



London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

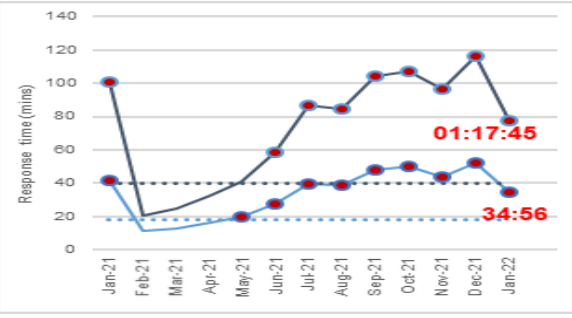
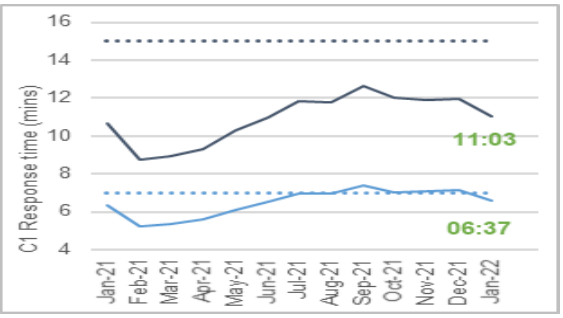
Analysis based on Year to **January 2022** data, unless otherwise stated (please see page 2 for data reporting periods)

Section	Content	Reporting Period	Pages	
IPR	Overview	Narrative Against Patients, People, Public Value & Partners	Current	3-4
		Appendices	N/A	5
Appendices	1. Our Patients	Trust wide Scorecard 999	Jan-22	6
		999 Response Time Performance	Jan-22	7
		Operational Demand	Jan-22	8
		Operational Capacity	Jan-22	9
		Operational Context	Jan-22	10-11
		Safe Scorecard – 999 Incident Management	Jan-22	12
		999 Overdue Incidents	Jan-22	13
		999 Incident Category Analysis	Jan-22	14
		Safe Scorecard – Medicines Management	Jan-22	15
		Clinical Ambulance Quality Indicators (Latest Reported Month)	Oct-21	16
	2. Our People	Trust wide Scorecard NEL & SEL IUC	Jan-22	17
		Trust wide Scorecard NWL IUC	Jan-22	18
		111 IUC Response Time Performance	Jan-22	19-20
		Safe Scorecard – IUC Incident Management	Jan-22	21-22
		Safe Scorecard – Serious Incident Management	Jan-22	23-24
		Trust wide Scorecard	Jan-22	25
		Vacancy Rates, Staff Turnover & Sickness	Jan-22	26
		Additional Workforce Analysis	Jan-22	27
		Health & Safety – MSK RIDDOR Incidents	Jan-22	28
3. Public Value	Health & Safety – Physical Assaults on Staff Incidents - 2021/22 (up to end Oct'21)	Jan-22	29-30	
	Responsive Scorecard - Complaints	Jan-22	31	
	Well Led - Excellence Reporting	Jan-22	32-33	
	Trust wide Scorecard	Jan-22	34	
	Trust Financial & Contract Position	Jan-22	35	
	Statement of Comprehensive Income	Jan-22	36	
	Cash flow Statement	Jan-22	37	
4. Our Partners	Cost Improvement Programmes (CIPS) & Capital Plan	Jan-22	38	
	Trust wide Scorecard	Jan-22	39	
	Maximising safe non-conveyance to ED	Jan-22	40-42	
	End of Life Care & Mental Health	Jan-22	43	

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

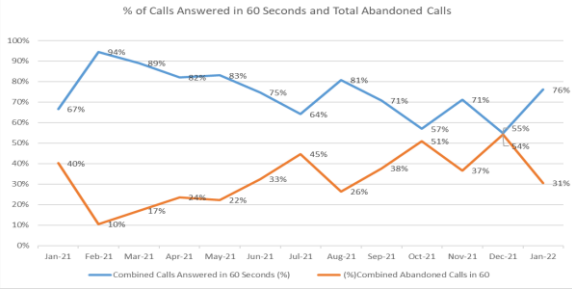
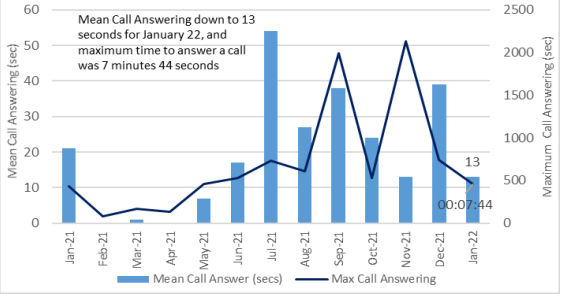
Provide outstanding care for **our patients**

Category 1 and 2 Performance



- Category 1 performance has improved compared to December and has been within target in January 2022 at 06:37. LAS were ranked first nationally for Category 1 performance.
- Category 2 mean and 90th centile performance continue to be challenged but performance was improved in January from that seen in December. No provider is currently delivering category 2 performance and LAS was 7th out of 11 ambulance services

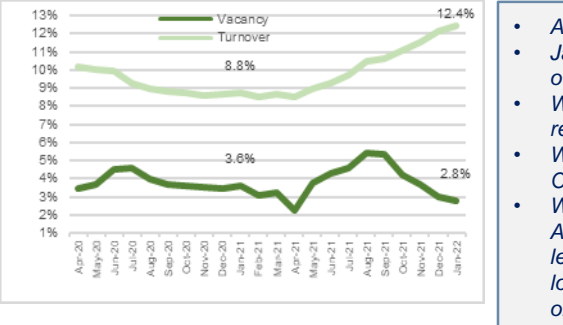
Call Answering (999 and 111/IUC)



- Mean 999 call answering time improved in January, down at 13 seconds. The maximum call answering time was 7 minutes 44 seconds.
- IUC call answering in January returned 76% of calls answered in 60 seconds. This remains below the 95% standard.
- Abandonment in 60 seconds decreased in January. Both percentage of calls transferred to 999 and to ED were first and second pan London.

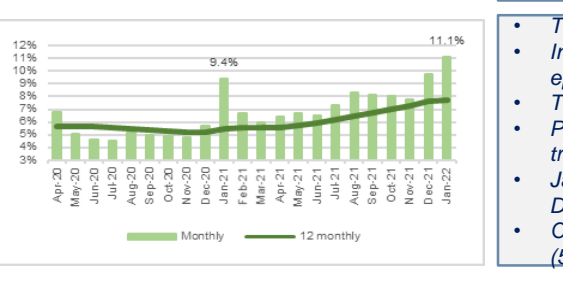
Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy Rate (Ambulance Operations)



- Ambulance Operations is forecast to end the year with 3,512 WTE (an increase of 149fte, 258 WTE below establishment).
- January saw significant delays with HCPC registration and the fast track visa arrangements being reduced or removed in some overseas countries. These delays have resulted in candidates deferring start dates into 2022/2023.
- We are currently working with HEE and SECAMB on a pilot in Poland to recruit experienced paramedics and we are developing the recruitment plan to restart face to face Australian campaigns.
- Work has commenced on the 2022/23 Workforce plan to support the recruitment of 1,000 frontline staff within Ambulance Operations.
- We have continued to see a leaving rate higher than the same period 12 months ago and this is in line with the experience of other Ambulance. Whilst the number of frontline leavers remains positively below plan (-53FTE) the level of International Paramedics leavers is tracking above forecast and a package of initiatives has been launched including extended periods of leave and travel loans for staff to visit families overseas, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension.

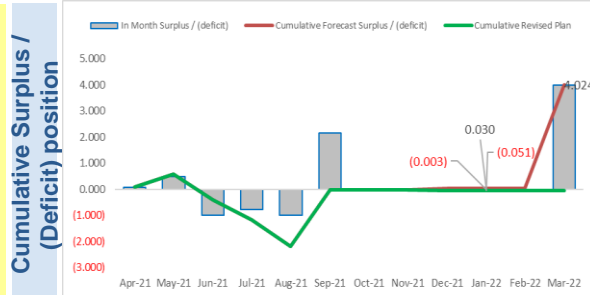
Sickness



- The monthly Trust wide sickness has increased to 11%.
- In January the episodes increased by 20%, mainly due to covid sickness which increased by 53%, accounting for 50% of all episodes compared with 39% in December.
- The Executive Committee have approved the business case to adopt first day sickness absence reporting.
- P&C teams continue to work with local managers to review the MAP trigger reports to reduce absence and sickness management training sessions were held in January.
- January 2022 was the 2nd busiest month ever for the LAS Wellbeing hub with 1,825 phone contacts (compared to 2,000 in December 2021).
- Over 4,680 (83%) of LAS colleagues have now recorded their Covid-19 booster and 3,520 have received their flu vaccination (54%).

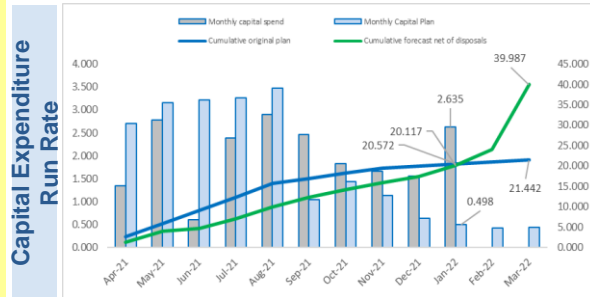
We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners** :

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



Financial Performance

- Significant additional expenditure is being incurred to respond to operational pressures but is currently partially offset by lower than planned recruit numbers and vacancies. Current demand pressure and resource usage is now expected to continue up to the end of the financial year and additional funding to support a breakeven position in H2 has been included in the NWL ICS H2 system plan.
- YTD Position: Surplus of £0.030m (breakeven on an adjusted financial performance basis) which is on plan.
- Full Year Forecast Position: Surplus of £4.024m (£4.0m on an adjusted financial performance basis). This assumes current levels of Ambulance Service and IUC pay and non pay resourcing will continue, and H2 funding as notified by Commissioners.



Capital

- Capital spend net of disposals and excluding donated assets was £20.1m YTD (full year forecast £40.0m up from the planned position of £21.4m following identification of £4.8m CRL through NW London partners, £1.4m PDC, and a further £14m of CRL which has been made available to support investment in fleet, estate and digital programmes.

Efficiencies

- YTD efficiency savings of £6.9m have been delivered and £9.4m of the full year target £9.7m is expected to be met. Delays in the vehicle preparation service procurement scheme are offset by delayed and reduced spend on the Ambulance Modernisation programme.

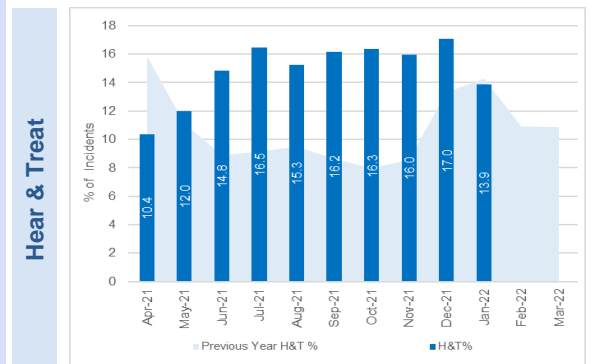
Cash

- The month end cash position was £44.0m

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

	Nov-21	Dec-21	Jan-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	29.2	31.4	29.3	18.0

- Handover times decreased by over 2 minutes during January, reflecting the implementation of the patient flow and ambulance delay escalation framework.
- The Trust continues to work with the wider healthcare system to reduce the impact hospital handover delays have on our ability to respond to patients. The CEO and Deputy CEOs attend twice weekly meetings with NHSE and ICS leads to identify and implement process improvements.
- The handover to green metric was within the target of 15.5 minutes at 15.4 minutes. Whilst there is no significant improvement in January, LAS continually remain in target for this measurement.



- Hear & Treat utilisation was stable with 13.9% in January, tracking slightly below last year where we attained 14.3%. This performance has ranked us 2nd nationally in January 2022. 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.
- Our conveyance rate continued to be within target at 49.6% This saw LAS ranked 1st for ED conveyance rate.

	Location of Appendices	Reporting Period	Pages
Patients	Trust wide Scorecard 999	Jan-22	6
	999 Response Time Performance	Jan-22	7
	Operational Demand	Jan-22	8
	Operational Capacity	Jan-22	9
	Operational Context	Jan-22	10-11
	Safe Scorecard – 999 Incident Management	Jan-22	12
	999 Overdue Incidents	Jan-22	13
	999 Incident Category Analysis	Jan-22	14
	Safe Scorecard – Medicines Management	Jan-22	15
	Clinical Ambulance Quality Indicators (Latest Reported Month)	Oct-21	16
	Trust wide Scorecard NEL & SEL IUC	Jan-22	17
	Trust wide Scorecard NWL IUC	Jan-22	18
	111 IUC Response Time Performance	Jan-22	19-20
	Safe Scorecard – IUC Incident Management	Jan-22	21-22
Safe Scorecard – Serious Incident Management	Jan-22	23-24	
People	Trust wide Scorecard	Jan-22	25
	Vacancy Rates, Staff Turnover & Sickness	Jan-22	26
	Additional Workforce Analysis	Jan-22	27
	Health & Safety – MSK RIDDOR Incidents	Jan-22	28
	Health & Safety – Physical Assaults on Staff Incidents - 2021/22 (up to end Oct'21)	Jan-22	29-30
	Responsive Scorecard - Complaints	Jan-22	31
	Well Led - Excellence Reporting	Jan-22	32-33
Public Value	Trust wide Scorecard	Jan-22	34
	Trust Financial & Contract Position	Jan-22	35
	Statement of Comprehensive Income	Jan-22	36
	Cash flow Statement	Jan-22	37
	Cost Improvement Programmes (CIPS) & Capital Plan	Jan-22	38
Partners	Trust wide Scorecard	Jan-22	39
	Maximising safe non-conveyance to ED	Jan-22	40-42
	End of Life Care & Mental Health	Jan-22	43



Patients Scorecard

January 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 11)
Category 1 response – Mean	mm:ss	Jan-22	●	07:00 A	00:06:37	00:06:48	00:06:38	08:31	06:37	1
Category 1 response - 90th centile	mm:ss	Jan-22	●	15:00 A	00:11:03	00:11:33	00:11:17	15:05	11:03	1
Category 1T response – 90th centile	mm:ss	Jan-22	●	30:00 N	00:19:11	00:19:03	00:18:28			
Category 2 response – Mean	mm:ss	Jan-22	●	18:00 A	00:34:56	00:37:10	00:33:26	38:04	21:43	7
Category 2 response - 90th centile	mm:ss	Jan-22	●	40:00 A	01:17:45	01:24:58	01:18:39	01:23:35	00:43:47	7
Category 3 response – Mean	h:mm:ss	Jan-22	●	1:00:00 A	01:35:54	01:33:27	01:21:12	01:56:52	00:54:16	5
Category 3 response - 90th centile	h:mm:ss	Jan-22	●	2:00:00 A	03:58:06	03:59:03	03:32:08	04:47:18	02:09:23	5
Category 4 response - 90th centile	h:mm:ss	Jan-22	●	3:00:00 A	06:47:55	07:18:42	06:52:19	05:52:28	02:40:42	9
Call Answering Time - 90th centile	ss	Jan-22	●	4 I	53	96	84			
ROSC at Hospital	%	Oct-21	●	31% N	25.4%	26.6%	28.1%	24.8%	34.2%	3
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Aug-21	●	95.0%	92.0%	92.0%	92.8%	82.4%	92.0%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Please note: 999 performance data is correct as at 17/02/22 and is subject to change due to data validation processes

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

Note: Sepsis is measured quarterly

1. Our Patients

999 Response Time Performance



The Category 1 mean in January returned 6 minutes and 37 seconds while the Category 1 90th centile was 11 minutes and 03 seconds. The Category 1 90th centile had remained within the standard each week since the implementation of the Ambulance Response Programme (ARP), until the Covid-19 impact and shows that our most critical patients are being responded to quickly. The latest nationally published data shows that the Trust is ranked first in both the Category 1 mean and Category 1 90th centile measures when compared to all Ambulance Trusts across England. The overall increasing pressure on the healthcare system is having an impact on our demand across the performance categories, particularly our Category 2 performance

Please note: 999 performance data is correct as at 17/02/22 and is subject to change due to data validation processes

Category	Key Performance Indicators	Monthly Trend	Daily Analysis	Notes
C1	<p>Mean: 00:06:37</p> <p>Target: 7:00</p> <p>90th Centile: 00:11:03</p>			<p>The C1 mean performance had been continuously within target, apart from September though December where we have seen a sharp increase in demand, primarily due to a further wave of Covid-19. January has seen an improvement in demand and LAS are within target for C1 mean.</p> <p>The C1 90th centile was also within the national standard of 15 minutes.</p>
C2	<p>Mean: 00:34:56</p> <p>Target: 18:00</p> <p>90th Centile: 01:17:45</p>			<p>Our C2 mean and 90th centile were both outside target during January 2022. We experienced an increase in demand due to the increased prevalence of Covid-19, making it harder to reach patients within national targets, particularly in specific areas of London where hospitals were experiencing their own challenges.</p>
C3	<p>Mean: 01:35:54</p> <p>Target: 2:00:00</p> <p>90th Centile: 03:58:06</p>			<p>C3 90th centile was not within national standards in January. On particularly challenged days C3 follows the trend of C2 and was affected quicker than the higher acuity calls in an effort to attend sicker patients promptly.</p>
C4	<p>90th Centile: 06:47:55</p> <p>Target: 3:00:00</p>			<p>C4 90th centile was not met in January due to increased pressure on the higher categories. This category of calls was particularly impacted due to a low number with each delay having a higher impact on the overall average.</p> <p>Work is continuing to improve C4 by reviewing the process response, and the type of resource that can respond to these calls. In addition recruitment is underway to increase establishment.</p>

1. Our Patients

999 Response Time Performance

Operational Demand



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

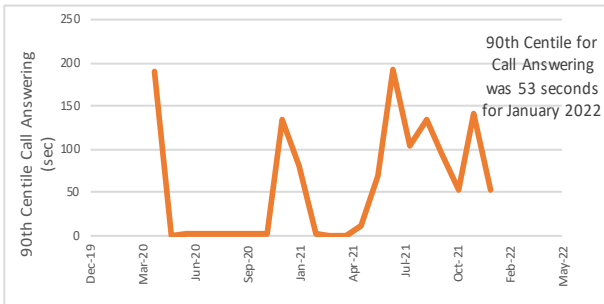
The analysis below describes: **1) Calls Received, 2) Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), 3) Incident Category**

Please note: 999 performance data is correct as at 17/02/22 and is subject to change due to data validation processes

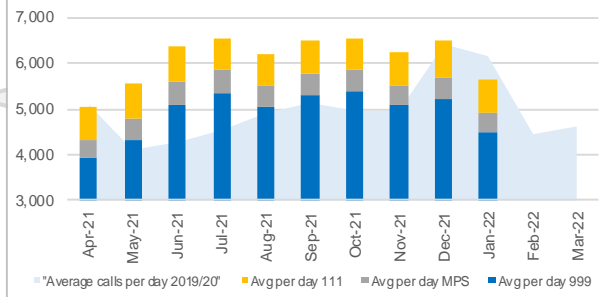
999 Calls Received

January 2022 saw a decrease in the average calls per day against December. Calls answered peaked at 6,192 on the 1st January 2022. The 90th Centile for call answering during January 2022 was 53 seconds.

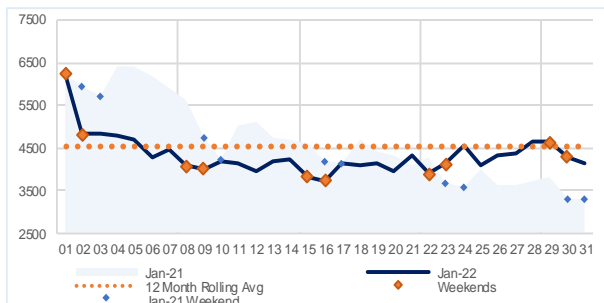
Performance (90th Centile)



Average Calls Per Day



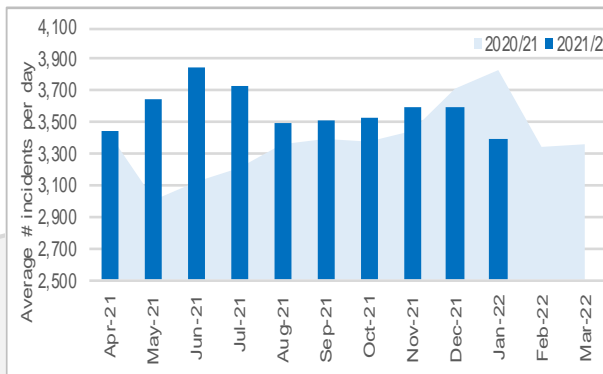
Daily Calls Answered



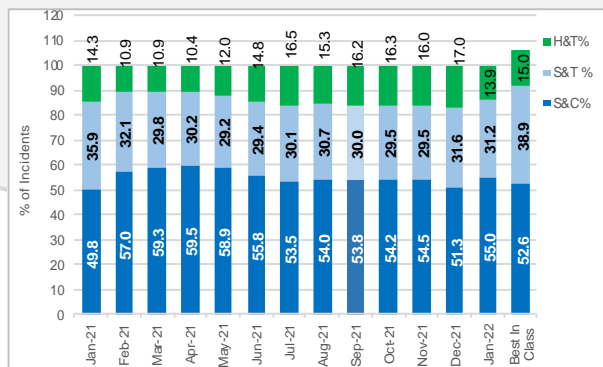
Incidents and Response Type

The number of incidents per day in January 2022 was significantly under that of 2020/21. Performance improved for ED conveyance and Hear & Treat due to concentrated effort on these measures and a modified response from the trust to Covid-19.

Incidents



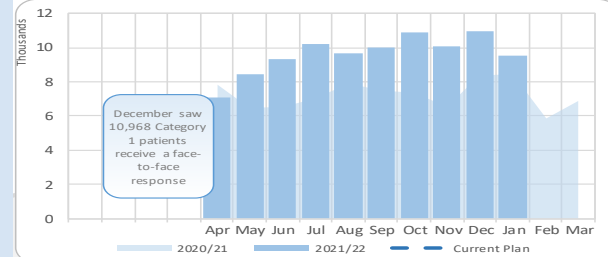
Response Type



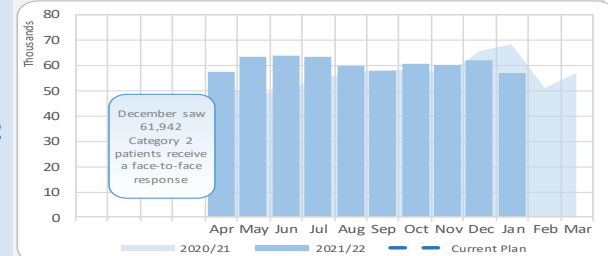
During January 2022 SWAS was best in class achieving 38.9% for See & Treat. SWAS gained 1st place and was best in class for See and Convey, achieving 52.6% and WMAS was best in class for Hear and Treat categories with 15%.

Incident Category (By Month)

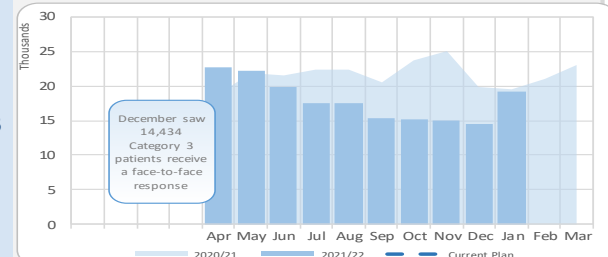
C1



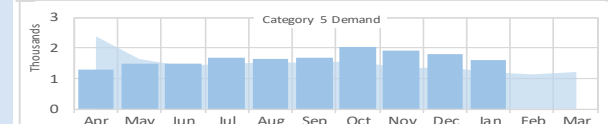
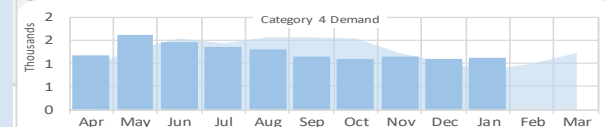
C2



C3



C4/C5



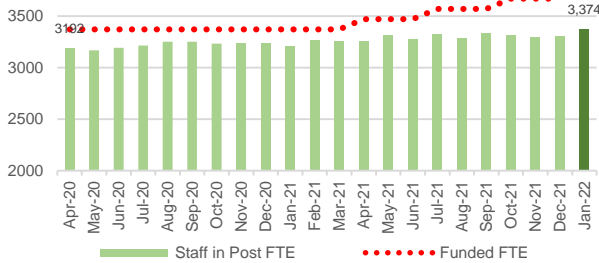


Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

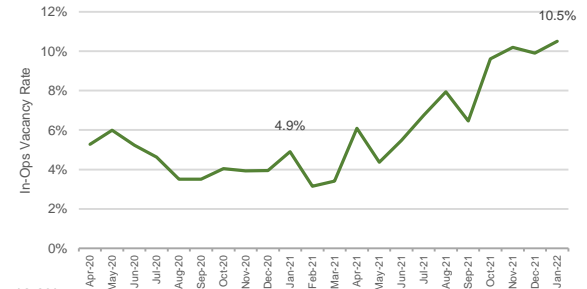
Frontline Operational Staff

The frontline FTE establishment has increased from 3,370fte to 3,770fte (400fte) to reflect the forecast demand in 2021/2022. This increase has been phased over the 12 month period (100fte per quarter). Our current operational vacancy rate as at 28th February has increased from 9.9% in December to 10.5% in January. There are currently 133fte staff in classroom training which includes 96 starters in January. The 10.5% gap is currently being filled by overtime. The forecast position for the end of year (March) is 10.3%.

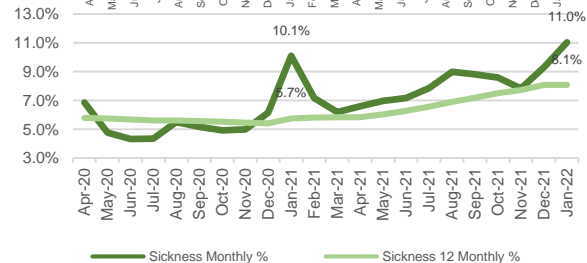
Filled FTE



Vacancy Rate



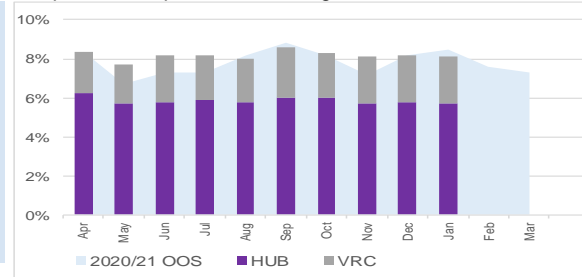
Sickness Rate



Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 8.2% for January 2022, a slight increase of 0.1% from the previous month. The Trust has provided an average of 9,488 patient facing vehicle hours per day in January 2022 an increase from December 2021 which averaged 9,364hrs. The DCA PVR remains consistently high, with an overall average in January 2022 of 389 on par with December 2021 of 391. 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 428 during January 2022. The SA&P Teams supported the Operational rotas incurring limited downtime, this is demonstrated by a healthy DCA vehicle availability. This is also evidenced in the VRC Performance reflecting a total of 116.61hrs (0.06%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for January 2022 of 193,784.15hrs. This is a small decrease from December 2021 of 0.01%. 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 and we maintained our PPE Stock target of 14 days stock at our distribution centre and continue to receive weekly deliveries from the NHS 'push stock'. 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 %

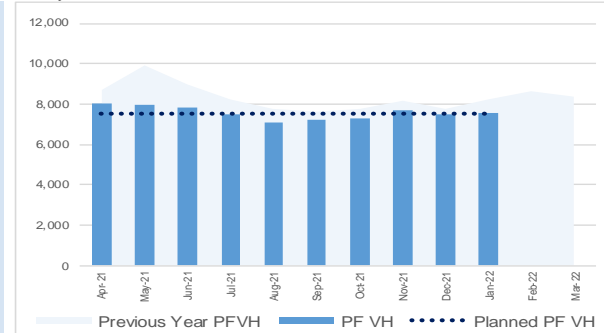


Note:

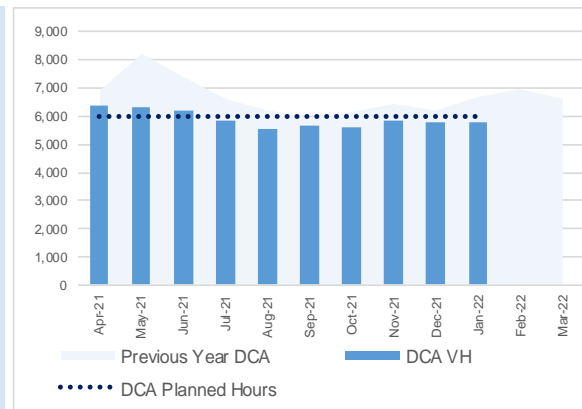
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours

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

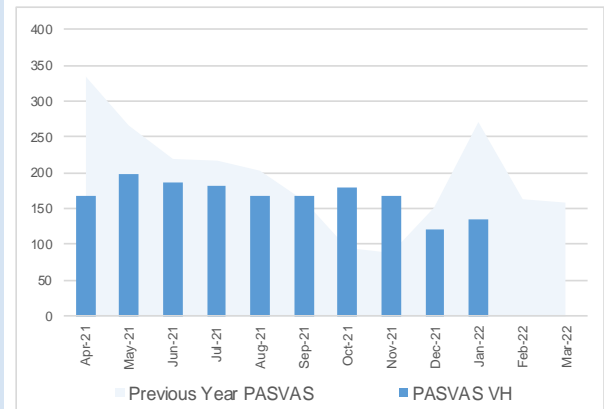
All Vehicles (Avg per day)



Ambulance Hours (Avg per day)



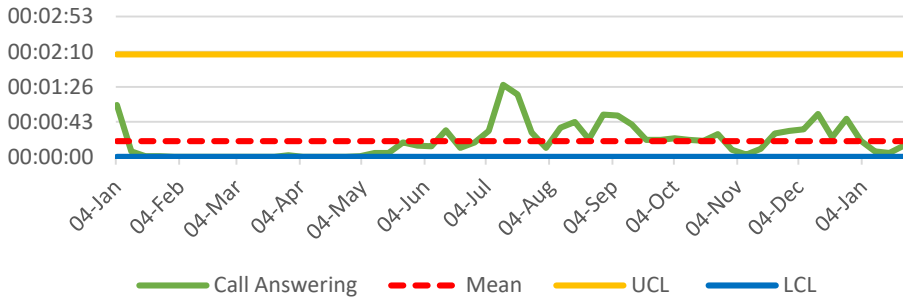
PAS / VAS (Avg per day)



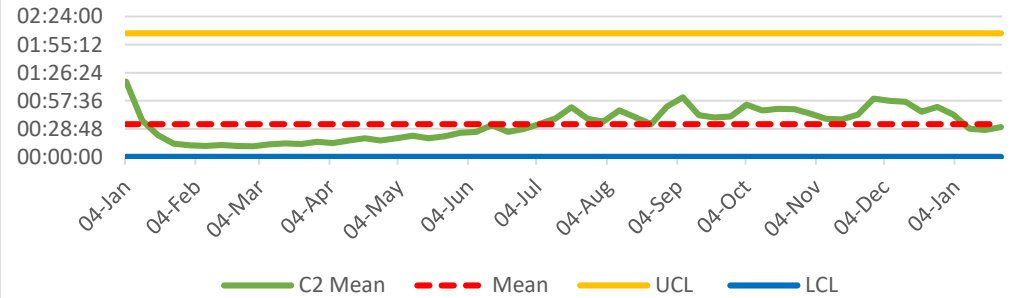


The service REAP status went from 4 to 3 on 18th January and focus remains on recovering performance KPIs whilst entering into a recovery phase from the Level 4 Incident declared in November 2021 by NHS England. Positively, the Trust is maintaining Cat 1 response times within national set timeframes.

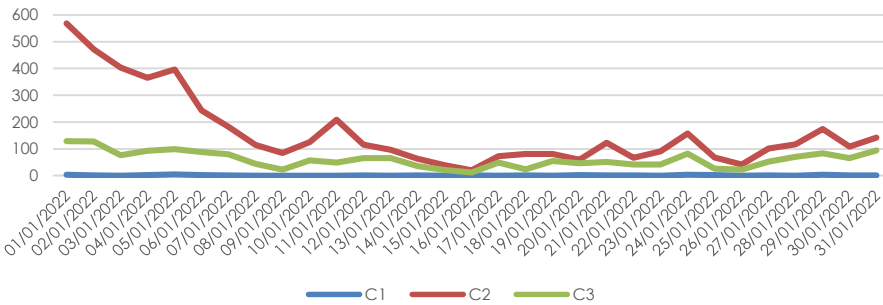
EOC Call Answering Mean



EOC C2 Mean



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



In January 2022 there were 6879 long delays, 8% of these incidents resulted in a blue call. The number of long delays in January 2022 decreased by 55% compared to December 2021, where there were 15127 delays.

	C1	C2	C3	Grand Total
Total	32	4981	1866	6879
Blue Call	4	482	62	548

From the table below we can see from Apr'21 – Jul'21, each month the number of long delays doubled from the previous month. The last few months, the number of long delays have remained high, though we have seen a substantial decrease in January 2022.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
	1764	3160	6789	13272	11928	15690	13876	10730	15127	6879

The top three determinants where a long delay incurred were:

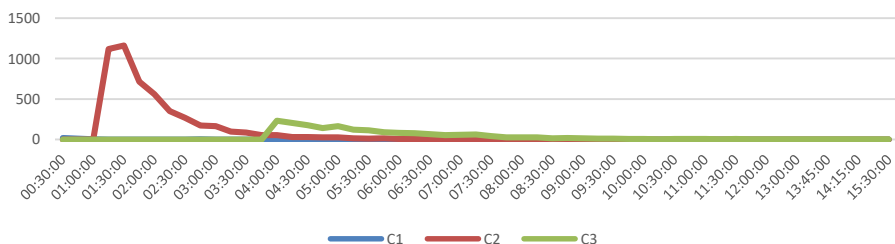
- DX012: Chest pain (9% n = 622) of which 27 resulted in a blue call
- DX012: Emergency Ambulance Response (Category 3) (7% n = 502), of which 20 resulted in a blue call
- 31D4 - Not Alert/Unconscious (5% n = 321), of which 23 resulted in a blue call

49% (n=3399) experienced a long delay were not conveyed and 51% were conveyed. It was also found that 21% (n=1423) of all long delays occurred between the hours of 17:00 and 20:00.

Action being taken include:

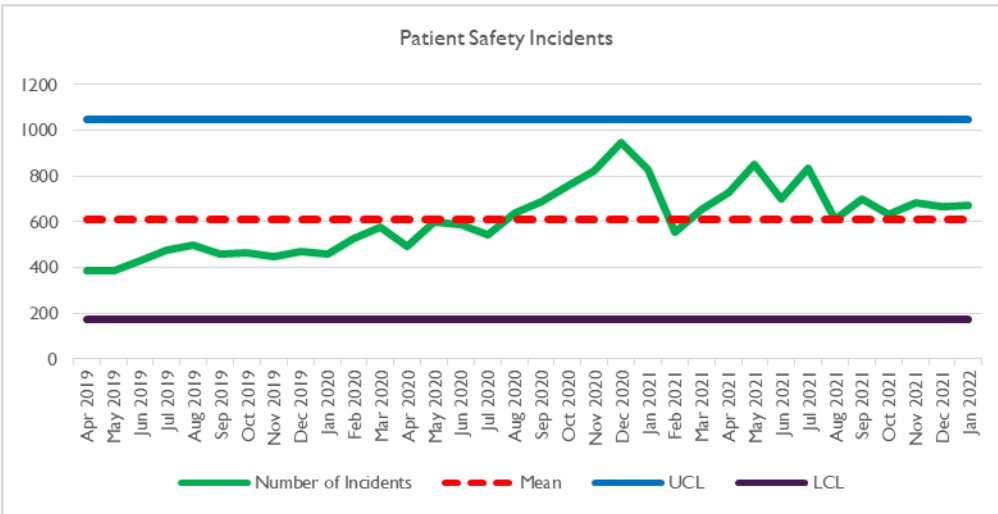
Forecasting and planning focus remains a part of strategic delivery
Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety and continuous improvement.

Long Delays Response Time - Call Connect to First Arrival categorised into 15 minute intervals





The number of patient safety incidents reported across the 999 service remains steady when compared against the number of EOC contacts and face to face incidents.

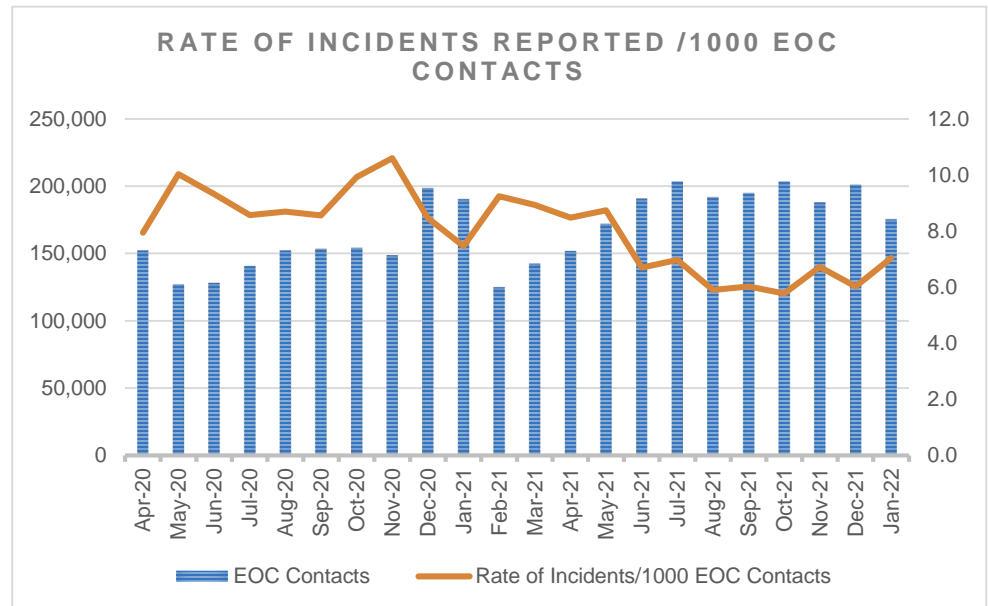
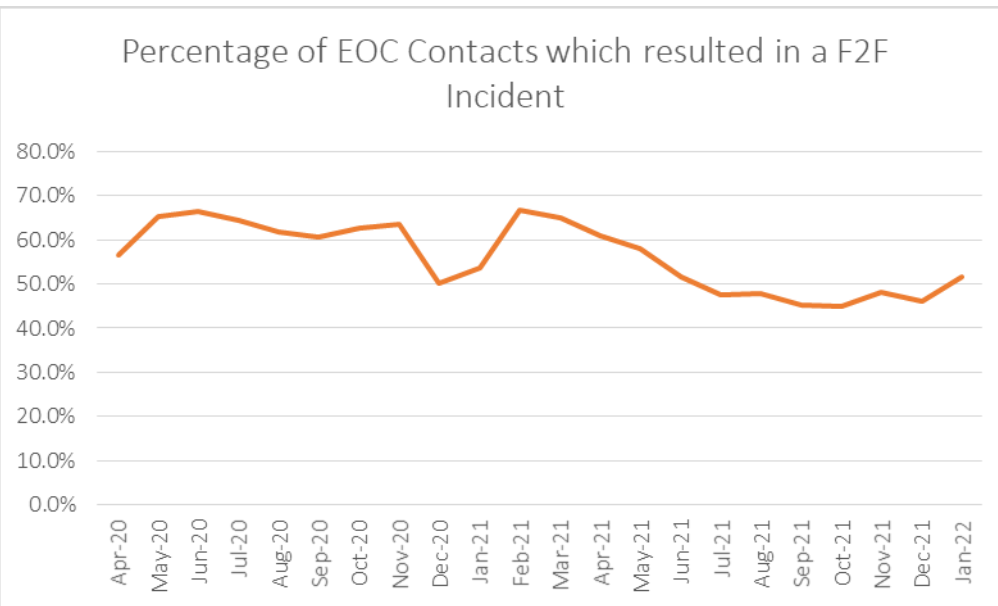


The number of patient safety incidents reported per month has varied between April 2019 – present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID-19 wave on the service.

In the last 6 months, the number of patient safety incidents reported has remained steady though above the mean. The number of patient safety remains above the mean in January 2022, with 669 incidents reported.

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

Likewise, the graph on the left shows a decrease in the proportion of EOC contacts which resulted in a face to face incident, as a result of the overall increase in EOC contacts. In January 2022 there were 175,271 EOC contacts, of which 52% resulted in a face to face incident.

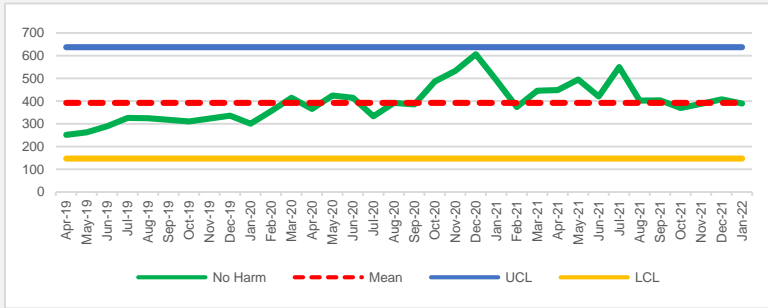




The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigation are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

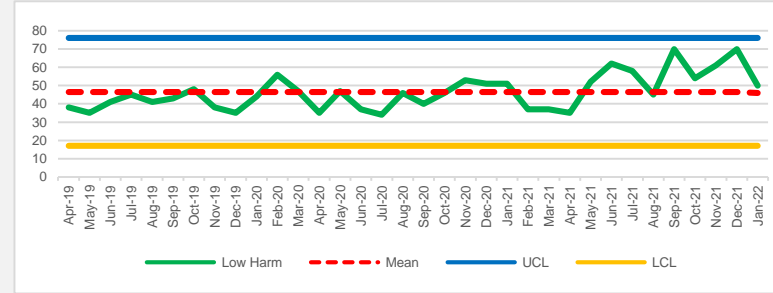
No Harm/Near Miss

Jan'22:
390



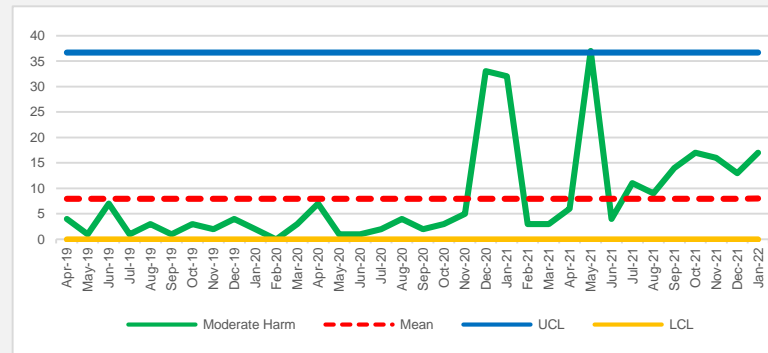
Low Harm

Jan'22:
50



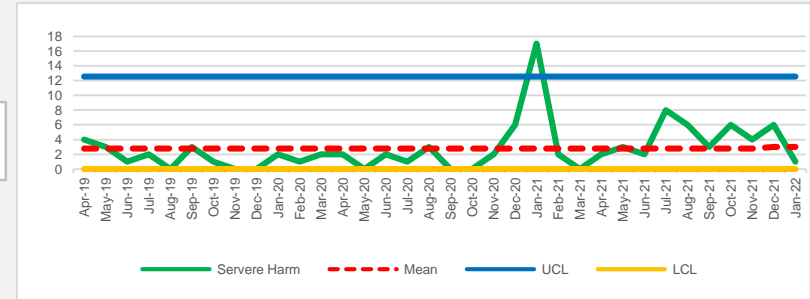
Moderate Harm

Jan'22:
17



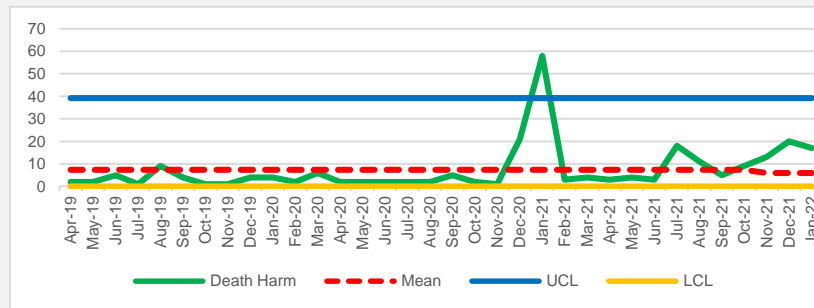
Severe

Jan'22:
1



Death

Jan'22:
17



Analysis of SPC graphs:

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).

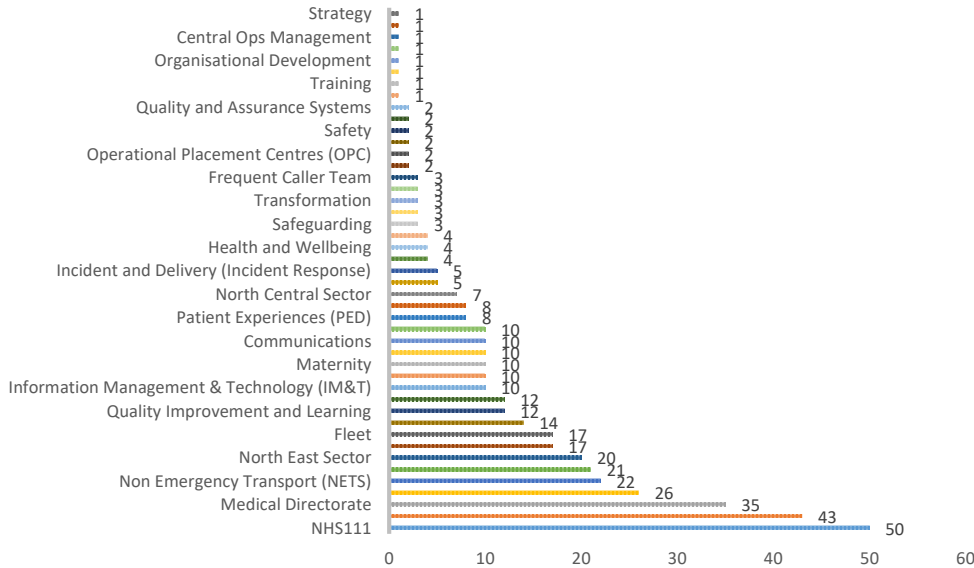
The number of no harm incidents has slightly decreased in January 2022 and the top 3 categories were Medical Equipment (65) Dispatch & Call (58), and Clinical Treatment (46). There has been a decrease in low harm incidents in January.

The number of moderate and death patient safety incidents remains high due to the operational pressure on the service resulting in delayed responses. These delayed response incidents are highlighted via various clinical and quality safety reviews including daily review of delays experienced both in call answering and dispatch of resources. There has been an increase in the number of death incidents reported the last few months, of the 17 death incidents reported in January, 13 were related to dispatch and call.



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.

AWAY FOR REVIEW OVERDUE INCIDENTS BY INVESTIGATION DEPARTMENT



There are 933 incidents (as of 07/02/2022) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID-19 reviews), this is a 2% decrease compared to December 2021 where we had 954 overdue incidents.

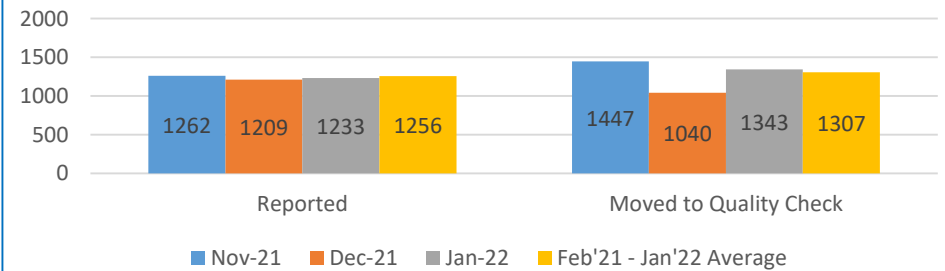
This breaks down to:

- 493 patient incidents
- 222 staff incidents (All 8 of the overdue moderate harm incidents are staff related)
- 211 Trust related incidents
- 7 visitor incidents

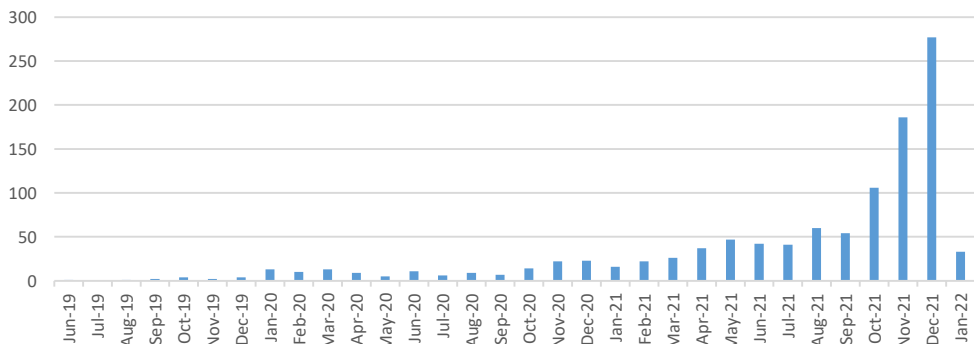
On average between Feb'21 and Jan'22, 1256 incidents were reported monthly on the system and 1307 incidents were investigated and moved to Quality check for final closure. During January 2022 the number of incidents reported was slightly lower than average and the number of incidents moved to Quality Check was higher than the average at 1343 incidents.

All incidents continue to be monitored daily by the Incident and Risk Hub. The Quality Governance and Assurance Managers (QGAMs) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. Of the overdue incidents, the highest number, 106 incidents (11%) are within the North West Sector. 85% of overdue incidents have been labelled as No Harm and 15% as Low Harm.

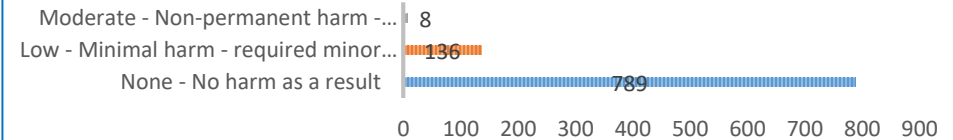
Current Incident Flow vs 12 Month Average



Overdue Incidents by Reported Date



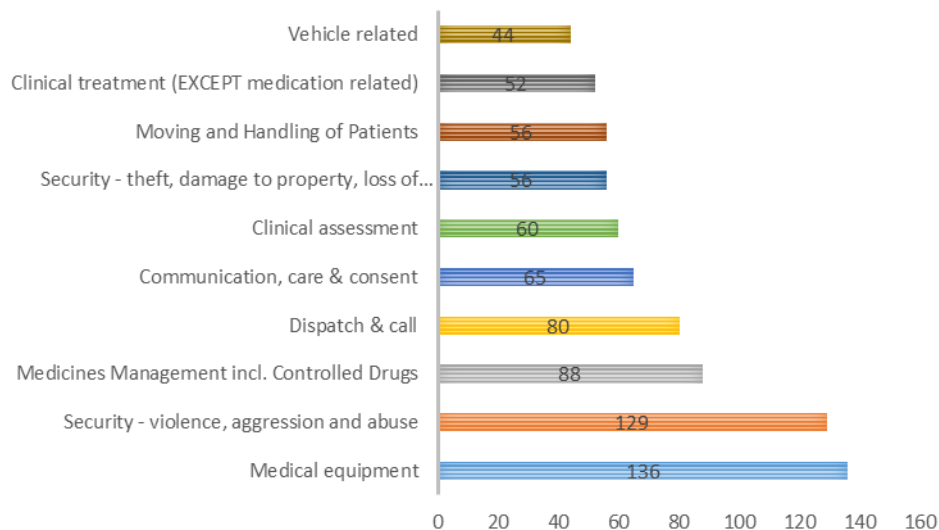
OVERDUE INCIDENTS BY LEVEL OF HARM



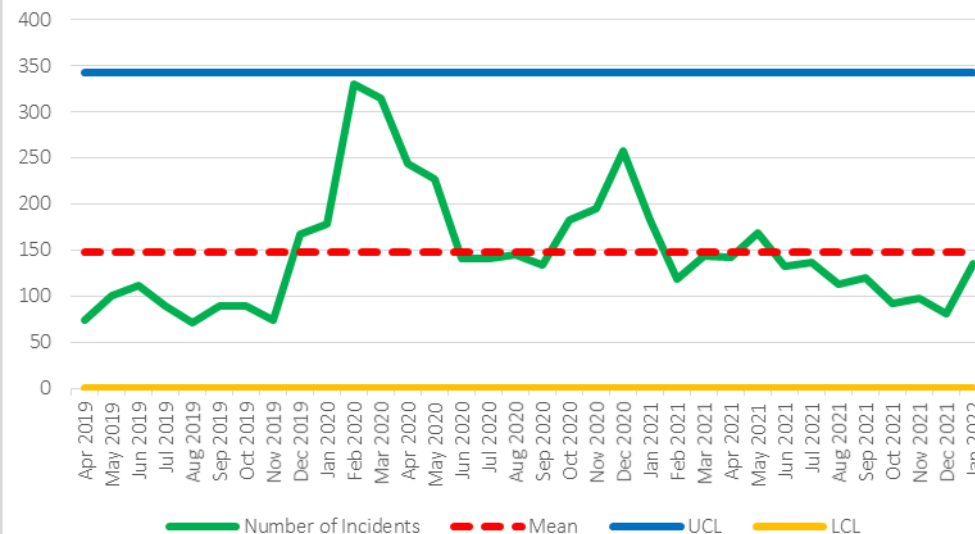


Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

JANUARY 2022 TOP 10 INCIDENT CATEGORIES



Medical Equipment Incidents

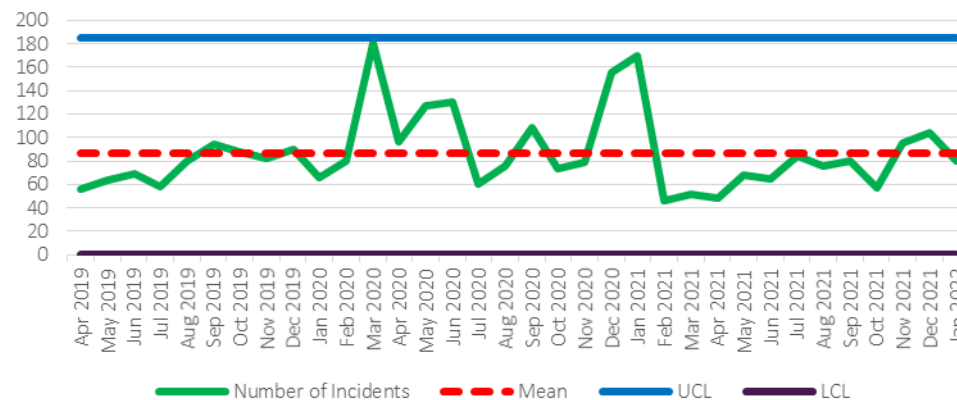


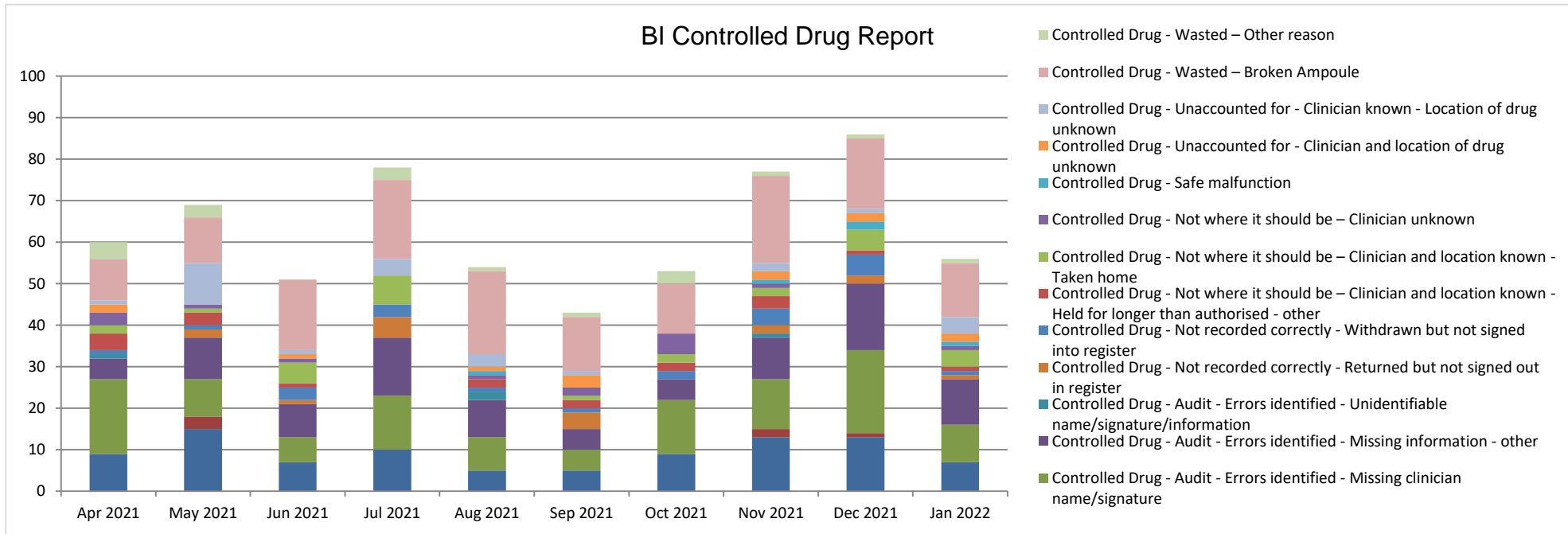
The top 3 incident categories in January 2022 were Medical Equipment, Security – Violence, Aggression and Abuse, and Medicines Management

Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months. We have seen a decrease in the number of medical equipment incidents reported the last few months, however there has been a significant increase in January 2022, though this remains below the mean. Improvement activities continue with policies in development, assets being tagged, and training and familiarisation continuing. Asset tagging continues with a view to handing this over to BAU in the next month and then focussing on the tracking aspect of the project. The project overall is still on course for delivery March/April 2022.

The number of Dispatch & Call incidents have been increasing October 2021 onwards. January 2022 saw 80 Dispatch & Call incidents recorded.

Dispatch & Call Incidents





- No unaccounted for loss of schedule 2 drugs
- Total of other controlled drug (CD) incidents including
 - Documentation errors (n=36)
 - Morphine retained off-duty (n=7)
 - CDs or CD safe/cabinets unsecured (n=4)
 - CD transfer or destruction register discrepancy (n=2)
 - Breakages, wastage or damage (n=13)
 - Inappropriate dose of morphine in EOLC (n=1)
- Non-controlled drugs incidents
 - Kitprep failure or discrepancy (n=11)
 - LSU medicine packing error (n=3) or delivery delay (n=1)
 - Breakages (n=5)
 - Expired (n=3) or missing (n=3) drugs
 - Temperature breach (n=2)
 - Non-LAS prescriber error (n=1)
 - Inappropriate administration of adrenaline (n=1), chlorphenamine (n=1), dexamethasone (n=1), diazepam (n=2), ibuprofen (n=1), ipratropium (n=3), paracetamol (n=4) & TXA (n=1)
 - Allergic reaction to aspirin (n=1), diazepam (n=1) and flucloxacillin (n=1)

- Assurance**
- No losses of schedule 2 drugs
 - Incidents where morphine retained off duty identified in a timely fashion ensuring drugs returned and secured promptly.
 - Incident reports specific to newly formed medicines packing unit now received and considered
- Actions**
- Renewal of outstanding PGD documents
 - Anaphylaxis approved for released
 - Antimicrobial prescribing data to be reviewed at IPCC committee

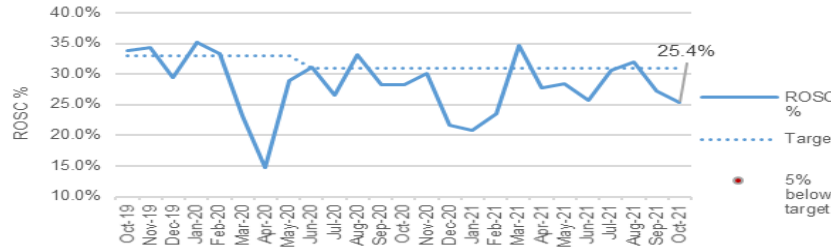


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **October 2021**, which is the most recent month published by NHS England.

ROSC at Hospital

Month: 25.4%

Target: 31.0%



In October 2021, the LAS ranked 3rd nationally for ROSC on arrival at hospital for the overall group with 25.4%, above the national average of 24.8% and 6th for the Utstein group with 44.2%, above the national average of 45.3%.

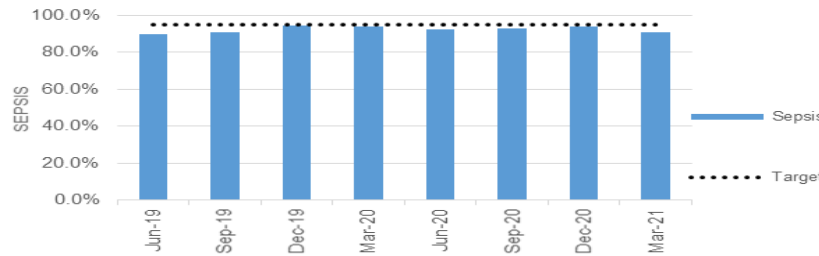
The LAS ranked 9th for 30 day survival in the overall group with 6.4%, below the national average of 7.3% and 5th for the Utstein group with 23.8%, above the national average of 22.9%.

Post ROSC Care Bundle data for July ranks the LAS 3rd with 86.7% which is greatly above the national average of 77.5%.

Sepsis Care Bundle

Month: 91.0%

Target: 95%

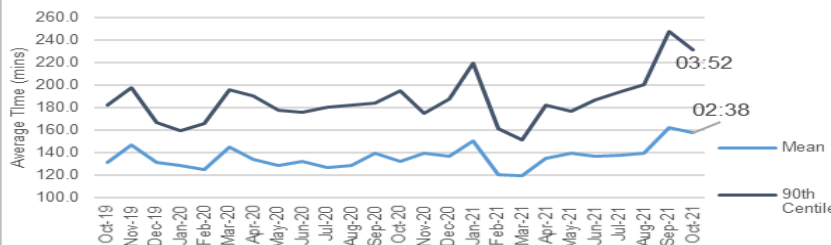


NHS England did not publish Sepsis Care Bundle data for October 2021, the next data due to be published will be for December 2021 (in May 2022).

STEMI call to angiography

Mean: 02:38

Target: 02:10



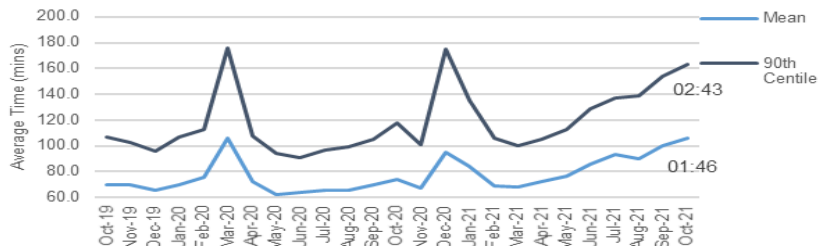
In October 2021, the LAS achieved a time of 02:38 for the call to angiography measure, which ranks in 5th place overall. This is four minutes shorter than the national average time of 02:42.

Data for the STEMI Care Bundle was published this month, with the LAS achieving compliance of 65.1%, continuing to rank 8th overall. While this is consistent with the previous set of figures published, it is still 9.1% lower than the national average of 74.2%. Analgesia remains the care bundle element with the lowest level of provision at 71.2%.

Stroke call to door

Mean: 01:46

Target: 01:10



For the second month in a row, the LAS ranked 4th for mean Call to Arrival at Hospital for Stroke patients (01:46), exceeding the national average of 01:58 but well within the national target

NHS England did not publish Stroke Diagnostic Bundle data for October, the next data due to be published will be for November 2021 (in April).



Patients Scorecard (NEL IUC)

January 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jan-22	●	95.0% A	78.8%	75.0%	77.1%	71.5%	78.8%	1
Proportion of calls abandoned	%	Jan-22	●	3.0% A	8.2%	10.5%		9.5%	6.0%	3
% of calls closed with no onward referral (health advisor and clinician)	%	Jan-22	●	33.0% A	18.3%	23.4%	23.2%			
% of calls transferred to 999	%	Jan-22	●	10.0% A	6.9%	7.2%	7.2%	8.8%	6.9%	1
% of calls recommended to ED	%	Jan-22	●	10.0% A	10.0%	9.1%	9.7%	11.4%	10.0%	1

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Patients Scorecard (SEL IUC)

January 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jan-22	●	95.0% A	78.1%	75.6%	78.0%	71.5%	78.8%	2
Proportion of calls abandoned	%	Jan-22	●	3.0% A	10.6%	13.9%		9.5%	6.0%	4
% of calls closed with no onward referral (health advisor and clinician)	%	Jan-22	●	33.0% A	24.5%	27.9%	27.9%			
% of calls transferred to 999	%	Jan-22	●	10.0% A	10.1%	7.5%	7.4%	8.8%	6.9%	3
% of calls recommended to ED	%	Jan-22	●	10.0% A	10.5%	10.1%	10.7%	11.4%	10.0%	2

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



London CCGs have awarded the provision of 24/7, 365 day 111 call handling services to London Ambulance Service NHS Trust (LAS) with London Central and West Unscheduled Care Collaborative (LCW) and Practice Plus Group (PPG) as mandated sub-contractors.

The Trust has rolled out phase 1 on 17th November, which involved taking a small concentrated number of night calls. Phase 2 of the service provision has begun where the Trust is now increasing its capacity on call taking with the intention to uptake 33% of the calls through extended hours for NWL.

The scorecard below shows the performance for NWL including data from all 3 providers, combined. Further detail when available will allow us to provide a further detailed analysis in this report, as with our other 2 contracts.

Patients Scorecard (NWL IUC)

January 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Jan-22	●	95.0% A	71.1%	63.4%	67.5%	71.5%	78.8%	4
Proportion of calls abandoned	%	Jan-22	●	3.0% A	7.9%	4.4%		9.5%	6.0%	2
% of calls closed with no onward referral (health advisor and clinician)	%	Jan-22	●	33.0% A	12.7%	13.8%	13.8%			
% of calls transferred to 999	%	Jan-22	●	10.0% A	8.3%	8.4%	8.3%	8.8%	6.9%	2
% of calls recommended to ED	%	Jan-22	●	10.0% A	11.5%	12.1%	12.2%	11.4%	10.0%	3

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

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

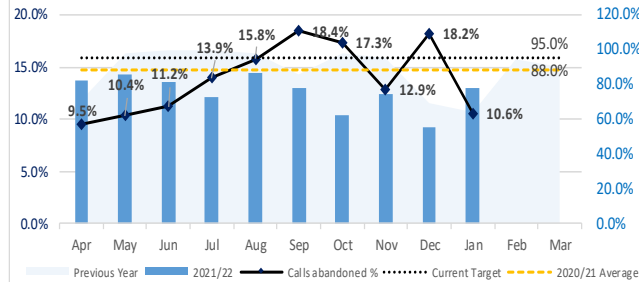
1. Our Patients

111 IUC Performance

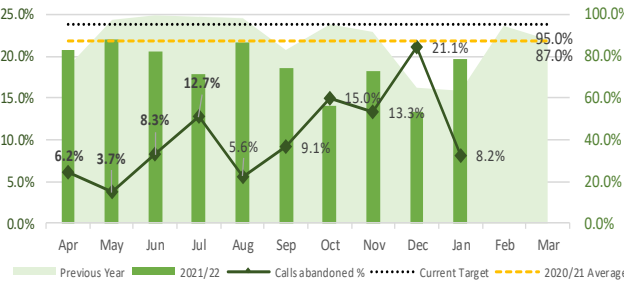


Call answering was outside target in December for North East London (NEL) and South East London (SEL) and North West London (NWL) due to being adversely affected by a significant rise in sickness peaking at 158. The abandonment rates were within target for December. Both sites are within target for calls transferred to 999 and calls transferred to ED, where we regularly perform better than the London average.

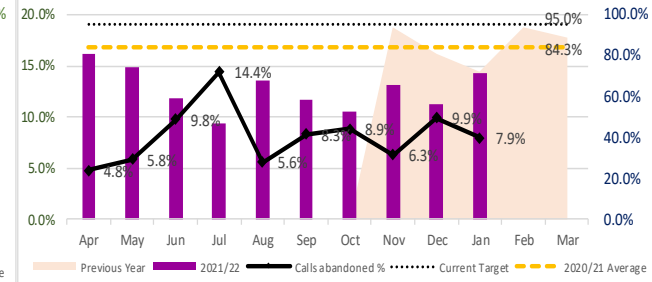
South East London (SEL)



North East London (NEL)



North West London (NWL)



Call Answering & Abandoned Calls

Target:
 ≥95% (CA)
 and ≤5%

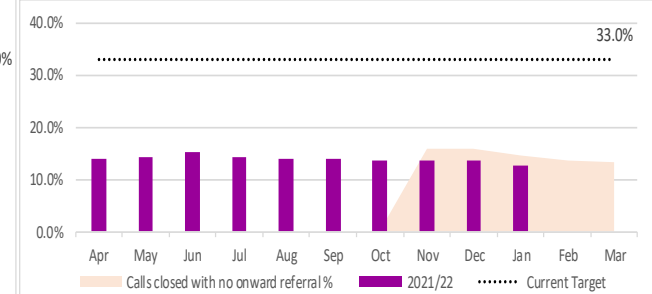
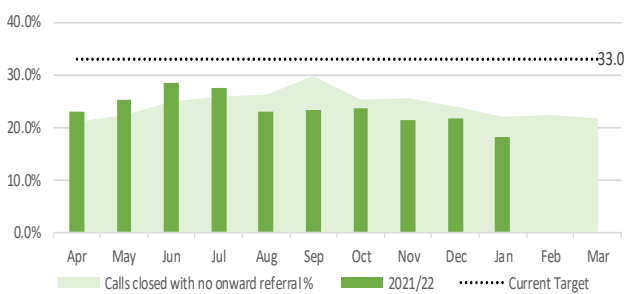
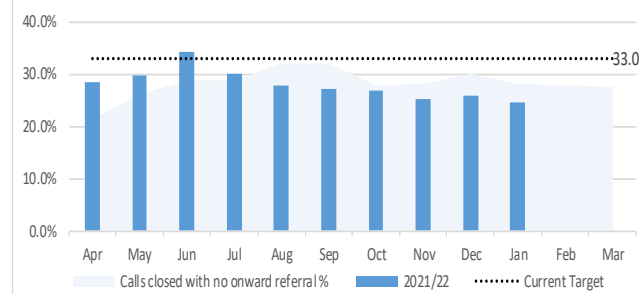
SEL: 78.1% / 10.6%

NEL: 78.8% / 8.2%

NWL: 71.1% / 7.9%

The 111/IUC centres have been critically important in national Covid-19 response as any concerns were directed to 111 across England. The number of calls abandoned by patients was well within the 5% target.

% of calls closed with no onward referral



Target:
 ≥33%

SEL: 24.5%

NEL: 18.3%

NWL: 12.7%

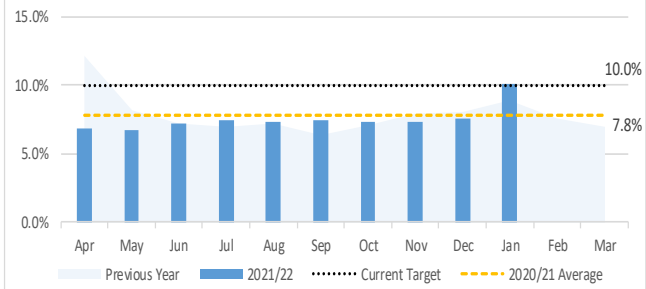
We are continuing to work to identify which patients benefit most from being managed via the Clinical Assessment Service so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard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

1. Our Patients

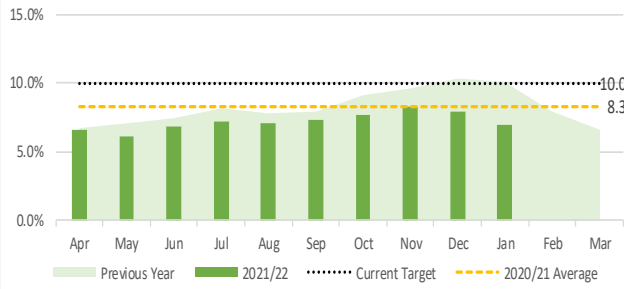
111 IUC Performance



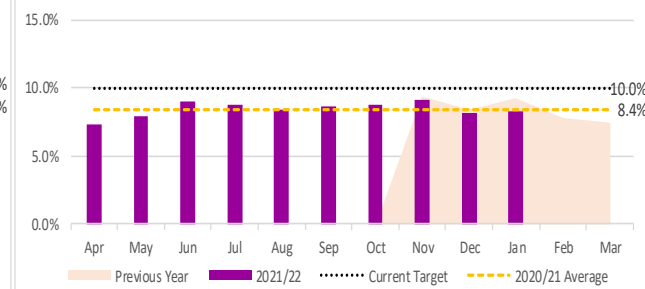
South East London (SEL)



North East London (NEL)



North West London (NWL)



Calls Outcome: Transferred to 999

Target: <10%

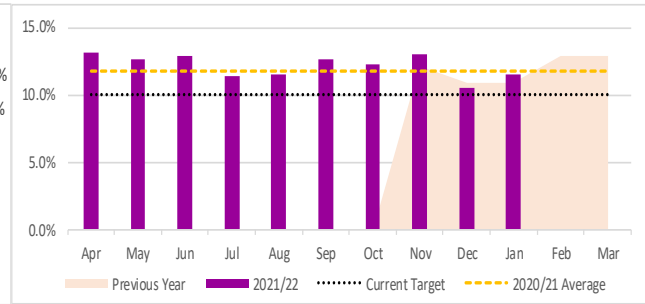
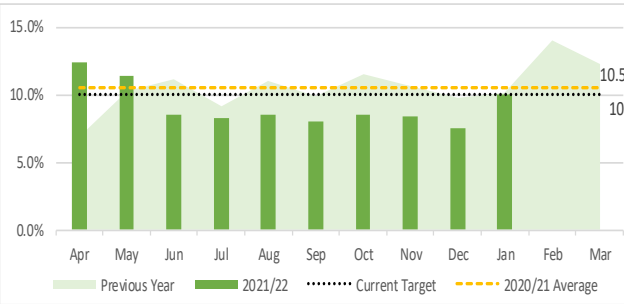
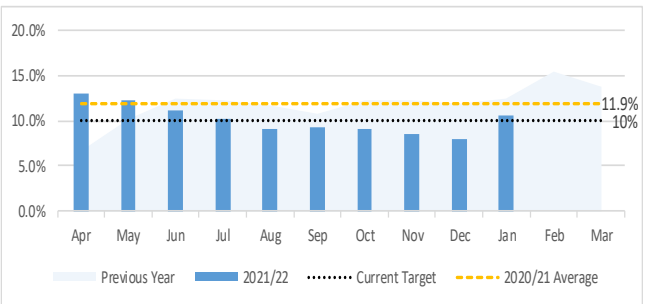
SEL: 10.1%

NEL: 6.9%

NWL: 8.3%

Referrals to 999 services remain within or close to the 10% national standard. This performance compares positively against the London average.

Call Outcome: Recommended to attend ED



Target: <10%

SEL: 10.5%

NEL: 10.0%

NWL: 11.5%

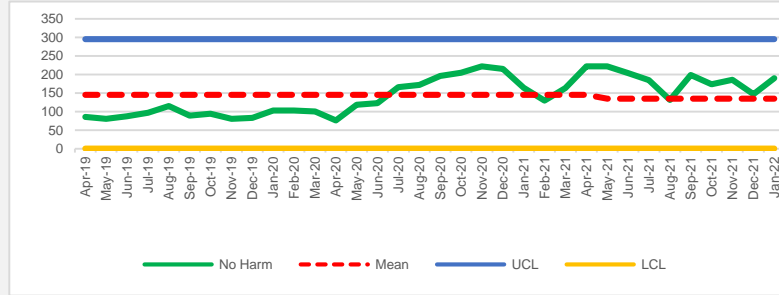
The development of our IUC services has enabled NEL and SEL to consistently outperform other providers on A&E avoidance. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to attend 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.

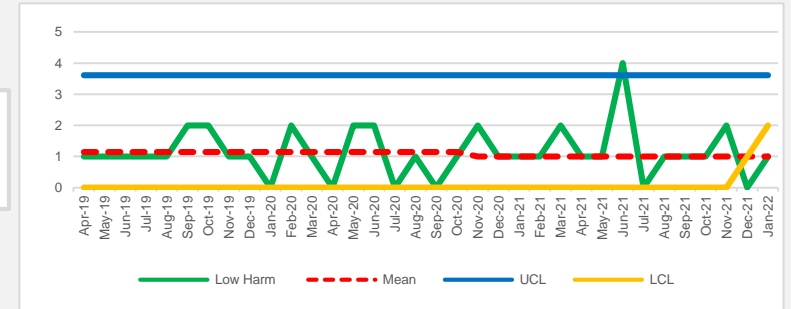
No Harm/Near Miss

Jan'22:
190



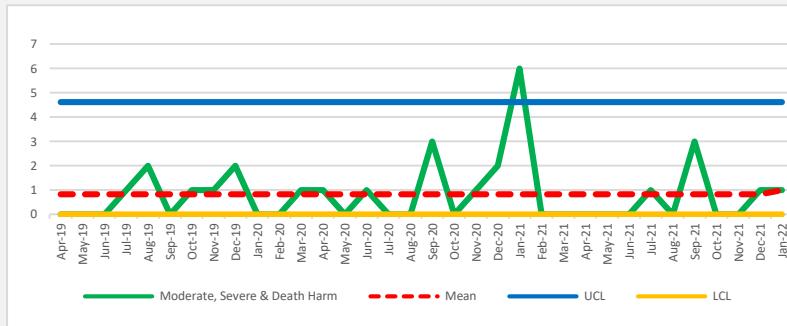
Low Harm

Jan'22:
1



Moderate, Severe & Death Harm

Jan'22:
1



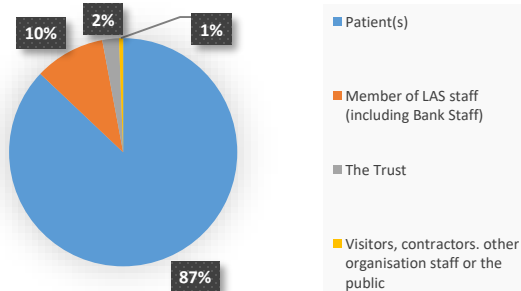
Analysis of SPC graphs:

There has been an increase in the number of no harm incidents reported in the last year, the reason for the increase in no harm incidents is because 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 increased in January 2022 and call volumes remain high. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand.

Incident Management

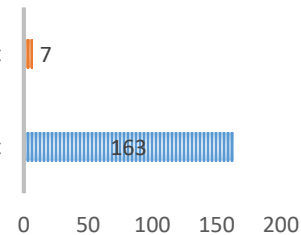
Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM

Low - Minimal harm - required minor treatment or observation

None - No harm as a result



There are 170 incidents (as of 07/02/2022) which have been open on the system longer than 35 working days (this excludes SIs & COVID-19 reviews).

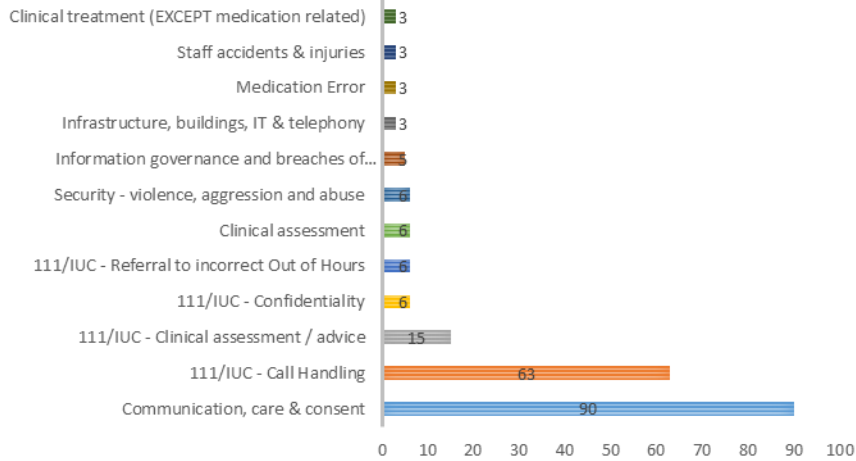
This breaks down to 148 Patient incidents, 17 Staff incidents, 1 Visitor incidents and 4 Trust related incidents.

81% of incidents are in the Local Review stage and 20% in the Away for Review stage. 96% of incidents have been classified as No Harm.



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

JANUARY 2022 TOP 10 INCIDENT CATEGORIES



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

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

Theme Management

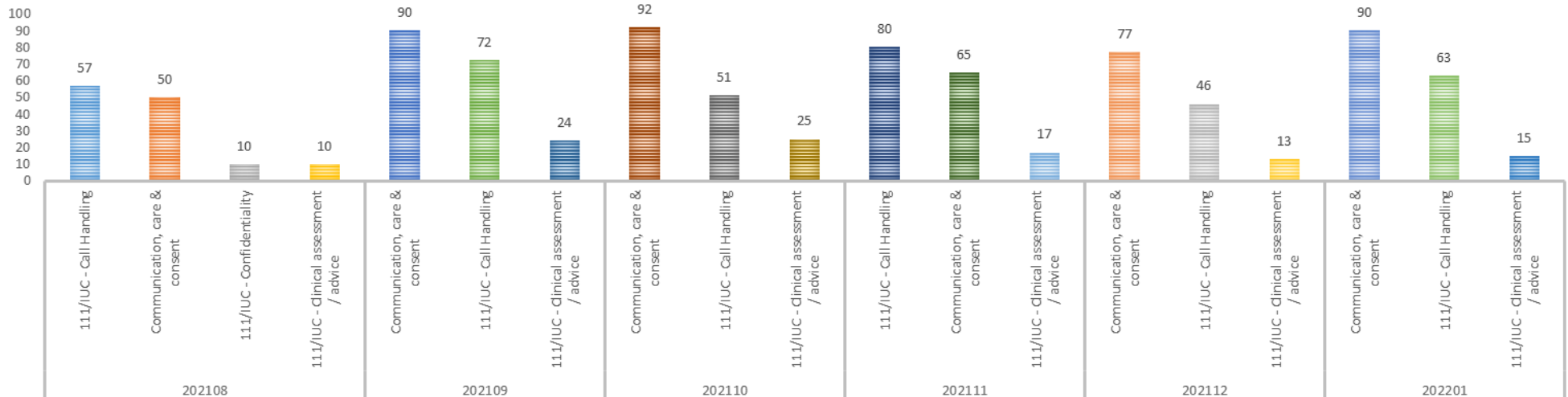
Communication Care & Consent

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

Call Handling

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

AUG '21 - JAN '22 TOP 3 CATEGORIES BY MONTH





The Trust continues to test and develop the Framework to ensure it is correctly embedded within supporting processes and governance structures. All learning is fed back to NHS E/I to support the national development of the overall framework ahead of national roll out in 2022.

During January 2022, a total of **66** (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 66, 26 were identified as requiring an enhanced level of investigation. The breakdown of the 26 are as follows:

National Priority – Patient Safety Incident Investigations (PSII)

2 incidents met the Nationally – defined priority requiring external investigation which is being investigated by HSIB

3 incidents met the Nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. These cases have been first reviewed by the Trust's Learning from Death process.

Local Priority – Patient Safety Incident Investigations (PSII)

No local priority PSII's were declared in January

Patient Safety Review (Non PSII) including Thematic Review

6 incidents met the Trusts PSIRP under the Local Priority of *Face to Face Clinical assessment*

1 incident met the Trusts PSIRP under the Local Priority of *medicine management* and is being investigated as a PSR, specifically a case review.

1 incident met the Trusts PSIRP under the Local Priority of *Clinical Assessment of Spinal Injuries* and is being investigated as a complaint.

1 incident did not meet the Trust's PSIRP and is being investigated as a PSR - case review. This incident was regarding the management of a Mental Health patient.

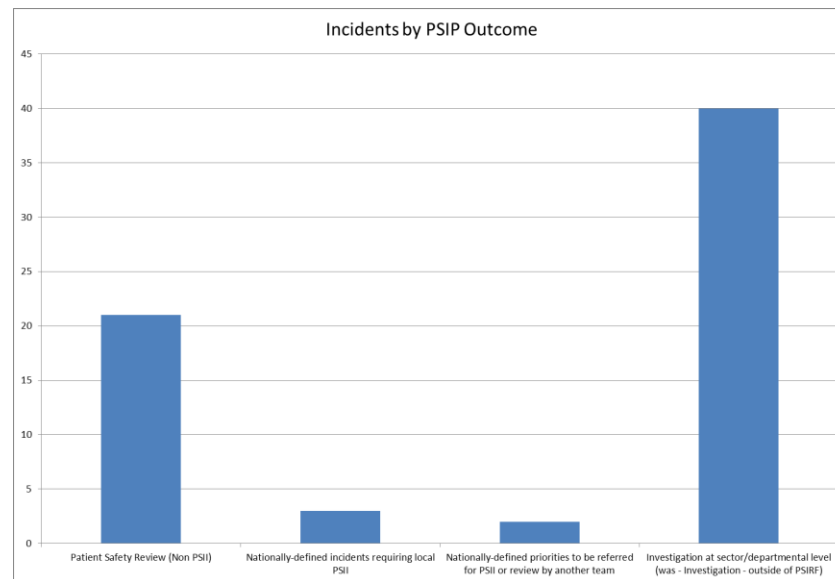
12 further incidents did not meet the Trust's PSIRP and are being investigated as a PSR via Structured Judgement Reviews. The incidents involve a delayed response with the possibility of harm caused as a result.

Local Review

The remaining 40 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.
- Guidance has been disseminated reminding clinical staff of the HASU pathway for patients who are FAST+ve and outside the 4.5 hour window.
- Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.



Implementation of PSIRF:

The Trust went live with the PSIRF on the 1st April 2021 and the focus is now on developing a set PSIRF process and governance structure that will be tried and tested.

The implementation has seen strengthened governance and assurance processes regarding investigation of incidents from the point of being reported, ensuring that those meeting the PSII criteria are escalated in a timely manner to the Patient Safety Investigation Panel (PSIP) for confirmation. In terms of assurance, this has been further strengthened for those incidents re-categorised with clear rationales and clinical reviews recorded on the incident records.

The team continue to engage with key stakeholders internally and externally including with the Trust's Patient and Public Council (PPC) who have supported the development of the desired patient standards as part of the PSIRF.

Next Steps of the implementation:

- Continue to implement Framework and communicate across the service
- Continue to attend monthly PSIRF webinars with early adopters to feed back and also learn from others.
- Looking at the QI element of the framework and beginning to take this forward.
- Establishing next year's plan.



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

There continues to be a focus on SI, PSII and PSR actions, at the end of December there were 179 open actions, of these 37 were overdue. There are 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:

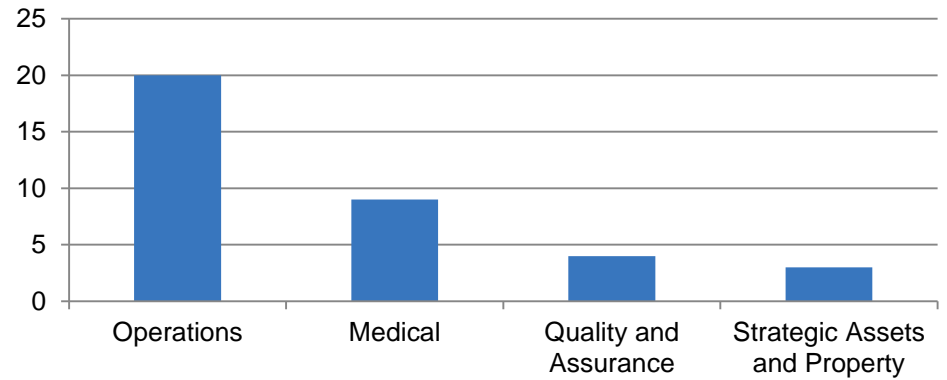
Action: The Trust should consider moving toward electronic access to all LAS premises. This will ensure that local managers have oversight of individuals who have accessed their stations, reduce workload on the resource coordinators and local management when changing door codes. Additionally access to LAS buildings can be restricted should a member of staff leave the Trust

Update: Action owner provided an update on the current conversations, and financial restraints holding this action back. Update provided to the Head of Quality, Improvement and Learning team.

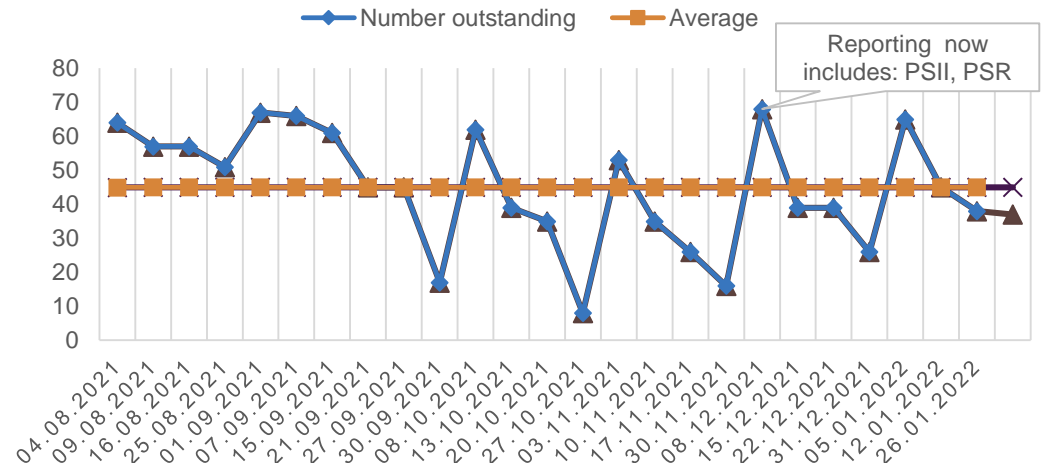
Action: Collaborative meeting between pathway trainers multidisciplinary representation of NHS 111 operational staff to plan relevant changes to training and examples used in this to mitigate the risk of individual interpretation and unsafe triage.

Update: Action owner updated September 2021, no further updates provided since due to current service pressures. Next review due January with IUC representatives.

Overdue by Directorate - January 2022



6 MONTH ROLLING OVERDUE ACTIONS





People Scorecard

January-2022

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Performance					Trajectory	Target Status against trajectory
					Target and Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	FY2021/ 2022 Trajectory	
Trust Vacancy rate	Monthly	%	Jan-22		5%	Internal	2.8%	3.9%	3.8%	2.0%	
Operational Vacancy Rate	Monthly	%	Jan-22		5%	Internal	10.5%	7.7%	7.8%	10.2%	
Ambulance Operations Staffing FTE (actual against plan (21-22))	Monthly	(n)	Jan-22		0	Internal	-52.00	-263.00	-263.00	-258.00	
Staff Turnover (% of leavers)	Monthly	%	Jan-22		10%	Internal	12.4%	10.5%	9.9%	13.0%	
Stability Index (% of staff in post >1 year)	Monthly	%	Jan-22		>90%	Internal	89.0%	91.0%	91.0%	87.0%	
Staff Sickness levels (current month) (%)	Monthly	%	Jan-22		5%	Internal	11.1%	8.0%	7.7%	8.0%	
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Jan-22		5%	Internal	7.7%	6.6%	6.4%	8.0%	
Trust Covid Vaccination Rate	Monthly	%	Jan-22		100%	Internal	92.0%	90.0%	90.0%	95.0%	
Frontline Covid Vaccination Rate	Monthly	%	Jan-22		100%	Internal	90.0%	86.0%	86.0%	90.0%	
Statutory & Mandatory Training (85% or above)	Monthly	%	Jan-22		85%	Internal	83.0%	82.0%	82.0%	84.0%	
Staff PDR Compliance (85% or above)	Monthly	%	Jan-22		85%	Internal	44.0%	61.0%	63.0%	45.0%	
Number of open disciplinary/conduct cases	Monthly	%	Jan-22		N/A	Internal	60	45	31	-	
Number of open grievance/employee concern cases	Monthly	(n)	Jan-22		N/A	Internal	13	16	17	-	
Performance/capability	Monthly	(n)	Jan-22		N/A	Internal	9	11	11	-	
Number of open round table and mediation cases	Monthly	(n)	Jan-22		N/A	Internal	6	11	10	-	
Number of Employment Tribunals	Monthly	(n)	Jan-22		N/A	Internal	19	14	14	-	
% of Trust Staff who are BAME	Monthly	%	Jan-22		20.0%	Internal	19.0%	18.9%	18.0%	20.0%	
% of joiners who are BAME	Monthly	%	Jan-22		>30%	Internal	32.0%	36.0%	36.0%	40.0%	
% of leavers who are BAME	Monthly	(n)	Jan-22		<20%	Internal	19.0%	19.0%	19.0%	15.0%	

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

2. Our People

Vacancy Rates, Staff Turnover and Sickness

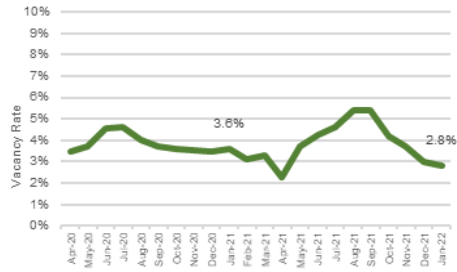


Vacancy rate

Month:

2.8%

Target: 5%



The vacancy rate has reduced this quarter and is currently at 3%. The EOC workforce is significantly above prior years and above formal establishment, but there continues to be a requirement to significantly increase capacity level. Recruiting enough Call Handlers to fill all extra courses is proving very challenging in part due to wider market conditions. IUC call handling pipelines remain reasonably strong and they are expected to end the year with a 9% vacancy gap. A targeted social media campaign has resulted in 36 applications which are currently going through assessment and a national campaign is about to commence working with NHS Professionals and Ambulance Trusts for call handlers for both the 999 and 111 service. Super Saturdays have commenced within IUC, with the option of providing a one stop shop of assessments/interviews and offers. This is still in the pilot stage with a view to rolling this out into the EOC call handler's recruitment.

Ambulance Ops Recruitment

Required Frontline: 872 FTE

Month: 107fte

Forecast Supply: 743 FTE

Target: 159fte

YTD Actual v forecast : 129fte behind plan

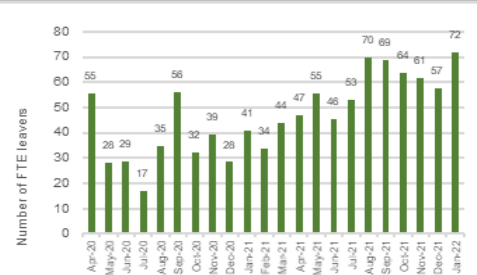
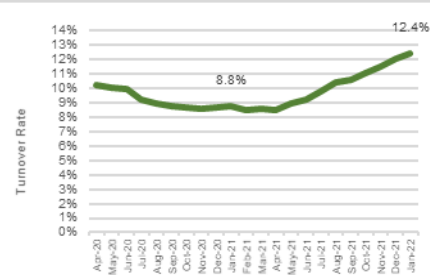
Forecast end of year position: 258fte gap

Ambulance Operations is forecast to end the year with 3,512 WTE (an increase of 149fte, 258 WTE below establishment). January saw significant delays with HCPC registration due to a backlog and there is a confirmed 3-4 month processing delay. There is also a delay with the fast track visa arrangements being reduced or removed in some overseas countries. These delays have resulted in candidates deferring start dates into 2022/2023. We are currently working with HEE and SECAMB on a pilot in Poland to recruit experienced paramedics and we are developing the recruitment plan to restart face to face Australian campaigns. Our external recruitment partner (MSI) have 41 candidates in the pipeline from various countries including South African, Namibia and Kenya. Work has also commenced to engage with the 2022/23 UK Graduates in both our partner and non-partner universities. TEAC recruitment has now ended, with the final course taking place on the 28th February. AAP recruitment has recommenced successfully with 57 candidates currently moving through to assessment and interview. A work stream has been set up to review the AAP course, with the potential of this becoming an Apprenticeship from 2023/2024. Work has also commenced on the 2022/23 Workforce plan to support the recruitment of 1,000 frontline staff within Ambulance Operations.

Staff Turnover

12 Month Rolling: 12.4%

Target: 10%



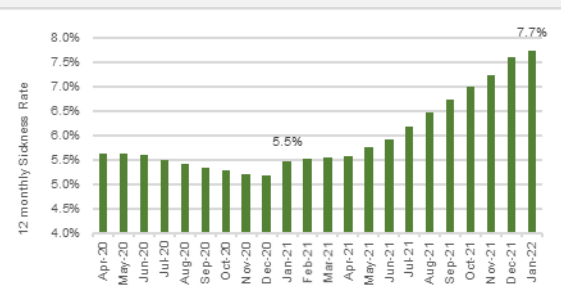
We have continued to see a leaving rate higher than the same period 12 months ago and this is in line with the experience of other Ambulance Trusts. Whilst the number of frontline leavers remains positively below plan (-53FTE) the level of International Paramedics leavers is tracking above forecast. To address this a package of initiatives has been launched including extended periods of leave and travel loans for staff to visit families overseas, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension.

Sickness

12 Month Rolling: 7.7%

Monthly: 11.1%

Target: 5%



The monthly Trust wide sickness has increased to 11%. In January the episodes increased from 1,924 to 2,307 (20%), mainly due to covid sickness which increased by 53% from 753 to 1,154 episodes. Covid accounted for 50% of all episodes compared with 39% in December. The Executive Committee have approved the business case to adopt first day sickness absence reporting. This approach has proven to reduce absence rates significantly. P&C teams continue to work with local managers to review the MAP trigger reports to reduce absence and sickness management training sessions were held in January. January 2022 was the 2nd busiest month ever for the LAS Wellbeing hub with 1,825 phone contacts (compared to 2,000 in December 2021). Again, most related to isolation guidance and the process that colleagues are asked to go through when reporting positive or negative covid tests. Over 4,680 (83%) of LAS colleagues have now recorded their Covid-19 booster and 3,520 have received their flu vaccination (54%).



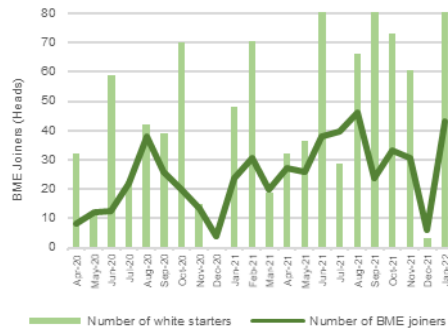
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

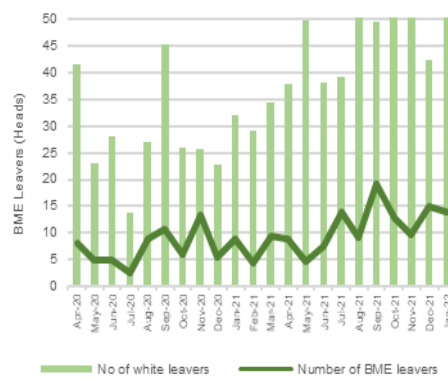
These graphs show the numbers of BAME starters and leavers from April 2020 to January 2022. During this period the Trust has recruited 554fte BAME starters and there have been 204fte BAME leavers, a net increase of 339fte.

- In 2020/21, 35% of total starters were BAME. For the year 2021/22, this has improved to 36%.
- In 2020/21, 20% of total leavers were BAME. For the year 2021/22, this has improved to 19%.

BME Starters



BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,100 – 19%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Nov-21	Dec-21	Jan-22
Bands 1-4	39.5%	39.4%	39.8%
Bands 5-7	13.9%	14.0%	14.1%
Band 8A to 9	15.7%	15.5%	15.6%

Nearly 1500 colleagues signed up to attend the 'Our LAS' culture workshops. The outputs from these workshops, along with our Staff Survey thematic results are being used to plan the next steps of the programme which will best meet the needs of the organisation. Staff Survey Results being analysed by the team. Our final response rate was 63%, with over 4000 colleagues making their voice heard. Bespoke results information packs are being prepared for each Directorate/Sector and will be released in early Feb.

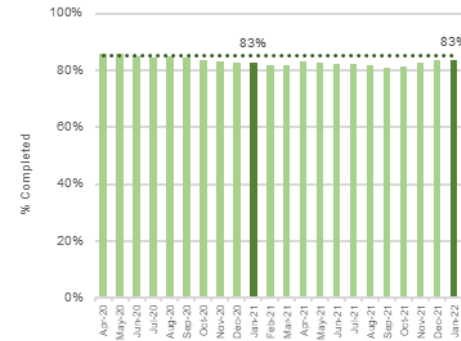
The Equality, Diversity & Human Rights e-learning has continued at 92%.

Statutory and Mandatory Training and Appraisals

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

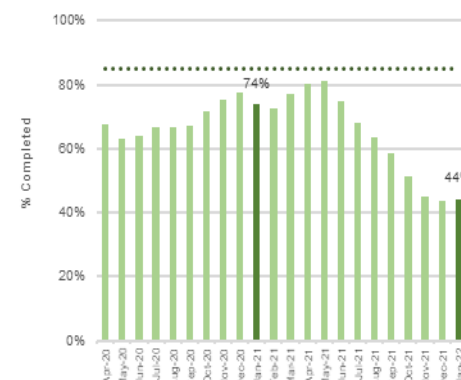
Appraisal completions remain at **44%** at the end of January.

Statutory & Mandatory



The REAP 4 pressure levels continue to affect performance for Stat and Mand training (which has remained stable but slightly below target) and PDR rates (which have remained at 44% and is below target).

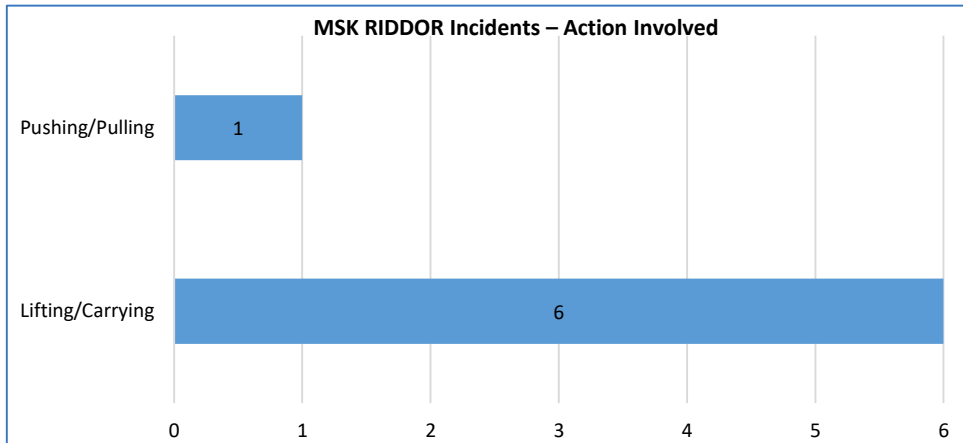
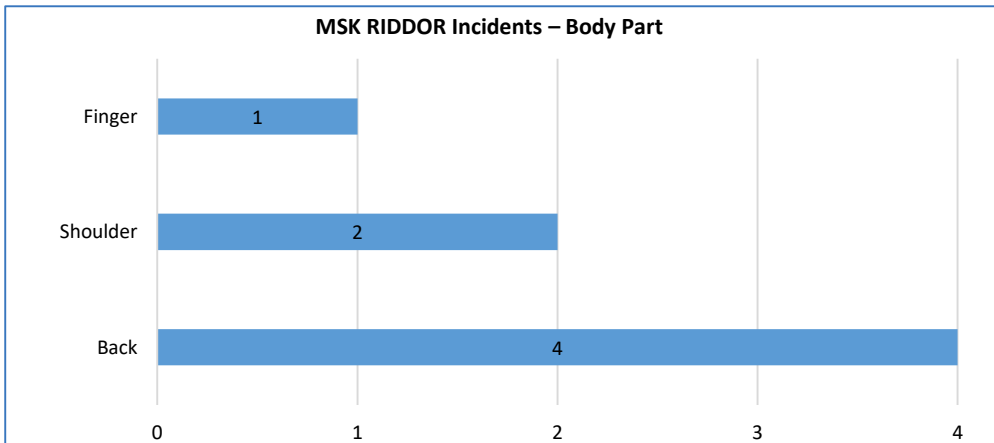
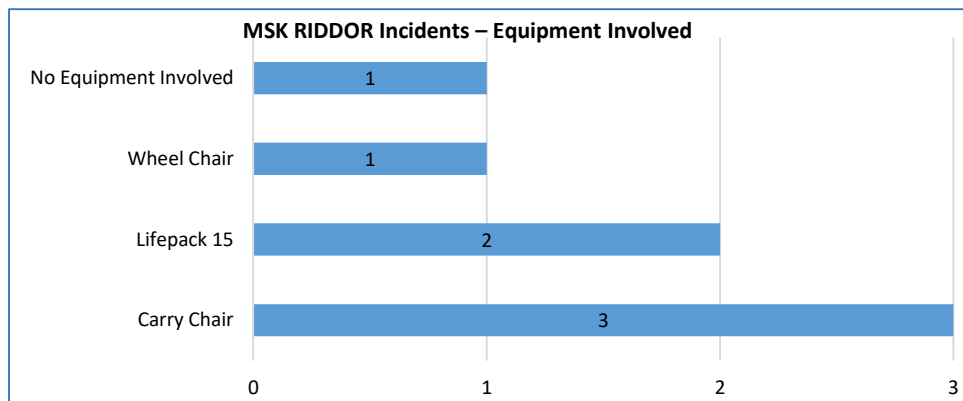
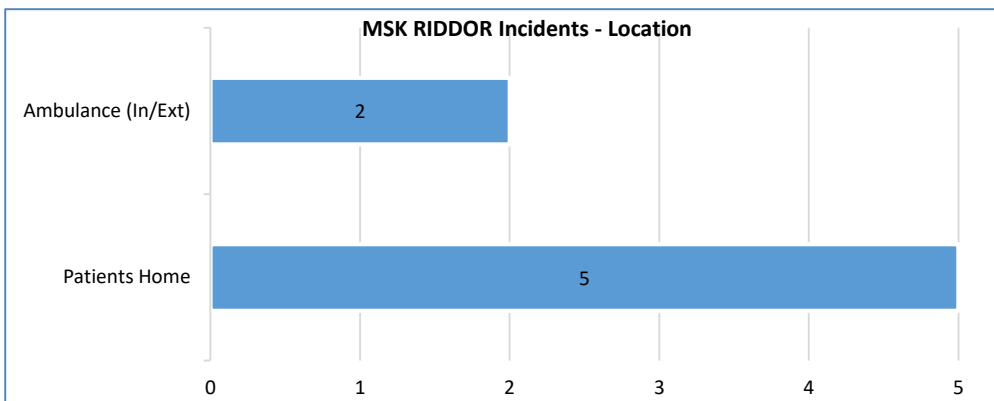
Appraisal Compliance



Weekly reports are being sent out to all Managers highlighting those who have an expired PDR date and those who are due to expire in the next three month period, to aid the effective scheduling of these reviews.



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



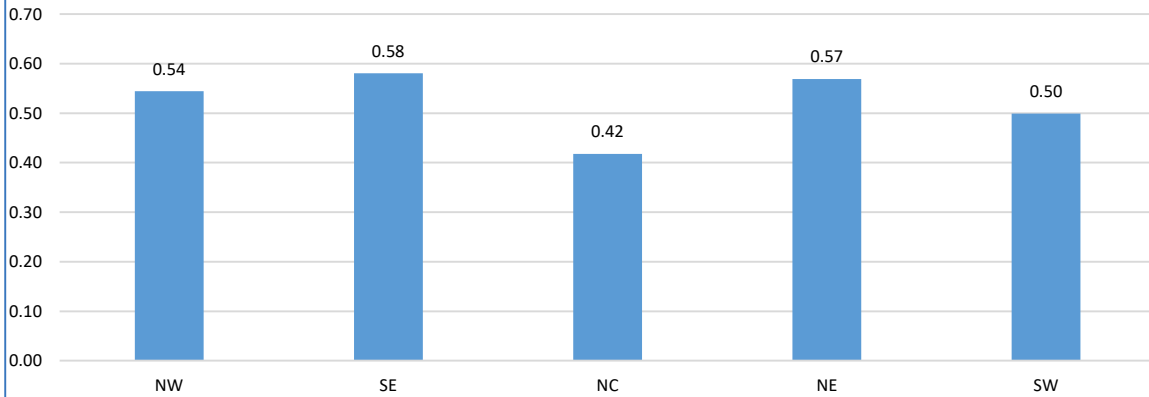
The above graphs provide details from the thematic analysis of 7 reported RIDDOR incidents in January'22 (3 incidents were occurred in December'21 and 4 incidents were occurred in January'22). These relate to **Manual Handling (MSK)**:

- 5 reported RIDDOR incidents occurred in Patients Home (n=5) and 2 incidents were occurred in Ambulance (In/Ext) (n=2).
- 3 reported RIDDOR incidents involved Carry Chair (n=3), 2 incidents involved Life pack 15 (n=2), 1 incident involved Wheel Chair (n=1), and 1 other incident involved no equipment (n=1).
- 4 reported RIDDOR incidents resulted in Back injury (n=4), 2 incidents were resulted in Shoulder injury (n=2) and 1 incident was resulted in Finger injury (n=1).
- 6 reported RIDDOR incidents occurred during Lifting & Carrying (n=6), 1 incident was 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) – 2021/22



Sector	Rate of Physical Assaults on Staff
NW	0.54
SE	0.58
NC	0.42
NE	0.57
SW	0.50

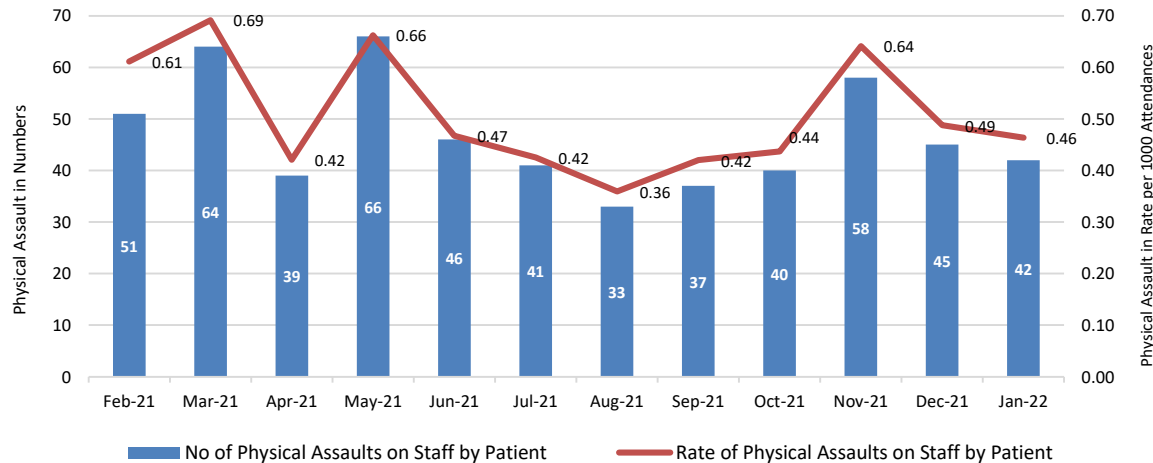
Notes:

- 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:

- 9 RIDDOR reportable Violence & Aggression related incidents were recorded during 2021/22 (up to end January'22).

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



Month	No of Physical Assault on Staff by Patient	Rate of Physical Assault on Staff by Patient
Feb-21	51	0.61
Mar-21	64	0.69
Apr-21	39	0.42
May-21	66	0.66
June-21	46	0.47
Jul-21	41	0.42
Aug-21	33	0.36
Sep-21	37	0.42
Oct-21	40	0.44
Nov-21	58	0.64
Dec-21	45	0.49
Jan-22	42	0.46

Notes:

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

NHS definitions of assault:

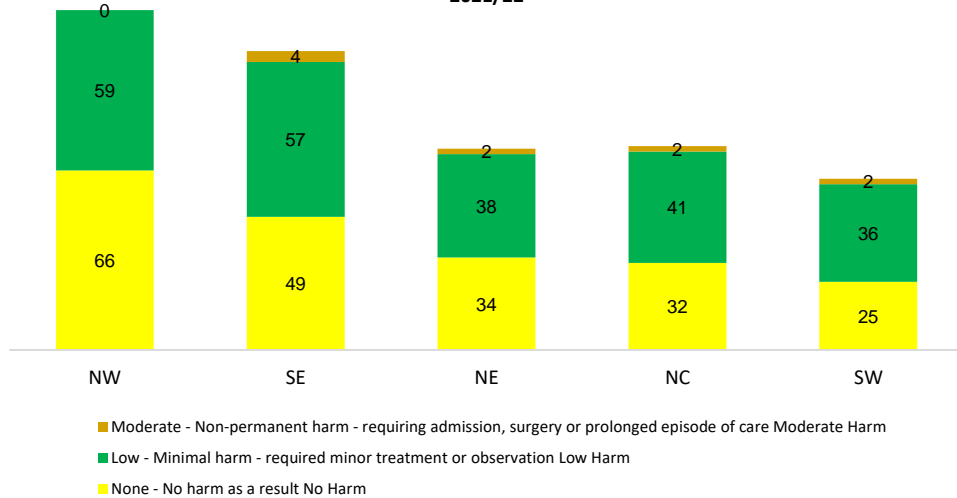
Physical assault – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

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

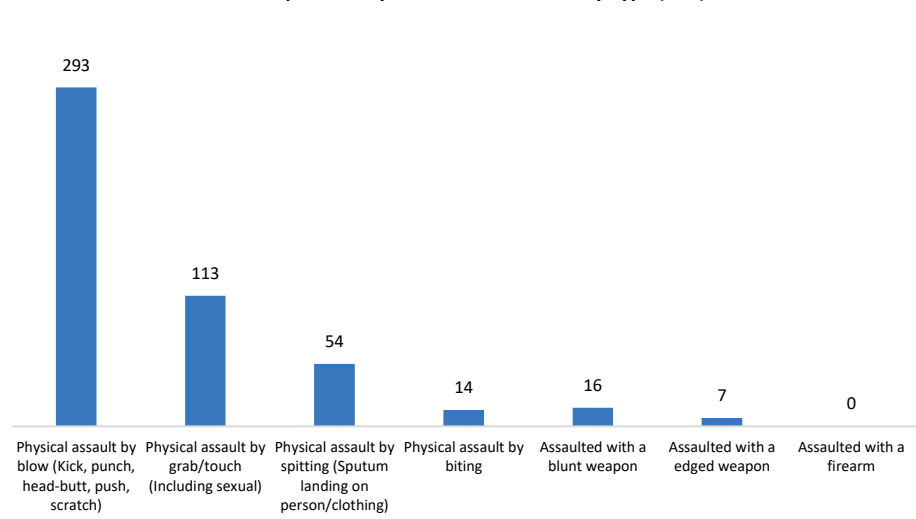
*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2021/22



Number of reported Physical Assaults on Staff by Type (YTD) – 2021/22



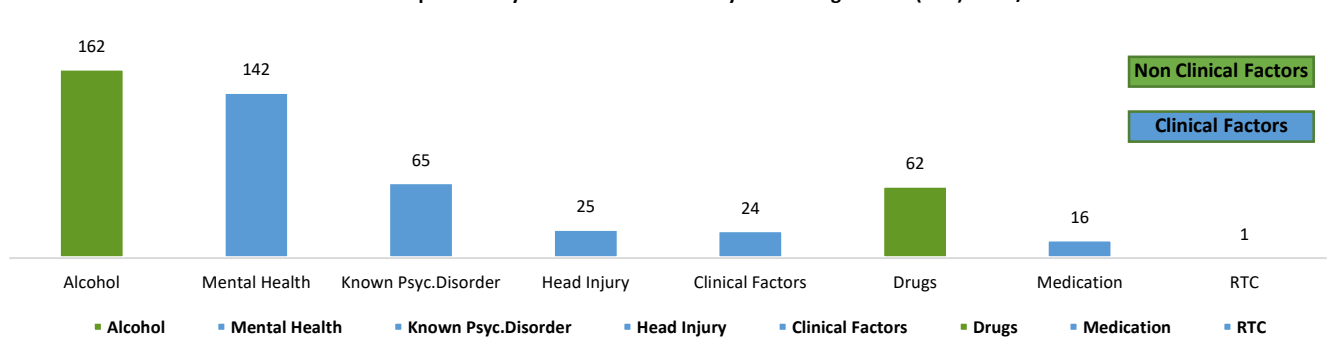
Notes:

- A total of 497 Physical Assaults on Staff were reported during 2021/22 (up to end January'22).
- 230 (46.5%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 267 incidents resulted in Harm. 254 (51%) of the harm related incidents were reported as 'Low Harm and 13 (2.5%) incidents were resulted in Moderate Harm.
- 41 out of the 497 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc.).

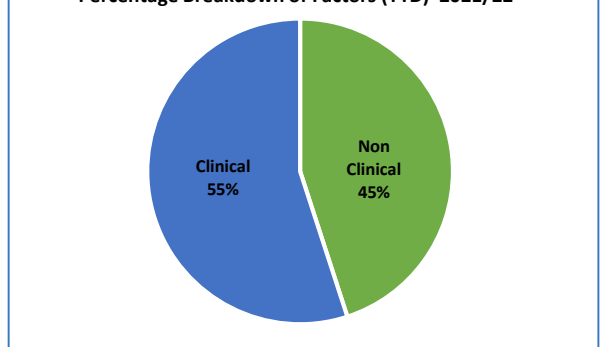
Notes:

- Physical Assault – by blows, kicks/ assault to staff (59% , n=293) accounted for the highest number of incidents reported during 2021/22 (up to end January'22).

Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2021/22



Percentage Breakdown of Factors (YTD) 2021/22

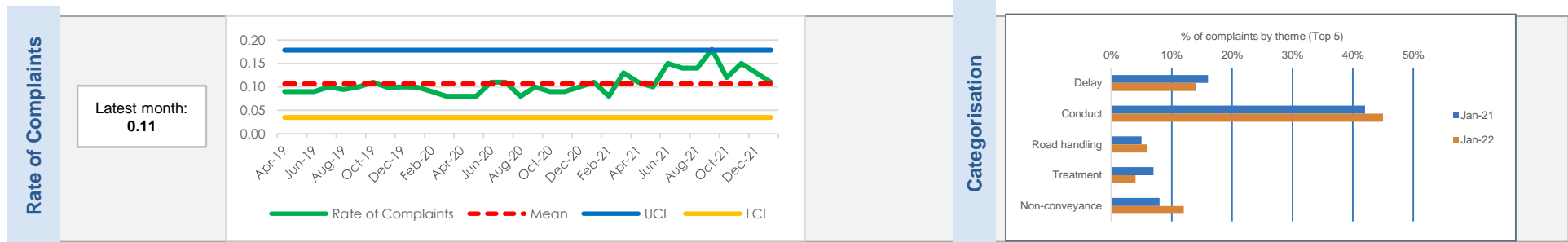


Notes:

- Clinical Factor: 272 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=142), Known Psyc.Disorder (n=65), Head Injury (n=25), Clinical Factors (n=24), Medication (n=16).
- Non Clinical Factor: 225 (45%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=162), Drugs (n=62) 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



Responding to complaints

Complaint rates this month have dipped below earlier in the year, which reflects demand to the Trust and the REAP level being reduced to Level 3. The current annual average remains high at 125 compared to 84 in 2020/21.

Complaints over target is 101, this figure includes 18 cases where the issues raised are not covered in the NHS Complaint regulations and were managed as a concern. These numbers lag behind the increasing rates and covid impacts and will start to reduce as these factors diminish.

There were 439x PALS enquiries which includes 232 that did not require any further actions other than referring the enquirer to the correct team. We managed 37 Quality Alerts of which 6 were from LAS staff. The yearly current average is 35 per month.

Latest Month: **102**

Complaints Breached Mean UCL LCL

Completion rates continue to be significantly lower than our annual target of 75%. The current turnaround for 2021/22 is 51%, improvement is sought however likely to continue to be constrained by staffing levels impacting at all levels of the complaints process.

Complaints relating to a delayed response (see above graph) have levelled off and is the main reason that complaint numbers have dipped this month. We are working closely with the Quality Assurance team to ensure the timely provision of call reviews, however a backlog remains.

Progress has been made in the redesign of the acknowledgement letter we send to complainants to provide a more realistic expectation of response times. We are hoping to trial this by the end of February.

We recently met with the Ombudsman's Liaison team regarding the NHS Complaint Standards. The Ombudsman is keen to retain LAS as a pilot site and we are currently working on the Model Complaints Handling Procedure and how we will trial that within the Service.

We are aiming to improve the feedback and learning from complaints and will undertake an intensive review of the Action Chains within Datix to see how we can improve that area and share learning with colleagues.

Actions and Learning

Patient Experiences Case Example
 Complaint from the patient's mother that the attending ambulance crew ignored warnings signs and should have conveyed the patient to hospital. The review has confirmed that due to the patient's recent history of COVID-19 and the cumulative result of her clinical observations ('National Early Warning Score' (NEWS), these indicated a moderate risk of sepsis.

The ambulance staff should therefore have considered taking the patient to hospital directly. Furthermore, according to the Trust's sepsis tool, if a patient is not taken to hospital, a same day assessment by a healthcare professional via an appropriate care pathway should be ensured. The ambulance staff did attempt to make a referral via NHS 111 who advised that the patient should contact her own GP.

In keeping with our learning approach, the ambulance staff have reviewed the care that they provided to the patient, including reviewing the Trust's sepsis tool, with a Clinical Team Manager to benefit their future practice. We have also raised the apparent advice given by NHS 111 with the NHS 111 provider concerned to investigate this further.

Compliments January 2022

As of 29th January 2022:

November 2021 - 181 logged, relating to 468 staff

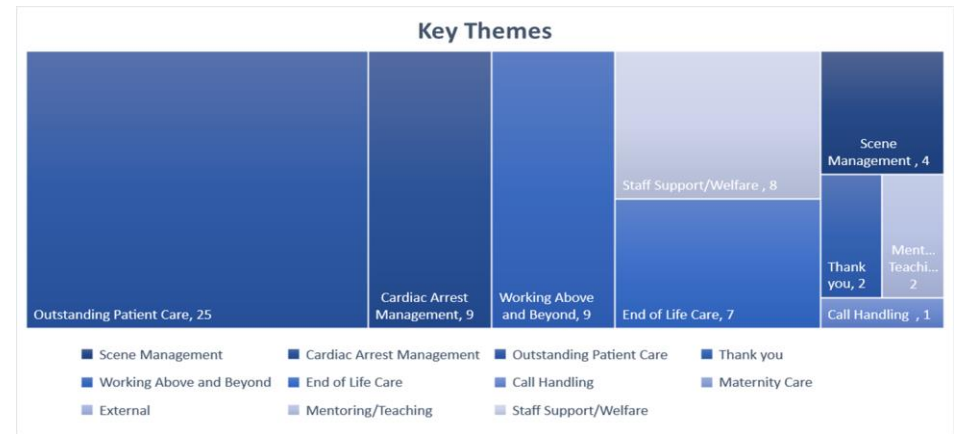
December 2021 - 147 logged, relating to 388 staff



In December 2021 67 **Excellence Reports** submitted were submitted.

Key themes identified from December reports include:

- Working Above and Beyond
- Outstanding Patient Care
- Staff Support/Welfare



Working Above and Beyond

I was on scene with a patient in active labour with her first child. Upon arrival at scene I was met by the midwives who advised that the patient required immediate transfer to a maternity unit as labour was prolonged and the baby was in distress with an ever dropping foetal heart rate. No ambulances were available but an already X-ray crew, heard the request and **rapidly sourced** an ambulance to assist at this incident knowing full well they would finish extremely late. Both crew members, despite having a long shift already, were **happy to support a patient in distress** without any complaint and managed this very challenging scenario **calmly** and **professionally**. Without their **support**, the midwives and myself would have been on scene for a prolonged period with significant risk to both mother and baby.

This individual attended a patient who had slipped on the ice and fractured their arm. To prevent other members of the public slipping they not only contacted EOC to ask for this to be escalated to TfL/local council but then proceeded to find a local grit bin a **spread grit herself**. The **ingenuity** and **care** for others is **truly commendable!**

Outstanding Patient Care

This individual was **outstanding** on this shift he recognised a patient's silent call for help with their use of hand signals which without him would have been completely missed. He then went **above and beyond** finding an animation and taking the **initiative** to take to Facebook to **assist educating other colleagues** on this hand signal. On a separate occasion prior to this he had **surprised me** with his hidden **knowledge** of sign language once again making him **outstanding**.

This team member attended an child with a broken arm. Won his **trust**, **calmed** him down by talking to him and getting onto a level the patient could understand. **Treating him like family**. They turned the **patients favourite music** on in the truck and **sung with the patient** and **turned the patients worst day into a positive experience**.

We attended an incident in the street which was a complex trauma incident involving two patients. Both had resuscitation efforts made. The scene was extremely challenging as there were multiple agencies on scene due to the nature of the incident. The Clinical Team Manager initially provided an **excellent windscreen report** and undertook **scene management** before I arrived. She then lead the resuscitation efforts on one of the patients. Her management of the scene was **excellent**. The crews and HART teams who arrived also **provided a high quality of care** in a stressful environment and **followed directions extremely well**. It was a very unusual scene and they all remained **calm** and **professional** throughout the incident. They all **worked alongside our MPS and LFB colleagues extremely well** and gave directions to them when necessary. On arrival of an APP, he had the difficulty of managing two patients in traumatic arrest. He quickly assessed both patients and performed necessary interventions **optimising the patients care extremely well** until HEMS arrived to assist him.

Staff Support/Welfare

During this night shift, I was unwell but still started my shift following a discussion with my CTM who informed me that there's was no CTM on complex for the whole night. When we finished the meeting, My CTM gave me his personal mobile to ring if there was any problems during the rest of the night. I managed to finish the first call of the shift but couldn't continue. I rang my CTM after speaking to PD33 and even though he was **off duty at home** and just finishing his dinner, he **made all the relevant calls** to scheduling etc., **made sure I was OK to get home** and wanted to me to let him know when I was home. He also **offered to assist me** with any other problems during the night until the day shift management team were on duty. During all of this night, he went **above and beyond** the call of duty to **make sure my welfare and wellbeing were taking care of** even though he was off shift.

This individual arranged a Teams session for our Wellbeing...well I can honestly say **THANKYOU so much** for this. How **wonderful & refreshing** to hear/speak/learn about how I am **not alone** with my own thoughts & feelings through COVID-19 times. The session was **expertly presented & I feel better** knowing I am not alone & being given some more tools to help me deal with things & how I can help my fellow colleagues.



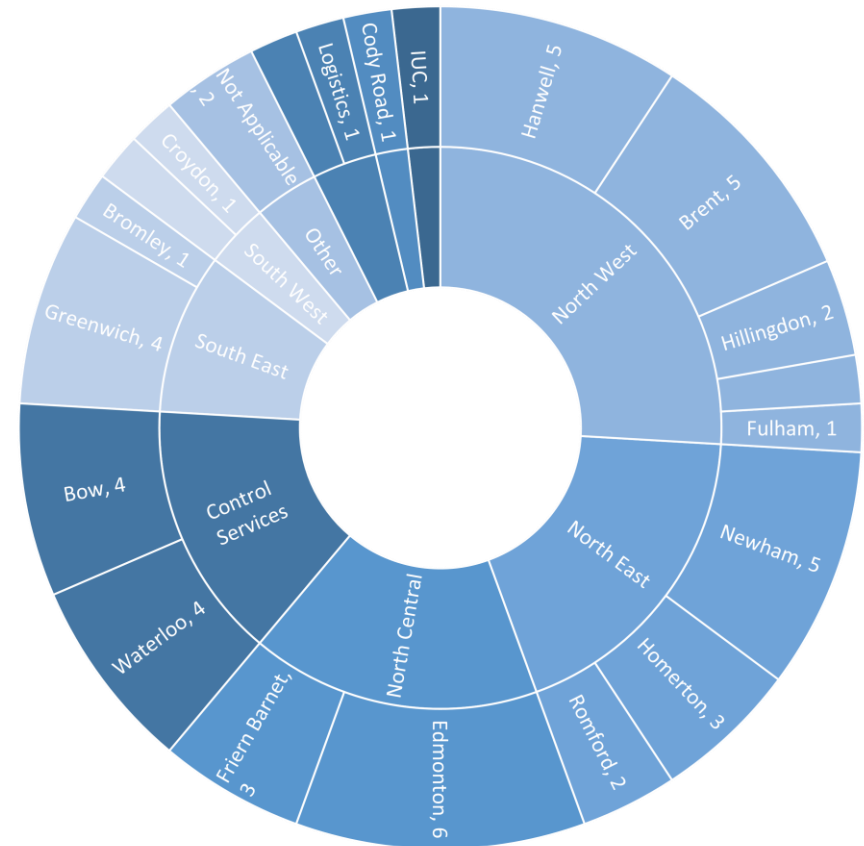
Some further examples of excellence reports from January:

End of Life Care- I would like to recognise this crew for the wonderful care that they provided to end of life patient and their family. Both have had very little exposure to end-of-life care, yet this certainly wasn't apparent. Both the patient and family were very distressed when they arrived, they were able to reassure and initiate medication to ease the patients' symptoms and the distress this was causing the family. They displayed sincere compassion and the upmost respect towards the patient and family. Their judgement and decisions undoubtedly provided the support that was very much needed at this critical time. EOC had dispatched me and an APP for extra support however they had already made the necessary contacts and had everything under control. Neither the APP nor I contributed anything additional. Both team members were highly professional, empathetic, and made a meaningful difference to the patient's death.

Mentoring/Teaching – I'd like to nominate this tutor for her patience and her skill as a tutor and a mentor. She has gone above and beyond in helping me with my academic studies that I struggle greatly with. She is kind, honest and speaks in a way I understand. She has taken a lot of time in helping me and even using her home number and calling when not on duty. To me this means more than it be "Just a Job" She is a true asset to the service and I hope that this recognition goes a long way in showing her, her value to me and fellow students. I hope that when all my studies are complete I am a true product of her knowledge and teaching.

Cardiac arrest management – This individual took a call for an infant in cardiac arrest. They showed a high degree of professionalism in handling the call with a very distressed mother on the phone. She was very calm and empathetic whilst maintaining control of the call in order to get the mother to give mouth to mouth resuscitation. It is believed that this resulted in a positive outcome for the baby.

Sector breakdown - January 2022





Public Value Scorecard

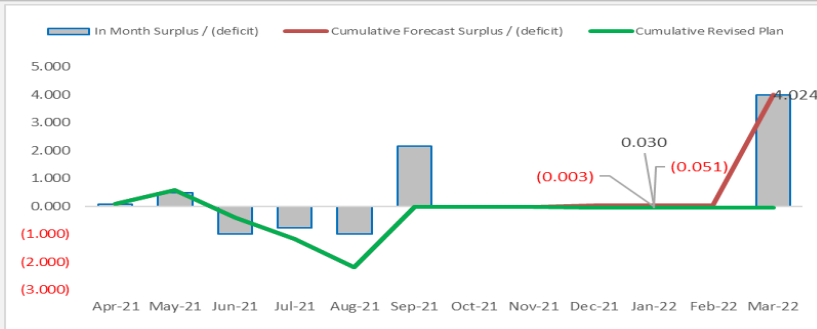
January 2022			Current Performance								Outturn		Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Target and Type (Internal / Contractual / National / All)		Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY21/22 Forecast	FY21/22 Plan	National Data	Best In Class	Ranking (out of 11)
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Jan-22	●	0.000	A	0.000	0.000	0.000	0.000		4.000	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Jan-22	●	>=0	A	0.000	0.000	0.000	0.000		4.000	0.000			
Use of resources index/indicator (Yearly)	Rating	Jan-22	●	1	A										
% of Capital Programme delivered	%	Jan-22	●	100%	A	12%	2%	94%	96%		186%	100%			
Capital plan	£m	Jan-22	●	21.442	A	2.635	0.498	20.184	20.572		39.987	21.442			
Cash position	£m	Jan-22	●	15.1	A	44.0				41.8					
% spend against Agency Ceiling	%	Jan-22	●		A	6%	8%	61%	83%		72%	100%			
CIP Savings	£m	Jan-22	●		A	1.013	0.922	6.870	7.704		9.444	9.700			
	%	Jan-22	●		A	10%	10%	71%	79%		97%	100%			
CIP Savings achieved - % Recurrent	£m	Jan-22	●		A										
	%	Jan-22	●		A										
Commercial income generation	£m	Jan-22	●	1	I	0.220	0.080	1.400	0.590	1.600	1.600	1.000			
Corporate spend as a % of turnover	%	Jan-22	●	<7.0%	I	12.5%		12.7%			12.4%				
Cost per incident (measures to be confirmed in light of COVID)	£	Jan-22	●		I										
Average Jobs per shift	%	Jan-22	●	5.3	I	4.7		4.8		4.7					

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



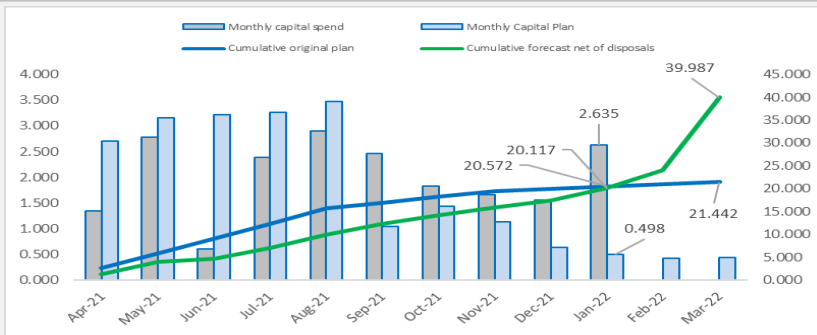
The Trust's month 10 YTD position was a £0.030m surplus (breakeven on an adjusted financial performance basis), and the month end cash position was £44.0m.

YTD outturn vs budget



- YTD Position:** The Trust is reporting a surplus of £0.030m YTD (breakeven on an adjusted financial performance basis) which is in line with the revised H2 plan. The position incorporated £58.0m of costs in relation to the Trust's response to COVID-19 primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.
- Full year Forecast:** The full year position is forecast to be a £4.024m surplus (£4.0m surplus on an adjusted financial performance basis) which is in line with the revised H2 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.

Financial Position Metrics



- Use of Resources:** NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). No use of resources scores are currently available under the interim financial framework arrangements.
- Capital:** Month 10 YTD capital spend net of disposals and excl donated assets) was £20.1m YTD (£20.2m YTD before disposals), the bulk of which comprised of spend on ongoing property projects. The Trust capital plan currently incorporates full year capital spending of £40.0m, an increase from the plan of £21.4m due to additional CRL identified through NW London partners.

Cash position



- Cash:** Cash was £44.0m as at 31 January 2022. Cash balances have decreased after February 2021 due to the cessation of payment of block contract income in advance. Cash increased in January 2022 due to additional funding received from NWL partners.
- 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 83% and 95% and by value 98% and 92% respectively. The Trust has a high volume of overdue invoices waiting to be approved and Directorate managers and staff are sent lists of invoices on a weekly basis that are outstanding and require approval.



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 2021-22 £000			YTD Month 10 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance to budget fav/(adv)
Income									
Income from Activities	50,942	51,724	782	474,336	470,678	(3,658)	573,222	587,941	14,718
Other Operating Income	369	593	224	3,997	4,422	425	4,702	6,208	1,506
Total Income	51,310	52,317	1,006	478,333	475,099	(3,233)	577,924	594,148	16,225
Operating Expense									
Pay	(35,612)	(33,409)	2,204	(336,475)	(330,495)	5,979	(405,744)	(406,975)	(1,232)
Non Pay	(13,268)	(13,119)	149	(121,899)	(121,801)	99	(147,313)	(155,251)	(7,938)
Total Operating Expenditure	(48,880)	(46,528)	2,352	(458,374)	(452,296)	6,078	(553,057)	(562,226)	(9,169)
EBITDA	2,430	5,789	3,358	19,958	22,803	2,845	24,867	31,922	7,055
EBITDA margin	4.7%	11.1%	6.3%	4.2%	4.8%	0.6%	4.3%	5.4%	1.1%
Depreciation & Financing									
Depreciation & Amortisation	(1,982)	(5,338)	(3,355)	(15,365)	(18,173)	(2,808)	(19,332)	(22,390)	(3,057)
PDC Dividend	(463)	(464)	(1)	(4,632)	(4,632)	0	(5,558)	(5,558)	0
Finance Income	0	3	3	0	3	3	0	8	8
Finance Costs	(3)	7	10	29	70	41	23	82	59
Gains & Losses on Disposals	0	0	0	(42)	(42)	0	(42)	(42)	0
Total Depreciation & Finance Costs	(2,449)	(5,792)	(3,343)	(20,009)	(22,774)	(2,764)	(24,909)	(27,898)	(2,990)
Net Surplus/(Deficit)	(18)	(3)	15	(51)	30	81	(42)	4,024	4,066
NHSI Adjustments to Fin Perf									
Remove Donations I&E Impact	3	3	0	37	(30)	(67)	43	(24)	(67)
Adjusted Financial Performance	(15)	0	15	(14)	0	14	1	4,000	3,999
Net margin	(0.0%)	(0.0%)	0.0%	(0.0%)	0.0%	0.0%	(0.0%)	0.7%	25.1%

Year to Date Position

The YTD position is a £0.030m surplus (breakeven on an adjusted financial performance basis) which is in line with plan with significant additional overtime, managed service and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service being partially offset by lower than planned recruit numbers, vacancies and increased Commissioner funding.

Forecast Full Year Position

The full year position is forecast to be a £4.024m surplus (£4.0m breakeven on an adjusted financial performance basis). The position assumes current levels of Ambulance Service and IUC pay and non pay resourcing will continue, further incentives payments for staff over the winter months, and recruitment to increase in Q4 (139 frontline operations staff and 96 call handlers/clinical advisors). AfC 3% uplift cost impact is incorporated, and H2 funding as notified by Commissioners (an additional £28.4m as agreed in month 7-month10).

Key Drivers of Position

Income:

- Income from activities is £471m YTD (£588m FY forecast) and is primarily comprised of the Trust's block contract income under the current financial arrangements, along with standard top up and fixed COVID income. An additional £28.4m H2 cost support funding is included in the FY forecast (£7.2m YTD). YTD variance £3.7m adverse is primarily driven by the re-phasing of associated spend and subsequent deferral of this support income.
- Other operating income is £4.4m YTD (£6.2m FY forecast) which is £0.4m favourable YTD (£1.5m favourable FY forecast). Education and training income £0.8m favourable FY forecast following notification of Health Education England income - £2.1m 2021/22.

Pay Expenditure:

- Pay expenditure is £6.0m under budget YTD due to vacancies and lower than expected trainee numbers in month 7 - 10. YTD underspends in Ambulance Services (£2.1m) – secondees ended in November; Clinical Education (£1.2m) – tutor vacancies, and no. of new starters below plan; 999 Operations and IUC (£0.9m) – vacancies in call handlers and clinical advisors. FY forecast £1.2m over budget due to anticipated costs for one-off pay and condition related risks.

Non-Pay Expenditure:

- Non pay expenditure (excl depreciation and finance costs) was £0.1m favourable YTD. FY forecast £7.9m adverse. FY adverse position due to overspends in Clinical Education for HEE funded projects £1.1m (offset by income), Programmes and Projects £1.1m – Newham EOC change request £0.5m and AOM £0.5m transfer of costs; Strategic Assets & Property £0.8m – Make Ready staff costs and dilapidation costs; Resilience £0.6m – additional spend to replace obsolete equipment, and Central Corporate £3.7m - efficiency saving reserves not allocated £1.0m and further dilapidation costs.
- Depreciation and finance costs are £2.8m adverse to budget YTD and forecast to be £3.0m adverse to budget for the year. Depreciation charges are above plan due to the re-living of vehicles from 10 years to 7 years.



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 2022)

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Jan-22 YTD Move
	Actual	Actual	Actual	Actual	Actual	Actual	Move
	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	32,083	30,222	23,821	29,578	31,834	32,075	39,788
Operating Surplus	790	3,957	2,068	1,909	2,330	5,789	22,804
(Increase)/decrease in current assets	1,293	(2,174)	2,118	2,346	(6,204)	4,109	(3,235)
Increase/(decrease) in current liabilities	(2,647)	(1,767)	3,621	(287)	5,559	3,821	16,317
Increase/(decrease) in provisions	(283)	577	(530)	513	(275)	(202)	(260)
Net cash inflow/(outflow) from operating activities	(847)	593	7,277	4,481	1,410	13,517	35,626
Cashflow inflow/(outflow) from operating activities	(847)	593	7,277	4,481	1,410	13,517	35,626
Returns on investments and servicing finance	(1)	0	0	0	(1)	4	1
Capital Expenditure	(1,013)	(4,923)	(1,520)	(2,225)	(1,168)	(1,619)	(29,367)
Dividend paid	0	(2,071)	0	0	0	0	(2,071)
Financing obtained	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(1,014)	(6,994)	(1,520)	(2,225)	(1,169)	(1,615)	(31,437)
Movement	(1,861)	(6,401)	5,757	2,256	241	11,902	4,189
Closing Cash Balance	30,222	23,821	29,578	31,834	32,075	43,977	43,977

Operating Position

There has been a net inflow of cash to the Trust of £4.2m YTD. Cash funds at 31 January stand at £44.0m.

The operating surplus is £22.8m.

Please note: At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning. This process has not yet included detailed cash flow planning, and as such, no detailed cash flow plan figures are included.

Current Assets

- The movement on current assets is (£4m).
- The movement is due to increase in trade receivables (£7m), inventories (£0.3m), decrease in accrued income and prepayments (£3.3m).

Current Liabilities

The movement on current liabilities is £3.8m due to increase in payables.

Dividends

The Trust made a dividend payment of £2.1m in M6.

Provisions

The movement on provisions was (£0.3m), this relates to legal and international student payments.

Capital Expenditure

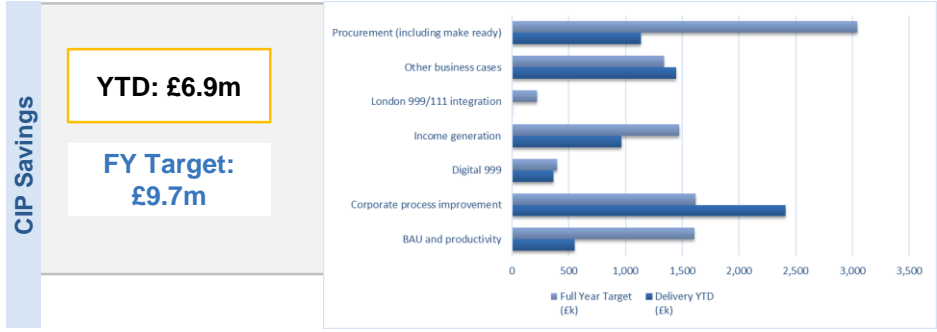
Capital cash movement was a net outflow of £29.4m



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.

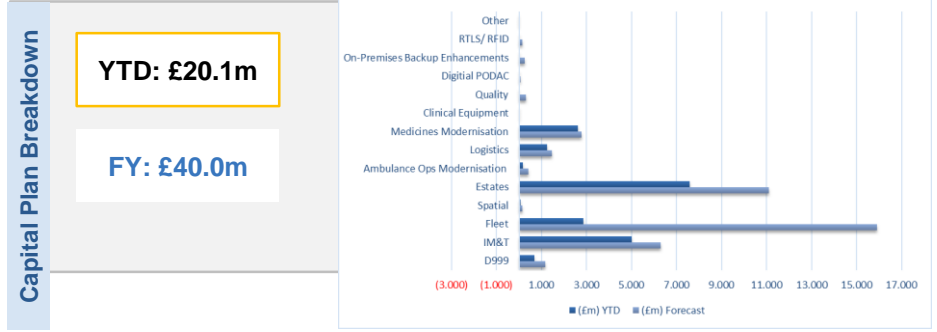
Cost Improvement Programmes (CIPS)

- The Trust continues to operate under an adjusted financial framework which involves limited business planning and incorporates the requirement for Cost Improvement Programmes.
- YTD efficiency savings of £6.9m have been delivered and £9.4m of the £9.7m full year target is expected to be delivered.

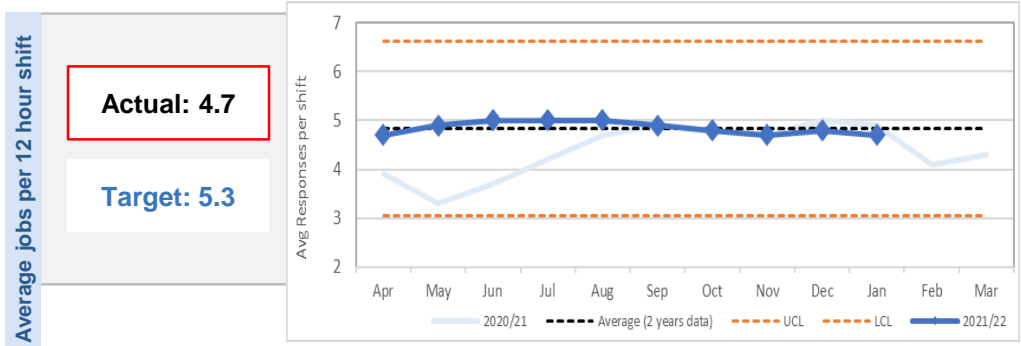


Capital Plan

- Capital expenditure net of disposals is £20.1m YTD (£20.2m before disposals) compared to planned capital expenditure of £20.6m (£0.5m behind plan net of disposals). This comprised predominately property projects and programmes.
- Full year forecast capital expenditure net of disposals is £40.0m, £18.5m higher than plan reflecting the increase in Capital Resource Limit identified through NW London partners.



Jobs per shift (DCA)



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 2022

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 11)	
Hospital handover	minutes	Jan-22	●	18.0 I	29.3	25.0	24.1				
Post-handover (Handover 2 Green)	minutes	Jan-22	●	15.5 I	15.4	15.2	15.2				
See and Convey – to ED (Contractual Position) *	%	Jan-22	●	57.0% C	49.6%	49.3%	49.7%	32.2%	51.3%	1	
Hear and Treat % **	%	Jan-22	●	8.39% I	13.9%	14.9%	14.3%	12.3%	17.0%	1	
Hear and Treat (n) **	%	Jan-22	●	108,073 I	14,579	163,790	185,275				

Benchmarking Key

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

Please note: 999 performance data is correct as at 20/01/22 and is subject to change due to data validation processes

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

4. Our Partners

Maximising safe non-conveyance to ED



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

Please note: 999 performance data is correct as at 20/01/22 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

We continued to see a high number of hospital delays in January, however the overall number at 5,410 hours lost from our arrival to patient handover over 30 mins is 782 hours less than previous month. Royal Free, Northwick Park, and Whittington had the greatest proportion of handovers exceeding 30 minutes. Royal Free had the highest number of lost hours over 30 minutes, with a significant 727 hours for the month.

Patient Handover to Green

In January, we saw handover to green performance within target, with 15.4, consistent with recent months. However, over 3,700 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green continues to receive organisational focus through the Ambulance Services and IUEC teams through the Patient Flow process and will continue to remain in focus as part of planning and recovery.

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	1,202	1,083	611	56%	438.1	50.2
	North Middlesex	1,520	1,222	631	52%	232.6	37.3
	Royal Free	1,856	1,415	1,103	78%	727.2	59.3
	University College	2,098	1,950	290	15%	55.8	21.2
	Whittington	1,281	1,023	547	53%	452.6	51.7
North East	Homerton	1,479	1,288	162	13%	32.4	19.5
	King Georges	1,479	1,288	162	13%	32.4	19.5
	New ham	1,431	1,229	367	30%	224.3	32.2
	Queens Romford	1,973	1,752	229	13%	268.2	25.1
	Royal London	1,366	1,233	474	38%	195.9	33.7
	Whipps Cross	1,904	1,807	122	7%	27.0	17.2
North West	Charing Cross	1,270	1,183	15	1%	1.9	12.5
	Chelsea & West	1,359	1,214	26	2%	4.8	16.9
	Ealing	1,272	1,202	314	26%	143.0	26.7
	Hillingdon	1,685	1,538	307	20%	104.9	22.8
	Northwick Park	1,925	1,716	1,039	61%	543.3	44.9
	St Marys	1,230	1,088	244	22%	133.4	28.8
South East	West Middlesex	1,450	1,332	166	12%	59.1	20.0
	Kings college	1,150	951	687	72%	394.2	53.2
	Lewisham	1,524	1,298	305	23%	128.6	26.9
	Princess Royal	2,836	2,657	638	24%	370.0	26.4
	Queen Elizabeth II	1,731	1,477	331	22%	217.3	28.6
South West	St Thomas'	1,522	1,391	272	20%	64.9	22.2
	Croydon	1,901	1,747	382	22%	254.9	30.5
	Kingston	1,974	1,797	460	26%	128.3	25.4
	St Georges	1,761	1,457	389	27%	37.6	25.2
	St Helier	1,795	1,441	453	31%	137.2	27.5
TOTAL		43,974	38,779	10,726	28%	5,410	28.7

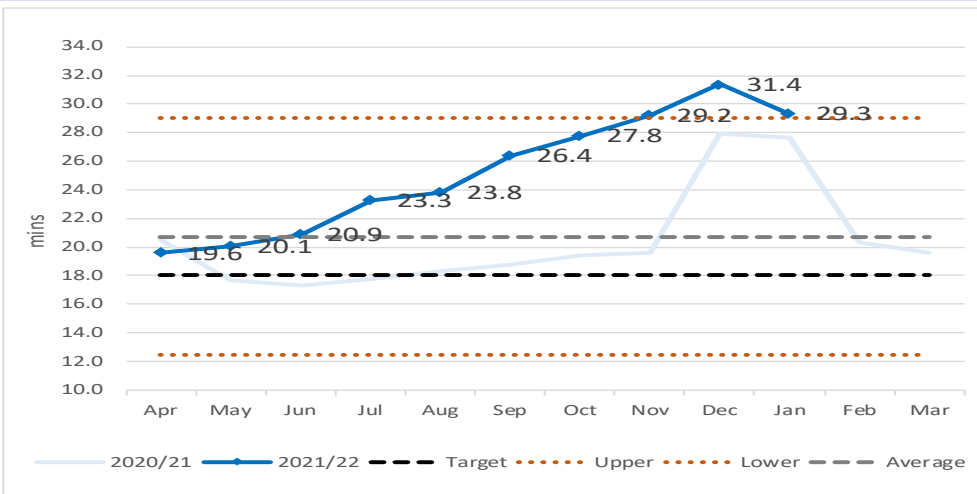
Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	1,766	1,114	63%	232.6	17.5	35.9	12.5
	Edmonton	2,412	1,303	54%	233.6	15.3	30.4	10.8
	Friern Barnet	1,557	914	59%	157.9	16.0	31.6	10.4
North East	Homerton	1,971	1,135	58%	217.8	15.0	32.4	11.5
	New ham	2,295	1,294	56%	245.8	14.4	31.9	11.4
	Romford	2,293	1,317	57%	268.8	14.8	29.9	12.2
North West	Brent	3,117	1,851	59%	276.0	16.0	28.4	8.9
	Fulham	2,224	1,359	61%	197.0	15.8	28.3	8.7
	Hanwell	2,508	1,482	59%	201.4	15.5	26.2	8.2
	Hillingdon	1,436	778	54%	112.4	15.0	25.6	8.7
South East	Westminster	1,337	872	65%	141.6	17.4	29.9	9.7
	Bromley	1,915	1,202	63%	180.3	15.1	28.8	9.0
	Deptford	3,941	2,441	62%	362.2	15.9	28.9	8.9
South West	Greenwich	1,957	1,178	60%	128.1	14.5	24.6	6.5
	Croydon	1,827	1,147	63%	175.7	16.0	27.9	9.2
	New Malden	1,323	855	65%	135.8	16.3	29.4	9.5
	St Helier	1,290	857	66%	120.4	16.2	28.8	8.4
Other	Wimbledon	1,121	702	63%	124.4	13.3	31.2	10.6
	NULL	256	211	82%	52.5	15.9	37.4	14.9
	IRO	3	2	67%	1.2	37.5	56.5	36.0
	Other	565	328	58%	55.6	13.0	31.2	10.2
	Training	1,683	894	53%	134.0	14.2	27.8	9.0
TOTAL		38,797	23,236	60%	3755.1	15.4	29.3	9.7



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

	Nov-21	Dec-21	Jan-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	29.2	31.4	29.3	18.0

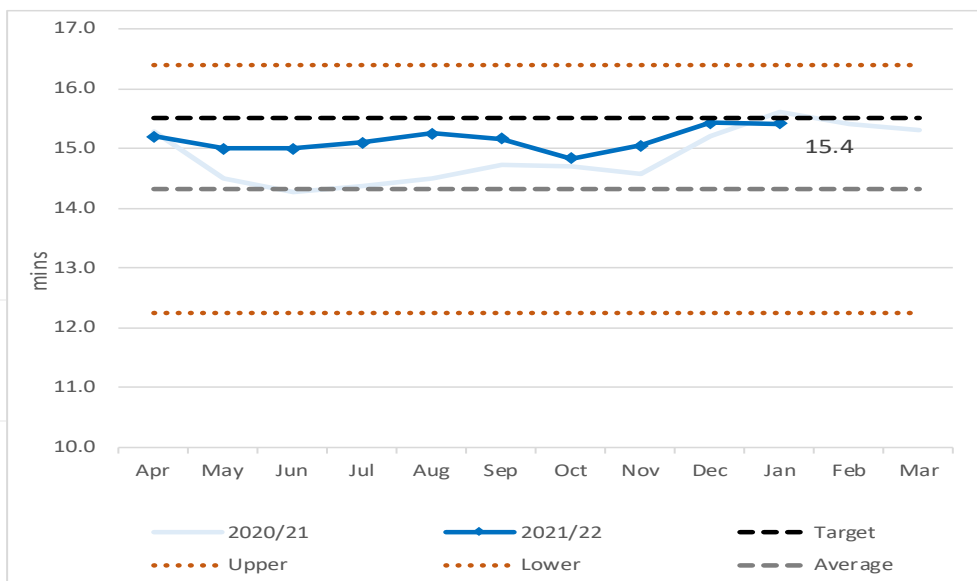
Arrive at hospital to patient handover time has reduced by circa 2 minutes in January but remains outside of target. This corresponds with the reduction in demand seen over January and the patient flow escalation framework being fully implemented. However with the Omicron variant still prevalent, hospital pressures are sustained, particularly in NE and NC.



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

	Nov-21	Dec-21	Jan-22	Year-end Target
Patient Handover to Green (mins)	15.1	15.4	15.4	15.5

Handover to Green YTD performance has been within target, but above the 19/20 average since April 2020. In January we are seeing performance continuing within the target, without significant change in comparison to previous months.



Please note: 999 performance data is correct as at 17/02/22 and is subject to change due to data validation processes

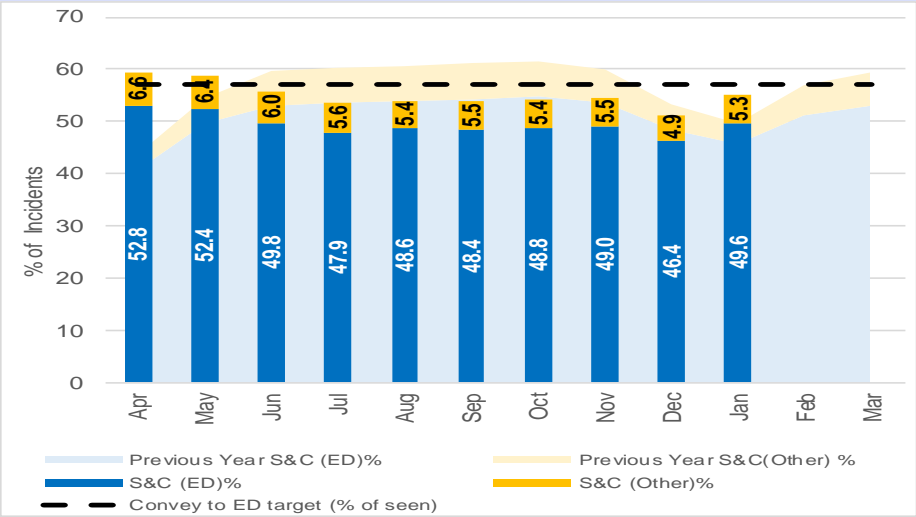


See and Convey to Emergency Department

Jan-22	Year To Date	Year-end Target
--------	--------------	-----------------

See & Convey ED %	LAS	49.6%	49.3%	57.0%
	Target			

The conveyance to emergency departments target (57.0%) was delivered in January (49.6%). This has seen a decrease of 3.2% when compared to the previous month. However, LAS are still ranked 1st nationally for the second month. LAS continue to see a larger number of callers requiring an urgent care outcome, resulting in a rising proportion of patients where the best clinical decision was to not convey and be overseen by the clinical hub or utilise alternative pathways.

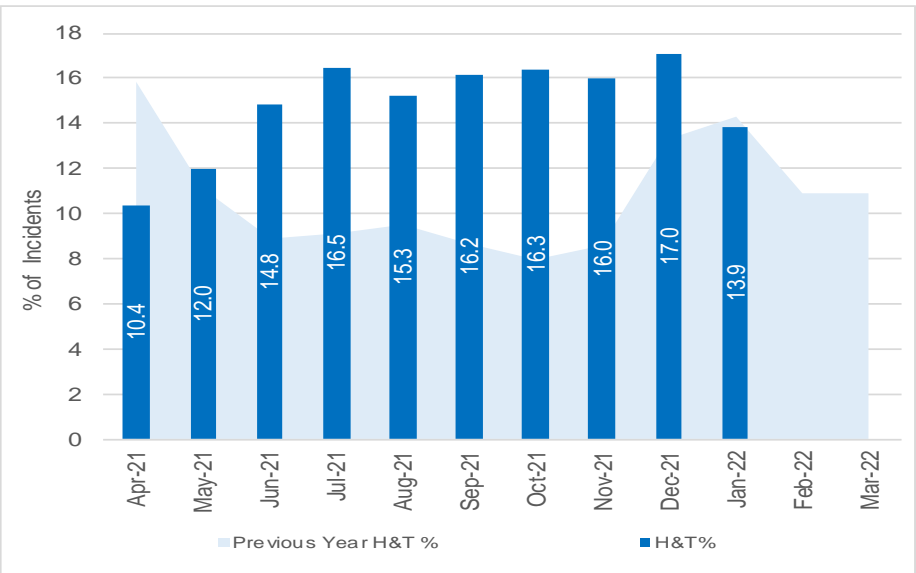


Hear and Treat %

Jan-22	Year To Date	Year-end Target
--------	--------------	-----------------

Hear & Treat %	(n)	13.9%	14.9%	TBC
	%			

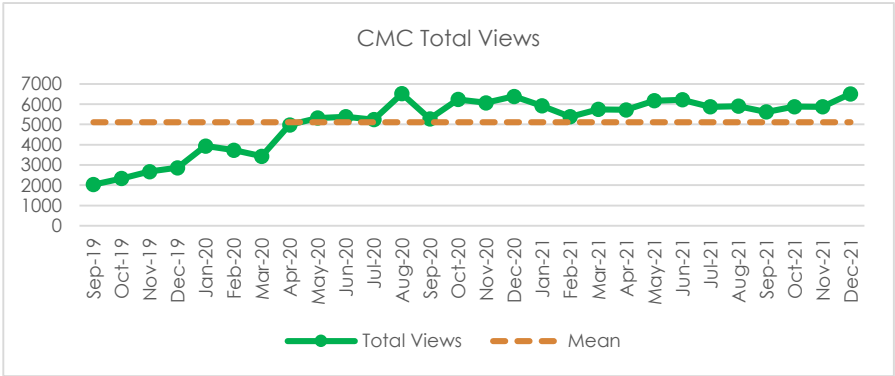
Hear & Treat utilisation was stable with 13.9% in January, tracking slightly below last year where we attained 14.3%. This performance has ranked us 2nd nationally in January 2022. In 2021/22 year to date, the performance in the metric has been strongly within the 2020/21 target (7.9%) and continue to 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 17/02/22 and is subject to change due to data validation processes

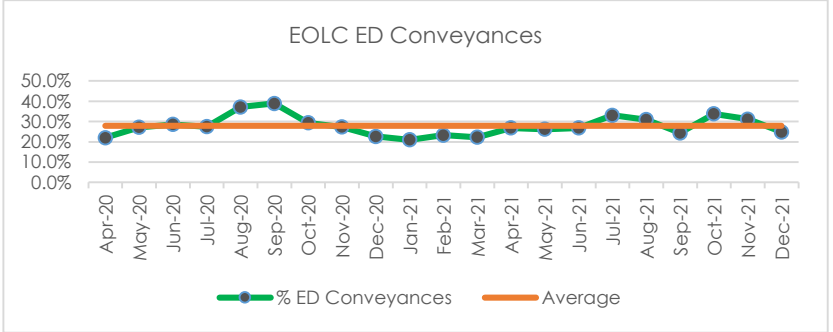
4. Our Partners

End of Life Care & Mental Health

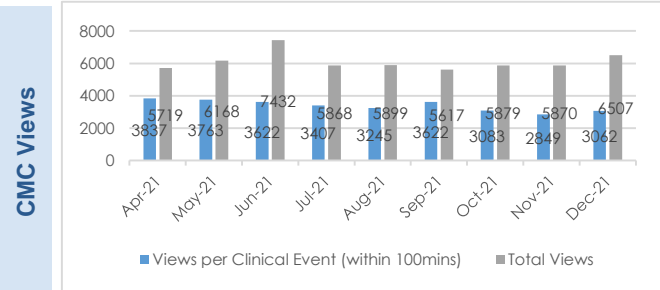


ED Conveyance

Latest Month (Dec'21):
24.9%



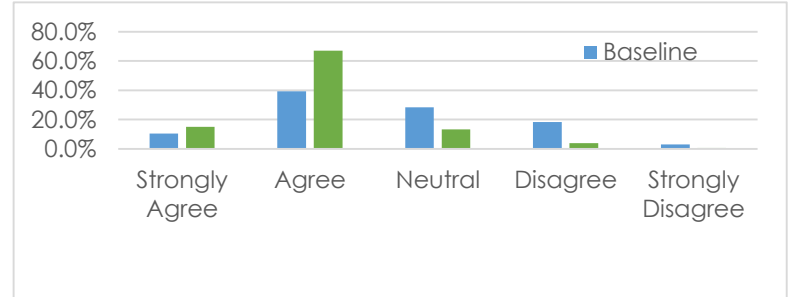
CMC data not available for Jan'22 due to CMC staffing issues EoLC Car Pilot moved to Ilford with increased face to face responding



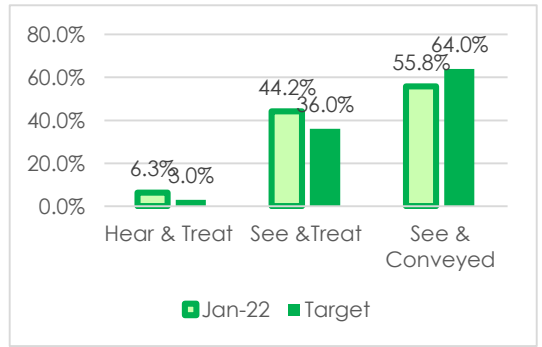
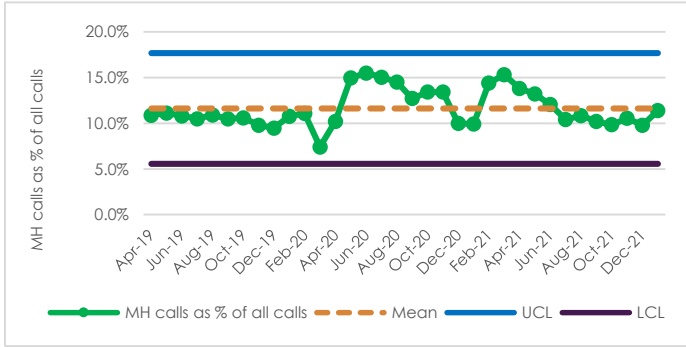
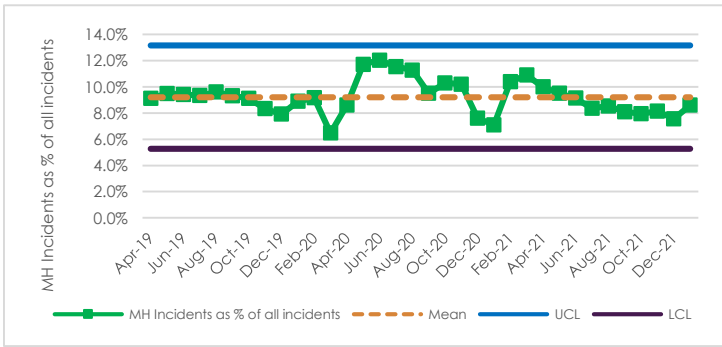
December Total views: 67%

Staff Confidence

82% staff post education felt confident
33% increase from baseline



Advising on introduction on Urgent Care Plan (UCP) Monthly CPD session well attended and evaluated



We are working towards reinstating our CPD offer to the trust and ensuring the team support our Patient Experience Department and Frequent Caller Team. The service specification for the Mental Health Joint Response Cars (MHJRCs) is due to be agreed and the cars should be made Business as Usual from April 2022. The team are looking forward to welcoming two new mental health nurses and six new paramedics to the team.