



# London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

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

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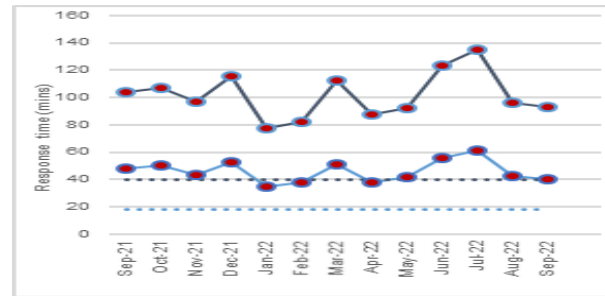
We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners**

Provide outstanding care for **our patients**

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

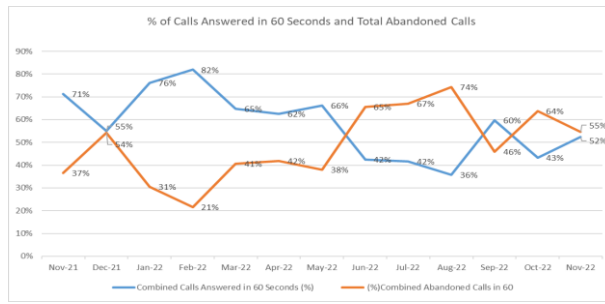
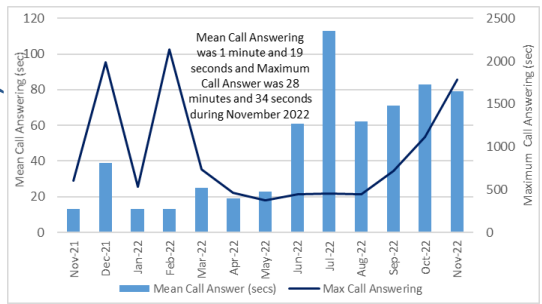
## Category 1 and 2 Performance

Category 1 undergoing independent review



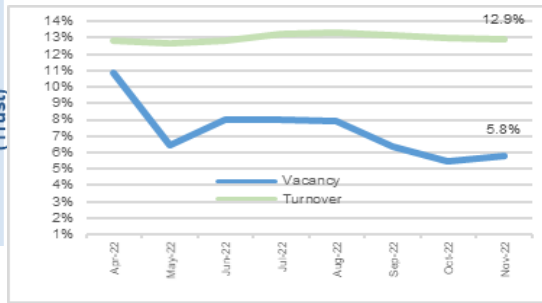
Response time data reporting has been paused as following the move to Cleric it became clear some of the response times contained anomalies which could make the data unreliable and not reflective of actual response times. This is being worked through. In the meantime response time data for categories C2-C4 reflects the period up to September 22<sup>nd</sup>

## Call Answering (999 and 111/IUC)



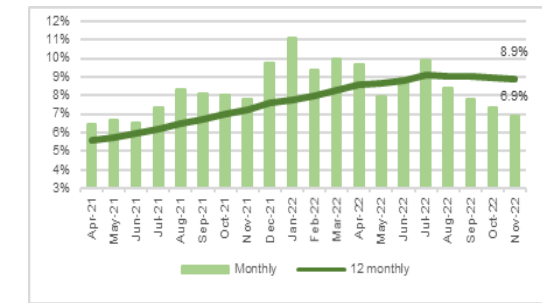
- The Mean 999 call answering time decreased in November 2022 to 79 seconds compared to 83 seconds in October 2022.
- The mean call answering time across NEL, SEL and NWL contracts in November was 51.7% of calls answered within 60 seconds. This remains below the 95% standard and is a decrease from 53.6% in October.

## Vacancy/Turnover Rate (Trust)



- The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. 100% of 999 courses and 96% of 111 courses filled in November.
- The frontline pipelines remain strong with over 600 candidates at conditional offer stage to fill the remaining 320 course places from January 2022 to March 2023.
- Fill rates for frontline recruitment remain very positive with 100% of paramedic and AAP places filled in November.
- The number of frontline leavers has remained positively below plan (-71FTE) and we continue to see a lower level of International Paramedic leavers.

## Sickness

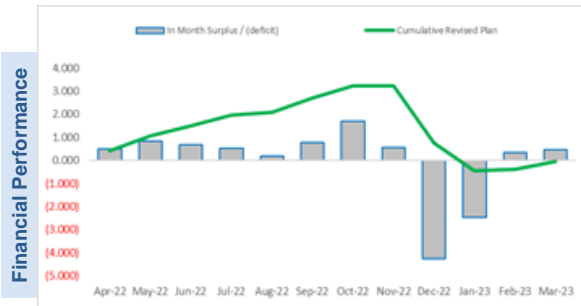


- In November the monthly Trust wide sickness decreased from 7.2% to 6.9%.
- Increases in episodes of coughs, colds and flu, gastro-intestinal and stress, anxiety and depression. Decrease in Covid sickness.
- Winter planning continues to be a focus for the wellbeing team (including mental health support) and work has been undertaken to ensure there are additional resources in place for colleagues suffering from extreme financial hardship.
- 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.

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

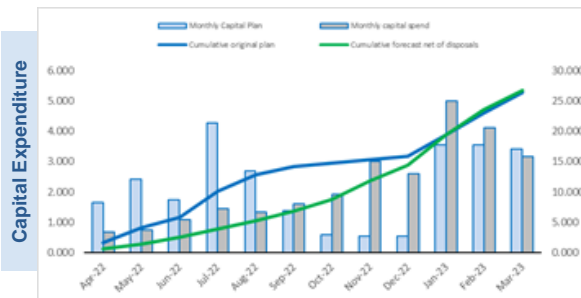
Provide the best possible value for the tax paying public, who pay for what we do

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



### Financial Performance

- YTD position: Surplus £5.836m which is £2.57m above plan.
- Full Year Forecast Position: Breakeven position, which is in line with the plan.



### Capital

Capital spend net of disposals and excluding donated assets is £11.883m YTD against a plan of £15.323m, which is £3.490m below plan due to slippage on several projects. Actuals forecast to exceed plan for each month for the remainder of the year and the capital programme forecast is now £26.7m, which is £0.3m above plan. The increased plan includes new ICB Capital Resource Limit (CRL) award of £5.2m, and £3m for ambulance purchases from NHSE.

### Efficiencies

- YTD efficiency savings of £14.0m have been delivered. The Trust is forecasting to deliver £24.7m savings, which is £0.7m ahead of plan, (of which £8.9m is non-recurrent).

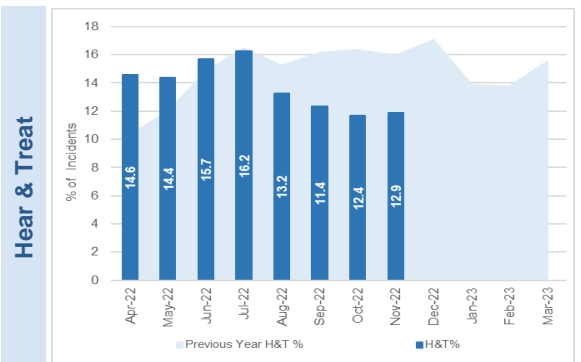
### Cash

- The month end cash position was £55.7m

	Sep-22	Oct-22	Nov-22	Year-end Target
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Arrive at Hospital to Patient Handover (mins)	30.9	36.2	37.0	18.0
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- 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. Work is continuing with the hospitals in liaison with the wider system and ICBs along with management of delays in real time within the Tactical Operations Centre and the Patient Flow team.
- The arrival to handover and handover to green metrics are based on the time a handover "PIN" is exchanged and entered into the system. Prior to the transition to the new LAS CAD in October 2022 this functionality was hosted in the "Hospital Alert System" and the setup within that system differs to that within our new CAD system "Cleric". The exchange of the PIN occurs at the same stage within the handover and transfer of care process, however, the system functionality does not allow for "PIN over-rides" and the ability now exists within the system to transfer the patient to the receiving unit within the site. This causes a variance in data capture and does not allow effective comparison of stand-alone metrics pre and post the new system.



- Hear & Treat performance saw us achieve 12.9% during November, 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 2<sup>nd</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										
Response time data reporting has been paused as following the move to Cleric it became clear some of the response times contained anomalies which could make the data unreliable and not reflective of actual response times. This is being worked through. In the meantime response time data for categories C2-C4 reflects the period up to September 22 <sup>nd</sup>										
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	%	Aug-22	●	31% N	27.4%	28.6%	27.3%	25.6%	28.4%	3
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Jun-22		95.0%	95.1%	95.1%	93.6%	83.9%	95.1%	

#### Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 04/01/2023 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



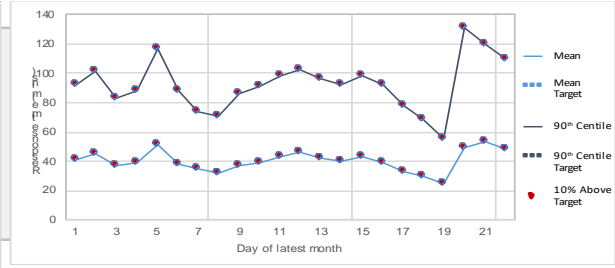
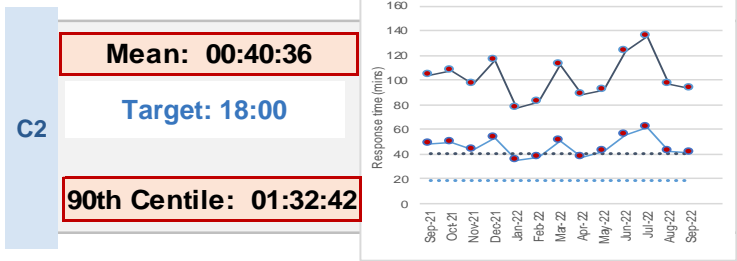
The Trust moved to Cleric CAD on September 23rd. Response time performance reflects the position to September 22nd. The Category 1 mean in September returned 7 minutes and 14 seconds with a Category 1 90th centile of 12 minutes and 16 seconds. The 90th centile remains within target showing a slight improvement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

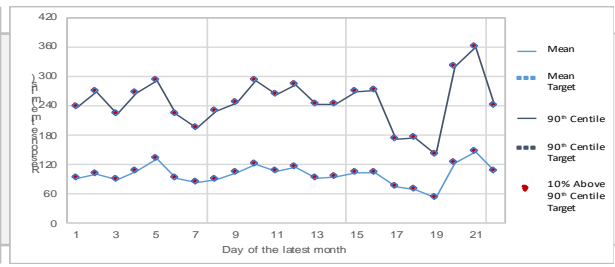
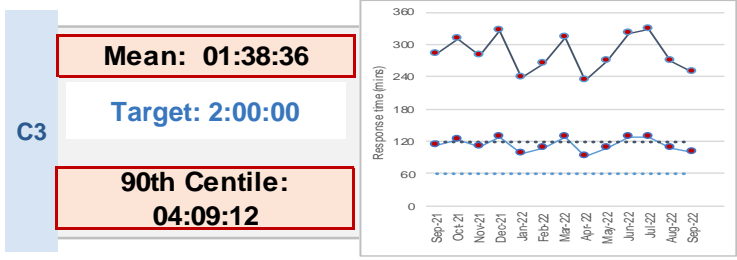
### Daily Analysis

Category 1 undergoing independent review

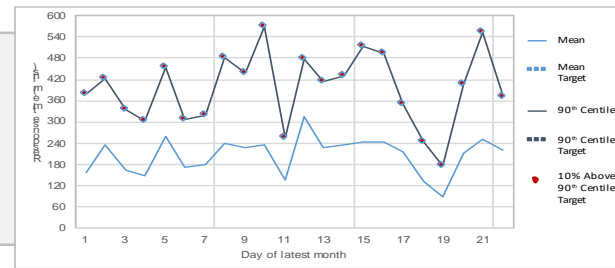
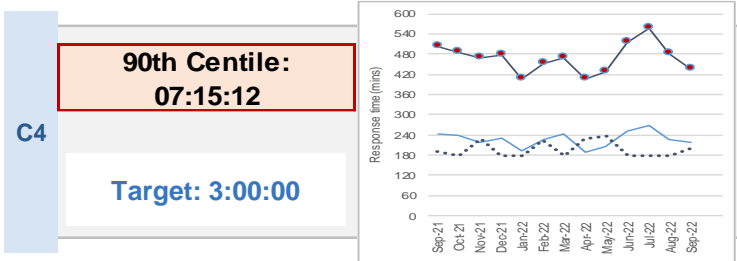
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Our C2 mean and 90th centile both remain outside of target during September. The Trust responded to 50,030 Category 2 calls in September. The sustained pressure continues to make it harder to reach patients within national targets, particularly in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



C3 mean 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 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.

# 1. Our Patients

## 999 Response Time Performance

## Operational Demand



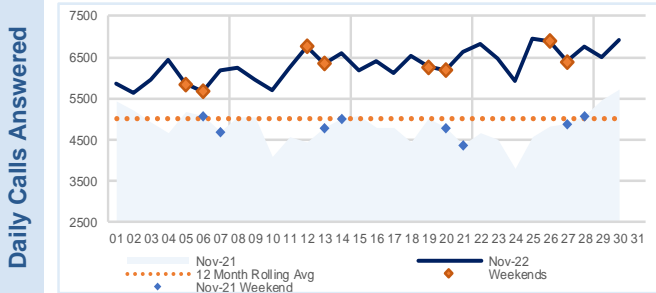
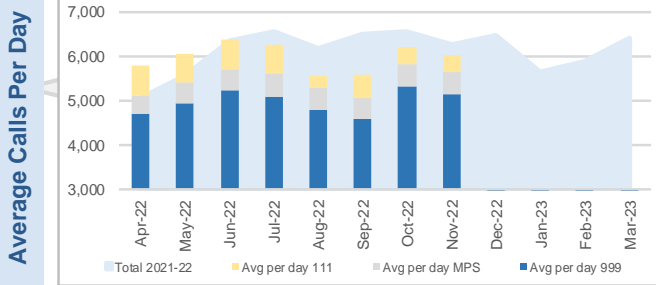
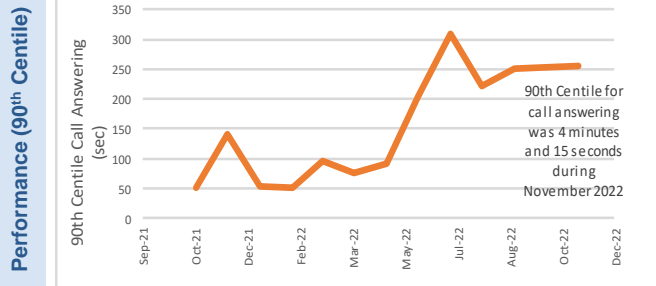
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

*Please note: 999 performance data is correct as at 04/01/2023 and is subject to change due to data validation processes*

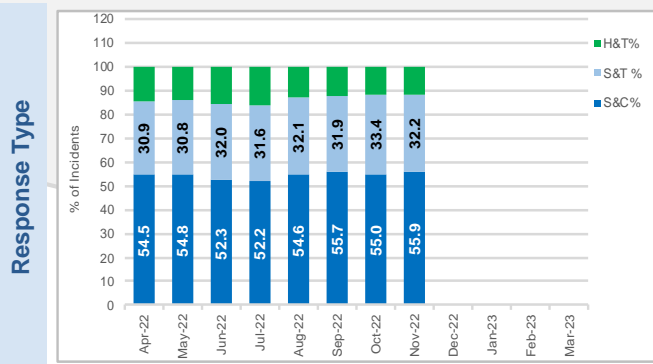
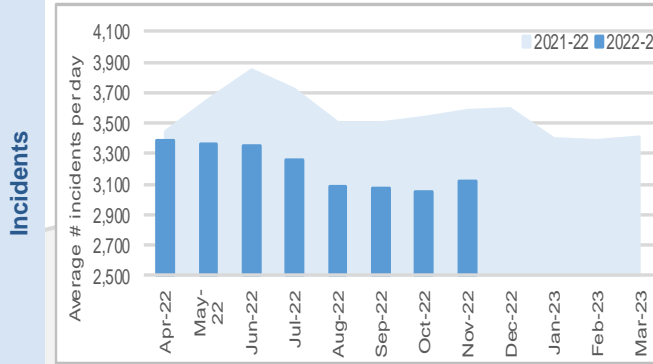
### 999 Calls Received

November 2022 saw a decrease in the average calls per day against October 2022. Calls answered peaked at 4,588 on the 30<sup>th</sup> November 2022. The 90<sup>th</sup> Centile for call answering showed an increase in November 2022 at 4 minute 15 seconds compared to 4 minute 13 seconds in October 2022 this is partly due to the implementation of Cleric CAD.



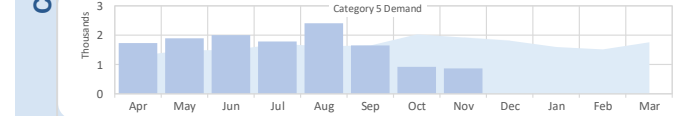
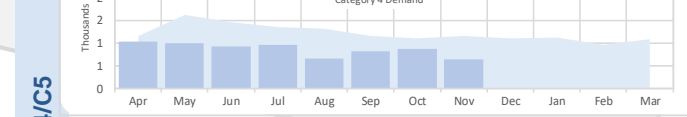
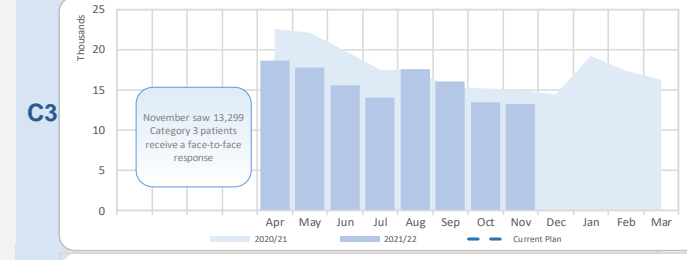
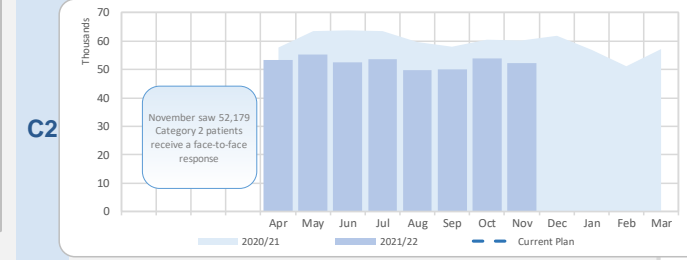
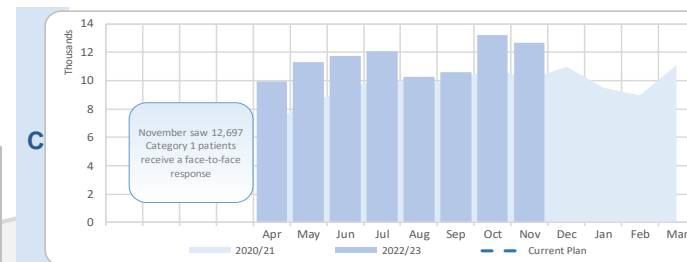
### Incidents and Response Type

The number of incidents per day showed an increase when compared to October. Performance for ED conveyance continues to remain strong with LAS ranked 7<sup>th</sup> nationally.



During November 2022 SWAS was best in class achieving 39% for See & Treat. SWAS gained 1st place and was best in class for See and Convey, achieving 50% and WMAS was best in class for Hear and Treat categories with 16.1%.

### Incident Category (By Month)

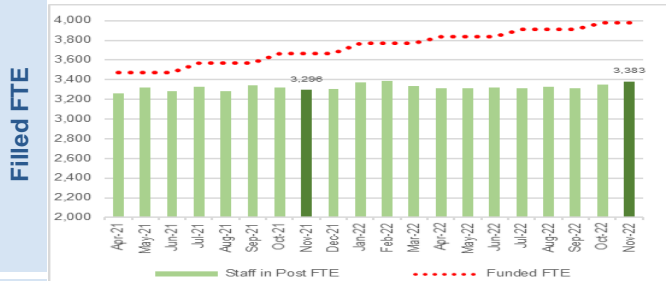




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

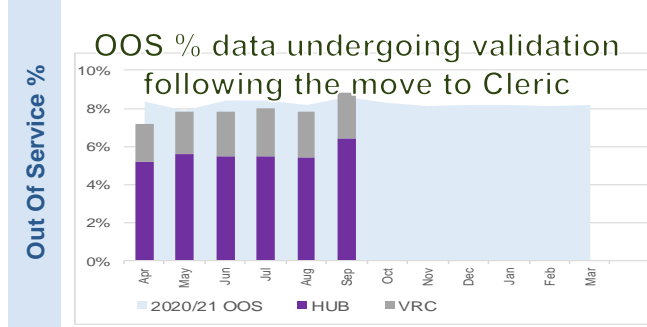
### Frontline Operational Staff

The frontline FTE establishment has increased from 3,910fte to 3,980fte (70fte) in Q3 to reflect the forecast demand in 2022/2023. Our overall operational staff in post has increased from 3,350 to 3,383, with a decrease in vacancies from 15.8% to 15.0%. There are currently 204fte staff in classroom training which includes 88 starters in November. The 15% gap is currently being filled by overtime.

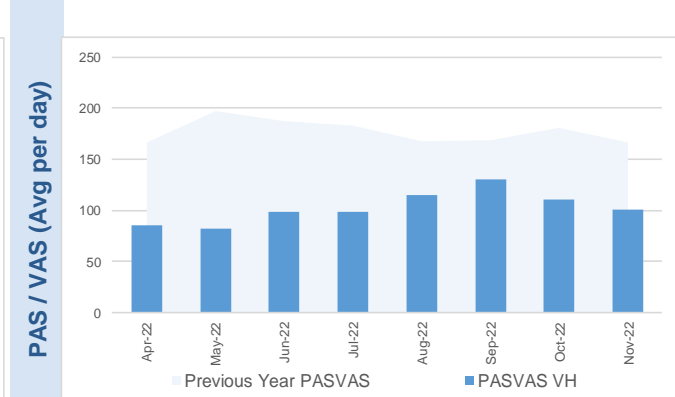
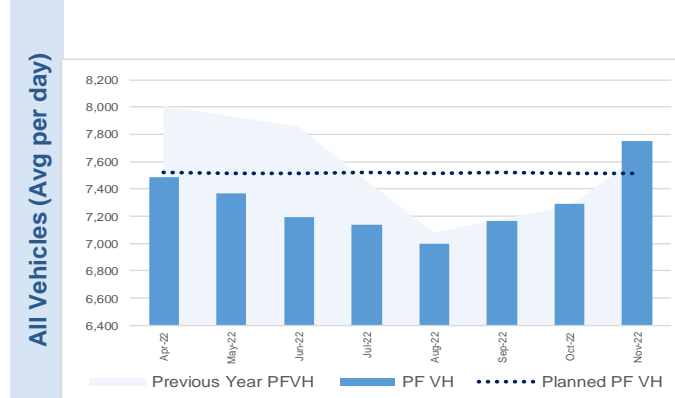
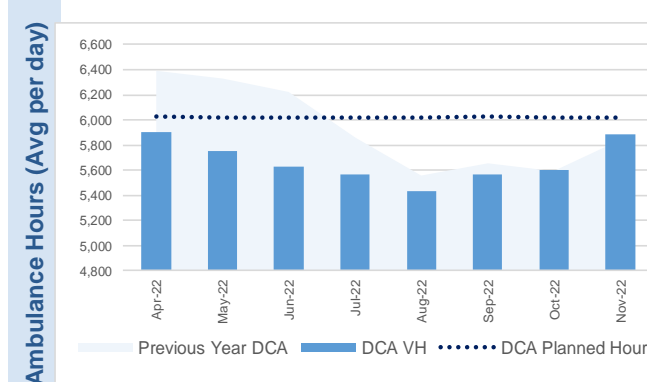


### Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 7.3% in November 2022. The Trust has provided an average of 12,657 patient facing hours in November 2022, an increase from October 2022 which averaged 8,947 patient facing hours. The DCA PVR remains consistently high, with an overall average in November 2022 of 403, an increase from October 2022 of 382. We continue to see a spike in DCA vehicle requirements at 1500hrs & 1800hrs due to the DCA overtime shift starts however this is managed within the teams keeping Out of Service for VEHNO below 1%. We maintained a high level of fully kitted DCA availability at the start of each day averaging 406 DCA vehicles during November 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 539.38hrs (0.19%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for November 2022 of 273,342.87hrs. We have started to see an increase in DCA unavailability due to RTCs resulting in an average of 15 DCAs unavailable per day in November 2022, an increase from October 2022 which averages 11 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



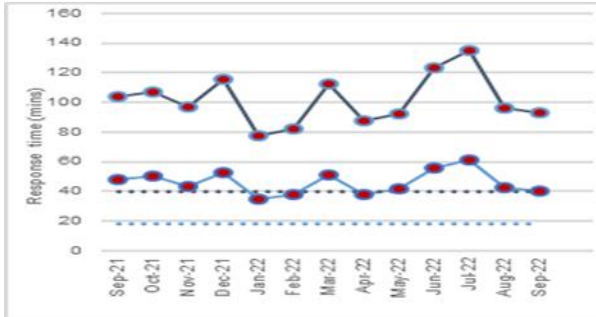




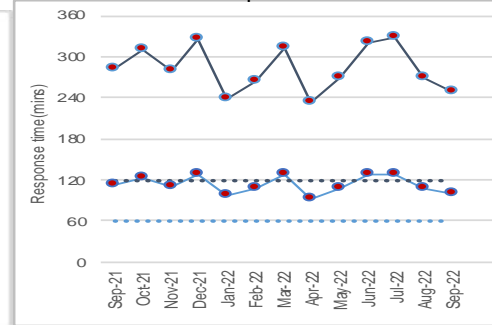
The service did not meet operational delivery KPIs in September for C1, C2 & C3. The focus remains on recovering performance KPIs.

Category 1 undergoing independent review

C2 response time



C3 response time



The Trust moved to Cleric CAD on September 23<sup>rd</sup>.

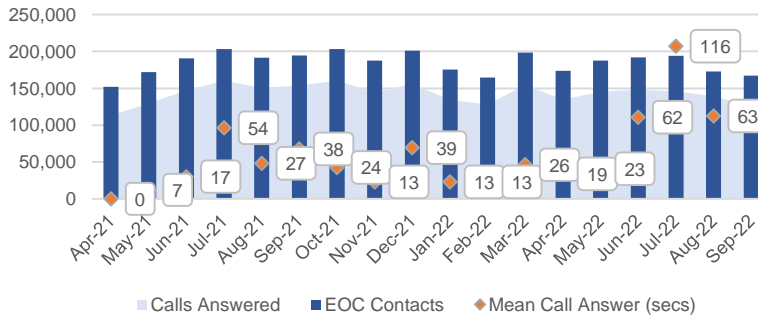
Response time performance reflects the position to September 22<sup>nd</sup> only.

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.

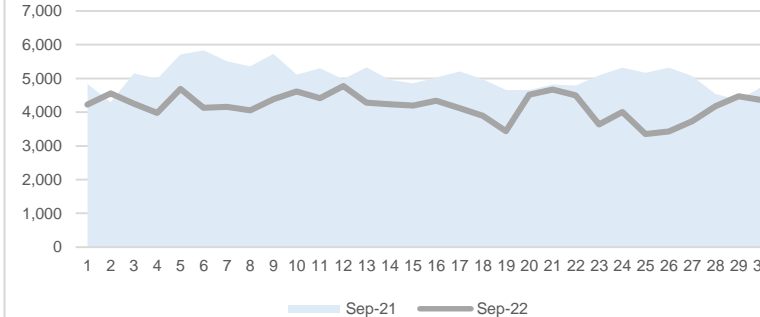
We can see the number of EOC contacts has also remained high.

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.

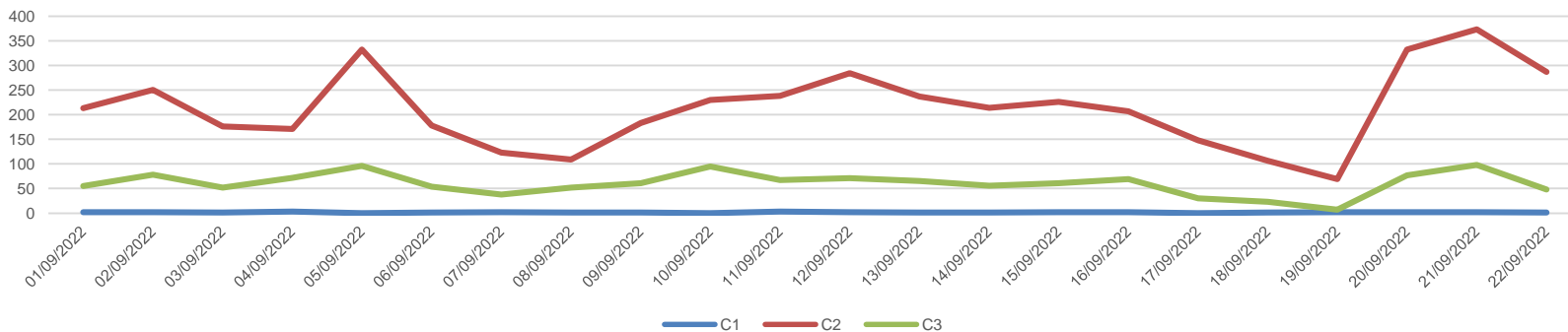
Monthly Contacts vs Calls



Daily Calls Answered



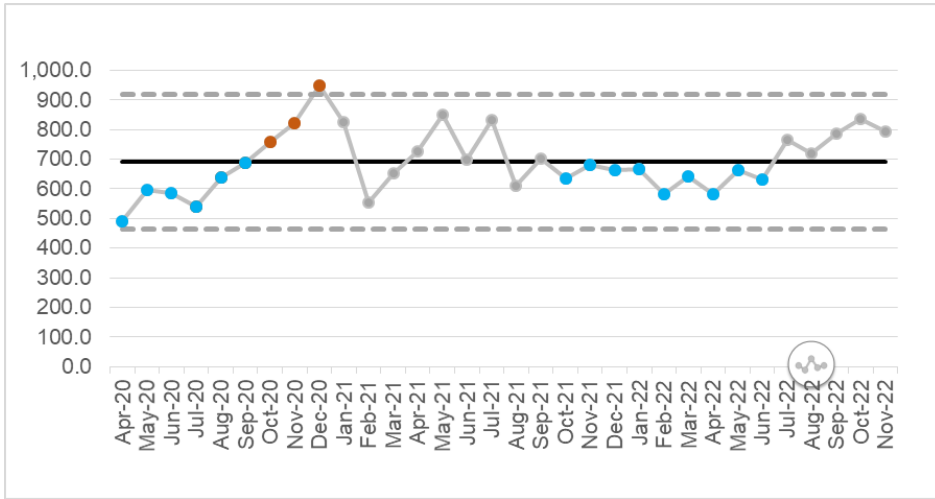
Number of 2 x 90th Centile Details By Category of Call & Date



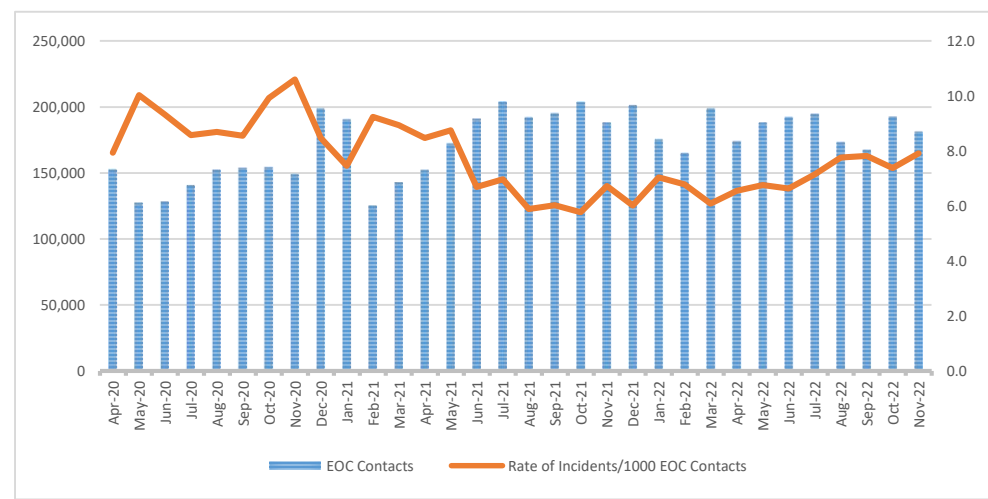


The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

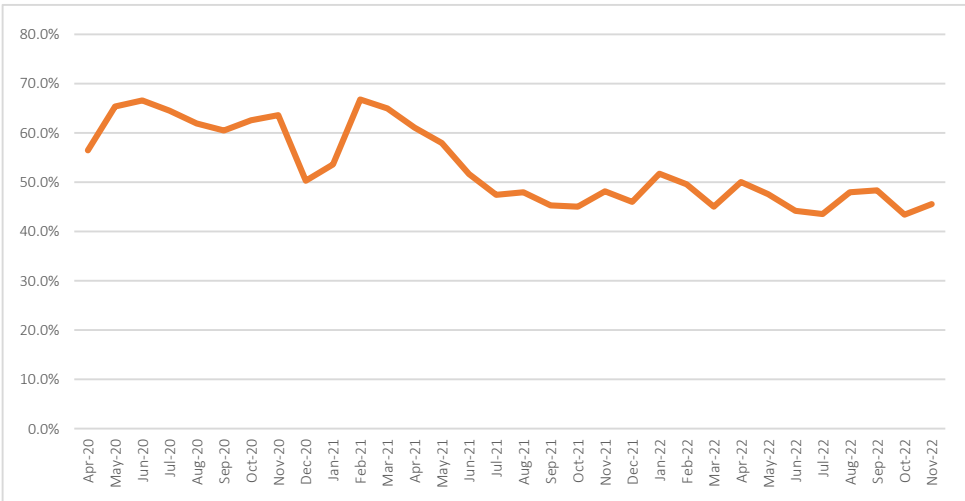
### Patient Safety Incidents Nov'22: 792



### Rate of Incidents Reported / 1000 EOC Contacts Nov'22: 7.9



### % of EOC Contacts which resulted in a F2F Incident Nov'22: 46%



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

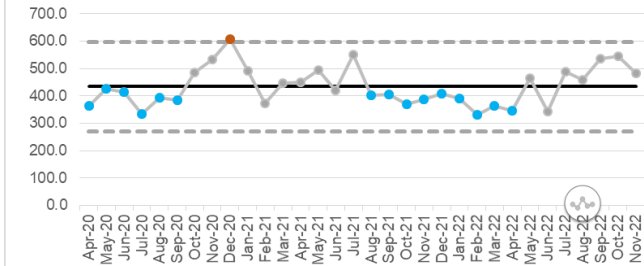
The graph on the left shows a decrease in the proportion of EOC contacts which resulted in a face to face incident, as a result of the overall increase in EOC contacts. In November 2022 there were 167,197 EOC contacts, of which 48% resulted in a face to face incident.



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.

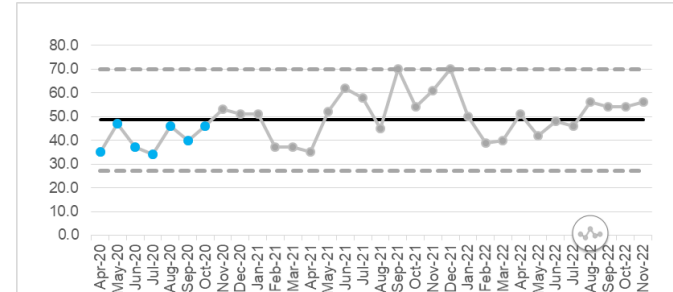
### No Harm Incidents

Nov'22: 483



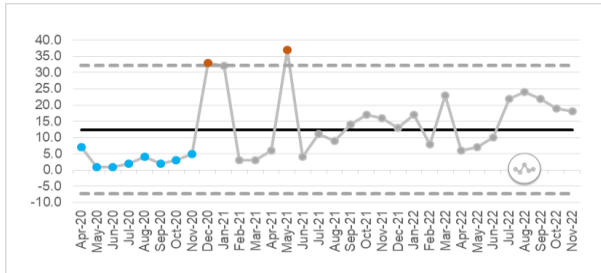
### Low Harm Incidents

Nov'22: 56



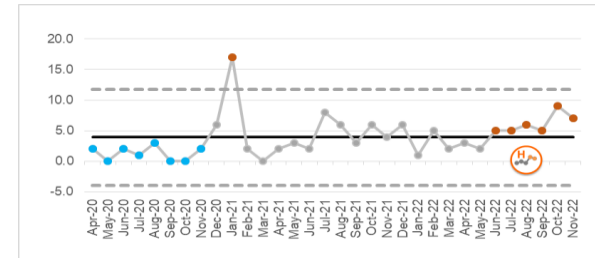
### Moderate Harm Incidents

Nov'22: 18



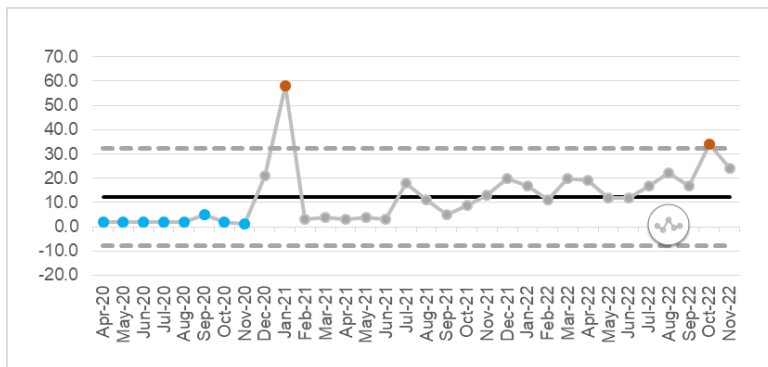
### Severe Harm Incidents

Nov'22: 7



### Death Harm Incidents

Nov'22: 24



### 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. The top 3 no harm categories in November 2022 were Dispatch & Call (124), Medical Equipment (62) and Clinical Treatment (56).

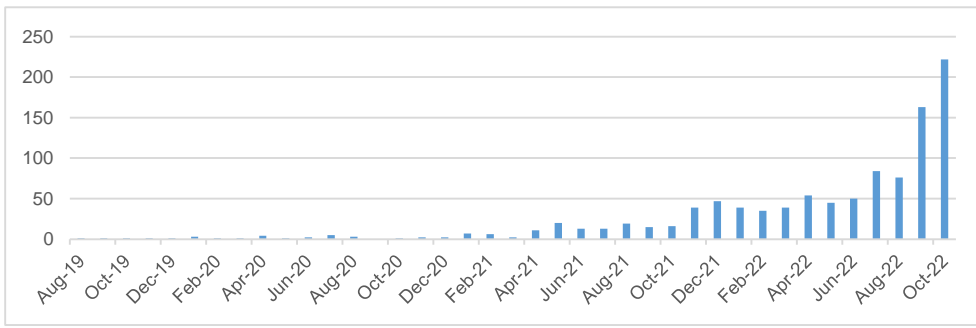
The number of moderate harm incidents has been increasing the last few months. The themes for November 2022 were Falls, Chest Pain, Cardiac Arrest & re-contact audits.

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. One of the main themes in November 2022 was cardiac arrest and re-contact audits. These incident undergo an Learning from Death Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

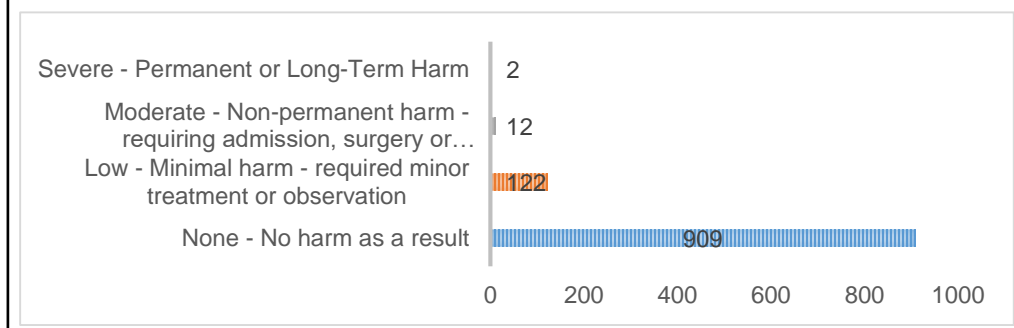


The number of overdue incidents on the Trust's risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

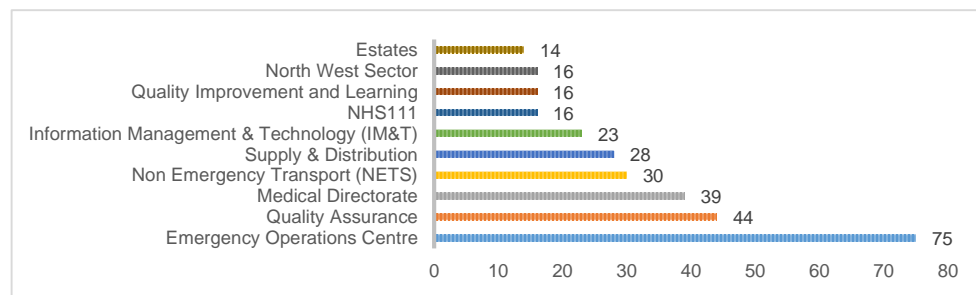
### Overdue Incidents by Reported Date



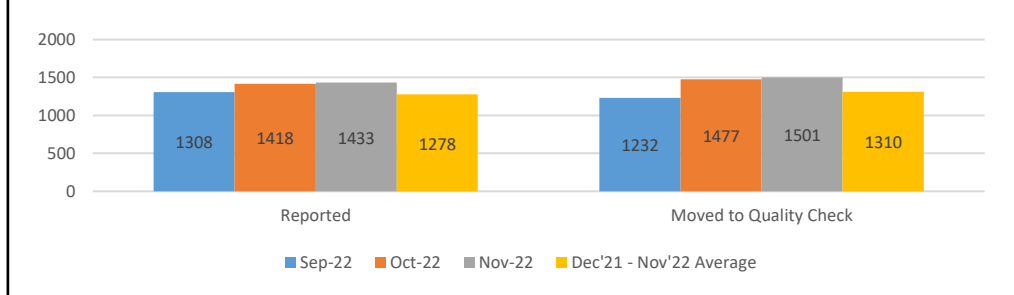
### Overdue Incidents by Level of Harm



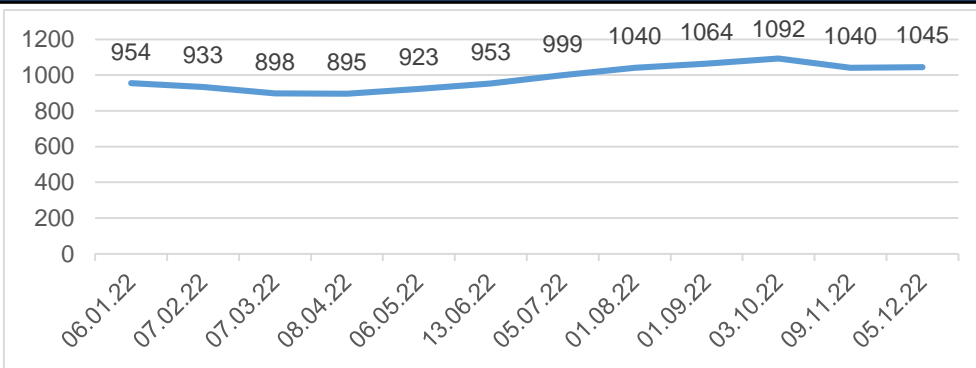
### Top 10 Away for Review Overdue Incidents by Investigation Department



### Current Incident Flow vs 12 Month Average



### Snapshot of Number of Overdue Incidents



### Analysis

There are 1045 incidents (as of 05/12/2022) 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
- 198 staff incidents (9/12 of the overdue moderate harm incidents are staff related)
- 228 Trust related incidents
- 11 visitor incidents

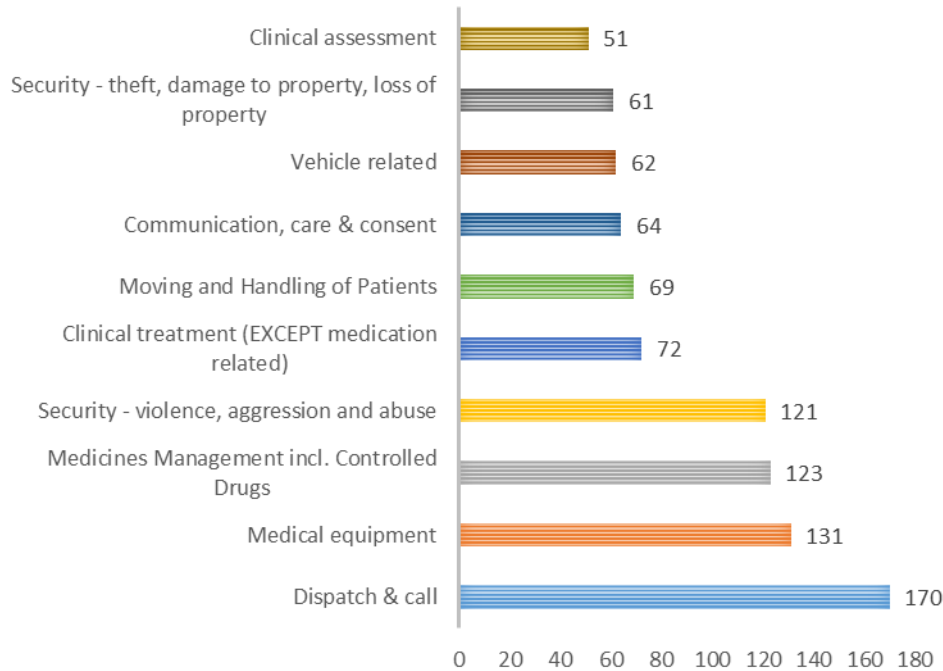
On average between Dec'21 – Nov'22, 1278 incidents were reported monthly on the system and 1310 incidents were investigated and moved to Quality check for final closure. During November 2022 the number of incidents reported was higher than average and the number of incidents moved to Quality Check was higher than the average.

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



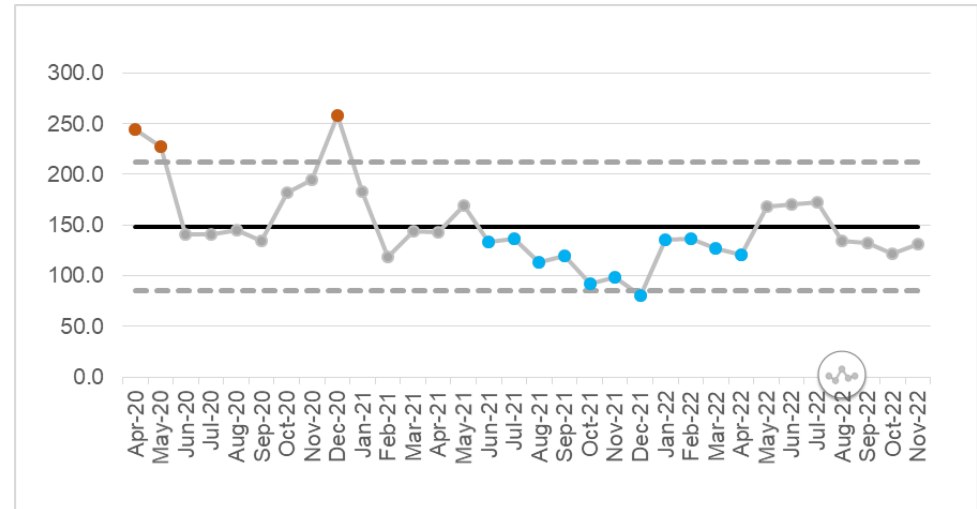
Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

### Top 10 Incident Categories November 2022



### Medical Equipment Incidents

Nov'22: 131



### Analysis

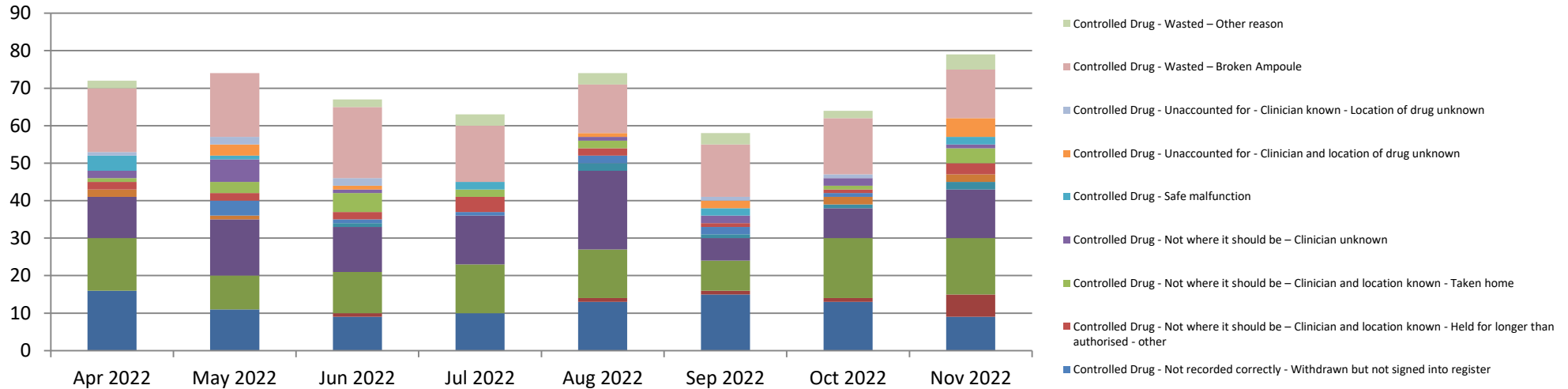
The top 3 incident categories in November 2022 were Dispatch & Call, Medical Equipment & Medicines Management.

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=54)
  - Morphine retained off-duty (n=6)
  - Abloy key breakage or loss (n=1)
  - Breakages, wastage or damage (n=17)
  - CDs left unsecured (n=7)
- Other incidents
  - Breakages or wastage (n=14) and out-of-date (n=5) or drugs with no expiry date (5)
  - Non LAS prescriber error (n=5)
  - Drugs unsecured (n=2), not available (n=1) or temperature breach.
  - Loss of medicines (n=2) and Drug Usage Form discrepancies (n=1)
  - Inappropriate administration or supply of paracetamol (n=4), aspirin (n=1), ibuprofen (n=2), ketamine (n=1), diazepam (n=1), amiodarone (n=2), midazolam (n=1), dexamethasone (n=2), ipratropium (n=2) hydrocortisone (n=2), morphine (n=2), adrenaline (n=1)

Assurance & Actions

Assurance

- No losses of schedule 2 drugs
- Medicines management audits ongoing
- Monitoring of medical gas supplies

Actions

- Release of new JRCALC guidance
- Development of 2023 CSR materials including medications



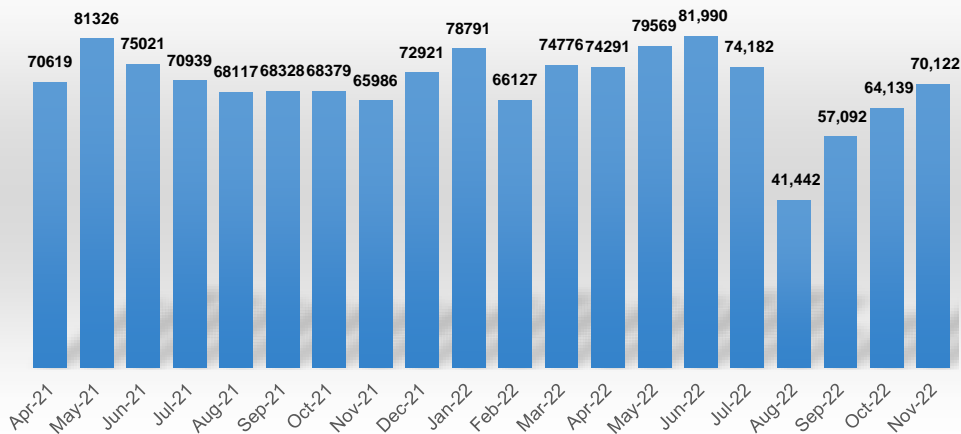
Our Trust-wide scorecard covers three of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **August 2022** which is the most recent month published by NHS England.

<p><b>ROSC at Hospital</b></p> <p><b>Month: 27.4%</b></p> <p><b>Target: 31.0%</b></p>	<p>ROSC %</p> <p>Target</p> <p>5% below target</p>	<p>The LAS ranked 3<sup>rd</sup> amongst all ambulance services for ROSC to hospital in the overall group (27.4%, down from 29.7%) against a national average of 25.6%. In the Utstein comparator group, we ranked 6<sup>th</sup> (44.2%, down from 51.1%) with the national average of 48.0%.</p> <p>For survival to 30 days, LAS ranked 8<sup>th</sup> in the overall group and 9<sup>th</sup> in the Utstein comparator group at 6.3% and 18.6% respectively. This compares to the national averages of 8.0% in the overall group and 25.1% in the Utstein comparator group.</p> <p>The post-resuscitation care bundle compliance was not published by NHS England this month.</p>
<p><b>STEMI call to angiography*</b></p> <p><b>Mean: 02:23</b></p> <p><b>Target: 02:10</b></p>	<p>Average Time (mins)</p> <p>Mean</p> <p>90th Centile</p>	<p>The LAS achieved a time of 02:23 for the call to angiography time measure*, which ranked the LAS in the 4<sup>th</sup> place when measured against other ambulance services. This was an improvement of 37 minutes (and 5 places) from July 2022, and was 13 minutes shorter than the national average of 02:36.</p> <p>NHS England did not publish STEMI Care Bundle data for August 2022.</p> <p><i>* Based on MINAP data which may not be a complete sample.</i></p>
<p><b>Stroke call to door**</b></p> <p><b>Mean: 01:36</b></p> <p><b>Target: 01:10</b></p>	<p>Average Time (mins)</p> <p>Mean</p> <p>90th Centile</p>	<p>In August 2022, the LAS achieved a time of 01:36 for the call to arrival at hospital time measure** and is currently ranking 4<sup>th</sup> in the country. This was 12 minutes shorter compared to the previous month and 5 minutes shorter than the national average (01:41).</p> <p>97.1% of suspected stroke patients attended by the LAS were provided with a complete pre-hospital stroke care bundle. This was 1.2% above the national average (95.9%) and represents a 2.5% improvement from the previous set of figures reported for May 2022. The LAS is currently ranked 7<sup>th</sup> in the country for pre-hospital stroke care bundle provision.</p> <p><i>** Based on SSNAP data which may not be a complete sample.</i></p>



### The services continue to receive a high number of calls

NEL - Actual Calls Answered



• In November a total of 70,122 calls were answered for the NEL IUC service.

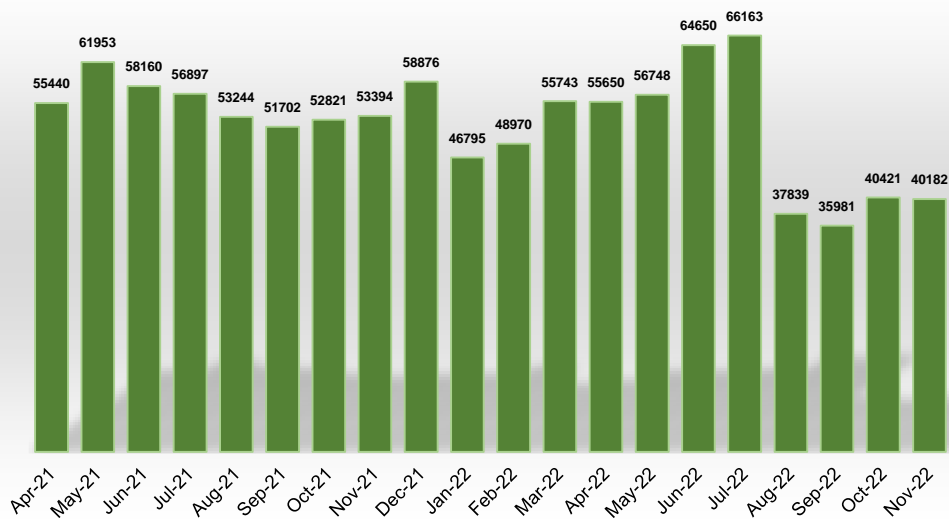
#### Performance

- A total of 10% of calls were abandoned after 30 seconds, a increase of 4%.
- The average call connection time for was 0:07
- 35% of triaged calls were transferred to the CAS
- 25% of calls were closed as self-care (Consult & Complete), this includes both call handlers and clinicians.
- 94% were Retriage/ Low Acuity Ambulance Dispositions.
- Answered in 60 min is at 56%, a increase of 10%

#### Management Summary

In November 2022 there was a 3,248 increase in total calls offered compared to November 2021. There were 5,983 more calls answered compared to October, a 4% decrease in % of abandoned calls and 10% increase in % of calls answered in 60 seconds. There was an increase in cold and flu absence due to winter period however we successfully signed off 12 new health advisors which supported the improvement in front end performance compared to October.

SEL - Actual Calls Answered



The 'Revised Forecast' for SEL was **40,078** for November 2022 and the original contract Forecast was **40,182**. SEL Contract Calls – including SEL calls offered at other providers - was **58,872**, which is **46.89%** above the 'Revised Forecast' and **46.51%** above original contract.

- November 2022 saw a rise in the 'Contract Calls Offered' to **58,872** compared with 56,872 in October. 'Contract Calls Offered' at **58,872** in November 2022 is 4.18% less than November 2021 (61,443) and 16.11% more than November 2020 (50,704).
- Calls Answered in November 2022 increased to **51,461**, compared to 47,910 the previous month

#### Measures which improved this month were:

- KPI1 'Proportion of calls abandoned' to **12.4%** - from 15.8%
- KPI2 'Average speed to answer calls' to **207** seconds this month – from 293 seconds
- KPI3 '95<sup>th</sup> percentile' to **691.8** seconds – from 783.1 seconds.

#### Measures that improved or stayed green in their RAG status

- KPI 4 'Proportion of calls assessed by a clinician or Clinical Advisor' at **53.9%** met its KPI.
- KPI 6 'Proportion of callers recommended self-care at the end of clinical input' improved to **11.5%** this month. (Page 6 and 15)

#### Other measures deteriorated this month:

- KPI 7 'Proportion of calls given Cat 3 or 4 ambulance disposition that are revalidated within 30 Mins' deteriorated to **3.3%** this month.





### NEL IUC

KPI Ref	Measure	Target	RAG Status			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-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%	11.7%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	101	73	266	350	648	122	303	201
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	690.2

### SEL IUC

KPI Ref	Measure	Target	RAG Status			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
			Green	Amber	Red								
KPI 1	Proportion of calls abandoned	≤3%	≤3%	>3% - ≤5%	>5%	7.6%	6.8%	19.1%	19.5%	29.7%	8.7%	15.8%	12.4%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	109	89	311	357	724	118	293	207
KPI 3	95th Centile Call Answer Time	≤120Secs	≤120Secs	>120 to ≤180 secs	> 180 secs	359.8	221.8	652.0	918.8	1711.6	357.0	783.1	691.8

### NWL IUC

KPI Ref	Measure	Target	RAG Status			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-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%	16.4%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	134	137	409	474	589	187	352	324
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	1399.1

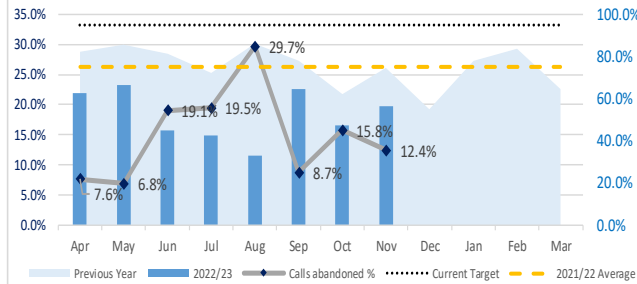
# 1. Our Patients

## 111 IUC Performance

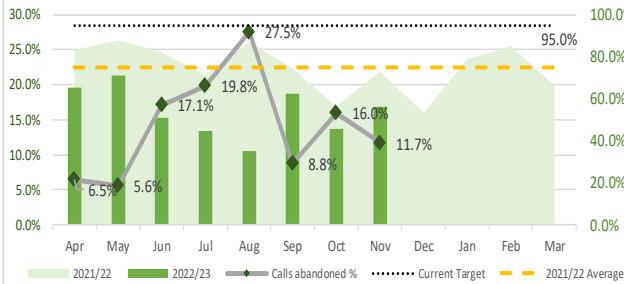


111 Performance on calls answered within 60 seconds SLA was outside target for North East London (NEL), South East London (SEL) and North West London (NWL) in November. Increasing call volumes, staff absenteeism and onset of seasonal pressures are continuing to impact staffs attempts to meet performance metrics. Abandonment rates were subsequently challenged with an average abandonment rate of 13.5% across the three contract areas. Though this is well above the target of <3%, it remained below the average for both London and England.

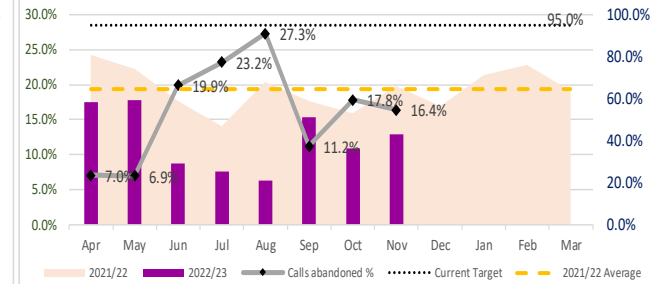
### South East London (SEL)



### North East London (NEL)



### North West London (NWL)



Call Answering & Abandoned Calls

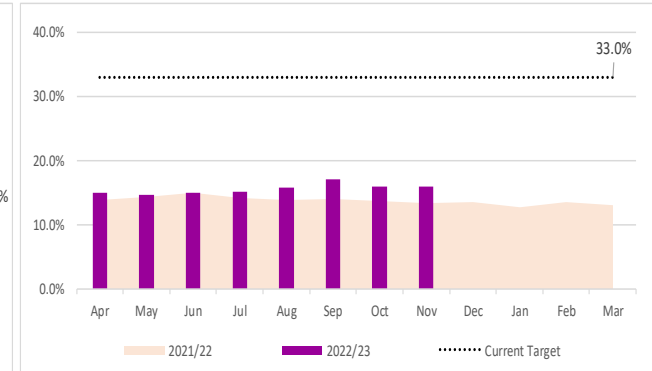
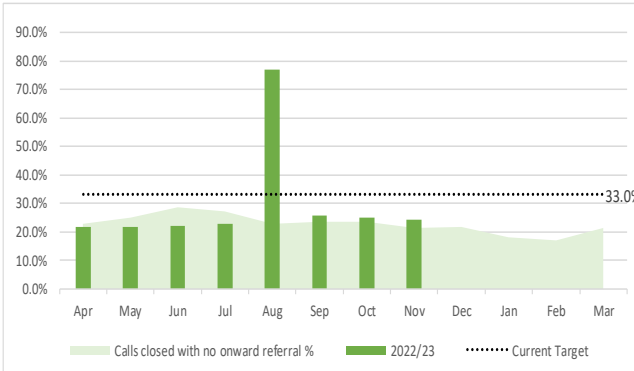
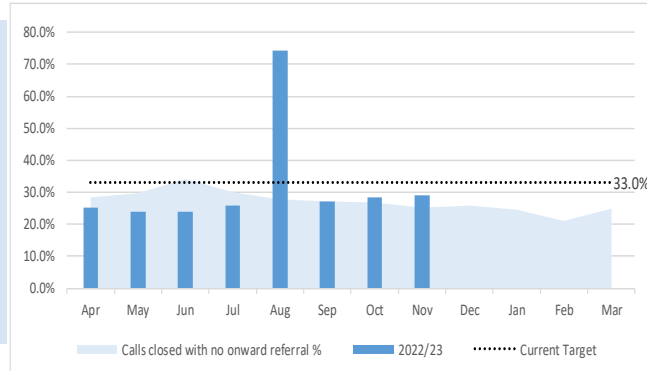
Target: 95% (CA) and 3%

**SEL: 56.3% / 12.4%**

**NEL: 56.2% / 11.7%**

**NWL: 42.8% / 16.4%**

% of calls closed with no onward referral



Target: >33%

**SEL: 29.0%**

**NEL: 24.4%**

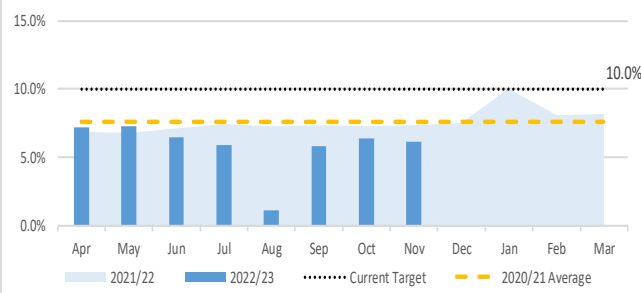
**NWL: 16.0%**

The percentage of calls closed with no onward referral remained consistent to previous performance across all contracts (excluding august downtime), averaging 23% which is below the target of 33%. 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.

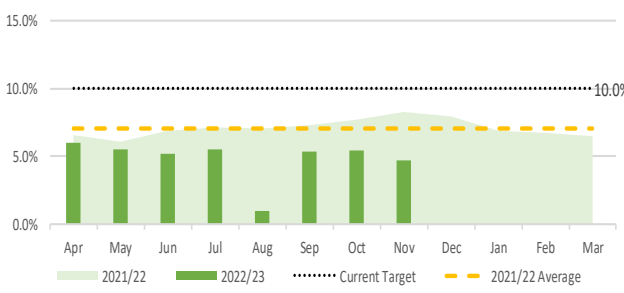


### South East London (SEL)

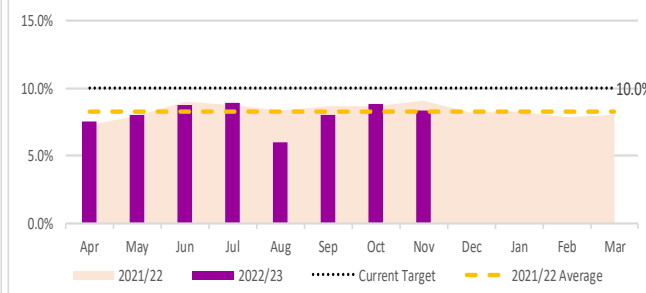
Calls Outcome:  
Transferred to 999



### North East London (NEL)



### North West London (NWL)



Target: <10%

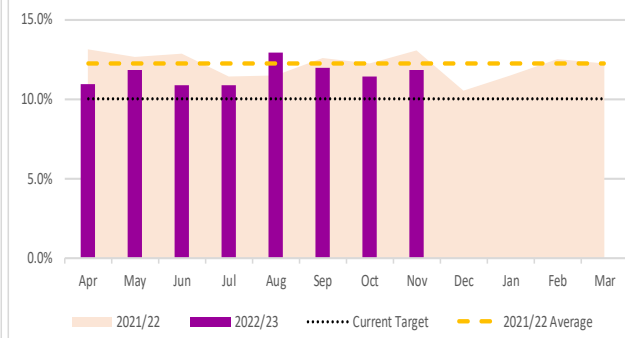
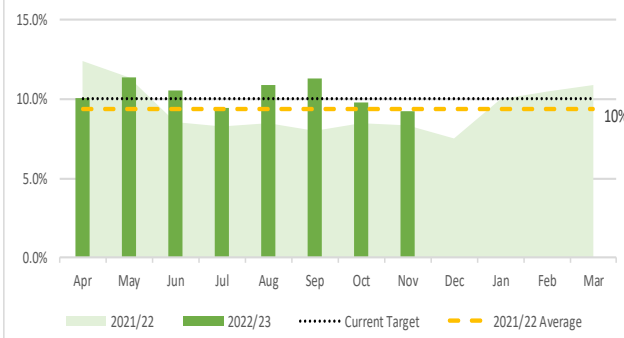
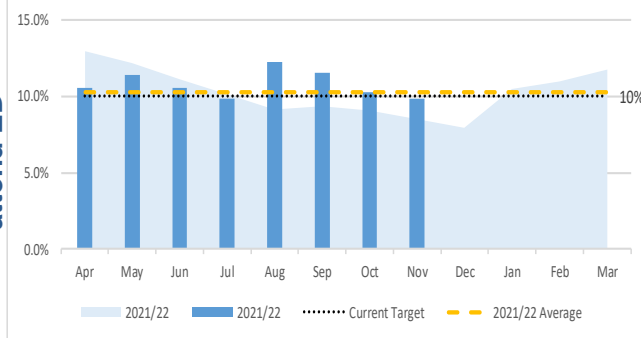
**SEL: 6.2%**

**NEL: 4.7%**

**NWL: 8.4%**

Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During the month of November LAS contracts averaged 6.5%, remaining in line with recent month's performance and the National average for England.

Calls Outcome:  
Recommended to attend ED



Target: <10%

**SEL: 9.9%**

**NEL: 9.2%**

**NWL: 11.8%**

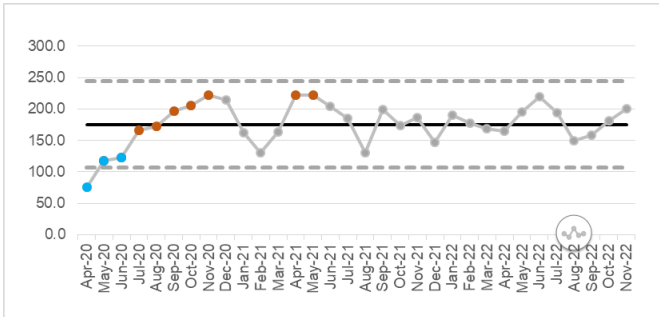
Collectively NEL, SEL and NWL have performed consistently on Emergency department avoidance, with the variation between contractions being 2.6% during the month of November. An Average of 10.3% was achieved across these contract areas. This sees a reduction of recommended ED attendance bringing us closer to the target of <10%. 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.

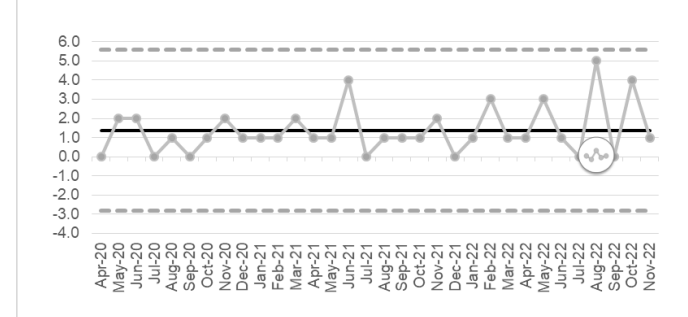
### No Harm Incidents

Nov'22: 200



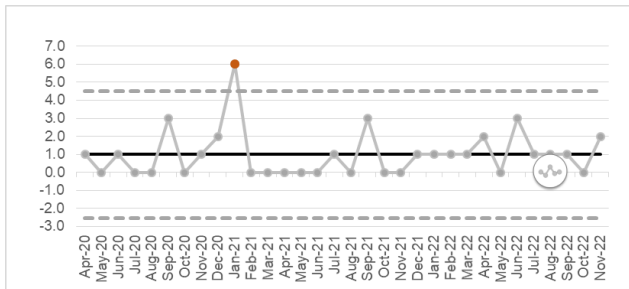
### Low Harm Incidents

Nov'22: 1



### Moderate, Severe & Death Harm Incidents

Nov'22: 2



### 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.

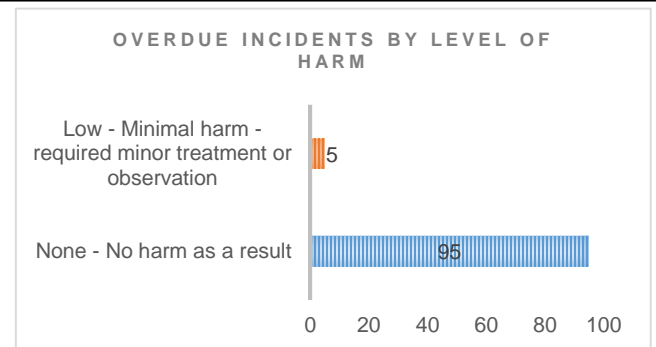
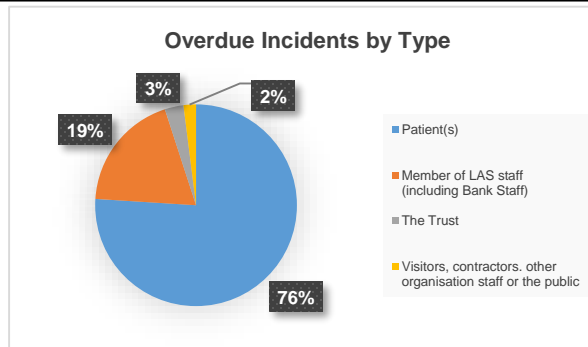
The number of incidents reported within IUC has been varied the last few months, call volumes remain high. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service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

### Incident Management

There are 100 incidents (as of 05/12/2022) which have been open on the system longer than 35 working days, (this excludes SIs & COVID-19 reviews)

- This breaks down to:
- 76 Patient incidents
  - 19 Staff incidents
  - 3 Trust related incidents.
  - 2 Visitor incidents

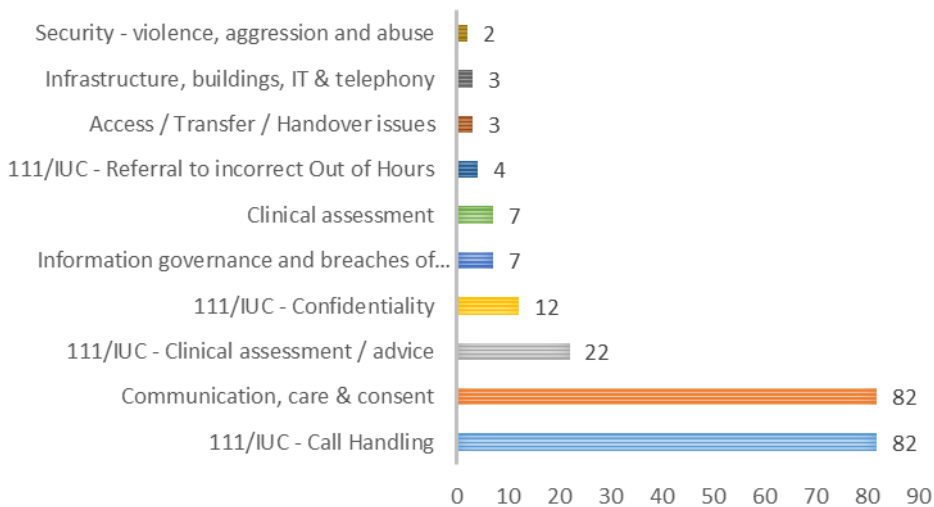
88% of incidents are in the Local Review stage  
 12% of incidents are in the Away for Review stage  
 95% of incidents have been classified as No Harm





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 November 2022**



**Analysis**

The top 3 incident categories in November 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**

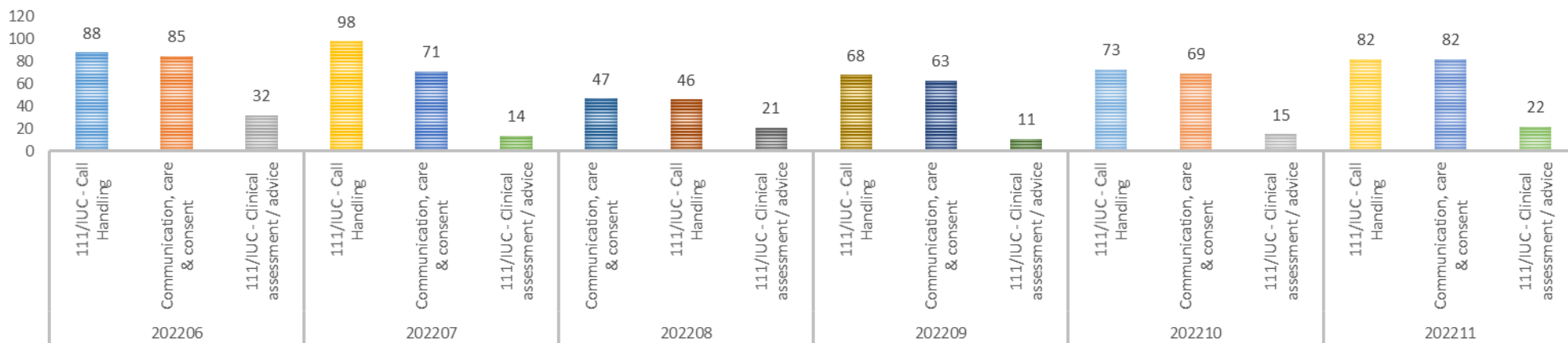
*Communication Care & Consent*

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.

**Jun'22 – Nov'22 Top 3 Categories by Month**





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

During November 2022, a total of 119 (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 119, 89 were identified as requiring an enhanced level of investigation. The breakdown of the 89 is as follows:

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

- 3 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.
- 2 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

- 12 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, including telephone assessment, dispatch and call, locally defined medicines management, and locally defined assessment of spinal injuries.
- 72 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.

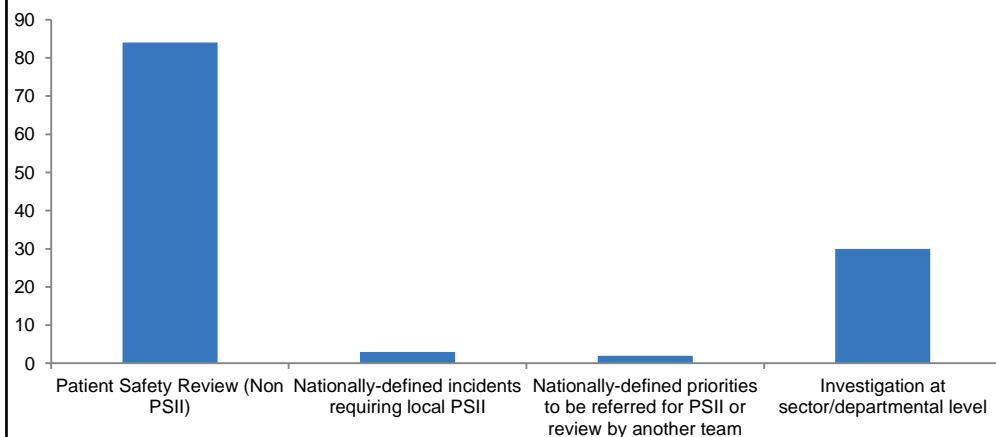
### Local Review

The remaining 30 incidents were referred to Sector/Department management teams to continue with a local investigation.

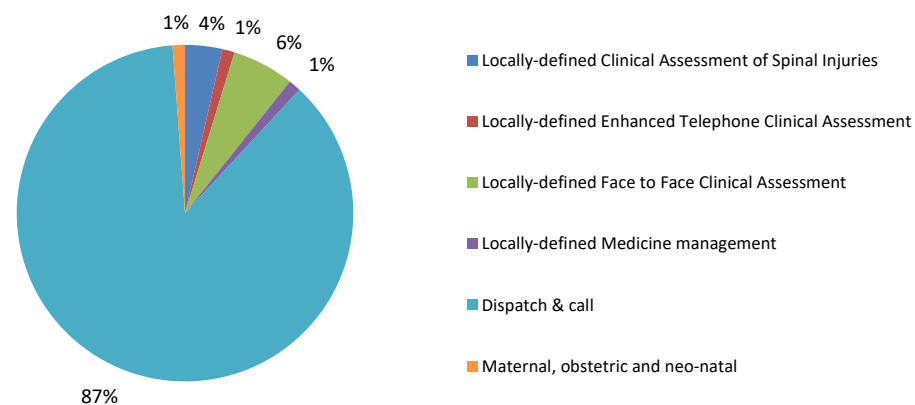
The following mitigating actions have taken place:

- 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 incidents discussed 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: November 2022**

There continues to be a focus on SI, PSII and PSR actions, at the end of November there were 133 open actions, of these 69 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

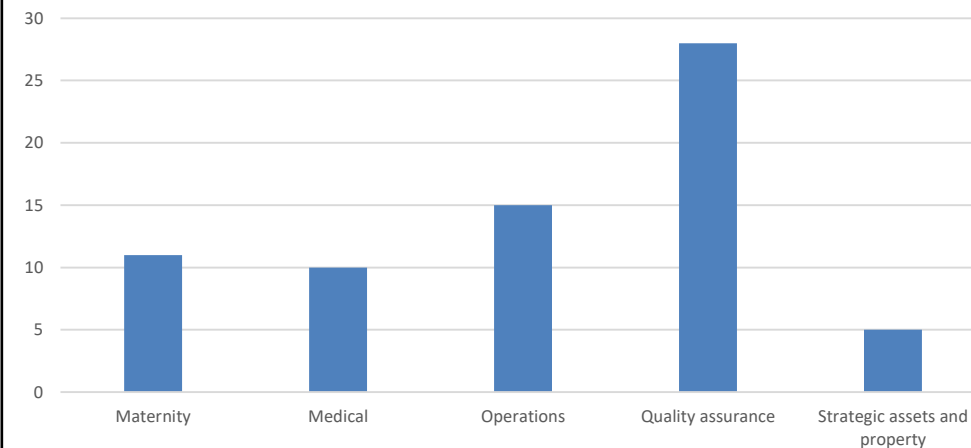
- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions 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:

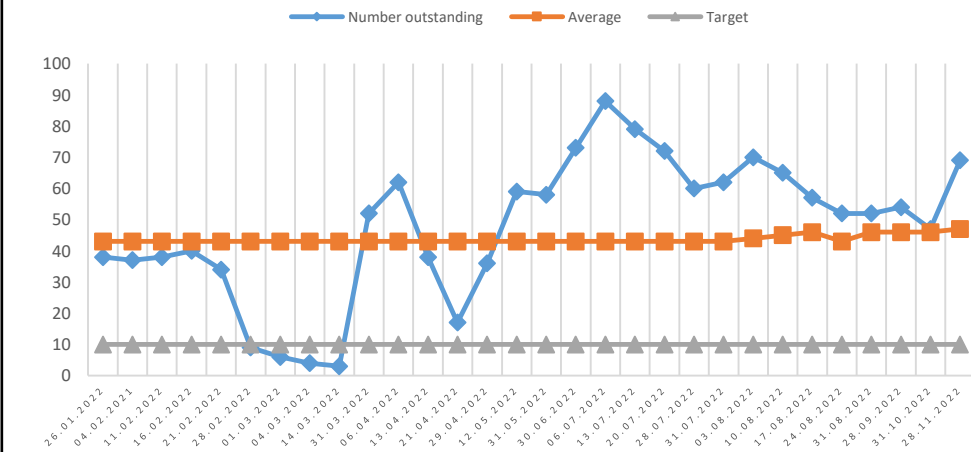
- **Action: Identified a need for barcode tracking of equipment**  
Update: Original due date – 31<sup>st</sup> March 2019. Approx 40,000 pieces of equip have now been tagged. The project continues to push onwards and Make ready will be the next department to have there equipment tagged. The roll out of the app will follow.
- **Action: Consideration given to revising OP60 with regards to what constitutes new information**

Update: Original due date – 31<sup>st</sup> October 2019. In association with the implementation of Cleric, OP60 has been approved by CAG and is now pending release.

**Open Actions by Directorate**



**6 Month Rolling Overdue Actions**

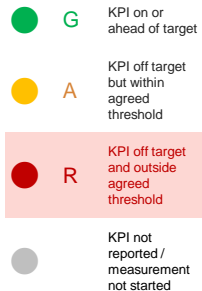




### People Scorecard

November-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	%	Nov-22	<span style="color: green;">●</span>	10%	Internal	5.8%	7.9%	6.1%	5.0%	<span style="color: green;">●</span>	
Operational Vacancy Rate	Monthly	%	Nov-22	<span style="color: orange;">●</span>	10%	Internal	15.0%	14.7%	13.3%	12.0%	<span style="color: orange;">●</span>	
Ambulance Operations Staffing FTE (actual against plan (22-23))	Monthly	(n)	Nov-22	<span style="color: orange;">●</span>	1000	Internal	0.00	-116.00	-116.00	254.00	<span style="color: orange;">●</span>	
Staff Turnover (% of leavers)	Monthly	%	Nov-22	<span style="color: green;">●</span>	13%	Internal	12.9%	13.0%	12.8%	13.0%	<span style="color: green;">●</span>	
Stability Index (% of staff in post >1 year)	Monthly	%	Nov-22	<span style="color: green;">●</span>	=>87%	Internal	87.0%	87.0%	88.0%	87.0%	<span style="color: green;">●</span>	
Staff Sickness levels (current month) (%)	Monthly	%	Nov-22	<span style="color: orange;">●</span>	6%	Internal	6.9%	8.4%	8.9%	6.0%	<span style="color: orange;">●</span>	
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Nov-22	<span style="color: red;">●</span>	6%	Internal	8.9%	8.9%	8.5%	6.0%	<span style="color: orange;">●</span>	
Trust Flu Vaccination Rate (Trust)	Monthly	%	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	31.8%	N/A	N/A	-	<span style="color: grey;">●</span>	
Statutory & Mandatory Training (85% or above)	Monthly	%	Nov-22	<span style="color: orange;">●</span>	85%	Internal	83.0%	85.0%	85.0%	85.0%	<span style="color: green;">●</span>	
Staff PDR Compliance (85% or above)	Monthly	%	Nov-22	<span style="color: red;">●</span>	85%	Internal	60.0%	47.0%	47.0%	85.0%	<span style="color: orange;">●</span>	
Number of open disciplinary/conduct cases	Monthly	%	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	54	45	45	-	<span style="color: grey;">●</span>	
Number of open grievance/employee concern cases	Monthly	(n)	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	8	7	7	-	<span style="color: grey;">●</span>	
Performance/capability	Monthly	(n)	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	15	13	13	-	<span style="color: grey;">●</span>	
Number of open round table and mediation cases	Monthly	(n)	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	6	8	8	-	<span style="color: grey;">●</span>	
Number of Employment Tribunals	Monthly	(n)	Nov-22	<span style="color: grey;">●</span>	N/A	Internal	18	18	21	-	<span style="color: grey;">●</span>	
% of Trust Staff who are BAME	Monthly	%	Nov-22	<span style="color: green;">●</span>	20%	Internal	20.3%	20.0%	20.0%	22.0%	<span style="color: green;">●</span>	
% of joiners who are BAME	Monthly	%	Nov-22	<span style="color: green;">●</span>	>30%	Internal	33.0%	34.0%	35.0%	30.0%	<span style="color: green;">●</span>	
% of leavers who are BAME	Monthly	(n)	Nov-22	<span style="color: green;">●</span>	<25%	Internal	22.0%	27.0%	26.0%	21.0%	<span style="color: green;">●</span>	





## 2. Our People

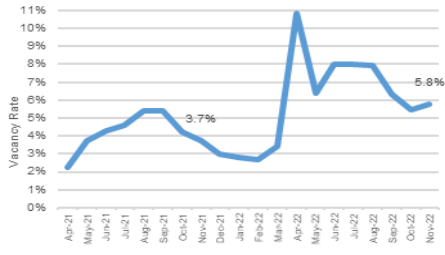
### Vacancy Rates, Staff Turnover and Sickness



#### Vacancy rate

**Month:**  
**5.8%**

**Target: 5%**



The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. For IUC, call handling fill rates are very positive (96% of places filled in November) and we are now at full establishment. For EOC, we filled all 24 places for the November course and we are on track to fill 95% of places in January. In total there were 134 joiners in November including over 40 call handlers, 60 paramedics and 24 AAPs. 33% of joiners were from a BAME background covering roles in 111, 999 and Ambulance Services.

#### Ambulance Ops Recruitment

**Month: 88fte**

**Target: 88fte**

**Required Frontline: 918 FTE**

**Forecast Supply: 802 FTE**

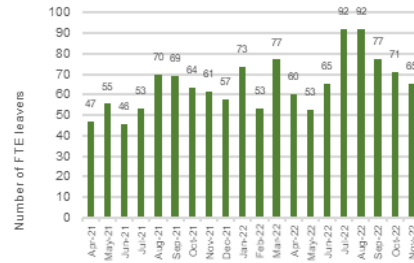
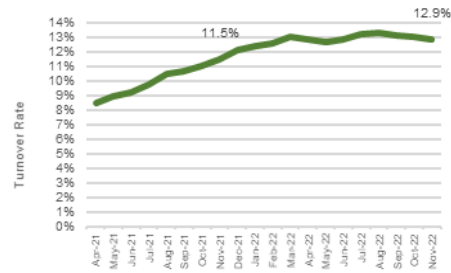
**Forecast recruited v plan : -116te**  
**Forecast EOY vacancy position: - 238fte**

The Trust agreed a 2022/2023 recruitment programme for over 1400 staff which included circa 500 Paramedics and 500 AAPs. Fill rates for frontline recruitment remain very positive with 100% of paramedic and AAP places filled in November. The plan is currently running at circa 116FTE behind plan and we are forecast to fill all remaining places for the remainder of the year. There are 380 paramedics in the pipeline to fill the remaining 200 course places from January 2023 to March 2023. For AAPs there are 247 AAPs at conditional offer in the pipeline to fill the 120 remaining course places from December 2022 to March 2023. 60 AAP places have been converted to NETS places with courses of 15 running from December 22 to March 2023.

#### Staff Turnover

**12 Month Rolling: 12.9%**

**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 (-71FTE) and we have seen a lower level of International Paramedic leavers. In total there were 65 leavers in November with 22% from a BAME background.

#### Sickness

**12 Month Rolling: 8.9%**  
**Monthly: 6.9%**

**Target: 6%**



In November the monthly Trust wide sickness decreased from 7.2% to 6.9%. COVID accounts for 11% of all episodes (a reduction of 27%). We have seen an increase in episodes of stress, anxiety and depression (+27%/+58 episodes), accounting for 13% of all sickness. Coughs/colds and flu has increased by 14% (+41 episodes), accounting for 16% of all sickness. Gastro-intestinal accounts for 13% of all sickness and is up by 11% from October. Winter planning continues to be a focus for the wellbeing team (including mental health support) and work has been undertaken to ensure there are additional resources in place for colleagues suffering from extreme financial hardship. The First Day Absence Reporting service is 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.



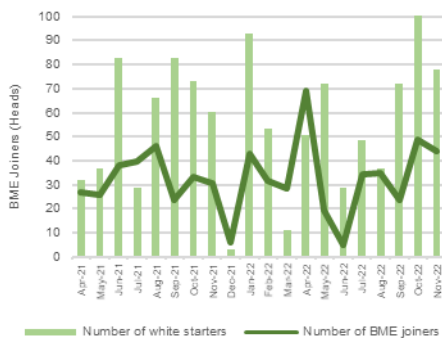
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

### Equality, Diversity and Inclusion Standards

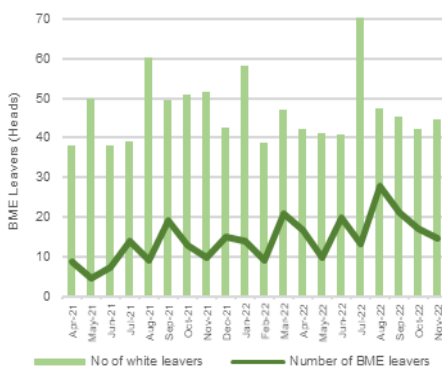
These graphs show the numbers of BAME starters and leavers from April 2021 to November 2022. During this period the Trust has recruited 653fte BAME starters and there have been 286fte BAME leavers, a net increase of 367fte.

- 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 1,480 – 20.3%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Sep-22	Oct-22	Nov-22
Bands 1-4	39.9%	40.9%	41.2%
Bands 5-7	14.6%	14.3%	14.4%
Band 8A to 9	16.0%	17.0%	16.6%

**NHS Staff Survey:** With questions aligned to the NHS People Promise, this is a fantastic opportunity for the organisation to find out how colleagues are feeling about working for the Trust. As at 30<sup>th</sup> November we have achieved a 56% response rate.

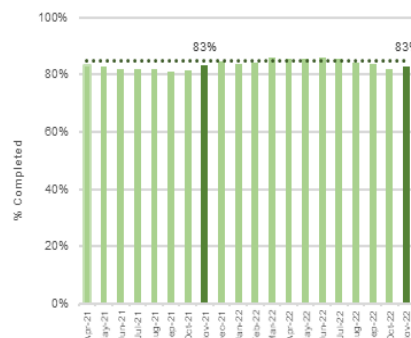
The Equality, Diversity & Human Rights e-learning has a 89% compliance rate.

### Statutory and Mandatory Training and Appraisals

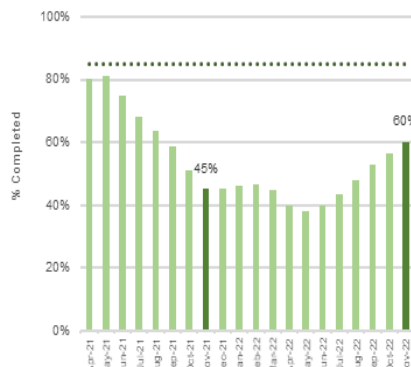
Trust compliance in Statutory and Mandatory training is **83%**.

Appraisal completions are at **60%** at the end of November.

Statutory & Mandatory



Appraisal Compliance



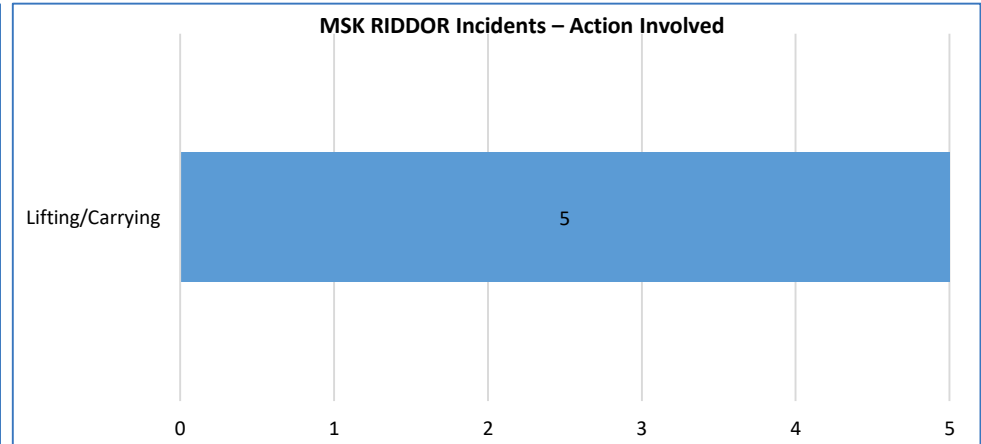
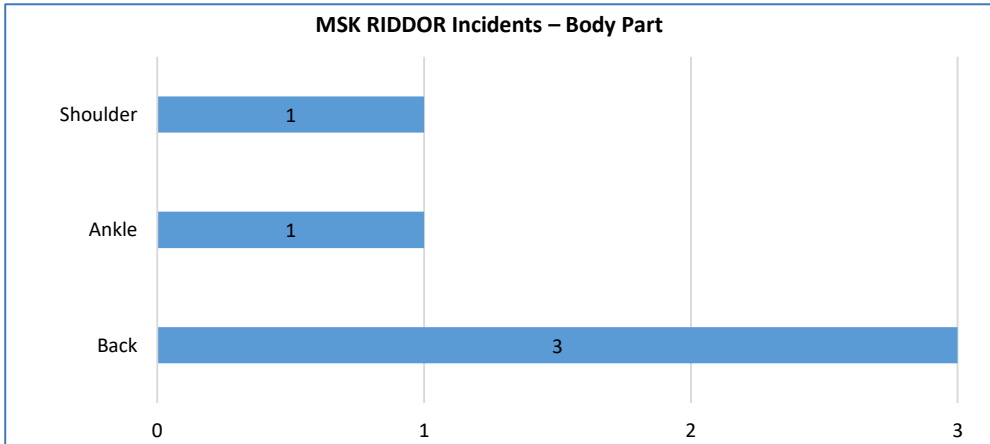
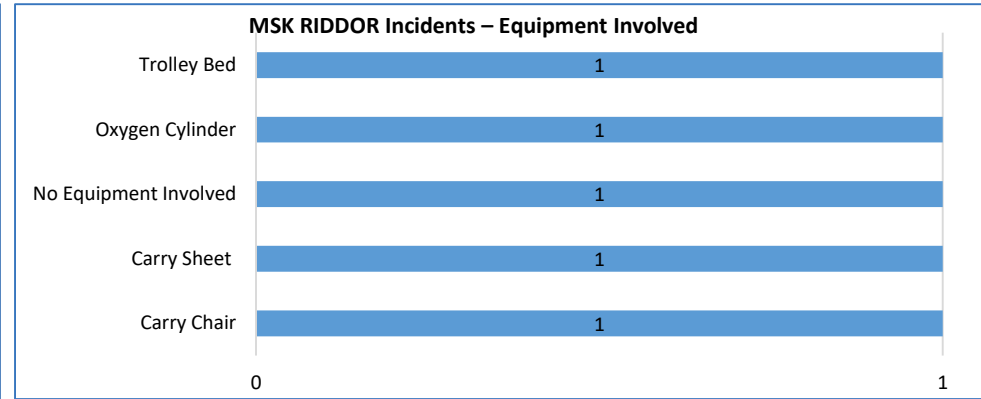
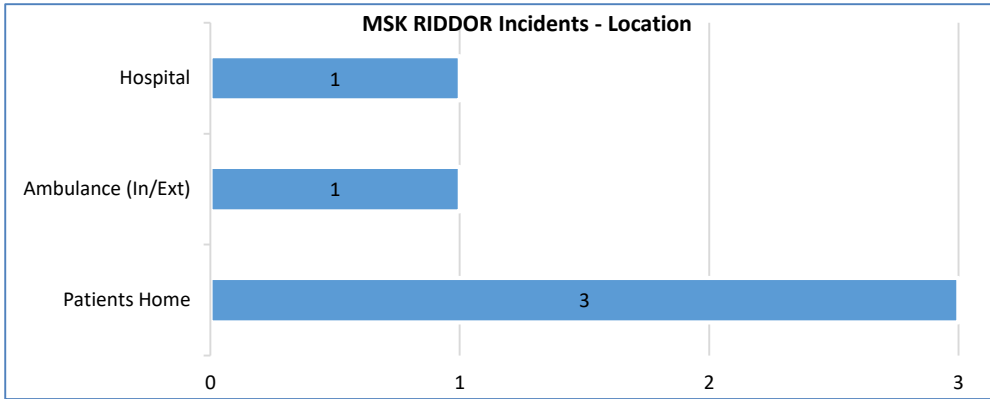
Stat and Mand training has slightly reduced against target levels of 85%. We have 1,300 colleagues who are non-compliant for Resuscitation Level 3 competencies. These staff are due to complete this as part of Core Skills Refresher 2022.3 and once completed, compliance should return to target levels.

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. There is a new 4Ss form, aiding discussion around an employees' successes, struggle, set goals and support requirements.
- 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) – November 2022



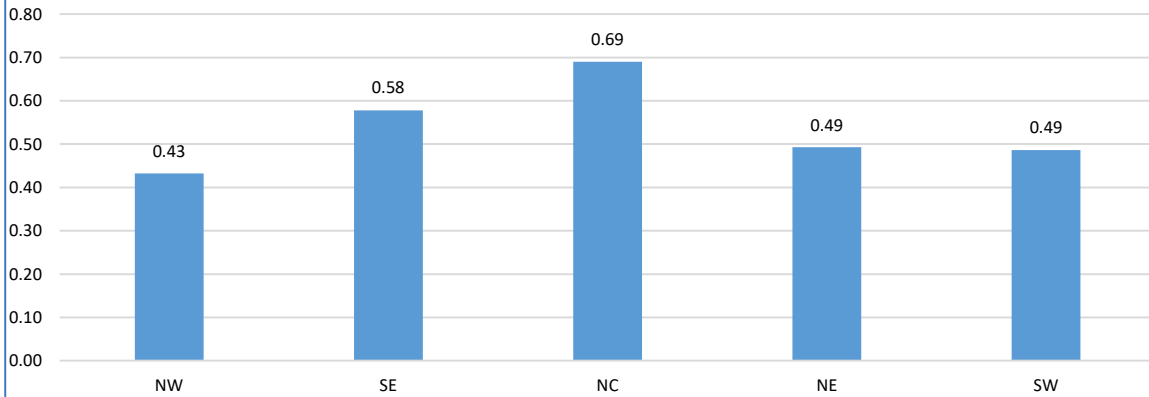
The above graphs provide details from the thematic analysis of 5 reported RIDDOR incidents in November'22 (2 incidents were occurred in October'22 and 3 incidents were occurred in November'22. These relate to Manual Handling (MSK):

- 3 reported RIDDOR incidents occurred in Patients Home (n=3), 1 incidents was occurred in Ambulance (In/Ext) (n=1) and 1 incident was occurred in Hospital (n=1).
- 1 reported RIDDOR incidents involved Carry Chair (n=1), 1 incident was involved Carry Sheet (n=1), 1 incident was involved Oxygen Cylinder (n=1), 1 incident was involved Trolley Bed (n=1) and 1 incident involved no equipment (n=1).
- 3 reported RIDDOR incidents resulted in Back injury (n=3), 1 incident resulted in Ankle injury (n=1) and 1 incident resulted in Shoulder injury (n=1).
- All 5 reported RIDDOR incidents were occurred during Lifting & Carrying (n=5).

\*\*\* 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	0.58
NW	0.43
NC	0.69
NE	0.49
SW	0.49

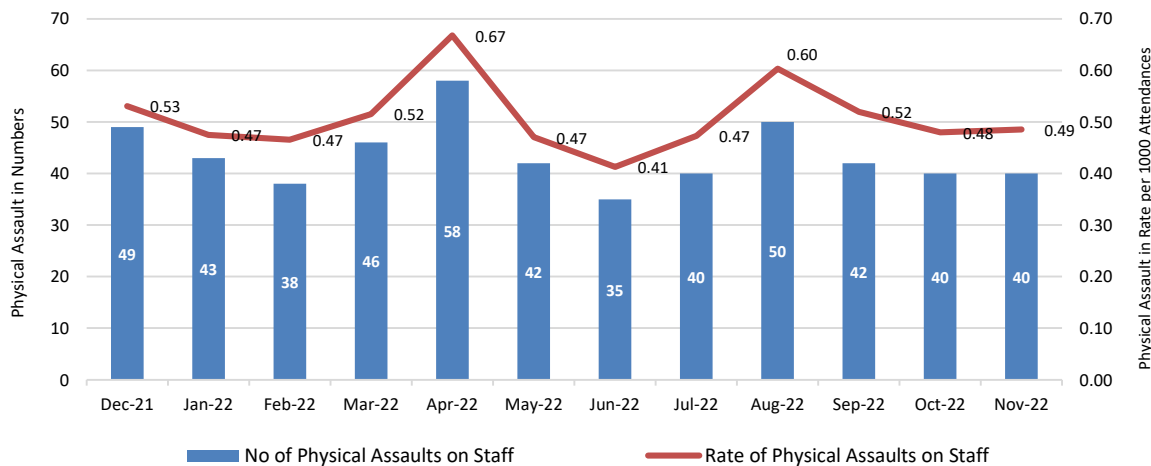
**Notes:**

- 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:**

- One RIDDOR reportable Violence & Aggression related incidents were recorded during 2022/23 (up to end November'22) from SE sector which resulted in Back injury to staff member due to Volatile situation with patient

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
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	42	0.52
Oct-22	40	0.48
Nov-22	40	0.49

**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 (November'21 to November'22).

**NHS definitions of assault:**

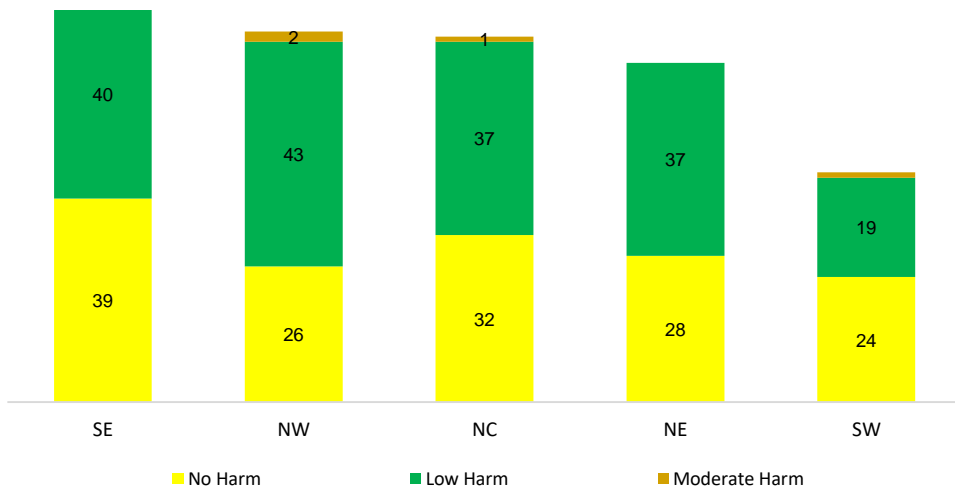
**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

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

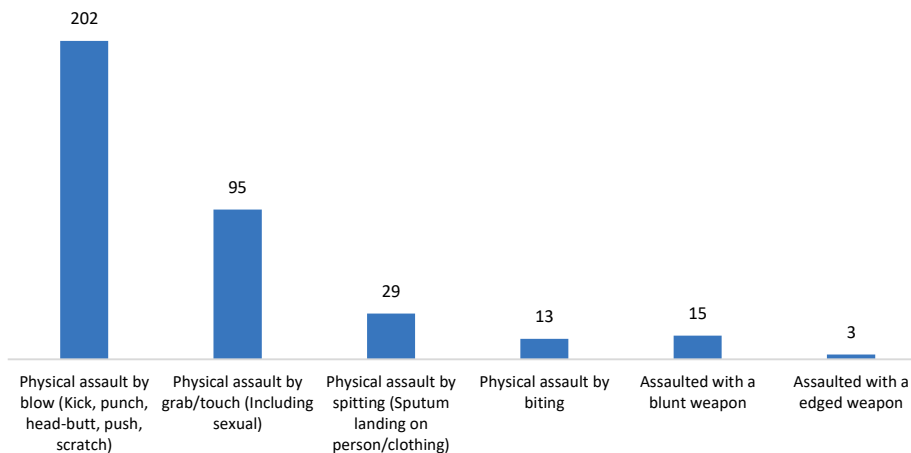
\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



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



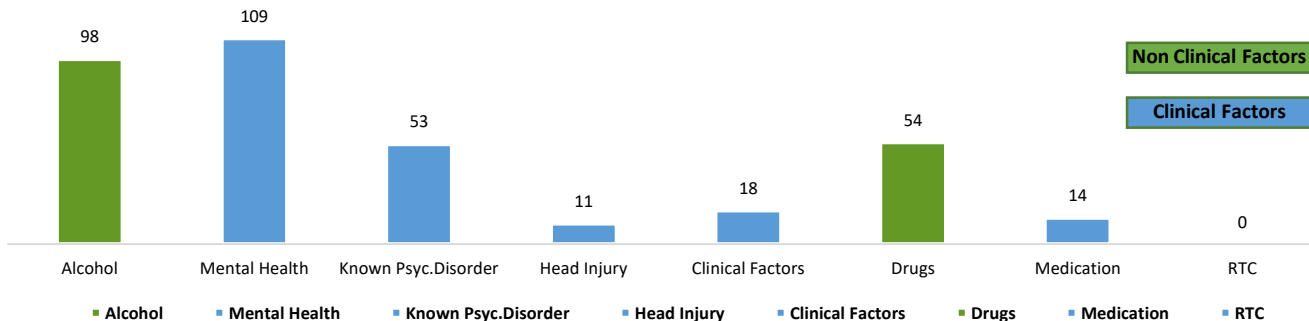
**Notes:**

- A total of 357 Physical Assaults on Staff were reported during 2022/23 (up to end November'22).
- 165 (46%) of the incidents were reported as 'No Harm/Near Miss incidents, 188 (53%) incidents were resulted in Low Harm and 4 (1%) incidents were reported as 'Moderate Harm'.
- 29 out of the 357 Physical Assaults on Staff were caused by others (ex: family member of the patient/ bystanders etc).

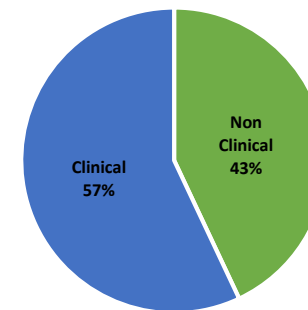
**Notes:**

- Physical Assault – by blows, kicks/ assault to staff (57% , n=202) accounted for the highest number of incidents reported during 2022/23 (up to end November'22).

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



Percentage Breakdown of Factors (YTD) 2022/23



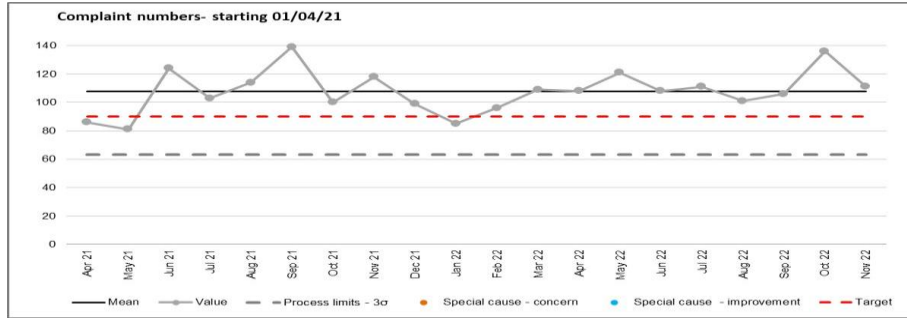
**Notes:**

- Clinical Factor: 205 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=109), Known Psyc.Disorder (n=53), Head Injury (n=11), Clinical Factors (n=18), Medication (n=14).
- Non Clinical Factor: 152 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=98), Drugs (n=54) 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

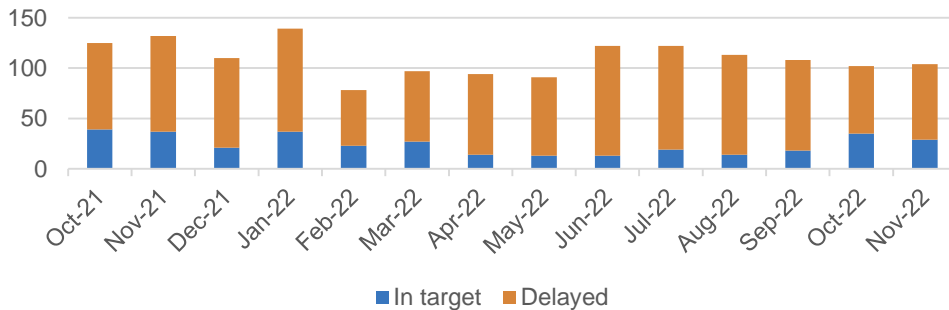
## Complaints



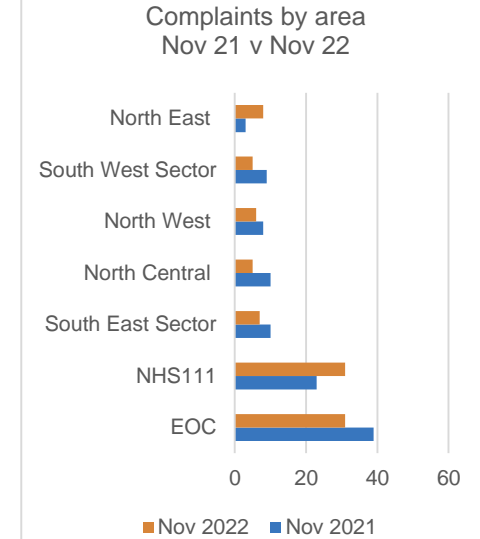
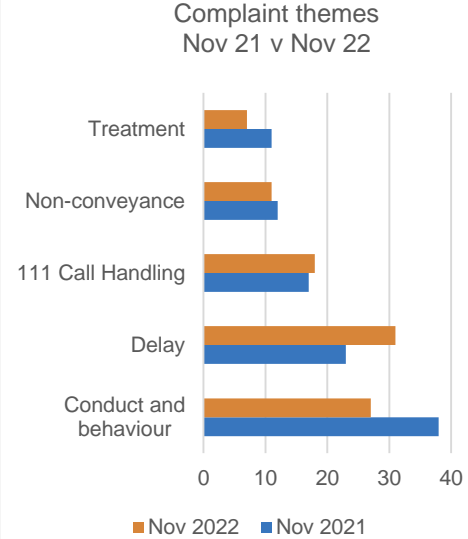
Complaints received by Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
2021	86	81	124	103	114	139	100	118	99	85	96	109
2022	108	121	108	111	101	106	136	111				

Complaints closed by Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
2021	70	88	104	110	95	55	60	82	77	89	75	97
2022	74	54	66	108	107	149	130	182				

Complaint summary  
Responded within target and delayed.



## Themes & Caseload



## Update

The Patient Experience team have continued to focus on the backlog and have made good progress (219 currently in the backlog, compared to 345 in September).

- A draft Standard Operating Procedure has now been finalised for the team to provide clear guidance regarding complaints management processes. The SOP will be in force from mid-December.
- The use of agency staff as a short term project team has proved effective focussing specifically on overdue responses which were ready to draft (reduction from 157 cases in September, to 41 cases).
- The team have improved liaison with clinical and quality teams and implemented clearer escalation processes.
- Senior managers from the team now meet weekly with the Quality and Learning team to ensure that Quality and Patient Safety investigations do not add unnecessary delay to the complaints process.
- Update report provided to ExCo regarding progress made.



In November 2022, 67\* **Excellence Reports** were submitted.

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

- Outstanding patient care
- Staff support/welfare
- Working above and beyond

\* Due to a technical issue, data from 29<sup>th</sup> October – 8<sup>th</sup> November was lost. This ongoing issue has been raised with NHS digital.



### Staff support/Welfare

My colleague is a Clinical Team Manager. On the above date I watched him plan and deal with a very sensitive issue with a member of operational staff. He looked at the matter **objectively** from many angles and formulated a **constructive** plan. Further to which he arranged to meet with the member of staff and deal face to face with the matter that had arisen. He updated me on his findings and planned actions, it was evident that his dealing of this matter was **meticulous** covering all potential eventualities.

My colleague has been an **amazing and supportive** CTM they go above and beyond to support all the team in the sector. Personally they have **supported** myself and my partner through my treatment checking that we are both ok and keeping a **supportive eye on us both**. They are also **really knowledgeable** and help develop colleagues and supports us all through our course work, log books, pebble pads and Atlas work. I have worked in the NHS for 16 years now, I have never ever come across a **more supportive and amazing management team** that is the sector team. I wish there was more I could do to say thank you to them.

### Outstanding patient care

A very **challenging presentation** of a patient in cardiac arrest with a laryngectomy - a job that has always filled me with anxiety if I were to attend. Excellently managed by all on scene - to the point ROSC achieved prior to APP arrival. The scene and crews were **calm and the patient** well managed with plans for extrication ongoing. There was not a lot for us as APPs to do when we arrived as the crews had all done such an excellent job - other than a small amount of sedation for patient comfort. All involved should be **incredibly proud and showed great competence** in dealing with a challenging case.

On my arrival to this patient I was **given a clear handover** of history, assessment and interventions that the ER team had performed. This included applying a chest seal and three nightingale dressings over the stab wounds as well as a blast bandage over the eviscerated bowel. This was all performed before a DCA and FRU were on scene! The ER team **then used closed loop communication** to notify me when tasks had been completed that I had asked of them, **allowing me to focus** on my paramedic interventions. The duo made what should have been an extremely difficult patient to manage actually rather straight forward. Teams like these ERs **make incredible contributions** to the service on a daily basis and it still baffles me that they are volunteers!

### Working above and beyond

This colleague is a workshop manager. I have had the need to call on their **expertise** now for many a year. He is **approachable, highly knowledgeable, hugely experienced** and a valued member of the LAS. He has a **strong work ethic** and both a staff and patient focused approach to his work. Nothing it too much trouble for him. He has the ability to soak up pressures within his team, is always available to chat things through, he not only somehow keeps the fleet on the road, but is often found **imparting his wealth of experience to operational staff to reduce OOS**. Without them at the helm, I have absolutely no doubt there would be harm caused to our patients. He is a hugely respected chap, and we could all learn a thing or two from him. He richly deserves this excellence report for his continuous work for the LAS, our patients and staff for many years. Thank you. Your efforts, your work and your calm and friendly nature do not go unnoticed.

They were approached to **deliver training** at short notice and has delivered training to a **high standard**. They were willing to change their shift pattern and location to accommodate this. They are **polite, conscientious and willing to learn** from others to enhance their skills



Some further examples of excellence reports from November:

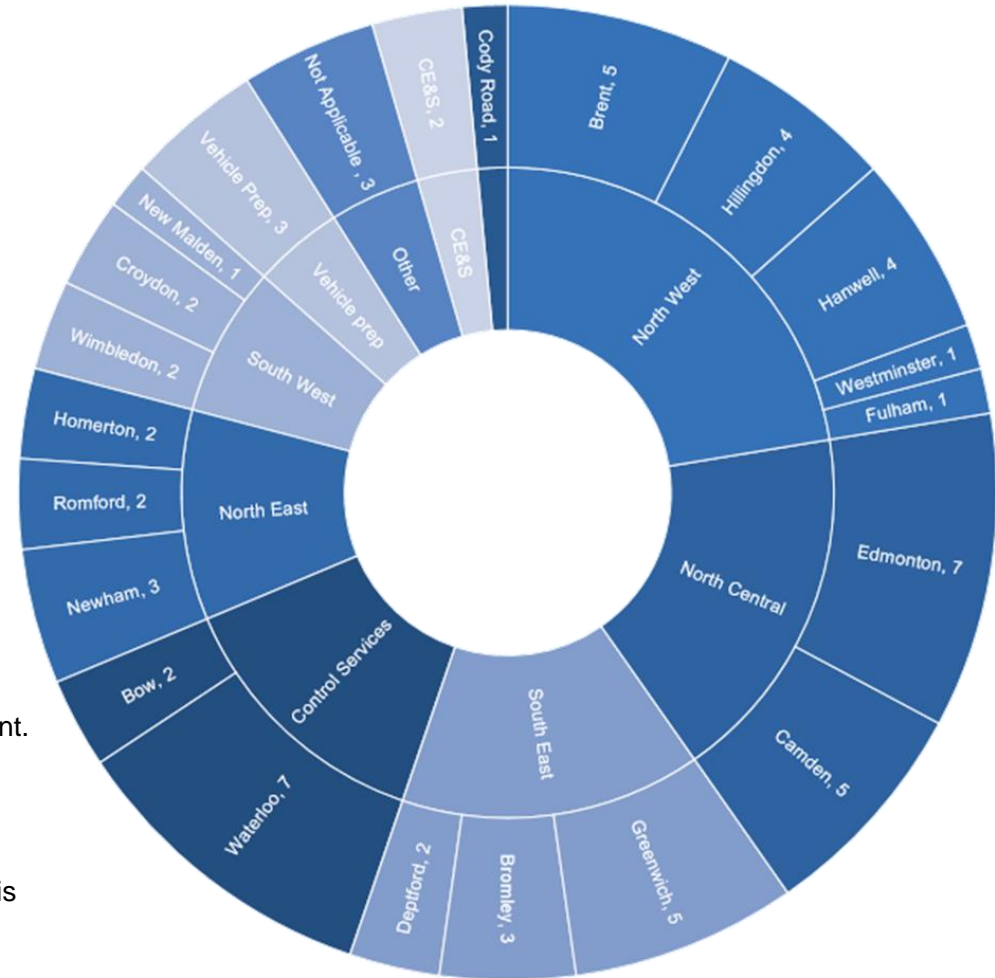
**Thank you** – They are always willing to have observers in EOC. They are always polite, friendly and knowledgeable ensuring any visitors in EOC receive an excellent experience. Well done, and Thank you.

**Cardiac arrest management** – Managed & provided excellent care during a cardiac arrest in a public place. The hotel staff have stated that the “ call taker was so calm and reassuring throughout the call and made them feel comfortable in what they had to do”.

As I walked in to the scene it was calm and well managed, excellent patient care was delivered throughout the call, and time taken by our staff to provide support and welfare checks on the staff of the hotel.

**Scene management** – They were the first LAS resource on scene to a male patient in traumatic arrest post stabbing. They had to manage a chaotic scene with multiple colleagues from metpol, whilst taking clinical responsibility for the patient. They had an observer out with them too, who they continually checked on given the distressing scene we were met with. When I arrived on scene they provided me a great handover, a friendly face and let me know exactly what they needed from me.

Having worked a few times with them now, their calming nature on big jobs like this is exactly what we need, and they are a fantastic clinician who truly cares about their patients and colleagues.







## Public Value Scorecard

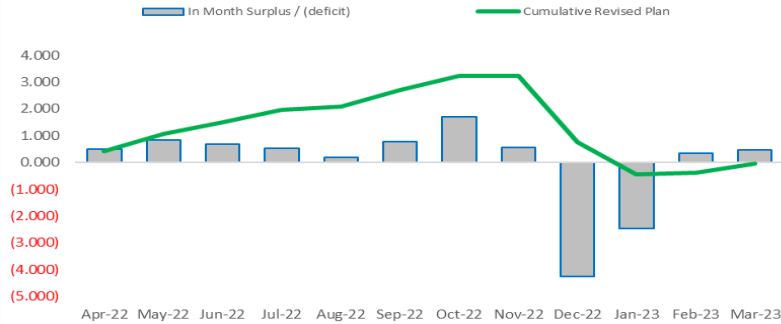
November 2022			Current Performance								Outturn		Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY22/23 Forecast	FY22/23 Plan	National Data	Best In Class	Ranking (out of 11)	
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Nov-22	●	0.000 A	0.559	0.008	5.836	3.266		0.000	0.000				
Performance Against Adjusted Financial Performance Plan	£m	Nov-22	●	>=0 A	0.551	0.000	2.570	0.000		0.000	0.000				
% of Capital Programme delivered	%	Nov-22	●	100% A	11%	2%	45%	58%		101%	100%				
Capital plan	£m	Nov-22	●	18.331 A	3.020	0.554	11.833	15.323		26.739	26.406				
Cash position	£m	Nov-22	●	36.2 A	55.7				46.6						
CIP Savings	£m	Nov-22	●	A	2.520	2.520	14.007	13.819		24.000	24.000				
	%	Nov-22	●	A	11%	11%	58%	58%		100%	100%				
Corporate spend as a % of turnover	%	Nov-22	●	<7.0% I	9.6%		9.5%			9.6%					
Cost per incident (measures to be confirmed in light of COVID)	£	Nov-22	●	I											
Average Jobs per shift	%	Nov-22	●	I	5.2		5.4		5.4						

- 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



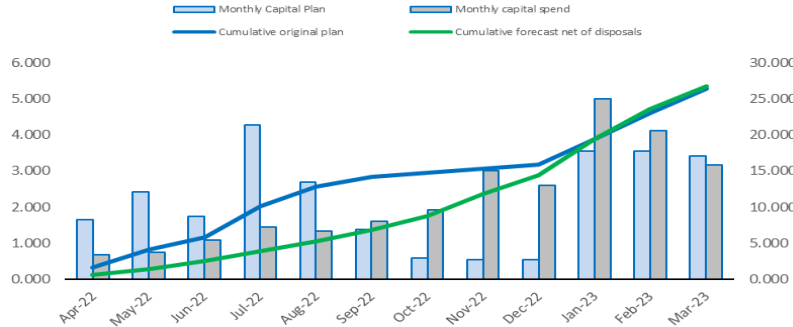
The Trust's month 8 YTD position was a £5,836k surplus and the month end cash position was £55.7m.

## YTD outturn vs budget



- **YTD Position:** The Trust is reporting a YTD surplus of £5.836m which is £2.57m 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 8 year to date spend net of disposals and excluding donated assets was £11.883m, the majority of which comprised of spend on Estates and IM&T projects. The capital programme forecast is now £26.7m, £0.3m above plan. The increased plan reflects new ICB Capital Resource Limit (CRL) award of £5.2m, and £3m for ambulance purchases from NHSE.

## Cash position



- **Cash:** Cash balance as at the end of November was £55.7m; this is above plan by £23.2m. The surplus cash in month is mainly due to:
  - £4.7m behind on capital purchases;
  - £7.7m behind in cash payments across of a number of resourcing areas including agency invoices, managed services and overtime claims pending approval;
  - £11m supplier payments due to below plan non-pay costs and unapproved invoices (£6.5m over 30 days).
- **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 88% and 92% and by value 48% and 94% 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 8 – November 2022)

	Month 8 2022-23 £000			YTD Month 8 2022-23 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)
<b>Income</b>						
Income from Activities	49,264	48,621	(643)	393,303	397,126	3,822
Other Operating Income	473	814	341	3,818	6,001	2,184
<b>Total Income</b>	<b>49,736</b>	<b>49,435</b>	<b>(302)</b>	<b>397,121</b>	<b>403,127</b>	<b>6,006</b>
<b>Operating Expense</b>						
Pay	(35,182)	(35,187)	(5)	(278,097)	(286,130)	(8,033)
Non Pay	(11,666)	(10,844)	822	(93,256)	(88,982)	4,274
<b>Total Operating Expenditure</b>	<b>(46,848)</b>	<b>(46,031)</b>	<b>817</b>	<b>(371,353)</b>	<b>(375,112)</b>	<b>(3,759)</b>
<b>EBITDA</b>	<b>2,888</b>	<b>3,404</b>	<b>515</b>	<b>25,768</b>	<b>28,015</b>	<b>2,247</b>
<b>EBITDA margin</b>	<b>5.8%</b>	<b>6.9%</b>	<b>1.1%</b>	<b>6.5%</b>	<b>6.9%</b>	<b>0.5%</b>
<b>Depreciation &amp; Financing</b>						
Depreciation & Amortisation	(2,363)	(2,676)	(313)	(18,363)	(18,852)	(489)
PDC Dividend	(503)	(249)	255	(4,027)	(3,773)	254
Finance Income	0	119	119	0	489	489
Finance Costs	(17)	(26)	(9)	(136)	(11)	125
Gains & Losses on Disposals	0	(9)	(9)	0	(79)	(79)
<b>Total Depreciation &amp; Finance Costs</b>	<b>(2,883)</b>	<b>(2,842)</b>	<b>42</b>	<b>(22,526)</b>	<b>(22,225)</b>	<b>300</b>
<b>Net Surplus/(Deficit)</b>	<b>5</b>	<b>562</b>	<b>557</b>	<b>3,243</b>	<b>5,790</b>	<b>2,547</b>
<b>NHSI Adjustments to Fin Perf</b>						
Remove Asset Donations I&E Impact	3	3	0	23	23	0
Remove ROU Assets: Peppercorn Leases	0	(6)	(6)	0	23	23
<b>Adjusted Financial Performance</b>	<b>8</b>	<b>559</b>	<b>552</b>	<b>3,266</b>	<b>5,836</b>	<b>2,571</b>
<b>Net margin</b>	<b>0.0%</b>	<b>1.1%</b>	<b>1.1%</b>	<b>0.8%</b>	<b>1.4%</b>	<b>0.6%</b>

## 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 8 position is reported based on the June plan approved by the Board.

As at month 8, the Trust is reporting a year to date surplus of £5,836k, which is above plan by £2,571k.

The forecast position is to remain on plan.

## Key Drivers of Position

## Income:

- Income is £6,006k higher than budget YTD due to additional funding from the ICB for the AfC pay award. £6.3m has been funded YTD for the AfC pay award above 2%. The month 8 position assumes block income is received in full, as per the final planning discussions with the exception of SDF income (£4.2m YTD). This is partially offset by additional income expected from 111 activity above the budget in Apr-Nov (cost and volume contract) - £2.3m. Also offsetting the SDF shortfall - Income for staff recharges and ESORT (Resilience) funding from NHSE remain above plan, £868k and £734k respectively.

## Pay Expenditure:

- Pay expenditure is £286.1m YTD, which is £8,033k above plan. Pay expenditure is above plan largely due to the AfC pay award, only 2% included in the plan but paid out at 4.6% on average. 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 added a further cost pressure to the Trust of £1.5m.

## Non-Pay Expenditure:

- Non pay expenditure (including depreciation and finance costs) is £111.2m YTD, £4,574k 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. Costs for managed services were also low in November where some 111 resourcing was restated as agency and classified under pay. Finance interest income is £489k 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 8 – November 2022)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Nov-22
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	YTD
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	47,876	39,733	38,538	32,392	48,581	57,561	53,361	54,271	47,876
Operating Surplus	979	1,317	1,177	883	609	1,328	2,144	727	9,164
Depreciation and amortisation	2,346	2,117	2,310	2,237	2,311	2,199	2,655	2,677	18,852
(Increase)/decrease in current assets	4,124	(15,622)	(6,554)	10,412	1,868	(1,683)	(1,004)	(387)	(8,845)
Increase/(decrease) in current liabilities	(9,747)	14,779	(4,642)	2,798	9,521	(1,788)	(1,227)	432	10,125
Increase/(decrease) in provisions	735	(1,150)	104	(236)	(128)	326	(387)	158	(578)
Net cash inflow/(outflow) from operating activities	(1,563)	1,441	(7,605)	16,095	14,181	382	2,181	3,607	28,718
Cashflow inflow/(outflow) from operating activities	(1,563)	1,441	(7,605)	16,095	14,181	382	2,181	3,607	28,718
Returns on investments and servicing finance	0	60	10	147	(105)	85	70	223	489
Capital Expenditure	(6,580)	(2,517)	3,931	(947)	(5,097)	(1,736)	(1,213)	(1,890)	(16,049)
Dividend paid	0	0	0	0	0	(2,354)	0	0	(2,354)
Financing obtained	0	0	0	0	0	0	0	0	0
Other loans repaid	0	0	(107)	0	0	0	0	0	(107)
Capital element of finance lease rental payments	0	(179)	(2,374)	893	2	(576)	(129)	(325)	(2,688)
Cashflow inflow/(outflow) from financing	(6,580)	(2,636)	1,459	93	(5,200)	(4,582)	(1,272)	(1,992)	(20,709)
Movement	(8,143)	(1,195)	(6,145)	16,188	8,981	(4,200)	909	1,615	8,009
Closing Cash Balance	39,733	38,538	32,392	48,581	57,561	53,361	54,271	55,885	55,885

### Operating Position

There has been a net inflow of £1.6m cash in month. Cash funds at the end of November were £55.9m.

The operating surplus is £0.7m in month.

### Current Assets

The increase on current assets is £0.4m, mainly due to increase in NHS debtor (£0.2m), drugs stock (£0.1m), prepayments (£0.1m).

### Current Liabilities

The increase on current liabilities is £0.4m mainly due to increase in expenditure accruals.

### Dividends

The dividend payment of £2.3m was made September 2022. The next payment is due in March 2023.

### Provisions

The increase on provisions (£0.2m), due to dilapidations provision on new leases.

### Capital Expenditure

The capital expenditure is £1.9m.



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

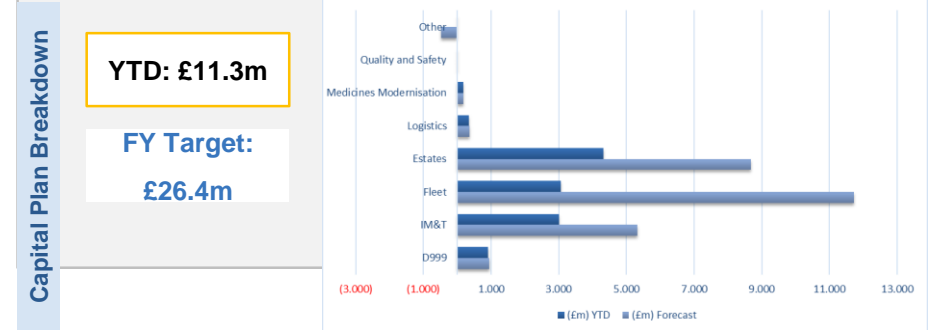
## Cost Improvement Programmes (CIPS)

- The Trust has set a challenging CIP programme for 2022-23.
- Full year efficiency savings of £24.0m have been forecast.
- The CIP programme is largely phased from later in the year- from month 3 onwards. The CIP target in month 8 is £2,520k, £2,520k has been delivered.



## Capital Plan

- Capital expenditure net of disposals is £11.833m YTD compared to planned capital expenditure of £15.323m. There is slippage on several projects.
- The capital programme forecast is now £26.7m, £0.3m above plan. The increased plan reflects new ICB Capital Resource Limit (CRL) award of £5.2m, and £3m for ambulance purchases from NHSE.





Partners Scorecard

November 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	Nov-22	R	18.0	I	37.0	32.2	31.7			
Post-handover (Handover 2 Green)	minutes	Nov-22	R	15.5	I	18.8	17.5	16.7			
See and Convey – to ED (Contractual Position) *	%	Nov-22	G	57.0%	C	52.0%	49.4%	49.2%	52.0%	46.3%	7
Hear and Treat % **	%	Nov-22	G	8.39%	I	12.9%	14.1%	14.5%	11.5%	16.1%	4
Hear and Treat (n) **	%	Nov-22	G	108,073	I	12,196	110,567	173,807			

**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

**Please note: 999 performance data is correct as at 04/01/2023 and is subject to change due to data validation processes**

# 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 04/01/2023 and is subject to change due to data validation processes**

### Arrival at Hospital to Patient Handover

### Patient Handover to Green

Hospital delays have increased for the month of November, with 10,032 hours lost from our arrival to patient handover over 30 mins. This is an increase of 1,300 hours lost when compared to the month before. Queens Romford, Northwick Park and King George's had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the highest number of lost hours over 30 minutes, with a significant 1,168.3 hours for the month. Work continues with local ICBs and the Tactical Operations Centre Patient Flow team to maximise cohorting opportunities and increase the number of hospitals allowing LAS led cohorting to occur in order to release ambulances awaiting handover.

In November, we saw handover to green performance outside of target, with 18.8 minutes, which is a slight decrease compared to the month of October. Despite hours lost at hospital, LAS crews are becoming available to attend further calls as soon as possible. Over 6,147.4 hours were lost due to patient handover to green exceeding the 14 minute threshold. This is an increase of 499 hours when compared to the previous month.

STP	Hospital	Total Conveyances	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	1,249	1,108	47%	322.8	41.3
	North Middlesex	1,876	1,456	63%	575.3	49.2
	Royal Free	1,285	1,111	24%	213.0	31.9
	University College	1,342	1,210	20%	95.9	23.3
	Whittington	1,225	1,112	30%	131.3	28.4
North East	Homerton	1,150	1,059	39%	7.4	13.5
	King Georges	1,390	932	78%	886.7	84.9
	Newham	1,384	943	48%	347.6	45.9
	Queens Romford	2,407	1,231	51%	1,166.3	84.2
	Royal London	1,700	1,173	69%	209.9	32.8
	Whipps Cross	1,534	977	64%	757.6	71.3
North West	Charing Cross	1,187	1,145	23%	4.0	12.4
	Chelsea & West	1,389	1,343	62%	11.9	15.3
	Ealing	1,310	1,254	43%	235.6	31.0
	Hillingdon	1,668	1,479	24%	155.9	24.1
	Northwick Park	2,269	2,021	89%	919.3	48.1
	St Marys	1,577	1,439	30%	78.5	21.5
South East	West Middlesex	1,760	1,714	12%	68.5	17.7
	Kings college	1,892	1,680	89%	311.3	32.9
	Lewisham	1,461	1,269	87%	420.9	41.4
	Princess Royal	1,709	1,265	74%	705.8	54.0
	Queen Elizabeth II	1,855	1,614	87%	501.5	33.6
	St Thomas'	2,051	1,906	93%	161.1	24.9
South West	Croydon	1,961	1,716	87%	746.1	48.9
	Kingston	1,467	1,403	96%	133.4	25.2
	St Georges	1,638	1,385	85%	422.0	39.4
	St Helier	1,158	1,012	87%	442.6	48.7
	<b>TOTAL</b>	<b>42,894</b>	<b>35,957</b>	<b>11,984</b>	<b>33%</b>	<b>10,032</b>

Max average breach value  
Value >10 mins per breach 39

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	1,701	1,252	74%	333.4	21.5	41.1	16.0
	Edmonton	2,027	1,402	69%	310.7	17.3	35.5	13.3
	Friern Barnet	1,447	980	68%	188.5	17.6	34.2	11.5
North East	Homerton	1,788	1,285	72%	342.7	18.4	41.7	16.0
	Newham	2,147	1,388	65%	373.5	15.4	37.0	16.1
	Romford	1,829	1,168	64%	262.2	11.5	34.4	13.5
North West	Brent	2,501	1,591	64%	297.4	17.0	31.9	11.2
	Fulham	2,054	1,584	77%	383.8	22.7	39.6	14.5
	Harwell	2,464	1,738	71%	405.5	21.1	37.8	14.0
	Hillingdon	1,274	869	68%	187.2	18.6	35.8	12.9
	Westminster	1,535	1,152	75%	279.9	21.7	39.8	14.6
South East	NULL	530	428	81%	177.6	24.2	44.2	24.9
	Bromley	1,650	1,223	74%	278.5	18.3	37.7	13.7
	Deptford	3,572	2,623	73%	687.2	21.7	39.7	15.7
South West	Greenwich	1,749	1,266	72%	257.9	18.7	34.2	12.2
	NULL	530	428	81%	177.6	24.2	44.2	24.9
	Croydon	1,514	1,075	71%	241.1	18.4	36.6	13.5
	New Malden	1,303	972	75%	211.8	21.0	36.8	13.1
Other	NULL	530	428	81%	177.6	24.2	44.2	24.9
	IRO	6	3	50%	1.9	7.7	67.4	38.0
	Other	1,013	592	58%	354.0	21.5	65.3	35.9
	Training	1,431	895	63%	187.4	17.2	34.7	12.6
<b>TOTAL</b>		<b>34,595</b>	<b>24,342</b>	<b>70%</b>	<b>6117.4</b>	<b>18.8</b>	<b>37.9</b>	<b>15.1</b>

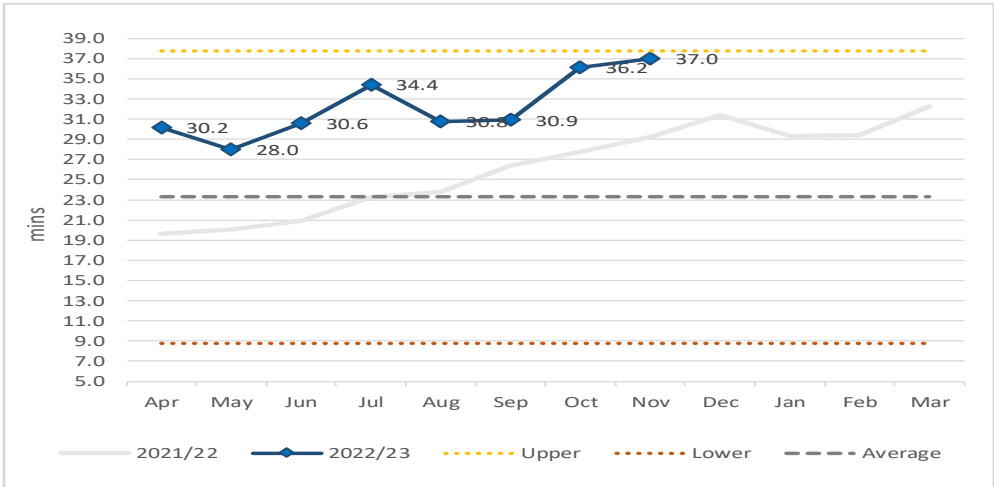
Max average breach value  
Value >7 mins per breach



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

	Sep-22	Oct-22	Nov-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	30.9	36.2	37.0	18.0

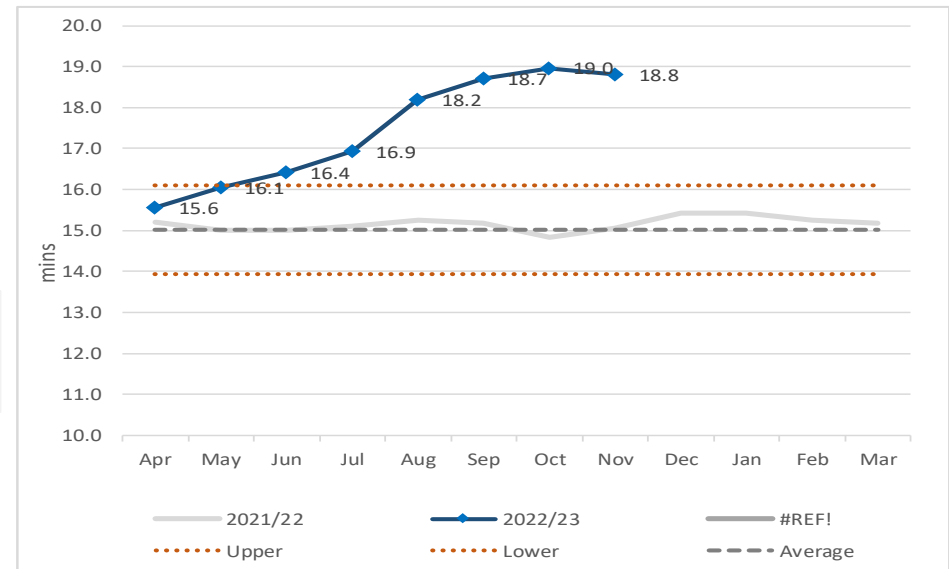
Hospital Handover performance remains outside of target. A sustained performance challenge on this metric is due to increasing overall demand and pressure on the hospitals as a result, impacting the LAS crews ability to hand patients over in some hospitals. Work is continuing with the hospitals in liaison with the wider system and ICBs along with management of delays in real time within the Tactical Operations Centre and the Patient Flow team. The LAS continue to maximise cohorting opportunities with only 4 sites outstanding that do not allow LAS-led cohorting to occur.



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

	Sep-22	Oct-22	Nov-22	Year-end Target
Patient Handover to Green (mins)	18.7	19.0	18.8	15.5

Handover to Green YTD performance has been outside of target at 18.8 minutes during November 2022. When compared to October 2022, there was a small decrease in time but no significant change in comparison to previous months.



**Please note: 999 performance data is correct as at 04/01/2023 and is subject to change due to data validation processes**

The arrival to handover and handover to green metrics are based on the time a handover "PIN" is exchanged and entered into the system. Prior to the transition to the new LAS CAD in October 2022 this functionality was hosted in the "Hospital Alert System" and the setup within that system differs to that within our new CAD system "Cleric". The exchange of the PIN occurs at the same stage within the handover and transfer of care process, however, the system functionality does not allow for "PIN over-rides" and the ability now exists within the system to transfer the patient to the receiving unit within the site. This causes a variance in data capture and does not allow effective comparison of stand-alone metrics pre and post the new system.

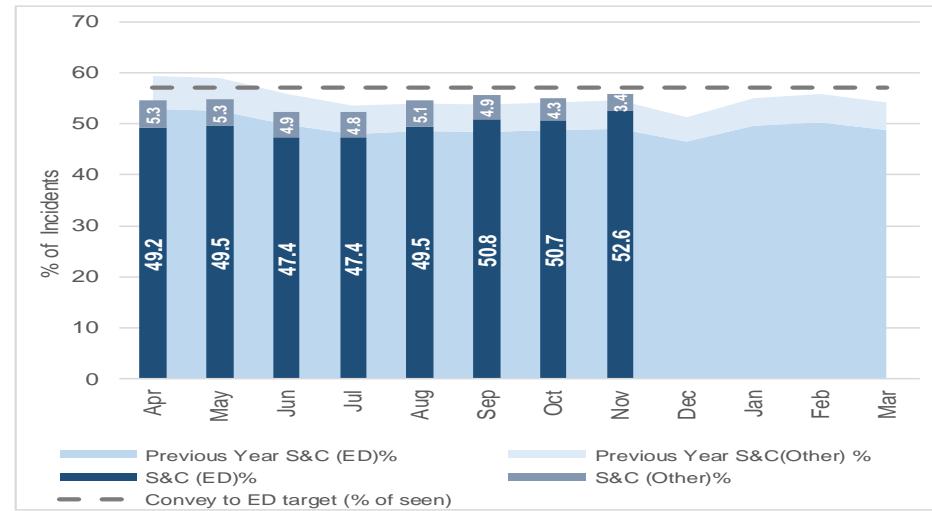




### See and Convey to Emergency Department

		Nov-22	Year To Date	Year-end Target
See & Convey ED %	LAS	52.0%	49.4%	57.0%
	Target			

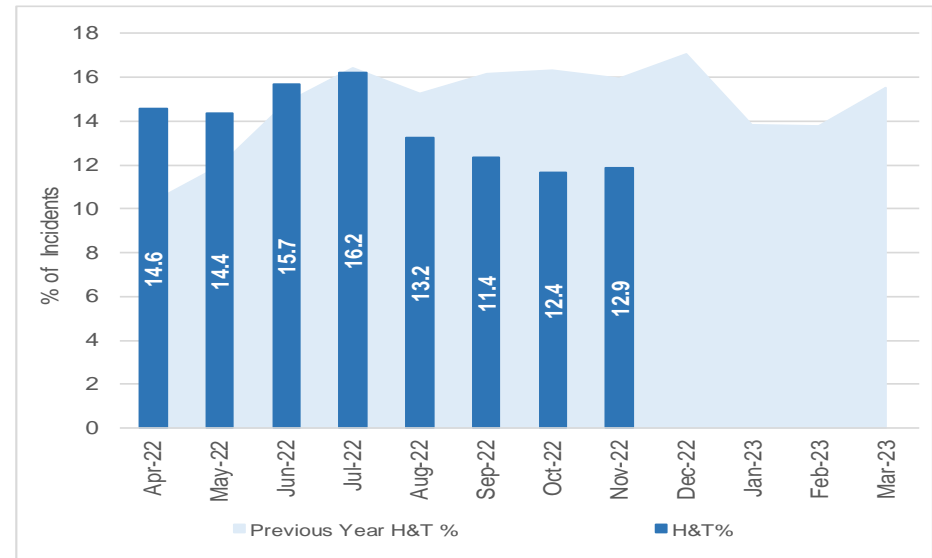
The conveyance to emergency departments target (57.0%) was delivered in November (52.6%) and continues to be a strong metric for the Trust with LAS ranked 7<sup>th</sup> nationally. A large number of callers are still requiring an urgent care outcome, resulting in a rising proportion of patients where the best clinical decision was to not convey and be overseen by the clinical hub or utilise alternative pathways, however, November saw a higher acuity of patient being conveyed to ED resulting in the increase of conveyed to ED in line with the increase in demand.



### Hear and Treat %

		Nov-22	Year To Date	Year-end Target
Hear & Treat %	%	12.9%	14.1%	
	(n)	12,196	110,567	TBC

Hear & Treat performance saw us achieve 12.9% during November, which is slightly lower than the same month last year. This is in line with a reduction in the number of incidents. LAS ranked 4<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.



Please note: 999 performance data is correct as at 04/01/2023 and is subject to change due to data validation processes



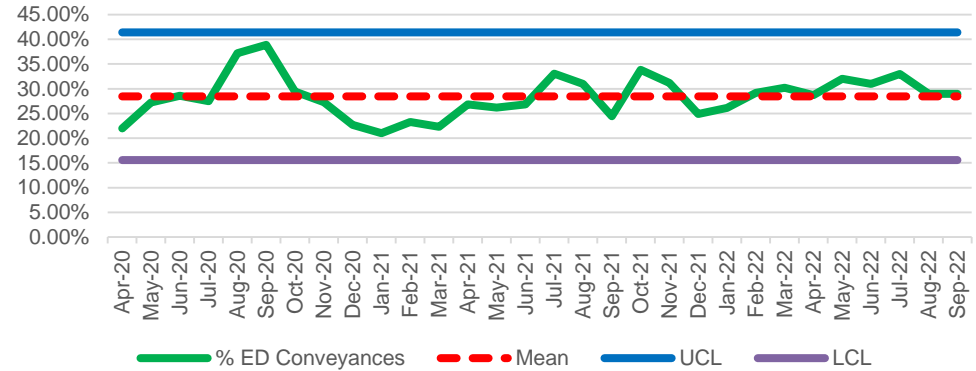
### Education Feedback

*'An absolutely fascinating session which was brought to life by presenters. Really key information and supportive discussions through the case reviews that have greatly improved my decision making and understanding.'*

TRU Paramedic

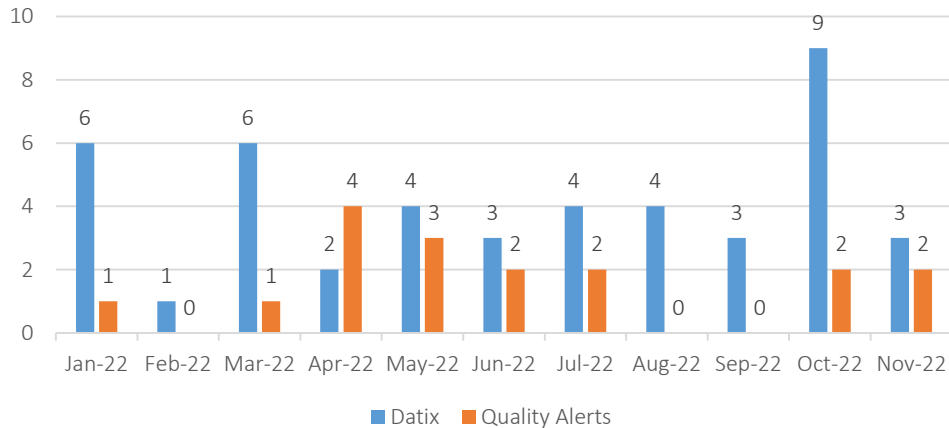
### ED Conveyance

Sep'22: 29%



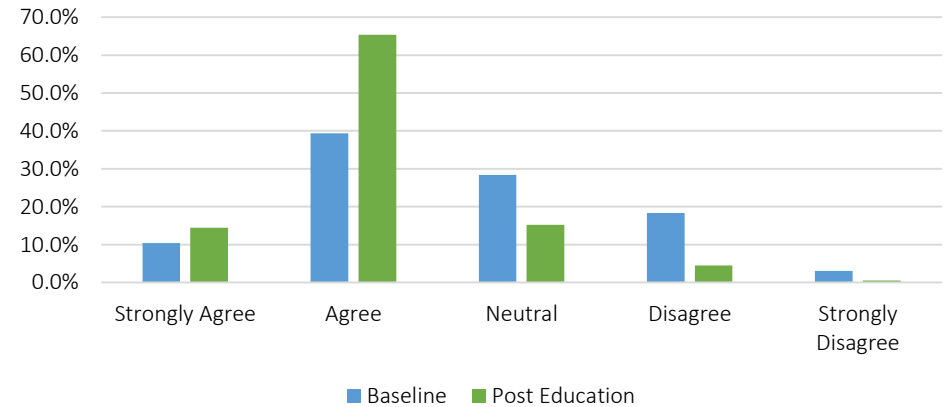
### Incidents

Nov'22: 3



### Staff Confidence

Nov'22: 80%



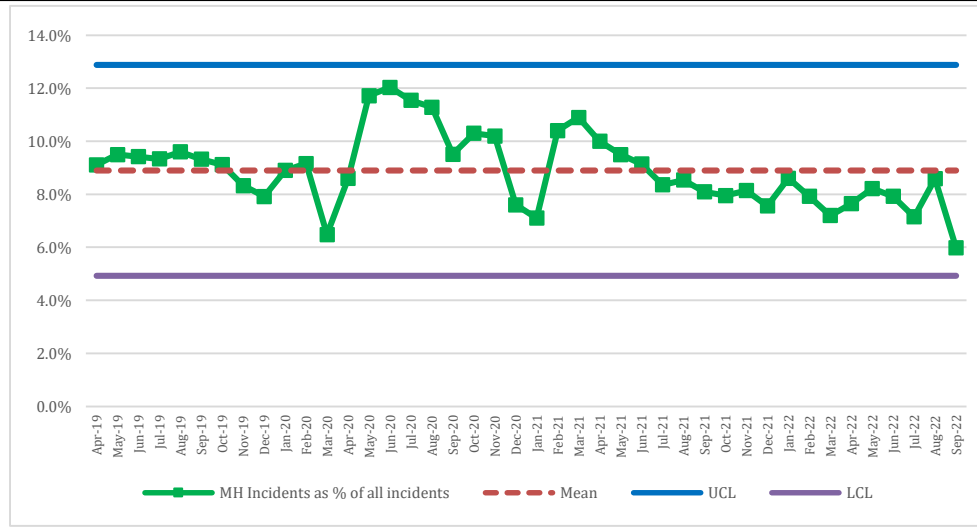
- Training day held for EoLC Coordinators
- ECHO teaching sessions continue- attended and evaluated well
- EoLC CPI training for auditors released
- Education session for special operations (North East)



\*MH Data not available from BI due to cleric update

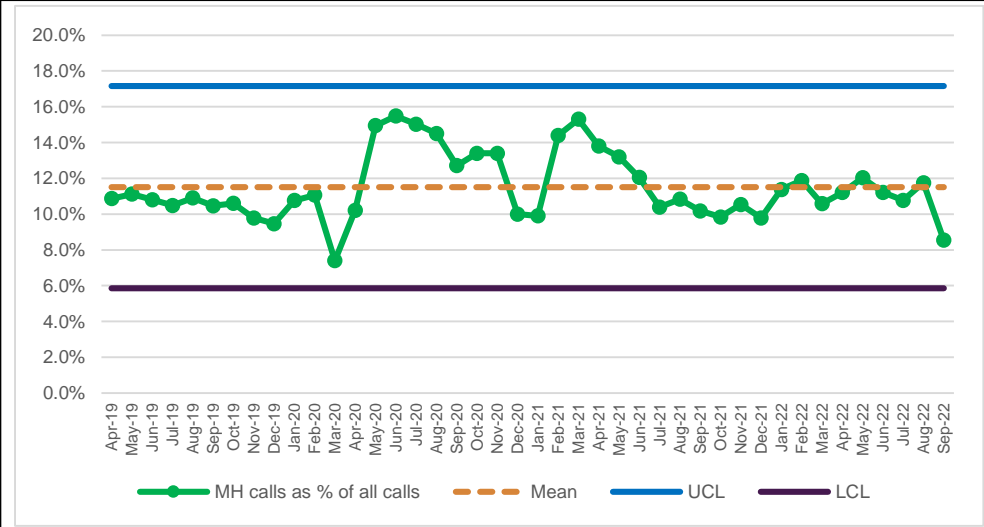
### Mental Health Incidents as % of all incidents

Sep'22: 6%

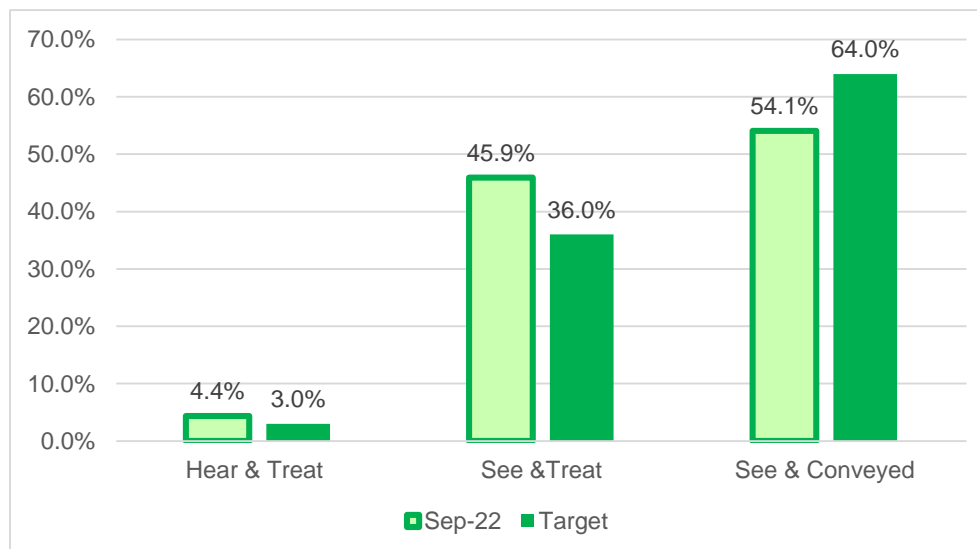


### Mental Health calls as % of all calls

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. So far 900+ staff have signed up to the sessions and we have launched further topics.
- We have completed an induction programme for new mental health staff with the final recruitment round underway.
- The team have been asked to promote safety on the London underground during the festive period and have recorded some safety messages on behalf of the trust.