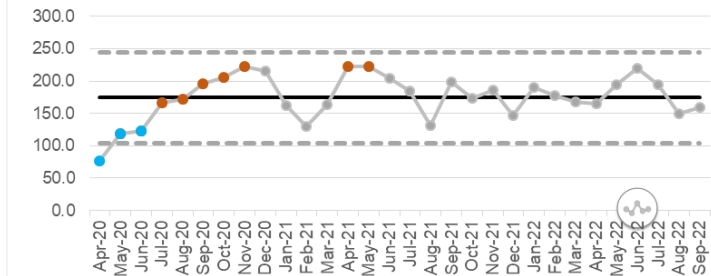
Collectively NEL, SEL and NWL have performed reliably alongside London and National averages on A&E avoidance during the month of September. A combined average of 11.6% referral to Emergency Departments was achieved; minutely below the London and national average of 11.9% and 11.7%. The performance on 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.

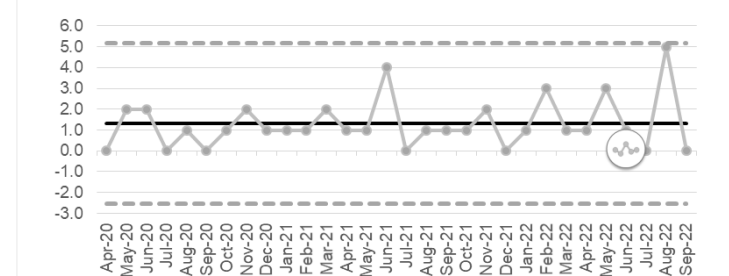
### No Harm Incidents

Sep'22: 159



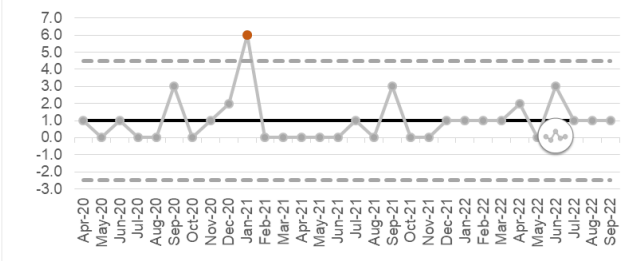
### Low Harm Incidents

Sep'22: 0



### Moderate, Severe & Death Harm Incidents

Sep'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 varied the 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.

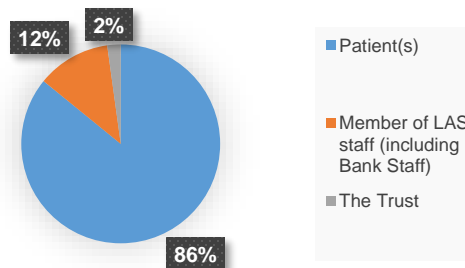
### Incident Management

There are 92 incidents (as of 03/10/2022) which have been open on the system longer than 35 working days, (this excludes SIs & COVID-19 reviews)

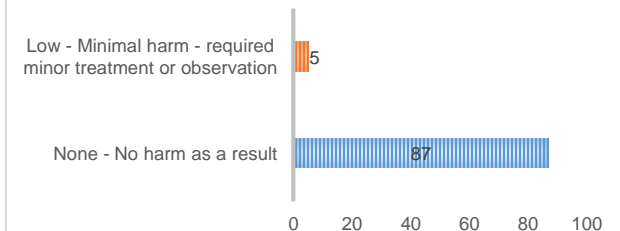
- This breaks down to:
- 79 Patient incidents
  - 11 Staff incidents
  - 2 Trust related incidents.

85% of incidents are in the Local Review stage  
 15% of incidents are in the Away for Review stage  
 95% of incidents have been classified as No Harm

#### Overdue Incidents by Type



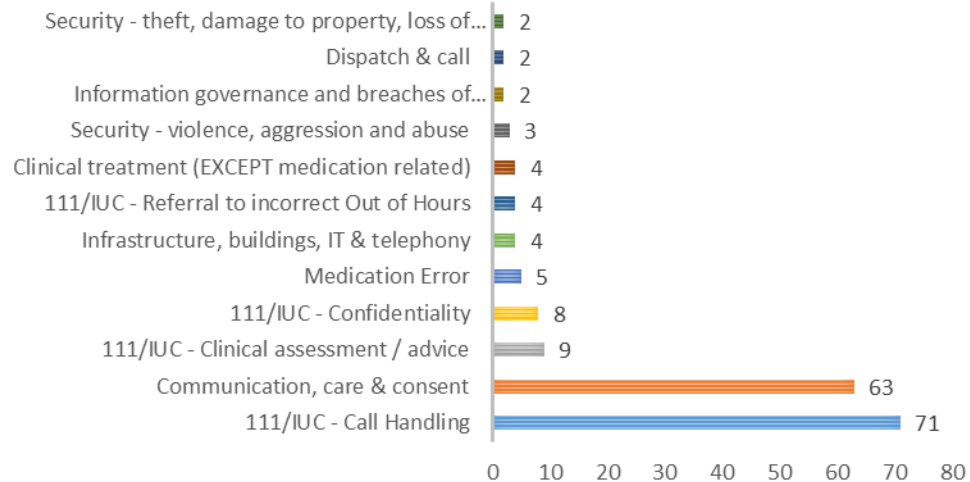
#### OVERDUE INCIDENTS BY LEVEL OF HARM





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 September 2022



Analysis

The top 3 incident categories in September 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**

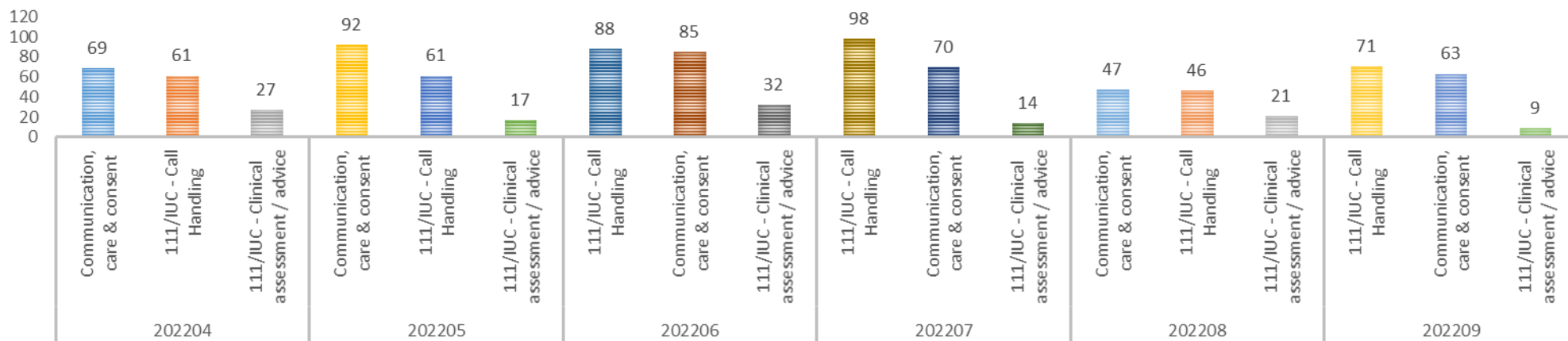
*Communication Care & Consent*

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.

Apr'22 – Sep'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 revised framework has now been published.

During September 2022, a total of 110 (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 110, 34 were identified as requiring an enhanced level of investigation. The breakdown of the 34 is as follows:

### National Priority – Patient Safety Incident Investigations (PSII)

- 0 incidents met the nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care.
- 0 incidents met the nationally – defined priority to be referred for PSII or review by another team including HSIB.

### Local Priority – Patient Safety Incident Investigations (PSII)

- 0 incidents met the locally - defined priority requiring an internal investigation.

### Patient Safety Review (Non PSII) including Thematic Review

- 10 incidents did not meet the Trust's PSIRP and are being investigated as a PSR - case review. These incidents cross locally defined face to face clinical assessment, IUC clinical assessment, clinical treatment, dispatch & call, and transport delays.
- 24 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.

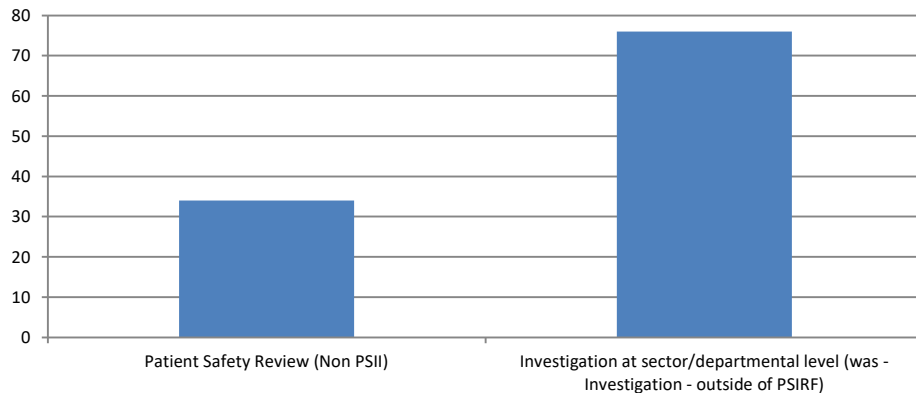
### Local Review

The remaining 76 incidents were referred to Sector/Department management teams to continue with a local investigation.

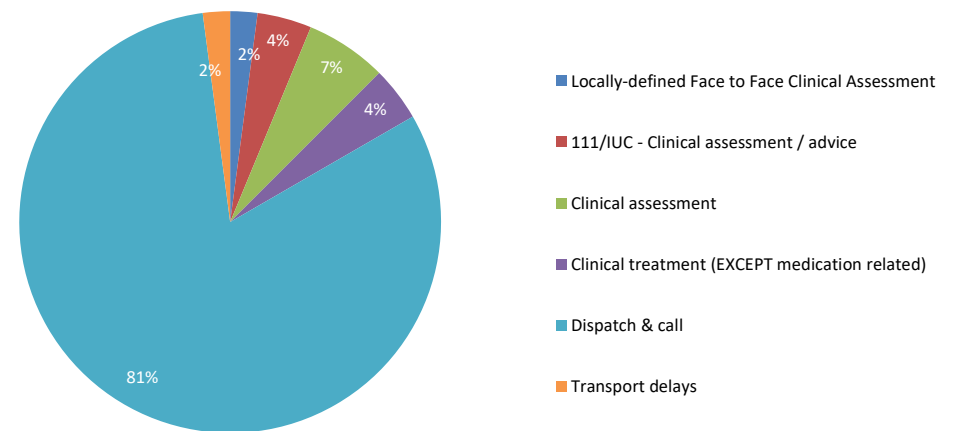
The following mitigating actions have taken place:

- 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: September 2022**

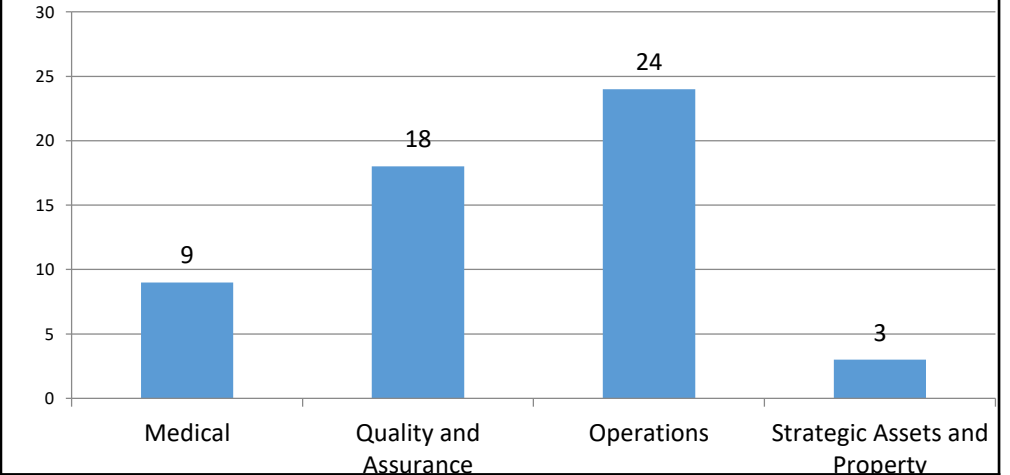
There continues to be a focus on SI, PSII and PSR actions, at the end of September there were 125 open actions, of these 54 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- 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 communicated, if required.

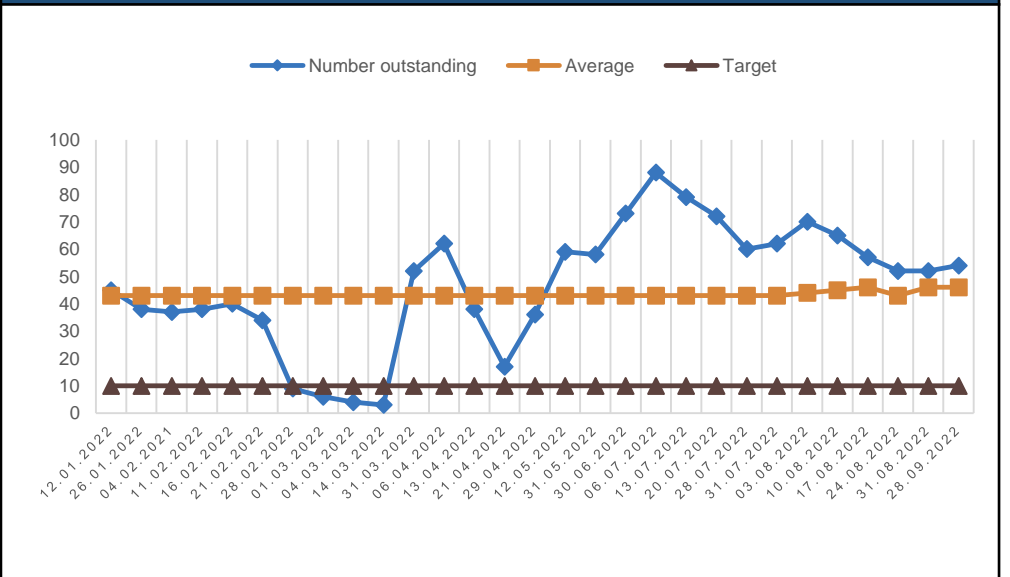
The 2 incidents which are oldest and highest in priority are as follows:

- **Action: Consideration given to revising OP60 with regards to what constitutes new information**  
Update: Original due date – 31<sup>st</sup> October 2019. At SIALG held in September 2022, Head of QA provided an update regarding OP23, and OP60. Following the implementation of Cleric, the policies are due to be submitted to CAG imminently.
- **Action: OP/060 to be updated - Procedure 3 to be amended with the correct procedure for dealing with these types of calls**  
Update: Original due date – 31<sup>st</sup> October 2019. At SIALG held in September 2022, Head of QA provided an update regarding OP23, and OP60. Following the implementation of Cleric, the policies are due to be submitted to CAG imminently.

**Open Actions by Directorate**



**6 Month Rolling Overdue Actions**







## People Scorecard

September-2022

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Performance					Trajectory		Target Status against trajectory
					Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	FY2022/2023 Trajectory			
Trust Vacancy rate	Monthly	%	Sep-22		5% Internal	5.0%	5.4%	4.4%	5.0%			
Operational Vacancy Rate	Monthly	%	Sep-22		10% Internal	15.3%	14.4%	12.4%	12.0%			
Ambulance Operations Staffing FTE (actual against plan (22-23))	Monthly	(n)	Sep-22		1000 Internal	-12.00	-115.00	-116.00	238.00			
Staff Turnover (% of leavers)	Monthly	%	Sep-22		13% Internal	13.0%	13.0%	12.5%	13.0%			
Stability Index (% of staff in post >1 year)	Monthly	%	Sep-22		=>87% Internal	88.0%	88.0%	89.0%	87.0%			
Staff Sickness levels (current month) (%)	Monthly	%	Sep-22		6% Internal	7.8%	8.8%	9.0%	6.0%			
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Sep-22		6% Internal	9.0%	8.9%	8.3%	6.0%			
Trust Covid Vaccination Rate	Monthly	%	Sep-22		N/A Internal	90.0%	90.0%	90.0%	-			
Frontline Covid Vaccination Rate	Monthly	%	Sep-22		N/A Internal	93.0%	91.0%	86.0%	-			
Statutory & Mandatory Training (85% or above)	Monthly	%	Sep-22		85% Internal	84.0%	85.0%	85.0%	85.0%			
Staff PDR Compliance (85% or above)	Monthly	%	Sep-22		85% Internal	53.0%	45.0%	44.0%	85.0%			
Number of open disciplinary/conduct cases	Monthly	%	Sep-22		N/A Internal	56	49	56	-			
Number of open grievance/employee concern cases	Monthly	(n)	Sep-22		N/A Internal	9	8	9	-			
Performance/capability	Monthly	(n)	Sep-22		N/A Internal	13	12	13	-			
Number of open round table and mediation cases	Monthly	(n)	Sep-22		N/A Internal	10	5	10	-			
Number of Employment Tribunals	Monthly	(n)	Sep-22		N/A Internal	18	21	21	-			
% of Trust Staff who are BAME	Monthly	%	Sep-22		20% Internal	20.0%	19.0%	18.0%	22.0%			
% of joiners who are BAME	Monthly	%	Sep-22		>30% Internal	25.0%	34.0%	36.0%	30.0%			
% of leavers who are BAME	Monthly	(n)	Sep-22		<20% Internal	32.0%	27.0%	25.0%	20.0%			

- 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

## 2. Our People

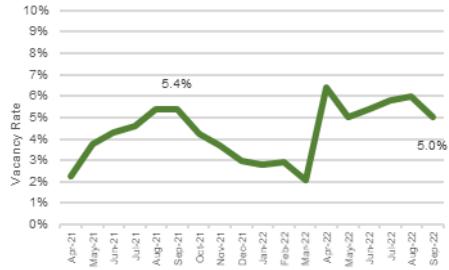
### Vacancy Rates, Staff Turnover and Sickness



Vacancy rate

Month:  
5.0%

Target: 5%



The Trust vacancy level has reduced to the target level of 5%. The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. For IUC, call handling fill rates are very positive (all places filled in September) and we are now at full establishment. For EOC, we have 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 96 joiners in September 2022. 25% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Ambulance Ops Recruitment

Month: 89fte

Target: 101fte

Required Frontline: 918 FTE

Forecast Supply: 802 FTE

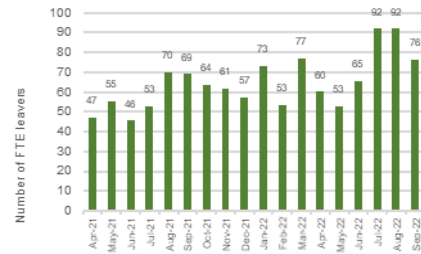
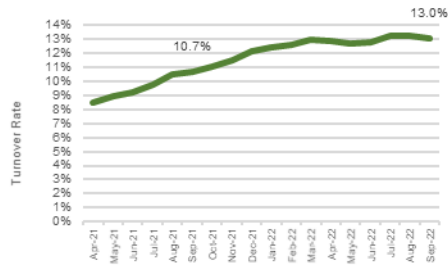
Forecast recruited v plan : -116te  
Forecast EOY vacancy position: - 251fte

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 494 candidates at conditional offer stage to fill the remaining 328 course places from October 2022 to March 2023. For AAPs there are 244 candidates in the pipeline to fill the 174 course places from October 2022 to March 2023. The plan is currently running at circa 115FTE behind plan and we are looking at options to close this gap including additional training places.

Staff Turnover

12 Month  
Rolling: 13%

Target: 13%



Post lockdown 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 (-49FTE) and we have seen a lower level of International Paramedic leavers. In total there were 76 leavers in September 2022 with 32% from a BAME background.

Sickness

12 Month  
Rolling: 9%  
Monthly: 7.8%

Target: 6%



In September the monthly Trust wide sickness decreased from 8.4% to 7.8%. Sickness episodes have decreased by 6% (1,870 to 1,754) with COVID accounting for 14% of all episodes). The multi-disciplinary supporting attendance group have been revisiting directorate performance, deep diving hot areas of high absence and setting improvement targets for 2022/2023. The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, working closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. OH clinics have been established via a heat map of staff home postcodes, management reports that better reflect an understanding of the job roles in the Trust. Colleagues will also be able to access counselling, CBT and EMDR therapies directly via the new Employee Assistance Programme (EAP) service from our new provider without the need for a management referral. Additional mental health support has been commissioned from Keeping Well North West London. The services enable our staff to assess and refer on colleagues who require mental health support, including priority access to IAPT services



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

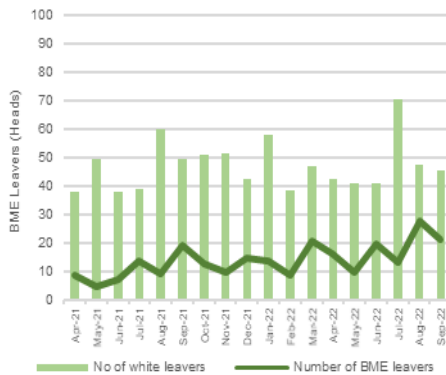
These graphs show the numbers of BAME starters and leavers from April 2021 to September 2022. During this period the Trust has recruited 522fte BAME starters and there have been 254fte BAME leavers, a net increase of 268fte.

- In 2021/22, 37% of total starters were BAME. For the year 2022/23, the BAME starters are 34%.
- In 2021/22, 20% of total leavers were BAME. For the year 2022/23, the BAME leavers are 27%.

BME Starters



BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,411 – 20%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Jul-22	Aug-22	Sep-22
Bands 1-4	41.2%	40.3%	39.9%
Bands 5-7	14.4%	14.7%	14.6%
Band 8A to 9	14.9%	15.6%	16.0%

**NHS Staff Survey:** The 2022 NHS Staff Survey was launched in September. The survey questions are aligned to the NHS People Promise and is a fantastic opportunity for the organisation to find out how colleagues are feeling about working for the Trust. We will also be able to use the survey to track the effect of the Our LAS Cultural Transformation Programme. The survey will run for 10 weeks, from Tuesday 20th September, until Friday 25th November.

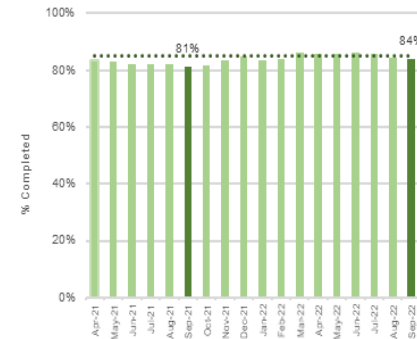
The Equality, Diversity & Human Rights e-learning has a 88% compliance rate.

### Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **84%**.

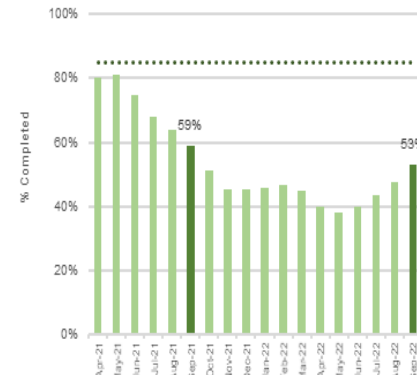
Appraisal completions are at **53%** at the end of September.

Statutory & Mandatory



Stat and Mand training has slightly reduced against target levels of 85%.

Appraisal Compliance

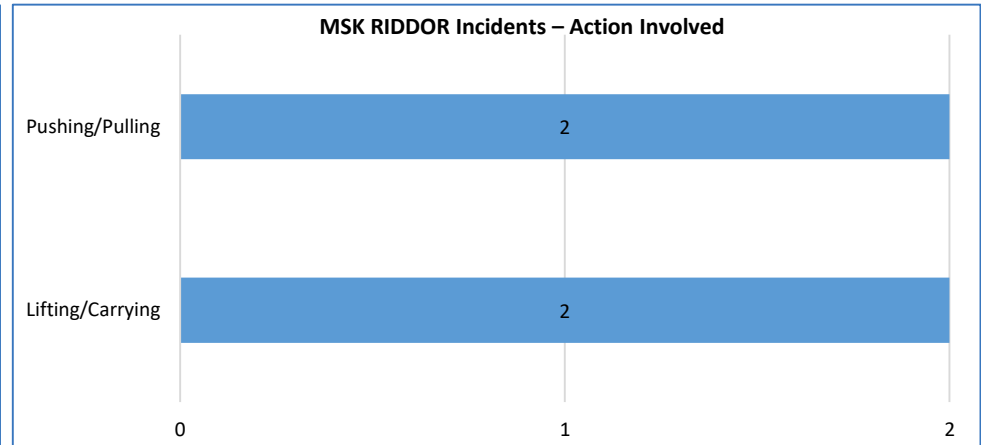
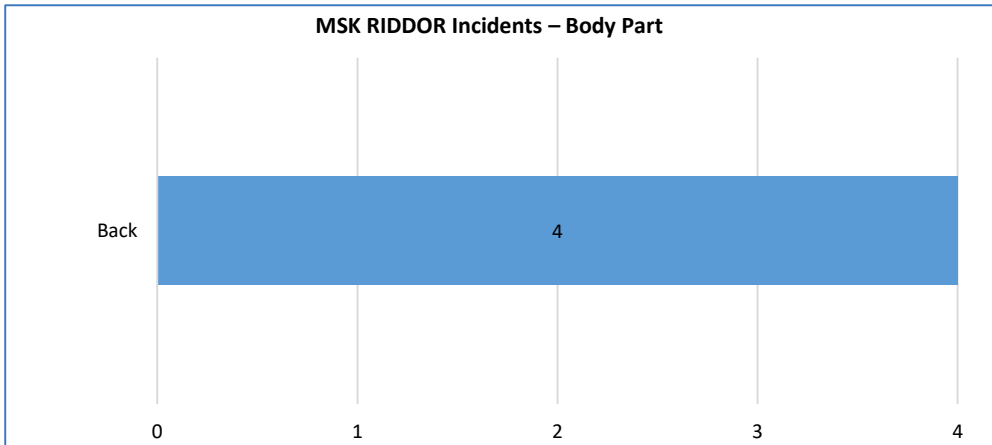
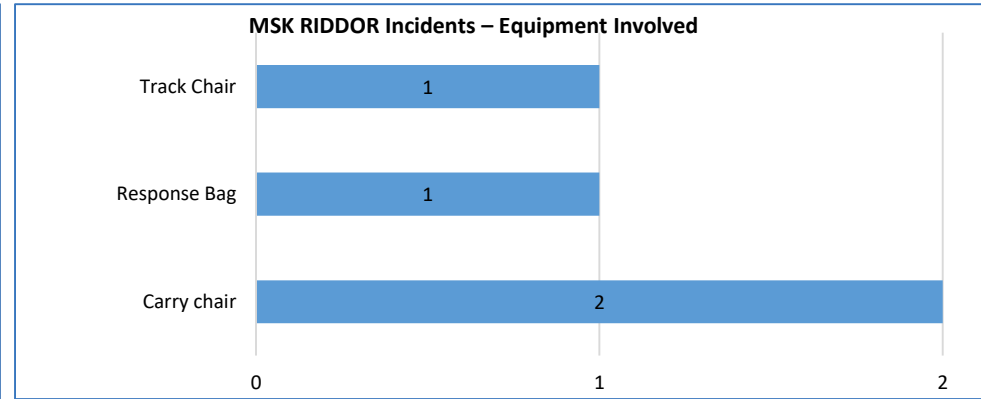
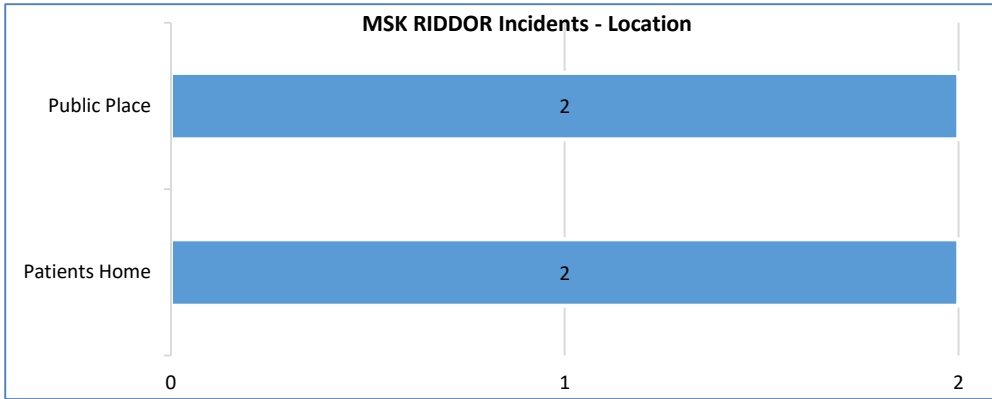


The following activities are in place to improve PDR compliance:

- A new *Our LAS* appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. The new 4Ss form – aiding discussion around an employees’ successes, struggle, set goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice.
- 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 30<sup>th</sup> August 2022 and operational & clinical colleagues by 31<sup>st</sup> March 2023.



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



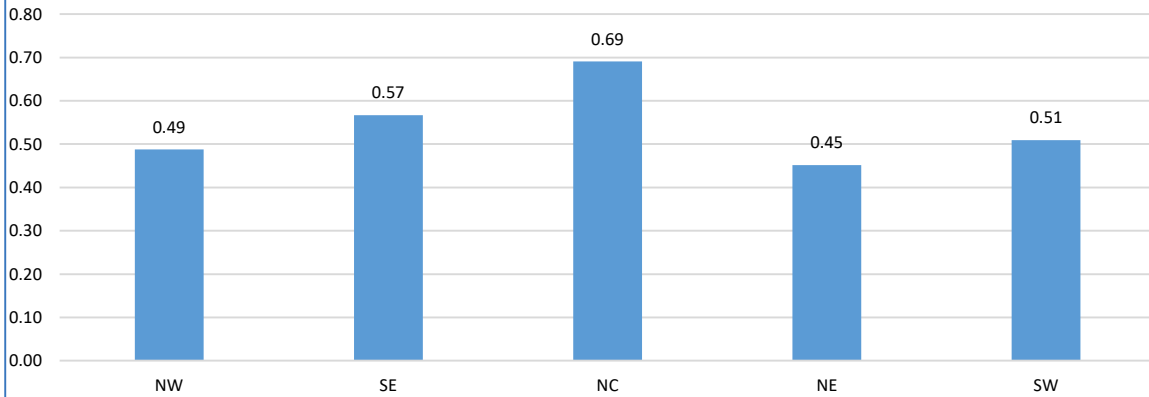
**The above graphs provide details from the thematic analysis of 4 reported RIDDOR incidents in September'22 (2 incidents were occurred in August'22 and 7 incidents were occurred in September'22). These relate to Manual Handling (MSK):**

- 2 reported RIDDOR incidents occurred in Patients Home (n=2) and 2 incidents were occurred in Public Place (n=2).
- 2 reported RIDDOR incidents involved Carry Chair (n=2), 1 incident involved Response Bag (n=1) and 1 incident involved Track Chair (n=1).
- 4 reported RIDDOR incidents resulted in Back injury (n=4).
- 2 reported RIDDOR incidents occurred during Lifting & Carrying (n=2) and 2 incidents were occurred during Pushing & Pulling (n=2).

\*\*\* 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.

Rate of number of reported Physical Assaults on Staff by Sector per 1000 face to face Attendances (YTD) – 2022/23



Sector	Rate of Physical Assaults on Staff
SE	0.57
NW	0.49
NC	0.69
NE	0.45
SW	0.51

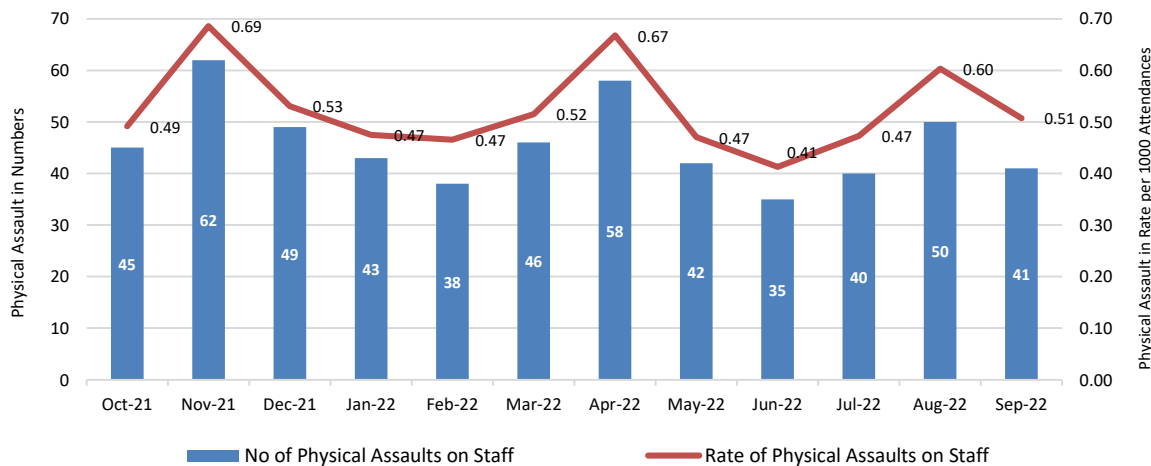
**Notes:**

- 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 September'22).

No of Physical Assaults on Staff vs Rate of Physical Assaults on Staff per 1000 face to face Attendances



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff
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
Aug-22	50	0.60
Sep-22	41	0.51

**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 (October'21 to September'22).

**NHS definitions of assault:**

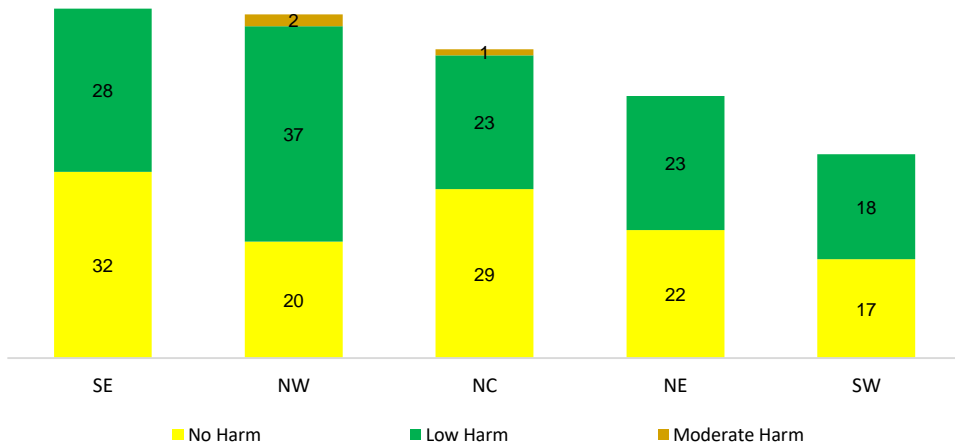
**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

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

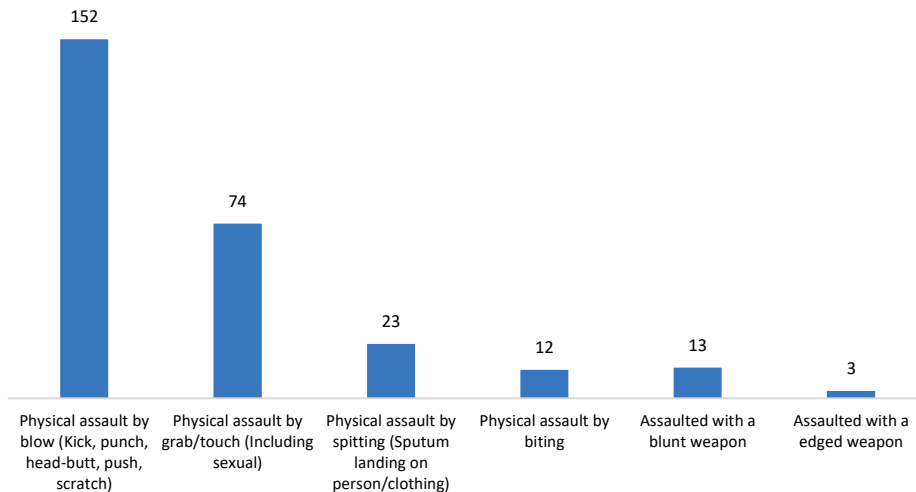
\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



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



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



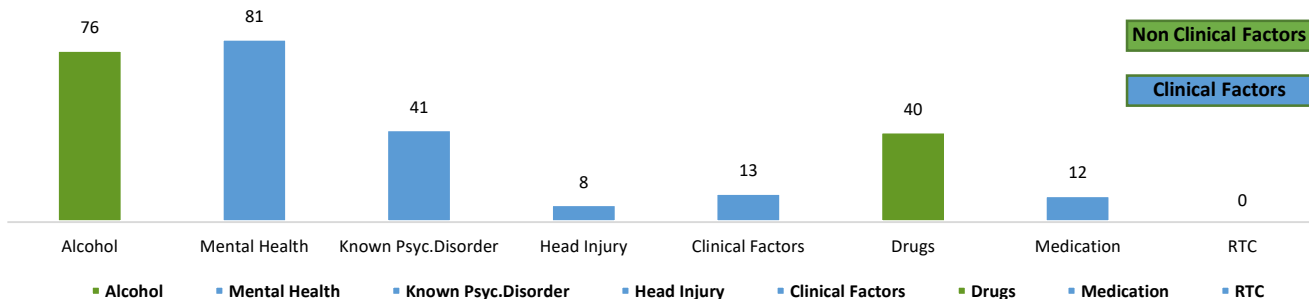
**Notes:**

- A total of 277 Physical Assaults on Staff were reported during 2022/23 (up to end September'22).
- 134 (48%) of the incidents were reported as 'No Harm/Near Miss incidents, 140 (51%) incidents were resulted in Low Harm and 3 (1%) incidents were reported as 'Moderate Harm'.
- 24 out of the 277 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

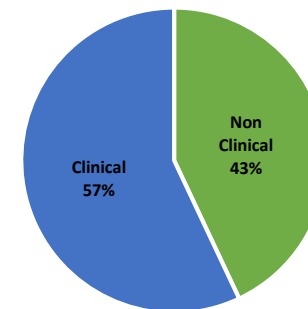
**Notes:**

- Physical Assault – by blows, kicks/ assault to staff (55% , n=152) accounted for the highest number of incidents reported during 2022/23 (up to end September'22).

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



Percentage Breakdown of Factors (YTD) 2022/23



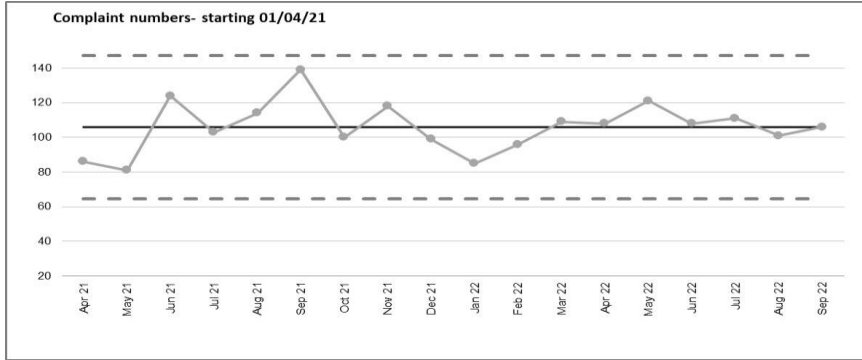
**Notes:**

- Clinical Factor: 155 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=81), Known Psyc.Disorder (n=41), Head Injury (n=8), Clinical Factors (n=13), Medication (n=12).
- Non Clinical Factor: 116 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=76), Drugs (n=40) and RTC (n=0).



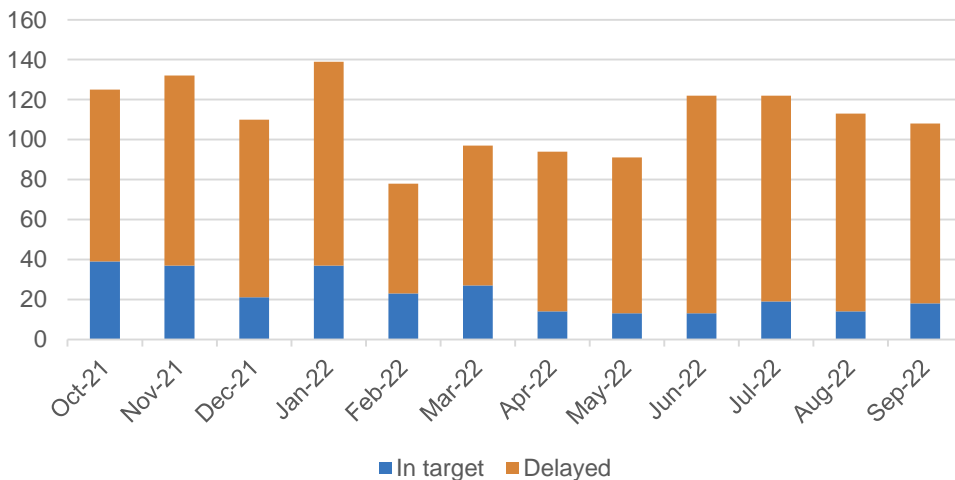
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

### Complaints

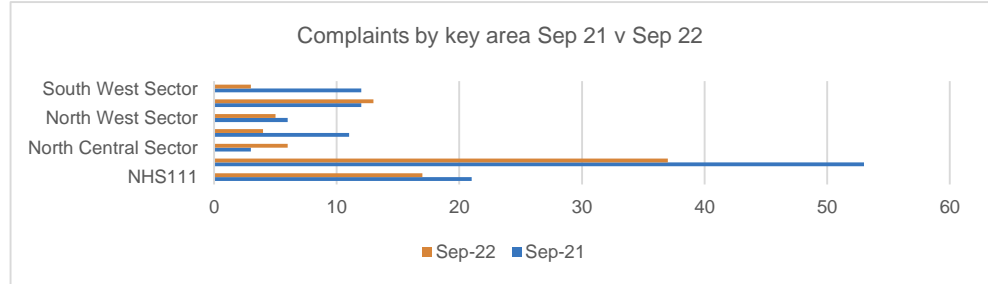
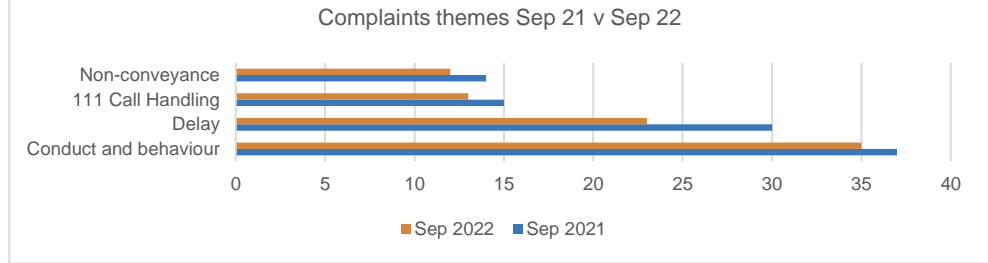


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021	86	81	124	103	114	139	100	118	99	85	96	109
2022	108	121	108	111	101	106						

Complaint summary  
Responded within target and delayed.



### Themes & Caseload



### Update

The team have been focussing on the backlog of overdue complaints. The aim is to reduce the numbers in a reasonable time without impacting on response times to newly received complaints.

The team have identified two main areas of delay in responding:

- Complaints which have been fully investigated and are waiting for a response to be drafted.
- Complaints which are mid investigation and waiting for a quality or clinical review.

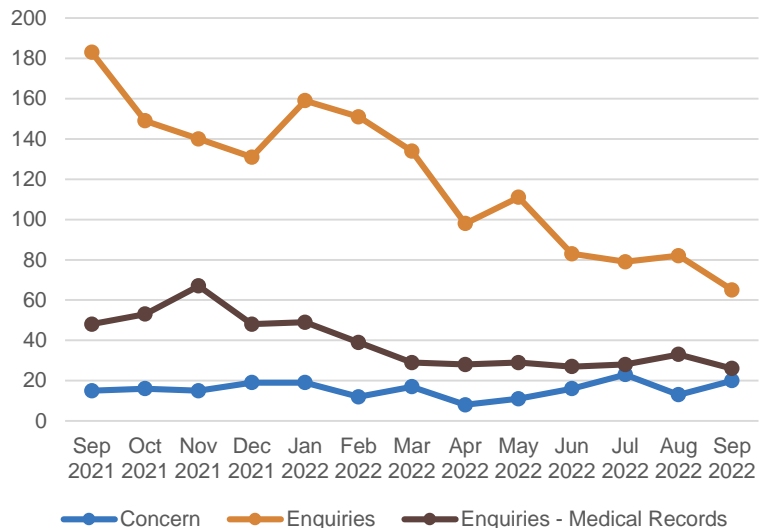
We have introduced revised practices to urgently address these issues:

- An interim project team has been put in place specifically to focus on clearing the responses waiting to be drafted. This has increased drafting capacity by three additional staff, with a manager overseeing the project.
- We have established clearer contacts with senior members of the quality and clinical teams to enable escalation and follow up of delayed reports.
- We are also taking advantage of changes in the PED management team to improve processes and remove procedures that cause delay.



PALS, Medical Records & Concerns

PALS, Medical records and Concerns



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb 22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Medical records provided within time frame	30	37	45	32	37	21	18	24	19	18	21	17	16	335
Medical records not provided – no consent	11	5	9	10	7	9	2	0	1	3	0	0	0	57
Referred to other Department	2	4	8	6	4	5	4	2	4	2	3	3	3	50
Medical records not provided – statutory criteria not met	2	4	2	1	0	0	0	2	0	1	0	0	0	12
Medical records not provided – exemption applied	1	1	0	0	0	0	0	0	0	1	1	3	0	7
Medical records provided outside time frame	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Quality Alerts

Quality Alerts



‘Quality Alerts’ are incidents and concerns raised by other healthcare providers. If the incident is categorised as *moderate harm or above*, these are passed to the Patient Safety team. If not, they are managed by Patient Experiences team and investigated using the same methodology as a complaint investigation. The top themes arising from Quality Alerts received are:

- Destination hospital choice
- Non-conveyance
- Delay in arrival/transfer
- Incorrect referral by NHS 111 Non-conveyance
- Handover issues

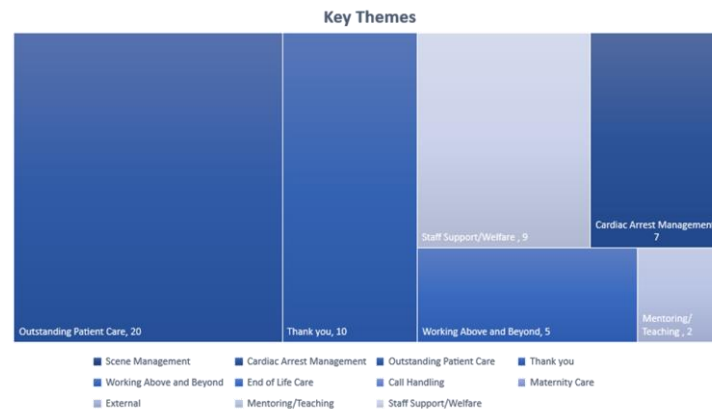




In September 2022, 53 **Excellence Reports** were submitted.

**Key themes** identified from September reports include:

- Outstanding patient care
- Thank you
- Staff support/Welfare



### Outstanding patient care

I just wanted to **thank** the two volunteers who assisted us tonight with an elderly status Epilepticus patient. Their assistance was both **professional and incredibly efficient** in ensuring immediate patient assessment and intervention. The job would not have run as smoothly without them and I feel contributed to the patient making a full recovery later in hospital.

While with a patient who had fallen over, this colleague did an **amazing head to toe examination** on the patient, protected the patients spine, as there was c-spine pain and kept the patient **calm and comforted** him. Their **compassion and care** really showed through to a family and this was one of her first times dealing with this kind of job too.

Attended a male with palpitations. Prior to my arrival carried out a thorough assessment. Gave a **great handover** and explained how they'd **explored options** for conveyance due to high demand by contacting CSD and getting FRU for ECG for taxi referral.

### Thank you

This colleague is someone that **offers great calmness and confidence** when she is working on a sector. Nothing is too much trouble for her, neither is **offering to help / support others**. She completely underestimates the difference that she makes and the **positive impact** she has on colleagues and patient care. Thank you for all you do, for the tough times when you stand up for the right thing and helping out at a moments notice.

The person who took our safeguarding report within EBS was **fantastic**. They **listened actively, communicated effectively, and had such a lovely demeanour** over the phone. They were very easy to communicate, and made the whole process easier by accessing the EPCR and being able to correlate my paperwork and my handover. This made the process significantly easier and more streamlined.

This colleague has just completed a secondment on the FRV on the Greenwich Complex. They have been a **dedicated member of the team** which has been demonstrated with **excellent performance figures and teamwork**. They have embraced the role with **enthusiasm and clinical excellence**. They are always smiling. Thank you for your hard work, you will be missed.

### Staff support/Welfare

**Excellent team working** on a stressful job, helped me out when a patient deteriorated suddenly and somewhat unexpectedly by doing what was asked quickly, **efficiently** and without questioning why. **Above and beyond** and an **excellent demonstration of the LAS teamwork values**.

There **kindness** shown after having a terrible and traumatic MH job, she was **so sincere and generally concerned for my welfare** when I know with there new system they are exceptionally busy.

These colleagues are a **credit to their department** and should be **commended** as they have been **very helpful and accommodating in supporting me** at various times to resolve queries. They will take the time despite how busy they are and will explain the processes and will provide a speedy resolution.



Some further examples of excellence reports from September:

**Mentoring/Teaching** – They have taken it upon themselves to ensure that each Emergency Call Coordinator on the E Watch at HQ is trained in the different paper operations roles. After a recent CAD outage they identified that staff were not confident in what those roles entail and since they have spent each shift teaching staff to increase their knowledge and confidence. As a result the team have started to identify themselves other training that we could provide to support them, paper operations is a regularly talked about topic and the team's motivation has increased.

**Cardiac arrest management** – They worked as a team to manage an infant in cardiac arrest, On arrival the scene was calmer than any training session I have been to. Good leadership, great communication between all staff. Amazing team work and support from each other. One of the best managed cardiac arrests I have been to let alone a paediatric one.

**Working above and beyond** – They have managed the review of the driving records of operational staff (past and present) in order for the Trust to be able to plan its response to the forthcoming Section 19 driving legislation. This has been a MASSIVE task, involving the collation and review of thousands of records, and has occurred whilst normal business and duties have continued. Well done.





## Public Value Scorecard

September 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	Sep-22	●	0.000 A	0.795	0.613	3.558	2.726			0.000	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Sep-22	●	>=0 A	0.182	0.000	0.832	0.000			0.000	0.000			
% of Capital Programme delivered	%	Sep-22	●	100% A	6%	5%	26%	54%			101%	100%			
Capital plan	£m	Sep-22	●	18.331 A	1.605	1.375	6.894	14.182			26.447	26.205			
Cash position	£m	Sep-22	●	36.2 A	53.4				42.5						
CIP Savings	£m	Sep-22	●	A	2.289	2.102	8.974	8.786			24.000	24.000			
	%	Sep-22	●	A	10%	9%	37%	37%			100%	100%			
Commercial income generation	£m	Sep-22	●	1 I	0.310	0.100	1.660	0.700	1.600		2.290	1.000			
Corporate spend as a % of turnover	%	Sep-22	●	<7.0% I	9.5%		9.6%				9.8%				
Cost per incident (measures to be confirmed in light of COVID)	£	Sep-22	●	I											
Average Jobs per shift	%	Sep-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 6 YTD position was a £3,558k surplus and the month end cash position was £53.4m.

## YTD outturn vs budget



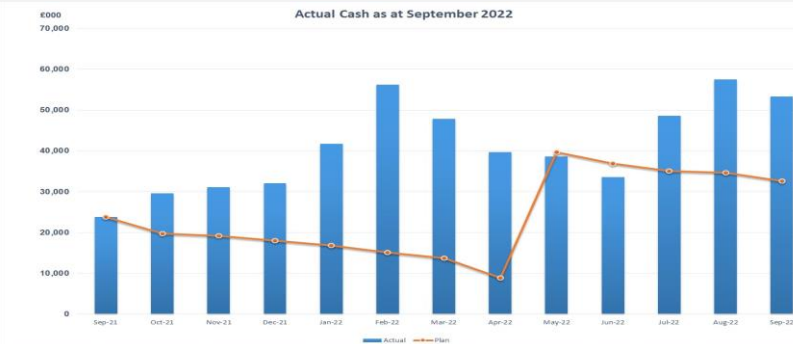
- **YTD Position:** The Trust is reporting a YTD surplus of £3.558m which is £0.832m above plan. The position is based on the plan submitted to NHSI.
- **Full year position:** The full year position is breakeven, which is in line with plan. This position takes into account current funding information, 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 6 year to date spend net of disposals and excluding donated assets was £6.984m, the majority of which comprised of spend on Estates and IM&T projects. The capital programme forecast is now £26.4m, in line with plan. The increased plan from prior month reflects new ICB Capital Resource Limit (CRL) award of £5m, and £3m to be confirmed for ambulance purchases from NHSE.

## Cash position



- **Cash:** Cash balance as at the end of September was £53.4m; this is above plan by £22m. The surplus cash in month is mainly due to:
  - £11m behind on capital purchases;
  - £8m pay slippage partly related to agency staff invoices not received/paid and slippage on recruitment
  - £2m below on non-pay expenditure resulting in lower supplier payments
- **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 67% and by value 86% and 89% 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 6 – September 2022)

	Month 6 2022-23 £000			YTD Month 6 2022-23 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)
<b>Income</b>						
Income from Activities	49,541	53,680	4,140	294,755	298,064	3,309
Other Operating Income	289	812	523	2,835	4,613	1,779
<b>Total Income</b>	<b>49,830</b>	<b>54,493</b>	<b>4,663</b>	<b>297,590</b>	<b>302,677</b>	<b>5,087</b>
<b>Operating Expense</b>						
Pay	(34,082)	(39,444)	(5,361)	(208,431)	(215,872)	(7,441)
Non Pay	(12,306)	(11,522)	785	(69,705)	(66,993)	2,712
<b>Total Operating Expenditure</b>	<b>(46,389)</b>	<b>(50,965)</b>	<b>(4,577)</b>	<b>(278,136)</b>	<b>(282,864)</b>	<b>(4,729)</b>
<b>EBITDA</b>	<b>3,441</b>	<b>3,527</b>	<b>86</b>	<b>19,455</b>	<b>19,813</b>	<b>359</b>
<b>EBITDA margin</b>	6.9%	6.5%	(0.4%)	6.5%	6.5%	0.0%
<b>Depreciation &amp; Financing</b>						
Depreciation & Amortisation	(2,311)	(2,200)	111	(13,624)	(13,521)	103
PDC Dividend	(503)	(571)	(68)	(3,020)	(3,021)	(1)
Finance Income	0	104	104	0	269	269
Finance Costs	(17)	(19)	(2)	(102)	46	148
Gains & Losses on Disposals	0	(59)	(59)	0	(72)	(72)
<b>Total Depreciation &amp; Finance Costs</b>	<b>(2,832)</b>	<b>(2,746)</b>	<b>86</b>	<b>(16,746)</b>	<b>(16,298)</b>	<b>448</b>
<b>Net Surplus/(Deficit)</b>	<b>610</b>	<b>782</b>	<b>172</b>	<b>2,708</b>	<b>3,515</b>	<b>807</b>
<b>NHSI Adjustments to Fin Perf</b>						
Remove Asset Donations I&E Impact	3	3	0	18	18	0
Remove ROU Assets: Peppercorn Leases	0	10	10	0	25	25
<b>Adjusted Financial Performance</b>	<b>613</b>	<b>795</b>	<b>182</b>	<b>2,726</b>	<b>3,558</b>	<b>832</b>
<b>Net margin</b>	1.2%	1.4%	0.2%	0.9%	1.2%	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 6 position is reported based on the June plan approved by the Board.

As at month 6, the Trust is reporting a year to date surplus of £3,558k, which is above plan by £832k.

The forecast position is to remain on plan.

## Key Drivers of Position

## Income:

- Income is £5.087m higher than budget YTD largely due to additional funding in month 6 from the ICB for the AfC pay award. £4.7m has been funded YTD for backdated payments made to all staff on AfC contracts. The month 6 position assumes block income is received in full, as per the final planning discussions with the exception of SDF income (£3.2m YTD). This is partially offset by additional income expected from 111 activity above the budget in Apr-July 2022 (cost and volume contract) - £2.0m. Also offsetting the SDF shortfall - Income for staff recharges and ESORT (Resilience) funding from NHSE - remain above plan, £671k and £675k respectively

## Pay Expenditure:

- Pay expenditure is £215.9m YTD which is £7,441k above plan. Pay expenditure is above plan largely due to the AfC pay award paid out in September and backdated to April 2022. The pay award resulted in an average 4.6% increase in pay costs for the Trust, of which 2% had been budgeted. Pay is also overspent in overtime costs in Resilience, which includes staffing of key events – Jubilee, Notting Hill, and London Bridge. The additional bank holiday in September has also added a further cost pressure to the Trust of £1.5m.

## Non-Pay Expenditure:

- Non pay expenditure (including depreciation and finance costs) is £83.3m YTD, £3,160k below plan with lower spend on uniforms, insurance, managed service and logistics supplies than planned. Managed service costs reduced in August in IUC due to lower call volumes. Finance interest income is £270k favourable YTD.



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 6 – September 2022)

	Apr-22 Actual £000	May-22 Actual £000	Jun-22 Actual £000	Jul-22 Actual £000	Aug-22 Actual £000	Sep-22 Actual £000	Sep-22 YTD £000
<b>Opening Cash Balance</b>	<b>47,876</b>	<b>39,733</b>	<b>38,538</b>	<b>32,711</b>	<b>48,581</b>	<b>57,561</b>	<b>47,876</b>
Operating Surplus	979	1,317	1,177	883	609	1,328	6,293
Depreciation and amortisation	2,346	2,117	2,310	2,237	2,311	2,199	13,520
(Increase)/decrease in current assets	4,124	(15,622)	(6,554)	10,412	1,868	(1,683)	(7,455)
Increase/(decrease) in current liabilities	(9,747)	14,779	(4,642)	2,798	9,521	(1,788)	10,920
Increase/(decrease) in provisions	735	(1,150)	104	(236)	(128)	326	(349)
Net cash inflow/(outflow) from operating activities	(1,563)	1,441	(7,605)	16,095	14,181	382	22,930
<b>Cashflow inflow/(outflow) from operating activities</b>	<b>(1,563)</b>	<b>1,441</b>	<b>(7,605)</b>	<b>16,095</b>	<b>14,181</b>	<b>382</b>	<b>22,930</b>
Returns on investments and servicing finance	0	60	10	147	(105)	85	196
Capital Expenditure	(6,580)	(2,517)	3,931	(947)	(5,097)	(1,736)	(12,946)
Dividend paid	0	0	0	0	0	(2,354)	(2,354)
Financing obtained	0	0	0	0	0	0	0
Other loans repaid	0	0	(107)	0	0	0	(107)
Capital element of finance lease rental payments	0	(179)	(2,055)	574	2	(576)	(2,234)
<b>Cashflow inflow/(outflow) from financing</b>	<b>(6,580)</b>	<b>(2,636)</b>	<b>1,778</b>	<b>(226)</b>	<b>(5,200)</b>	<b>(4,582)</b>	<b>(17,445)</b>
Movement	(8,143)	(1,195)	(5,826)	15,869	8,981	(4,200)	5,485
<b>Closing Cash Balance</b>	<b>39,733</b>	<b>38,538</b>	<b>32,711</b>	<b>48,581</b>	<b>57,561</b>	<b>53,361</b>	<b>53,361</b>

### Operating Position

There has been a net outflow of £4.2m cash in month. Cash funds at the end of September were £53.4m.

The operating surplus is £0.8m in month.

### Current Assets

The increase on current assets £1.7m, mainly due to increase in VAT due to be received from HMRC (£1.1m), Non NHS debtor (£0.3m) and inventories (£0.3m)

### Current Liabilities

The decrease on current liabilities is £1.8m mainly due to decrease in accruals (£1.1m) and deferred income (£0.7m)

### Dividends

The dividend payment of £2.3m was made September 2022.

### Provisions

The increase on provisions (£0.3m), mainly due to relocation expenses provision increase.

### Capital Expenditure

The capital expenditure is £1.7m.



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.

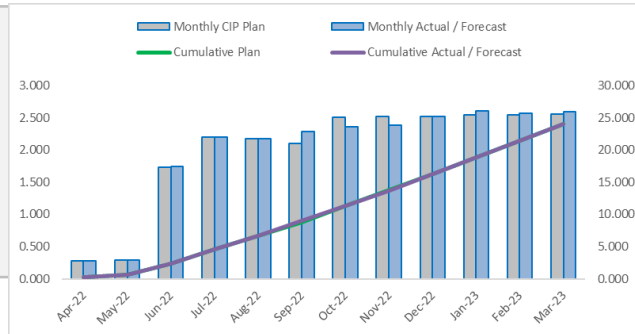
## Cost Improvement Programmes (CIPS)

- 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 6 is £2,102k, £2,289k has been delivered.

CIP Savings

**YTD: £9.0m**

**FY Target: £24.0m**



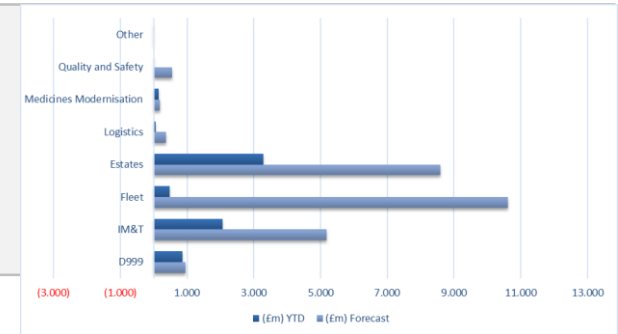
## Capital Plan

- Capital expenditure net of disposals is £6.894m YTD compared to planned capital expenditure of £14.182m. 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 is now £26.4m, in line with plan. The increased plan from prior month reflects new ICB Capital Resource Limit (CRL) award of £5m, and £3m to be confirmed for ambulance purchases from NHSE.

Capital Plan Breakdown

**YTD: £5.3m**

**FY Target: £21.3m**

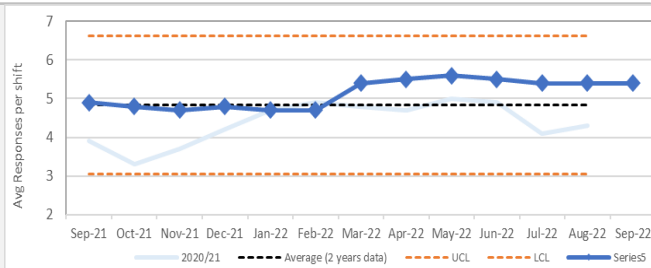


## Jobs per shift (DCA)

Average jobs per 12 hour shift

**Actual: 5.4**

**Target: 5.3**



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

September 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	Sep-22	R	18.0	I	29.7	30.6	30.2			
Post-handover (Handover 2 Green)	minutes	Sep-22	R	15.5	I	18.9	16.9	16.0			
See and Convey – to ED (Contractual Position) *	%	Sep-22	G	57.0%	C	51.6%	49.0%	48.9%	52.1%	46.0%	6
Hear and Treat % **	%	Sep-22	G	8.39%	I	11.4%	14.4%	15.0%	10.9%	14.6%	5
Hear and Treat (n) **	%	Sep-22	G	108,073	I	7,709	82,375	180,749			

**Benchmarking Key**

Top 3

Ranked 4-7

Ranked 7+

*Please note: 999 performance data is correct as at 01/11/2022 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 01/11/2022 and is subject to change due to data validation processes

### Arrival at Hospital to Patient Handover

### Patient Handover to Green

Hospital delays have decreased for the month of September, with 3,848 hours lost from our arrival to patient handover over 30 mins. This is an decrease of 3,325 hours lost when compared to the month before. Queens Romford, Northwick Park and North Middlesex had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the highest number of lost hours over 30 minutes, with a significant 582.4 hours for the month.

In September, we saw handover to green performance outside of target, with 18.9 minutes, which is a minimal variation compared to the month of August. This shows that despite hours lost at hospital, LAS crews are becoming available to attend further calls as soon as possible. Over 3.983 hours were lost due to patient handover to green exceeding the 14 minute threshold. This is a slight decrease of 336 hours when compared to the previous month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time	
North Central	Barnet	965	862	370	43%	208.9	39.3	
	North Middlesex	1,337	1,166	715	61%	406.9	47.0	
	Royal Free	921	807	185	23%	93.8	27.8	
	University College	1,037	927	277	30%	112.8	27.9	
	Whittington	932	839	188	22%	29.4	23.4	
North East	Homerton	858	753	31	4%	3.7	16.1	
	King Georges	869	703	471	67%	254.0	49.2	
	New ham	983	764	407	53%	161.1	38.1	
	Queens Romford	1,188	876	705	80%	582.4	68.3	
	Royal London	1,139	816	379	46%	101.1	32.8	
	Whipps Cross	977	691	348	50%	179.3	40.8	
	North West	Charing Cross	825	767	12	2%	0.8	12.9
Chelsea & West		1,023	932	27	3%	7.7	16.1	
Ealing		918	861	287	33%	123.4	28.9	
Hillingdon		1,171	1,056	270	26%	76.1	24.3	
Northwick Park		1,680	1,556	532	34%	308.4	32.0	
St Marys		1,124	1,023	136	13%	20.0	18.8	
West Middlesex		1,302	1,238	112	9%	22.7	17.0	
South East		Kings college	1,341	1,224	441	36%	161.1	31.3
		Lewisham	948	817	237	29%	115.1	29.9
		Princess Royal	1,036	791	253	32%	211.1	37.5
	Queen Elizabeth II	1,454	1,302	106	8%	117.7	18.9	
	St Thomas'	1,570	1,450	327	23%	75.7	23.9	
South West	Croydon	1,311	1,174	205	17%	139.7	27.7	
	Kingston	1,056	990	194	20%	77.4	25.3	
	St Georges	1,180	1,004	292	29%	135.5	29.3	
	St Helier	793	730	218	30%	122.6	31.9	
	<b>TOTAL</b>	<b>29,938</b>	<b>26,119</b>	<b>7,725</b>	<b>30%</b>	<b>3,848</b>	<b>40.8</b>	

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	1,248	924	74%	244.7	21.1	42.2	15.9
	Edmonton	1,584	1,062	67%	246.0	18.5	37.8	13.9
	Friern Barnet	1,092	750	69%	158.8	18.8	37.0	12.7
North East	Homerton	1,284	854	67%	221.9	17.5	40.0	15.6
	New ham	1,540	988	64%	245.3	16.0	39.1	14.9
	Romford	1,513	991	65%	224.7	16.1	36.9	13.6
North West	Brent	2,022	1,345	67%	247.9	18.1	32.9	11.1
	Fulham	1,469	1,133	77%	293.9	22.6	40.3	15.6
	Hanwell	1,698	1,170	69%	251.5	19.7	35.5	12.9
	Hillingdon	1,005	670	67%	131.8	18.3	33.6	11.8
South East	Westminster	1,065	791	74%	184.8	20.5	36.8	14.0
	NULL	35	25	71%	5.6	5.1	36.0	13.4
	Bromley	1,110	806	73%	186.2	17.8	37.5	13.9
South West	Deptford	2,780	1,986	71%	482.6	21.0	38.5	14.6
	Greenwich	1,511	1,091	72%	209.3	18.8	33.5	11.5
	Croydon	1,138	840	74%	171.3	19.0	35.8	12.2
	New Malden	1,070	799	75%	174.6	21.0	37.0	13.1
Other	St Helier	789	574	73%	113.6	19.3	34.7	11.9
	NULL	35	25	71%	5.6	5.1	36.0	13.4
	IRO	5	3	60%	4.0	27.8	123.6	80.0
	Other	418	257	61%	58.2	15.9	36.6	13.6
	Training	778	497	64%	121.2	18.7	36.5	14.6
<b>TOTAL</b>		<b>25,189</b>	<b>17,581</b>	<b>70%</b>	<b>3983.5</b>	<b>18.9</b>	<b>37.3</b>	<b>13.6</b>

Max average breach value  
Value >10 mins per breach

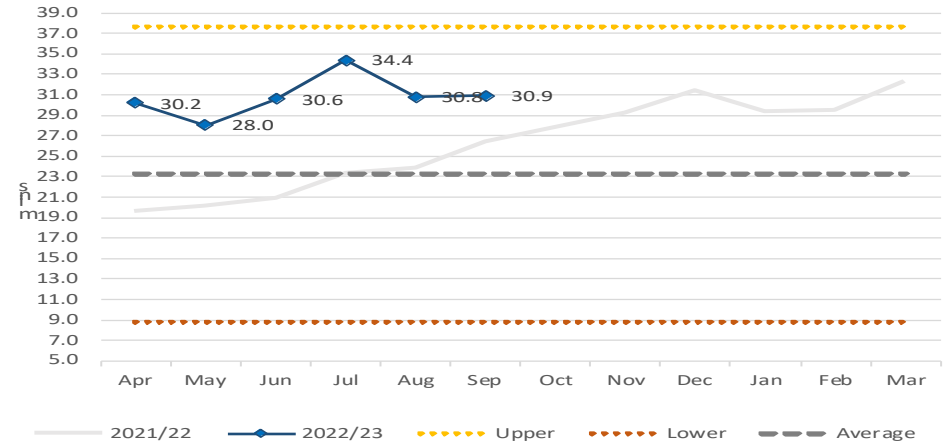
Max average breach value  
Value >7 mins per breach



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

	Jul-22	Aug-22	Sep-22	Year-end Target
<b>Arrive at Hospital to Patient Handover (mins)</b>	34.4	30.8	30.9	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.

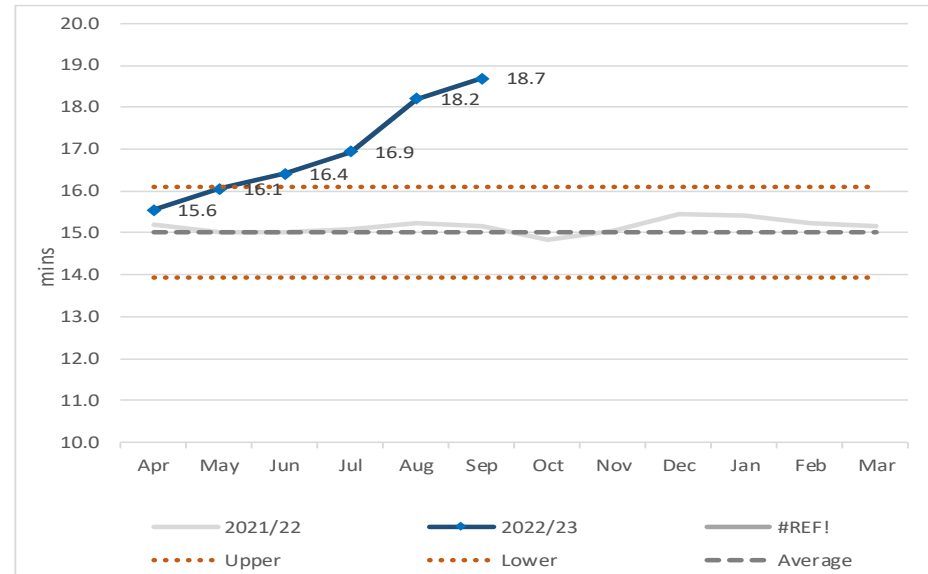


### Patient Handover to Green (\*\*Emergency Departments only & Excluding blue calls)

	Jul-22	Aug-22	Sep-22	Year-end Target
<b>Patient Handover to Green (mins)</b>	16.9	18.2	18.7	15.5

Handover to Green YTD performance has been outside of target at 18.7 minutes during September 2022. When compared to August 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 01/11/2022 and is subject to change due to data validation processes**



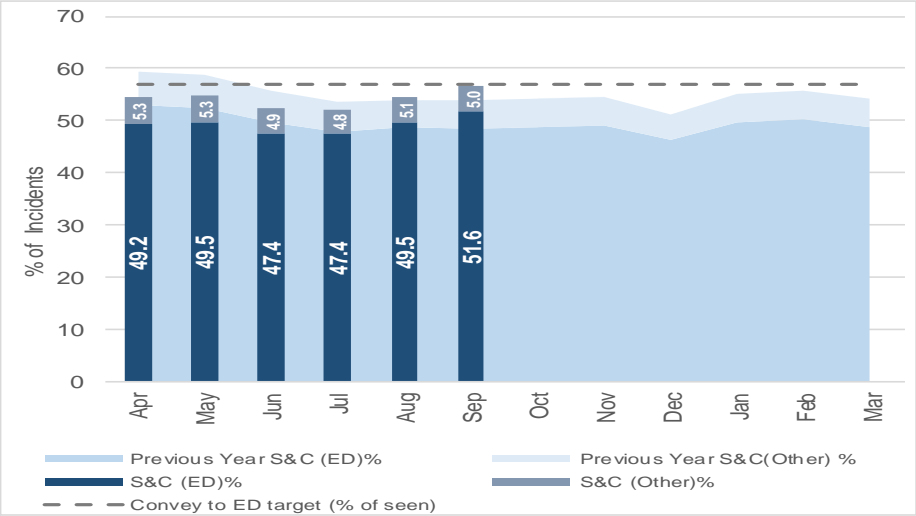


### See and Convey to Emergency Department

Sep-22	Year To Date	Year-end Target
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See & Convey ED %	LAS	51.6%	49.0%	57.0%
	Target			

The conveyance to emergency departments target (57.0%) was delivered in September (51.6%) and continues to be a strong metric for the Trust with LAS ranked 6<sup>th</sup> 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.

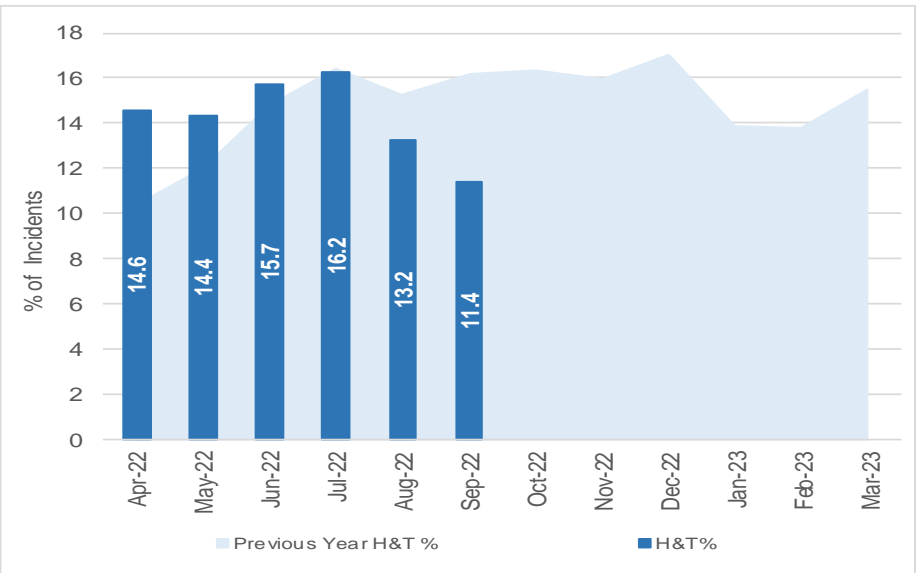


### Hear and Treat %

Sep-22	Year To Date	Year-end Target
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Hear & Treat %	%	11.4%	14.4%	TBC
	(n)	7,709	82,375	

Hear & Treat performance saw us achieve 11.4% during September, which is slightly lower than the same month last year. This is in line with a slight reduction in the number of incidents. LAS ranked 5<sup>th</sup> 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 (14.4%) 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 01/11/2022 and is subject to change due to data validation processes**



### Education Feedback

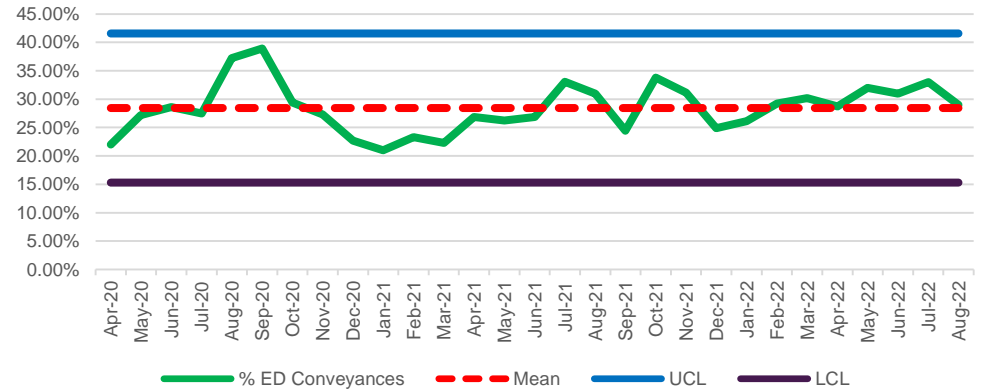
‘Another good short and concise cpd. Long may they continue’  
*B6 Paramedic*

‘Excellent session’

‘Case based discussion is always good’  
*Attendees of Brent EoLC Coordinator CPD Event*

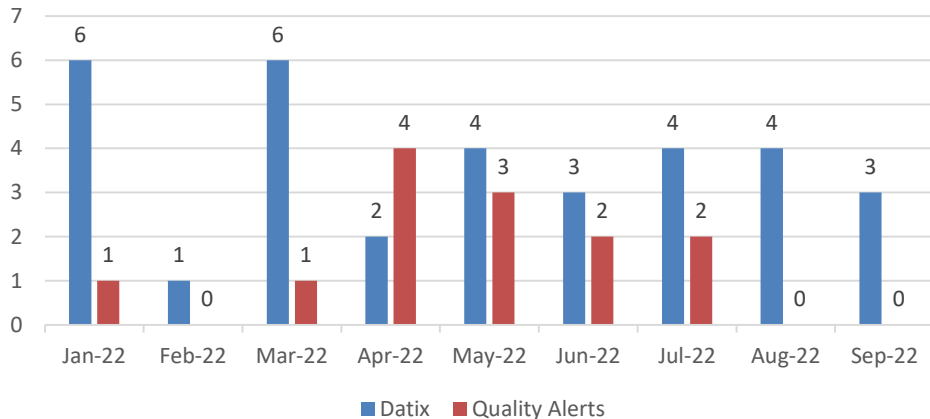
### ED Conveyance

Aug'22: 29%



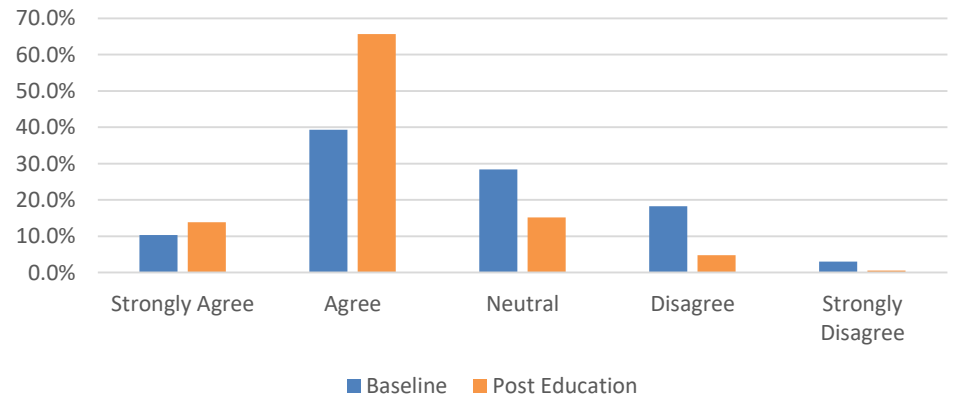
### Incidents

Sep'22: 3



### Staff Confidence

Sep'22: 79%

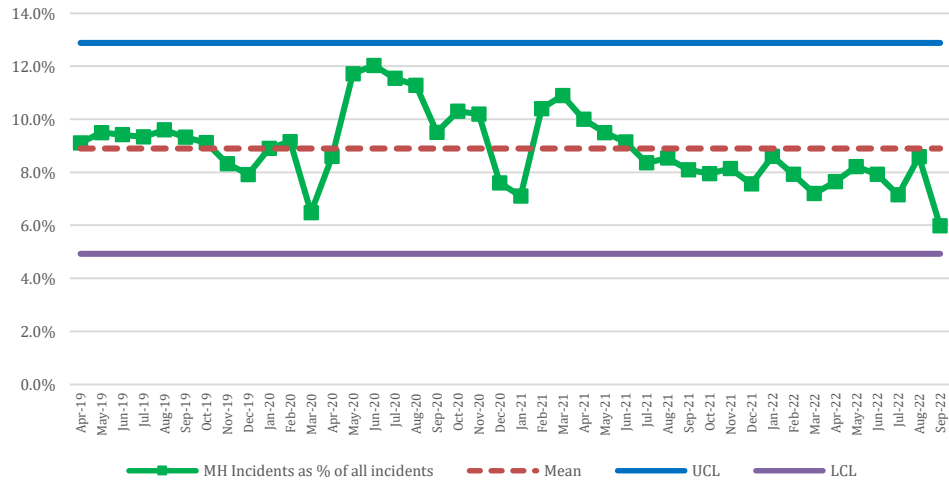


- Local EoLC Coordinator CPD events commenced
- Team won best abstract presentation at the Ambulance Leadership Forum Conference 2022
- Working with internal & external stakeholders regarding urgent care plan implementation
- EoLC response car evaluation approved by PSCEG



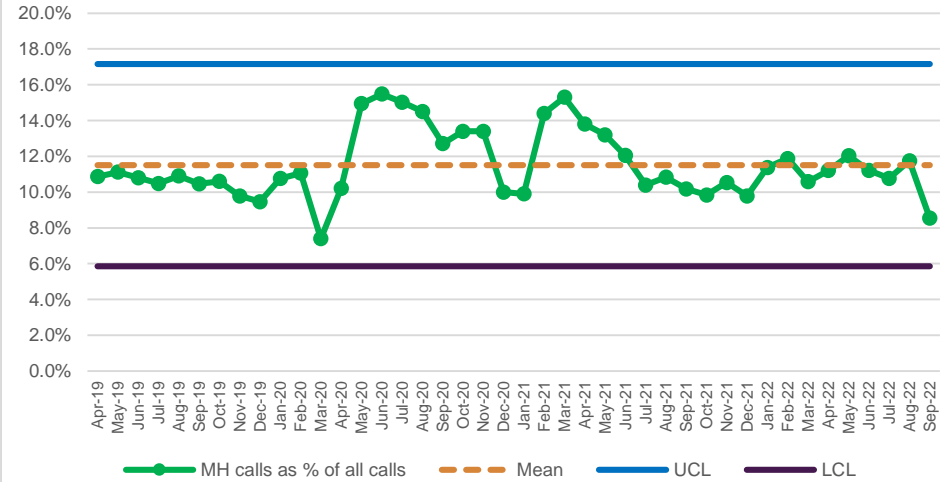
### Mental Health Incidents as % of all incidents

Sep'22: 6%

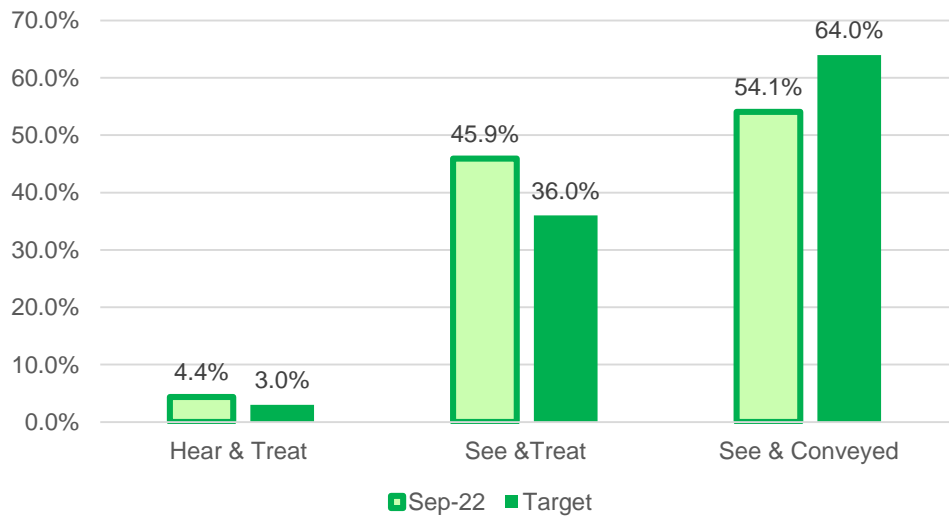


### Mental Health calls as % of all calls

Sep'22: 9%



### Hear & Treat and Face to Face Incidents



### Training & Education

- Our 12 month rolling CPD programme continues and we have had a positive response.
- We have successfully recruited to seven vacant mental health practitioner vacancies and the staff are currently undergoing their pre-employment checks.
- The team contributed to North West Sector Clinical Team Manager Development day.