London Ambulance Service – Integrated Performance Report

Report for discussion with Trust Board members

Analysis based on Year to **January 2023** data, unless otherwise stated **(please see page 2 for data reporting periods)**

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London Ambulance Service NHS Trust

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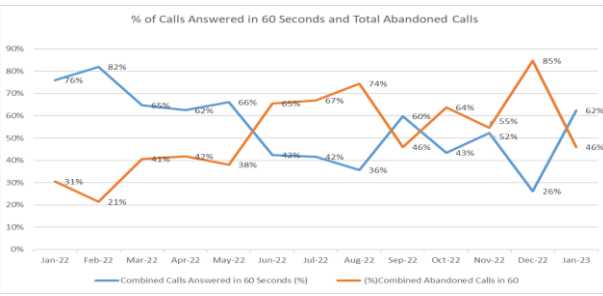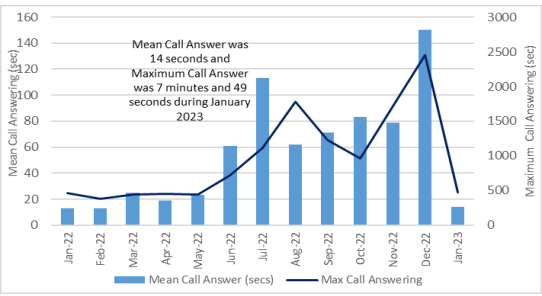
Provide outstanding care for **our patients**

Category 1 and 2 Performance
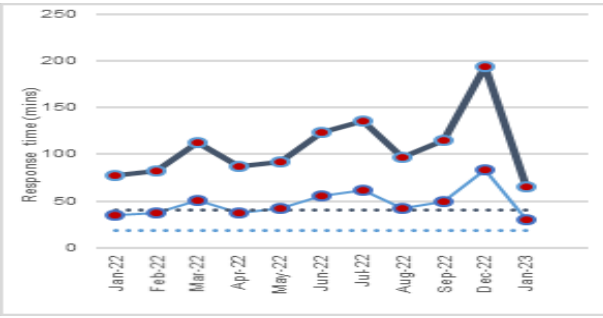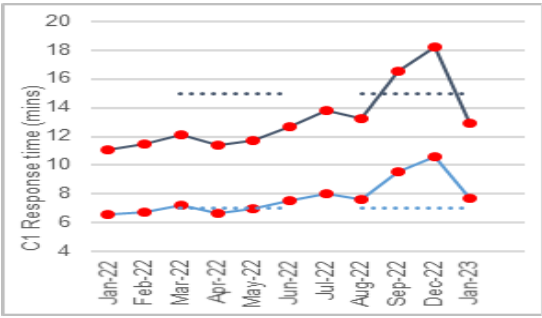
- *The Category 1 mean for January was just outside of target of 7 minutes at 7 minutes 43 seconds. The 90th centile however was within target at 12 minutes 56 seconds for this month.*
- *Category 2 mean and 90th centile were challenged for the month of January.*

Call Answering (999 and 111/IUC)

Mean Call Answer was 14 seconds and Maximum Call Answer was 7 minutes and 49 seconds during January 2023

% of Calls Answered in 60 Seconds and Total Abandoned Calls

- *The Mean 999 call answering time decreased in January 2023 to 14 seconds compared to 150 seconds in December 2022.*
- *The mean call answering time across NEL, SEL and NWL contracts in January was 62.1% of calls answered within 60 seconds. This remains below the 95% standard and is an increase from 25.3% in December.*

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

Vacancy/Turnover Rate (Trust)
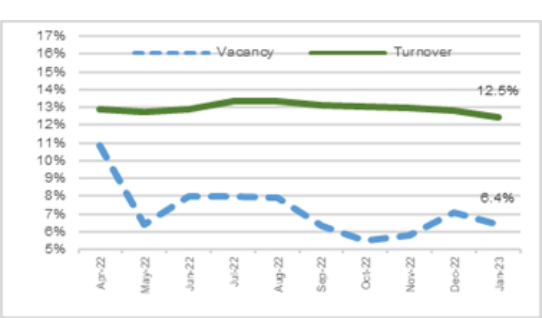
- *The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. Over 90% of 111 courses and 999 courses filled in January.*
- *The frontline pipelines remain strong with over 350 candidates at conditional offer stage.*
- *Fill rates for frontline recruitment remain positive with 100% of AAP and over 90% of Paramedic places filled in January.*
- *The number of frontline leavers has remained positively below plan (-106 WTE) and we continue to see a lower level of International Paramedic leavers.*

Turnover
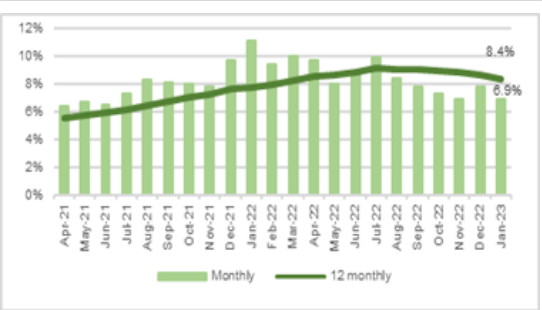
- *In January the monthly Trust wide sickness improved from 7.6% to 6.9%.*
- *The Goodshape First Day Absence Reporting Service continues to embed with over 17,000 calls made to the service to date. Attendance levels overall have improved since the introduction of the service and we are working closely with our managers to iron out system functionality issues and developing their skills in getting the best out of the service. The 'B Watch' HQ wellbeing pilot has been completed in EOC.*
- *Optima are now fully embedded across the Trust, with excellent links into the Wellbeing, Recruitment and Clinical Education teams.*

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

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

Financial Performance chart: In Month Surplus / (deficit), Cumulative Revised Plan — Apr-22 to Mar-23

Financial Performance

- *YTD position: Surplus £4.994m which is £5.420m above plan.*

- *Full Year Forecast Position: Breakeven position, which is in line with the plan*

Capital Expenditure chart: Monthly Capital Plan, Monthly capital spend, Cumulative original plan, Cumulative forecast net of disposals — Apr-22 to Mar-23

Capital

Capital spend net of disposals and excluding donated assets is £16.019m YTD against a plan of £19.430m, which is £3.431m below plan due to slippage on several projects. Actuals forecast to exceed plan in March and the capital programme forecast is now £27.2m, which is on plan. The increased plan includes additional Frontline Digitisation funding.

Efficiencies
- *YTD efficiency savings of £19.1m have been delivered. The Trust is forecasting to deliver £24.8m savings, which is £0.8m ahead of plan, (of which £8.8m is non-recurrent).*

Cash

- *The month end cash position was £64.4m*

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

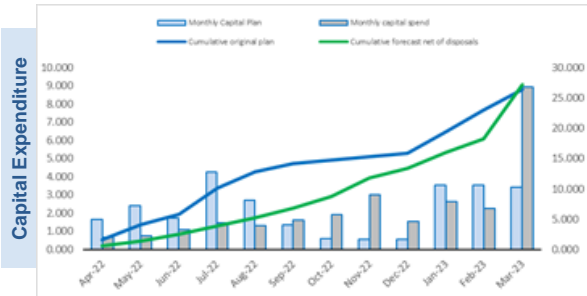|	Nov-22	Dec-22	Jan-23	Year-end Target
Arrive at Hospital to Patient Handover (mins)	37.0	41.6	30.1	18.0

- *Hospital Handover performance remains outside of the 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. This has been particularly impacted by winter weather conditions, however, through the implementation of cohorting and increased focus from the Tactical Operations Centre on the immediate handover process from January 2023 this has significantly decreased from December 2022. The team continues to work collaboratively with the hospitals in liaison with the wider system and ICBs on the management of delays in real-time within the Tactical Operations Centre and the Patient Flow team.*

Hear & Treat chart (% of Incidents): Apr-22 14.6, May-22 14.4, Jun-22 15.7, Jul-22 16.2, Aug-22 13.2, Sep-22 11.4, Oct-22 12.4, Nov-22 12.9, Dec-22 17.8, Jan-23 16.2, Feb-23, Mar-23. Previous Year H&T %, H&T%

- *Hear & Treat performance saw us achieve 16.2% during January, which has decreased compared to the same month last year. This is in line with a decrease in the number of incidents. LAS ranked 1st nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target 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

January 2023

Indicator (KPI Name)	Basis	Data From Month	Target Status	Target & Type (Internal / Contractual / National / All)		Current Performance — Latest Month	Year To Date (From April)	Rolling 12 Months	Benchmarking (Month) — National Data	Best In Class	Ranking (out of 11)
Category 1 response – Mean	mm:ss	Jan-23	🔴	07:00	A	00:07:43	00:08:10	00:07:57	08:30	07:07	2
Category 1 response - 90th centile	mm:ss	Jan-23	🟢	15:00	A	00:12:56	00:14:12	00:13:46	15:11	12:18	2
Category 1T response – 90th centile	mm:ss	Jan-23	🟢	30:00	N	00:20:00	00:23:01	00:22:32			
Category 2 response – Mean	mm:ss	Jan-23	🔴	18:00	A	00:29:31	00:50:20	00:49:09	00:32:06	21:36	7
Category 2 response - 90th centile	mm:ss	Jan-23	🔴	40:00	A	01:05:18	01:55:18	01:51:36	01:08:01	00:42:07	7
Category 3 response – Mean	h:mm:ss	Jan-23	🟢	1:00:00	A	00:53:28	01:47:50	01:50:02	01:26:09	00:53:17	1
Category 3 response - 90th centile	h:mm:ss	Jan-23	🟠	2:00:00	A	02:05:34	04:36:51	04:39:41	03:17:28	02:04:59	1
Category 4 response - 90th centile	h:mm:ss	Jan-23	🔴	3:00:00	A	03:52:44	07:45:33	07:43:56	04:16:35	02:36:44	5
Call Answering Time - 90th centile	ss	Jan-23	🔴	4	I	44	235	207			
ROSC at Hospital	%	Oct-22	🔴	31%	N	23.2%	28.2%	27.4%	25.5%	31.7%	8
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Jun-22		95.0%		95.1%	95.1%	93.6%	83.9%	95.1%	

YTD position and Rolling 12 months do not include October 2022 and November 2022 data for categories C1-C4

*National average YTD

Benchmarking Key

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Please note: 999 performance data is correct as at 02/03/2023 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

The Trust moved to Cleric CAD on September 23rd. The Category 1 mean in January returned 7 minutes and 43 seconds with a Category 1 90th centile of 12 minutes and 56 seconds. The latest nationally published data shows that the Trust is ranked second in the Category 1 mean measure and Category 1 90th centile measures when compared to all Ambulance Trusts across England, however no Ambulance Trust is currently within target.

	Monthly Trend	Daily Analysis	

C1

Mean: 00:07:43

Target: 7:00

90th Centile: 00:12:56

The C1 mean performance is outside the target for the month of January. With most days proving to be challenged in the measure, with noticeable spikes on days of Industrial Action. Despite being outside of target the Trust was ranked second nationally.

The C1 90th centile was within the national standard of 15 minutes

C2

Mean: 00:29:31

Target: 18:00

90th Centile: 01:05:18

Our C2 mean and 90th centile both remain outside of target during January, however there is a significant improvement when compared to the month of December.

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C3

Mean: 00:53:28

Target: 2:00:00

90th Centile: 02:05:34

C3 mean was within target at 53 minutes 28 seconds, which was a positive improvement when compared to the previous month of 2 hours 25 minutes.

C3 90th centile however was not within national standards in January

C4

90th Centile: 03:52:44

Target: 3:00:00

C4 90th centile was not met in January. 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.

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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 02/03/2023 and is subject to change due to data validation processes

999 Calls Received

January 2023 saw a decrease in the average calls per day against December 2022. Calls answered peaked at 4,951 contacts on the 1st January 2023. The 90th Centile for call answering showed a decrease in January 2023 at 44 seconds compared to 6 minute 17 seconds in December 2022.

Performance (90th Centile)

90th Centile for call answering was 44 seconds during January 2023

Average Calls Per Day

Daily Calls Answered
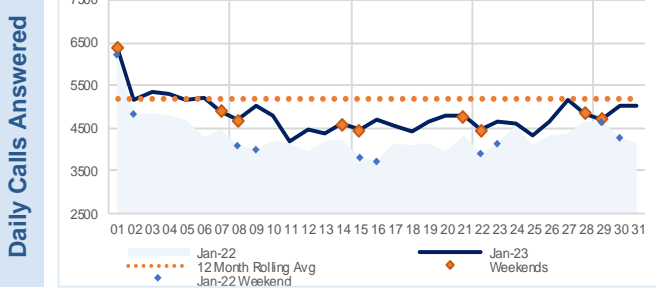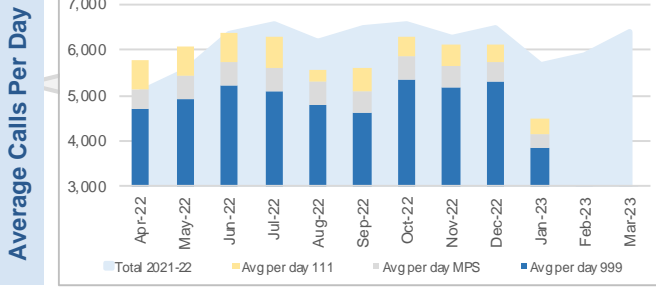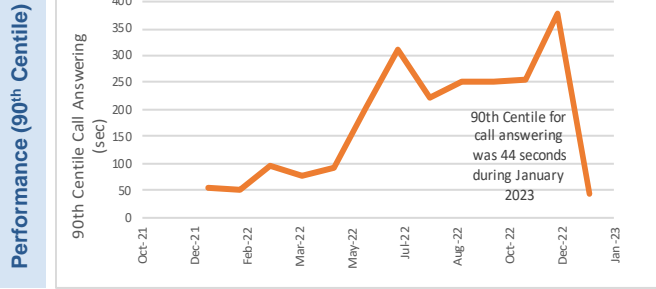
Incidents and Response Type

The number of incidents per day showed a decrease when compared to December. Performance for ED conveyance continues to remain strong with LAS ranked 6th nationally at 52.2%

Incidents

Response Type
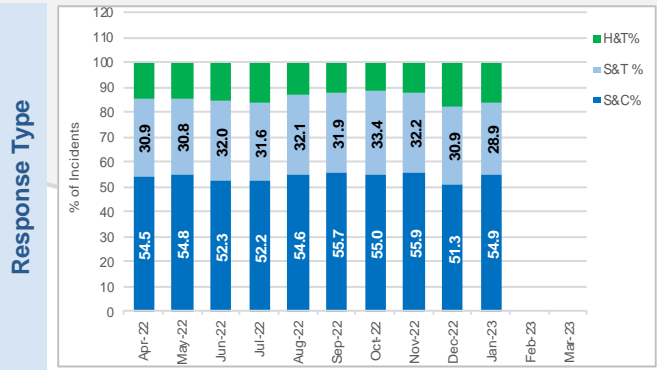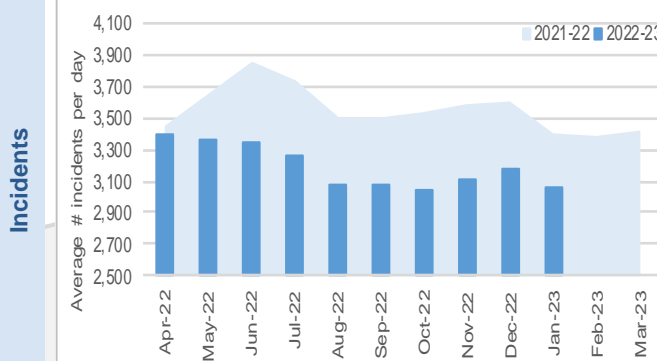
During January 2023 SWAS was best in class achieving 40.0% for See & Treat. SWAS gained 1st place and was best in class for See and Convey, achieving 49.9% and LAS was best in class for Hear and Treat categories with 16.2%.

Incident Category (By Month)

C1

January saw 10,583 Category 1 patients receive a face-to-face response

C2

January saw 48,627 Category 2 patients receive a face-to-face response

C3

January saw 14,184 Category 3 patients receive a face-to-face response

C4/C5

Category 4 Demand

Category 5 Demand
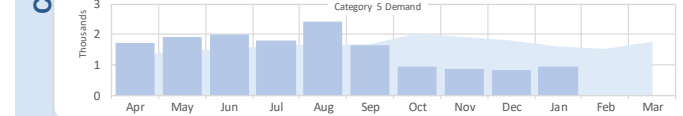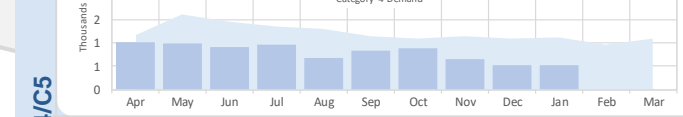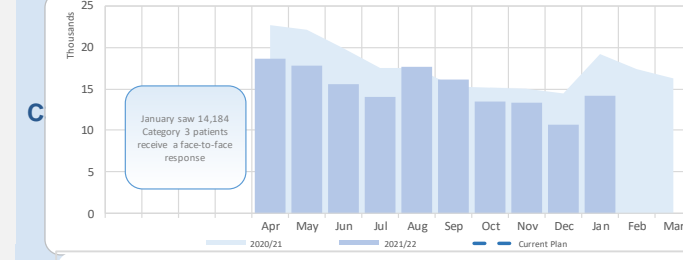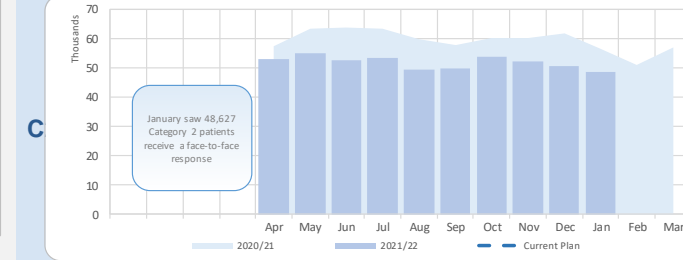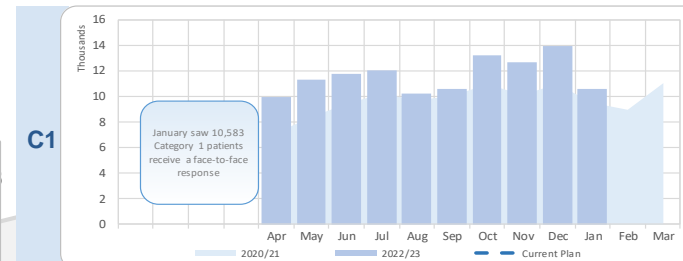
Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

Frontline Operational Staff

The frontline FTE establishment has increased from 3,980fte to 4,025fte in Q4 to reflect the forecast demand in 2022/2023. Our overall operational staff in post has increased from 3,434 to 3,480, with a decrease in vacancies from 13.6% to 13.5%. There are currently 219fte staff in classroom training which includes 107 starters in January. The 13.5% gap is currently being filled by overtime.

Filled FTE

Staff in Post FTE — Funded FTE

Vacancy Rate

Capacity - Operational Staff — Funded FTE

Sickness Rate

Sickness Monthly % — Sickness 12 Monthly %

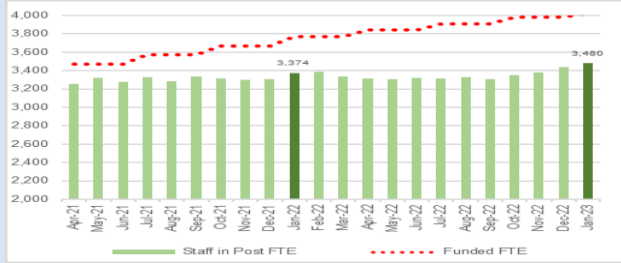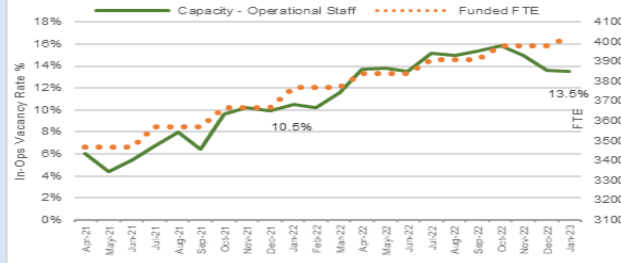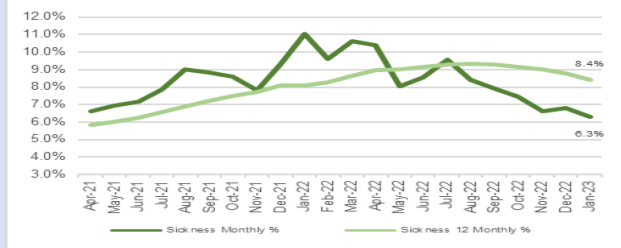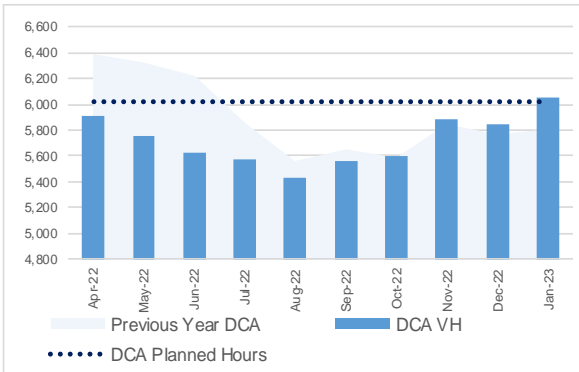## Vehicle Availability and Patient Facing Hours

Overall Out of Service rate averaged **14% in January 2023** – this is an increase from **December 2022** which averaged **12%**. The increase in out of service for **January 2023** includes the hours accrued during the Industrial Action on 11th & 23rd January 2023. The Trust has provided an average of **8,776** patient facing hours in **January 2023**, a decrease from **December 2022** which averaged **8,949** patient facing hours. The DCA PVR remains consistently high, with an overall average in **in January 2023 of 402**, a slight decrease from **December 2022 of 407**. 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 **393 DCA** vehicles during January 2023 – the daily availability average was disrupted by the DCA vehicles moved to the Industrial Action Hub. 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 **830.09hrs (0.44%)** accrued against OOS category **VEHNO** (no vehicle at start of shift) against total DCA and OPC hours for **January 2023 of 185,096.12hrs**. The VRC Team moved approximately 40 DCAs to our designated Industrial Action Hub on each strike day. We have started to see an increase in DCA unavailability due to RTCs resulting in an average of **16 DCAs** unavailable per day in **January 2023,** a decrease from **December 2022** which averages **19 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.

Out Of Service %

OOS % data undergoing validation following the move to Cleric

2020/21 OOS — HUB — VRC
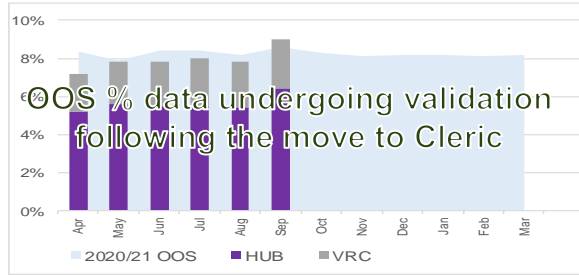
Note:

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*

All Vehicles (Avg per day)

Previous Year PFVH — PF VH — Planned PF VH

Ambulance Hours (Avg per day)

Previous Year DCA — DCA VH — DCA Planned Hours

PAS / VAS (Avg per day)

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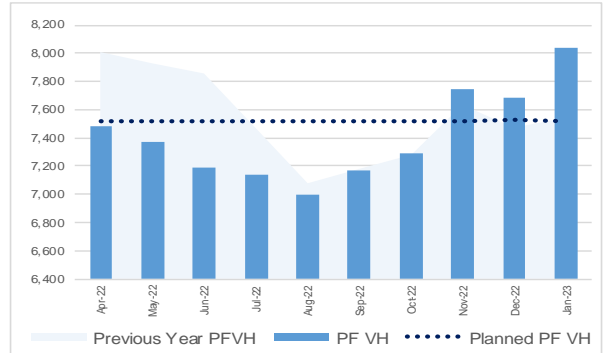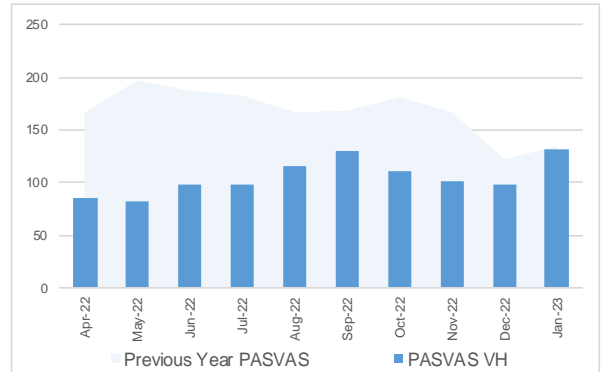
The service did not meet operational delivery KPIs in September for C1, C2 & C3. The focus remains on recovering performance KPIs.

C1 Response Time (hh:mm:ss) — C1 Mean, C1 90th Centile Mean, Mean Target, 90th Centile Target

C2 Response Time (hh:mm:ss) — C2 Mean, C2 90th Centile Mean, Mean Target, 90th Centile Target

C3 Response Time (hh:mm:ss) — C3 Mean, C3 90th Centile Mean, Mean Target, 90th Centile Target

The Trust moved to Cleric CAD on September 23rd.

Response time performance reflects the position to September 22nd 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.

Monthly Contacts vs Calls — Calls Answered, EOC Contacts, Mean Call Answer (secs)

Daily Calls Answered — Sep-21, Sep-22

Number of 2 x 90th Centile Details By Category of Call & Date — C1, C2, C3

From the graph we can see from Apr'21 – Jul'21, each month the number of long delays doubled from the previous month and remained high until January 2022 where we saw a significant decrease in long delays. This rose again in March 2022 which correlated with the increase in EOC contacts and has continued to remain high every month.
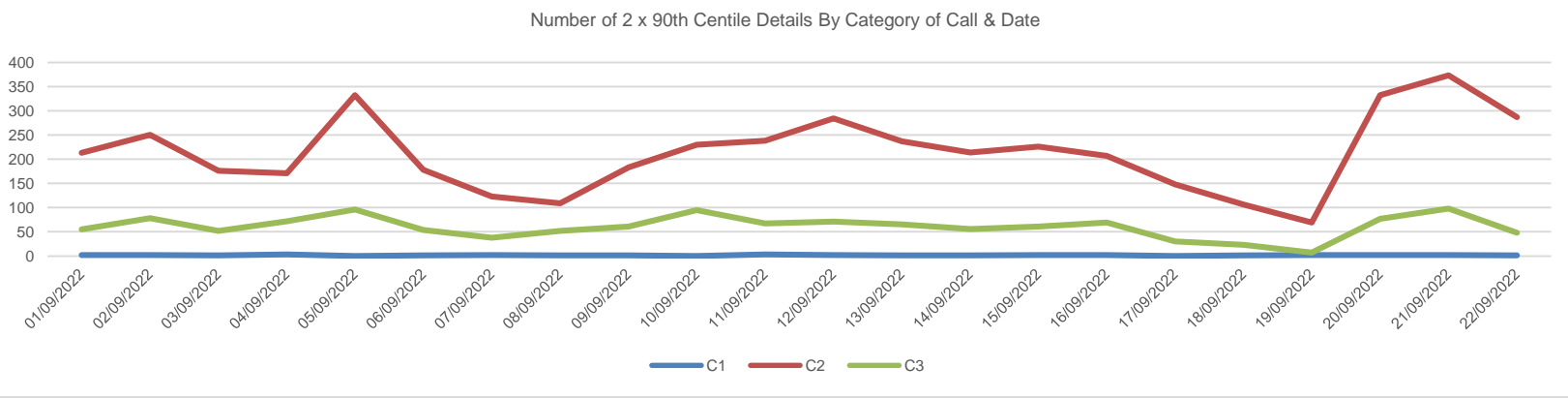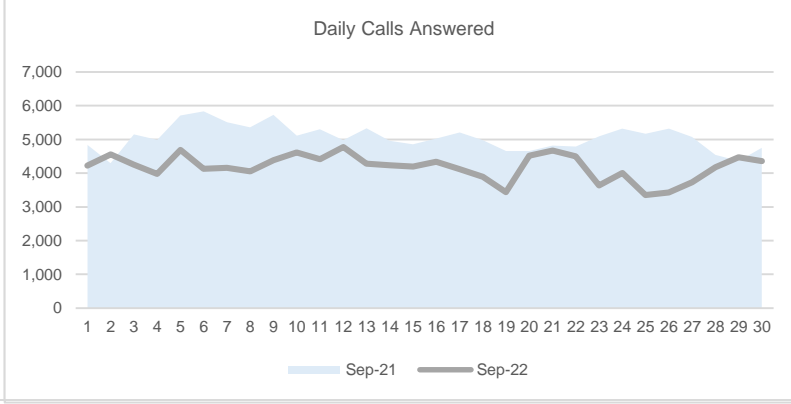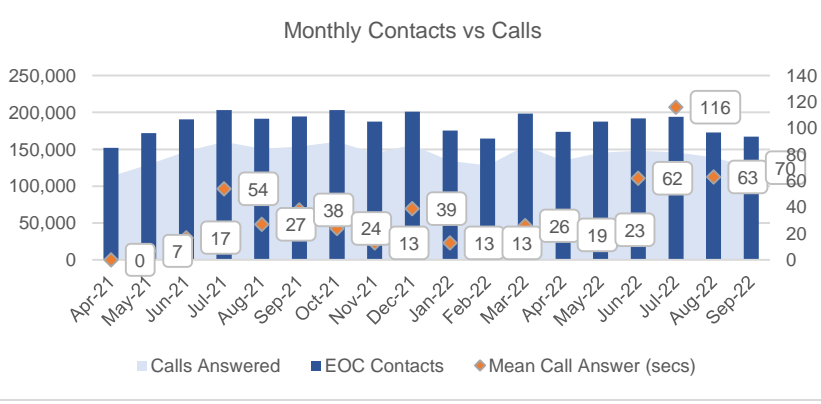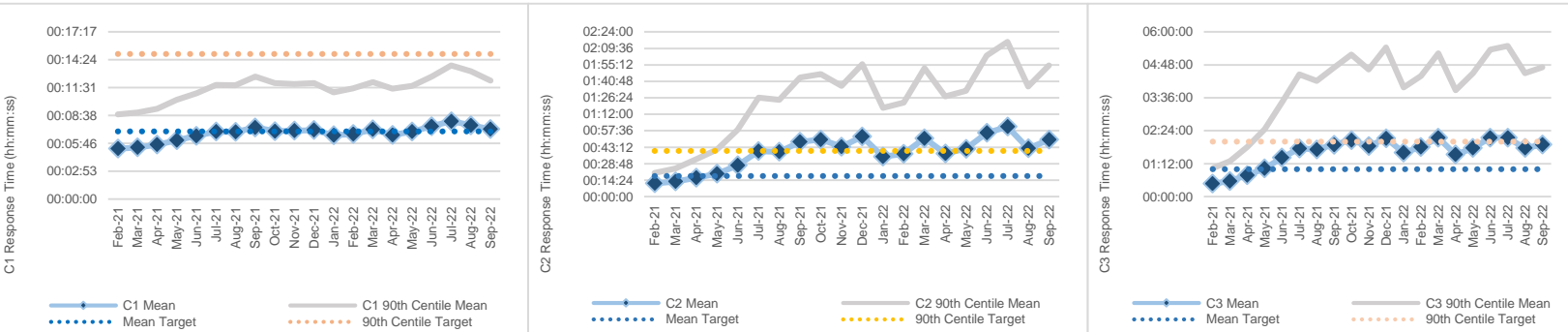
The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

Patient Safety Incidents — Jan'23: 792

Rate of Incidents Reported / 1000 EOC Contacts — Jan'23: 10.1

% of EOC Contacts which resulted in a F2F Incident — Jan'23: 57%
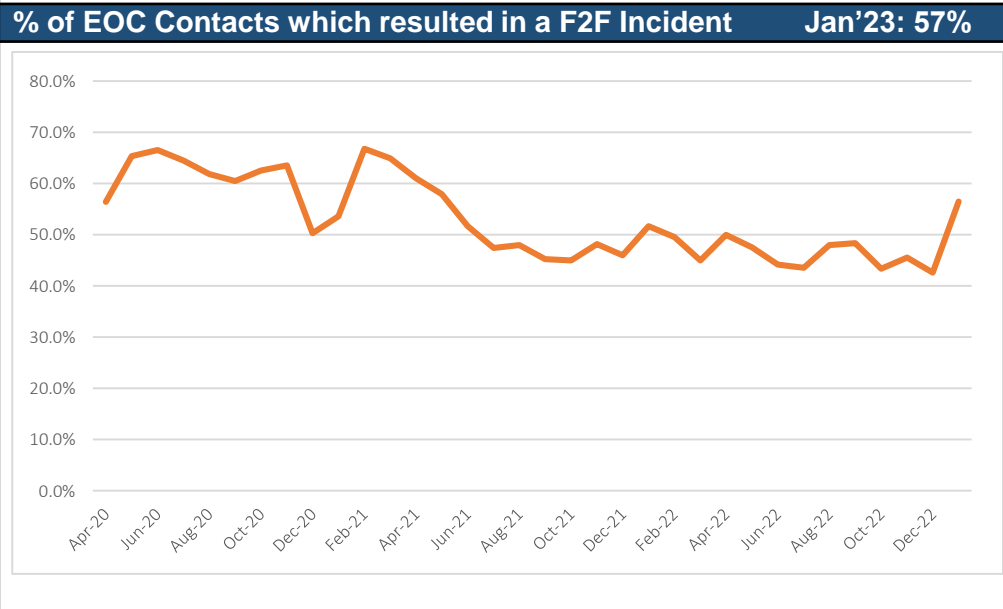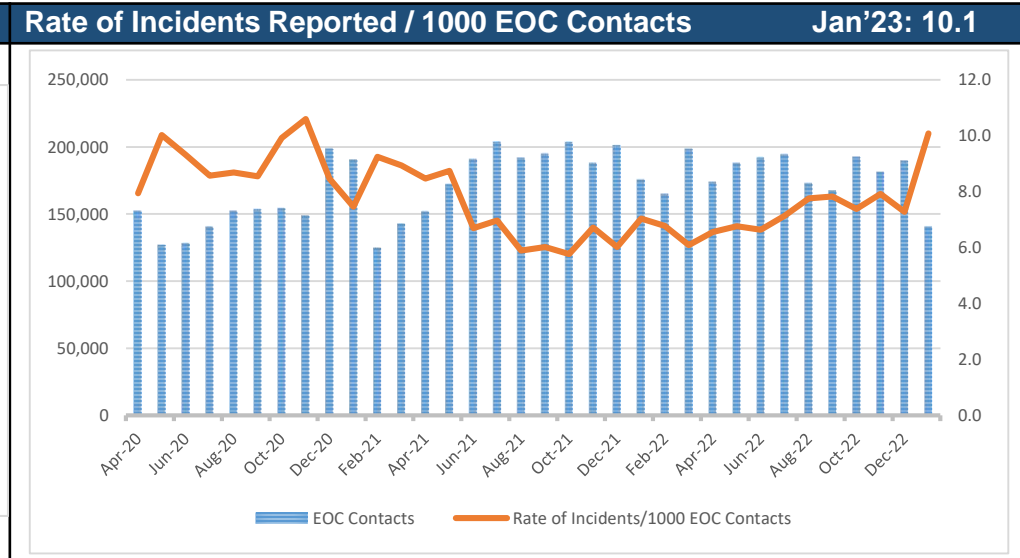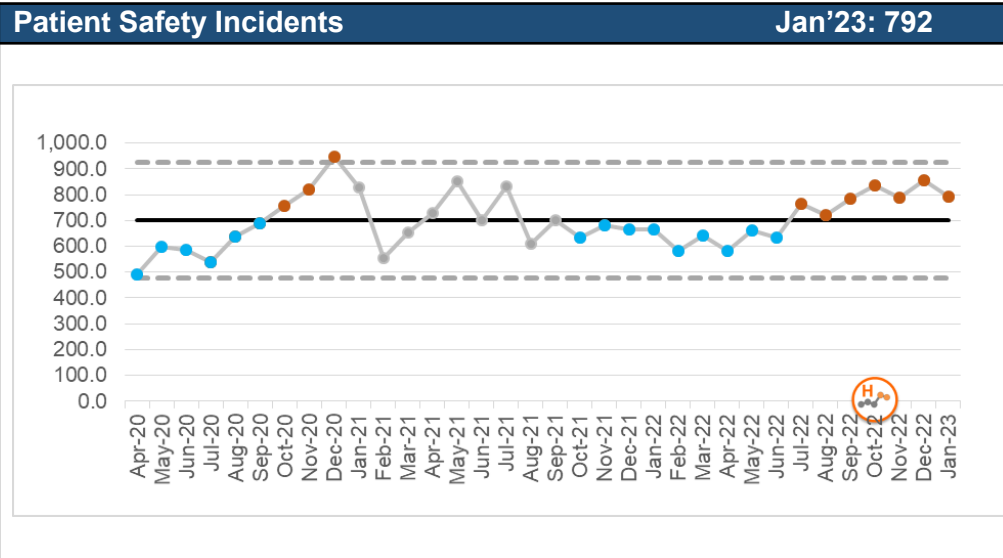
Analysis

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 significantly which can be attributed to recent demand levels and the implementation of the new CAD system Cleric in September 2022.

In January 2023 there were 140,451 EOC contacts, of which 57% 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 — Jan'23: 423
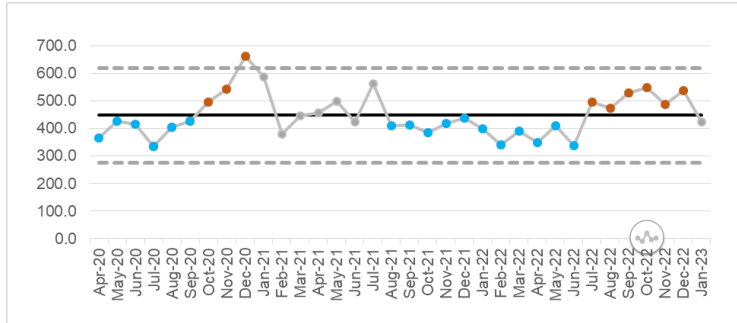
Low Harm Incidents — Jan'23: 71
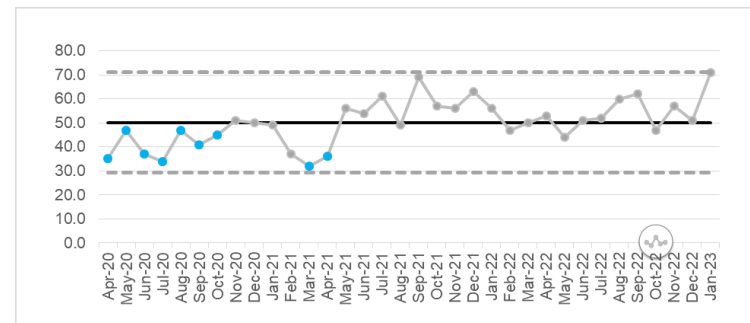
Moderate Harm Incidents — Jan'23: 28
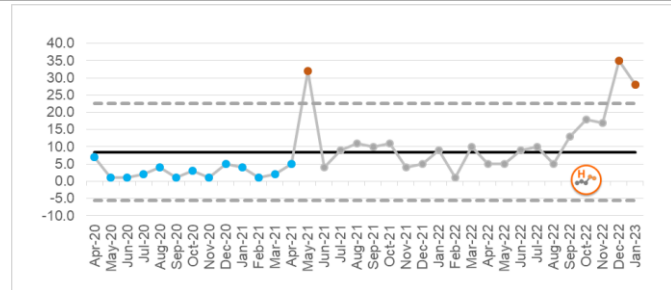
Severe Harm Incidents — Jan'23: 9
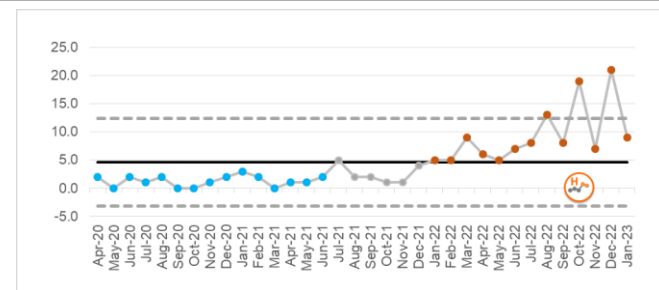
Death Harm Incidents — Jan'23: 20
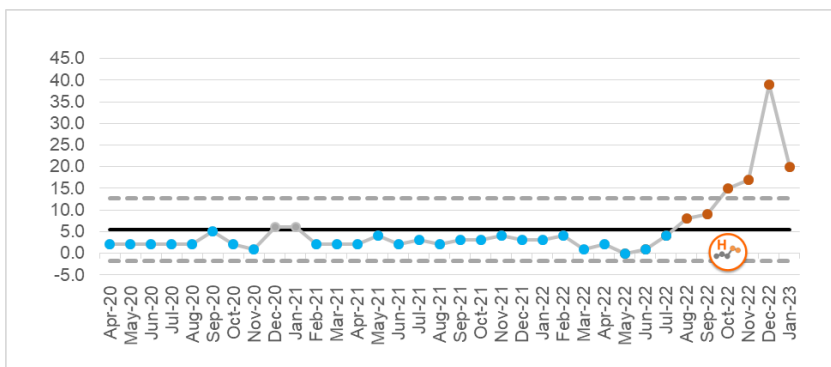
Analysis of SPC Charts

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 been significantly increasing the last few months. However, in January 2023 the number of no harm incidents reported has returned to normal range. The top 3 no harm categories in January 2023 were Medical Equipment (65), Dispatch & Call decreased to (65) (compared to 179 in December 2022) and Clinical Treatment (63).

The number of moderate & severe harm incidents has increased in primarily due to demand levels and number of delays recorded during this reporting period.

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; 74% of the Death incidents reported in January were categorized as Dispatch & Call. These incidents undergo an Learning from Death (LfD) Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF. It is noted that harm levels change following appropriate review including LfD reviews and assessment against PSIRF and the Trust's Incident Management Policy.

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

Level of Harm	Count
Severe - Permanent or Long-Term Harm	1
Moderate - Non-permanent harm - requiring admission, surgery or prolonged episode of care	12
Low - Minimal harm - required minor treatment or observation	110
None - No harm as a result	850
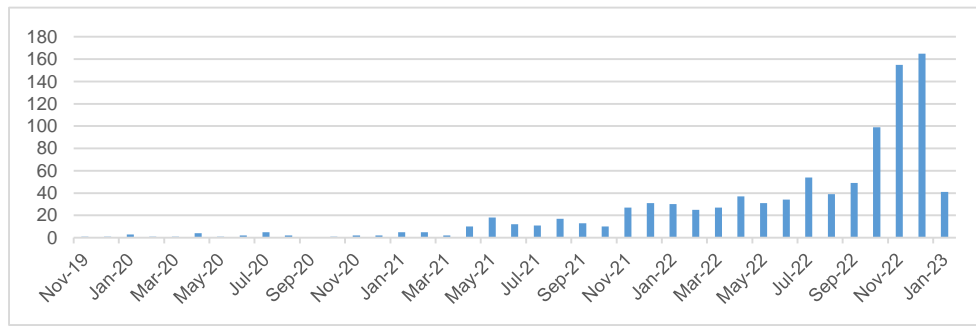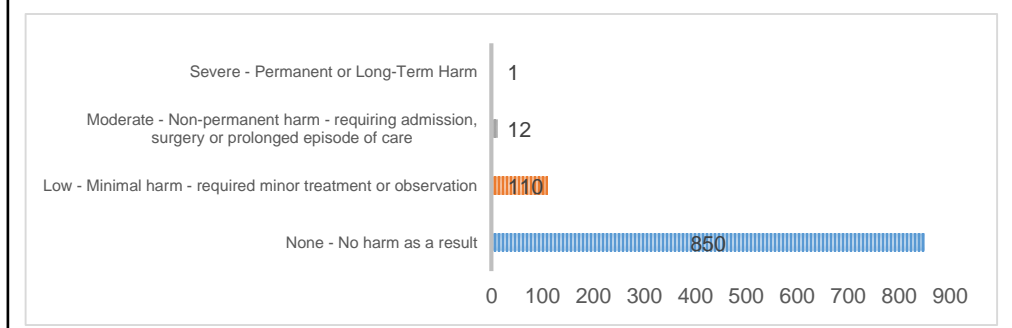
Top 10 Away for Review Overdue Incidents by Investigation Department

Department	Count
NHS111	12
Estates	13
Quality Improvement and Learning	13
Fleet	15
Health Safety and Security	16
Supply & Distribution	19
Information Management & Technology (IM&T)	30
Medical Directorate	31
Quality Assurance	39
Emergency Operations Centre	65
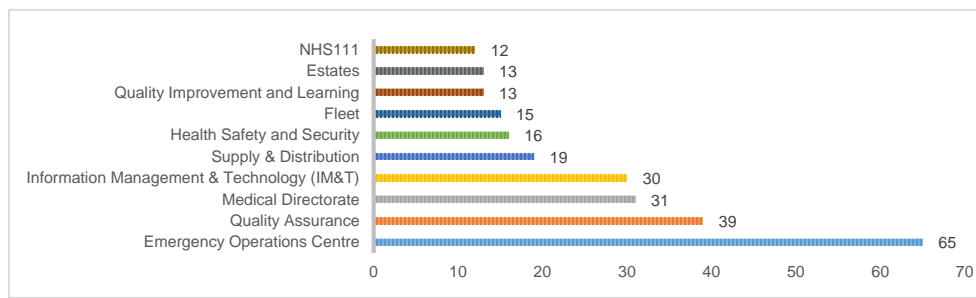
Current Incident Flow vs 12 Month Average

	Reported	Moved to Quality Check
Nov-22	1433	1501
Dec-22	1378	1083
Jan-23	1417	1687
Feb'22 - Jan'23 Average	1307	1342
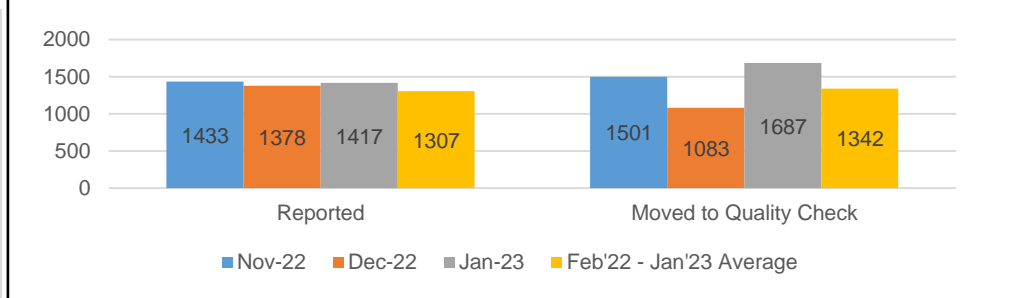
Snapshot of Number of Overdue Incidents

Date	Value
06.01.22	954
07.02.22	933
07.03.22	898
08.04.22	895
06.05.22	923
13.06.22	953
05.07.22	999
01.08.22	1040
01.09.22	1064
03.10.22	1092
09.11.22	1040
05.12.22	1045
04.01.23	1322
09.02.23	973
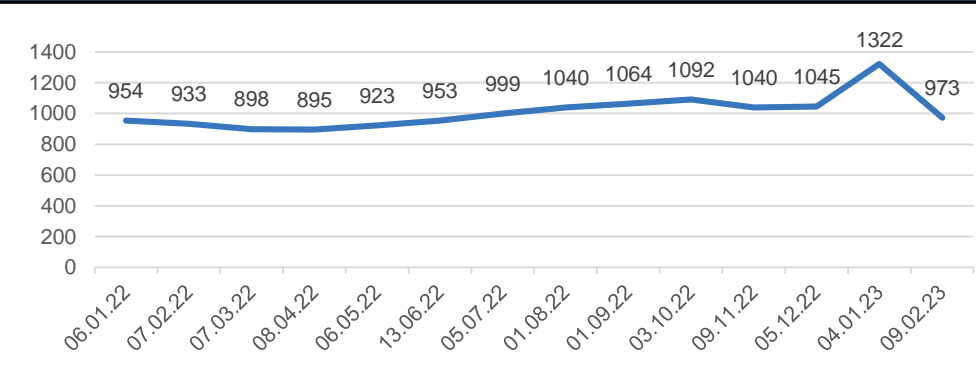
Analysis

There are 973 incidents (as of 09/02/2023) which have been opened on the system longer than 35 working days (this excludes incidents which are subject to an enhanced investigation i.e. PSII, PSR). This breaks down to:

- 553 patient incidents
- 179 staff incidents (7/12 of the overdue moderate harm incidents are staff related)
- 232 Trust related incidents
- 9 visitor incidents

On average between Feb'22 – Jan'23, 1307 incidents were reported monthly on the system and 1342 incidents were investigated and moved to Quality check for final closure. During January 2023 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) and Quality Support Officers (QSOs) work with the sectors/depts. to support the investigation of incidents in a timely manner. The Quality Improvement and Learning team have developed a training package including incident investigation.

A Trust wide improvement plan is has been agreed to recover this position.

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 January 2023

Category	Value
Communication, care & consent	47
Moving and Handling of Patients	49
Security - theft, damage to property, loss of property	55
Vehicle related	55
Clinical assessment	61
Clinical treatment (EXCEPT medication related)	83
Dispatch & call	100
Medical equipment	124
Medicines Management incl. Controlled Drugs	125
Security - violence, aggression and abuse	141
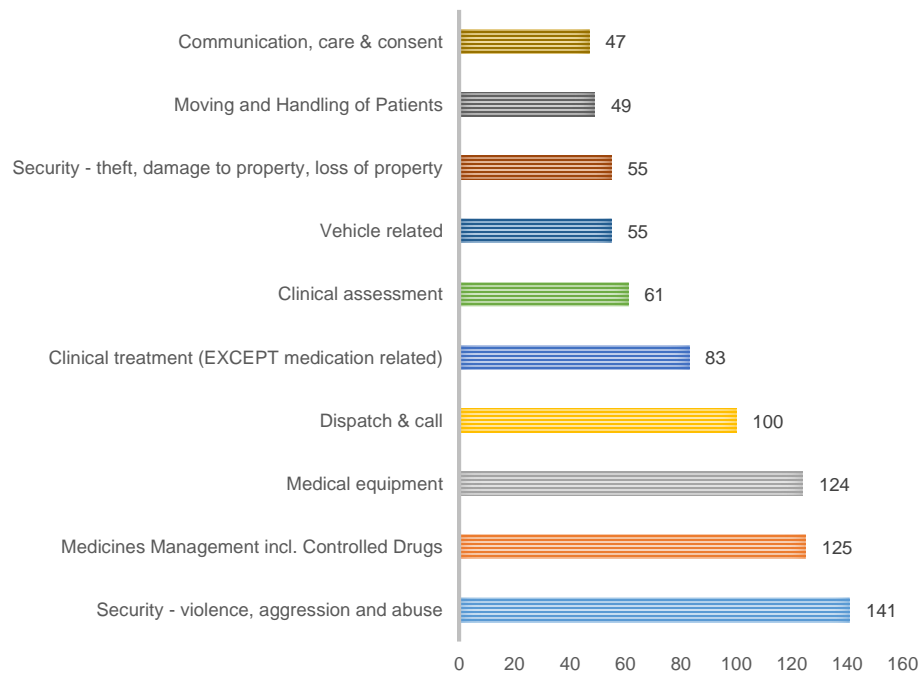
Medical Equipment Incidents   Jan'23: 124
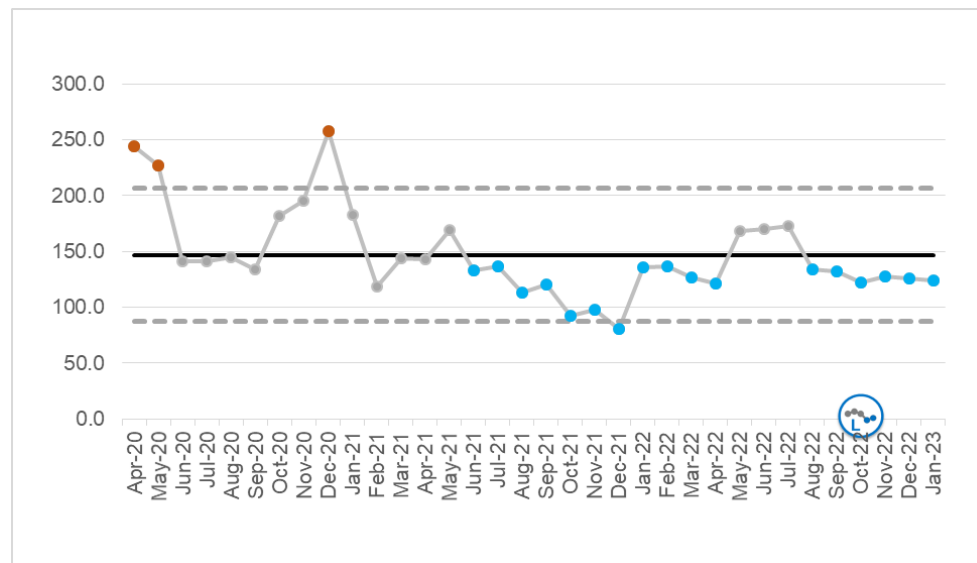
Analysis

The top 3 incident categories in January 2023 were Security – violence, aggression and abuse, Medicines Management and Medical Equipment.

The number of medical equipment incidents has been decreasing the last few months, with the SPC indicating special cause improvement since August 2022.

BI Controlled Drug Report

Legend:
- Controlled Drug - Wasted – Other reason
- Controlled Drug - Wasted – Broken Ampoule
- Controlled Drug - Unaccounted for - Clinician known - Location of drug unknown
- Controlled Drug - Unaccounted for - Clinician and location of drug unknown
- Controlled Drug - Safe malfunction
- Controlled Drug - Not where it should be – Clinician unknown
- Controlled Drug - Not where it should be – Clinician and location known - Taken home
- Controlled Drug - Not where it should be – Clinician and location known - Held for longer than authorised - other
- Controlled Drug - Not recorded correctly - Withdrawn but not signed into register
- Controlled Drug - Not recorded correctly - Returned but not signed out in register
- Controlled Drug - Audit - Errors identified - Unidentifiable name/signature/information
- Controlled Drug - Audit - Errors identified - Missing information - other
- Controlled Drug - Audit - Errors identified - Missing clinician name/signature
- Controlled Drug - Audit - Errors identified - Ineligible/untraceable documentation
- Controlled Drug - Audit - Errors identified - Error not corrected

Analysis

- No unaccounted loss of morphine
- Other controlled drug (CD) incidents
    - Abloy key loss (n=1) or CD safe unsecured (n=4)
    - Documentation errors (n=67)
    - Morphine retained off duty (n=8)
    - Breakages and wastage (n=18)

- Other incidents
    - Kitprep malfunction (n=4)
    - Loss or theft of medications (n=3) or missing from pack (n=2)
    - Packaging damage, breakages or wastage (n=13)
    - Expired drugs (n=6) or no stock available (n=2)
    - Documentation errors (n=6) or guideline errors (n=1)
    - Other prescriber errors (n=9)
    - Inappropriate administration of Penicillin V (n=1), adrenaline (n=4), GTN (n=2), amiodarone (n=1), aspirin (n=1), paracetamol (n=3), glucagon (n=2), glucose (n=1), saline (n=1), diazepam (n=2), magnesium (n=1), oxygen (n=1).

Assurance & Actions

Assurance

- Improvement in medical gas supplies
- Further medicines training planned for CSR
- No unaccounted for loss of morphine

Actions

- Bulletins re JRCALC guidance and Oxygen
- 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 __October 2022__ which is the most recent month published by NHS England.
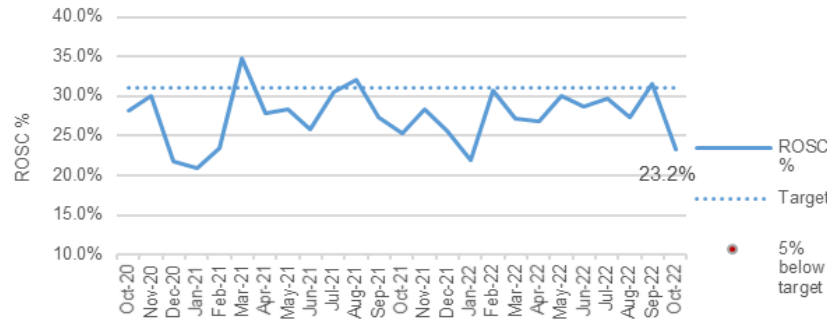
ROSC at Hospital

Month: 23.2%

Target: 31.0%

The LAS ranked 8th nationally for ROSC on arrival at hospital for the overall group with 23.24%, above the national average of 25.5% and 7th for the Utstein group with 46.2%, just below the national average of 46.8%.

The LAS ranked 7th for 30 day survival in the overall group with 7.5%, below the national average of 7.7% and 5th for the Utstein group with 26.3%, above the national average of 22.6%.

Post ROSC Care Bundle data for October 2022 ranked the LAS 3rd with 94.7% which is greatly above the national average of 76.5%.

STEMI call to angiography*

Mean: 02:52

Target: 02:10
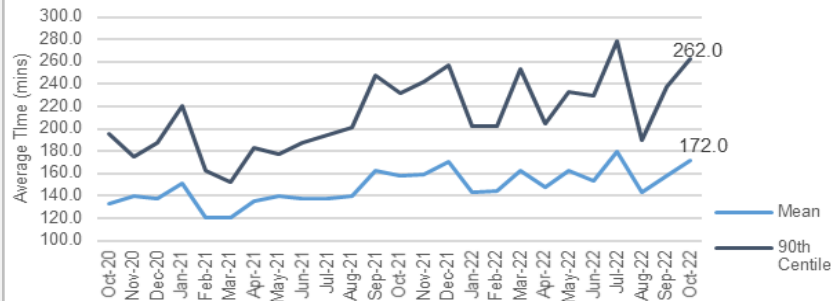
The LAS achieved a time of 02:52 for the call to angiography measure. While this ranks the LAS in 7th position against other ambulance services, it is only four minutes above the national average of 02:48.

NHS England published data for the STEMI care bundle this month. The LAS ranked in 8th position with a figure of 67.6%. This is 5.1% below the national average of 72.7%.

The analgesia component of the care bundle continues to have the lowest percentage of provision at 75.7%, which is a decrease of 5.1% from the previous figures. The highest percentage of analgesia provision was achieved by the NE Sector (81.6%(, while the SE Sector was the lowest at 61.3%.

* Based on MINAP data which may not be a complete sample.

Stroke call to door**

Mean: 01:53

Target: 01:10
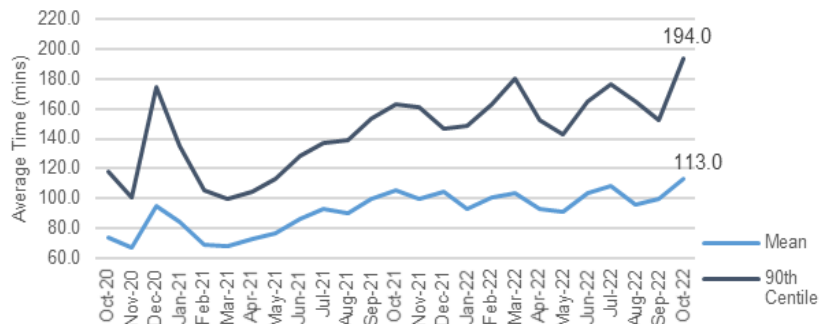
In October 2022, the LAS achieved a time of 01:53 for the call to arrival at hospital measure. While exceeding the national average of 01:59, the LAS ranked 5th place when ranked against other ambulance services.

NHS England did not publish stroke diagnostic bundle data for October, the next data due to be published will be for November 2022 (in April 2023).

** Based on SSNAP data which may not be a complete sample.

NEL IUC

KPI Ref	Measure	Target	RAG Status Green	RAG Status Amber	RAG Status Red	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
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%	38.1%	12.4%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	101	73	266	350	648	122	303	201	1199	251
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	2394.0	468.0

SEL IUC

KPI Ref	Measure	Target	RAG Status Green	RAG Status Amber	RAG Status Red	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
KPI 1	Proportion of calls abandoned	≤3%	≤3%	>3% - ≤5%	>5%	4.8%	9.3%	7.6%	6.8%	19.1%	19.5%	29.7%	8.7%	15.8%	12.4%	40.0%	12.4%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	41	117	109	89	311	357	724	118	293	207	1271	191
KPI 3	95th Centile Call Answer Time	≤120Secs	≤120Secs	>120 to ≤180 secs	>180 secs	49.7	458.9	359.8	221.8	652.0	918.8	1711.6	357.0	783.1	691.8	2466.0	436.2

NWL IUC

	KPI Ref	Measure	Target	RAG Status Green	RAG Status Amber	RAG Status Red	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
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%	46.8%	15.5%
KPI 2	Average Speed to Answer Calls	≤20Secs	≤20Secs	>20 to ≤30 secs	>30 secs	134	137	409	474	589	187	352	324	1596	240
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	4585.9	1241.0

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 January. Staff absenteeism and seasonal pressures are continuing to impact staffs attempts to meet performance metrics. Abandonment rates were subsequently challenged with an average abandonment rate of 13.4% across the three contract areas, a marked decreased compared to December. This is above the target of <3% and investigations are ongoing to determine the causation of performance decline.

South East London (SEL)
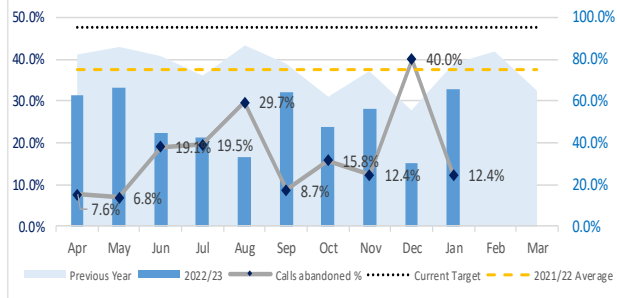
North East London (NEL)
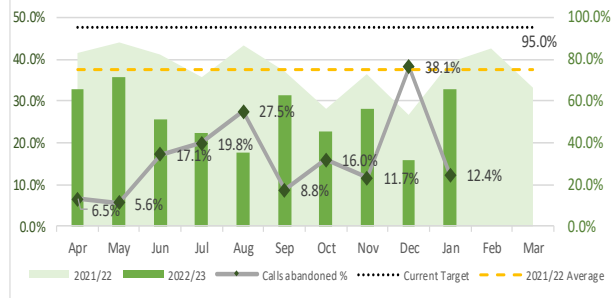
North West London (NWL)
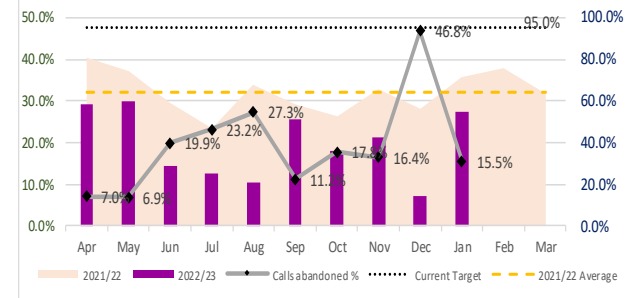
Call Answering & Abandoned Calls

Target: 95% (CA) and 3%

SEL: 65.5% / 12.4%

NEL: 66.0% / 12.4%

NWL: 54.8% / 15.5%

% of calls closed with no onward referral
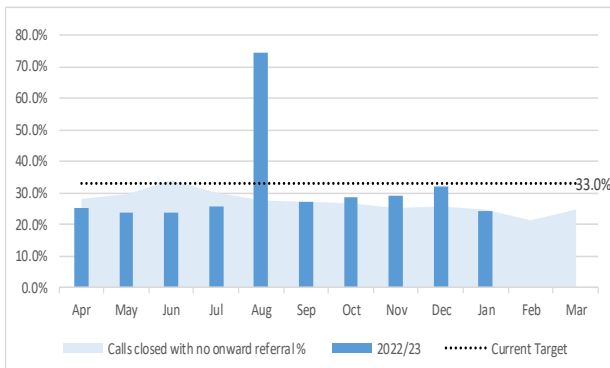
Target: >33%

SEL: 24.3%
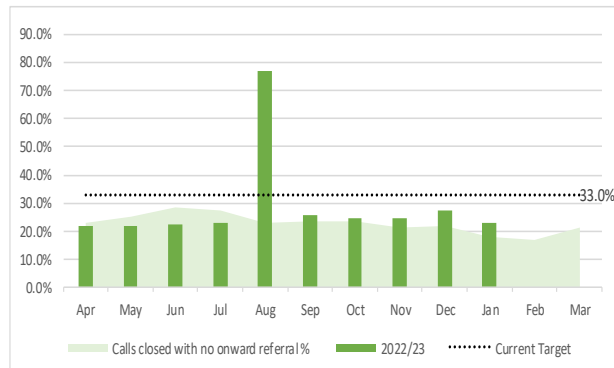
NEL: 23.0%
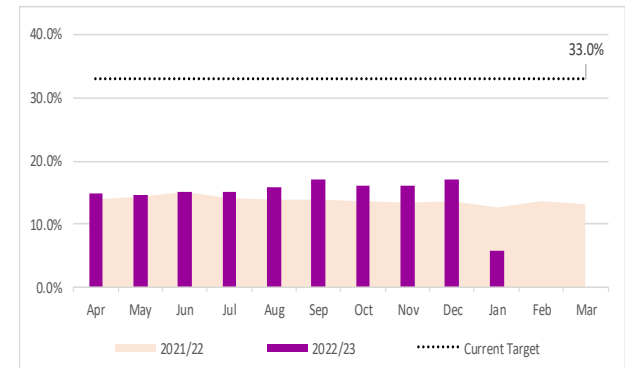
NWL: 5.7%

The percentage of calls closed with no onward referral remained consistent to previous performance across all contracts (excluding august downtime), averaging 17.67% 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

Legend: 2021/22 | 2022/23 | Current Target | 2020/21 Average

Target: <10%   **SEL: 7.2%**

North East London (NEL)

Legend: 2021/22 | 2022/23 | Current Target | 2021/22 Average

NEL: 6.1%

North West London (NWL)

Legend: 2021/22 | 2022/23 | Current Target | 2021/22 Average
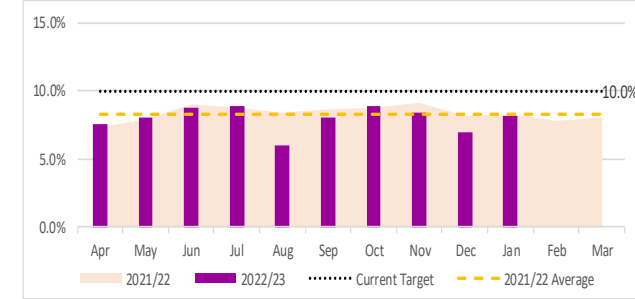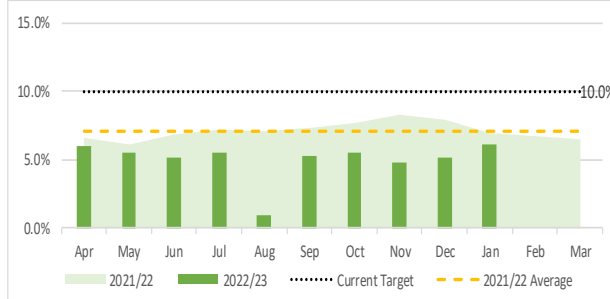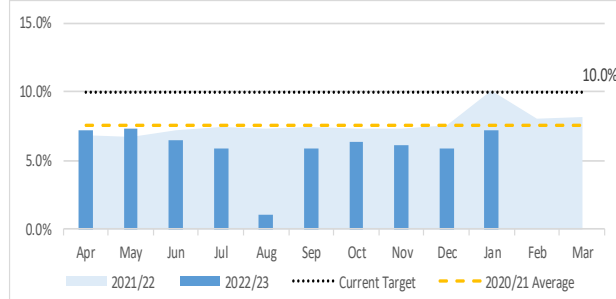
NWL: 8.1%

> Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During the month of December LAS contracts averaged 7.13%, remaining in line with recent month's performance.

Calls Outcome: Recommended to attend ED

Legend: 2021/22 | 2021/22 | Current Target | 2021/22 Average

Target: <10%   **SEL: 10.9%**

Legend: 2021/22 | 2022/23 | Current Target | 2021/22 Average

NEL: 10.8%

Legend: 2021/22 | 2022/23 | Current Target | 2021/22 Average
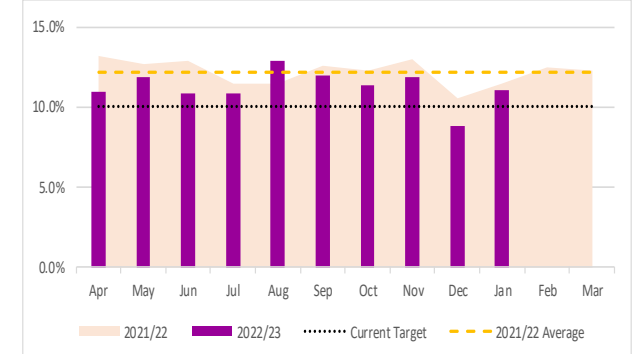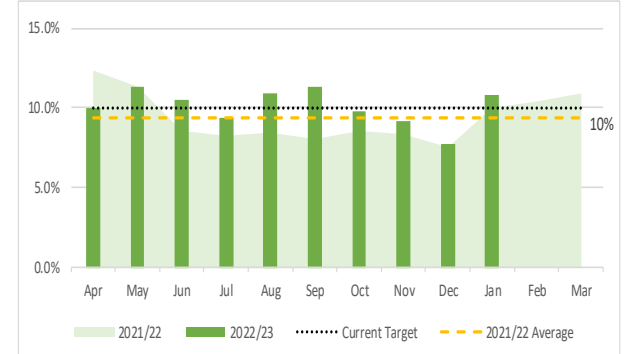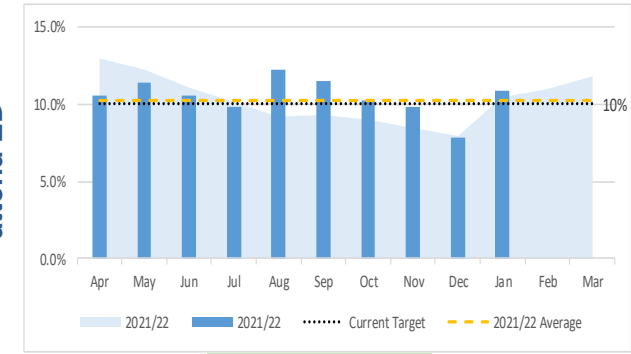
NWL: 11.1%

> Collectively NEL, SEL and NWL have performed consistently on Emergency Department avoidance, with the variation between contractions being <1% during the month of January. An average of 10.93% was achieved across these contract areas. This sees a increase of recommended ED attendance bringing us slightly over 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 — Jan'23: 231
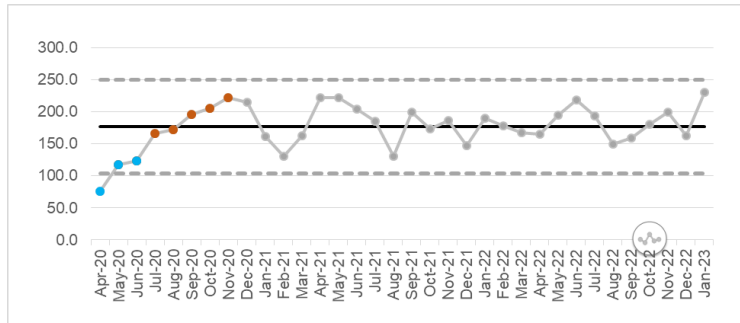
Low Harm Incidents — Jan'23: 5
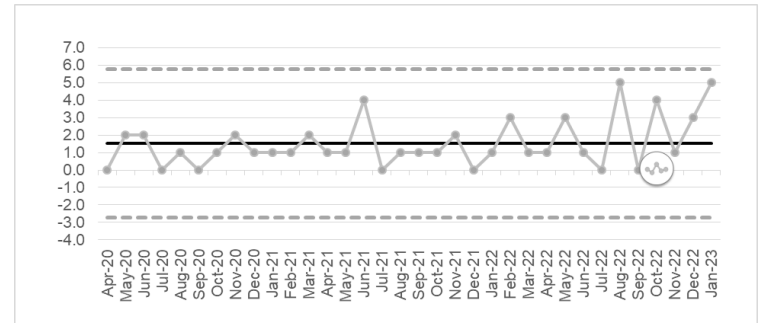
Moderate, Severe & Death Harm Incidents — Jan'23: 4
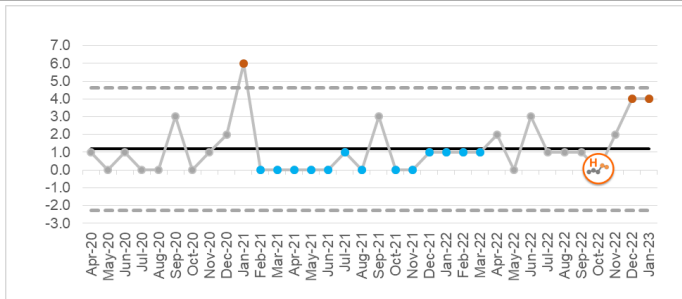
Analysis of SPC Charts

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. 1 case of a patient waiting more that 24 hours was noted in SEL, with no patient harm. There is concerning special cause variation in the moderate, severe and death harm incident categories, these incidents are subject to investigation.

Incident Management

There are 80 incidents (as of 09/02/2023) which have been open on the system longer than 35 working days, (this excludes PSIIs & COVID-19 reviews)

This breaks down to:
- 55 Patient incidents
- 20 Staff incidents
- 3 Trust related incidents.
- 2 Visitor incidents

88% of incidents are in the Local Review stage
13% of incidents are in the Away for Review stage
95% of incidents have been classified as No Harm

Overdue Incidents by Type

- Patient(s) 69%
- Member of LAS staff (including Bank Staff) 25%
- The Trust 4%
- Visitors, contractors. other organisation staff or the public 2%
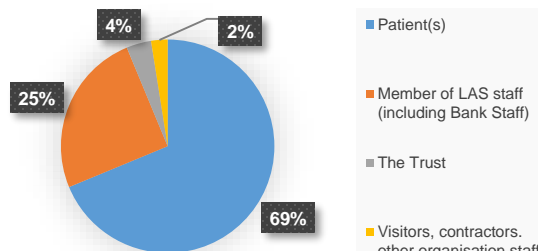
OVERDUE INCIDENTS BY LEVEL OF HARM

Low - Minimal harm - required minor treatment or observation: 4
None - No harm as a result: 76
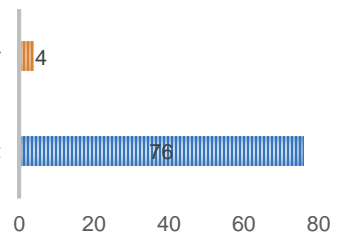
Incident trends and themes are monitored by the Trust's Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Top 10 Incident Categories January 2023

Category	Value
Clinical treatment (EXCEPT medication related)	6
Medication Error	6
Security - theft, damage to property, loss of…	6
Infrastructure, buildings, IT & telephony	6
Information governance and breaches of…	6
Clinical assessment	8
111/IUC - Referral to incorrect Out of Hours	9
111/IUC - Confidentiality	15
111/IUC - Clinical assessment / advice	18
Security - violence, aggression and abuse	25
Communication, care & consent	83
111/IUC - Call Handling	93
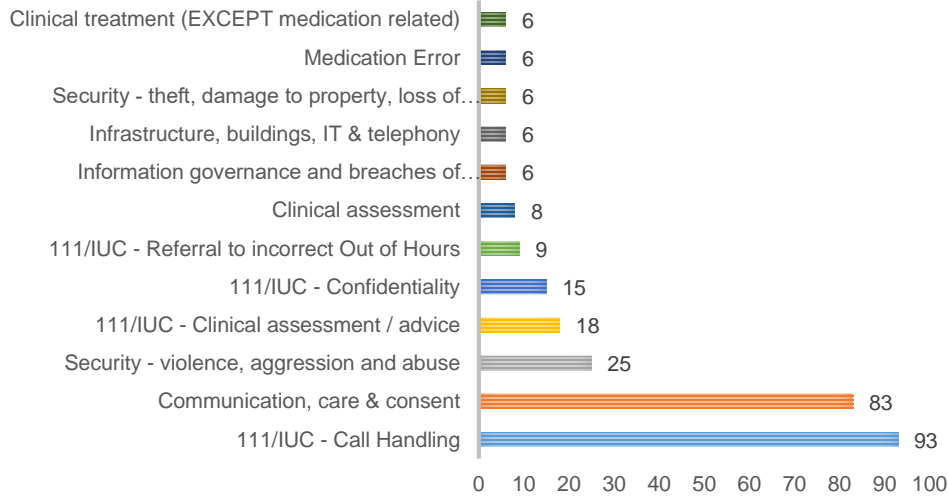
Analysis

The top 3 incident categories in January 2023 were Call Handling, Communication, Care & Consent and Security – violence, aggression and abuse.

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.

Aug'22 – Jan'23 Top 3 Categories by Month

Month	Category	Value
202208	Communication, care & consent	47
202208	111/IUC - Call Handling	46
202208	111/IUC - Clinical assessment / advice	21
202209	111/IUC - Call Handling	68
202209	Communication, care & consent	63
202209	111/IUC - Clinical assessment / advice	12
202210	111/IUC - Call Handling	74
202210	Communication, care & consent	69
202210	111/IUC - Clinical assessment / advice	15
202211	Communication, care & consent	83
202211	111/IUC - Call Handling	81
202211	111/IUC - Clinical assessment / advice	20
202212	111/IUC - Call Handling	64
202212	Communication, care & consent	59
202212	111/IUC - Clinical assessment / advice	16
202301	111/IUC - Call Handling	93
202301	Communication, care & consent	83
202301	Security - violence, aggression and abuse	25

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 January 2023, a total of 99 (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 99, 57 were identified as requiring an enhanced level of investigation. The breakdown of the 57 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)

- 2 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)

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

Patient Safety Review (Non PSII) including Thematic Review

- 3 incidents did not meet the Trust's PSIRP and are being investigated as a PSR - case review. The break down of these 3 is as follows: 1 - Clinical assessment to be reviewed as An After Action review, 1 Clinical assessment to be reviewed as a high level clinical opinion, and 1 – clinical treatment to be reviewed as a patient safety report.

- 3 incidents were included in thematic reviews. 2 are to be included in the Falls thematic, and 1 will form part of a medicines management review.

- 44 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 42 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 monthly via the Safety Investigation Assurance and Learning Group.
- Quality Alerts have been sent to NHS Trusts where review has identified potential problems in care.

Incidents by PSIP Outcome
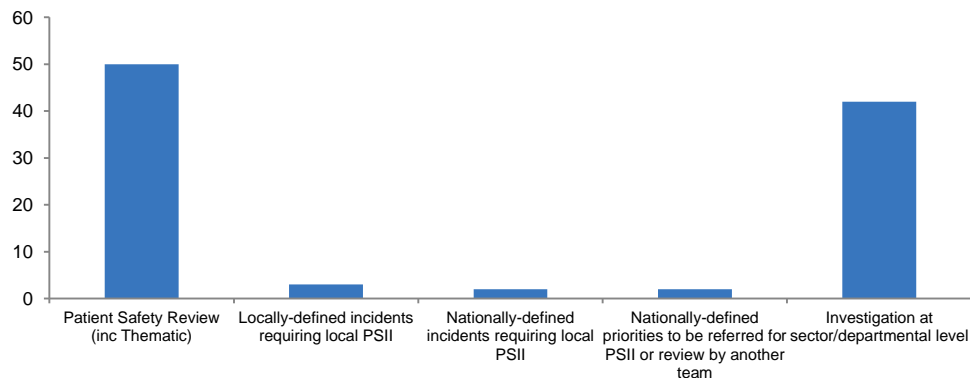
Themes of incidents discussed under PSIRF
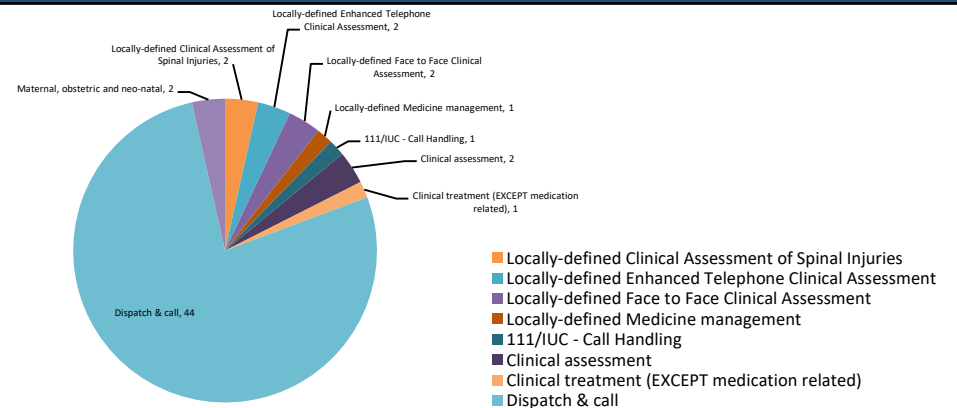
The number of safety investigation actions on the Trust's risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

Overdue Actions Update: January 2023

There continues to be a focus on SI, PSII and PSR actions, at the end of January there were 132 open actions, of these 62 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.

- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.

- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communicated, if required.

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

- **Action: OP60 to be updated – Procedure 3**

Update: Original due date: 31st October 2019. At SIALG held in January 2023, it was noted this policy has been approved, but awaits release.

- **Action: Consideration given to revising OP60 with regards to what constitutes new information**

Update: Original due date – 31st October 2019. At SIALG held in January 2023, it was noted this policy has been approved, but awaits release.

Open Actions by Directorate

6 Month Rolling Overdue Actions

6 MONTH ROLLING OVERDUE ACTIONS

Legend: Number outstanding — Average — Target
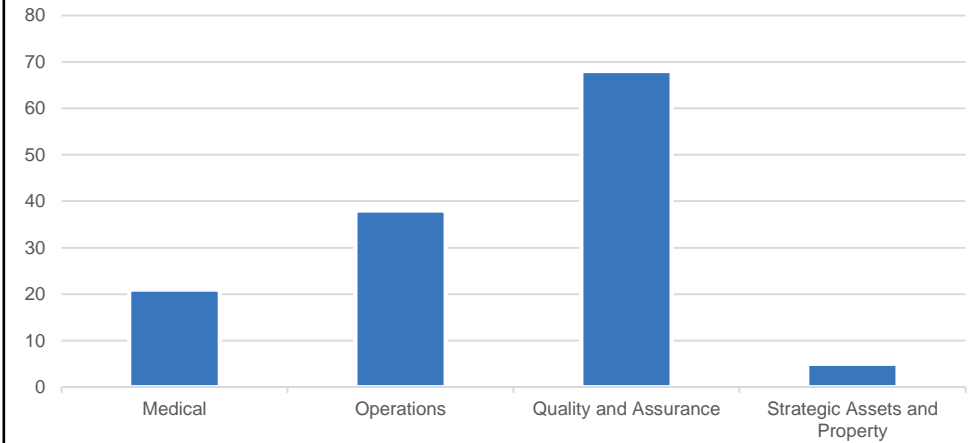
People Scorecard

January 2023

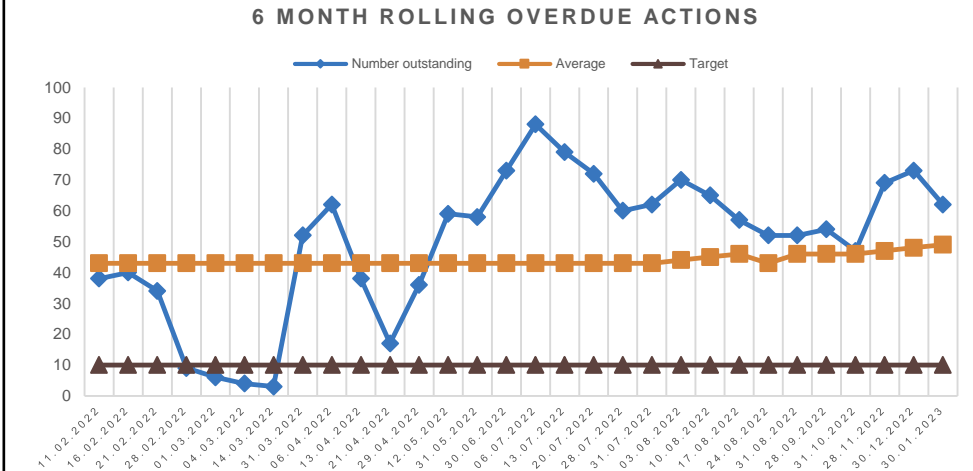| Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Perfomance				Trajectory	Target Status against trajectory
					Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	FY2022/ 2023 Trajectory	
Trust Vacancy rate	Monthly	%	Jan-23	🟢	8.0% / Internal	6.4%	7.2%	6.5%	7.5%	🟢
Operational Vacancy Rate	Monthly	%	Jan-23	🟡	10% / Internal	13.5%	14.4%	13.8%	12.0%	🟡
Ambulance Operations Staffing FTE (actual against plan (22-23)	Monthly	(n)	Jan-23	🟡	1000 / Internal	-3.00	-119.00	-119.00	254.00	🟡
Staff Turnover (% of leavers)	Monthly	%	Jan-23	🟢	13% / Internal	12.5%	13.0%	13.0%	13.0%	🟢
Stability Index (% of staff in post >1 year)	Monthly	%	Jan-23	🟢	N/A / Internal	84.0%	86.0%	86.0%	84.0%	🟢
Staff Sickness levels (current month) (%)	Monthly	%	Jan-23	🟡	6% / Internal	6.9%	8.1%	8.4%	6.0%	🟡
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Jan-23	🔴	6% / Internal	8.7%	8.9%	8.6%	6.0%	🟡
Trust Flu Vaccination Rate (Trust)	Monthly	%	Jan-23	⚪	N/A / Internal	49.7%	N/A	N/A	-	⚪
Statutory & Mandatory Training (85% or above)	Monthly	%	Jan-23	🟡	85% / Internal	83.0%	85.0%	85.0%	85.0%	🟢
Staff PDR Compliance (85% or above)	Monthly	%	Jan-23	🔴	85% / Internal	60.0%	52.0%	47.0%	85.0%	🟡
Number of open disciplinary/conduct cases	Monthly	%	Jan-23	⚪	N/A / Internal	63	48	48	-	⚪
Number of open grievance/employee concern cases	Monthly	(n)	Jan-23	⚪	N/A / Internal	7	7	7	-	⚪
Performance/capability	Monthly	(n)	Jan-23	⚪	N/A / Internal	13	12	12	-	⚪
Number of open round table and mediation cases	Monthly	(n)	Jan-23	⚪	N/A / Internal	5	8	8	-	⚪
Number of Employment Tribunals	Monthly	(n)	Jan-23	⚪	N/A / Internal	25	21	21	-	⚪
% of Trust Staff who are BAME	Monthly	%	Jan-23	🟢	20% / Internal	20.9%	20.1%	20.0%	22.0%	🟢
% of joiners who are BAME	Monthly	%	Jan-23	🟢	>30% / Internal	33.0%	33.0%	35.0%	30.0%	🟢
% of leavers who are BAME	Monthly	(n)	Jan-23	🟡	<25% / Internal	30.0%	26.0%	26.0%	23.0%	🟢

🟢 G — KPI on or ahead of target

🟡 A — KPI off target but within agreed threshold

🔴 R — KPI off target and outside agreed threshold

⚪ — KPI not reported / measurement not started

Vacancy rate

Month:

6.4%

Target: 8%
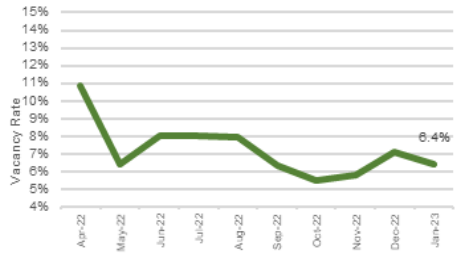
The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. Call handling fill rates are very positive with 93% of places filled in January for both 111 and 999. In total there were 198 joiners in January with 33% of joiners from a BAME background.

Ambulance Ops Recruitment

Month: 107te

Target: 110fte

Required Frontline: 908 FTE

Forecast Supply: 754 FTE

Forecast recruited v plan : -154te

Forecast EOY vacancy position: - 295fte

The Trust agreed a 2022/2023 recruitment programme for over 1400 staff which included circa 500 Paramedics and 500 AAPs. The frontline pipelines remain strong with over 350 candidates at conditional offer stage. Fill rates for frontline recruitment remain positive with 100% of AAP and over 90% of Paramedic places filled in January.

Staff Turnover

12 Month Rolling: 12.5%

Target: 13%
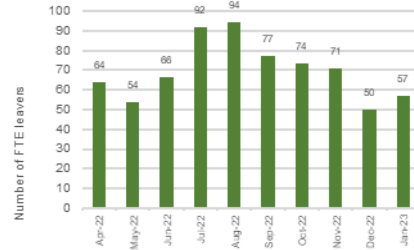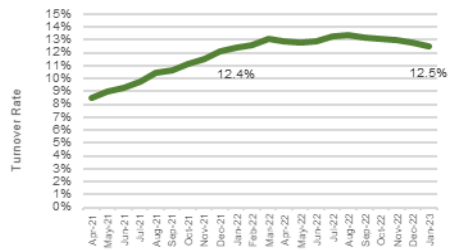
Turnover continues on a downward trend and the number of frontline leavers has remained positively below plan (-110FTE). The stability rate which measures the % of staff in post for more than one year averages 85% for the year. The number of frontline leavers has remained positively below plan (-106FTE) and we have seen a lower level of International Paramedic leavers. In total there were 52 leavers in January with 30% from a BAME background.

Sickness

12 Month Rolling: 8.4%

Monthly: 6.9%

Target: 6%

In January the monthly Trust wide sickness decreased from 7.6% to 6.9%. COVID accounts for 9% of all episodes and episodes decreased by 37% from December. We have seen a decrease of 43% in episodes of coughs/colds and flu (accounting for 18% of all sickness) and chest/respiratory cases decreased by 27%. We saw a decrease of 3% in episodes of stress, anxiety and depression which accounts for 11% of all sickness. The Goodshape First Day Absence Reporting Service continues to embed with over 17,000 calls made to the service to date. Attendance levels overall have improved since the introduction of the service and we are working closely with our managers to iron out system functionality issues and developing their skills in getting the best out of the service. The 'B Watch' HQ wellbeing pilot has been completed in EOC. Optima are now fully embedded across the Trust, with excellent links into the Wellbeing, Recruitment and Clinical Education teams.

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 January 2023. During this period the Trust has recruited 729fte BAME starters and there have been 310fte BAME leavers, a net increase of 419fte.
- In 2021/22, 37% of total <u>starters</u> were BAME. For the year 2022/23, the BAME starters are 33%.
- In 2021/22, 20% of total <u>leavers</u> were BAME. For the year 2022/23, the BAME leavers are 26%.

Statutory and Mandatory Training and Appraisals

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

Appraisal completions are at **63%** at the end of January.
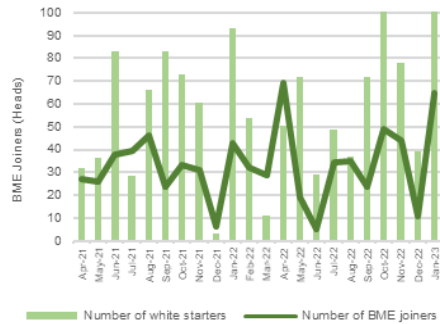
BME Starters
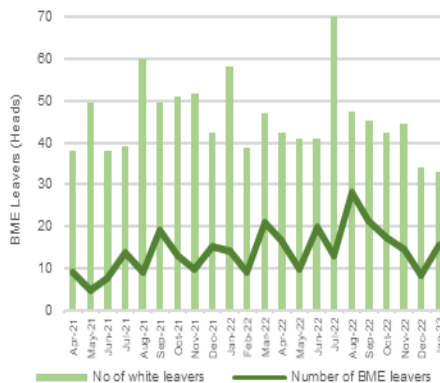
Overall numbers of BAME staff continue to increase (currently 1,555 – 20.9%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Nov-22	Dec-22	Jan-23
Bands 1-4	41.2%	41.2%	40.8%
Bands 5-7	14.4%	14.4%	14.7%
Band 8A to 9	16.6%	16.7%	16.7%

.

NHS Staff Survey: The Service achieved a 62% response rate, a great achievement given the demands on the organisation at the time. The results have been received and are being analysed by the team and will be shared with managers in due course.

The Equality, Diversity & Human Rights e-learning has a 90% compliance rate.

BME Leavers

Statutory & Mandatory

Appraisal Compliance

Stat and Mand training has increased to 84%, just below target.

The following activities are in place to improve PDR compliance:

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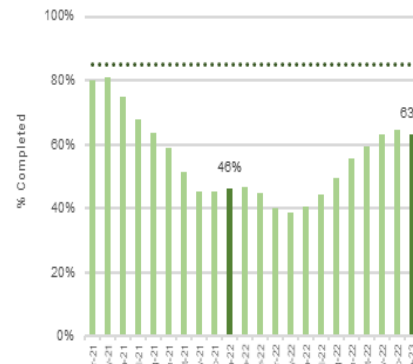
- A PDR recovery plan is in place to get the appraisal process back on track with the expectation that PDRs will be completed by all Corporate colleagues by 30th August 2022 and operational & clinical colleagues by 31st March 2023.

Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – January 2023

MSK RIDDOR Incidents - Location

Location	Value
Public Place	1
Hospital	1
Patients Home	2

MSK RIDDOR Incidents – Equipment Involved

Equipment	Value
Wheel Chair	1
Carry Chair	1
Trolley Bed	2

MSK RIDDOR Incidents – Body Part

Body Part	Value
Shoulder	1
Hand	1
Back	2

MSK RIDDOR Incidents – Action Involved

Action	Value
Pushing/Pulling	1
Lifting & Carrying	3
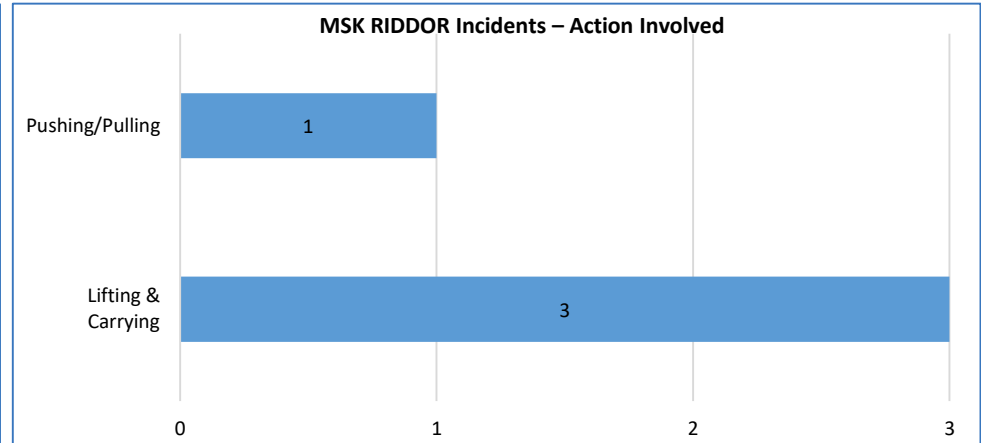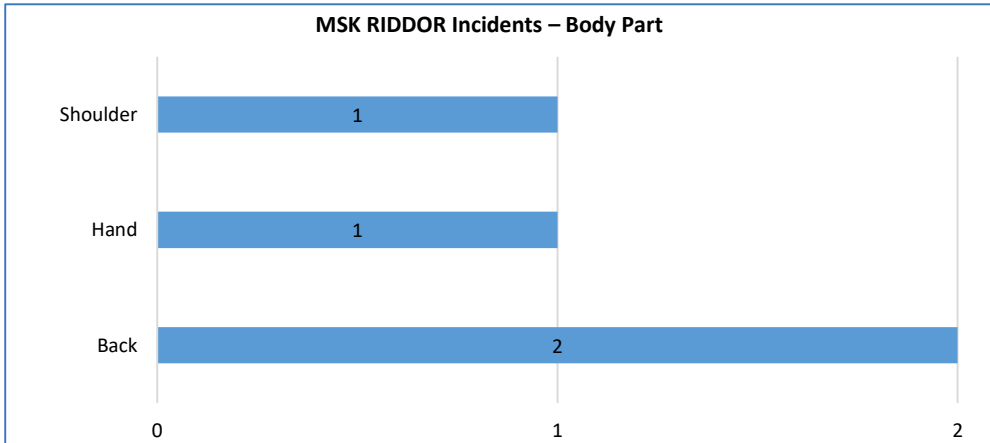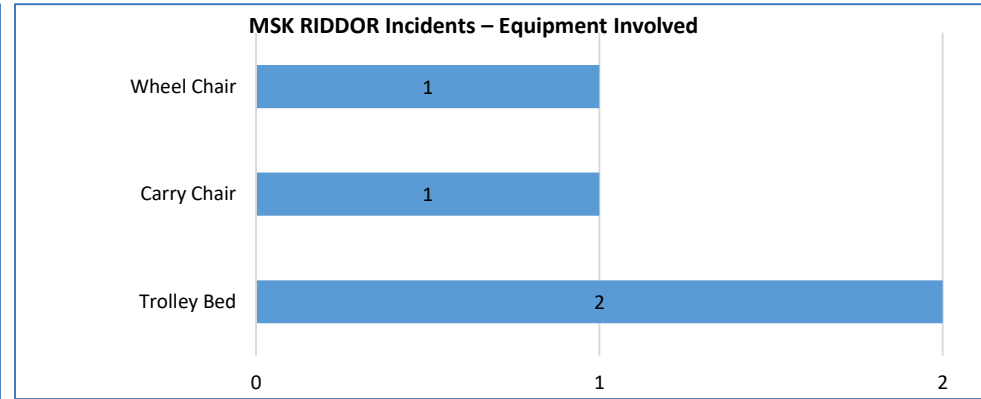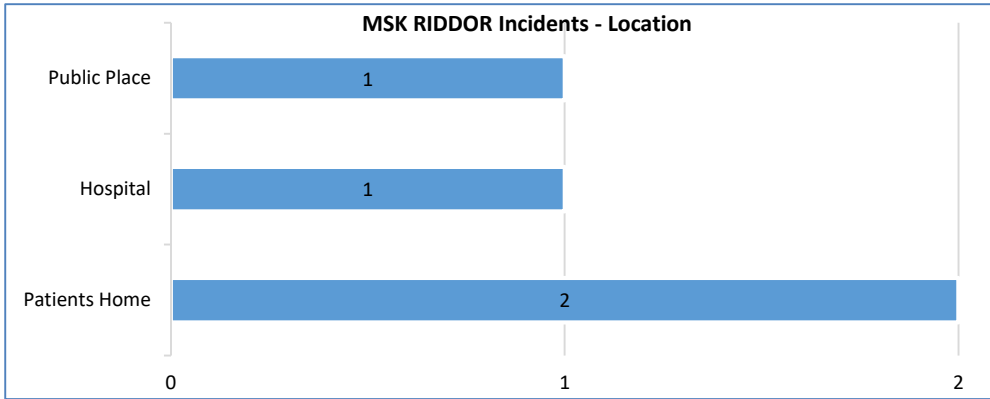
The above graphs provide details from the thematic analysis of 4 reported RIDDOR incidents in January'23 (1 incident was occurred in December'22 and 3 incidents were occurred in January'23. These relate to Manual Handling (MSK):

1. 2 reported RIDDOR incidents occurred in Patients Home (n=2), 1 incident occurred in Hospital (n=1) and 1 incident occurred in Public Place (n=1).
2. 2 reported RIDDOR incidents involved Trolley Bed (n=2)), 1 incident involved Carry Chair (n=1) and 1 incident involved Wheel Chair (n=1).
3. 2 reported RIDDOR incidents resulted in Back injury (n=2), 1 incident resulted in Hand injury (n=1) and 1 incident resulted in Shoulder injury (n=1).
4. 3 reported RIDDOR incidents were occurred during Lifting & Carrying (n=3) and 1 incident occurred during Pushing/Pulling (n=1).

*** 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
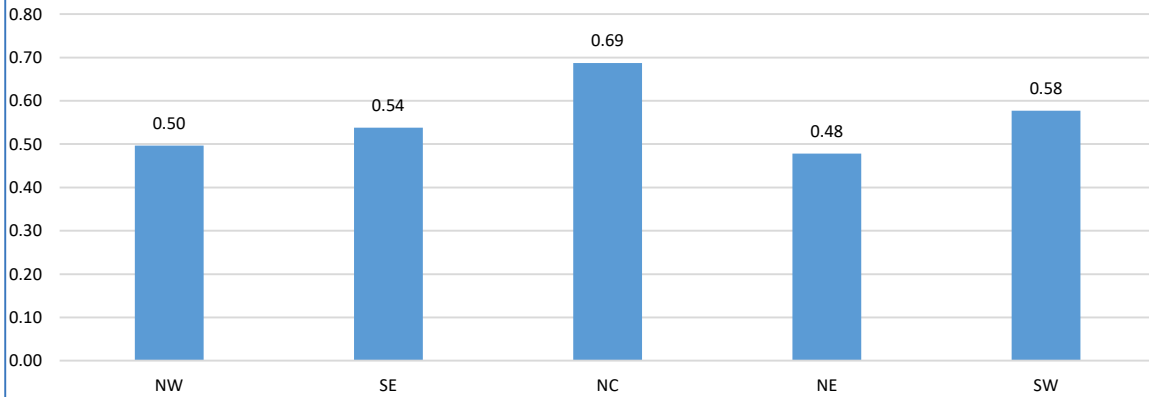
Sector	Rate of Physical Assaults on Staff
SE	0.54
NW	0.50
NC	0.69
NE	0.48
SW	0.58

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

Key Update:
- One RIDDOR reportable Violence & Aggression related incidents were recorded during 2022/23 (up to end of January'23) 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
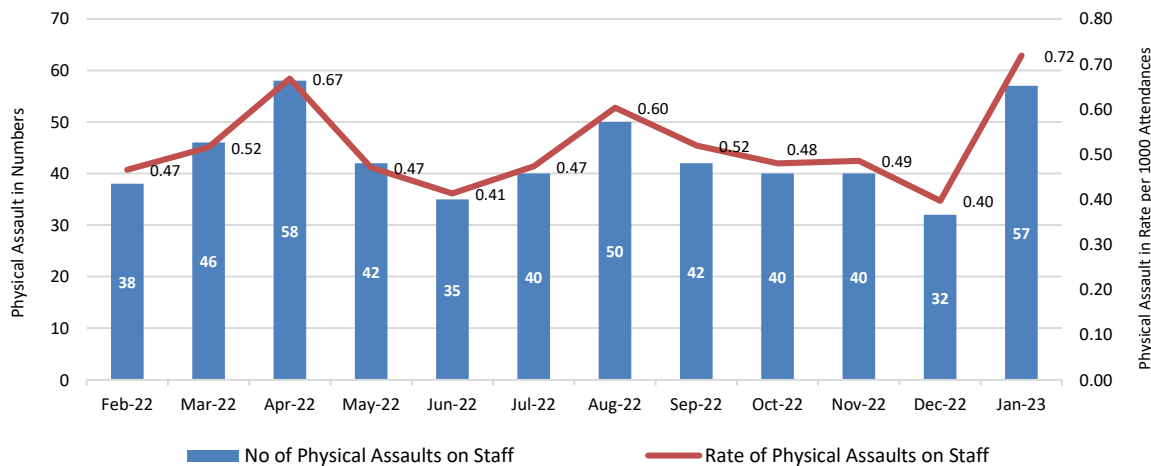
Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff
Feb-22	38	0.47
Mar-22	46	0.52
Apr-22	58	0.67
May-22	42	0.47
June-22	35	0.41
July-22	40	0.47
Aug-22	50	0.60
Sep-22	42	0.52
Oct-22	40	0.48
Nov-22	40	0.49
Dec-22	32	0.40
Jan-23	57	0.72

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 (February'22 to January'23).

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

Legend: No Harm (yellow), Low Harm (green), Moderate Harm (orange)

Sector	No Harm	Low Harm	Moderate Harm
NW	54	47	
SE	39	50	2
NC	41	44	1
NE	36	42	
SW	34	29	1

Notes:
- A total of 450 Physical Assaults on Staff were reported during 2022/23 (up to end January'23).
- 220 (49%) of the incidents were reported as 'No Harm/Near Miss incidents, 226 (50%) incidents were resulted in Low Harm and 4 (1%) incidents were reported as 'Moderate Harm'.
- 34 out of the 450 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

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

Type	Count
Physical assault by blow (Kick, punch, head-butt, push, scratch)	248
Physical assault by grab/touch (Including sexual)	124
Physical assault by spitting (Sputum landing on person/clothing)	36
Physical assault by biting	18
Assaulted with a blunt weapon	19
Assaulted with a edged weapon	4
Assaulted with a firearm	1

Notes:
- Physical Assault – by blows, kicks/ assault to staff (55% , n=248) accounted for the highest number of incidents reported during 2022/23 (up to end January'23).

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

Non Clinical Factors

Clinical Factors

Factor	Count
Alcohol	125
Mental Health	142
Known Psyc.Disorder	62
Head Injury	17
Clinical Factors	24
Drugs	63
Medication	16
RTC	1

Legend: ■ Alcohol ■ Mental Health ■ Known Psyc.Disorder ■ Head Injury ■ Clinical Factors ■ Drugs ■ Medication ■ RTC
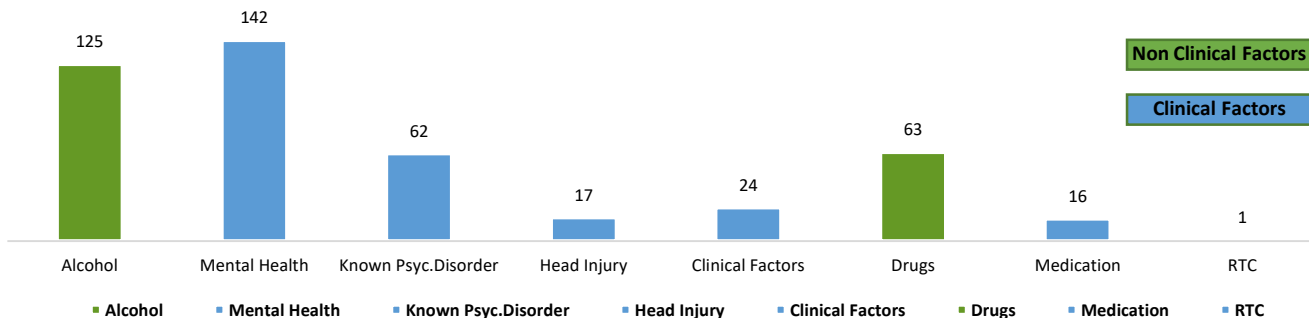
Percentage Breakdown of Factors (YTD) 2022/23

Clinical 58%, Non Clinical 42%
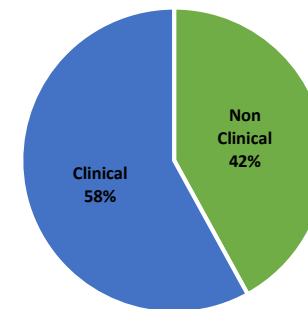
Notes:
- Clinical Factor: 261 (58%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=142), Known Psyc.Disorder (n=62), Head Injury (n=17), Clinical Factors (n=24), Medication (n=16).
- Non Clinical Factor: 189 (42%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=125), Drugs (n=63) and RTC (n=1).

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

Complaints

Complaint numbers- starting 01/04/21
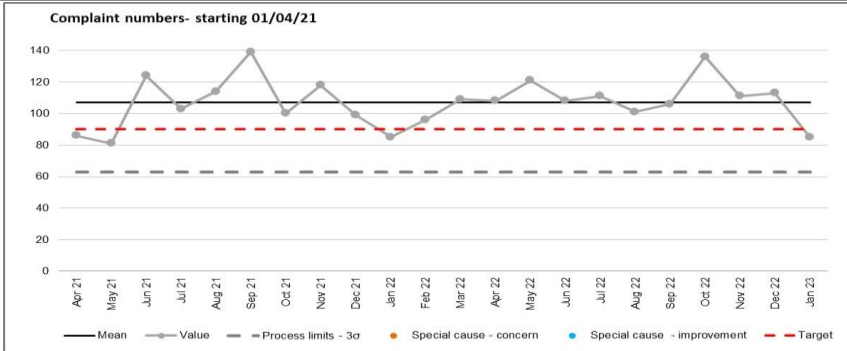
Complaints received by Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
2021	86	81	124	103	114	139	100	118	99	85	96	109
2022	108	121	108	111	101	106	136	111	113	85		

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	144	124		

Complaint summary
Responded within target and delayed.

■ In target ■ Delayed
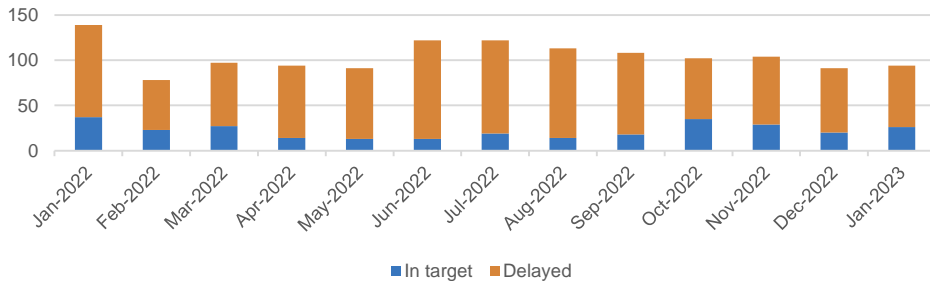
Themes & Caseload

Complaints by area Jan 23 compared to Jan 22

North East Sector
North Central…
North West Sector
South West Sector
South East Sector
EOC
NHS 111

■ Jan-23 ■ Jan-22
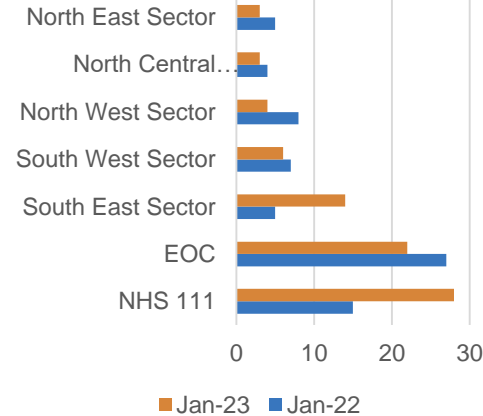
Complaint themes Jan 23 v Jan 22

Treatment
Non-conveyance
Delay
111 Call Handling
Conduct and behaviour

■ Jan-23 ■ Jan-22
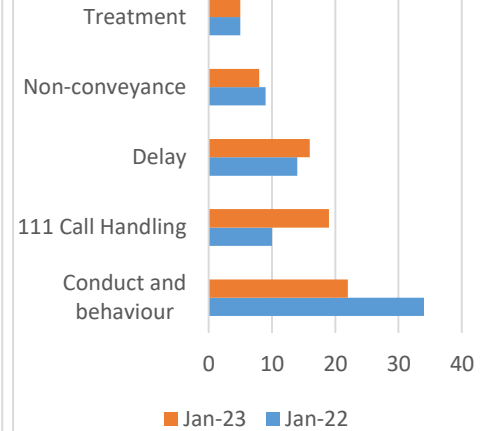
Update

The Patient Experiences team have continued to significantly reduce the total number of overdue complaints (307 were overdue at the end of October, compared to 86 at the end of January). Processes with other teams continue to be developed and streamlined in order to provide information within set timescales, including Clinical Hub and Dispatch reviews.

The backlog project staff (2 x agency Patient Experiences Officers, 1 agency Complaints Project Manager and an internal secondee) finished working within the team between end of December – end of January. The Complaints Project Manager successfully completed the Standard Operating Procedure, a training programme and a set of recommendations to further improve the effectiveness of the team.

The Patient Experiences team and members of our 111 service received the first in a series of training sessions delivered by the Parliamentary and Health Service Ombudsman (PHSO). The first session focussed on Early Resolution and upcoming sessions are due to be delivered on 'closer look' investigations and providing a remedy and response in line with the new PHSO Complaints Standards.

ER Excellence Reporting

Excellence is everywhere

In January 2023, 78 *Excellence Reports* were submitted.

Key themes identified from December reports include:

☐ Working above and beyond
☐ Outstanding patient care
☐ Cardiac arrest management

Themes

- Scene Management
- Working Above and Beyond
- External
- Cardiac Arrest Management
- End of Life Care
- Mentoring/Teaching
- Outstanding Patient Care
- Call Handling
- Staff Support/Welfare
- Thank you
- Maternity Care

Cardiac Arrest Management, 10 | Staff Support/Welfare , 9

Mentoring/Teaching , 3

Working Above and Beyond, 24 | Outstanding Patient Care, 19 | Thank you, 8 | Scene Management , 4 | Call Handling , 1

Working above and beyond

Whilst performing CPI's for my station, I audited this ePCR. Very thorough, comprehensive and informative paperwork, a pleasure to read. All options for patient considered and documented. I was impressed with the paperwork and felt some positive feedback would be well received.

This crew were asked to cohort during there shift. They provided outstanding clinical care to our patients and were able to liaise with the nursing staff at hospital to ensure a good patient flow. They went above and beyond in ensuring all the patients need were met while not thinking about themselves. On behalf of the management team, thank you for being exceptional, you are a credit to our service.

My colleague has supported us with additional work over the festive period - They have continued to support the development of new team leaders and has continued to drive performance. They also experienced some personal challenges during this time and continued to live our values and be positive. It is a credit to manager them.

Outstanding patient care

They recognised a very unwell patient presenting as pale, cold and clammy; with trending hypotension and lower back and abdo pain. They correctly identified a AAA and requested an FRU for paramedic intervention early on. Their actions on scene meant that this peri-arrest patient was transferred to ED in a timely manner and was therefore given the greatest chance of survival

From re-contact audit - This clinician had excellent paperwork, set out well and easy to follow, explained risks and benefits and all decision making, utilised multiple ACPs and ultimately ensured a shared decision making model was used and patient's wishes were at the centre of the final decision.

They attended a very complex incident involving a domestic assault where children were involved and needed urgent intervention. The crew managed the scene excellently, treating their patient accordingly and obtaining all the relevant information needed to complete a safeguarding referral. They showed great patient care and professionalism.
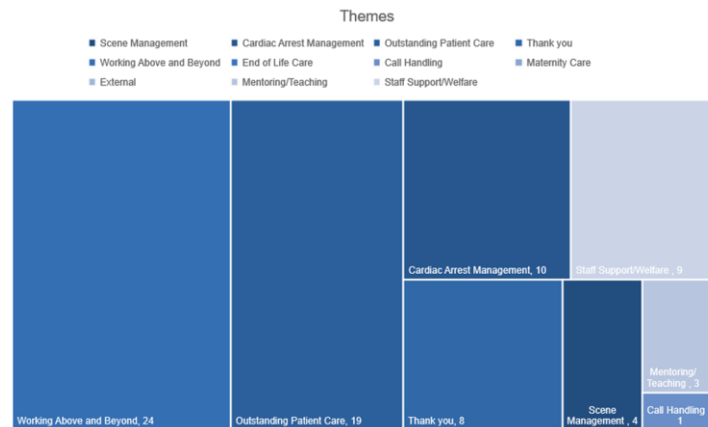
Cardiac arrest management

My colleague attended to a patient who came down as conscious and breathing after falling off a chair. When they entered the address it came to light that the patient was actually in cardiac arrest. They acted quickly to request further resources and begin resuscitation efforts. When I arrived on scene it was calm and focused, with everything required either already being done or ready for someone to do next. They provided a clear handover, it was clear they were in control and were constantly thinking of what else could be done to try and help this patient, reacting quickly to any changes, as well as supporting the other members of staff on scene. Due to this the resuscitation ran like clockwork, like we were back in training and running a scenario. Unfortunately, we were unsuccessful in trying to resuscitate the patient but I know that they did everything they could to give them the best chances of survival. I wish every Cardiac arrest could go as smoothly and well as this one did. I was proud to be a part of the team involved and have the chance to work along side this colleague.

ER Excellence Reporting
Excellence is everywhere

Some further examples of excellence reports from January:

Thank you – The logistics team helped LAS Wellbeing throughout December in storing, sorting and delivering the Christmas food to all stations. A special thank you to this colleague who went above and beyond lifting, carrying and assisting in this enormous task, even driving to collect our donated goods without being asked. We couldn't have done it without you! THANK YOU.

Staff support/Welfare – Thank you for offering your support to support me on within EOC HQ. At a drop of a hat you was more than willing to support with the tea trolley and offer refreshments to our colleagues. You made sure that our colleagues was filled to the brim of a good cuppa, and snacks. Teamwork and support you gave was felt by all.

Scene management – On a job where the pt was intoxicated and agitated, they attempted to attack my crew mate. My crew mate stopped the assault from becoming serious and calmed the situation down preventing it escalating.

I felt safe in a potentially volatile situation that could have gotten out of hand. This was my first time in a situation where someone was behaving violently and was thankful my crew mate handled it so well.

Sector - Excellence wheel

Public Value Scorecard

January 2023

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)
								Current Performance			Outturn		Benchmarking		
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Jan-23	🟢	0.000	A	(0.175)	(1.201)	4.994	(0.426)		0.000	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Jan-23	🟢	>=0	A	1.026	0.000	5.420	0.000		0.000	0.000			
% of Capital Programme delivered	%	Jan-23	🟡	100%	A	10%	13%	59%	71%		100%	100%			
Capital plan	£m	Jan-23	🟡	18.331	A	2.645	3.554	16.019	19.430		27.238	27.238			
Cash position	£m	Jan-23	🟢	36.2	A	64.4				50.8					
CIP Savings	£m	Jan-23	🟢		A	2.581	2.552	19.146	18.891		24.000	24.000			
CIP Savings	%	Jan-23	🟢		A	11%	11%	80%	79%		100%	100%			
Corporate spend as a % of turnover	%	Jan-23	🟡	<7.0%	I	8.7%		9.4%			9.4%				
Cost per incident (measures to be confirmed in light of COVID)	£	Jan-23	⚪		I										
Average Jobs per shift	%	Jan-23	🔴	5.3	I	4.6		5.2		5.3					

Legend:
- 🟢 **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 10 YTD position was a £4,994k surplus and the month end cash position was £64.4m.

YTD outturn vs budget
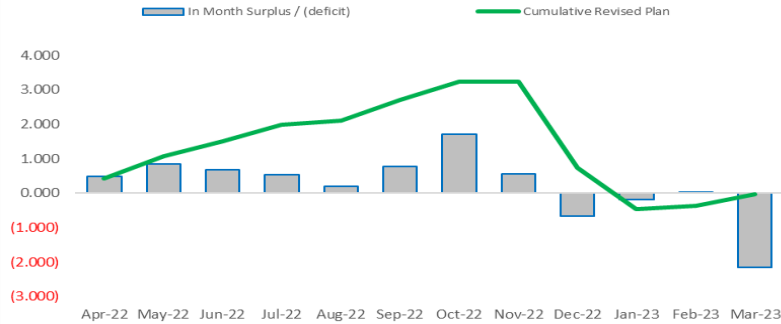
- **YTD Position:** The Trust is reporting a YTD surplus of £4.994m which is £5.420m above plan. The position is based on the plan submitted to NHSI.

- **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
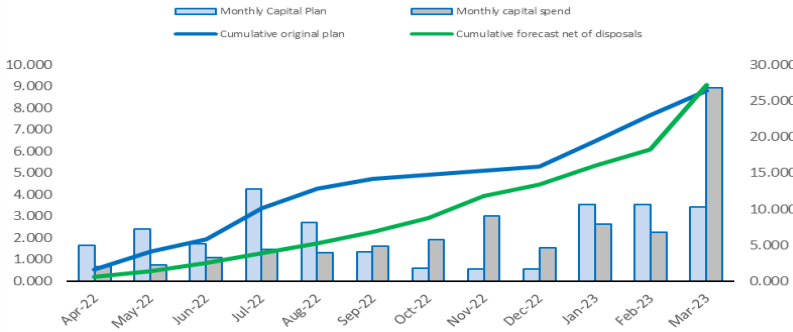
- **Capital**: Month 10 year to date spend net of disposals and excluding donated assets was £16.019m, the majority of which comprised of spend on Estates, Fleet and IM&T projects. The capital programme forecast is now £27.2m, which is on plan. The increased plan reflects additional Frontline Digitisation funding.

Cash position
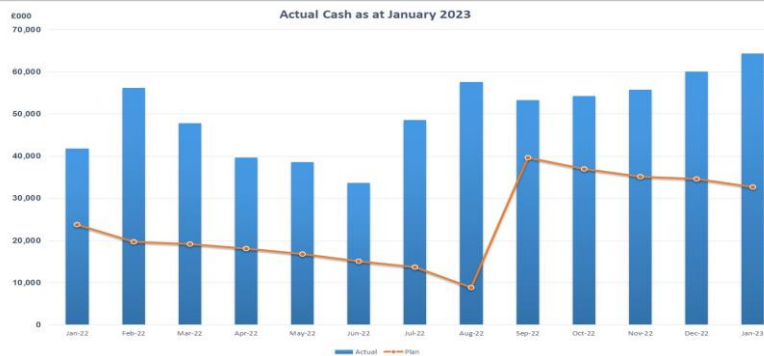
- **Cash:** Cash balance as at the end of January was £64.4m; this is above plan by £26.9m. The surplus cash in month is mainly due to:
- £2.5m behind on capital purchases;
- £12.7m behind in cash payments across of a number of resourcing areas including agency invoices and managed services;
- £11.7m below plan on supplier payments.

- **Better Payment Practice Code**: The government has set a target that organisations should aim to pay 95% of their supplier invoices within 30 days. The NHS and Non-NHS performance by volume YTD was 92% and 89% and by value 59% and 92% 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 10 – January 2022)

	Month 10 2022-23 £000			YTD Month 10 2022-23 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)
Income						
Income from Activities	49,403	50,994	1,591	492,170	497,784	5,614
Other Operating Income	447	824	377	4,775	7,620	2,845
Total Income	**49,851**	**51,818**	**1,968**	**496,945**	**505,403**	**8,459**
Operating Expense						
Pay	(36,261)	(35,772)	489	(351,848)	(359,512)	(7,664)
Non Pay	(11,602)	(14,182)	(2,580)	(116,952)	(113,899)	3,053
Total Operating Expenditure	**(47,862)**	**(49,954)**	**(2,092)**	**(468,800)**	**(473,410)**	**(4,611)**
EBITDA	**1,988**	**1,864**	**(124)**	**28,145**	**31,993**	**3,848**
EBITDA margin	4.0%	3.6%	(0.4%)	5.7%	6.3%	0.7%
Depreciation & Financing						
Depreciation & Amortisation	(2,672)	(2,554)	117	(23,396)	(23,839)	(442)
PDC Dividend	(503)	398	902	(5,034)	(3,847)	1,187
Finance Income	0	179	179	0	815	815
Finance Costs	(17)	(62)	(45)	(170)	(90)	79
Gains & Losses on Disposals	0	(1)	(1)	0	(93)	(93)
Total Depreciation & Finance Costs	**(3,192)**	**(2,039)**	**1,153**	**(28,600)**	**(27,054)**	**1,546**
Net Surplus/(Deficit)	**(1,204)**	**(175)**	**1,028**	**(455)**	**4,939**	**5,394**
NHSI Adjustments to Fin Perf						
Remove Asset Donations I&E Impact	3	3	0	29	29	0
Remove ROU Assets: Peppercorn Leases	0	(2)	(2)	0	25	25
Adjusted Financial Performance	**(1,201)**	**(175)**	**1,026**	**(426)**	**4,994**	**5,420**
Net margin	(2.4%)	(0.3%)	2.1%	(0.1%)	1.0%	1.1%

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

As at month 10, the Trust is reporting a year to date surplus of £4,994k, which is above plan by £5,420k.

The forecast position is to remain on plan.

Key Drivers of Position

Income:
- Income is £8,459k higher than budget YTD due to additional funding from the ICB for the AfC pay award. £7.9m has been funded YTD for the AfC pay award above 2%. The month 10 position assumes block income is received in full, as per the final planning discussions with the exception of SDF income (£5.3m YTD). This is partially offset by additional income from 111 activity above the budget in Apr-Jan (cost and volume contract) - £3.3m. Also offsetting the SDF shortfall - Income for staff recharges and ESORT (Resilience) funding from NHSE remain above plan, £1,108k and £917k respectively.

Pay Expenditure:
- Pay expenditure is £359.5m YTD, which is £7.7m 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 £140.9m YTD, £4.6m 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 £815k favourable YTD and PDC charge is £1,187k favourable YTD – both driven by the Trust's cash position.

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 10 – January 2023)

	Apr-22 Actual £000	May-22 Actual £000	Jun-22 Actual £000	Jul-22 Actual £000	Aug-22 Actual £000	Sep-22 Actual £000	Oct-22 Actual £000	Nov-22 Actual £000	Dec-22 Actual £000	Jan-23 Actual £000	Jan-23 YTD £000
Opening Cash Balance	47,876	39,733	38,538	30,621	48,581	57,561	53,361	54,271	55,885	60,257	47,876
Operating Surplus	979	1,317	1,177	883	609	1,328	2,144	727	(326)	(683)	8,155
Depreciation and amortisation	2,346	2,117	2,310	2,237	2,311	2,199	2,655	2,677	2,467	2,519	23,839
(Increase)/decrease in current assets	4,124	(15,622)	(6,554)	10,412	1,868	(1,683)	(1,004)	(387)	(9,792)	551	(18,086)
Increase/(decrease) in current liabilities	(9,747)	14,779	(4,642)	2,798	9,521	(1,788)	(1,227)	432	14,708	2,727	27,560
Increase/(decrease) in provisions	735	(1,150)	104	(236)	(128)	326	(387)	158	325	958	705
Net cash inflow/(outflow) from operating activities	(1,563)	1,441	(7,605)	16,095	14,181	382	2,181	3,607	7,382	6,073	42,173
Cashflow inflow/(outflow) from operating activities	**(1,563)**	**1,441**	**(7,605)**	**16,095**	**14,181**	**382**	**2,181**	**3,607**	**7,382**	**6,073**	**42,173**
Returns on investments and servicing finance	0	60	10	147	(105)	85	70	223	146	179	815
Capital Expenditure	(6,580)	(2,517)	3,931	(947)	(5,097)	(1,736)	(1,213)	(1,890)	(1,998)	(1,443)	(19,491)
Dividend paid	0	0	0	0	0	(2,354)	0	0	0	(0)	(2,354)
Financing obtained	0	0	0	0	0	0	0	0	0	0	0
Other loans repaid	0	0	(107)	0	0	0	0	0	0	0	(107)
Capital element of finance lease rental payments	0	(179)	(4,146)	2,665	2	(576)	(129)	(325)	(1,159)	(687)	(4,534)
Cashflow inflow/(outflow) from financing	**(6,580)**	**(2,636)**	**(312)**	**1,865**	**(5,200)**	**(4,582)**	**(1,272)**	**(1,992)**	**(3,010)**	**(1,952)**	**(25,671)**
Movement	(8,143)	(1,195)	(7,917)	17,960	8,981	(4,200)	909	1,615	4,372	4,121	16,502
Closing Cash Balance	**39,733**	**38,538**	**30,621**	**48,581**	**57,561**	**53,361**	**54,271**	**55,885**	**60,257**	**64,378**	**64,378**

Operating Position

There has been a net inflow of £4.1m cash in month. Cash funds at the end of January were £64.4m.

The operating deficit is £0.4m in month.

Current Assets

The decrease in current assets is £0.6m, mainly due to decrease in inventories.

Current Liabilities

The increase in current liabilities is £2.7m mainly due to increase in deferred income and expenditure accruals.

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Dividends

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

Provisions

The increase in provisions (£0.95m), due to top up of pensions provision for inflation.
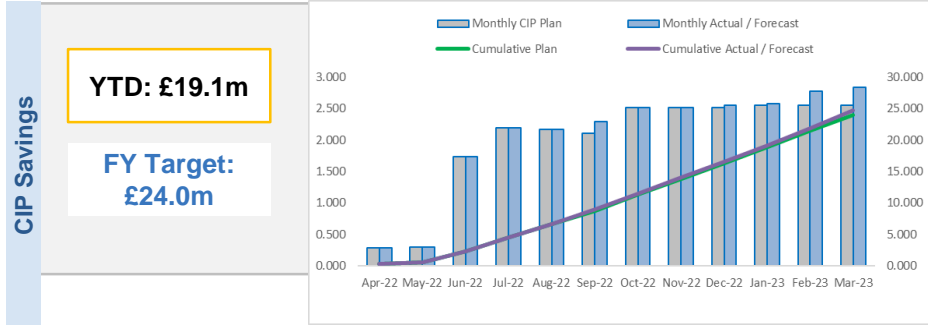
Capital Expenditure

The capital expenditure is £1.4m.

Cost Improvement Programmes (CIPS) and Capital Plan

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 10 is £2,552k, £2,581k has been delivered.

Capital Plan

- Capital expenditure net of disposals is £16.019m YTD compared to planned capital expenditure of £19.430m. There is slippage on several projects.
- The capital programme forecast is now £27.2m, which is on plan. The increased plan reflects new ICB Capital Resource Limit (CRL) award of £5.2m, and £3m for ambulance purchases from NHSE and Frontline Digitisation funding.

CIP Savings

YTD: £19.1m

FY Target: £24.0m

Capital Plan Breakdown

YTD: £16.0m

FY Target: £27.2m

Jobs per shift (DCA)

Average jobs per 12 hour shift

Actual: 4.6

Target: 5.3
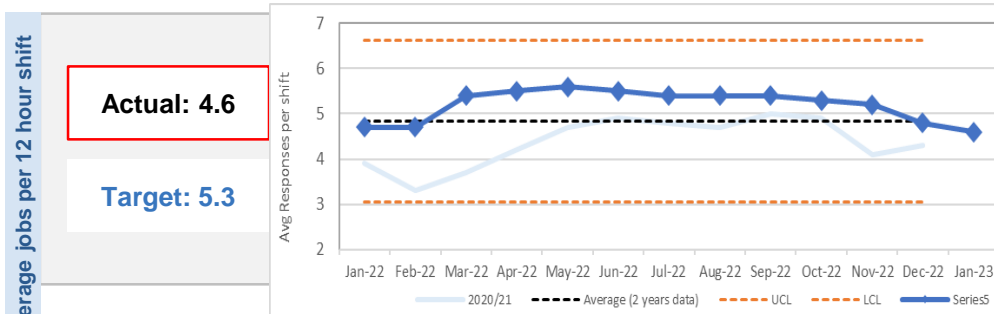
Operations are tracking the performance of jobs per shift on a monthly basis. While there is no programme of work focusing solely on this metric, a number of our efficiency and productivity schemes will impact this number. For example success in improving Handover to Green times and reducing OOS CIPs would improve the Jobs per shift measure

Partners Scorecard

January 2023

				Current Perfomance				Benchmarking (Month)		
Indicator (KPI Name)	Basis	Data From Month	Target Status	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	Jan-23	🔴	18.0	I	30.1	32.4	32.1			
Post-handover (Handover 2 Green)	minutes	Jan-23	🔴	15.5	I	19.9	17.7	17.3			
See and Convey – to ED (Contractual Position) *	%	Jan-23	🟢	57.0%	C	52.2%	49.5%	49.5%	52.1%	46.0%	6
Hear and Treat % **	%	Jan-23	🟢	8.39%	I	16.2%	14.9%	14.8%	11.5%	16.2%	1
Hear and Treat (n) **	%	Jan-23	🟢	108,073	I	15,355	**145,754**	175,220			

Benchmarking Key

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

Please note: 999 performance data is correct as at 02/03/2023 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

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 02/03/2023 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

Hospital delays have shown a significant decreased in January, with 15, 568 hours lost from our arrival to patient handover over 30 mins. This is a decrease of 7, 638 hours lost when compared to the month before. Whilst this is an improvement, it demonstrates the continued challenges across the Integrated Care System. Queens Romford, Northwick Park and Princess Royal had the greatest proportion of handovers exceeding 30 minutes. Queens Romford had the had the highest number of lost hours over 30 minutes, with a significant 4, 006.4 hours for the month.
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Patient Handover to Green

In January, we saw handover to green performance outside of target, with 18 minutes, which shows minimal variation when compared to the month of November. Over 7, 265 hours were lost due to patient handover to green exceeding the 14 minute threshold. This is an increase of 1, 038 hours when compared to the previous month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins		Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,190	1,062	488	46%	330.3		43.1
	North Middlesex	1,965	1,602	1,148	72%	1,067.5		66.5
	Royal Free	1,350	1,195	308	26%	159.5		28.1
	University College	1,260	1,177	139	12%	28.4		18.5
	Whittington	1,272	1,163	362	31%	162.3		29.6
North East	Homerton	1,282	1,203	69	6%	20.2		14.8
	King Georges	1,407	1,127	810	72%	1,098.6		85.3
	New ham	1,299	967	520	54%	377.3		47.5
	Queens Romford	2,164	1,596	1,230	77%	4,006.4		178.2
	Royal London	1,667	1,171	342	29%	78.2		25.5
	Whipps Cross	1,600	1,193	761	64%	1,341.3		92.8
North West	Charing Cross	1,179	1,142	30	3%	12.8		12.3
	Chelsea & West	1,336	1,295	37	3%	8.1		15.4
	Ealing	1,511	1,434	444	31%	259.9		29.8
	Hillingdon	1,678	1,550	328	21%	240.4		26.4
	Northwick Park	2,640	2,465	1,184	48%	1,479.7		57.9
	St Marys	1,509	1,388	163	12%	32.2		17.9
	West Middlesex	1,791	1,735	219	13%	60.8		17.8
South East	Kings college	1,911	1,749	491	28%	244.4		29.1
	Lew isham	1,465	1,342	463	35%	310.5		34.9
	Princess Royal	1,740	1,430	585	41%	1,295.1		75.5
	Queen Elizabeth II	2,074	1,936	318	16%	494.2		29.6
	St Thomas'	2,090	1,986	342	17%	67.0		21.2
South West	Croydon	2,150	2,022	582	29%	686.6		42.2
	Kingston	1,382	1,309	270	21%	175.6		27.3
	St Georges	1,762	1,506	546	36%	780.6		52.1
	St Helier	1,098	970	426	44%	750.0		69.6
TOTAL		43,772	38,715	12,605	33%	**15,568**		92.8

| 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	1,663	1,251	75%	354.2	23.1	44.4		17.0
	Edmonton	2,043	1,352	66%	313.1	17.6	36.1		13.9
	Friern Barnet	1,482	1,046	71%	233.9	19.2	37.3		13.4
North East	Homerton	1,864	1,380	74%	398.9	20.4	41.6		17.3
	New ham	2,217	1,424	64%	348.4	16.3	38.0		14.7
	Romford	2,265	1,368	60%	515.7	18.3	33.6		22.6
North West	Brent	2,625	1,697	65%	340.1	18.2	33.3		12.0
	Fulham	2,059	1,619	79%	407.2	23.6	39.8		15.1
	Hanw ell	2,428	1,787	74%	423.0	21.9	37.3		14.2
	Hillingdon	1,281	903	70%	200.6	20.1	35.9		13.3
	Westminster	1,413	1,065	75%	260.0	22.1	39.6		14.6
South East	NULL	620	486	78%	158.1	22.1	48.9		19.5
	Bromley	1,821	1,325	73%	293.8	19.1	37.3		13.3
	Deptford	3,831	2,807	73%	695.3	21.8	39.0		14.9
South West	Greenw ich	1,967	1,482	75%	301.5	20.3	35.3		12.2
	NULL	620	486	78%	158.1	22.1	48.9		19.5
	Croydon	1,783	1,342	75%	296.5	20.7	37.7		13.3
	New Malden	1,272	939	74%	205.4	20.8	35.9		13.1
Other	NULL	620	486	78%	158.1	22.1	48.9		19.5
	IRO	7	2	29%	2.2	13.8	74.3		66.0
	Other	2,511	1,351	54%	1011.1	29.3	55.3		44.9
	Training	1,213	800	66%	190.6	19.4	39.5		14.3
TOTAL		37,605	26,398	70%	7265.8	**20.8**	**38.7**		**16.5**

Max average breach value
Value >10 mins per breach

Max average breach value
Value >7 mins per breach

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

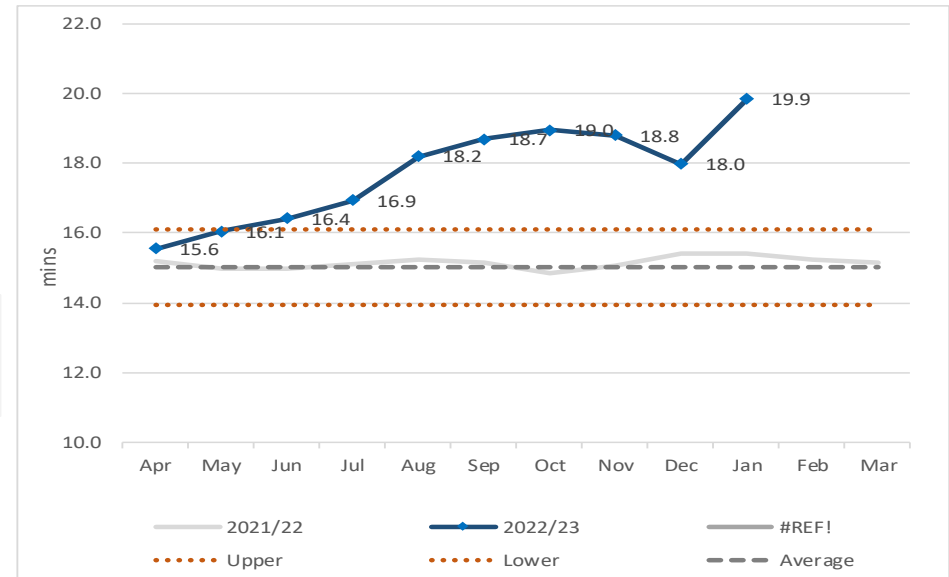|	Nov-22	Dec-22	Jan-23	Year-end Target
Arrive at Hospital to Patient Handover (mins)	37.0	41.6	30.1	18.0

Hospital Handover performance remains outside of the target. This has been particularly impacted by winter weather conditions, however, through the implementation of cohorting and increased focus from the Tactical Operations Centre on the immediate handover process from January 2023 this has significantly decreased from December 2022. The team continues to work collaboratively with the hospitals in liaison with the wider system and ICBs on the management of delays in real-time within the Tactical Operations Centre and the Patient Flow team. There are now only 3 sites outstanding that do not allow LAS-led cohorting to occur.
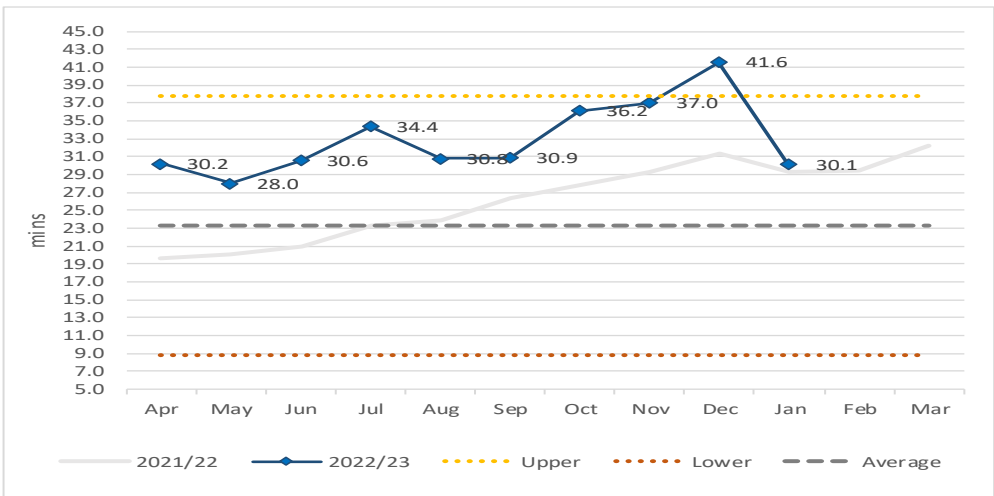
Patient Handover to Green (**Emergency Departments only & Excluding blue calls)

	Nov-22	Dec-22	Jan-23	Year-end Target
Patient Handover to Green (mins)	18.8	18.0	19.9	15.5

Handover to Green YTD performance has been outside of target at 18 minutes during January. When compared to December 2022, there was a small increase in time but no significant change in comparison to previous months.
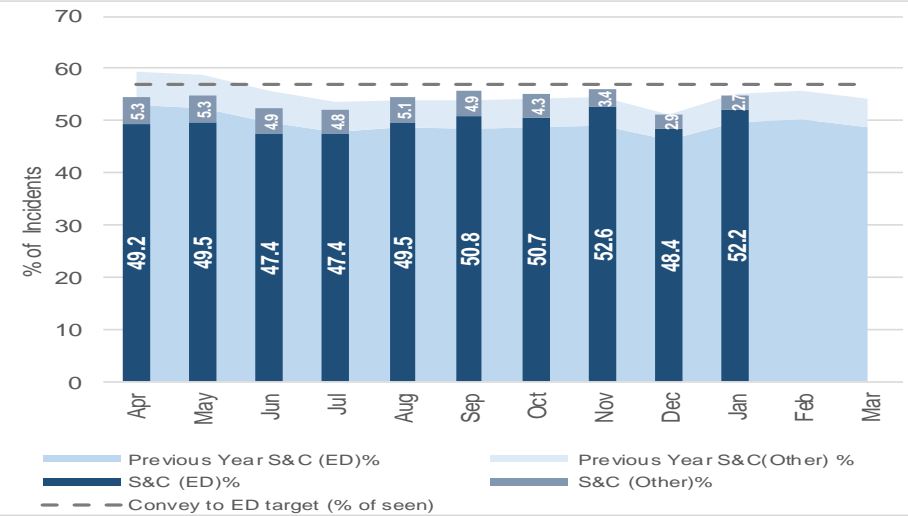
The arrival to handover and handover to green metrics are based on the time a handover "PIN" is exchanged and entered into the system. Prior to the transition to the new LAS CAD in October 2022 this functionality was hosted in the "Hospital Alert System" and the setup within that system differs to that 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

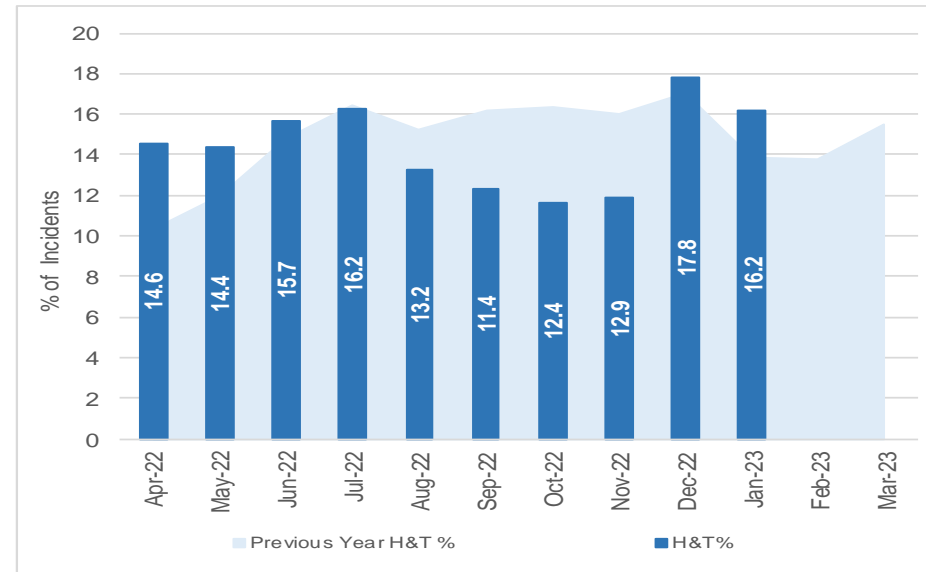| See & Convey ED %		Jan-23	Year To Date	Year-end Target
	LAS	52.2%	49.5%	57.0%
	Target			

The conveyance to emergency departments target (57.0%) was delivered in January (52.2%) and continues to be a strong metric for the Trust with LAS ranked 6th nationally. January saw a decrease in demand when compared to December, however the acuity of patient conditions were higher due to weather conditions, resulting in more patients being conveyed to emergency departments than the previous month.

Chart: % of Incidents — S&C (ED)% with values Apr 49.2, May 49.5, Jun 47.4, Jul 47.4, Aug 49.5, Sep 50.8, Oct 50.7, Nov 52.6, Dec 48.4, Jan 52.2; S&C (Other)% values 5.3, 5.3, 4.9, 4.8, 5.1, 4.9, 4.3, 3.4, 2.9, 2.7.

Legend:
- Previous Year S&C (ED)%
- Previous Year S&C(Other) %
- S&C (ED)%
- S&C (Other)%
- Convey to ED target (% of seen)

Hear and Treat %

Hear & Treat %		Jan-23	Year To Date	Year-end Target
	%	16.2%	14.9%	
	(n)	15,355	145,754	TBC

Hear & Treat performance saw us achieve 16.2% during January, which has decreased compared to the same month last year. This is in line with a decrease in the number of incidents. LAS ranked 1st nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target 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 02/03/2023 and is subject to change due to data validation processes

Chart: % of Incidents — H&T% with values Apr-22 14.6, May-22 14.4, Jun-22 15.7, Jul-22 16.2, Aug-22 13.2, Sep-22 11.4, Oct-22 12.4, Nov-22 12.9, Dec-22 17.8, Jan-23 16.2.

Legend:
- Previous Year H&T %
- H&T%

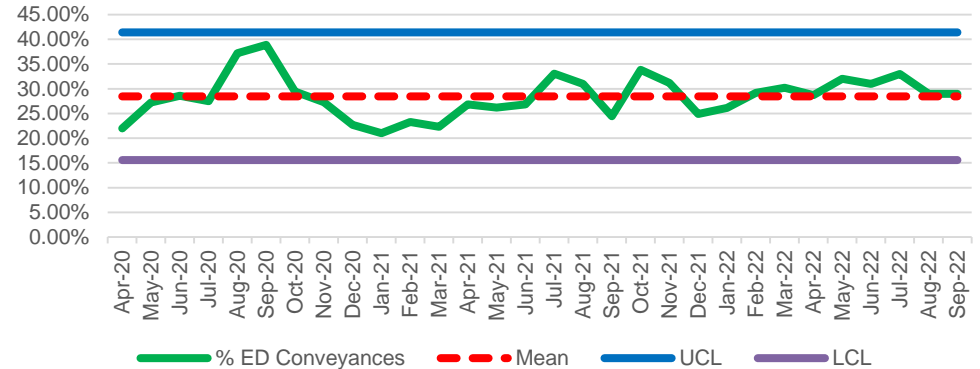*ED Conveyance Data not available from BI due to cleric update

Education Feedback

'Excellent course. All questions answered and addressed all concerns we have as clinicians.'
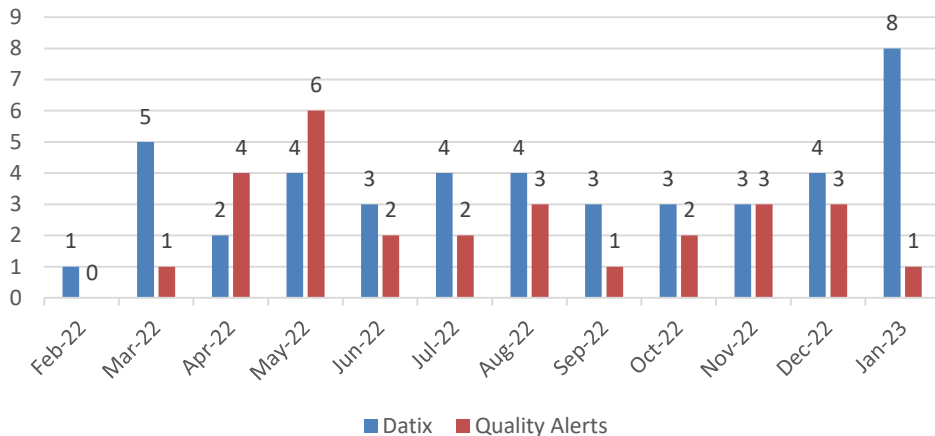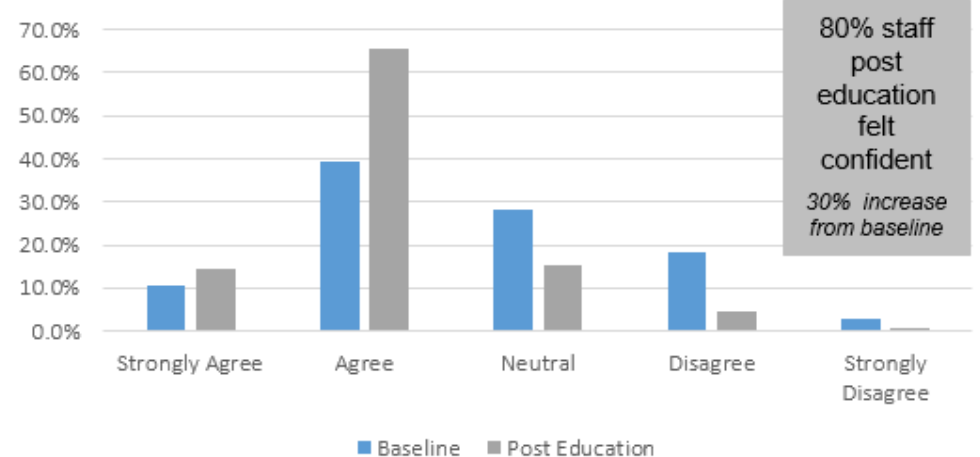
CTN

ED Conveyance   Sep'22: 29%

Legend: % ED Conveyances — Mean — UCL — LCL

Incidents   Jan'23: 8

Legend: Datix — Quality Alerts

Staff Confidence   Jan'23: 80%

80% staff post education felt confident

30% increase from baseline

Legend: Baseline — Post Education

- Reduction in team capacity due to staff member on secondment
- Working with digital team to improve UCP tagging/viewing
- 6 debriefs held following QA/request
- Education session on Clinical Team Navigator (CTN) Induction

*MH Data not available from BI due to cleric update
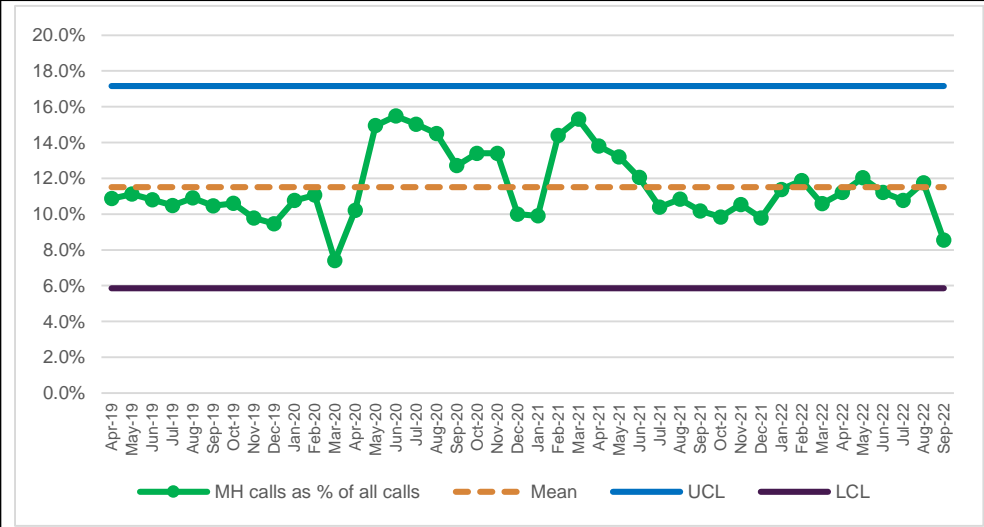
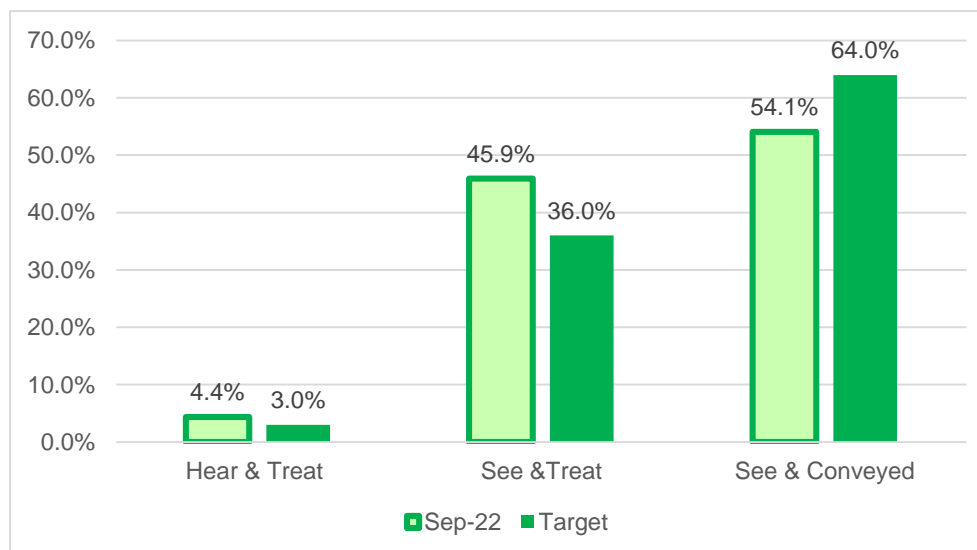## Mental Health Incidents as % of all incidents — Sep'22: 6%

Legend: MH Incidents as % of all incidents — Mean — UCL — LCL
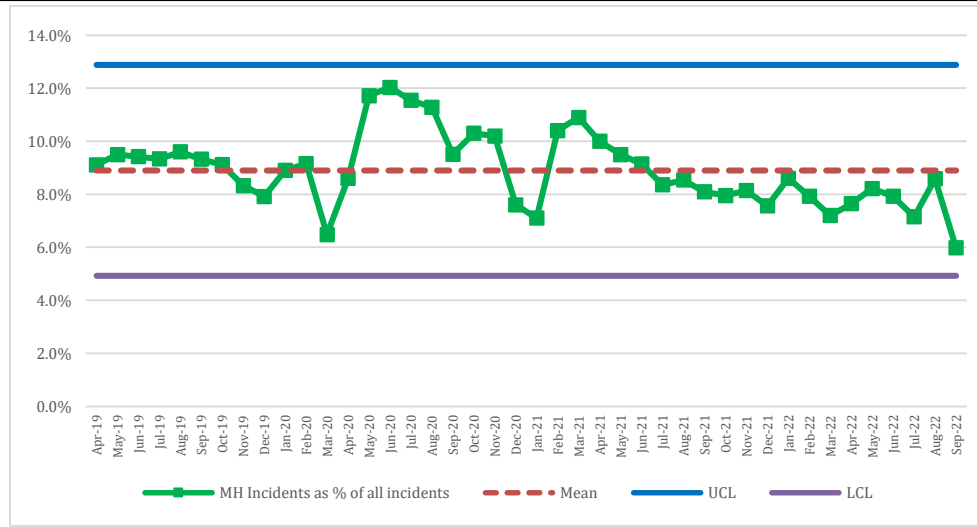
Mental Health calls as % of all calls — Sep'22: 9%

Legend: MH calls as % of all calls — Mean — UCL — LCL

Hear & Treat and Face to Face Incidents

- Hear & Treat: Sep-22 4.4%, Target 3.0%
- See & Treat: Sep-22 45.9%, Target 36.0%
- See & Conveyed: Sep-22 54.1%, Target 64.0%

Legend: Sep-22, Target

Training & Education

- Our 12 month rolling CPD programme has been extended with new topics added for the current year.

- We have delivered a training session to the new Clinical Team Navigators and Quality Governance Assurance Managers.