



London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	31 st May 2022			
Report title:	Integrated Performance Report			
Agenda item:	TBC			
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations			
Presented by:	Rakesh Patel, Chief Finance Officer			
History:	N/A			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

Key Points, Issues and Risks for the Board / Committee's attention:

This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.

This report brings together the areas of Quality, Operations, Workforce and Finance.

It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.

Key messages from all areas are outlined in the two page summary report.

Recommendation(s) / Decisions for the Board / Committee:

The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.

Routing of Paper – Impacts of recommendation considered and reviewed by:

Directorate	Agreed				Relevant reviewer [name]
	Yes	x	No		
Quality	Yes	x	No		
Finance	Yes	x	No		
Chief Operating Officer Directorates	Yes	x	No		
Medical	Yes	x	No		
Communications & Engagement	Yes	x	No		
Strategy	Yes	x	No		
People & Culture	Yes	x	No		
Corporate Governance	Yes		No		



London Ambulance Service – Integrated Performance Report



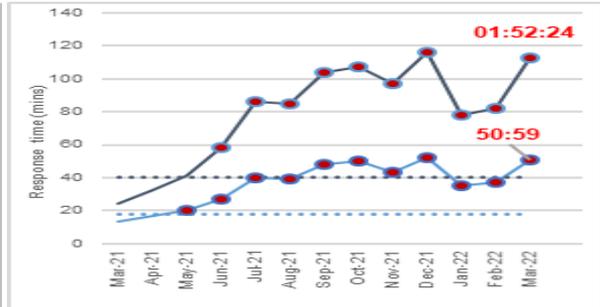
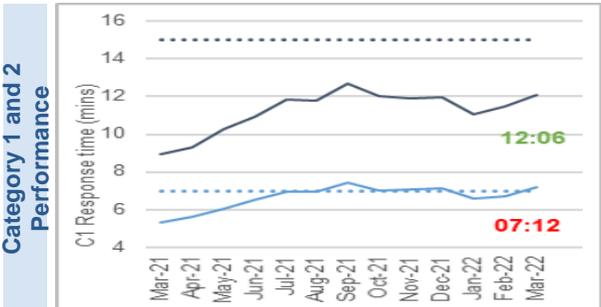
Report for discussion with Trust Board members

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

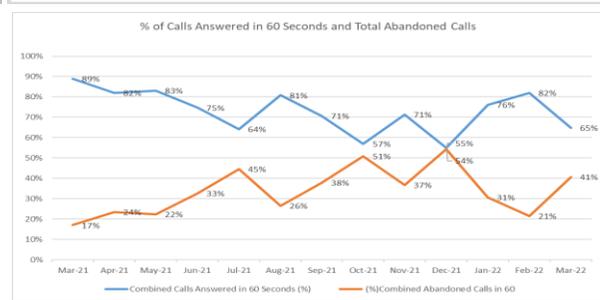
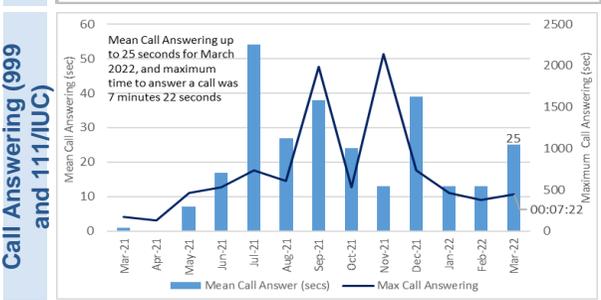
Section		Content	Reporting Period	Pages
IPR	Overview	Narrative Against Patients, People, Public Value & Partners	Current	3-4
		Appendices	N/A	5
Appendices	1. Our Patients	Trust wide Scorecard 999	Mar-22	6
		999 Response Time Performance	Mar-22	7
		Operational Demand	Mar-22	8
		Operational Capacity	Mar-22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

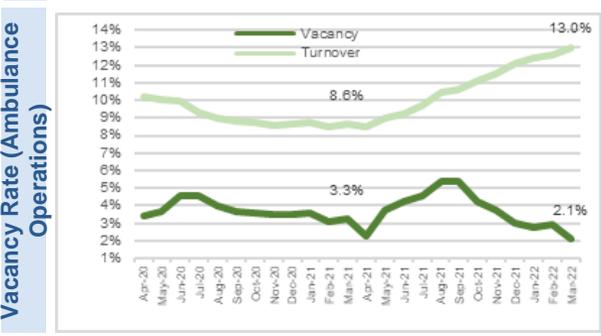


- LAS was just outside of the category 1 standard in March but was the second ranked trust nationally for Category 1.
- Category 2 mean and 90th centile performance continue to be challenged. No provider delivered category 2 performance and LAS was 7th out of 10 ambulance services in March.



- Mean 999 call answering time increased from the February 2022 position, The maximum call answering time in March 2022 was 7 minutes 22 seconds.
- IUC call answering in March returned 65% of calls answered in 60 seconds.
- LAS achieved 1st, 2nd and 3rd place for IUC Call Answering and Calls Abandoned

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



- In 2021/2022 we recruited a total of 682 frontline staff. In 2022/2023, the target is 1,000 and the recruitment pipeline is being developed with a positive number of offers to date. Some candidates have not yet been booked onto courses due to the current delays with the HCPC, visa fast track process and DVLA (AAP candidates accessing C1 Theory and Driving Test)
- An international recruitment trip is being planned for May and we are continuing our partnership working with Health Education England and SECAMB to recruit international paramedics worldwide.
- Engagement work has continued with the 2022/23 UK Graduates in both our partner and non-partner universities
- Turnover has remained stable in March at 13% although this is above our set KPI (10%).
- The number of frontline leavers remains positively below plan (-91FTE) and we have seen a slowdown in the level of International Paramedic leavers.
- A Workforce Retention Group has been established to provide oversight, direction and support regarding all aspects of improving staff retention

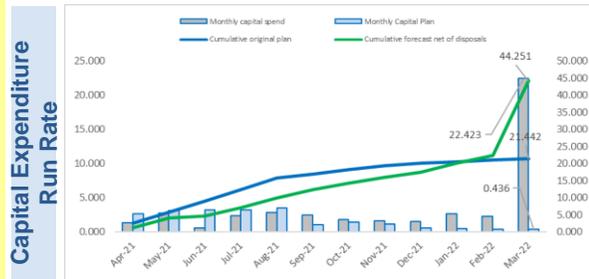
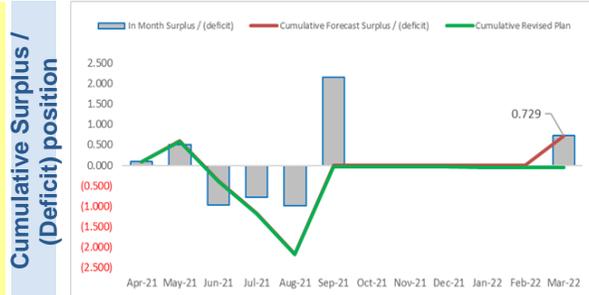


- In March there were 465 more episodes of sickness than February, 53% of which were attributable to Covid.
- The Trust Board signed off the Occupational Health intention to award in March 2022 with Optima Health and The Physiotherapy Network being awarded. Communications have gone out to all staff and initial implementation meetings have taken place in order to meet the contract start date of 1st July 2022.
- We maintain regular oversight on the levels of vaccination status and the pathways for vaccinations of colleagues. Current recorded levels are 91% and 89% for 1st and 2nd vaccinations across the Trust, with 82% for the booster. Flu vaccination levels remain at 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

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



Financial Performance

- Significant additional expenditure was incurred in the year to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), but was partially offset by lower than planned recruit numbers and vacancies. The position takes into account final funding agreements with Commissioners.
- Full Year Position: The Trust is reporting a year end position of £729k surplus, which is above the NHS performance target of a breakeven position.
- The accounting position is a deficit of £4.145m, which is due to impairments made following revaluation and the inclusion of the movement in DHSC donated stock.

Capital

- Capital spend net of disposals and excluding donated assets is £44.3m full year up from the planned position of £21.4m following identification of £4.8m CRL through NW London partners, £7.3m PDC, and a further £14m of CRL which has been made available to support investment in fleet, estate and digital programmes

Efficiencies

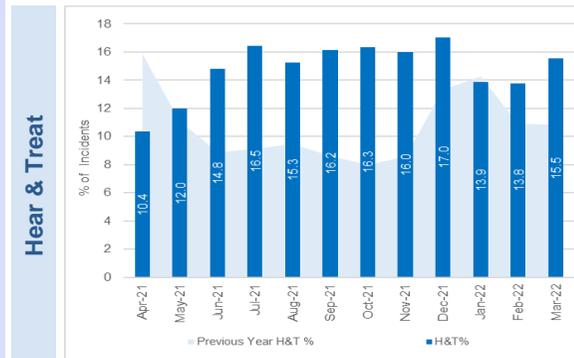
- Full year efficiency savings of £8.9m have been delivered, £0.8m below the efficiency target of £9.7m. Delays in the vehicle preparation service procurement scheme are offset by delayed and reduced spend on the Ambulance Modernisation programme.

Cash

- The month end cash position was £47.9m

	Jan-22	Feb-22	Mar-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	29.3	29.4	32.2	18.0

- The arrive at hospital to patient handover metric has increased in line with the increase in demand seen nationwide throughout March. Work has continued at local levels to identify outliers and mitigate these where possible.
- The handover to green metric was within the target of 15.5 minutes at 15.1 minutes.



- Hear & Treat performance saw us achieve 15.5% during March. We are continuing to track above last year where we attained 8.3%. This performance has seen us ranked 2nd nationally in March 2022.
- Our conveyance rate continued to at 49.0% This saw LAS ranked 4th for ED conveyance rate, only 2.7% behind the best conveyance rate.

	Location of Appendices	Reporting Period	Pages
Patients	Trust wide Scorecard 999	Mar-22	6
	999 Response Time Performance	Mar-22	7
	Operational Demand	Mar-22	8
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Patients Scorecard

March 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	Mar-22	●	07:00 A	00:07:12	00:06:50	00:06:50	09:35	06:57	2
Category 1 response - 90th centile	mm:ss	Mar-22	●	15:00 A	00:12:06	00:11:35	00:11:35	16:50	12:06	1
Category 1T response – 90th centile	mm:ss	Mar-22	●	30:00 N	00:21:31	00:19:18	00:19:18			
Category 2 response – Mean	mm:ss	Mar-22	●	18:00 A	00:50:59	00:38:18	00:38:18	01:03	33:33	5
Category 2 response - 90th centile	mm:ss	Mar-22	●	40:00 A	01:52:24	01:27:20	01:27:20	02:17:10	01:09:24	6
Category 3 response – Mean	h:mm:ss	Mar-22	●	1:00:00 A	02:08:38	01:37:22	01:37:22	03:28:13	01:38:57	3
Category 3 response - 90th centile	h:mm:ss	Mar-22	●	2:00:00 A	05:12:56	04:08:27	04:08:27	08:36:33	04:08:01	3
Category 4 response - 90th centile	h:mm:ss	Mar-22	●	3:00:00 A	07:47:49	07:22:24	07:22:24	09:56:03	03:37:11	4
Call Answering Time - 90th centile	ss	Mar-22	●	4 I	97	92	92			
ROSC at Hospital	%	Dec-21	●	31% N	25.6%	27.8%	26.9%	23.2%	33.3%	3
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Dec-21	●	95.0%	94.1%	92.8%	92.4%	85.8%	94.1%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Please note: 999 performance data is correct as at 25/03/2022 and is subject to change due to data validation processes

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

*National average YTD

Note: Sepsis is measured quarterly

1. Our Patients

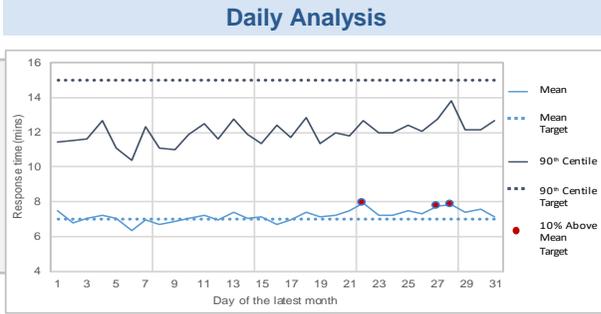
999 Response Time Performance



The Category 1 mean in September returned 6 minutes and 33 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 third in the Category 1 mean measure and ranked second in the Category 1 90th centile measure when compared to all Ambulance Trusts across England. An incident of note witnessed during the September month was the increased temperatures and warm weather throughout the country; thus impacting on our demand across the performance categories.

C1

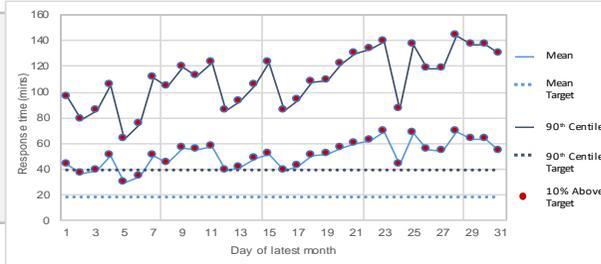
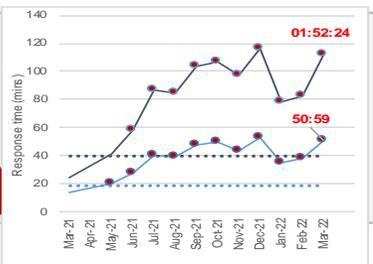
Mean: 00:07:12
Target: 7:00
90th Centile: 00:12:06



The C1 mean performance had been within target or a number of consecutive months and was only slightly over in March.
 The C1 90th centile was also within the national standard of 15 minutes.

C2

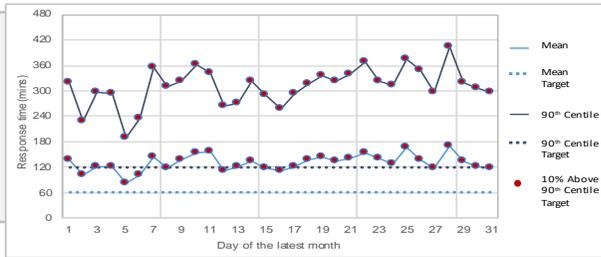
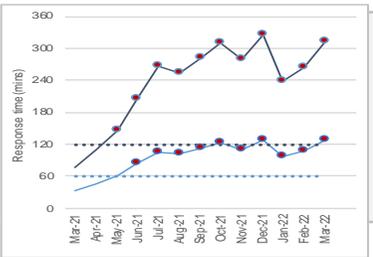
Mean: 00:50:59
Target: 18:00
90th Centile: 01:52:24



C2 performance was above the standard in March, LAS ranked 5th reflecting a wider challenge across the country
 From the second week of April, C2 performance has improved significantly wider system improvement and reduced demand on the system.

C3

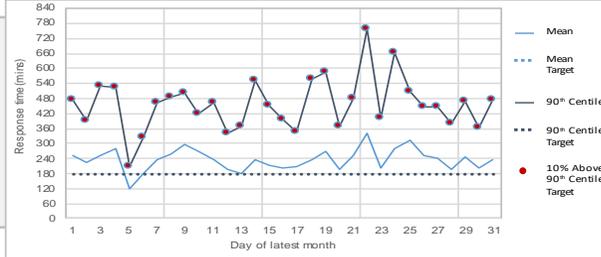
Mean: 02:08:38
Target: 2:00:00
90th Centile: 05:12:56



C3 mean and 90th centile were above the standard in March

C4

90th Centile: 07:47:49
Target: 3:00:00



C4 90th centile was not met in September, for the first time since the demand had risen unexpectedly and the target was breached for a number of days. This category of calls was particularly impacted due to a low number with each delay having a higher impact on the overall average.
 The Trust are working to reduce longer waits for this category of patients by reviewing the process response and the type of resource that can respond to category 4 calls.

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.

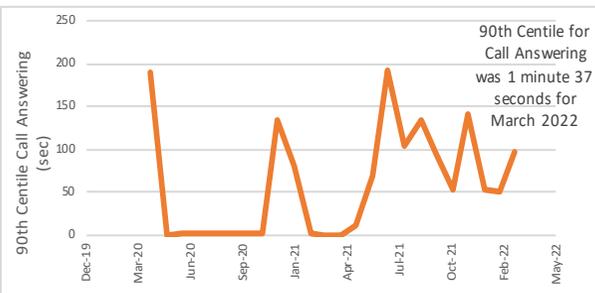
The analysis below describes: **1) Calls Received, 2) Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), 3) Incident Category**

Please note: 999 performance data is correct as at 27/04/2022 and is subject to change due to data validation processes

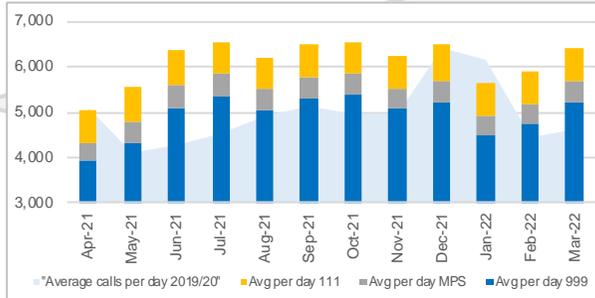
999 Calls Received

March 2022 saw an increase in the average calls per day against January. Calls answered peaked at 5,492 on the 22nd March 2022. The 90th Centile for call answering during March 2022 was 97 seconds.

Performance (90th Centile)



Average Calls Per Day



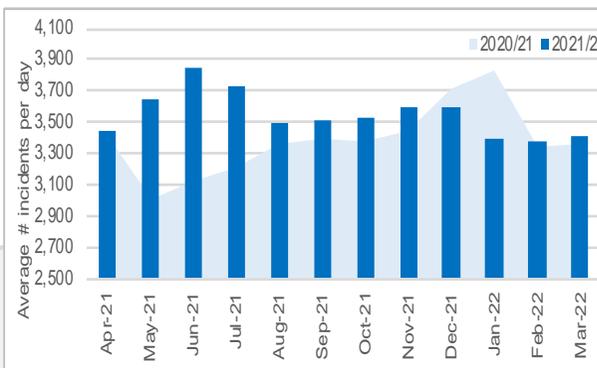
Daily Calls Answered



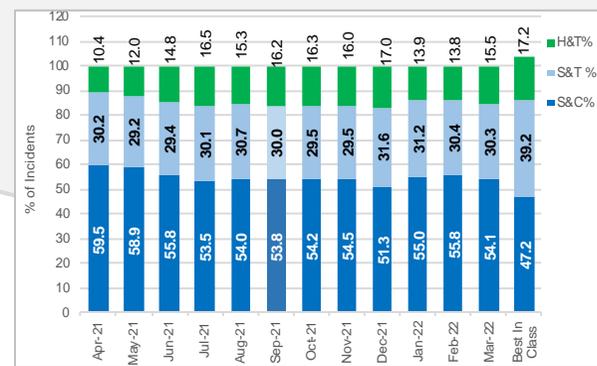
Incidents and Response Type

In March 2022 the number of incidents per day was close to the 2021. The proportion of Hear and Treat increased in March from February

Incidents



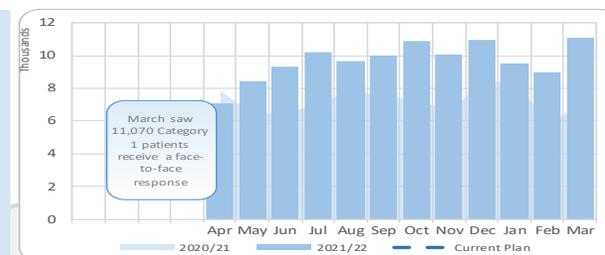
Response Type



During March 2022 SWAS was best in class achieving 39.2% for See & Treat compared to 31.1% for LAS. SWAS gained 1st place and was best in class for See and Convey, achieving 47.2% compared to 54.3% for LAS. Finally, LAS was second behind WMAS for Hear and Treat categories with 17.2%.

Incident Category (By Month)

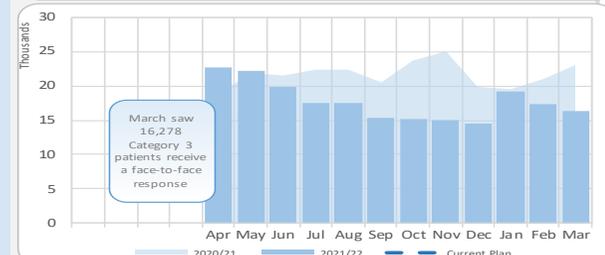
C1



C2



C3



C4/C5

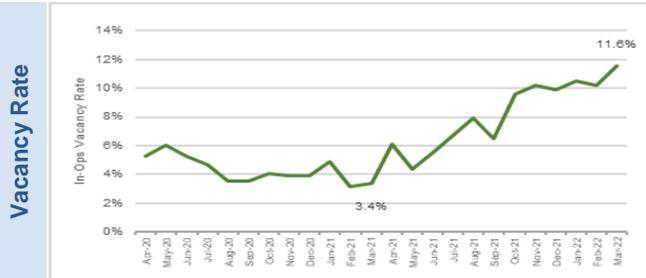
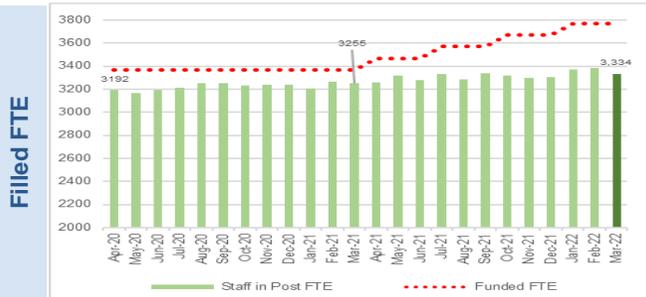




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

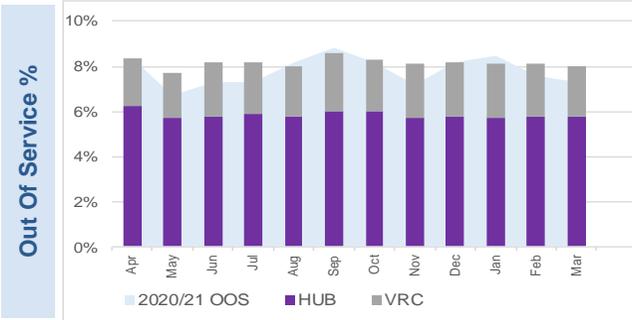
Frontline Operational Staff

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 has increased from 10.2% in February to 11.6% in March. There are currently 157fte staff in classroom training which includes 18 starters in March. The 11.6% gap is currently being filled by overtime.

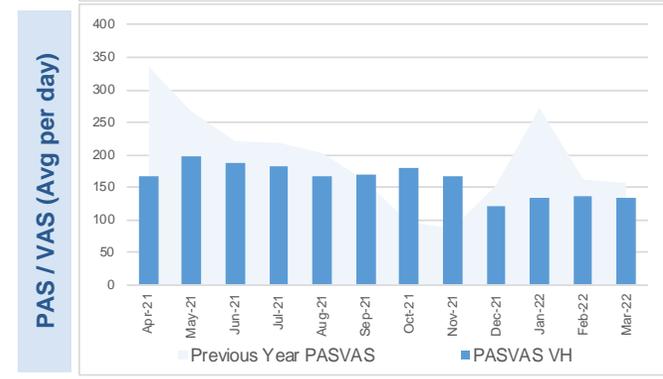
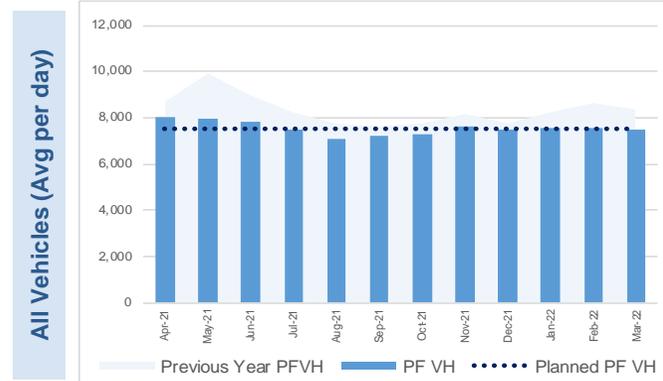
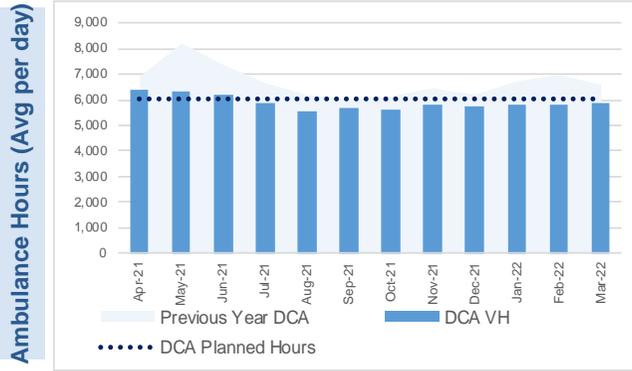


Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 8.2% for **March 2022** a decrease of 0.5% from the previous month. The Trust has provided an average of 9,331 patient facing vehicle hours in **March 2022**, a decrease from February 2022 which averaged 9,404 per day patient facing vehicle hours. The DCA PVR remains consistently high, with an overall average in **March 2022** of 387 on par with February 2022 of 385.. 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 418 DCA vehicles during March 2022. The SA&P Teams supported the Operational rotas incurring limited downtime, this is demonstrated by a healthy DCA vehicle availability and also evidenced in the VRC Performance reflecting a total of 93.07hrs (0.04%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for **March 2022** of 190,924.57hrs. The VEHNO OOS decreased by 0.01% from February 2022. We continue to work with our external partners, Mansfield, ATS and Alfa Tail Lifts, who work overnight to complete vehicle repairs. We have implemented plans to ensure we are in a state of readiness to increase the DCA availability should this be required 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.

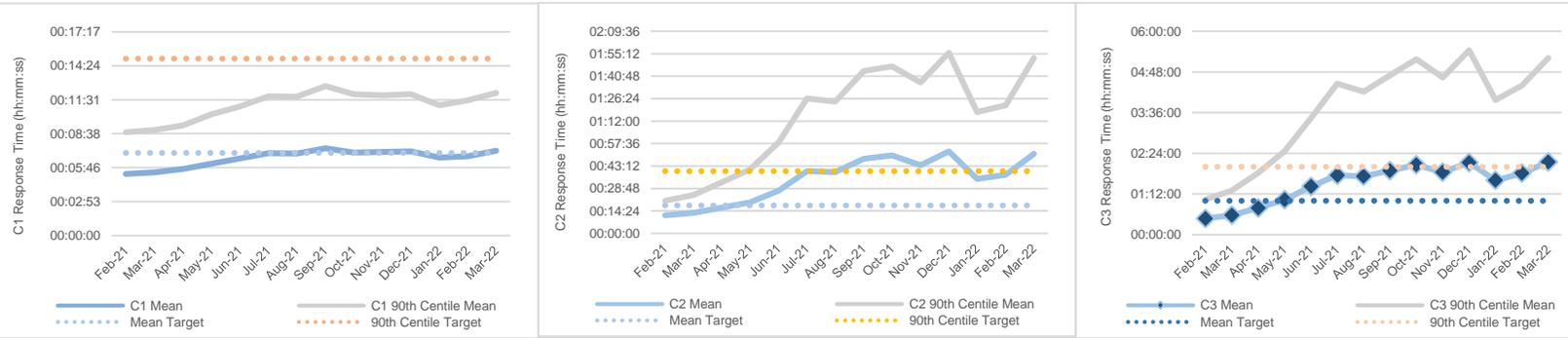


Note:
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours
OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours





The service did not meet operational delivery KPIs in March, and focus remains on recovering performance KPIs whilst in a recovery phase from the Level 4 Incident declared in November 2021 by NHS England



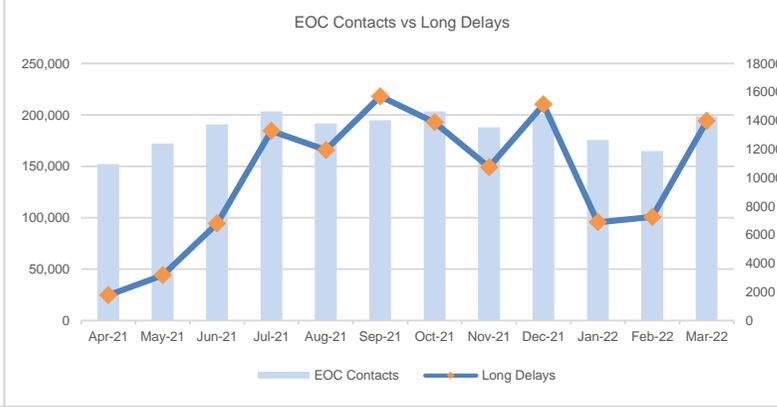
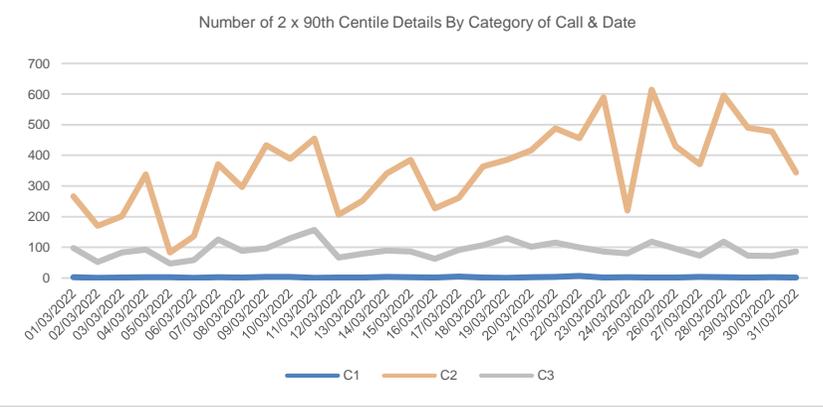
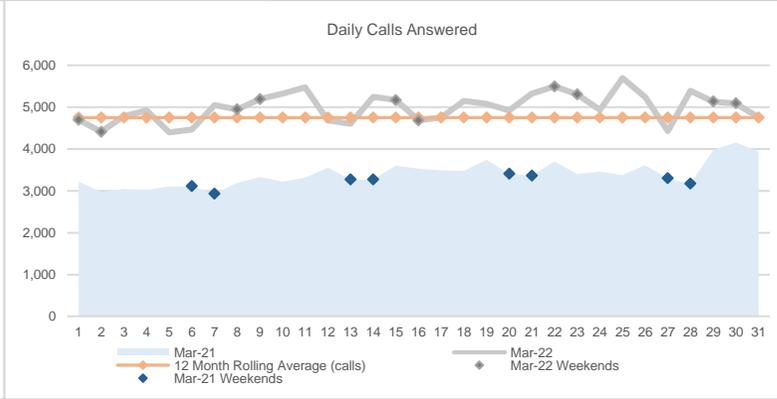
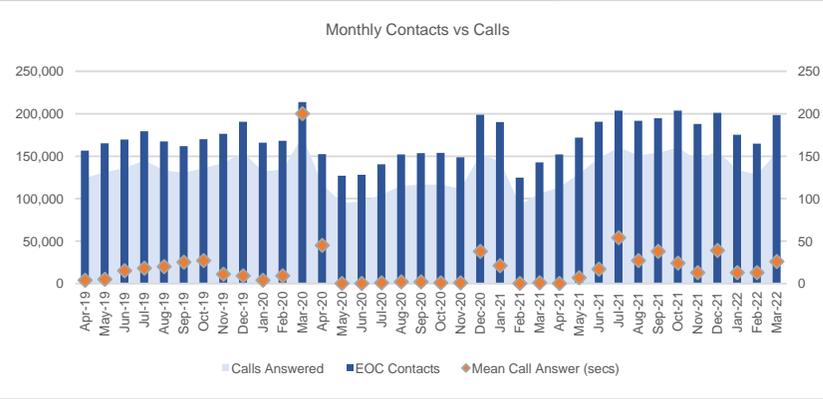
In March 2022, C1, C2 & C3 response times increased and we were unable to meet the mean target.

We can also see that the number of EOC contacts increased significantly in March 2022 to 198,374, a 20% increase compared to February 2022.

When benchmarked against other Ambulance services, LAS were second for Cat 1, slightly above 7 minutes and 5th for Cat 2 despite the challenged performance we saw. We were third for Cat 3 and 4th for Cat 4. Call answering mean saw us placed 5th

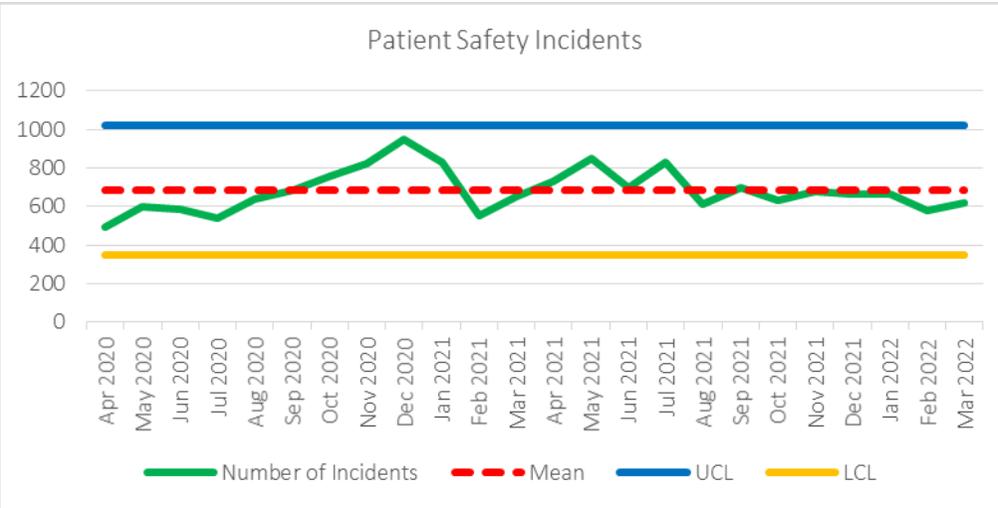
In March 2022 there were 13,965 long delays, 9% of these incidents resulted in a blue call. The number of long delays in March 2022 nearly doubled when compared to February 2022 where we saw 7243 long delays recorded.

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





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.

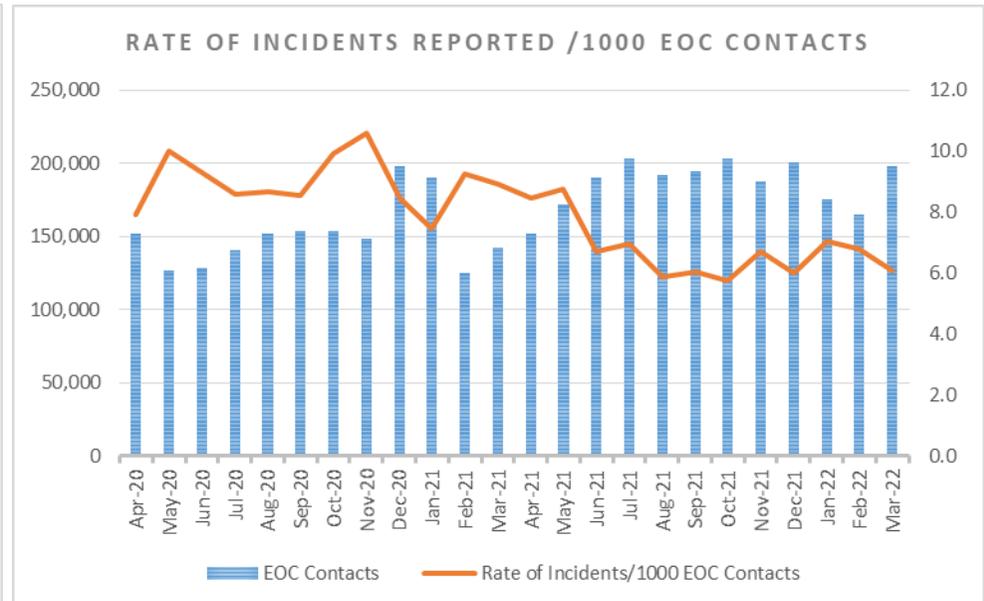
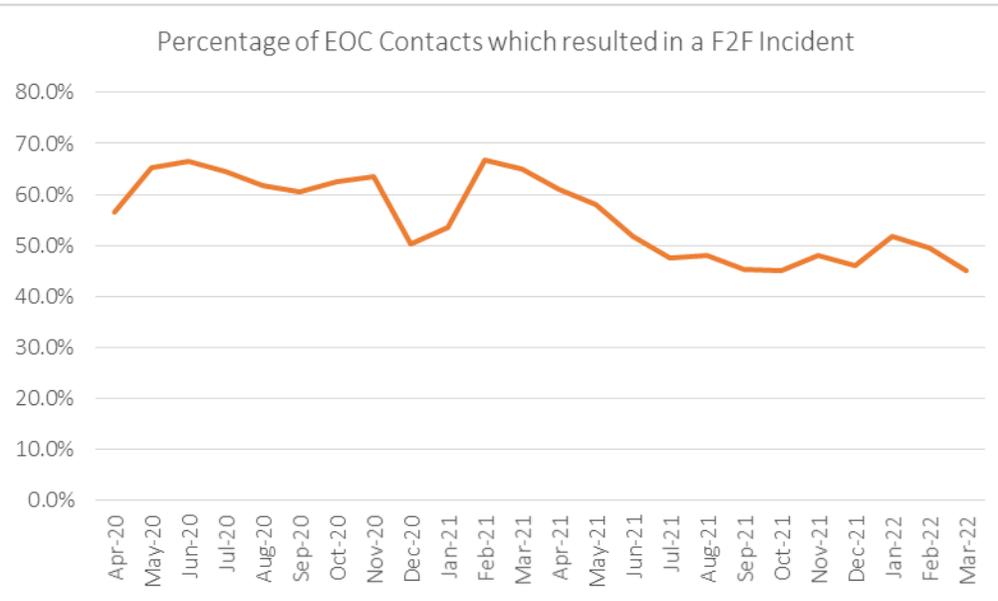


The number of patient safety incidents reported per month has varied between April 2020 – present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID-19 wave on the service.

In the last few months, the number of patient safety incidents reported has remained steady. The number of patient safety incidents in March 2022 remains below the mean with 622 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 March 2022 there were 198,374 EOC contacts, of which 45% resulted in a face to face incident, this is a significant increase compared to both January & February 2022 where the average number of EOC contacts was 170,041.

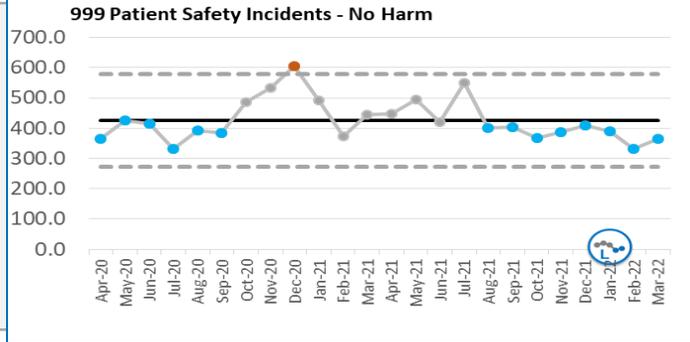




The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigation are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

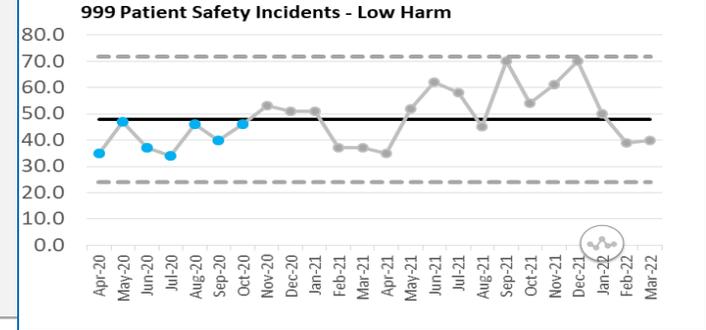
No Harm/Near Miss

Mar'22:
364



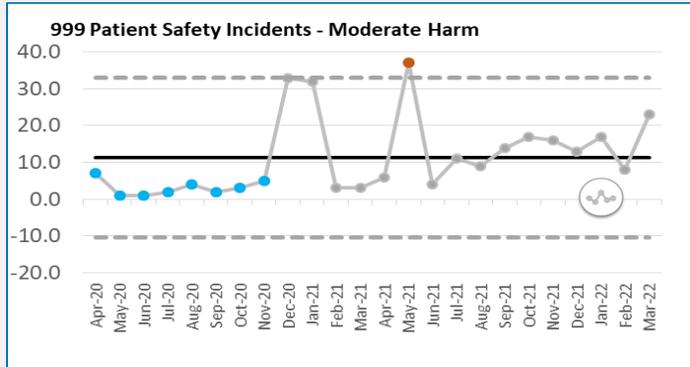
Low Harm

Mar'22:
44



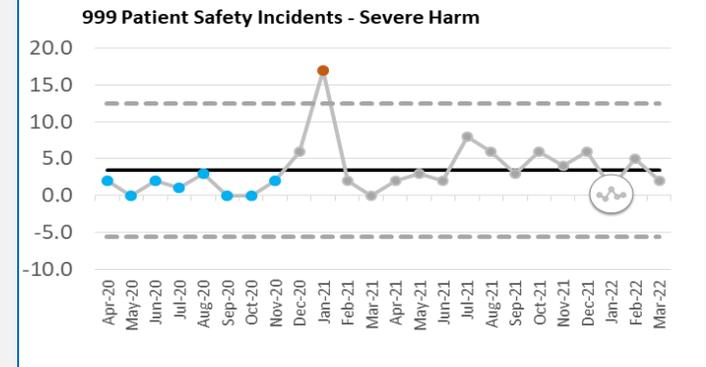
Moderate Harm

Mar'22:
23



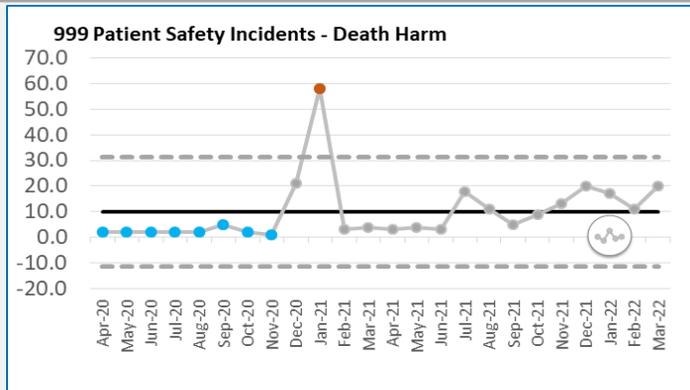
Severe

Mar'22:
2



Death

Mar'22:
20



Analysis of SPC graphs:

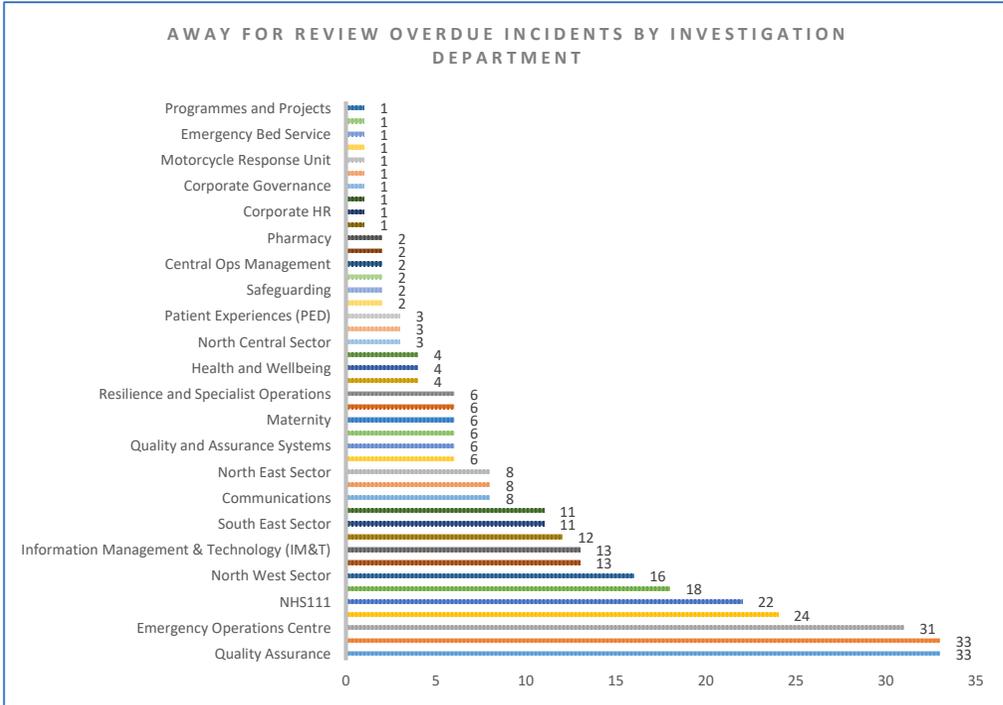
The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon via the Trust's Safety Investigations Assurance and Learning Group (SIALG).

The number of no harm incidents in March 2022 continues to be below the mean. The top 3 categories were Clinical Treatment (53), Dispatch & Call (41) and Communication, Care & Consent (29). Low harm incidents are also below the mean.

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 20 death incidents reported in March 2022, 5 were re-contact audits. 16/20 incidents were related to Dispatch & 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.



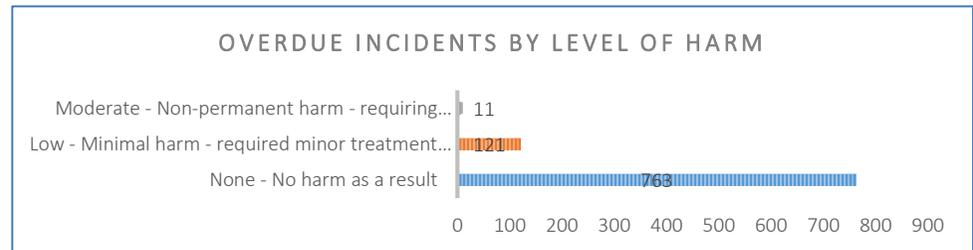
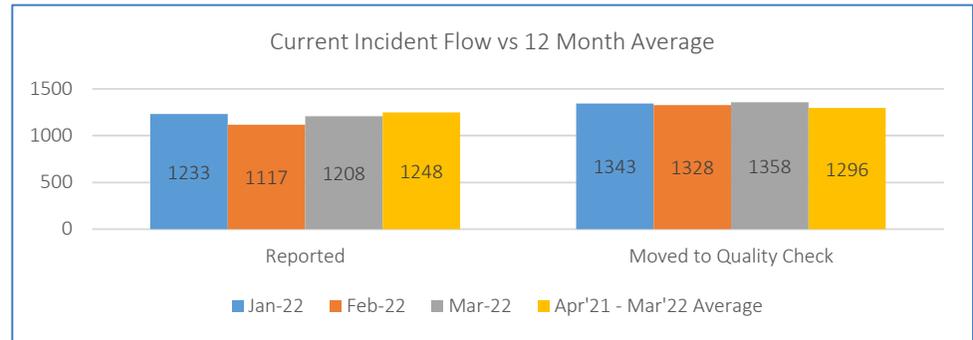
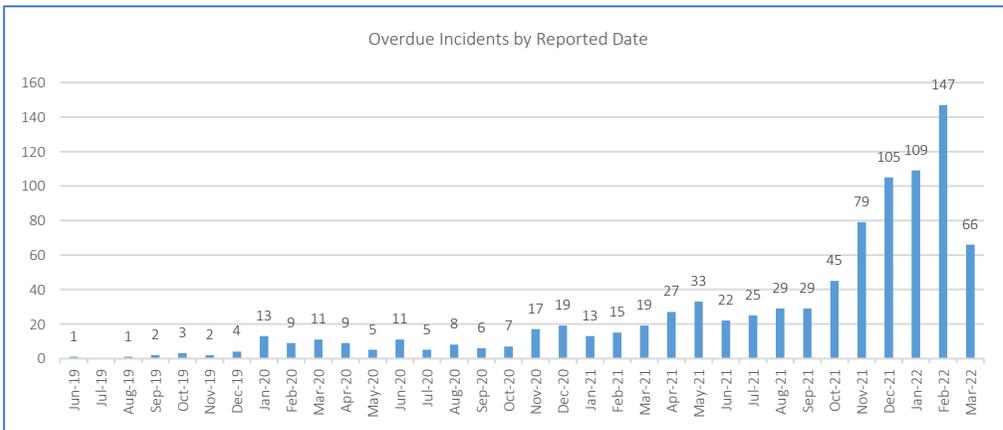
There are 895 incidents (as of 08/04/2022) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID-19 reviews), this is similar to February 2022 where we had 898 overdue incidents.

This breaks down to:

- 474 patient incidents
- 185 staff incidents (10/11 of overdue moderate harm incidents are staff related)
- 223 Trust related incidents
- 13 visitor incidents

On average between Apr'21 – Mar'22, 1248 incidents were reported monthly on the system and 1296 incidents were investigated and moved to Quality check for final closure. During March 2022 the number of incidents reported was lower than average and the number of incidents moved to Quality Check was slightly higher than the average at 1358 incidents moved.

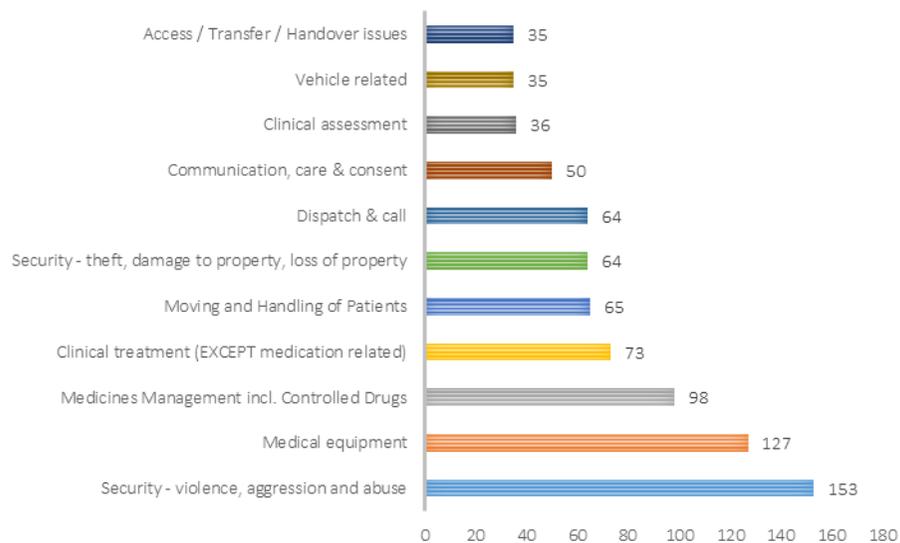
All incidents continue to be monitored daily by the Incident and Risk Hub. The Quality Governance and Assurance Managers (QGAMs) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. Of the overdue incidents, the highest number, 134 incidents (15%) are within Emergency Operations Centre. 85% of overdue incidents have been labelled as No Harm and 14% as Low Harm.



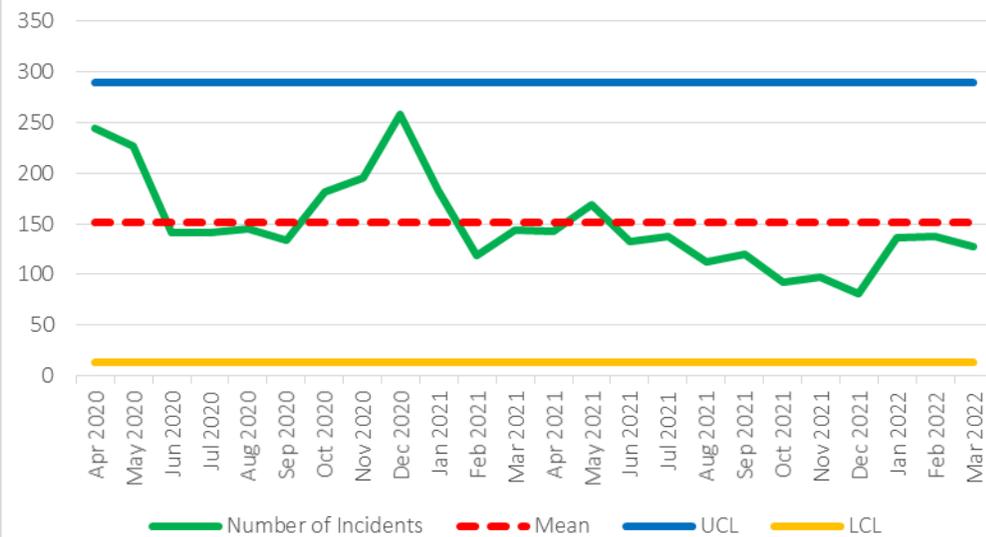


Incident trends and themes are monitored by the Trust’s Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

MARCH 2022 TOP 10 INCIDENT CATEGORIES



Medical Equipment Incidents



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

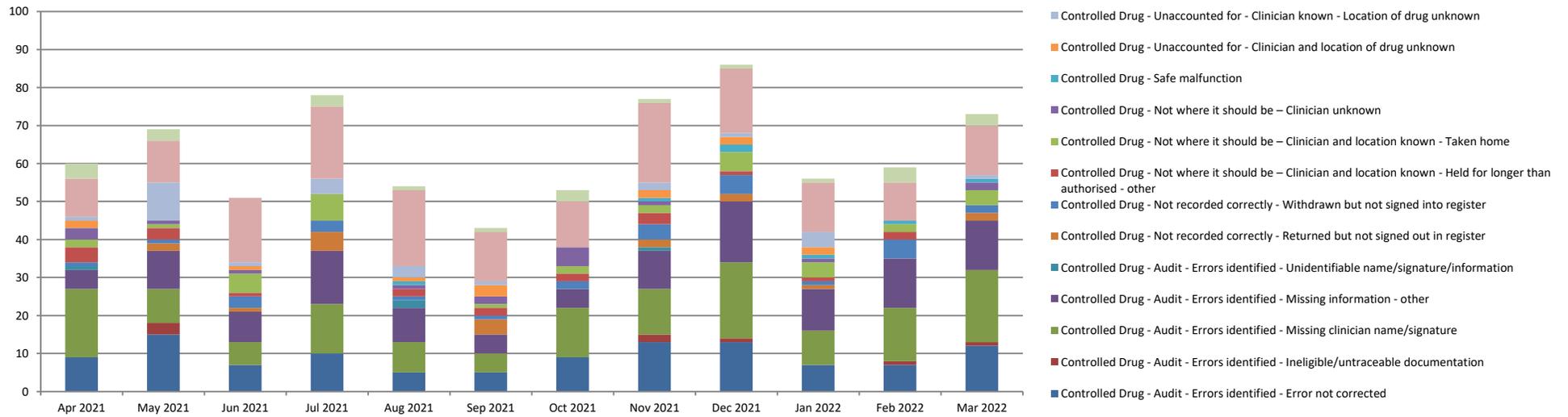
Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months. We have seen an increase in medical equipment incidents the last two months, though this still remains below the mean.

The new Medical Device Management policy has been agreed and released under the direction of the Deputy Medical Director and is own and overseen by the Clinical Equipment Working Group. This provides the overarching Trust-wide multi-directorate approach moving forward and now further steps to underpin this in terms of specific policies and procedures. GSTFT continue to be used as a critical friend to provide support along with weekly meetings on progress chaired by the Deputy Medical Director.

Several activities continue focusing around both Diagnostics Pouches and Asset Tagging to enable tracking or equipment. The Asset Tagging now has a weekly dashboard to monitor progress and this will tie in to the work on insourcing make ready and changes in working practices.



BI Controlled Drug Report



- No unaccounted for loss of schedule 2 drugs
- Total of other controlled drug (CD) incidents including
 - Loss of diazepam (n=1)
 - Documentation errors (n=54)
 - Morphine retained off-duty (n=6)
 - CDs or CD safe/cabinets unsecured (n=8)
 - Breakages, wastage or damage (n=17)
 - Insufficient morphine stock (n=1)
 - Inappropriate administration of morphine (n=4)
- Non-controlled drugs incidents
 - Damaged (n=1) or temperature breach (n=1)
 - Drugs left at scene (1), out-of-date (n=1) or lost (n=3)
 - Insufficient stock (n=1)
 - Documentation error (n=1)
 - Non-LAS prescriber error (n=4)
 - Inappropriate administration TXA (n=2), aspirin (n=1), ibuprofen (n=1), chlorphenamine (n=1), adrenaline (n=2), paracetamol (n=2), hydrocortisone (n=1), glucose (n=1), dexamethasone (n=1) and benzylpenicillin (n=1)

- Assurance**
- No losses of schedule 2 drugs
 - Reduction in incidents where morphine retained off duty
 - Withdrawal of 2.5mg rectal diazepam from service following MHRA recall completed and mitigation put in place
- Actions**
- Implementation of electronic PGD signature system
 - Progression of system configuration for

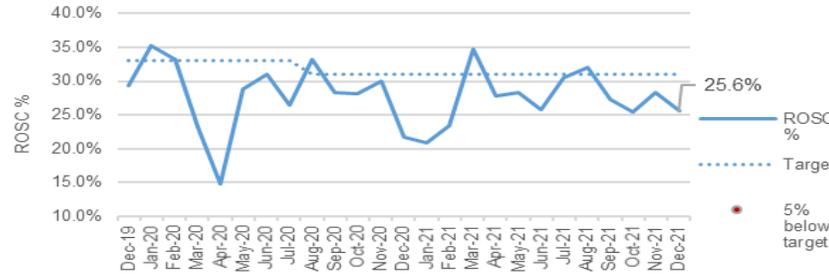


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **December 2021**, which is the most recent month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

ROSC at Hospital

Month: 25.6%

Target: 31.0%



In December 2021, LAS ranked 3rd amongst all ambulance services for ROSC to hospital in the overall group (25.6%) against a national average of 23.2%. In the Utstein comparator group, we ranked 4th at 46.2%, with a national average of 44.7%.

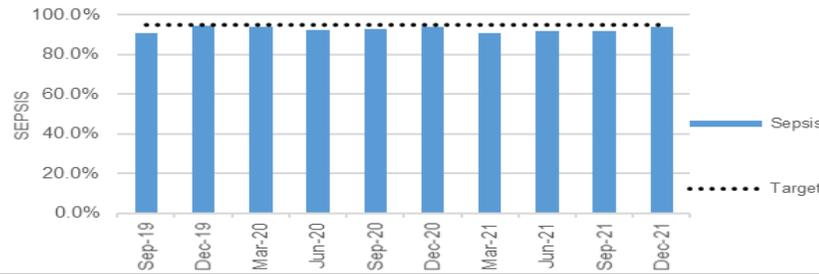
For survival to 30 days, LAS ranked 5th in the overall group and 3rd in the Utstein comparator group at 6.6% and 27.5% respectively. This compares to the national averages of 6.3% in the overall group and 20.1% in the Utstein comparator group.

126 defibrillator downloads were saved in December 2021 – which is 27% of all resuscitation attempts.

Sepsis Care Bundle

Month: 94.0%

Target: 95%

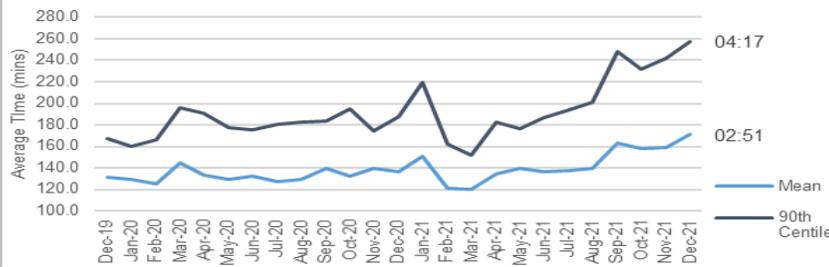


LAS remains the best performing trust nationally for the sepsis care bundle achieving 94.1% in December 2021 against a national average of 85.8%. Our compliance increased by 2.2% compared to the last published figure (91.9%; September 2021).

STEMI call to angiography

Mean: 02:51

Target: 02:10



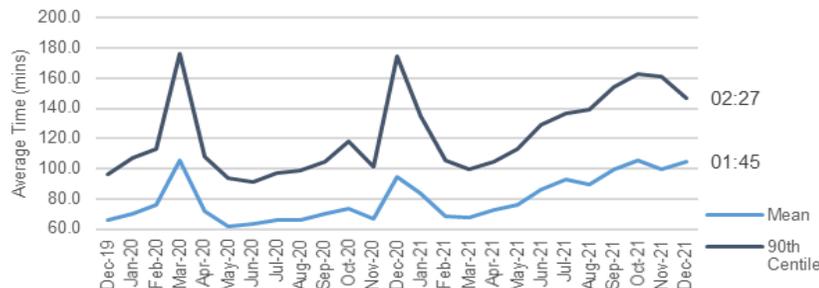
In December 2021, the LAS recorded an average time of 02:51 for the call to angiography measure. This was 11 minutes higher than the national average (02:40), and led to the LAS falling to 9th place when ranked against other ambulance services. The target of 02:30 for this measure has now been exceeded in each of the last four months reported.

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

Stroke call to door

Mean: 01:45

Target: 01:10



For the second month in a row, the LAS ranked 3rd in the country for mean Call to Arrival at Hospital for Stroke patients (01:45), exceeding the national average of 01:56.

NHS England did not publish Stroke Diagnostic Bundle data for December, the next data due to be published will be for February (in July).



Patients Scorecard (NEL IUC)

March 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	%	Mar-22	●	95.0% A	66.2%	75.0%	75.0%	58.0%	66.2%	1
Proportion of calls abandoned	%	Mar-22	●	3.0% A	8.0%	9.8%		11.0%	8.0%	1
% of calls closed with no onward referral (health advisor and clinician)	%	Mar-22	●	33.0% A	21.2%	22.8%	22.8%			
% of calls transferred to 999	%	Mar-22	●	10.0% A	6.5%	7.1%	7.1%	8.3%	6.5%	1
% of calls recommended to ED	%	Mar-22	●	10.0% A	10.9%	9.4%	9.4%	12.1%	10.9%	1

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Patients Scorecard (SEL IUC)

March 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	%	Mar-22	●	95.0% A	64.6%	75.3%	75.3%	58.0%	66.2%	2
Proportion of calls abandoned	%	Mar-22	●	3.0% A	9.3%	12.9%		11.0%	8.0%	3
% of calls closed with no onward referral (health advisor and clinician)	%	Mar-22	●	33.0% A	24.8%	27.1%	27.1%			
% of calls transferred to 999	%	Mar-22	●	10.0% A	8.2%	7.6%	7.6%	8.3%	6.5%	3
% of calls recommended to ED	%	Mar-22	●	10.0% A	11.8%	10.3%	10.3%	12.1%	10.9%	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)

March 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	%	Mar-22	●	95.0% A	63.4%	64.4%	64.4%	58.0%	66.2%	3	
Proportion of calls abandoned	%	Mar-22	●	3.0% A	8.1%	4.4%		11.0%	8.0%	2	
% of calls closed with no onward referral (health advisor and clinician)	%	Mar-22	●	33.0% A	13.1%	13.8%	13.8%				
% of calls transferred to 999	%	Mar-22	●	10.0% A	8.0%	8.3%	8.3%	8.3%	6.5%	2	
% of calls recommended to ED	%	Mar-22	●	10.0% A	12.3%	12.2%	12.2%	12.1%	10.9%	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

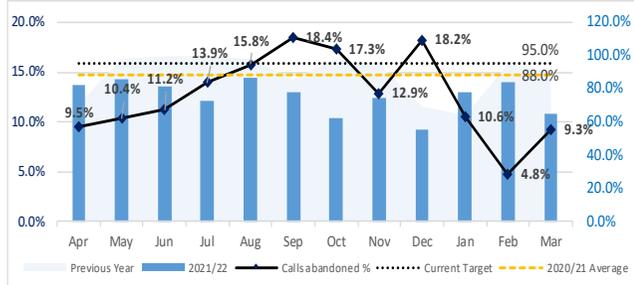
1. Our Patients

111 IUC Performance

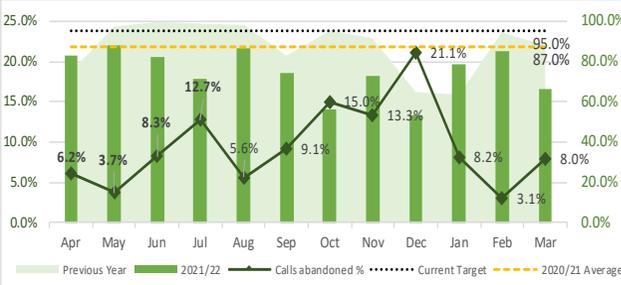


Call answering was outside target in March for NEL, SEL & NWL. A raise in demand was experienced across all three contract areas which was partially attributed to changes in COVID testing procedures as well as national shortages in Lateral Flow Testing kits. Each contract provision was within target for calls transferred to 999, where we consistently perform better than the London average. We were holistically challenged with abandonment rates which coincide with the increased demand and subsequent longer call answer times. Despite this, NEL, NWL and SEL performed 1st, 2nd and 3rd for calls abandoned among pan-London providers.

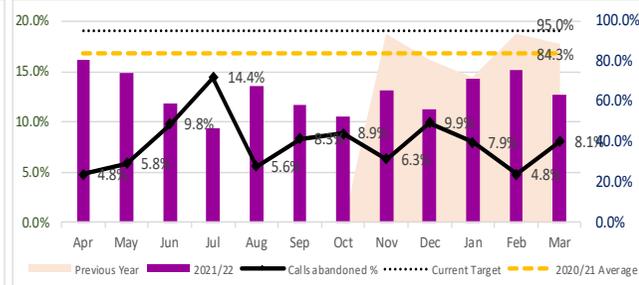
South East London (SEL)



North East London (NEL)



North West London (NWL)



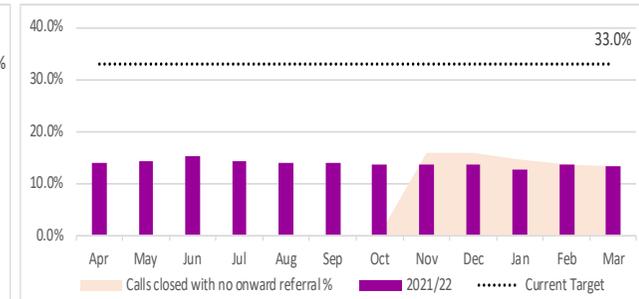
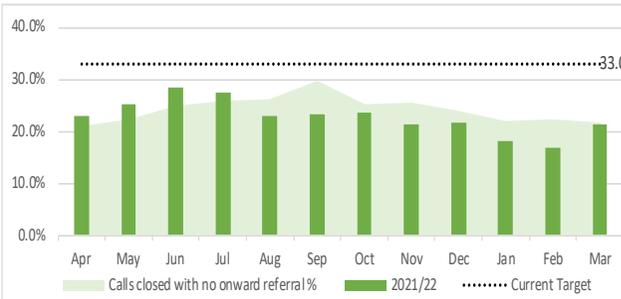
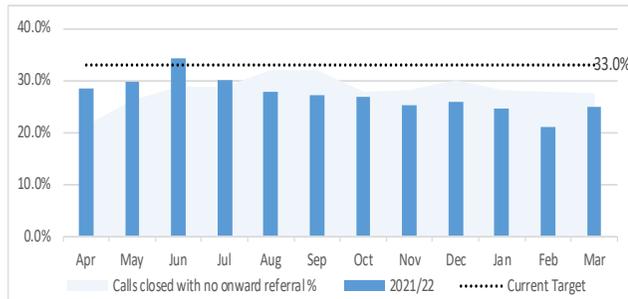
Target: 95% (CA) and 3%

SEL: 64.6% / 9.3%

NEL: 66.2% / 8.0%

NWL: 63.4% / 8.1%

% of calls closed with no onward referral



Target: >33%

SEL: 24.8%

NEL: 21.2%

NWL: 13.1%

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

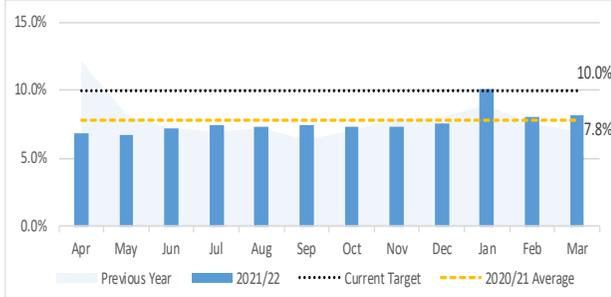
1. Our Patients

111 IUC Performance



Call Outcome:
Transferred to 999

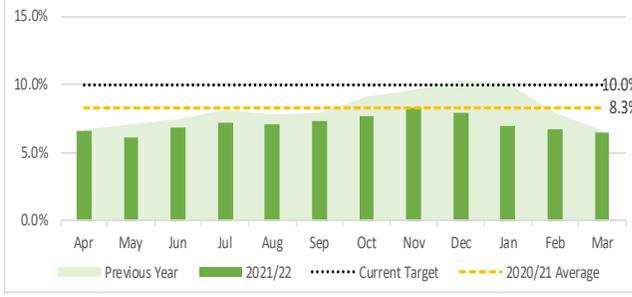
South East London (SEL)



Target: <10%

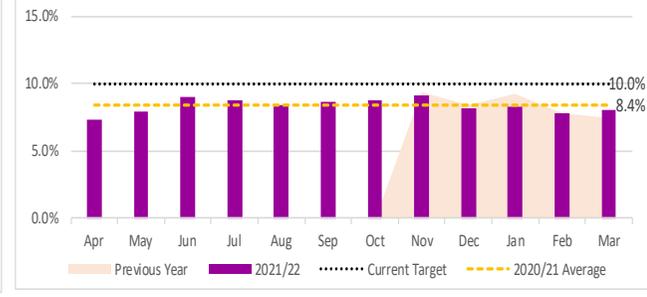
SEL: 8.2%

North East London (NEL)



NEL: 6.5%

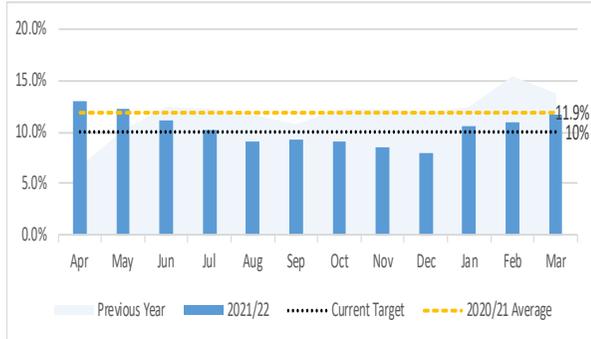
North West London (NWL)



NWL: 8.0%

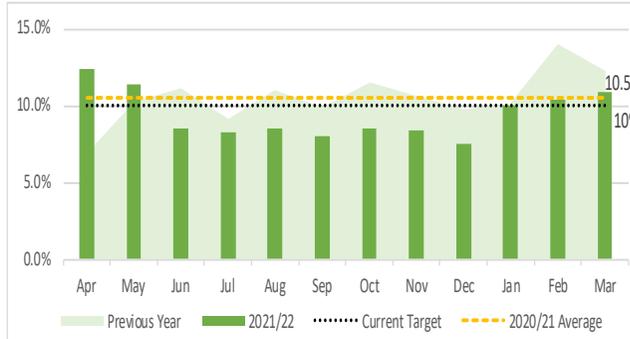
Referrals to 999 services remain within the 10% national standard for NEL, SEL & NWL. During March, NEL and SEL delivered 6.5% and 8.2% respectively, with NWL delivering 7.8%. This performance compares positively against the London average which was 8.3%, demonstrating the benefits of a clinical assessment service (CAS).

Call Outcome:
Recommended to attend ED

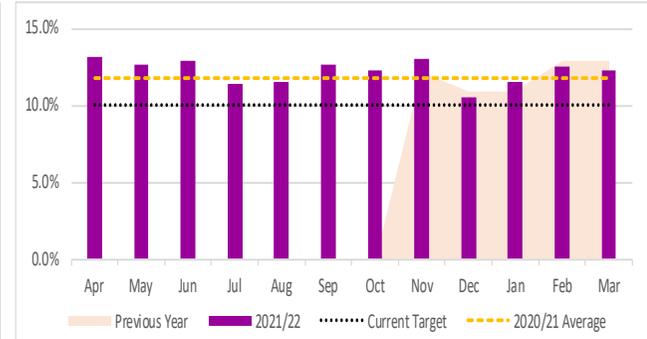


Target: <10%

SEL: 11.8%



NEL: 10.9%



NWL: 12.3%

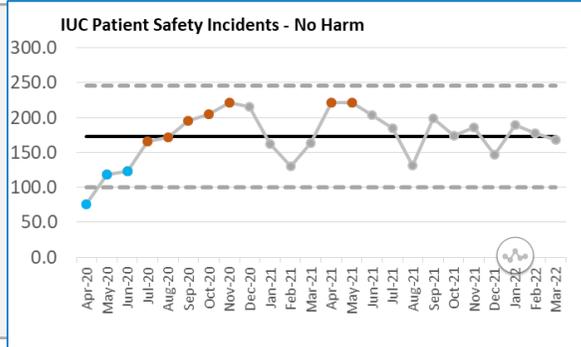
The development of our IUC services has enabled NEL, SEL and NWL to consistently outperform other providers on A&E avoidance. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to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

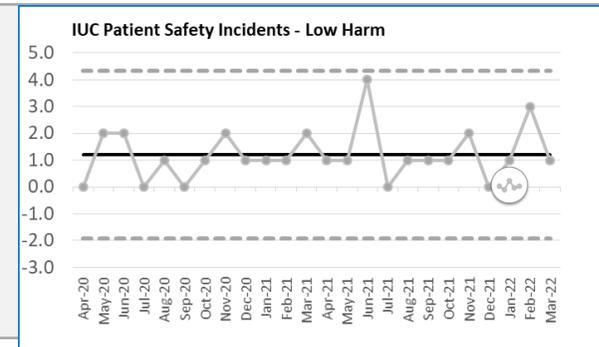
No Harm/Near Miss

Mar'22:
168



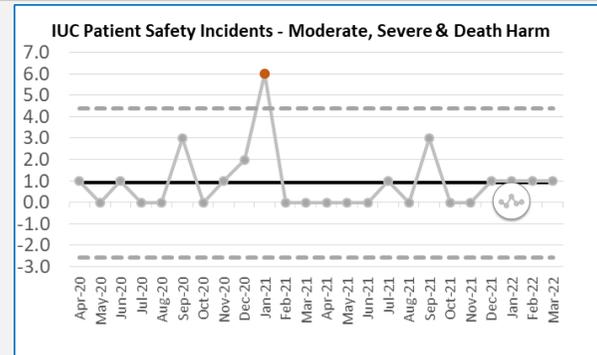
Low Harm

Mar'22:
1



Moderate, Severe & Death Harm

Mar'22:
1



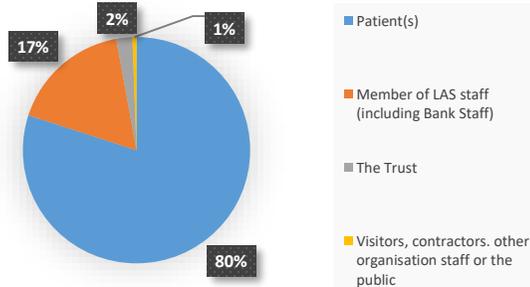
Analysis of SPC graphs:

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.

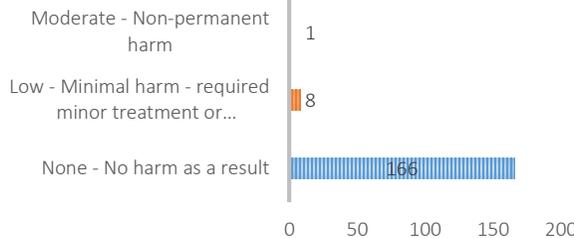
The number of incidents reported within IUC in March is similar to last month, call volumes remain high. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service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

Incident Management

Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM



There are 175 incidents (as of 08/04/2022) which have been open on the system longer than 35 working days (this excludes SIs & COVID-19 reviews).

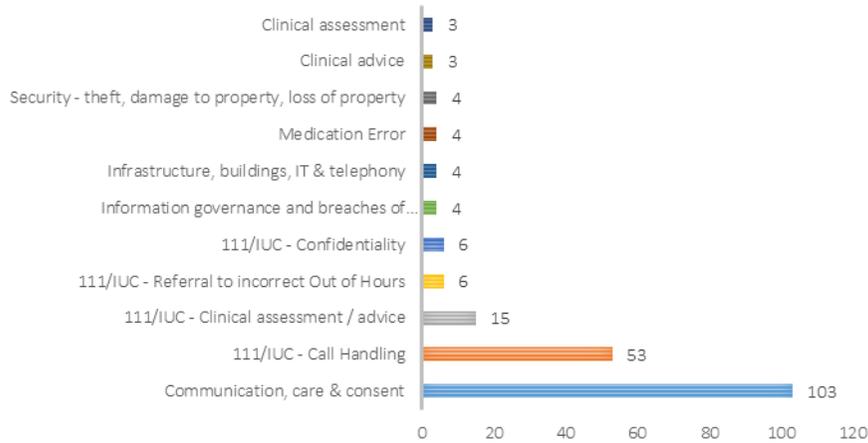
This breaks down to 140 Patient incidents, 30 Staff incidents, 1 Visitor incidents and 4 Trust related incidents.

73% of incidents are in the Local Review stage and 27% in the Away for Review stage. 95% of incidents have been classified as No Harm.



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

MARCH 2022 TOP 10 INCIDENT CATEGORIES



The top 3 Incident categories in March 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

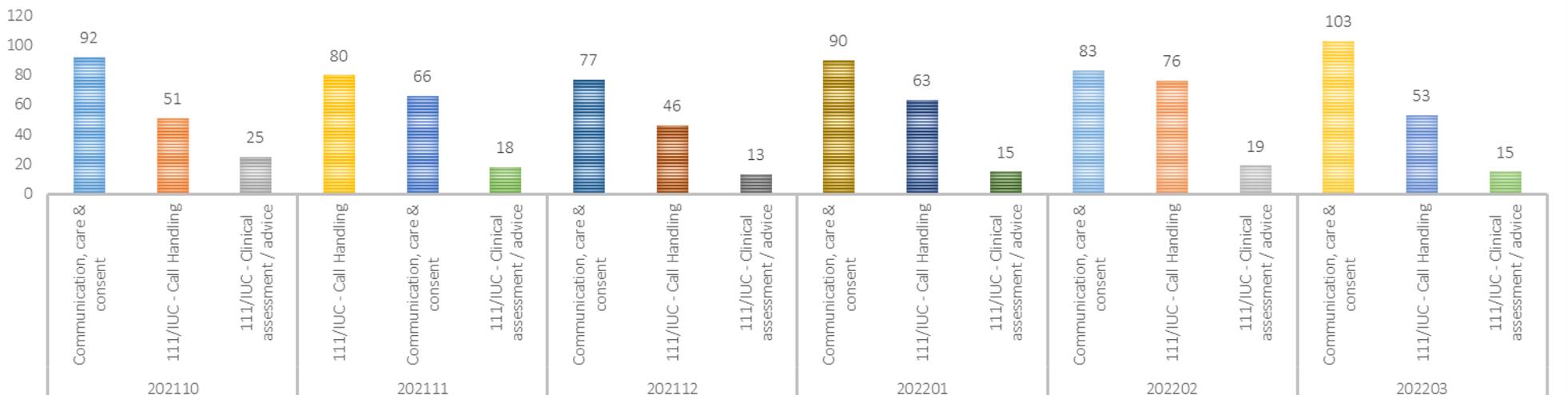
Communication Care & Consent

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.

OCT'21 - MAR'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 March 2022, a total of **65** (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 65, 28 were identified as requiring an enhanced level of investigation. The breakdown of the 28 are as follows:

National Priority – Patient Safety Incident Investigations (PSII)

4 incidents met the Nationally – defined priority requiring external investigation which are being investigated by HSIB, and a Care Home to which we will feed information to cooperate with their ongoing investigation.

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

Local Priority – Patient Safety Incident Investigations (PSII)

1 incident met the locally – defined priority requiring internal investigation into the call management. This case was first reviewed by the Trust’s learning from Death process.

Patient Safety Review (Non PSII) including Thematic Review

1 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 *call handling*.

10 incidents did not meet the Trust’s PSIRP and are being investigated as a PSR - case review. These incidents cross *clinical assessment, treatment and dispatch and call handling*.

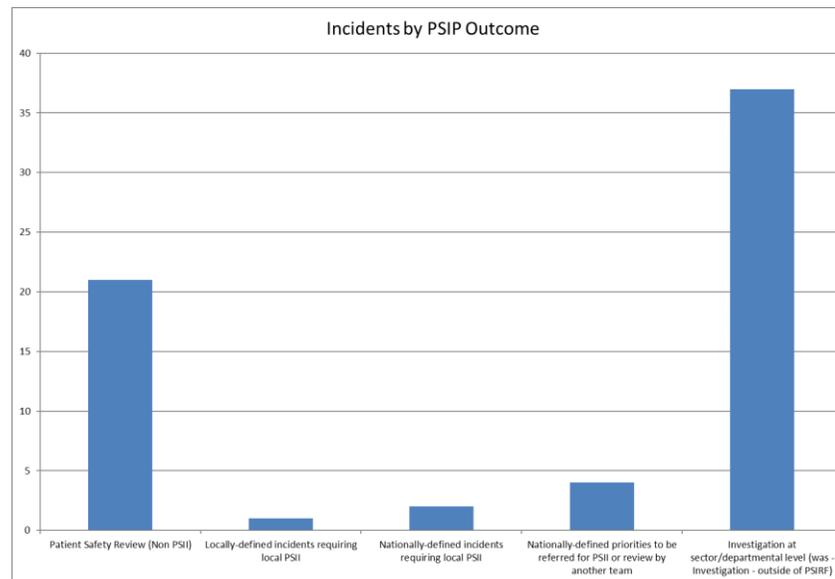
9 further incidents did not meet the Trust’s PSIRP and are being investigated as a PSR via Structured Judgement Reviews. The incidents involve a delayed response with the possibility of harm caused as a result.

Local Review

The remaining 37 incidents were referred to Sector/Department management teams to continue with a local investigation.

The following mitigating actions have taken place:

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



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 March there were 157 open actions, of these 52 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

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

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

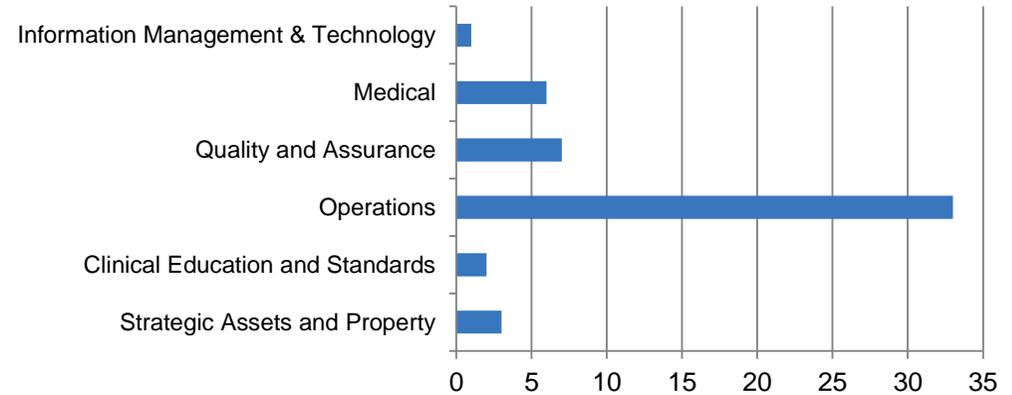
Action: A review of the clinical responsibility and governance of current bank staff to take place to include the allocation of named clinical manager/s responsible for bank staff providing all the same support for bank staff that employed staff receive. To have clear measurable governance procedures

Update: This was overdue December 2021, no further updates provided since due to current service pressures. Next review due April 2022.

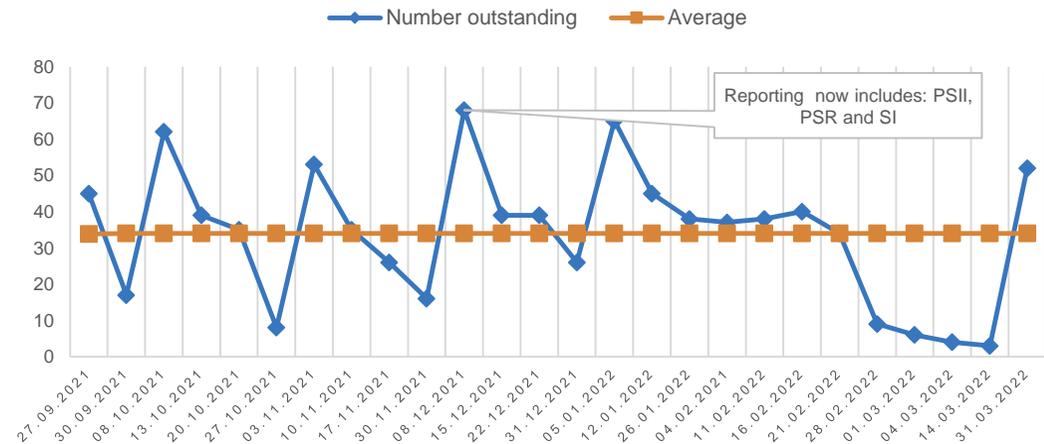
Action: CAS Manager to complete a monthly document audit of 5% of all agency clinicians supplied by the managed service, in order to ensure all competencies are achieved

Update: Policy drafted and awaiting formal sign off, next update to be provided April 2022.

Overdue actions by Directorate



6 MONTH ROLLING OVERDUE ACTIONS





People Scorecard

March-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	%	Mar-22		5%	Internal	2.1%	3.7%	3.7%	2.0%	
Operational Vacancy Rate	Monthly	%	Mar-22		5%	Internal	11.6%	8.3%	8.3%	0.12	
Ambulance Operations Staffing FTE (actual against plan (21-22))	Monthly	(n)	Mar-22		0	Internal	-12.00	-258.00	-258.00	-258.00	
Staff Turnover (% of leavers)	Monthly	%	Mar-22		10%	Internal	13.0%	10.9%	10.9%	13.0%	
Stability Index (% of staff in post >1 year)	Monthly	%	Mar-22		>90%	Internal	89.0%	90.0%	90.0%	87.0%	
Staff Sickness levels (current month) (%)	Monthly	%	Mar-22		5%	Internal	10.0%	8.3%	8.3%	8.0%	
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Mar-22		5%	Internal	8.3%	6.9%	6.9%	8.5%	
Trust Covid Vaccination Rate	Monthly	%	Mar-22		100%	Internal	90.0%	90.0%	90.0%	90.0%	
Frontline Covid Vaccination Rate	Monthly	%	Mar-22		100%	Internal	93.0%	91.0%	86.0%	93.0%	
Statutory & Mandatory Training (85% or above)	Monthly	%	Mar-22		85%	Internal	86.0%	83.0%	83.0%	84.0%	
Staff PDR Compliance (85% or above)	Monthly	%	Mar-22		85%	Internal	42.0%	58.0%	58.0%	45.0%	
Number of open disciplinary/conduct cases	Monthly	%	Mar-22		N/A	Internal	35	34	34	-	
Number of open grievance/employee concern cases	Monthly	(n)	Mar-22		N/A	Internal	7	9	9	-	
Performance/capability	Monthly	(n)	Mar-22		N/A	Internal	9	10	10	-	
Number of open round table and mediation cases	Monthly	(n)	Mar-22		N/A	Internal	3	4	4	-	
Number of Employment Tribunals	Monthly	(n)	Mar-22		N/A	Internal	21	17	17	-	
% of Trust Staff who are BAME	Monthly	%	Mar-22		20.0%	Internal	19.0%	18.9%	18.0%	20.0%	
% of joiners who are BAME	Monthly	%	Mar-22		>30%	Internal	72.0%	37.0%	37.0%	40.0%	
% of leavers who are BAME	Monthly	(n)	Mar-22		<20%	Internal	31.0%	20.0%	20.0%	20.0%	

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

2. Our People

Vacancy Rates, Staff Turnover and Sickness



Vacancy rate

Month:
2.1%

Target: 5%



The vacancy rate has continued to improve and is currently at 2%. IUC call handling pipelines remain reasonably strong (over 100 candidates) and they ended the year with a 9% vacancy gap. The EOC workforce FTE 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. The national call handling campaign with NHS Professionals and Ambulance Trusts will help to deliver the call handling requirements for both the 999 and 111 service.

Ambulance Ops Recruitment

Month: 18fte

Target: 30fte

Required Frontline: 872 FTE

Forecast Supply: 742 FTE

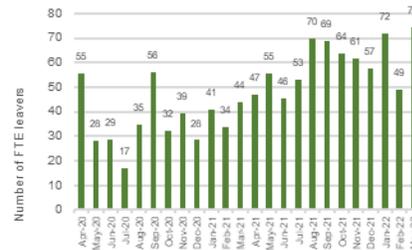
YTD Actual v forecast : 130fte behind plan
Forecast end of year position: 258fte gap

In 2021/2022 we recruited a total of 682 frontline staff, an increase of 149fte from the start of the year which achieved a 7.4% vacancy rate and 12% 'operational' rate. In 2022/2023, the target is 1,000 (477 Paramedics and 523 AAPs) and the recruitment pipeline is being developed with a positive number of offers to date. Some candidates have not yet been booked onto courses due to the current delays of up to five months with the HCPC and the current absence of the visa fast track process. There is currently a 4-6 week delay in AAP candidates accessing the C1 Theory and Driving Test with the DVLA and this will impact on fill rates in April and May. An international recruitment trip to Australia is being planned for May. We are continuing our partnership working with Health Education England and SECAMB to recruit international paramedics and this has now been extended to cover the rest of the world. Our external recruitment partner (MSI) have 55 candidates in the pipeline from various countries including South African, Namibia and Kenya. Engagement work has continued with the 2022/23 UK Graduates in both our partner and non-partner universities with showcase events. In total there were 40 starters in March 2022. 72% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Staff Turnover

12 Month
Rolling: 13%

Target: 13%



We have continued to see a leaving rate higher than the same period 12 months ago and this is in line with the experience of other Ambulance Trusts. Turnover has remained stable in March at 13% although this is above our set KPI (10%). The stability rate, which measures the % of staff in post for >1 year has remained positive at 89%. The number of frontline leavers remains positively below plan (-91FTE) and we have seen a slowdown in the level of International Paramedic leavers. A Workforce Retention Group has been established to have oversight of all retention development plans and ensure the right support and resources are in place for managers to improve staff retention. In total there were 68 leavers in March 2022. 21% were from a BAME background covering roles in 111, 99 and Ambulance Services.

Sickness

12 Month
Rolling: 8.3%
Monthly: 10%

Target: 6%



In March there were 465 more episodes of sickness than February, 53% of which were attributable to Covid. Other reasons for sickness included gastro-intestinal (12%) and coughs/colds (10%). This resulted in an increase to the monthly sickness from 9.4% to 10%. The Trust Board signed off the Occupational Health intention to award in March 2022. Optima Health have been successful for core OH and EAP, and TPN (The Physiotherapy Network) have been successful for physiotherapy provision. Communications have gone out to all staff and initial implementation meetings have taken place in order to meet the contract start date of 1st July 2022. COVID-19 Vaccination as a condition of deployment was revoked on the 31st January 2022 and whilst all actions have been stood down enacting this, we maintain regular oversight on the levels of vaccination status and the pathways for vaccinations of colleagues. Current recorded levels are 91% and 89% for 1st and 2nd vaccinations across the Trust, with 82% for the booster. Flu vaccination levels remain at 54%



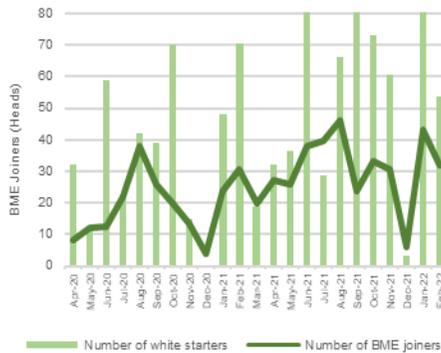
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

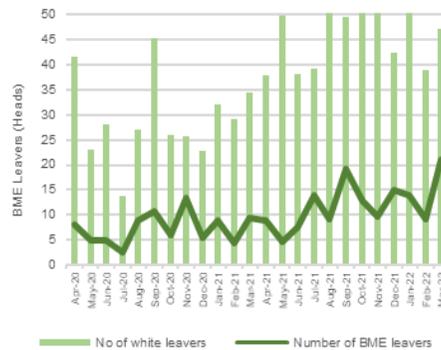
These graphs show the numbers of BAME starters and leavers from April 2020 to March 2022. During this period the Trust has recruited 604fte BAME starters and there have been 234fte BAME leavers, a net increase of 370fte.

- In 2020/21, 35% of total starters were BAME. For the year 2021/22, this has improved to 37%.
- In 2020/21, 20% of total leavers were BAME. For the year 2021/22, this has remained at 20%.

BME Starters



BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,320 – 20%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Jan-22	Feb-22	Mar-22
Bands 1-4	39.8%	40.5%	40.9%
Bands 5-7	14.1%	14.2%	14.3%
Band 8A to 9	15.6%	15.7%	15.9%

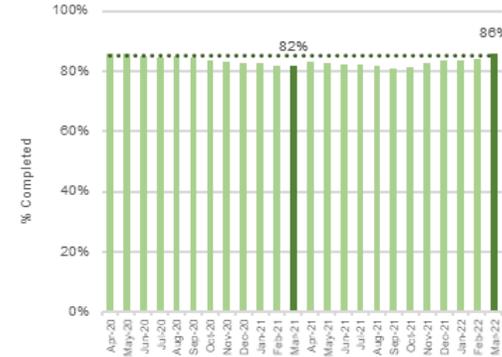
- Following the Culture workshops covering Teamworking, Behaviour, Talent and Appraisals, we have now moved into the third phase of culture programme – Leadership Masterclasses (face-to-face learning and development to all managers, helping them to become better leaders).
- The 2021 WRES and WDES Annual Reports have been produced for the Board and associated Committees.
- The Equality, Diversity & Human Rights e-learning has a 92% compliance.

Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **86%**.

Appraisal completions remain at **42%** at the end of March.

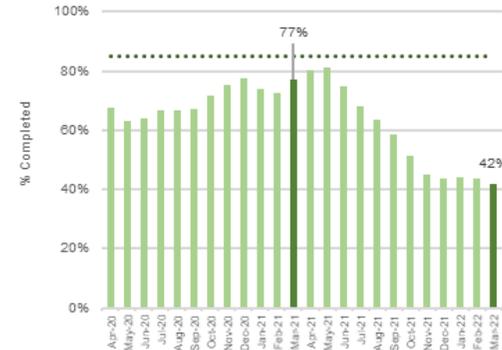
Statutory & Mandatory



Stat and Mand training has improved and is now above target level.

The REAP 4 pressure levels have impacted on the PDR rates which have reduced to 42% and are below target).

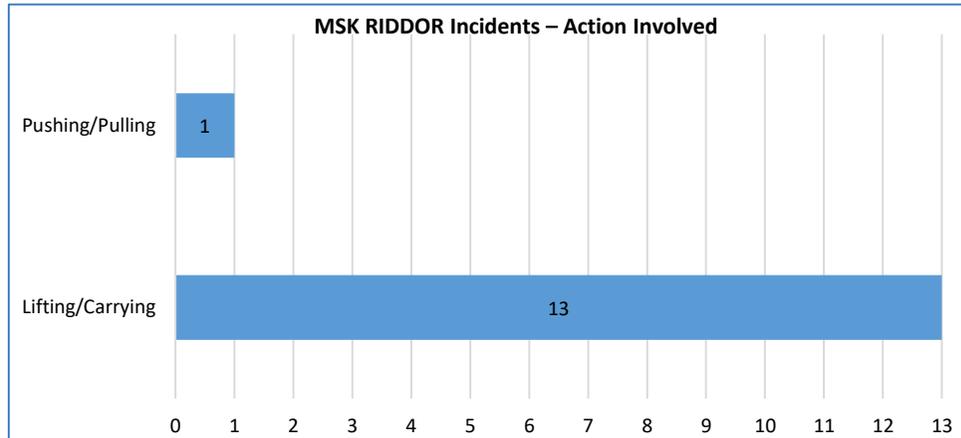
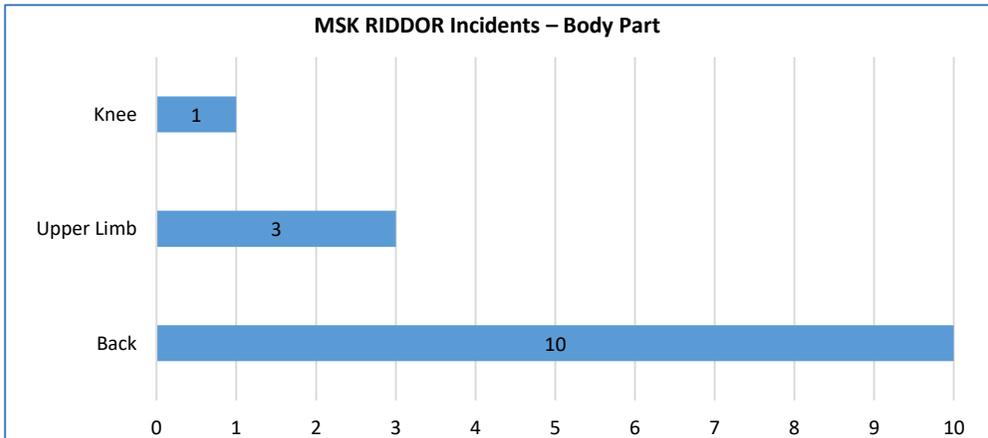
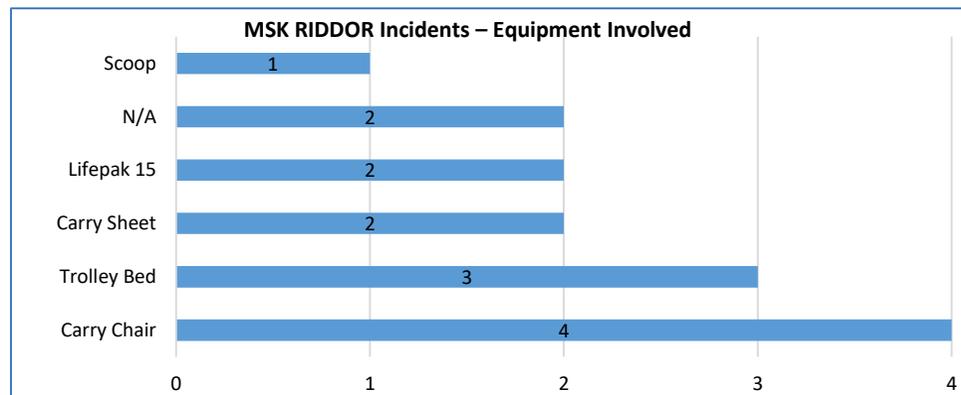
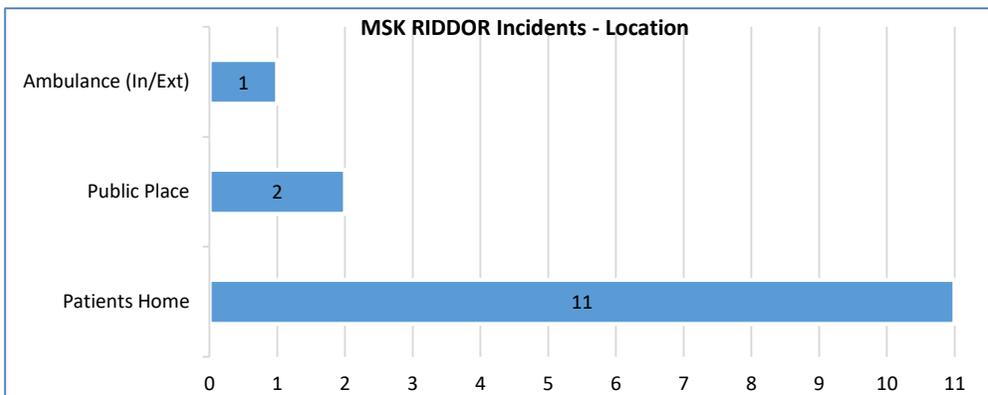
Appraisal Compliance



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) – March 2022



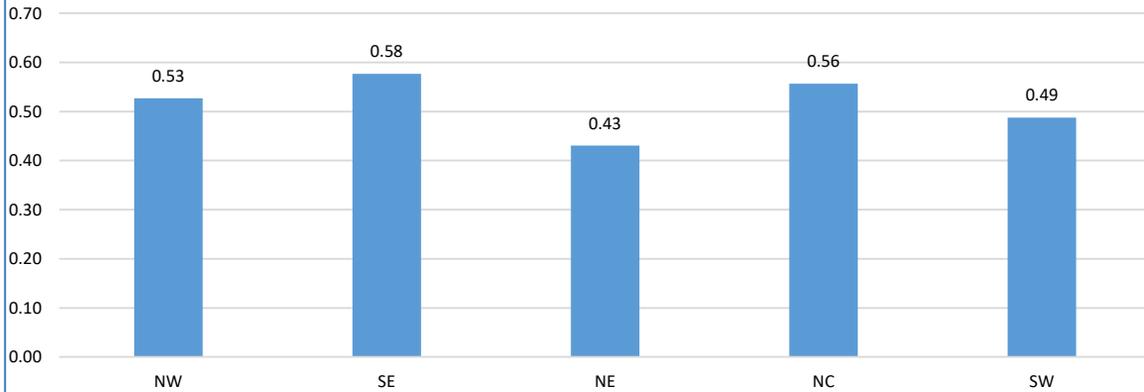
The above graphs provide details from the thematic analysis of 14 reported RIDDOR incidents in March'22 (1 incident was occurred in November'21, 1 incident¹ was occurred in February'22 and 12 incidents were occurred in March'22). These relate to Manual Handling (MSK):

- 11 reported RIDDOR incidents occurred in Patients Home (n=11), 2 incidents were occurred in Public Place (n=2) and 1 incident occurred in Ambulance (In/Ext) (n=1).
- 4 reported RIDDOR incidents involved Carry Chair (n=4), 3 incidents involved Trolley Bed (n=3), 2 incidents involved Carry Sheet (n=2), 2 incidents involved Lifepak 15 (n=2), 1 incident involved Scoop (n=1) and 2 other incidents involved no equipment (n=2).
- 10 reported RIDDOR incidents resulted in Back injury (n=10), 3 incident were resulted in Upper Limb injury (n=3) and 1 incident was resulted in Knee injury (n=1).
- 13 reported RIDDOR incidents occurred during Lifting & Carrying (n=13) and 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	0.53
SE	0.58
NC	0.43
NE	0.56
SW	0.49

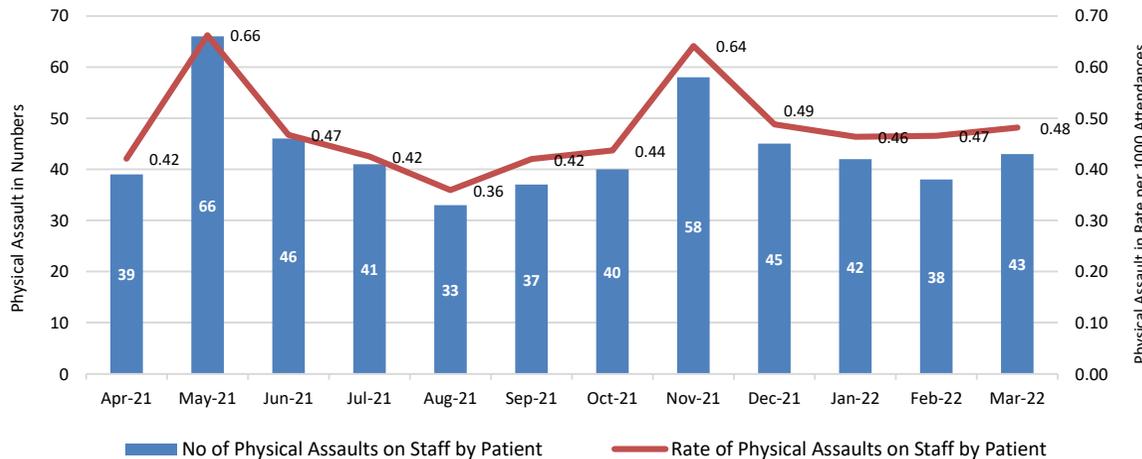
Notes:

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

Key Update:

- 12 RIDDOR reportable Violence & Aggression related incidents were recorded during 2021/22 (up to end March'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
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
Feb-22	38	0.47
Mar-22	43	0.48

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 (Apr'21 to Mar'22).

NHS definitions of assault:

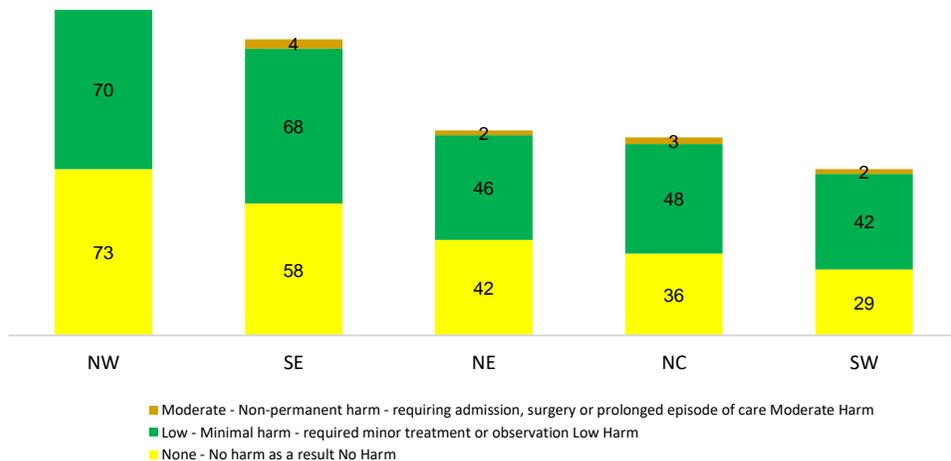
Physical assault – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

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

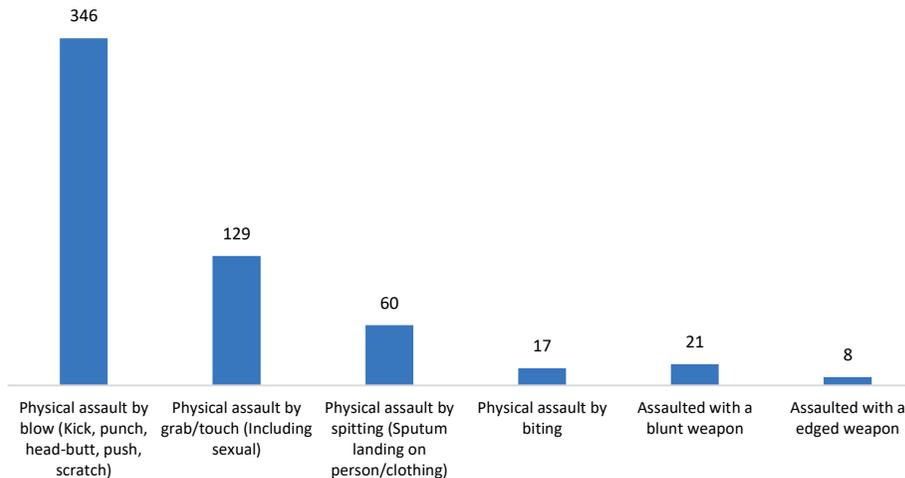
*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This December result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



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



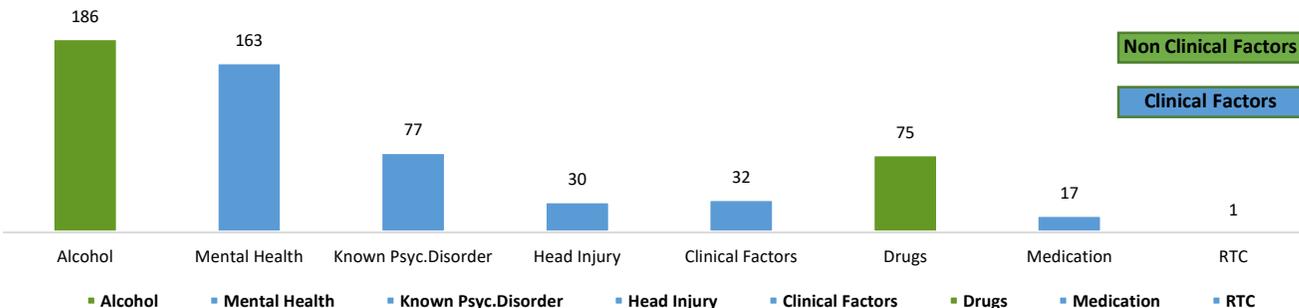
Notes:

- A total of 581 Physical Assaults on Staff were reported during 2021/22 (up to end March'22).
- 267 (46%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 314 incidents resulted in Harm. 300 (52%) of the harm related incidents were reported as 'Low Harm and 14 (2%) incidents were resulted in Moderate Harm.
- 53 out of the 581 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc.).

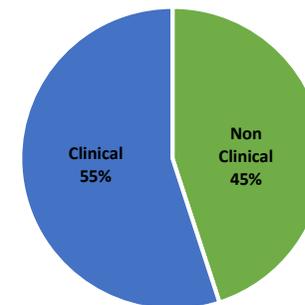
Notes:

- Physical Assault – by blows, kicks/ assault to staff (59% , n=346) accounted for the highest number of incidents reported during 2021/22 (up to end March'22).

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



Percentage Breakdown of Factors (YTD) 2021/22

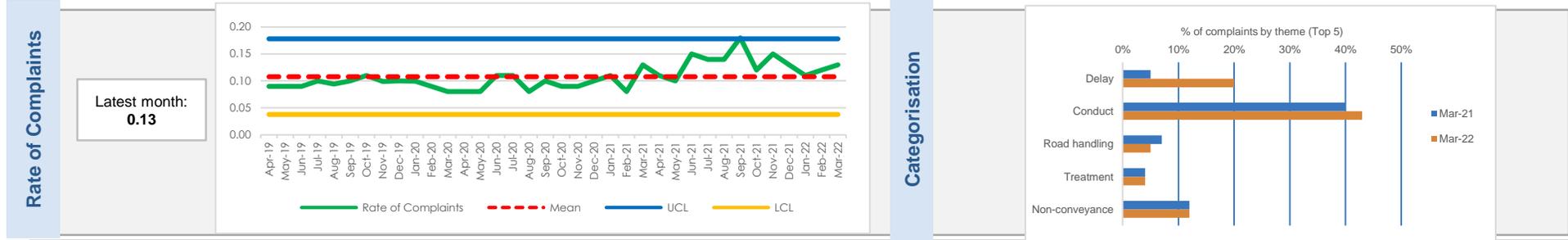


Notes:

- CLINICAL Factor:** 319 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=163), Known Psyc.Disorder (n=77), Head Injury (n=30), Clinical Factors (n=32), Medication (n=17).
- Non Clinical Factor:** 262 (45%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=186), Drugs (n=75) 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 numbers this month increased as demand to the Trust resulted in REAP 4 being imposed. The annual average for 2021/22 is 124 complaints/concerns per month compared to 87 in 2020/21. The total for 2021/22 was 1487 – exceeding the previous 10 years.

Complaints for March totalled 125, this figure includes 16 cases where the issues raised are not covered in the NHS Complaint regulations and were managed as a concern. We have always routinely included these in our complaints total each month.

There were 385 x PALS enquiries which includes 158 added to the duty spreadsheet that did not require any further actions other than referring the enquirer to the correct team. We managed 41 Quality Alerts of which 8 were raised by LAS staff. Total PALS for 2021/22 was 6665.

Latest Month: **70**

Throughput continues to be lower than our annual target of 75%. The turnaround for 2021/22 was 47% , this was impacted significantly in March due to staff absences through sickness and using annual leave.

Complaints relating to conduct and behaviour rose significantly this month to 54 (the annual average was 33% of all complaints in this category). We have noted an increase in complaints relating to non-conveyance over previous years (currently 188 compared to 98 in 2020/21). In 2021/22: 192 complaints were upheld, 173 were partially upheld and 352 were not upheld. Of the remainder these include those still under investigation, those referred to other agencies or where insufficient information was provided (for example consent).

As staffing levels improve within the team we are looking at ways in which we can reduce the backlog and going forward the implementation of the guidance of the PHSO to consider the rationale for early resolution of complaints wherever possible and negotiation with the complainant to agree more appropriate timescales.

We have added [Learning from deaths] to the PED module in Datix which will improve liaison with the LfD team and enable shared learning.

A dedicated NASPEG meeting is due to be scheduled for April 2022 to discuss the Ombudsman's rationale for the implementation of the NHS Complaint Standards and the progress each Ambulance Trusts has made whether a pilot site (LAS) or as an Early Adopter. NASPEG are keen that the new standards reflect the challenges faced by Ambulance Trusts.

Actions and Learning

Patient Experiences Case Example

114 complaints and concerns were responded to in March. Of these, 38 were upheld, 23 partially upheld and 30 were not upheld. Of the remaining cases: 16 cases were concerns, and the remainder - not LAS or insufficient information was received.

The following complaint was upheld:
 Complaint received from patient. Patient is unhappy about the amount of time she had to wait for an ambulance when she was bleeding heavily and clotting. Eventually patient was taken to hospital by family relative

The review concluded that from the information we were given, the 999 call was managed appropriately and received the correct response category. However, the call handler could have considered re-triaging the call by using the Haemorrhage protocol, when it was reported that the patient was bleeding heavily and lapsing in and out consciousness. This would have addressed both the haemorrhage and the unconsciousness and would have resulted in a Category 1 response. In keeping with our learning approach, feedback on this point will be given to the call handler concerned.

Compliments March 2022

March 2022, 119 logged, relating to 307 staff

February 2022, 139 logged, relating to 366 staff

January 2022, 144 logged, relating to 387 staff



Excellence is everywhere

In March 2022, **63 Excellence Reports** were submitted.

Key themes identified from the March reports include:

- Outstanding Patient Care
- Staff Support/Welfare
- Thank You

Working Above and Beyond

This individual was **off duty** when a man collapsed in the shop she was shopping in and went into Cardiac Arrest. She prompted the staff within the shop to collect the public access defib from the GP surgery across the road whilst doing chest compressions. Once the defib was on scene she delivered 2 shocks to the patient and he subsequently achieved ROSC just as the first LAS resource arrived. The patient maintained his ROSC and was transferred to St Bart's suffering from an anterior MI. This individual's **quick thinking** and **expertise** undoubtedly gave this patient the **best possible chance** of survival and she is an **absolute credit** to her profession. So **thank you** so much for your **amazing work**.

Recruitment processes into the 111 organisation have been overwhelmed recently with 300+ applicant awaiting processing. Despite this, 111 courses are running "under-strength" in part, because OPS have few staff to spare to undertake the interviewing and assessment processes and the recruitment team are stretched. Following suggestion from within the Education Team, these individuals, all of whom are members of the Training Team, undertook interview training and went **above and beyond** their normal role, **volunteering** to undertake 2 days of interviews during which over 70 potential new staff were assessed and interviewed.

Outstanding Patient Care

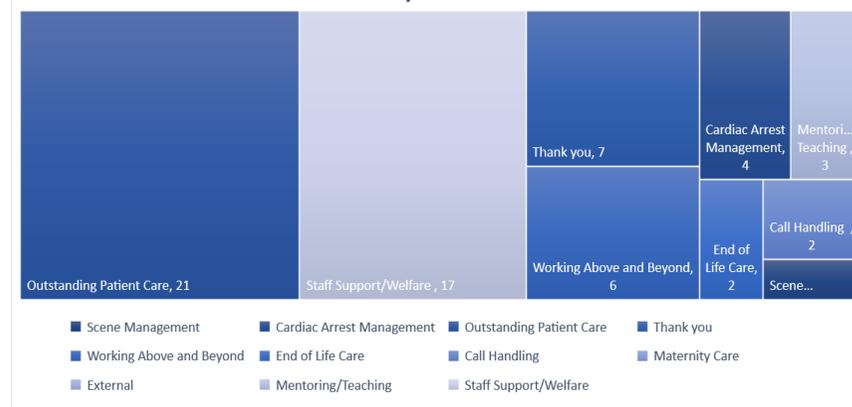
Crew were called to a call given as 30 weeks pregnant - Bleeding - Abdo pain - Contractions less than 2 mins apart -- waters broke. On their arrival they were presented with a stalled breach delivery on a premature baby at a home address. FRU and crew provided **excellent patient care** and delivered the baby despite the complications, performed inflation and rescue breaths with an **excellent outcome**, all before the APP and CTM arrived, whilst simultaneously **supporting** the parents and providing updates to EOC. **Great team work** and **clinical care, well done!**

This crew attended a suicidal male on a bridge. The patient was clearly very distressed and vulnerable. They demonstrated **excellent patient advocacy skills** and fought to get the **best outcome** for this patient. They are a **credit to LAS!**

Referred a patient to 111 OOHs GP. The GP's overall tone, demeanour and outlook was **refreshing**. Beside this, he took my handover well and worked to achieve the outcome I wanted for the patient while explaining his thought process and including myself and the patient in this. **Great referral**, outcome and we need more GPs like him! :)

The crew attended a relative who was in palliative care and were both **reassuring** and **compassionate** when faced with a difficult situation. They were **empathetic** to my relatives needs and conveyed them to hospital in a manner that provided **definitive care as soon as possible**. They were **kind, caring** and **professional** at all times.

Key Themes



Staff Support/Welfare

I was signed off work for mental health reasons, and subsequently spent nearly 5 months off work sick, before returning to restricted duties last week. Throughout my time off, This CTM went **above and beyond** in ensuring I had all the **support** I needed from both a managerial point of view, but also a personal point of view. He **listened** to my requests regarding support and communicated this **sensitively** and **effectively** to the other managers. His support was **always genuine**, and he was the CTM I could discuss my situation with more than anyone. He was instrumental in a **smooth return to work** on restricted duties. Returning after a long period of time off was daunting and somewhat overwhelming, however during my return to work meeting he spent plenty of time going through the process in great detail, which made me **feel far more at ease**. Knowing he **understood** my situation made communicating with work much easier generally. Without him communicating with me as **compassionately** and **understandingly** as he did, it would have resulted in me spending more time off and I would have been far more reluctant to return to work.

I had dealt with an extremely difficult call which had really upset me on shift. This colleague went **above and beyond** to **support** me when I did not know where to turn. During a busy shift she took the time to talk through the incident with me in depth and ensure my **welfare** was being attended to. Not only did she give me **incredible support** but she ensured I had been referred to the appropriate support services and provided me with time and space to speak to the on call LINK worker. She talked through procedures with me and ensured I was aware of which steps may come next. The **support** and **compassion** she showed was incredible and genuinely made me feel **supported** and **comforted**. She went **above and beyond, thank you** and it will always be appreciated!!!



Some further examples of excellence reports from March:

End of Life Care- This crew demonstrated excellent care for their patient that was towards the end of life. They identified the crisis with family care and contacted a rapid response team to arrange overnight carers to ensure the family had respite. The team also conducted a holistic patient assessment and used non-pharmacological techniques to ensure patient comfort.

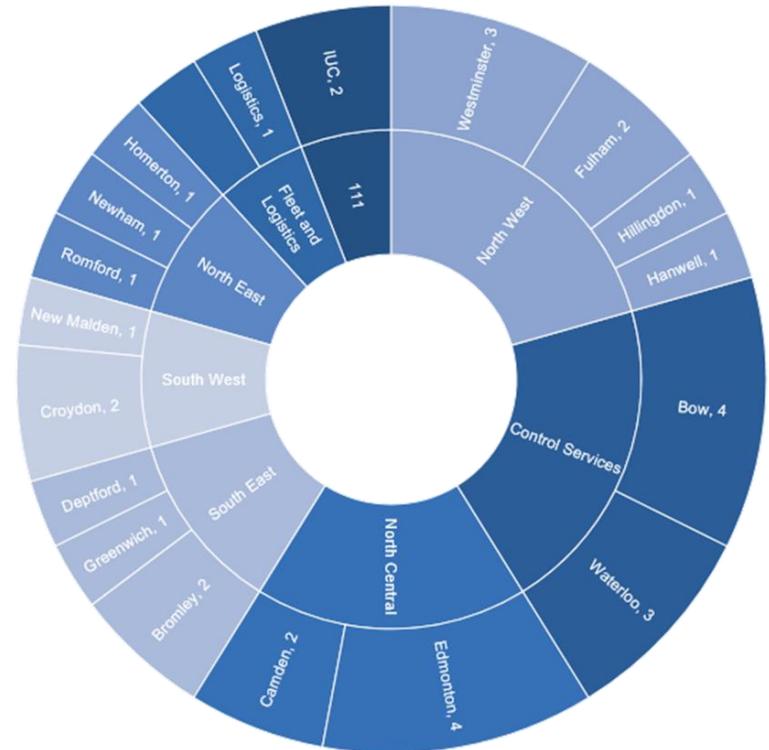
We backed this individual up attending an end of life job of an 80 year old male. He had an excellent approach to this job, he had a caring yet informative methods of dealing with the patient and family. Throughout the job he ensured that the family were provided with all the relevant information and explain rationales clearly and with compassion. He worked in the patients best interest throughout the attendance along with working closely with the family and palliative care teams. I felt supported throughout and he ensured that everyone was under the same understanding. Well done and thank you for passing on your knowledge and wisdom!!

Mentoring/Teaching –This individual put together a fantastic 2 training days for ECH and ECCs. This included a number of things from IMD, CSV, CHUB, Ambulance tour. She put in an amazing level of effort and sorted a brilliant training day for 40 staff. Well done and everything you do is appreciated.

Thank you- This person led on the LAS entry to the St. Patrick's Day parade. Without her, this would have been nowhere near the success that it was. I really appreciate everything she did, her planning and organising was second to none. She is a great example of a leader and has given me a wonderful example to follow the LAS Emerald Society.

Cardiac arrest management –This crew attended as first LAS on scene to a fatal RTC. On my arrival they along with members of the public jacked a van up to release a trapped motorcyclist, who unfortunately was in Cardiac arrest. Full treatment was underway in the rain, excellent handover, first class communication as to the treatment and patient plan. They gave good direction to fire crews and other LAS staff to move the patient for better 360 access.

Sector breakdown - March 2022





Public Value Scorecard

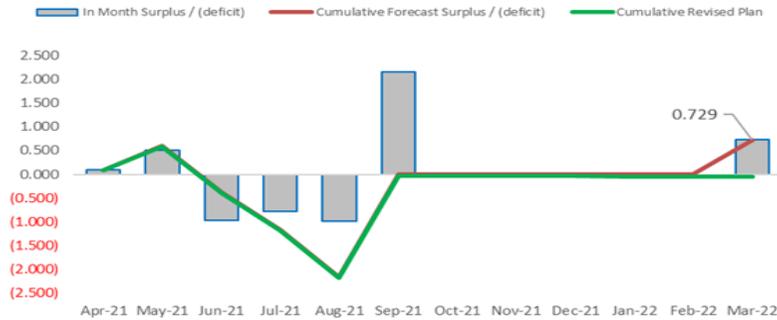
March 2022			Current Performance							Outturn		Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY21/22 Forecast	FY21/22 Plan	National Data	Best In Class	Ranking (out of 11)
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Mar-22	●	0.000 A	0.729	0.000	0.729	0.000		0.729	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Mar-22	●	>=0 A	0.729	0.000	0.729	0.000		0.729	0.000			
Use of resources index/indicator (Yearly)	Rating	Mar-22	●	1 A										
% of Capital Programme delivered	%	Mar-22	●	100% A	102%	2%	206%	100%		206%	100%			
Capital plan	£m	Mar-22	●	21.442 A	21.821	0.436	44.251	21.442		44.251	21.442			
Cash position	£m	Mar-22	●	15.1 A	47.9				36.8					
% spend against Agency Ceiling	%	Mar-22	●	A	7%	8%	73%	100%		73%	100%			
CIP Savings	£m	Mar-22	●	A	1.057	1.074	8.860	9.700		8.860	9.700			
	%	Mar-22	●	A	11%	11%	91%	100%		91%	100%			
CIP Savings achieved - % Recurrent	£m	Mar-22	●	A										
	%	Mar-22	●	A										
Commercial income generation	£m	Mar-22	●	1 I	0.100	0.080	1.670	0.600	1.600	1.600	1.000			
Corporate spend as a % of turnover	%	Mar-22	●	<7.0% I	10.6%		12.5%			12.5%				
Cost per incident (measures to be confirmed in light of COVID)	£	Mar-22	●	I										
Average Jobs per shift	%	Mar-22	●	5.3 I	5.4		5.6		5.6					

- 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



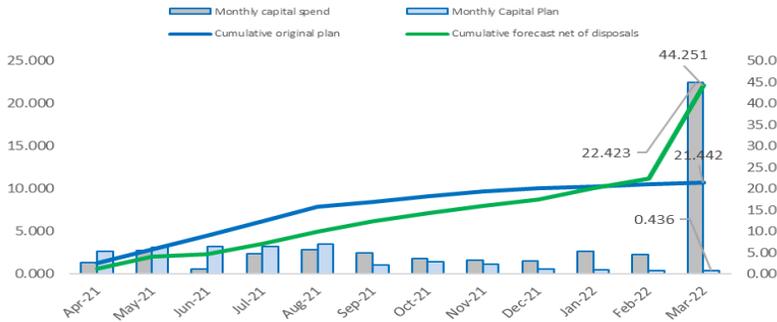
The Trust's month 12 full year position was a £729k surplus and the month end cash position was £47.9m.

YTD outturn vs budget



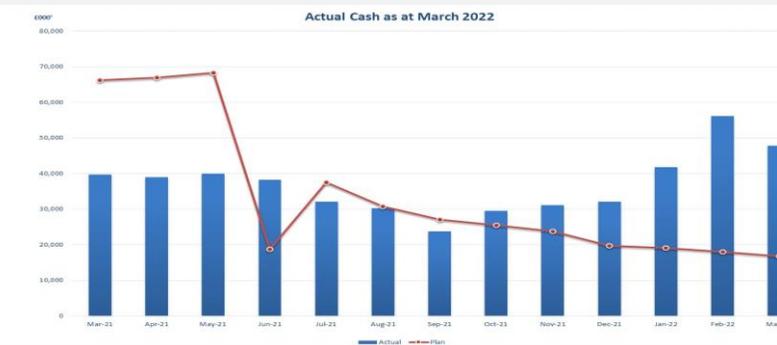
- Full year position:** The full year position is a surplus of £729k, which is above the NHS performance target of a breakeven position. The accounting position is a deficit of £4.145m. This position takes into account current funding information, and incorporates levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year. The year end accounting deficit position is due to impairments made following revaluation of land and buildings in March 2022, and the inclusion of the movement in DHSC donated stock.

Financial Position Metrics



- Use of Resources:** NHSI rates Trusts 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 12 Full Year spend net of disposals and excl donated assets was £44.3m, the bulk of which comprised of spend on ongoing property projects and replacement fleet. The Trust capital spend was an increase from the plan of £21.4m due to additional CRL identified through NW London partners.

Cash position



- Cash:** Cash balance as at the end of March was £48m. The cash balance reduced by £8m due to capital creditor payments in the last month of the year for the capital investment of £44.9m. There is £6.5m capital PDC received.
- 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 82% and 93% and by value 85% and 93% respectively. The performance have improved in March further.



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 12 – March 2022)

	Month 12 2021-22 £000			YTD Month 12 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	49,791	77,974	28,183	573,222	595,171	21,949	573,222	595,171	21,949
Other Operating Income	355	2,680	2,325	4,702	7,924	3,223	4,702	7,924	3,223
Total Income	50,146	80,654	30,508	577,924	603,095	25,172	577,924	603,095	25,172
Operating Expense									
Pay	(34,631)	(55,893)	(21,262)	(405,744)	(418,639)	(12,895)	(405,744)	(418,639)	(12,895)
Non Pay	(13,062)	(25,972)	(12,910)	(147,313)	(160,273)	(12,960)	(147,313)	(160,273)	(12,960)
Total Operating Expenditure	(47,693)	(81,866)	(34,172)	(553,057)	(578,912)	(25,856)	(553,057)	(578,912)	(25,856)
EBITDA	2,453	(1,211)	(3,665)	24,867	24,183	(684)	24,867	24,183	(684)
EBITDA margin	4.9%	(1.5%)	(6.4%)	4.3%	4.0%	(0.3%)	4.3%	4.0%	(0.3%)
Depreciation & Financing									
Depreciation & Amortisation	(1,982)	(2,601)	(618)	(19,332)	(22,920)	(3,588)	(19,332)	(22,920)	(3,588)
PDC Dividend	(463)	205	668	(5,558)	(4,890)	668	(5,558)	(4,890)	668
Finance Income	0	16	16	0	25	25	0	25	25
Finance Costs	(3)	11	14	23	83	60	23	83	60
Gains & Losses on Disposals	0	(592)	(592)	(42)	(626)	(584)	(42)	(626)	(584)
Total Depreciation & Finance Costs	(2,449)	(2,961)	(512)	(24,909)	(28,328)	(3,419)	(24,909)	(28,328)	(3,419)
Net Surplus/(Deficit)	5	(4,172)	(4,176)	(42)	(4,145)	(4,103)	(42)	(4,145)	(4,103)
NHSI Adjustments to Fin Perf									
Remove Asset Donations I&E Impact	3	70	67	43	43	0	43	43	0
Remove AME Impairments	0	3,536	3,536	0	3,536	3,536	0	3,536	3,536
Remove Donations from DHSC Bodies	0	1,295	1,295	0	1,295	1,295	0	1,295	1,295
Adjusted Financial Performance	8	729	721	1	729	728	1	729	728
Net margin	0.0%	(5.2%)	(5.2%)	(0.0%)	(0.7%)	(0.7%)	(0.0%)	(0.7%)	(16.3%)

Forecast Full Year Position

The full year position is a surplus of £729k. The position incorporates significant additional overtime, managed service and secondee expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service, which are partially offset by lower than planned recruit numbers, vacancies and increased funding notified by Commissioners for H2 (an additional £14.4m of which was agreed in month 7, and a further £8.0m in month 10).

Accounting adjustments in month 12 for impairments and DHSC stock have contributed to the accounting deficit position.

Key Drivers of Position

Income:

- Income from activities is £595m full year 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 £22.4m H2 cost support funding is included. The variance of £22m favourable is primarily driven by notional pension contributions received from NHSE for the 6.3% uplift in pension contributions that started in April 2019.
- Other operating income is £7.9m full year which is £3.2m favourable. Education and training income is £1.8m favourable following notification of additional Health Education England income and higher apprenticeship income. Other income reported here, not included in the budget - NHSE contributions to DHSC stock - £1.0m.

Pay Expenditure:

- Pay expenditure is £12.9m over budget. Lower trainee numbers and vacancies in month's 7 - 12, secondee budgets for MPS and LFB under-utilised, and reserves being held to support frontline in Central Corporate is offset by additional spend on overtime and incentives in Ambulance Services. Overspend is driven by notional pension costs - £14.4m.

Non-Pay Expenditure:

- Non pay expenditure (excl depreciation and finance costs) was £13.0m adverse full year. Full year adverse position due to overspends in Clinical Education for HEE funded projects £0.7m (offset by income), Programmes and Projects £1.0m - Newham EOC change request £0.5m and AOM £0.5m transfer of costs; Strategic Assets & Property £1.8m - Make Ready staff costs and increased dilapidation costs; Resilience £1.2m - additional spend to replace obsolete equipment, and Central Corporate £7.9m - Impairments (£3.5m) due to the revaluation of land and buildings in March 2022, DHSC stock is £2.3m above plan (due to utilisation of additional stock), change in discount rate and other finance costs £1.0m, efficiency saving reserves not allocated £1.6m.
- Depreciation and finance costs are £3.4m adverse to budget. Depreciation charges are above plan due to the change in useful life of vehicle assets 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 12 – March 2022)

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Mov-nt
	£000	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	30,222	23,821	29,578	31,834	32,075	43,977	56,195	39,788
Operating Surplus	3,957	2,068	1,909	2,330	5,789	2,591	2,325	27,720
(Increase)/decrease in current assets	(2,174)	2,118	2,346	(6,204)	4,109	7,019	3,926	7,710
Increase/(decrease) in current liabilities	(1,767)	3,621	(287)	5,559	3,821	2,173	(14,067)	4,423
Increase/(decrease) in provisions	577	(530)	513	(275)	(202)	(109)	8,225	7,856
Net cash inflow/(outflow) from operating activities	593	7,277	4,481	1,410	13,517	11,674	409	47,709
Cashflow inflow/(outflow) from operating activities	593	7,277	4,481	1,410	13,517	11,674	409	47,709
Returns on investments and servicing finance	0	0	0	(1)	4	7	15	23
Capital Expenditure	(4,923)	(1,520)	(2,225)	(1,168)	(1,619)	(172)	(12,513)	(42,052)
Dividend paid	(2,071)	0	0	0	0	0	(2,778)	(4,849)
Financing obtained	0	0	0	0	0	709	6,548	7,257
Financing repaid	0	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(6,994)	(1,520)	(2,225)	(1,169)	(1,615)	544	(8,728)	(39,621)
Movement	(6,401)	5,757	2,256	241	11,902	12,218	(8,319)	8,088
Closing Cash Balance	23,821	29,578	31,834	32,075	43,977	56,195	47,876	47,876

Operating Position

There has been a net inflow of cash to the Trust of £8.1m in the year. Cash funds at the end of March stand at £47.9m, mainly achieved through reducing aged debtors.

The operating surplus is £27.7m, excluding depreciation (£23.9m) and impairments (£3.5m).

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 (£4m), mainly due to decrease in trade receivables in accrued income (£8.3m) and inventories (£0.4m).

Current Liabilities

The movement on current liabilities is £14m due to decrease in payables (£8.3m), decrease in deferred income and accruals (£5.8m).

Dividends

The Trust made a dividend payment of £2.8m in M12.

Provisions

The movement on provisions is £8.2m, this relates in part to increased provisions at year end for flowers case and lease dilapidations.

Capital Expenditure

Capital cash movement was a net outflow of £12.5m, £42.1m for the year



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.

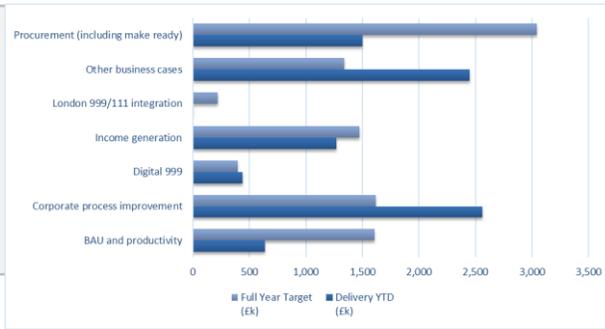
Cost Improvement Programmes (CIPS)

- The Trust continues to operate under an adjusted financial framework which involves limited business planning and incorporates the requirement for Cost Improvement Programmes.
- Full year efficiency savings of £8.9m have been delivered of the £9.7m full year target, which was expected to be delivered.

CIP Savings

Full Year: £8.9m

FY Target: £9.7m



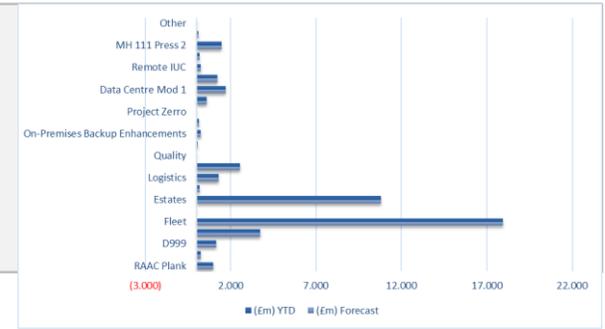
Capital Plan

- Capital expenditure net of disposals is £44.3m (£44.9m before disposals) compared to planned capital expenditure of £21.4m (£22.8m above plan net of disposals). This comprised predominately property projects and fleet investment.
- Full year capital expenditure is £22.8m higher than plan reflecting the increase in Capital Resource Limit identified through NW London partners.

Capital Plan Breakdown

Full Year: £44.3m

FY Target: £21.4m

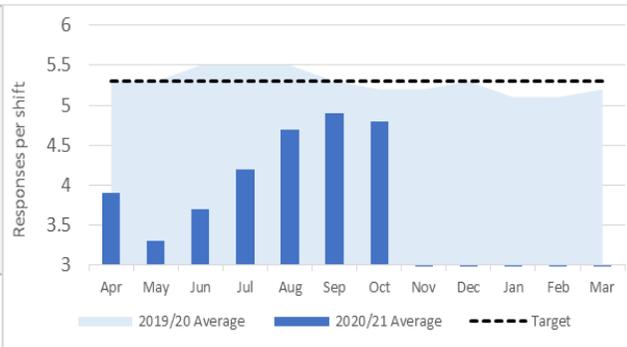


Jobs per shift (DCA)

Average jobs per 12 hour shift

Actual: 4.8

Target: 5.3



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



Partners Scorecard

March 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	Mar-22	●	18.0	I	32.2	25.9	25.9			
Post-handover (Handover 2 Green)	minutes	Mar-22	●	15.5	I	15.2	15.2	15.2			
See and Convey – to ED (Contractual Position) *	%	Mar-22	●	57.0%	C	48.8%	49.3%	49.3%	50.7%	43.9%	5
Hear and Treat % **	%	Mar-22	●	8.39%	I	15.5%	14.9%	14.9%	12.9%	17.0%	2
Hear and Treat (n) **	%	Mar-22	●	108,073	I	16,418	193,542	193,542			

Benchmarking Key

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

Please note: 999 performance data is correct as at 27/04/2022 and is subject to change due to data validation processes

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

4. Our Partners

Maximising safe non-conveyance to ED



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

Please note: 999 performance data is correct as at 27/04/2022 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

We saw a much higher number of in hospital delays in March in comparison to February, with the overall number at 6,620 hours lost from our arrival to patient handover over 30 mins. The Royal Free, Northwick Park and the Princess Royal had the greatest proportion of handovers exceeding 30 minutes. Royal Free had the highest number of lost hours over 30 minutes, with a significant 730 hours for the month.

Patient Handover to Green

In September, we saw handover to green performance within the target, with 14.8, consistent with recent months. However, over 3,450 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green received organizational focus through the Covid response team and will receive renewed focus as part of planning and recovery.

STP	Hospital	Total Conveyances	Total 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	1,227	1,067	638	60%	453.7	52.0
	North Middlesex	1,447	976	581	60%	262.8	42.7
	Royal Free	1,656	1,157	910	79%	730.2	66.3
	University College	2,159	1,978	461	23%	136.4	24.6
	Whittington	1,349	957	541	57%	370.9	49.0
North East	Homerton	1,299	1,109	150	14%	24.3	19.5
	King Georges	1,299	1,109	150	14%	24.3	19.5
	New ham	1,472	1,291	363	28%	168.2	28.7
	Queens Romford	2,155	1,943	146	8%	165.9	19.5
	Royal London	1,255	1,058	479	45%	325.1	43.6
	Whipps Cross	1,920	1,813	173	10%	53.3	18.6
North West	Charing Cross	1,219	1,114	37	3%	8.6	13.8
	Chelsea & West	1,376	1,213	76	6%	19.7	18.3
	Ealing	1,320	1,213	337	28%	129.2	26.2
	Hillingdon	1,611	1,443	359	25%	131.2	25.2
	Northwick Park	1,812	1,588	1,050	66%	702.0	53.1
	St Marys	1,264	1,135	365	32%	242.2	35.8
	West Middlesex	1,379	1,256	337	27%	165.0	28.0
South East	Kings college	1,160	945	725	77%	517.7	61.3
	Lewisham	1,436	1,260	430	34%	229.4	33.3
	Princess Royal	2,697	2,468	826	33%	607.1	34.5
	Queen Elizabeth II	1,550	1,263	324	26%	239.7	31.9
	St Thomas'	1,660	1,513	423	28%	118.9	25.4
South West	Croydon	1,897	1,695	372	22%	273.2	31.3
	Kingston	1,977	1,778	497	28%	197.0	28.3
	St Georges	1,827	1,420	477	34%	80.4	27.4
	St Helier	1,710	1,370	491	36%	243.7	33.0
	TOTAL	43,133	37,132	11,718	32%	6,620	31.0

Value >10 mins per breach 40

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	1,670	1,063	64%	228.3	17.0	35.4	12.9
	Edmonton	2,288	1,298	57%	230.5	15.3	30.7	10.7
	Friern Barnet	1,495	811	54%	141.9	14.6	29.4	10.5
North East	Homerton	1,930	1,093	57%	209.4	14.2	31.6	11.5
	New ham	2,038	1,110	54%	223.2	12.5	31.6	12.1
	Romford	2,044	1,194	58%	257.3	14.1	31.6	12.9
North West	Brent	3,101	1,757	57%	253.6	15.2	27.6	8.7
	Fulham	2,006	1,320	66%	199.3	16.2	29.7	9.1
	Hanwell	2,524	1,411	56%	188.9	14.8	26.2	8.0
	Hillingdon	1,400	832	59%	106.4	15.1	26.7	7.7
	Westminster	1,547	1,041	67%	181.3	17.7	31.7	10.4
South East	Bromley	1,830	1,090	60%	163.9	14.3	28.5	9.0
	Deptford	3,964	2,467	62%	393.6	16.1	29.4	9.6
	Greenwich	2,237	1,361	61%	155.8	14.8	25.5	6.9
South West	Croydon	1,819	1,188	65%	202.4	16.6	29.4	10.2
	New Malden	1,288	836	65%	131.3	16.3	28.7	9.4
	St Helier	1,320	847	64%	138.7	16.9	30.2	9.8
	Wimbledon	1,080	684	63%	119.5	13.5	30.7	10.5
Other	NULL	230	183	80%	44.5	13.8	40.0	14.6
	IRO	8	5	63%	3.2	20.0	67.1	38.4
	Other	467	285	61%	54.1	14.9	31.2	11.4
	Training	969	516	53%	92.6	14.9	29.8	10.8
TOTAL	37,255	22,392	60%	3719.7	15.2	29.7	10.0	

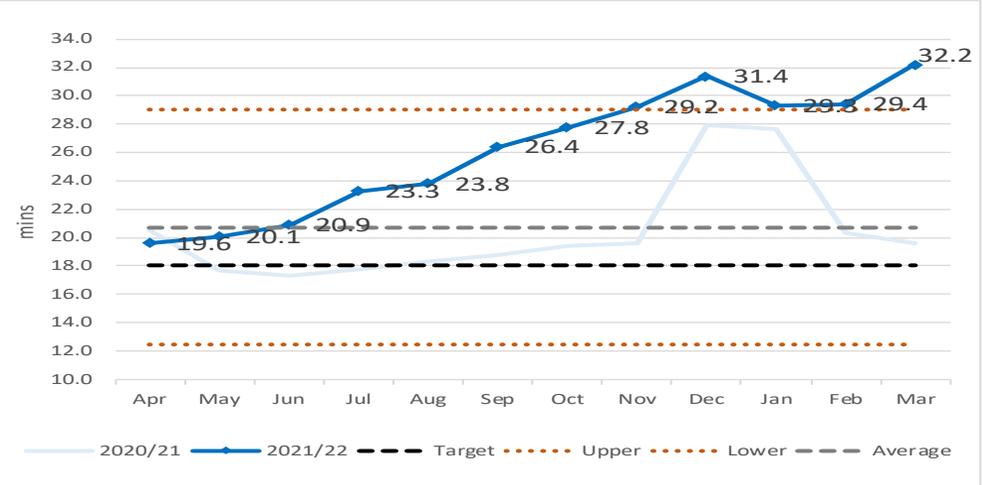
Max average breach value Value >7 mins per breach



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

	Jan-22	Feb-22	Mar-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	29.3	29.4	32.2	18.0

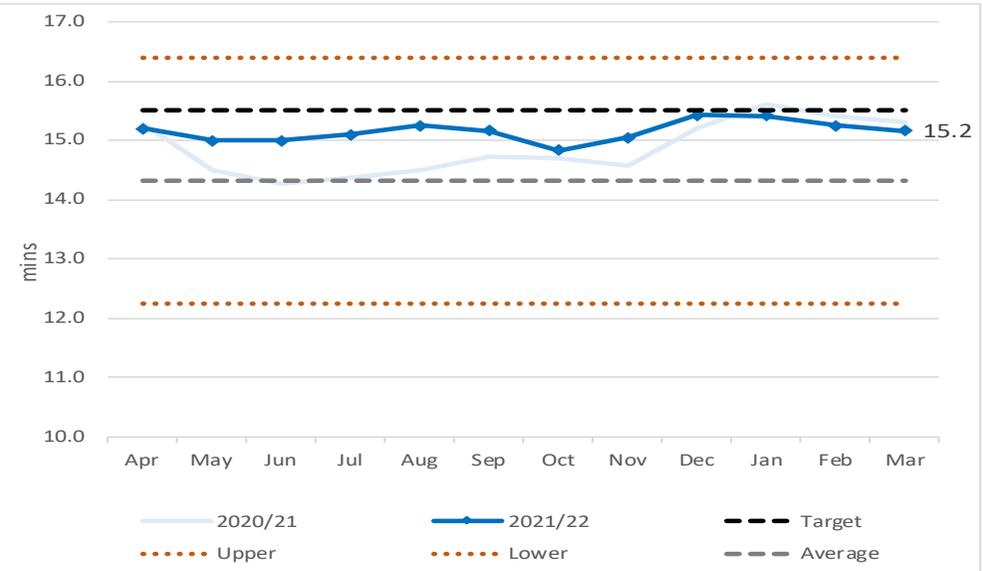
Arrive at hospital to patient handover had stabilised over January and February. However with the increase in demand and hospital pressures felt nationwide this has increased during March 2022.



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

	Jan-22	Feb-22	Mar-22	Year-end Target
Patient Handover to Green (mins)	15.4	15.3	15.2	15.5

Handover to Green YTD performance has been within target, but above the 19/20 average since April 2020. In September 2021 we are seeing performance continuing within the target, without significant change in comparison to previous months.



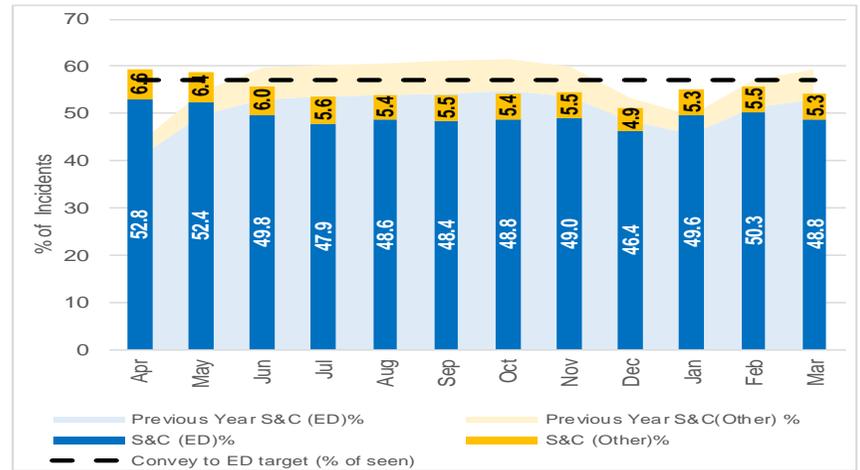
Please note: 999 performance data is correct as at 27/04/2022 and is subject to change due to data validation processes



See and Convey to Emergency Department

		Mar-22	Year To Date	Year-end Target
See & Convey ED %	LAS	48.8%	49.3%	57.0%
	Target			

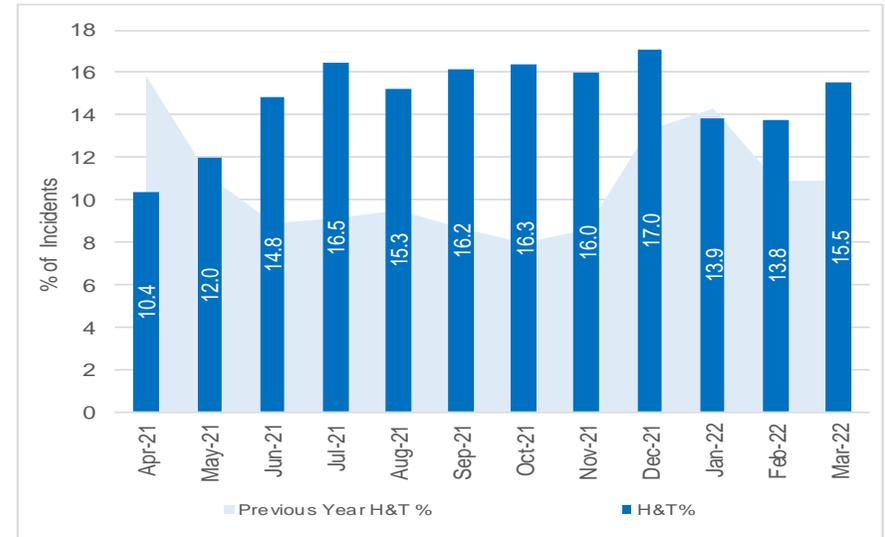
The conveyance to emergency departments target (57.0%) was delivered in October (48.8%). A steady profile of demand has allowed us to achieve this metric month on month. LAS ranked 4th nationally again as the profile demand changed with a larger number of callers requiring an urgent care outcome, resulting in a rising proportion of patients where the best clinical decision was to not convey and be overseen by the clinical hub or utilise alternative pathways.



Hear and Treat %

		Mar-22	Year To Date	Year-end Target
Hear & Treat %	%	15.5%	14.9%	TBC
	(n)	16,418	193,542	

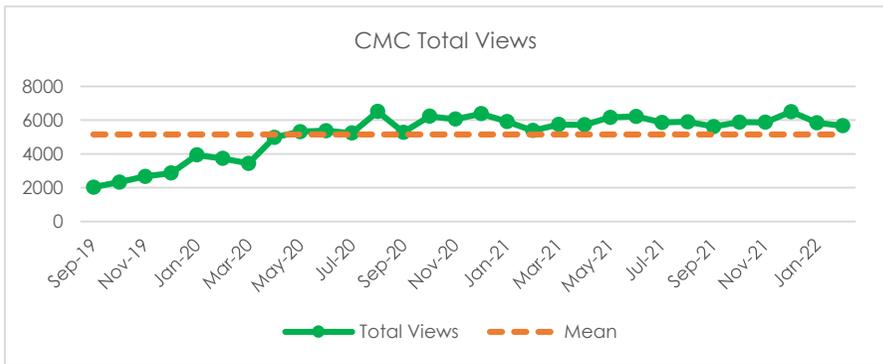
Hear & Treat performance saw us achieve 15.5% during March. We are continuing to track above last year where we attained 8.3%. This performance has seen us ranked 2nd nationally in March 2022. In 2021/22 year to date, the performance in the metric has been strongly within the 2020/21 target (7.9%) and continue to outperform last year's benchmark. 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 27/04/2022 and is subject to change due to data validation processes

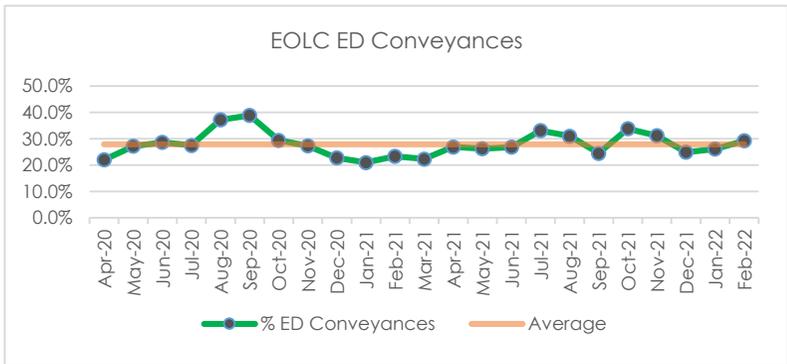
4. Our Partners

End of Life Care & Mental Health

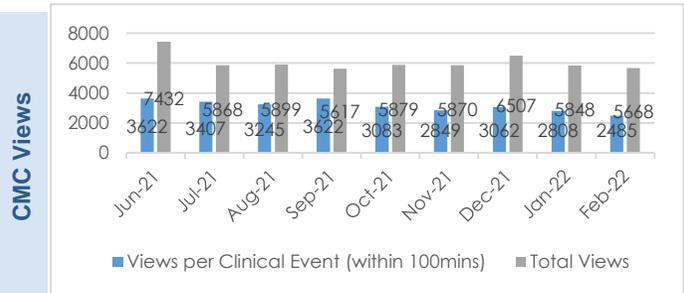


ED Conveyance

Latest Month (Feb):
27.87%



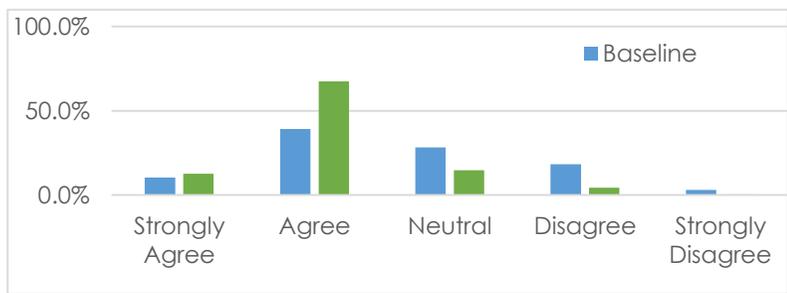
Change over to urgent care plan communicated. CMC data availability suspended during transition period. Presented at University of Suffolk conference



February Total views: 68%

Staff Confidence

80% staff post education felt confident
30% increase from baseline



EoLC CPI pilot commenced 2 CPD events held open to staff Trust wide

